Monash Practice OSCE 2020.1

**OSCE 6**

**Candidate instructions**

You are the ED consultant arriving for your morning shift in charge. You are met with a very angry night registrar who wants to lodge a complaint about the junior registrar from the evening shift who left them with a short stay unit full of disasters. They are adamant that they want to make a formal complaint about their colleague and they claim that this is not the first time the junior registrar has lied and not done the work that they were meant to do.

The night registrar greets you at the door to the handover room just as it is about to start in 10 minutes’ time. All of the team is arriving and passing you to enter the handover room.

**Your task:**

* To explore this issue with the night registrar and make a recommendation on how to proceed.

**Domains tested:**

* Communication 50%
* Professionalism 30%
* Medical expertise 20%

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**Role player instructions**

You are the night ED registrar and you are furious. You have just finished a very busy and stressful shift, including managing a very sick 30yo with sepsis who died.

You received a full department at handover including 15 patients waiting to be seen.

You managed to get to SSU at 6am to do a quick review of a couple of patients before handover. However, there ended up being a lot more work required than what was described to you at handover.

In particular, a junior registrar, Kate, handed over several patients that she said were “completely sorted” but when you arrived to review them you discovered that 2 of the patients had no notes written, and no drug charts done so you had to do the whole assessment from the beginning yourself. A third patient was a lot more complicated than was described to you at handover and Kate didn’t refer the patient to the medical registrar as she said she would.

When the consultant arrives in the morning, the rest of the ED is in chaos and you are worried about being criticized for not keeping it under control. You have been caught up in SSU for 2 hours so your HMOs have not been properly supervised for that time.

You are nearing the end of your training and are keen to impress the other consultants in the ED in the hope of getting a job next year. You don’t want to be made to “look bad” by your junior colleagues.

**As you greet the consultant you say:**

**“I’m really angry and I want to make a formal complaint about the registrar, Kate”.**

You go on to tell them in detail about what has happened in SSU and that you are very frustrated about her terrible handovers. You ask them how to make a formal complaint as you feel it is extremely unprofessional and you think Kate should be disciplined.

Only mention the septic patient and your concern about being criticized if candidate attempts to explore your reasons for being stressed.

Other background: You are studying for Fellowship written and finding it challenging balancing work and study. You never sleep very well after night shifts. You live with your partner, no problems at home. No ETOH/drug use.

If the candidate suggests a solution other than formal complaint, you should initially resist this. If they ask if you would be willing to sit down and have a facilitated conversation with the registrar you should initially resist this also. However, you eventually admit that maybe after some sleep you won’t feel so strongly but you definitely want them to get feedback that this is unacceptable.

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**Examiner instructions**

Assessment criteria

**Communication 50%**

* Acknowledge distress – You seem very upset. What is the complaint about?
* Allows registrar to tell their side of story in full
* Active listening, paraphrasing, nodding. Says “go on” to encourage further info
* Allows to vent and diffuse
* Validates concerns “That sounds like a terrible shift and I can understand why you would be upset.”
* Apologizes for how they are feeling without accepting blame on behalf of the other registrar
* Non-verbal communication – open posture, empathic
* Address anger – I can see you are angry and can understand why but can we now focus on what needs to be done.
* Addresses specific issues:
  + Consider situation from other registrar’s point of view. Was there a reason Kate didn’t stay to finish her work? Is she ok?
  + Are there other things making the night reg stressed/influencing reaction to the situation? – stressful shift, upsetting case/death of patient , fear of criticism, overwhelmed with study, poor sleep.
* Focuses on what needs to be done now: “Let’s focus on getting handover done so you can get home. Maybe we can talk about it again after you’ve had some rest?”
* Might suggest a facilitated meeting between registrars
* Suggest meeting with DEMT to discuss work-study balance
* Answers any questions
* Closes discussion with negotiated plan from here that is acceptable/follow-up
* Explores the need for separate debrief re death of septic patient
* Thank them for helping to reach a good outcome
* Check no further questions and ok to get home.

**Medical expertise 20%**

* Adequate handover process
* Formal complaint process – complete incident form and forward to ED director. It will be investigated including talking to all staff involved. Outcome then determined and communicated back to the registrar.
* Consider any legal factors – a formal professional complaint is very serious but necessary if the behaviour and conduct warrants it. “I am not sure that a formal complaint is really necessary just yet and some constructive feedback would be better”.

**Professionalism 30%**

* Maintain privacy - suggest moving to a private area to discuss
* Maintains professional approach
* Maintains justice and respect for both registrars
* Indicates they will need to speak to Kate to substantiate the claims made and get both sides of story before any decision re formal complaint should be made.
* Encourages maintenance of respectful working relationship