Situational Judgement Test

- Practice Paper -

Instructions:

- This paper is designed to take **1 hour**
- There are two parts in this assessment:
  - In Part One, rank in order of appropriateness the five responses to the situation (1 = most appropriate; 5 = least appropriate). Nb there are marks available for near misses; there can be no tied ranks, ie you may not use the same rank more than once.
  - In Part Two, choose the three most appropriate from eight possible actions. Nb you must only select three options.
- There are **30 questions** in this paper; **16** questions in Part One (worth a maximum of 20 marks each) and **14** questions in Part Two (worth a maximum of 12 marks each). Please try and assign your time accordingly.
- In this assessment you will be presented with scenarios typical of those that Foundation Year One (FY1) doctors encounter.
- For each scenario, consider yourself to be a FY1.
- Please answer what you **should** do when responding to the questions.

- You may sometimes feel that you would like more information before answering. However please give your best answer based on the information provided in the question.

Please note:

- There is no negative marking; you should therefore attempt all the questions.
- There is a glossary on page 2 with definitions of some of the terms that are used within the question paper. You may find it useful to consult this if you do not understand a term. Terms which are included in the glossary are marked with an asterisk.
- Answers and rationales for this paper are available from the UKFPO website.

© COPYRIGHT MEDICAL SCHOOLS COUNCIL

Glossary

British National Formulary	The British National Formulary (BNF) is a medical and pharmaceutical reference book for information and advice on prescribing and pharmacology
Clinical supervisor	The professional responsible for supervising Foundation doctors in day to day clinical practice, teaching and assessing the trainees. Each Foundation doctor will have at least one named clinical supervisor
CT	Computerised Tomography is a method of medical imaging
Educational supervisor	The professional responsible for making sure Foundation doctors receive appropriate training and experience. The educational supervisor should assist in professional and personal development. Each Foundation doctor will have a named educational supervisor for each placement

©Medical Schools Council 2012

Infection Control	The department concerned with preventing healthcare-associated infection
Learning Portfolio	The Foundation Learning Portfolio allows trainees to plan their professional and personal development, and to document their progress
Multi-disciplinary team	Multi-disciplinary teams consist of a variety of medical specialists and allied medical staff. MDT meetings are often arranged to plan aspects of patient treatment
Occupational Health	The Occupational Health department is concerned with protecting the safety, health and welfare of people engaged in work or employment
Occupational therapist	An individual trained to help people who face everyday challenges due to mental, physical or social disabilities
Specialty trainee (registrar)	Middle grade doctor
Workplace Based Assessment	Regular workplace based assessments are undertaken and documented throughout the Foundation Year One (FY1) to give evidence of satisfactory completion of the year

©Medical Schools Council 2012

Part One

1. At the end of your shift you ordered a blood test and CT* scan for one of your patients, Mrs Tao, who was complaining of feeling faint and confused following surgery. The investigation results need to be reviewed tonight otherwise Mrs Tao's treatment may be delayed. You have just arrived home and realise you forgot to hand over the need to review the investigation results to the FY1 doctor taking over your shift. You have been unable to contact the FY1 taking over directly.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Telephone the ward nursing staff and ask them to get the FY1 taking over your shift to look up the investigation results

B. Contact the on-call specialty trainee (registrar)* and explain the situation

C. Go back to the hospital and look up the investigation results yourself

D. Contact an FY1 colleague working on another ward to ask her to look up the investigation results for you

E. Review the investigation results first thing in the morning when your shift starts

©Medical Schools Council 2012

Answer: BADCE

Rationale: *This question is all about putting the patient first whilst understanding the extent, and boundaries, of your professional responsibilities. Contacting the on-call specialty trainee (registrar) to explain the situation enables you to ensure that the patient will be looked after, with reliable handover of the problem* ***(B)****. Contacting the ward nursing staff to pass on the message to the FY1 achieves the same result but is less reliable, since you have not handed the task over to a specific doctor for a medical task, and you will have less certainty that it will be acted upon* ***(A)****. Option A is however preferable to Option D, because you are passing the problem on to a colleague who has no ongoing responsibility for this patient* ***(D)****. Returning to the hospital yourself is reliable and will ensure the patient's safety, but does involve you breaking in to your own time* ***(C)****. Delaying review of the investigation results carries risk for the patient, and is therefore the least acceptable (****E****).*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
B	**4**	3	2	1	0
A	3	**4**	3	2	1
D	2	3	**4**	3	2
C	1	2	3	**4**	3
E	0	1	2	3	**4**

©Medical Schools Council 2012

2. You work on the Breast Surgery unit. Because of recent advances in surgical techniques, inpatient stay has dropped from five days to an overnight stay. The bed numbers on your ward have reduced and you have found you have some free time available. However, the number of learning opportunities has also reduced as a result.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Take on a position of responsibility in the doctors' common room committee

B. Ask the Foundation Programme Director if you can move to another firm

C. Ask your consultant if you can be scheduled for outpatient clinics and theatre sessions

D. Offer to assist your FY1 colleagues on other busier wards

E. Inform the Foundation Programme Director that the job should be re-assessed for training

©Medical Schools Council 2012

Answer: CDEBA

Rationale: *This question is about demonstrating a commitment to professionalism that benefits both yourself and patients. Asking to be scheduled for outpatient clinics and theatre sessions is an active approach to learning which also enables you to contribute and may improve the value of the post for future doctors if that activity becomes part of the culture of the team* ***(C)****. Whilst offering to assist colleagues on other wards enables you to contribute actively to the Trust in which you are employed, and demonstrates good team working, it doesn't necessarily contribute to the team to which you have been assigned* ***(D)****. Option E would enable to the Foundation team to help both you and the clinical team examine whether changes are needed, and is preferable to Option B, which is a less constructive approach* ***(E, B)****. Taking on additional positions of responsibility, whilst admirable, is something that you should do because you want to, and can fit in around your professional life both in this, and other teams to which you will move (****A****).*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
C	**4**	3	2	1	0
D	3	**4**	3	2	1
E	2	3	**4**	3	2
B	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

3. On a ward round, the specialty trainee (registrar)* tells you to write a drug prescription for a patient. Before prescribing the drug you realise that this medicine is contra-indicated with the patient's other treatments. The specialty trainee (registrar) has now left the ward.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Write up the drug as requested but omit the start date for the drug until you are able to speak to the specialty trainee (registrar)

