GPST Stage 3: Written and Simulation Exercises

SECOND EDITION

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Chapter 2

Written prioritisation: practice cases and model answers

EXERCISE 1

Candidate instructions

You are an FY2 doctor in your first month working on a care of the elderly ward. It is now 16:00. You must leave by 17:00 to go to a seminar where you are presenting your research at 18:00 (it takes 1 hour to get to the venue). The various issues below remain outstanding and need to be prioritised for action.

Your task (30 minutes)

1. To rank each issue in the order in which you intend to deal with it.
2. To justify your decisions and describe what action you will take.
3. To reflect on the challenges posed by this exercise.

All rankings, justifications and comments should be entered and completed within the appropriate boxes on the answer sheet.

You have 30 minutes in total for the exercise. You will be informed when you have 5 minutes left. You should reserve at least 5 minutes to complete the third stage of the task (reflecting on the exercise). This contributes to your assessment and should not be left blank.

Issues to be ranked

A. The nurse reminds you that there is a confused patient on the ward who has not been assessed.

B. The ward clerk tells you that your mother has called saying she needs to speak to you urgently.

C. The porter phones you to complain that your car is blocking access to the mortuary. He would like you to unblock the access straight away.

D. A GP calls to speak to you as he needs the discharge summary of a patient who was under your care 1 month ago. He has been asked to assess this patient who has become unwell at home.

E. The healthcare assistant reminds you that the family of a patient who was given a drug in error the night before is waiting to speak to you in the family room. The patient had been unwell after this medication error.

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EXERCISE 1 – example answer

1. **A – The nurse reminds you that there is a confused patient on the ward who has not been assessed.**

   My first priority is to the confused patient. I recognise acute confusion can be an early manifestation of a serious disease requiring urgent care. I would ask the sister to assist me by obtaining observations as I read the history to date. At this point I would also be asking the ward clerk to see if any other team members were available to help with both this patient and the other awaiting tasks. I would discuss this patient with my senior or another colleague, as I am aware I need to leave in 1 hour and this patient may need review or follow up later on. In normal practice, I would utilise all available members of the team to deal with multiple tasks simultaneously. I would also have made sure that my team were aware of my interview well in advance to ensure provisions for adequate ward cover were in place. This is to maximise patient safety without jeopardising my professional development.

2. **B – The ward clerk tells you that your mother has called saying she needs to speak to you urgently.**

   I would call my mother next. It is very unusual for me to receive personal calls at work and I recognise this could play on my mind and affect my ability and performance. I would need to be aware of this when assessing the confused patient. I would ask the ward clerk to call her back while I was dealing with the first case, to explain that I would be able to call her later but to tell me if it was very urgent. This would at least alleviate my anxieties, allow me to focus on the ill patient and not impact on my limited time. If I needed to leave the hospital because of a family emergency I would tell a colleague immediately and hand over the rest of my jobs. I would also inform my consultant and medical staffing.

3. **D – A GP calls to speak to you as he needs the discharge summary of a patient who was under your care 1 month ago. He has been asked to assess this patient who has become unwell at home.**

   I would deal with the GP query next, because this task could have a direct impact on a patient's care. This can be done efficiently by asking the ward clerk or pharmacist to fax a copy of the discharge summary urgently to the relevant surgery. I would relay the importance of this issue to whoever does this and would check that this had been completed later on. It is important for the GP to have as much information about the patient as possible, to avoid delaying the patient's medical care and wasting the GP's time. If the discharge summary was easily accessible to me I could also call the GP directly as it may be more efficient and practical to read out the information on the phone. I would also make a note to follow this matter up at a later date to find out the reason for the delay in dispatching the discharge summary, to avoid this happening again in the future.

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4. **E – The healthcare assistant reminds you that the family of a patient who was given a drug in error the night before is waiting to speak to you in the family room. The patient had been unwell after this medication error.**

   This scenario is ambiguous and therefore difficult to prioritise without more information. It is unclear whether the patient needs assessment and still feels unwell; if she is still unwell, she would be a priority. On the other hand, if she is stable and the family require an explanation for the error I would prioritise it last in order to avoid being rushed and interrupted. I would ask the healthcare assistant to obtain this information while I dealt with the confused patient, and also ask the nurse to apologise to the family on my behalf and offer an explanation for my delay. This will ensure that they know I am not ignoring their concerns. In some circumstances, it may be appropriate for a nurse or a pharmacist to talk to the family about the medication error. It is important to deal with such issues quickly to alleviate anxieties and clarify issues honestly. This not only ensures patients and families are treated with respect, but also reduces hospital complaints.

