

1 Situational Judgement Test Practice – Session 2 - Answers

Question 1

You have started a medical rotation as a FY2 doctor in a new hospital. Your mother has a chest infection. She has just moved to the area and has not yet registered with a GP and has asked you to prescribe antibiotics for her.

Rank the following actions with (1) being the most appropriate:

- (A) Advise her that she will have to register with a local GP.
- (B) Prescribe the medication as a private prescription, and arrange for her to register with a GP the following week.
- (C) Prescribe the medication on a hospital take home prescription with her details on it. Tell her to collect the medication from the hospital pharmacy.
- (D) Prescribe the medication on a hospital take home prescription with one of your patient's details on it. Collect the medication from the hospital pharmacy.
- (E) Ask one of your work colleagues to write a prescription on a hospital take home script without seeing your mother.

Answer: A, B, C, E, D

C, E, and D are all bad options as you are using a hospital prescription for someone who has not been admitted to the hospital. This is an inappropriate use of funds but it could also introduce confusion and patient safety concerns if the prescription cannot be linked to a set of notes or might be confused with another patient. D is the worst option because you would cause harm to another patient as that prescription will now show up in their records and history and could influence further decisions about their care. C is better than E as at least you are not getting another colleague to break rules on your behalf as this could impact poorly on your colleague. It is not safer for your colleague to write it rather than yourself as it does not add objectiveness to treating a family member as your colleague is not even going to see your mother, but would just be writing the prescription you ask for. A is best as your mother should attend the GP for a fully review and treatment and this will also facilitate follow up via your GP if your mother's condition changes. B would be second as at least your mother is seeing the GP the following week, and you are using a private prescription rather than illegally using a hospital prescription. This option does however mean you are treating a family member when actually there is a perfectly reasonable way for your mother to seek treatment elsewhere as the question does not describe her as being very unwell or unstable.

Question 2

You are an FY1 doctor working on a medical ward and you, your consultant and your registrar are currently doing the post take round of unwell patients admitted overnight, who you will be caring for today. A nurse approaches you and asks you to complete the discharge paperwork for a patient you are not familiar with. This discharge paperwork needs to include an overview of their admission, progress, and medications to be taken home when discharged. The nurse says she needs the discharge paperwork so that they can clear the bed for more new admissions. You are in a rush as the rest of the post take team are about to start discussing the next patient who was admitted overnight.

Rank the following actions with (1) being the most appropriate:

- (A) The nurse is familiar with the patient's case, so ask the nurse what the patient's diagnosis is and what medications he needs to go home with and quickly complete the discharge summary with that information, allowing you to keep up with the ward round.

- (B) Carefully review the patient's notes and take your time completing the discharge paperwork as it is an important record – you can catch up with the post take ward round afterwards. You can also drink a coffee at the same time.
- (C) Ask the consultant doing the ward round whether he would like you to step away from the ward round and complete the discharge summary now or remain with the team
- (D) Explain to the nurse that you are busy at the moment on the post take ward round but that you will return and do it as soon as the ward round is completed to enable the patient to go home.
- (E) Tell the nurse to stop interrupting the ward round as you have more important jobs to do.

Answer: C, D, E, B, A

C is the best option as it allows your consultant to decide which is the more needed action: you being present on the post take ward round or clearing a bed for a new admission. It may be that they are plenty of other team members on the post take ward round and actually the bed is urgently needed for new admissions and so completing the discharge paperwork might be a priority. It could be that the team is understaffed or the consultant wants you present for all the post take jobs and does not want you splitting away. D is second as you communicate well with the nurse and promising to prioritise the task as soon as the ward round is completed. A is definitely the worst option as it involves you writing a discharge summary from the brief information the nurse can remember. This could introduce errors to the paperwork and could put the patient at risk. E is not a good option as it has you snapping at the nurse but it ultimately achieves the same goal as D as you will continue the ward round and could return later to do the discharge paperwork. B is worse than E as although it describes you carefully reviewing the patient notes, it also describes you as taking your time and drinking a coffee and leaving your team to do the ward round without you. There is no urgency in this answer and it implies you are shirking responsibility by spending so long (with a coffee) completing one job whilst the ward round is continuing.