B. Ask another senior colleague for advice on whether a different drug should be prescribed

C. Decline from prescribing the drug but write in the patient notes that the drug is contra-indicated in this patient

D. Discuss with the ward pharmacist the most appropriate drug to prescribe instead

E. Try to contact the specialty trainee (registrar) to inform him of the patient's other treatments

©Medical Schools Council 2012

Answer: EBDCA

Rationale: *This question is assessing how you manage issues of patient safety and how you maintain working relationships. The preferred conduct would be to contact the specialty trainee (registrar)* ***(E)****. This behaviour is likely to result in the safe, simple and rapid resolution of the problem. It will also provide feedback to the specialty trainee (registrar), highlight your own clinical vigilance and maintain an amicable relationship between you and the other team members. It may also be that the medication is only relatively contra-indicated in this situation and that the prescription was not an error. This would therefore provide a learning opportunity for you. The next best option is to seek advice from another senior colleague* ***(B)****. Whilst you are still gaining senior advice, this senior colleague may not be familiar with the patient and their background. Discussing with the ward pharmacist* ***(D)*** *is the next best option. If a pharmacist recommended a different medication, this should not be prescribed without consulting with a senior medical team member. This, however, is pro-active and reasonable behaviour. Whilst declining from prescribing the drug and adding to the patient notes* ***(C)*** *could be considered safe (ie the patient will not be administered the contra-indicated medication), the underlying issue has not been addressed and is less preferable than consulting a pharmacist which suggests that you are actively trying to resolve the problem. Writing up the drug as requested but omitting the date* ***(A)*** *is the least desirable option. This behaviour is potentially dangerous as the medication may well be given in error before you have a chance to speak to your specialty trainee (registrar).*

©Medical Schools Council 2012

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
E	**4**	3	2	1	0
B	3	**4**	3	2	1
D	2	3	**4**	3	2
C	1	2	3	**4**	3
A	0	1	2	3	**4**

Scoring key for item 3

©Medical Schools Council 2012

4. Whilst taking a history from a new patient, she tells you that she was sexually abused by her father as a child but has since come to terms with this. Later she mentions that her father is looking after her eight year old daughter while she is in hospital. You explain that you will have to inform Social Services of the possible risk to her daughter. She says that she would not leave her daughter at risk and insists that the information she has given you remains confidential.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Offer to telephone her father to check that her daughter is ok

B. Discuss what you should do with the nurse in charge of the ward

C. Discuss what you should do with your clinical supervisor*

D. Explain that it is your duty to discuss this with Social Services as her daughter may be at risk

E. Agree to keep the information confidential but suggest that she try and find alternative caring arrangements for her daughter

©Medical Schools Council 2012

Answer: CDBEA

Rationale: *This question assesses your ability to meet your professional duties in a way that is in the interest of the patient at a level that is appropriate for an FY1. In this difficult situation, you should take advice from a senior colleague* ***(C).*** *The GMC states that the disclosure of personal information without consent may be justified when a failure to do so may put the patient or someone else at risk or disclosure is likely to help in the prevention, detection or prosecution of a serious crime. Though the patient appears to have given you somewhat conflicting information, explaining that you remain concerned about her initial statement about her father and that you have a duty of care and may need to talk with Social Services would be an appropriate option* ***(D).*** *Discussing the situation with the nurse in charge of the ward* ***(B)*** *may be helpful but to immediately address the situation Options C and D are preferable. Any immediate and potential risk to the child could be avoided if an alternative carer can be arranged* ***(E),*** *however, this is a less active option and it cannot be assured that this will be effective. Making contact with the father is neither appropriate nor can this offer meaningful reassurance that the child is ok* ***(A)****.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
C	**4**	3	2	1	0
D	3	**4**	3	2	1
B	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

5. A patient with a complex medical history dies on the ward after a prolonged period of investigation and treatment. Although enough is known to be able to complete a death certificate, your consultant is keen to arrange a post mortem to find out more. He gains the consent of the patient's family for this. However, shortly afterwards the family speak to you as you are passing on the ward. They tell you they felt coerced into saying 'yes' to the post mortem and are upset about the request.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Refer the family's request back to your consultant and ask him to speak to them again

B. Ask your consultant for his reasons for requesting the post mortem

C. Ask another senior colleague within the team to meet with the family to discuss their concerns

D. Explore the family's concerns with them

E. Reassure the family that post mortems are standard practice in situations like these

©Medical Schools Council 2012

Answer: DACBE

Rationale: *This question is assessing how you respond to the pressure of a stressful situation and communicate effectively in doing so. This is likely to be a very upsetting time for the family and you should respond sensitively to the needs of the bereaved* ***(D).*** *Whilst the medical profession is always keen to learn from practice, particularly difficult or complex cases, if a medical certificate can be completed, there is no necessity for a post mortem. However, your consultant may wish to discuss their reasons for requesting such an examination with the family again* ***(A)****, though this is less likely to address the immediate situation presented. Asking the support and advice from other more senior members of the team may be helpful but is a less direct link to the issue* ***(C).*** *The opportunity to discuss this case and the family's concerns with your consultant will allow you to understand and learn from this experience but would not address the family's immediate concerns* ***(B).*** *The scandal at a major children's hospital (Alder Hey) and subsequent inquiry highlighted the need for both clear reasoning and consent in the post mortem process and it should not be seen as just something that happens, meaning that describing this as 'standard practice' is the least appropriate response* ***(E).***

©Medical Schools Council 2012

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
D	**4**	3	2	1	0
A	3	**4**	3	2	1
C	2	3	**4**	3	2
B	1	2	3	**4**	3
E	0	1	2	3	**4**

Scoring key for item 5

©Medical Schools Council 2012

6. At your morning briefing you are informed by Infection Control* that all hospital staff must roll their sleeves up when they have any clinical interaction with patients. During your shift you notice that your FY1 colleague always has her sleeves down.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Tell Infection Control* that your colleague is not complying with their policy

B. Speak directly to your FY1 colleague about your observation

C. Raise your observation with to the nurse in charge of the ward

D. Do not say anything immediately but monitor the situation over the course of the next few days

E. Discuss the situation with your specialty trainee (registrar)*

©Medical Schools Council 2012

Answer: BECDA

Rationale: *This question is looking at your communication with team members and patient focus. All doctors have a duty to raise concerns where they believe that patient safety is being compromised by the practice of colleagues. However, doctors strive to provide the best care possible to their patients and this situation may have arisen out of some misunderstanding or your FY1 colleague may be concerned about exposing their forearms. It is best therefore to speak directly to your colleague to explore the issue* ***(B).*** *Your specialty trainee (registrar) may be able to help address this situation, though this option is less likely to explain directly the reason for your colleague keeping her sleeves down* ***(E).*** *Other members of the team may be helpful in discussing the issue* ***(C)*** *but are not in a direct supervisory or management role. Monitoring the situation* ***(D)*** *is less appropriate as it does not immediately address the problem However, it is more appropriate than involving infection control at this stage* ***(A)*** *as this risks damaging your professional relationship with your colleague and does not explore the cause of the problem.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
B	**4**	3	2	1	0
E	3	**4**	3	2	1
C	2	3	**4**	3	2
D	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

7. It is 8am and you are beginning a New Year's Day shift. A fellow FY1 colleague has called in sick for the same shift; stating that she has food poisoning. The following day you learn that your absent colleague had posted pictures on a social networking site from a New Year's Eve party that she had attended the night before her shift.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Make other colleagues on the rota aware of the photos from the party