5. **C – The porter phones you to complain that your car is blocking access to the mortuary He would like you to unblock the access straight away.**

   Blocking the mortuary exit would have huge implications to many people such as staff, funeral directors and bereaved family members. This is an important and urgent issue, but it has been prioritised last because my first duty as a doctor is to patient care. In reality I would ask someone else, possibly a security guard or the porter himself, to move my car for me, making sure he or she was comfortable with this and adequately insured. I would make sure that the car had been moved and, if it had caused any inconvenience, I would personally apologise to the staff it has affected.

Reflection

1. **What did you find difficult completing this task and what issues were raised?**

   Being asked to formally rank and justify my decisions was very difficult, not only because of the time pressure but also the ambiguity of some of the situations. This task demonstrated how much I trust my colleagues to give important information and reiterated the importance of good communication skills and effective teamwork.

2. **What did you learn about yourself during this exercise?**

   I learned that it is very easy for me to prioritise the tasks where patients are unwell but other non-clinical tasks are much harder. This is probably because they arise less frequently in my everyday practice. In this case, I found it very difficult to prioritise the call from my mother – a situation like this has not yet happened to me and I would expect that if it did it would be a huge distraction. This shows the importance of being flexible and being aware of how your own feelings could affect patient care.

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3. Would you do anything differently if you were to do this exercise again?

If I had to do this task again I may have prioritised the phone call from my mother first, because it is something that I could have done quickly while on my way to assessing the confused patient. I feel this would have meant I would be able to assess this patient more effectively without feeling anxious and distracted.

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EXERCISE 2

Candidate instructions

You are a surgical FY2 doctor working on a busy hospital ward. It is now 13:00. You have booked study leave in order to go on a basic surgical skills course and need to leave by 14:00 in order to get there on time. The various issues below remain outstanding and need to be prioritised for action.

Your task (30 minutes)

1. To rank each issue in the order in which you intend to deal with it.
2. To justify your decisions and describe what action you will take.
3. To reflect on the challenges posed by this exercise.

All rankings, justifications and comments should be entered and completed within the appropriate boxes on the answer sheet.

You have 30 minutes in total for the exercise. You will be informed when you have 5 minutes left. You should reserve at least 5 minutes to complete the third stage of the task (reflecting on the exercise). This contributes to your assessment and should not be left blank.

Issues to be ranked

A. You are called to review a postoperative patient who has recently undergone an appendicectomy and is complaining of pain.
B. You have an occupational health appointment for hepatitis B and HIV screening, which you were unable to attend at the beginning of your job 1 month ago.
C. A patient who is due to have a laparoscopic cholecystectomy tomorrow needs to have preoperative clerking done.
D. Your hospital password has expired and you need to go to the IT department to reset this in order to access any results, imaging or electronic drug charts.
E. You have agreed to meet your consultant so that he can sign your reference forms for your GP application. He is away on annual leave from tomorrow for 1 month.

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EXERCISE 2 – example answer

1. **A – You are called to review a postoperative patient who has recently undergone an appendicectomy and is complaining of pain.**

   Assessing this postoperative patient is my first priority. There are many possible causes of postoperative pain in this situation, ranging from peritonitis or wound infection to more benign causes. Whatever the cause of the pain, the patient needs to be assessed promptly and the pain alleviated as soon as possible. I would try to gather a little more information over the telephone and ask the nursing staff to perform observations prior to my arrival. At this point, I would also find out whether any colleagues were available to help me manage this case so that I could move on to the other tasks. For example, the FY1 could initially assess this patient and ask the registrar to review. I am also aware that at this point I have no access to the IT system so I am reliant on another team member to help me review any blood test results and imaging that may be relevant for this patient.

2. **E – You have agreed to meet your consultant so that he can sign your reference forms for your GP application. He is away on annual leave from tomorrow for 1 month.**

   Once I was confident that the postoperative patient was stable I would try to meet my consultant. Whilst this case does not directly affect patient care it would be quick to do and the thought of failing to get this reference form signed could distract me, which could make me rush the other tasks. If my consultant was not immediately available, I would leave the forms with her secretary, explain the situation and get on with managing the other tasks. If I were able to see my consultant I would also quickly hand over the information about the post-appendectomy patient at the same time.