Question 3

You are an FY1 doctor working in a paediatric surgery. You requested an important blood test on a patient towards the end of your shift. The result had not come back by the end of your shift. You had a very busy shift and are very tired. You have just reached home and remember you forgot to hand over to the night FY1 that this blood test result needs reviewing tonight. You have been unable to reach the night FY1 on their mobile.

Rank the following actions with (1) being the most appropriate:

- (A) Get back in the car and drive back to the hospital to check the result yourself or to at least find the night FY1 in person to hand over the job
- (B) Call the night paediatric surgery registrar, explain the situation and hand over the job that this blood test needs reviewing
- (C) Assume that the nurse who is looking after the patient will bring the test to the attention of the night doctor.
- (D) Phone the ward and speak to the nurse looking after the patient and ask them to get the night FY1 to review the result
- (E) Whatsapp a FY1 doctor working in general medicine and ask them to check the blood test result for you

Answer: B, D, A, E, C

B is the best answer as you are escalating appropriately up the chain of command as you have not been able to reach the FY1 in the team. The Registrar will be able to review the needed blood test. This is the safest option. E and C are the worst options. E involves a FY1 doctor working in an entirely different

speciality and doing so via whatsapp (this is not a professional form of communicate and sending a whatsapp could mean the message is sitting there without the FY1 doctor having seen it, whereas phone calls allow you to know the information has been received). A general medicine doctor should not be accessing paediatric surgery patient notes – this is not a professional use of confidentiality and the general medicine doctor may not have training in paediatric blood tests and could wrongly interpret the result. However, this answer is still better than doing nothing, like in C, where you are assuming the nurse will bring the blood test to someone’s attention. The night nurse may not even be aware that the patient had a blood test done during the day shift. This could lead to the blood test being entirely missed (whereas at least E means someone has looked at the blood result). D is better than A as A will exhaust you requiring you to drive there and back again, eating into your rest hours after a long shift and could make you work less well the next day. D is a very good option as you are speaking directly to the nurse who is specifically looking after that patient and making sure the nurse knows of the need to escalate this blood test to the doctor. This is less good than B as the nurse is not able to actually interpret the result herself but D is a good, safe, second option.

Question 4

You are an FY1 doctor working on a surgical ward. This morning you were asked to take a blood test to check a patient’s liver function. It is the evening hand over just before you are meant to go home. It has been a very busy day and you are exhausted. The registrar has just turned to you and asked if the patient’s liver function was normal. You realise you forgot to take the patient’s bloods this morning. The patient seems well.

Rank the following actions with (1) being the most appropriate:

- (A) Agree with the registrar and say the results were normal as the patient seems well
- (B) Tell the registrar the results were normal and then quietly ask the night FY1 to take the patient’s bloods and confirm that the liver function is normal overnight
- (C) Admit to the registrar that you forgot to take the patient’s blood this morning and don’t know the result. Handover to the night FY1 to take the patient’s bloods.
- (D) Tell the registrar that the patient refused to have his bloods taken but that you will return to ask him again
- (E) Explain to the registrar that you forgot to take the patient’s bloods this morning as it has been so busy. Clarify with registrar the urgency of the blood test and whether the night FY1 needs to do it or whether you can do it when you return in the morning.

Answer: E, C, D, B, A

E and C are the best option as they are both honest and ensures patient safety as both options inform the registrar that the test has not been done. E is slightly better than C as the registrar can act as needed on the information that the blood test has not been done and can judge if it needs doing tonight or can wait until tomorrow. This gives the potential for reducing unnecessary work for the night FY1 (and disturbing the patient at night time) if the blood test is able to be done in the morning. The registrar can judge this. D, B and A are all bad options as they all involve lying, however some of them pose a greater or lesser risk to patient safety. A is the worst option as you have lied to the registrar and told him the result is normal and there is no further action to attempt to actually take the blood test. B is the second worst as again you are falsely reassuring the registrar that the results were normal and although you are quietly getting the FY1 to repeat the bloods overnight to “confirm” they are normal, the registrar might act on the information that the bloods are normal before then and this could impact on the patient’s treatment plan and safety. Also is the FY1 repeats the bloods “quietly” overnight and they turn out to not actually be normal then, not only will this cause confusion (e.g. why have the patient’s bloods dramatically declined if everyone thought they were normal at the start of the night), but it will also expose you as lying and jeopardising patient safety. D is still a bad option as