B. Suggest to your FY1 colleague that she remove the photos from the social networking site

C. Seek advice from another FY1 colleague

D. Ask your colleague for an explanation of why she called in sick the day after a party

E. Alert a senior colleague to the photos on the social networking site

©Medical Schools Council 2012

Answer: DCBEA

Rationale: *This question is assessing your ability to work effectively in a team and act in a professional manner. Respect for colleagues is important and there may well be a good explanation for her absence. Indeed she may have got food poisoning at the party; therefore asking your colleague for an explanation is an appropriate first action* ***(D)****. Seeking advice from colleagues on all aspects of professional life is good practice* ***(C).*** *Doctors should be careful with the use of social networking sites as they are open to the public and can lead to impressions about a doctors fitness to practice e.g. if apparently intoxicated the night before a shift are they fit to work? Removing the photos would be wise* ***(B).*** *Informing a senior colleague would only be the correct action if there was no adequate explanation forthcoming, the doctor did not show genuine remorse and learning or there were ongoing concerns regarding patient safety* ***(E).*** *Advising other colleagues of the photos serves no purpose but to embarrass the individual and is not acceptable* ***(A)****.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
D	**4**	3	2	1	0
C	3	**4**	3	2	1
B	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

8. The specialty trainee (registrar)* on your ward, Dr Kitson, is a good friend of yours. She has just sent you a text saying she is running 30 minutes late for work and asks you to cover for her. One of the patients on the ward, Mr Bradley, informs you that Dr Kitson was supposed to be discharging him first thing that morning and it is now 9am. He explains that it is urgent he gets to work by 10am and it is a 45 minute journey to get there.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Sign Mr Bradley's discharge paperwork yourself

B. Explain to Mr Bradley that Dr Kitson has been delayed so he may want to contact his work and let them know the situation

C. Contact Dr Kitson and find out whether she can give verbal approval to the discharge

D. Find another senior colleague in your team to review and discharge Mr Bradley

E. Offer Mr Bradley the option of signing a self-discharge form

©Medical Schools Council 2012

Answer: DCBEA

Rationale: *This question is trying to ascertain your decision making as professional that puts the patient first. An alternative senior colleague in the team who would be familiar with Mr Bradley's case would be the most appropriate person to authorise discharge* ***(D).*** *If senior supervision is not available on site then it would be acceptable to communicate with a senior colleague who knows the patient well and if safe facilitate discharge through supervision by telephone with the process reviewed face to face as soon as possible* ***(C).*** *Good communication with patients keeping them informed at all times is an important duty, however this would not be the first action you would take* ***(B).*** *If safe supervised discharge cannot be achieved by any of the above methods then the patient should be advised of their right to self discharge but must be fully informed of the potential risks* ***(E).*** *FY1 doctors should never discharge patients without close supervision so Option A is inappropriate* ***(A)****.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
D	**4**	3	2	1	0
C	3	**4**	3	2	1
B	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

9. Mr Farmer has been a patient on the ward for six months; he has a tracheostomy and he breathes with the aid of a ventilator following a traumatic brain injury. As you make your rounds, you notice Mr Farmer appears to be experiencing breathing problems. Both the consultant and specialty trainee (registrar)* are dealing with a patient on the neighbouring ward. This is your first week and you have not yet attended a potentially critically unwell patient by yourself.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Call the crash team to attend to Mr Farmer as a matter of urgency

B. Seek advice from the physiotherapy team who are on the ward and have experience in managing Mr Farmer's case

C. Contact the specialty trainee (registrar)* to discuss Mr Farmer's symptoms

D. Ask the ward nurse to fully assess Mr Farmer's status with you immediately

E. Ask the consultant to return to your ward straight away to attend to Mr Farmer

©Medical Schools Council 2012

Answer: DCBEA

Rationale: *This question is assessing your ability to make appropriate decisions in a pressurised situation. It is important to assess Mr Farmer's status immediately. The ward nurse is most likely to be the health professional available to help and have the skills, knowledge and ability to access help if needed. It is important not to 'go it alone' if possible as help is likely to be required* ***(D).*** *Assessing the status of the patient should be your immediate priority and, discussion with a senior colleague* ***(C)*** *could help reach an outcome for the patient. It can be important to have wider team involvement and informing them of patient progress is important* ***(B).*** *However, this would not be an immediate action and is less direct than Options D and C. Consultant return may not be appropriate until the patient is properly assessed* ***(E).*** *Crash teams should only be called in the case of arrest or emergency, doing otherwise could put other patients' lives at risk and is therefore the least appropriate option* ***(A).***

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
D	**4**	3	2	1	0
C	3	**4**	3	2	1
B	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

10. It is 6pm and you are clerking a patient who is to undergo an elective splenectomy the next morning. Before he left, your consultant asked you before he left to prescribe the antibiotics and immunisations that need to be given that evening so that surgery can proceed tomorrow. You now cannot find the folder containing the pre-operative protocols and there is no intranet version. Your consultant has already gone home.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Seek advice from the on-call microbiologist

B. Look in the British National Formulary* and prescribe what is suggested

C. Find a protocol on the internet from a local hospital

D. Ask the nurse in charge of the ward what is normally given

E. Seek advice from the surgical specialty trainee (registrar)*

©Medical Schools Council 2012

Answer: EABDC

Rationale: *This question is assessing your ability to safely and responsibly clarify important clinical information and select how and where to get help. In this scenario, the antibiotics and immunisations clearly need to be administered that evening. The most logical person to contact would be a senior member of your own team who is also responsible for the patient and would also likely to have knowledge and experience of prescribing these antibiotics in that hospital and for that consultant* ***(E).*** *The second most appropriate thing to do would be to contact the on-call microbiologist* ***(A)****. Whilst they will certainly know which antibiotics are required and also be aware of local hospital policy, they should not be the first point of contact for routine non-emergency queries. The third most appropriate option is to look in the BNF and prescribe what is suggested* ***(B)****. This is less preferable than Option A as the BNF does not take into account local policy and preferences. This behaviour would however be considered safe and appropriate* ***(A).*** *The next correct option is to consult with the nurse in charge on the ward* ***(D)****. Whilst the nurse in charge may well be very knowledgeable and experienced, it is not appropriate to prescribe any medication purely on the advice of a nurse without consulting further with a senior medical colleague or confirming the dose etc in the BNF. The most inappropriate response would be to use the policy from another hospital that you have found on the internet* ***(C).*** *This may not be a reliable source and takes no account of the hospital policy where you are working. Deviating from your own hospital protocol may mean that you are not covered by the hospitals indemnity policy, making this distinctly risky behaviour.*

©Medical Schools Council 2012

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
E	**4**	3	2	1	0
A	3	**4**	3	2	1
B	2	3	**4**	3	2
D	1	2	3	**4**	3
C	0	1	2	3	**4**

Scoring key for item 10

©Medical Schools Council 2012

11. Your consultant has to attend to a patient on another ward. In her absence she asks you to liaise with the radiology department to arrange an urgent CT* scan for Mrs Lewis. You provide a written request to book the test but are contacted by the radiologist a few hours later. He informs you that he has rejected your request on the basis of insufficient information.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Take the CT scan request form to another radiologist

