OSCE

Candidate information

You are the consultant in a busy tertiary ED. Recently, there has been significant tension between the Plastic surgery team and various ED doctors.

The ED doctors are upset that the Plastics Registrar has been refusing to see patients he deems low risk. This morning, the Registrar refused to see a patient with a small laceration to the dorsum of his hand after punching another person, stating, “Discharge him if the x-ray shows no fracture”.

The patient has since been discharged home with a “fight bite” injury.

The Plastics Registrar has in turn complained that he is tired of inappropriate referrals from ED.

The Head of Plastic Surgery has come down to discuss his Registrar’s complaints with you.

Domain	**%**
Medical expertise	
Prioritisation and decision making	
Communication	40
Teamwork and collaboration	
Leadership and management	
Health advocacy	
Scholarship and teaching	
Professionalism	60

Plastic Reg problem

Actor (Head of Plastic Surgery) information

Your Registrar has complained to you that ED is making inappropriate referrals to the hand service. Lately, he feels that every referral from ED is inadequate and he has stopped bothering to see most of the referrals, instead managing them over the phone.

You have approached the ED consultant today to discuss this situation. You are unaware that your Registrar this morning told an ED doctor to discharge a patient with a bite injury to the hand. Your Registrar did not see the patient, but over the phone told the ED doctor to discharge the patient if his Xray was normal. **Mention this patient: "One doctor even referred a patient with a small laceration to his dorsum this morning!".**

You are angry that the ED has upset your senior Registrar, who is highly regarded, and assume that ED is "dumping patients" to meet their 4 hour rule.

Prompts:

- Feel free to act like a surgical a***hole!
- Feel free to mention some dud referrals – use your imagination
- If you feel listened to, ask if the ED would be interested in some teaching sessions of the JMOs to avoid future problems

Marking:

- Approach to fellow consultant – firm, friendly, non-confrontational
- Explores concerns with consultant
- Identifies need to recall patient with bite injury
- Explains miscommunication re this patient – not laceration, but bite injury
- Appropriately identifies likely blame on both sides
- Offers solutions – education, further training, etc of JMOs
- Offers to investigate recent referrals
- Offers to meet with Registrar and discuss concerns
- Apologises

	Mark
Identifies need to recall patient with bite injury	2
Approach to fellow consultant – firm, friendly, etc.	2
Explores concerns with consultant	1
Explains miscommunication in this pt – bite injury	2
Appropriately identifies likely blame on both sides	1
Offers solutions – education, training of JMOs, meet with Registrar	1
Apologises for any distress/trouble caused	1