you are lying and blaming the patient for refusing a blood test, but ultimately it is better than B or A, as it still ensures the registrar knows the bloods have not been done and won't falsely influence possible treatment decisions. It could allow the option of another doctor going and asking the patient again if they were now happy to have their bloods taken and get the results needed. It is less good than E and C because you are lying and blaming the patient, but it won't be as dangerous to patient care as options B and A.

Question 5

You are an FY1 doctor working in general medicine and normally look after 4 bays of patients. Building work has meant that 2 of your bays will be closed for the rest of the year so your work load has halved and you have found yourself having some free time each day. Your learning and training opportunities have also reduced as a result.

Rank the following actions with (1) being the most appropriate:

- (A) Offer to assist your FY1 colleagues with their routine jobs on busy wards
- (B) Speak to your consultant about the best way to adjust the job to enable training, such as attending some outpatient clinics
- (C) Take on a lead role for the doctors mess
- (D) Ask the foundation programme director to reassess the job's training opportunities and demand to move to another job
- (E) Leave work early each day when you have finished your jobs

Answers: B, D, A, C, E

B is the best response as you are escalating appropriately to your clinical consultant. It is usually best to escalate locally first as the clinical consultant will be most familiar with the learning opportunities within his speciality and team and may be able to resolve the learning issue promptly and fairly. D is the next best response as although you are being a bit rude by demanding to move job (it would be better to request or suggest you move job), you are still appropriately raising the job learning opportunities formally and this action should resolve the issue. It would be better to talk to your consultant first as this may resolve the issue locally, rather than going straight to the foundation programme director and trying to leave the job entirely, especially when there could still be a patient need for a FY1 doctor in that job. A is the next answer as although you are helping your fellow FY1s, this informal solution is not going to improve your learning and skills, as it says you will be helping with routine jobs. It could also introduce some confusion and some indemnity issues if you are doing jobs for other teams regularly, when you are not a member of that team (e.g. if you take a blood test, but then need to go back to your ward, whose responsibility is it to follow up on that blood test). At least you would like be contributing to the hospital though, whereas C and E are the worst issues. C will allow you to improve your leadership skills but ultimate this will not contribute to your medical knowledge and training and mess roles should really be done in your own time. E is the worst option as it could pose a risk to patient safety if you are meant to be covering the ward until 5pm but go home early as it is currently quiet. What if a patient deteriorates then when you were meant to be there? It does also not improve your medical, teamwork or leadership skills at all.

Question 6

You are working in cardiology. The consultant has asked you to prescribe a medicine that you are not very familiar with for a patient. You ask the consultant what dose of the medicine he would like to give as you think you read something about a range of doses being used. The consultant says "the usual dose". When you try asking the consultant again what dose exactly, he just angrily repeats "the usual dose" and leaves the ward. You get the impression that the consultant does not know the dose.

Rank the following actions with (1) being the most appropriate:

- (A) Try to find the dose information in the BNF
- (B) Ask the ward pharmacist about the dose
- (C) Don't prescribe the medication as you are not sure of the dose
- (D) Ask one of the senior cardiology nurses if they know the usual dose used in this situation
- (E) Phone the consultant and insist he tell you a dose

Answer: B, A, D, E, C

Note: The wording of the answer options has been updated since the print-outs you received at the SJT October session as the nurse was meant to be identified as a senior specialist nurse as this affects the appropriate amount of confidence you should have in taking the nurse's advice and this detail was an accidental omission on your original copy.