B. Ask the radiologist to explain in more detail what was missing from the request

C. Ask your specialty trainee (registrar)* to discuss the request with the radiologist

D. Call your consultant to inform her that the radiologist has rejected the request

E. Ask your consultant to return to your ward so you can explain the situation

©Medical Schools Council 2012

Answer: BCDEA

Rationale: *Patient care is of prime importance and this question assesses your ability to make the right decisions to support this. The most appropriate route to obtaining a scan is via a radiologist; therefore talking to them is the most appropriate action. You are likely to also gain important learning for subsequent patient care in understanding what is missing from the request. This option is also likely to lead to better relations in future* ***(B).*** *Training/patient care involves team working, asking your specialty trainee (registrar) is a reasonable option at this stage* ***(C)*** *though it is less direct than Option A. A Consultant asked for request and therefore also needs to know why rejected it may be worthwhile for them to talk to radiology, though this is not an immediate priority* ***(D).*** *It is inappropriate to ask your consultant to return, it would be better to go and find them or negotiate via phone as to the best use of time for everyone* ***(E).*** *It would be undermining and unprofessional to ask another radiologist, indeed it would be likely to lead to problems in the future and is therefore the least appropriate Option* ***(A).***

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
B	**4**	3	2	1	0
C	3	**4**	3	2	1
D	2	3	**4**	3	2
E	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

12. On the morning ward round, your specialty trainee (registrar)* said that Mrs Anderson is medically fit following her total knee replacement and could be discharged if the occupational therapist* feels it is appropriate. The Occupational therapist* has assessed Mrs Anderson and believes it is safe for her to go home with a care package that has been arranged. It is now 4pm and the nurse informs you that Mrs Anderson is demanding to see a doctor as she does not feel that she is ready to go home yet. An elective admission is waiting in the day room for Mrs Anderson's bed.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Ask Mrs Anderson about her concerns

B. Ask a senior colleague to speak with Mrs Anderson

C. Ask the bed manager if he can find another bed for the elective patient

D. Explain to Mrs Anderson that the bed has already been allocated and she has to go home

E. Ask the Occupational therapist* to come and speak to Mrs Anderson with you

©Medical Schools Council 2012

Answer: AEBCD

Rationale: *This question looks at your ability to cope with pressure but also maintain a patient focus Your primary duty is to alleviate the concerns that Mrs Anderson has in relation to her discharge and reassure her that it is safe for her to go home* ***(A)****. Understanding her concerns will be the first step to reassuring her that it is indeed safe for her to go home. The occupational therapist is likely to have a greater experience in dealing with questions raised by patients who have anxieties over the safety of discharge once it has been clarified that the patient is medically fit for discharge* ***(E),*** *although your senior staff may be able to assist you in dealing with Mrs Anderson's concerns* ***(B).*** *Keeping her in hospital without addressing her issues may actually increase the risk to Mrs Anderson of suffering a hospital acquired infection and is an inefficient use of hospital resources* ***(C)****. Whilst not your highest priority, you should always be aware of how patients are being allocated to beds and if it is clear there could be a delay in discharging Mrs Anderson, it would be appropriate to ask the bed manager to find a different bed for the elective patient. Trying to coerce Mrs Anderson to go home by suggesting that she is depriving another patient of a hospital bed is inappropriate as Mrs Anderson's concerns remain central to the management of this situation* ***(D)***

©Medical Schools Council 2012

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
A	**4**	3	2	1	0
E	3	**4**	3	2	1
B	2	3	**4**	3	2
C	1	2	3	**4**	3
D	0	1	2	3	**4**

Scoring key for item 12

©Medical Schools Council 2012

13. Mr Reese has end-stage respiratory failure and needs continuous oxygen therapy. While you are taking an arterial blood gas sample, he confides in you that he knows he is dying and he really wants to die at home. He has not told anyone else about this as he thinks it will upset his family, and the nursing staff who are looking after him so well.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Tell Mr Reese that whilst he is on oxygen therapy he will need to stay in hospital

B. Reassure Mr Reese that the team will take account of his wishes

C. Discuss his case with the multi-disciplinary team*

D. Discuss with Mr Reese's family his wish to die at home

E. Discuss Mr Reese's home circumstances with his General Practitioner

©Medical Schools Council 2012

Answer: BCEDA

Rationale: *This question is focusing on effective communication with patients. Ensuring that patients' informed wishes are met in relation to their care is central to your approach to patient care and this needs to be communicated to the patient in a reassuring manner even in situations relating to end of life care* ***(B)****. These wishes should have been sought when addressing the management plan for Mr Reese and once identified the multidisciplinary team needs to be made aware of them in order to ensure that as far as possible Mr Reese's views in relation to his end of life care are implemented* ***(C)****. The management of Mr Reese will require the active involvement of his GP and communication with the GP is therefore of importance* ***(E)****. Any decision to discuss Mr Reese's wishes in relation to his end of life care with his family can only be made with the full agreement of Mr Reese* ***(D)****. It would not be appropriate to give the patient inaccurate information in order to engineer a different medical pathway* ***(A)****.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
B	**4**	3	2	1	0
C	3	**4**	3	2	1
E	2	3	**4**	3	2
D	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

14. Your consultant Dr Jackson has asked you to prescribe a second antibiotic for a patient who has a chest infection which has been slow to respond to initial treatment. Later that day, you are contacted by a specialist trainee in microbiology who informs you that the new antibiotic is not in the hospital formulary. She tells you that the new antibiotic should not be used because of the risk of clostridium difficile infection.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Prescribe what the microbiology trainee advises

B. Explain that Dr Jackson requested the antibiotic and he would be the best person to speak to about the prescription

C. Agree to contact Dr Jackson to discuss the prescription

D. Suggest that the microbiology trainee reviews the patient herself in order to be able to make an informed decision

E. Do not change the prescription and make a record in the notes of the microbiology trainee's concerns

©Medical Schools Council 2012

Answer: CBDAE

Rationale: *This question assesses your professionalism and how to manage your working relationships. The most appropriate action to take would be to contact your consultant* ***(C)****. As Dr Jackson, your consultant, made the decision about the antibiotics, it is courteous and also in the patients best interest to inform him of the microbiology advice. It is preferable for you to contact your consultant yourself* ***(C)*** *rather than expect the microbiologist to have to repeat the same information to multiple members of the same team* ***(B)****. The next most appropriate action would be to ask the trainee to review the patient herself* ***(D)*** *as there may be complexities surrounding the patient of which you and the microbiology trainee are not aware. Microbiology review may enable a more robust clinical decision. Option A suggests that you do what the microbiology trainee recommends without further discussion with them, your consultant or any other member of your team. It is Dr Jackson's team (of which you are part) who are directly responsible for the patient's care and there needs to be clear communication about changes to the management plan* ***(A).*** *Option E is not addressing the problem and is clearly unfavourable* ***(E)****.*

©Medical Schools Council 2012

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
C	**4**	3	2	1	0
B	3	**4**	3	2	1
D	2	3	**4**	3	2
A	1	2	3	**4**	3
E	0	1	2	3	**4**

Scoring key for item 14

©Medical Schools Council 2012

15. You are just finishing a busy shift on the Acute Assessment Unit (AAU). Your FY1 colleague who is due to replace you for the evening shift leaves a message with the nurse in charge that she will be 15 to 30 minutes late. There is only a 30 minute overlap between your timetables to handover to your colleague. You need to leave on time as you have a social engagement to attend with your partner.