3. **D – Your hospital password has expired and you need to go to the IT department to reset this in order to access any results, imaging, or electronic drug charts.**

   It is tempting to leave this task to the end, because I would not want to be delayed in the IT department waiting for my password to be reset while the other tasks remain uncompleted. However, without a password I am unable to review test results and imaging, both of which I will probably need when clerking the preoperative patient. Running around looking for someone to log me in to the computer systems would be a waste of time. Before going to the IT department, I would contact it to see if this could be dealt with over the telephone and, if not, check how long it will take to go there in person. If I were assured that it was a quick task, with no time wasted waiting in a queue, I would go down at this point. If I were informed that it might take 20 minutes I would have to delay this until the following day. I would therefore contact the FY1 and ask him or her to help me clerk the patient.

4. **C – A patient who is due to have a laparoscopic cholecystectomy tomorrow needs to have preoperative clerking done.**

   This task must be completed this afternoon to ensure that the patient is fit to undergo surgery, has had all the necessary tests done and medications prescribed.

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Delay or failure to perform this task could have implications for the patient and colleagues. I need to ensure that this patient is clerked, but this does not necessarily need to be done by me. I have spoken to my FY1 or an FY2 colleague when dealing with the patient in pain, and so at this point I would ask whether they had time to clerk this patient. Before I left I would ensure this had been done.

5. **B – You have an occupational health appointment for hepatitis B and HIV screening, which you were unable to attend at the beginning of your job 1 month ago.**

   This task is my last priority. Ensuring screening blood tests are done is extremely important, but from a pragmatic view point it has already been delayed by 1 month and so I do not believe that delaying it for another day would have huge implications. I would contact the occupational health department and let them know that I was struggling to make the appointment and try to reschedule it. I would ensure that I attended the following day and would apologise for wasting their time by cancelling the previous appointment and for not getting these tests done at the start of the job.

Reflection

1. **What did you find difficult completing this task and what issues were raised?**

   I found it hard to prioritise the tasks with such limited information. This demonstrates how important good communication with colleagues is to ensure patient safety and efficient working. Taking the post-appendectomy patient as an example, in normal practice, on receiving this call I would ask the nurse for more information. When was the surgery? What are the observations? How is the patient? From this I would get an idea of the urgency and act appropriately. In the immediate postoperative phase, if the patient was haemodynamically unstable I would immediately inform a senior colleague and rush there myself.

   This exercise reinforced the importance of being organised. The afternoon would have been straightforward had I not forgotten to reset my IT passwords, delayed getting my occupational screening done and left the reference signatures to the last minute. Medicine can be unpredictable so it should not be assumed that there will always be time to perform such tasks during working hours without arranging for someone else to cover your work.

2. **What did you learn about yourself during this exercise?**

   I learnt that the things that I found challenging and difficult have now changed. One year ago, I would have found dealing with a postoperative patient stressful, but now this seems to be the most straightforward of tasks. I have learned how much I rely on trusting relationships with colleagues, and how important it is to help colleagues out whenever possible so that I feel able to ask for such help myself and delegate things to them.

3. **Would you do anything differently if you were to do this exercise again?**

   I think that I would have spent longer working out who was available to help me early on. Once I was confident that the postoperative patient was stable, I could have

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contacted occupational health to rearrange my appointment, asked the FY1 to clerk the preoperative patient and possibly asked the ward clerk to drop off my reference forms with the consultant's secretary. I could then have gone to IT and returned to the ward to ensure all the tasks had been completed.

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EXERCISE 3

Candidate instructions

You are an FY2 doctor working on a busy general medical ward. It is now 16:00. You must leave by 17:00 to collect your child from nursery, which closes at 17:30. Your nanny usually does this but she is away on holiday. There is no one else who is available to do this for you.

Your task (30 minutes)

1. To rank each issue in the order in which you intend to deal with it.
2. To justify your decisions and describe what action you will take.
3. To reflect on the challenges posed by this exercise.

All rankings, justifications and comments should be entered and completed within the appropriate boxes on the answer sheet.

You have 30 minutes in total for the exercise. You will be informed when you have 5 minutes left. You should reserve at least 5 minutes to complete the third stage of the task (reflecting on the exercise). This contributes to your assessment and should not be left blank.

Issues to be ranked

A. One of your patients has Alzheimer's disease. Her daughter has arrived from abroad to discuss her care.

B. You can hear a healthcare assistant shouting at an elderly patient in the cubicle next to you where you have been taking blood from a patient.

C. The haematology nurse contacts you to inform you that a haematology patient, currently receiving chemotherapy, has developed a fever.

D. The acute medical unit sister tells you that a patient who is being treated for a massive pulmonary embolus is refusing to have his low-molecular-weight heparin injection.