B is the best answer as the ward pharmacist should be qualified to help you with this query and will be able to guide you with resources, rather than you just using the BNF alone (answer A), especially as the question indicates that there are a range of "correct" doses depending on the patient's situation and this could make reading the BNF alone confusing. D is less good than A as although you are asking advice from a senior specialist nurse, they may not be actually qualified to advise you on this, whereas the BNF is a complete resource. The senior nurse is probably likely to know the drug dose though as she will have many years of experience in this speciality and if they don't know the dose they might be able to direct you to other resources (e.g. Trust guidelines). D is a better option than E as the question as already made it quite clear that the consultant probably doesn't know the correct dose and became angry the last time you questioned him. Insisting the consultant tell you a dose could cause a big confrontation and ultimately made the consultant will just guess a dose. C is the worse option as you are not acting at all to try to find out the needed dose. At least by confronting the consultant you are highlighting that you don't know the dose and are unable to prescribe the drug.

Question 7

At grand round they remind everyone not to take patient lists home with them as recently confidentiality was broken as a patient list was found on a bus and handed in by a member of the public. At the end of that day you notice one of your FY1 colleagues putting a patient list in her bag and there seem to be quite a few old patient lists thrown in there as well.

Rank the following actions with (1) being the most appropriate:

- (A) Speak directly to your FY1 colleague before she goes home to express your concerns
- (B) Report your FY1 colleague to the GMC as unfit to be a doctor
- (C) Don't say anything to her today but monitor if she always does this over the next couple days and then speak to her about what you have observed
- (D) Discuss the situation with your consultant tomorrow morning
- (E) Tell your FY1 colleague that one of the nurses wanted to speak to her about something before she went home, and whilst she is out of the room steal the lists out of her bag and put them in the confidential bin

Answer: A, D, C, E, B

A is the best answer as it acts immediately to prevent a risk to patient confidentiality. It also allows you to talk directly to the FY1 rather than reporting her as this approach may change her behaviour without having a detrimental effect on team dynamics (as opposed to if you report her). D is the next best option as it is the next quick in its action time (the next morning) to reduce the risk to the patient data,

but it is not as good an option as A as the FY1 will still have left the hospital with patient data tonight. C is in the middle as it means you won't be taking any action to resolve this risk for several days but it is still better than E or B. E is deceitful and you are stealing things out of your colleagues bag. It destroys any trust between you (even if it does allow you to appropriately put the lists in confidential waste). However B is the worst option as reporting your colleague as "unfit" to the GMC is a very serious accusation, completely out of proportion to her actions. "Unfit to be a doctor" would lead to an investigation and she could even be suspended. This could have a serious impact on her career as a doctor and could impact on your career too as this action could be seen as inappropriate/malicious compared to your colleague not correctly disposing of patient lists. "Unfit to be a doctor" is not an appropriate jump from her actions.

Question 8

You are a FY1 doctor working in medicine. You are half way through taking the history of a new patient. You hear the patient on the other side of the curtain crying.

Rank the following actions with (1) being the most appropriate:

- (A) Quickly complete your assessment of the patient you are with before checking on the other patient
- (B) Explain to the patient you are with that you will return but just need to check on the other patient
- (C) Immediately leave your current patient to check on the distressed patient
- (D) Leave your patient and go find a nurse to deal with the distressed patient as it isn't your job. This will require you going to another ward as the nurse is currently with a patient.
- (E) Ignore the distressed patient as they are not your patient and someone else will deal with them

Answer: B, C, A, D, E

Question 9

You are a FY1 doctor working on a medical ward. The CT1 tells you that he has tested positive for chlamydia and that he doesn't have time to go to the sexual health clinic or GP for treatment. He asks you to prescribe him the oral antibiotics needed.

Rank the following actions with (1) being the most appropriate:

- A) Take a full history from the CT1 to be able to fully assess him and then prescribe the appropriate oral antibiotic course as advised by the BNF
- B) Explain to the CT1 that he needs to book an appointment to see his GP or to attend his sexual health clinic as it is important for his care and follow up
- C) Refuse to help
- D) Suggest to the CT1 that he go to A&E as he could take a box of the oral antibiotics from their medicine cupboard when no one is watching
- E) Offer to hold his bleed for him this afternoon whilst he quickly goes to the GP for antibiotics

Answer: B, C, E, A, D

Question 10

You are a FY1 doctor covering the surgical wards overnight. The night registrar told you he does not want to be disturbed as he is going to sleep as he has been working the day shift and is now working the night shift as a locum to cover for a sickness absence. You have failed twice in your attempts to

cannulate a patient, who was started on IV fluids and IV antibiotics today due to sepsis.