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Make a list of the patients under your care on the AAU, detailing their outstanding issues, leaving this on the notice board in the doctors' office when your shift ends and then leave at the end of your shift

B. Quickly go around each of the patients on the AAU, leaving an entry in the notes highlighting the major outstanding issues relating to each patient and then leave at the end of your shift

C. Make a list of patients and outstanding investigations to give to your colleague as soon as she arrives

D. Ask your specialty trainee (registrar)* if you can leave a list of your patients and their outstanding issues with him to give to your colleague when she arrives and then leave at the end of your shift

E. Leave a message for your partner explaining that you will be 30 minutes late

©Medical Schools Council 2012

Answer: ECDBA

Rationale: *This question asks you to demonstrate your commitment to patient care. Although it is not appropriate for trainees to stay for an extensive period of time after their shift ends, or do this in a regular basis, saying an extra 30 minutes on this occasion is important to ensure an effective handover* ***(E)****. It is more appropriate to provide information directly to your colleague to ensure they receive it* ***(C)*** *and your specialty trainee (registrar) could also be able to ensure that your colleague received the information* ***(D)****. Leaving lists of information on the end of a bed is less effective and leaving a list on the notice board is least effective as your colleague is unlikely to know it is there* ***(B, A)****.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
E	**4**	3	2	1	0
C	3	**4**	3	2	1
D	2	3	**4**	3	2
B	1	2	3	**4**	3
A	0	1	2	3	**4**

©Medical Schools Council 2012

16. You are looking after Mr Kucera who has previously been treated for prostate carcinoma. Preliminary investigations are strongly suggestive of a recurrence. As you finish taking blood from a neighbouring patient, Mr Kucera leans across and says “tell me honestly, is my cancer back?”

Rank in order the following actions in response to this situation (1= Most appropriate; 5= Least appropriate)

A. Explain to Mr Kucera that it is likely that his cancer has come back

B. Reassure Mr Kucera that he will be fine

C. Explain to Mr Kucera that you do not have all the test results, but you will speak to him as soon as you do

D. Inform Mr Kucera that you will chase up the results of his tests and ask one of your senior colleagues to discuss them with him

E. Invite Mr Kucera to join you and a senior nurse in a quiet room, get a colleague to hold your ‘bleep’ then explore his fears

©Medical Schools Council 2012

Answer: DCEAB

Rationale: *This question places you in a challenging situation and explores your communication skills. It is not a FY1's responsibility to break bad news to a patient and the full results are not available yet **(A)**. It would be most appropriate for a senior colleague to speak to Mr Kucera with regards his diagnosis (**D)**. Informing Mr Kucera that you will speak to him as soon as you get the test results back would still be appropriate as you are giving him some information, although this may not necessarily mean that you would be providing him with the diagnosis **(C)**. It may be appropriate to discuss Mr Kucera's fears with him, but by doing this you may not be attending to other ill patients and are asking a colleague to take on your responsibility by holding your bleep **(E)**. It may also become a difficult conversation when you do not have full details of the results. It would not necessarily be appropriate to tell Mr Kucera that his cancer is back as this has not been confirmed **(A)**, however it would be inappropriate to provide false hope to a patient when preliminary investigations are strongly suggestive of a recurrence **(B)**.*

Ideal rank	Applicant rank 1	Applicant rank 2	Applicant rank 3	Applicant rank 4	Applicant rank 5
D	**4**	3	2	1	0
C	3	**4**	3	2	1
E	2	3	**4**	3	2
A	1	2	3	**4**	3
B	0	1	2	3	**4**

©Medical Schools Council 2012

Part Two

17. You have been approached by a FY1 colleague, James, who has been on shifts with another FY1 doctor, Mark, for the last two weeks. James tells you that Mark has gradually become increasingly careless in monitoring and documenting patient records. On three occasions, James tells you that he has found Mark asleep in the common room whilst on duty. You know Mark very well and have never witnessed such behaviour when you have worked with him previously.

Choose the **THREE most appropriate** actions to take in this situation

A. Tell James that you have never witnessed such behaviour from Mark

B. Suggest to James that he speaks to Mark directly about his concerns

C. Advise James to document his concerns

D. Inform a senior colleague about what James has told you

E. Tell James you will speak to Mark about his behaviour

F. Ask other members of the team whether they have witnessed this behaviour in Mark

G. Advise James to speak to a senior colleague about his concerns

H. Ask James whether he has any evidence that patient safety is being compromised

©Medical Schools Council 2012

Answer: BGH

Rationale: *This scenario presents a number of conflicts between professional and personal concerns. James should speak directly to Mark about his concerns* ***(B).*** *James has a professional duty to share his concerns with a senior colleague* ***(G),*** *and must do so immediately if he has evidence of patient safety concerns* ***(H).*** *It will be important to keep a professional oversight and not to judge the observations of James* ***(A, C)****, or act as a third party between James and Mark (****D, E, F).***

A	B	C	D	E	F	G	H
0	4	0	0	0	0	4	4

©Medical Schools Council 2012

18. You have been prescribed codeine for persistent back pain which has become worse in the last few weeks. You have noticed that during shifts you are becoming increasingly tired, finding it difficult to concentrate and your performance, as a result, has been less effective.

Choose the **THREE most appropriate** actions to take in this situation

A. Ask a colleague to assist with your workload until you finish your codeine prescription

B. Make an effort to increase the number of breaks during your next shift

C. Stop taking the codeine immediately

D. Make an appointment to see your General Practitioner

E. Seek advice from a specialist consultant about your back pain

F. Arrange to speak with your specialty trainee (registrar)* before your next shift and make them aware of your situation

G. Seek advice from your clinical supervisor* regarding further support

H. Consider taking some annual leave

©Medical Schools Council 2012

Answer: DFG

Rationale: *This question looks at how you demonstrate commitment to professionalism and self-awareness. The essential problem is that as an FY1 doctor the level of your clinical performance is dropping. This constitutes a risk to the patients you are caring for and will impose a greater workload on your colleagues. In this circumstance you should inform and seek the advice of the senior clinician responsible for your work* ***(G)*** *and alert your colleagues* ***(F).*** *This matter is most likely to be related to your prescribed medicine and you should therefore consult with your GP* ***(D)*** *rather than any other specialist* ***(E).*** *It is not your place to re-allocate workload* ***(A).*** *Increasing the number of breaks is unlikely to improve a situation that is likely to be due to an adverse effect of a drug* ***(B).*** *You should not make any unilateral decisions about your medical treatment* ***(C)*** *and should seek the advice of others* ***(D).*** *You should not be seeking to use your annual leave* ***(H)*** *to compensate for a medical problem.*

A	B	C	D	E	F	G	H
0	0	0	4	0	4	4	0

©Medical Schools Council 2012

19. You are reviewing one of your patients, Mrs Hobbs, who is on your ward being treated for an infection in her toe. During a routine examination you notice that in Mrs Hobbs' drug chart the FY2 has prescribed her penicillin and the administration is due in 45 minutes time. You remember your consultant informing you earlier that day that Mrs Hobbs was allergic to penicillin.