E. You receive a voice message on your mobile from a colleague saying he is running late. This is the second time in the last fortnight in which this has happened, and you need to hand over to him on time today in order to collect your child.

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EXERCISE 3 – example answer

1. **C – The haematology nurse contacts you to inform you that a haematology patient, currently receiving chemotherapy, has developed a fever.**

   My first priority is to the haematology patient. I recognise that this is could be a life-threatening emergency that needs to be dealt with immediately, especially if the patient is unwell or neutropenic. I would ask the ward clerk to contact my senior registrar while I tend to the patient, as they will need to be involved at an early stage. I would ask the nurse to assist me in order to avoid delays in beginning treatment, such as the administration of antibiotics and fluids. If I was pressured for time and needed to leave, I would ensure the patient is stable, treatment had started and stress the importance of this case when I handed over to a colleague. I would have told my team well in advance that I needed to leave promptly to collect my child, to ensure there was adequate ward cover arranged. This is to make sure I maintain my work life balance and family commitments without compromising patient care.

2. **E – You receive a voice message on your mobile from a colleague saying he is running late. This is the second time in the last fortnight in which this has happened, and you need to hand over to him on time today in order to collect your child.**

   Having managed the haematology patient I would deal with this issue, because there are implications on patient care if there is no medical cover available when the doctor is late. I would initially find out how delayed my colleague is, explain that I will be unable to stay late to cover (normally I would be willing to work flexibly to help colleagues and ensure adequate cover). If he cannot make it on time, I would contact medical staffing (if none of my other team members were able to cover). I would also want to address the reasons for the repeated delays and find out if my colleague needed additional support. This needs to be dealt with in a timely and sensitive manner. Given that this is such a time-pressured situation I would leave this until the following day.

3. **D – The acute medical unit sister tells you that a patient, who is being treated for a massive pulmonary embolus, is refusing to have his low-molecular-weight heparin injection.**

   With this limited information, it is difficult to accurately prioritise this task. It is unclear whether the patient is stable; if he is not, this needs to be prioritised higher. There is also no information about how long the patient has been in hospital and whether treatment started prior to this. If the patient were stable I would need to have an open discussion with the patient regarding the refusal of treatment, exploring his ideas and concerns and highlighting the potential consequences of failure to achieve optimal anticoagulation. This task could be delegated to a senior nurse, medical colleague or pharmacist in the first instance.

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4. **B – You can hear a healthcare assistant shouting at an elderly patient in the cubicle next to you where you have been taking blood from a patient.**

   The healthcare assistant shouting at the patient is an important issue to deal with. Patients should receive the highest quality of care and should be treated with respect at all times. This is particularly important in vulnerable groups who rely wholly on the care of others. I would ask the ward sister to take responsibility for dealing with this to ensure it does not happen again. Although this behaviour is inexcusable, it is important to keep an open mind and try and educate the assistant about how to behave towards patients and explore why they were shouting and whether they need support.

5. **A – One of your patients has Alzheimer's disease. Her daughter has arrived from abroad to discuss her care.**

   I would leave this task until last to ensure I had adequate time to discuss important issues about this patient's future care with her daughter. I would ensure the nursing staff informed her of the reason for my delay. If she did not want to wait I could arrange another mutually convenient time to speak to her, either face-to-face or by telephone. When speaking to patients or their relatives it is important to have read the notes and be up-to-date with the situation. It may be possible for another member of my team to deal with this. I would therefore ask the nurse or ward clerk to see if anyone else was available while I dealt with the first case.

Reflection

1. **What did you find difficult completing this task and what issues were raised?**

   I found this exercise very difficult, not only because of the time pressure, but also the ambiguity of some of the situations. It was certainly easy to prioritise acute clinical cases first, as this is something I do on a daily basis in my clinical practice. It was much harder to prioritise those where immediate patient safety was not at risk. Some of the issues raised related to professionalism at work (i.e. the colleague being late for a shift). I have little experience with this sort of situation and I need more experience in dealing with potentially underperforming colleagues or those who may be having difficulty.

2. **What did you learn about yourself during this exercise?**

   This task showed me how much I trust my colleagues to give important information and demonstrated the importance of good communication skills and strong teamwork. I learned how much more difficult it is to deal with these situations without knowing which of my colleagues were available to help. This task reinforced how important it is to not to try to deal with everything yourself.

3. **Would you do anything differently if you were to do this exercise again?**

   If I were to repeat this task I would try to obtain more information about each case and establish who was available to help earlier. In this way I would be able to delegate some tasks and ensure that they were all dealt with efficiently and carefully, without rushing.

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