Rank the following actions with (1) being the most appropriate:

- A) Have a third attempt at cannulation
- B) Phone the on-call consultant at home
- C) Wake up the registrar
- D) Bleep the anaesthetist to cannulate the patient
- E) Omit the antibiotics until the morning when the day team's senior can insert a cannula

Answer: C, D, A, B, E

Question 11

You are a FY1 doctor working in obstetrics and gynaecology. You are the first doctor to respond to an emergency alarm on labour ward for an unresponsive lady who is having a major postpartum haemorrhage. From reading her notes you know she is a Jehovah's witness and has signed a form in antenatal clinic stating she refuses any blood products even if her life is at risk. The midwife looking after her reports that before the lady became unresponsive, she asked her again if she would accept blood products if her life was threatened and the lady refused blood. The husband watching states you must do everything to save her, even if that means giving her blood.

Choose the three most appropriate actions:

- (A) Give blood products as you have her husband's consent and this is an emergency and may save her life
- (B) Give blood as the patient was about to lose consciousness and therefore lacked capacity with her decision conveyed to the midwife.
- (C) Do everything you can to save the patient's life, without giving blood products
- (D) Ask the husband to sign a consent form to give blood products
- (E) Leave the room and find a senior to make the decision about giving blood
- (F) Explain to the husband that you have to respect his wife's decision
- (G) Start managing the patient but do not give blood products even if it means the patient cannot survive
- (H) Agree with the midwife that you heard the patient say "yes" to blood products and give her blood

Answer: C, F, G

Question 12

You are a FY1 doctor on-call and have finished clerking a patient in A&E. The on-call registrar has arrived to review the patient with you. You have both introduced yourself to the patient and are about to start when the senior A&E nurse jerks open the curtain and states the patient must be moved immediately as the patient is about to breach the A&E time limit. The registrar and the senior nurse start a heated argument in front of the patient. Another A&E nurse also joins in to the defence of the senior A&E nurse. The raised voices of the argument are able to be heard by other surrounding patients.

Choose the three most appropriate actions:

- A) Quietly slip away from the argument and go and clerk another patient
- B) Come to the registrar's defence as it is crucial that you see the patient now and the registrar is being out-numbered

- C) Call security
- D) Go and get the A&E consultant
- E) Interrupt the argument and suggest the conflict should be resolved in a staff room
- F) Pull the emergency bell so that other staff members will attend and help control the argument
- G) Talk to the patient to distract them whilst the argument is concluded
- H) Ask where the patient is being moved to

Answer: D, E, H

Asking where the patient is being moved to could help resolve the argument as it could help influence the decision of whether it is appropriate to move the patient or not at this stage. E.g. If you had a very unstable patient who is being moved to an outlying ward without good senior staff, it might not be appropriate. If the patient is appropriate just going to the ward next door, then it might be better for you and your registrar to allow this as even though it delays your review, the patient is not going far away without treatment decisions.

Question 13:

You are an FY1 doctor working in a surgical rotation. You have been prescribed several weeks of codeine following a knee injury. During your shifts you are becoming increasingly tired and are finding it difficult to focus. You are getting through less jobs each day and your performance is slipping. You have almost made mistakes when writing drug charts but have spotted them just in time and corrected these slips before an impact to patients occurred.

Choose the three most appropriate actions:

- (A) Ask a colleague to help with your workload until you finish your codeine prescription
- (B) Stop taking the codeine immediately before any harm occurs to patients
- (C) Seek advice from occupational health
- (D) Take some annual leave until you have recovered
- (E) Ask your colleagues to write all the patient drug charts as you cannot focus on this task
- (F) Drink more coffee and ensure you take more breaks throughout your shift
- (G) Make an appointment to see your GP
- (H) Urgently meet with your clinical supervisor to make him aware of the situation and seek support

Answer: C, G, H

Question 14

You are an FY1 doctor working in neurosurgery. You feel unsupported by your senior colleges and you consistently leave work late. You have even had to come in on some weekends to work on an audit that your clinical supervisor consultant has insisted you to do before their appraisal is due next month. Your clinical supervisor repeatedly says to other team members that you are slow, lazy and inefficient. You are feeling depressed, isolated and are struggling to sleep.