Choose the **THREE most appropriate** actions to take in this situation

A. Inform the FY2 that they have made an error

B. Cross out the prescription on Mrs Hobbs' drug chart, dating and initialling the amendment

C. Tell the nursing staff on duty not to administer penicillin to Mrs Hobbs

D. Contact your specialty trainee (registrar)* to confirm what the consultant has said about the penicillin allergy

E. Inform your consultant about the situation

F. Ask Mrs Hobbs whether she is allergic to penicillin

G. Explain to Mrs Hobbs that an incorrect prescription has been made by the FY2

H. Review Mrs Hobbs notes to try and clarify whether she is allergic to penicillin

©Medical Schools Council 2012

Answer: BFH

Rationale: *In this situation you have spotted a possible prescribing error with the potential to result in a fatality or serious injury. Your first duty is to ensure that this danger is eradicated* ***(B)****. The next priority is to try and establish the facts of the matter by taking a history from the patient* ***(F)*** *and looking for further evidence in the medical notes* ***(H).*** *While it is always appropriate to acknowledge errors to patients, this probable error did not reach the patient and so little is to be gained from explaining the situation to Mrs Hobbs* ***(F).*** *While it is always important to explore the causes of 'near misses' with other members of the team* ***(A, E),*** *this discussion is not a priority at this time. If the correct action is taken with regard to the prescribed medicine* ***(B)*** *there should be no need to give specific instructions to the nursing staff* ***(C).***

A	B	C	D	E	F	G	H
0	4	0	0	0	4	0	4

©Medical Schools Council 2012

20. You are a FY1 doctor working in the Emergency Department (ED). A 48 year old patient presents with an ankle injury. He is intoxicated, loud and demands immediate medical treatment. There are four patients waiting ahead of him. He is upsetting the other patients and at one point, threatens another patient with physical violence.

Choose the **THREE most appropriate** actions to take in this situation

A. Ask one of the nurses to try and calm the patient down

B. Call security for assistance

C. Tell the patient that his behaviour is inappropriate and will not be tolerated

D. Arrange for the patient to be moved to a side room away from the other patients

E. Arrange for the patient to be treated as soon as possible

F. Tell the patient he will not be treated if he continues to behave in this manner

G. Ensure the other patients are not distressed by the situation

H. Ask the other patients if they would mind if this patient was treated before them

©Medical Schools Council 2012

Answer: BCG

Rationale: *This question asks you to make decisions in a stressful situation that ensure safety and are communicated effectively. Violence against patients and healthcare professionals is not acceptable. Staff and patients should be protected and hospital security can offer assistance* ***(B).*** *Other staff should not be asked to confront the patient* ***(A)*** *as this may place them at risk, but they can support other patients and minimise their distress* ***(G).*** *The patient should be informed that his behaviour will not be tolerated* ***(C).*** *This should not constitute a threat to his right to treatment* ***(F),*** *but his behaviour should not lead to preferential treatment which may compromise care provided to other patients* ***(D, E, H).***

A	B	C	D	E	F	G	H
0	4	4	0	0	0	4	0

©Medical Schools Council 2012

21. You are assisting on a ward one afternoon when you notice that a patient has two tablets in his hands that he is about to consume. The medication was prescribed to him earlier this morning and his case notes clearly state ‘take one tablet twice daily’. The patient in question does not speak English.

Choose the **THREE most appropriate** actions to take in this situation

A. Arrange for a translator to ask the patient if he knows how he is supposed to take the medication

B. Prevent him from taking both tablets now

C. Speak to the doctor who prescribed the medication about the incident

D. Illustrate on a piece of paper how and when to take the medication

E. Seek advice on drug dosing from the pharmacist

F. Inform the nurse in charge about the incident

G. Find out if his relatives speak good English and can translate the prescription to the patient

H. Ask the nurse who dispensed the medication to explain why he has more tablets than prescribed

©Medical Schools Council 2012

Answer: ABH

Rationale: *This question looks at communication with patients and your ability to make sensitive decisions. Every patient should be offered a translator wherever possible. It is morally and ethically imperative that patients understand the medical information that is given to them* ***(A)****. Preventing the patient from taking both tablets now prioritises patient safety****.*** *It would be negligent to allow him to take both tablets if you knew this was not what was prescribed* ***(B)****. By conducting preliminary investigations into the incident and feeding back to the staff involved, you are increasing awareness which may serve to minimise the risk of this happening again* ***(H)****.*

Speaking with the doctor who prescribed the medication should be done, however this is not a priority action at this time, particularly as it would appear from the scenario that the prescribing doctor has done nothing wrong (apart from maybe not employ a translator to explain the medication dosing to the patient) ***(C)****.Whilst trying to illustrate instructions around taking the pills demonstrates an attempt to communicate with the patient, drawings could be open to misinterpretation and would not be considered medico-legally robust behaviour* ***(D)****. Involving the pharmacist* ***(E)*** *may be appropriate; however this is not a priority and is not addressing the crux of the issue. Whilst the incident will require reporting, the immediate issues of patient safety, patient explanation and gathering the relevant information to accurately describe the circumstances surrounding the incident are more pressing and required BEFORE*

*speaking to the senior nurse **(F)**. Involving the relatives clearly breaches issues of patient confidentiality **(G)**.*

A	B	C	D	E	F	G	H
4	4	0	0	0	0	0	4

Scoring key for item 21

22. You have just started your shift. You have not met one of the patients, Mrs Gordon but you know that she is being treated for a fractured knee and is recovering well. Her husband has noticed that she has lots of bruising around her knee. He angrily approaches you claiming her doctor is not doing her job properly as the bruising is getting worse.

Choose the **THREE most appropriate** actions to take in this situation

A. Ask a senior colleague to speak to Mr Gordon

B. Ask the nurse who has been caring for Mrs Gordon to speak with him

C. Ask Mr Gordon to lower his voice as he is disrupting the other patients

D. Tell Mr Gordon the other doctor has now finished her shift so you are now taking over responsibility for Mrs Gordon

E. Try to answer any questions Mr Gordon has

F. Reassure Mr Gordon that the bruising will be the result of the fractured knee

G. Set up an appointment for Mr Gordon to meet with the consultant

H. Re-examine Mrs Gordon's knee

©Medical Schools Council 2012

Answer: DEH

Rationale: *This question examines your professionalism, communication and empathy. The priorities in this scenario are clearly excluding any new medical pathology **(H)** and being open, honest and attentive to Mr Gordon's concerns. Angry patients are often just scared, upset and afraid. Mr Gordon needs to know that you are not his wife's regular doctor **(D)**. He is therefore much more likely to be understanding if you cannot fully answer all his questions. You should try and answer as many of his questions as you feel able to **(E)**. Asking a senior colleague to speak to him **(A)** would be the next most appropriate action, however it would be reasonable for you to at least to try to speak to him first. Similarly it may be that in addition to you speaking to him, an appointment with the consultant may be appropriate, but the scenario indicates that he needs a doctor to speak with him immediately. Asking the nursing staff to speak to him **(B)** is inappropriate. He is clearly concerned about his wife's medical care (rather than nursing care) so a doctor should speak to him. Not allowing him to speak to a doctor is likely to infuriate him further. As an FY1 you are not going to be able to reassure him that the bruising is simply due to the fracture as there may well be something else going on **(F)**. The patient is likely to need senior review and possibly further investigation before anyone can say for certain that it is purely as a result of the fracture. Asking Mr Gordon to lower his voice **(C)** is likely to infuriate him further and is therefore going to be detrimental to the situation.*

A	B	C	D	E	F	G	H
0	0	0	4	4	0	0	4

©Medical Schools Council 2012

23. You become aware that one of your FY1 colleagues, Daniel, is consistently not doing his fair share of the ward work. His night shift colleague has told you that he leaves much of the routine work for her and provides poor handover information. However he is personally very likeable and always performs jobs diligently when directly requested. You know that no-one has broached this with him yet.

