

1. Lead examiner

2. Co-examiner

Candidate No:

Total Mark:

SCENARIO

You are the consultant in charge of an urban district Emergency Department at 2300hrs. You overhear the junior medical officer - who recently commenced night shift - asking nursing staff to arrange the discharge of a 72 year-old man, diagnosed with renal colic. Nursing staff express their concerns with you, as they state that the patient has persistent right sided loin pain. You have not worked with this junior medical officer before.

Question 1: Outline your approach to this situation *(included in stem)*

Expected Response	Details & Comments
Issues	Clinical – pt safety, and suitability for discharge Support and education of junior staff Inter-disciplinary relationships
Clarify situation	Introduce self to JMO as in charge consultant Ask for clarification of case regarding nurses concerns re late discharge of elderly patient with persistent Sxs ? Policies regarding discharge or managing overnight - ED or short stay area
Further assessment	Review patient personally, with RMO Appropriate Ix, consider bedside ultrasound scan Correct Dx, Mx: risk assessment for life threatening diagnoses such as AAA and other retroperitoneal pathology including urinalysis and blood tests, analgesia Suitability for discharge: medical, social, systems
Communication	Patient and NOK RMO, nursing staff
Formulate clinical plan	Dependent on findings Plan to do a CT prior to discharge

Question 2: The patient is haemodynamically stable, with residual mild right loin pain and tenderness. CT films are available. Describe and interpret the films.

	Details & Comments
Findings	IV contrast intra-arterial phase. AAA. Likely infrarenal. Mural thrombus – Renal cysts
Relevant Negatives	Absence of extravascular contrast suggesting leak. Difficult to detect posteriorly directed bleeding. No reno-uretreric calculi seen.
Interpretation	Prob infra-renal AAA. No leak. Wrong initial Dx.

Question 3:

In transit back from CT scan his pain worsens. He looks pale and sweaty and his BP is 70 systolic. List your immediate priorities.

Expected Response	Details & Comments
Immediate approach: - Reassess - Initial Mx	Needs urgent vascular surgery input. Reassess patient including vital signs, and observe in monitored environment, O2 NBM Large bore IV access; x match, transfuse Titrated analgesia Set targets for physiological parameters, close monitoring Comment on fluid therapy in a patient with ruptured AAA <i>prompt – BP rises to 90 after fluid</i>
Consultation	Surgery – laparotomy on site vs referral vascular surgery at accepting center

Tertiary referral and transfer	Logistical challenges at 2300hrs Transport physician required; <i>Prompt if time:</i> on clinical coordination; transfer preparations	
ED level issues	Rest of department	

Question 4: The patient has been appropriately transferred to the operating theatre.
When reviewing this delayed diagnosis the following day what issues would you consider.

Expected Response	Details & Comments	
Issues	JRMO performance: Systems vs Individual Issues <ul style="list-style-type: none"> - Systems issues highly pertinent, esp for night shifts at urban district dept - Combinations of both are typical Method of communication and performance Mx: timing, context, language Safety call from nurse/ team communication – acknowledge	
JRMO	Support /counsel/debrief Acknowledge incident and issues in real time, and arrange time to meet to discuss Best to defer detailed communication to day time, when RMO off duty Seek info from others, such as nurses and DENT re previous issues DENT or Director may be more appropriate to conduct Conduct in non-threatening manner May be in conjunction with, or in context of incident debrief for all staff	
Systems Issues	Context of JRMO's clinical encounter: red flags, guidelines , On-floor support/ staffing Night shift – Training and education provided by dept Implement appropriate guidelines and policies, esp for classic clinical red-flags	
Wider Issues	Support and confidence of nursing staff crucial to effective team Recruit involvement in policy / guideline revisions Hospital Medical Administration should also be involved for systems issues adverse event review / register	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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Q1. Outline your approach to this situation.