Choose the **THREE most appropriate** actions to take in this situation

A. Discuss Daniel's behaviour with his clinical supervisor*

B. Suggest to the nursing staff that they ask Daniel directly to complete the routine work

C. Explain to Daniel that his behaviour means colleagues have to do extra work and this could impact on patient safety

D. Bring up the issue of effective handovers at the next team meeting

E. Ask Daniel if he needs help with his handover

F. Discuss the situation with your consultant

G. Ask other staff on the ward if they are experiencing problems with Daniel

H. Suggest to your night shift colleague that she speaks to Daniel directly about him not completing his tasks

©Medical Schools Council 2012

Answer: CEH

Rationale: *This question assesses how you manage your professional working relationships and with suboptimal conduct of your colleagues. The most appropriate action is to discuss the issues with Daniel himself* ***(C)****. Alongside this, it would also be appropriate to offer to help him with his handover* ***(E)*** *as you are therefore attempting to remedy the situation. This is acceptable if this is within your capabilities. Asking the other colleague who is being particularly affected by his behaviour to address him personally* ***(H)*** *before going to his seniors/supervisor would also be considered appropriate.*

Consulting senior medical staff and clinical supervisors ***(F, A)*** *may well be prudent; however this would be the next step if speaking to him personally was ineffective. The same also goes for gathering further information and opinion on him from the nursing staff* ***(G).*** *Raising effective handovers at the next team meeting is relatively non-specific and not an immediate priority* ***(D)****. It is inappropriate to ask the nurses to liaise with him directly regarding routine work* ***(B)****. The situation needs to be properly addressed and in order for effective and safe patient care, the whole team must be communicating and functioning effectively.*

A	B	C	D	E	F	G	H
0	0	4	0	4	0	0	4

©Medical Schools Council 2012

24. It is the end of your shift and on your way out of the ward you remind one of the nurses that Mr Baker, who has been admitted to the hospital with chest pains, needs his blood taken within the hour for cardiac markers. The nurse tells you that the ward has now got very busy so Mr Baker will have to wait. She is very abrupt in her response to you.

Choose the **THREE most appropriate** actions to take in this situation

A. Ask the nurse for further details about the other urgent tasks that need to be completed on the ward

B. Ask the FY1 taking over your shift to take Mr Baker's blood

C. Discuss with the nurse in charge the procedure for taking essential bloods at busy times

D. Insist that the nurse tries to find the time to take Mr Baker's bloods

E. Take Mr Baker's blood yourself

F. Suggest to the nurse that she considers how she speaks to other members of the team in future

G. The next day, speak to the nurse privately about the way she spoke to you

H. Speak to the nurse in charge about the way the nurse spoke to you

©Medical Schools Council 2012

Answer: BCG

Rationale: *This question looks at your communication skills. The first priority is that the patient's is looked after so asking a colleague in duty to do this is appropriate* ***(B)****. Having said this, the underlying cause needs to be addressed after some information gathering* ***(C)****, which can then be transmitted to the nurse sensitively at a later time* ***(G)****. It should not be necessary for anyone to work for longer than their required hours because of what is essentially an organisational problem, not a medical emergency* ***(E)****. Asking the nurse to take on additional tasks* ***(D)*** *or for more information about the detailed tasks* ***(A)*** *would be inappropriate input to someone else's job and* ***Options A, E*** *and* ***F*** *are counterproductive in time terms.* ***Options D, F*** *and* ***H*** *would be confrontational and unwise in the heat of the moment.*

A	B	C	D	E	F	G	H
0	4	4	0	0	0	4	0

©Medical Schools Council 2012

25. A confused patient has intra-abdominal infection and acute renal failure after a procedure. Instructions to the nursing staff are clearly written in the notes regarding what action to take in response to a change in the patient's urine output. On the morning ward round you find these instructions were not followed by the night nursing team and the patient has deteriorated as a consequence. You immediately ensure the patient is treated appropriately.

Choose the **THREE most appropriate** actions to take in this situation

A. Inform the nurse in charge of the ward of the incident

B. Explain to the patient that there was an error with the management of her condition

C. Inform a senior member of the medical team of the incident

D. Speak to the nurses involved next time you see them about your concerns with their management of the patient

E. Find out whether the nurses were aware of the instructions regarding changes to the patients urine output

F. Offer to write a protocol formalising team communication

G. Record your account of the nights events in the patient's notes

H. Ask the nurses to increase the frequency of observations on the patient

©Medical Schools Council 2012

Answer: ACE

Rationale: *This question assesses your ability to work well in a team and communicate effectively. Senior nursing and medical staff need to be aware of the incident so that the incident can be logged, investigated and any action taken* ***(A, C).*** *Instructions had been formulated so it needs clarification as to whether these were communicated* ***(E)*** *but the incident itself would not require a change in these instructions* ***(H).*** *Whilst you should record the events in the patients notes* ***(G****), this is not an immediate priority.* ***Option F*** *and* ***D*** *are presupposing the outcome of any discussions so maybe incorrect actions.* ***Option B*** *is not immediately necessary and the patient would probably not be able to retain or understand the information as they are confused.*

A	B	C	D	E	F	G	H
4	0	4	0	4	0	0	0

26. You are treating Mrs Taylor for a urinary infection. You receive the antibiotic sensitivity results. You inform your consultant that the *E coli* causing Mrs Taylor's urinary infection is sensitive to amoxicillin. As a result, this antibiotic is then started. You realise later that day that you have misread the result and that the *E coli* is actually resistant to amoxicillin and is sensitive only to ciprofloxacin. Mrs Taylor had no adverse reaction to the antibiotic.

Choose the **THREE most appropriate** actions to take in this situation

A. Inform your consultant of the correct result

B. Record the incident as a learning point in your learning portfolio*

C. Contact microbiology for advice

D. Tell Mrs Taylor that you have prescribed the incorrect antibiotic

E. Reassess Mrs Taylor's vital signs

F. Change the antibiotic to ciprofloxacin

G. Repeat the urine specimen culture

H. Ask your specialty trainee (registrar)* for advice

©Medical Schools Council 2012

Answer: ADF

Rationale: *This question asks you to make decisions that demonstrate your professionalism. Your consultant might want to know that a change to the management is required, and the patient needs to know that an error (albeit minor) has occurred* ***(A, D)****. Changing the antibiotic is required to treat the patient* ***(F)****. Repeating the urine* ***(G)*** *and contacting microbiology* ***(C)*** *will add nothing, and in the absence of an adverse reaction reassessing the patient's vital signs is unlikely to be of benefit* ***(E)****. Recording the incident as a learning point is a good idea but is of lower priority* ***(B)****. If your consultant is available that is the first port of call. Your specialty trainee (registrar) would be a reasonable alternative* ***(H)****.*

A	B	C	D	E	F	G	H
4	0	0	4	0	4	0	0

©Medical Schools Council 2012

27. You have worked on a ward with another FY1 colleague, Ben, for the last three weeks. You have noticed that Ben seems to avoid writing prescriptions and filling in drug charts. The nurses appear to be getting frustrated with Ben because of this. When you speak to Ben about it, he tells you that he is dyslexic but has not told anyone as he is embarrassed.

Choose the **THREE most appropriate** actions to take in this situation

A. Make the nursing staff aware of the situation

B. Check all the drug charts and prescriptions Ben has recently written

C. Explain to Ben the potential safety risks to patients if he continues to ignore the issue

D. Discuss the situation with a senior colleague

E. Recommend to Ben that he raises this with his educational supervisor*

F. Offer to help Ben with his prescriptions and drug charts

G. Discuss the situation with your team and ask them to help you monitor Ben's drug charts and prescriptions

H. Speak to occupational health* about the best course of action to take

©Medical Schools Council 2012

Answer: CDE

Rationale: *This question asks you to make professional and patient focused decisions. This is indeed a potential safety issue, although it should have been picked up before applying to the Foundation Programme. Ben really should discuss this with a senior colleague himself and you have a duty to the patients, and to him, to do so yourself, to ensure the issue is raised* ***(C, D, E)****. Offering to check the charts and support Ben, whilst noble, is not the way forward since this should be undertaken by someone more senior, and doesn't deal with the problem* ***(B, F)****. Raising the problem more widely is not your responsibility and needs to be undertaken sensitively once more senior doctors are involved* ***(A, G, H)****.*

A	B	C	D	E	F	G	H
0	0	4	4	4	0	0	0

©Medical Schools Council 2012

28. You review a patient on the surgical ward who has had an appendicectomy done earlier on the day. You write a prescription for strong painkillers. The staff nurse challenges your decision and refuses to give the medication to the patient.

Choose the **THREE most appropriate** actions to take in this situation

A. Instruct the nurse to give the medication to the patient

B. Discuss with the nurse why she disagrees with the prescription

C. Ask a senior colleague for advice

D. Complete a clinical incident form

E. Cancel the prescription on the nurse's advice

F. Arrange to speak to the nurse later to discuss your working relationship

G. Write in the medical notes that the nurse has declined to give the medication

H. Review the case again

©Medical Schools Council 2012

Answer: BCH

Rationale: *Ensuring patient safety is key to this scenario. It is important to discuss the nurse's decision with her as there may be something that you have missed when first reviewing the patient* ***(B).*** *Therefore it would also be important to review the patient again* ***(H).*** *Also relating to this is the importance of respecting the views of colleagues and maintaining working relationships, even if there is disagreement. As there has been a disagreement regarding patient care, it is important to seek advice from a senior colleague* ***(C).***

A	B	C	D	E	F	G	H
0	4	4	0	0	0	0	4

©Medical Schools Council 2012

29. A 45 year old alcoholic is admitted in the afternoon with delirium tremens after stopping drinking two days previously. During the night you are called to see him as he has become very aggressive and is demanding to be allowed home. As you arrive on the ward he punches one of the nurses. He is confused, shouting and threatening other patients.

Choose the **THREE most appropriate** actions to take in this situation

A. Prescribe extra sedation for the patient

B. Ask the nursing staff to call hospital security

C. Attempt to talk to the patient to try and calm him down

D. Reassure the other patients in the ward that they are safe

E. Ask the nursing staff to help you restrain the patient

F. Ask the nursing staff to call the police

G. Inform the patient that his behaviour is inappropriate and will not be tolerated

H. Ensure that the nurse who was punched is not badly injured

©Medical Schools Council 2012

Answer: BCH

Rationale: *This question assesses your ability to cope with pressure and ensure the safety of yourself and other patients. Violence against health professionals (and patients) is not acceptable, but for this patient it is in the context of delirium tremens, in which the patient is confused and agitated, so he would not have insight into his actions. Hence* ***Options G*** *and* ***F*** *are not appropriate. However, an FY1 (or another member of staff) should be protected and hospital security* ***(B)*** *can offer assistance. Even though a patient is confused, they will often calm down if approached in a reasonable manner, reducing the emotion in the situation* ***(C).*** *An FY1 also has a duty to ensure the safety of other staff, so checking on any harm done is important* ***(H).*** *Physically restraining the patient will be difficult and might cause further harm for staff and the patient. It can constitute an assault. Similarly, prescribing extra sedation might exacerbate the confusion and would likely be very difficult to administer without first calming the patient down. Consequently* ***Options A and E*** *are not appropriate.*

A	B	C	D	E	F	G	H
0	4	4	0	0	0	0	4

©Medical Schools Council 2012

30. At lunch a FY1 colleague bursts into tears. She says she feels she is not coping with the job. She thinks that her consultant is too demanding and the nurses are annoyed because she is not keeping up with the workload.

Choose the **THREE most appropriate** actions to take in this situation

A. Talk to her about the circumstances of her distress

B. Suggest she discusses the issues with her specialty trainee (registrar)*

C. Advise her to take a few days annual leave to rest

D. Encourage her to seek some counselling

E. Offer to go with her to talk to her consultant

F. Inform her educational supervisor* that she appears to be struggling

G. Ask other members of the team to be supportive as she is having difficulties coping

H. Offer to assist with some of her workload

©Medical Schools Council 2012

Answer: ABE

Rationale: *The situation is only described in brief and is likely to be very complicated. It assesses how you work with colleagues and your communication skills. Spending time talking with a colleague can offer much clearer insight as well as often being therapeutic in its own right* ***(A).*** *Similarly, advising talking to a more senior member of the team* ***(B)*** *is likely to bring more support as well as being able to bring a different interpretation of how the FY1 is managing****.*** *If, as it seems, the FY1 is experiencing a crisis of confidence, then it cannot simply be left without any agreed way forward, and the person will usually value a colleague's support in talking to her consultant* ***(E).*** *Taking a few days annual leave might bring temporary relief, but will probably not have tackled the problem and returning to work is likely to bring heightened anxiety about coping* ***(C).*** *Counselling might be appropriate, but will not be immediately accessible and there needs to be more immediate actions* ***(D).*** *Asking other members to be supportive removes the responsibility from her* ***(G).*** *Similarly, assisting with her workload is likely to increase the feeling of not coping* ***(H)****.*

A	B	C	D	E	F	G	H
4	4	0	0	4	0	0	0

©Medical Schools Council 2012