Choose the three most appropriate actions:

- (A) Take some annual leave
- (B) Speak to your educational supervisor
- (C) Ask a colleague to prescribe you some sleeping tablets so that you can sleep better
- (D) Make an appointment to see your GP
- (E) Work on the audit throughout your breaks so that you are less likely to need to come in at weekends

- (F) Take tomorrow off as sick leave and catch up on sleep
- (G) Speak to your fellow FY1s for advice
- (H) Meet with your clinical supervisor to discuss your work load and their attitude

Answer: B, D, G

Question 15

You see a fellow FY1 doctor throw a used sharp in a normal bin and leave the ward before you can cross the ward to speak to him. When you look into the bin, the sharp is clearly visible and lying on the top of the rest of the rubbish. You could easily reach it.

Choose the three most appropriate actions:

- (A) Being very careful, take the sharp out of the bin
- (B) Attach a note to the top of the bin to prevent people from using it and call waste management to appropriately dispose of the bin
- (C) Alert the ward Sister
- (D) Leave the sharp there as it is on top of the rubbish so everyone will clearly be able to see it and it will be very unlikely for anyone to sustain a needlestick injury. It is safer to leave it be.
- (E) Tie the bin bag closed and remove it and call a domestic worker to take it away
- (F) Run after the FY1 and insist they remove it from the bin
- (G) Report the FY1 to the consultant on tomorrow's morning ward round
- (H) Bleep your FY1 colleague and explain to them the danger of their actions so that they won't do it again

Answer: B, C, H

Question 16

You are a FY1 doctor covering the medical wards on a Sunday. One of the nurses asks you to sign a self-discharge form for a patient who was due to be discharge on Monday anyway. You have never met the patient and have not been involved with her care. You speak to the patient and she tells you she has terminal cancer and wants to die at home surrounded by her family. She insists she is leaving the hospital today, no matter what anyone says. The patient's son says the family are unhappy with the care that his mother has received and intend to make a formal written complaint.

Choose the three most appropriate actions:

- (A) Offer to do her discharge paperwork now so that she can have all of her needed medications to take home
- (B) Sign the self-discharge paperwork
- (C) Apologise to patient and her son and ask if there is anything you can do to rectify the situation
- (D) Tell the patient that she not allowed to leave as it is against medical advice
- (E) Tell the patient that she is due to be discharged on Monday and should just wait until then
- (F) Explain to the patient that she is not your patient and you are not familiar with her case and cannot help
- (G) Advise the patient that she is leaving against medical advice but can always return through A&E should she need medical support
- (H) Give the patient strong morphine to go home with

Answer: A, C, G

Question 17

You have sent several emails to your educational supervisor to arrange a meeting for the start of your second FY1 placement to discuss your learning goals. After multiple emails he eventually schedules you in for a meeting. In order to attend, you rearrange your clinical duties with another FY1 covering your duties. However, your educational supervisor does not attend the meeting. You send him several emails trying to establish when you can meet instead, but he does not respond. You then receive an email from him asking if he can complete the learning goals forms without you needing to meet as he is busy with his clinics and surgeries.

Choose the three most appropriate actions:

- (A) Email your educational supervisor to express your dissatisfaction and state that if he won't meet with you then you will report him to the deanery
- (B) Complain to your clinical supervisor, who you get on very well with
- (C) This would constitute as a forged form and such action should be reported to the GMC as it raises questions over the educational supervisor's professional integrity and could risk the training of future trainees
- (D) Agree to your supervisor completing the form without you present but clarify with them that the learning objectives will be ones you can achieve
- (E) Email your supervisor sympathising with his busy schedule but offer to come to him between surgery cases if need be to facilitate a face-to-face meeting.
- (F) Explain to your supervisor that it is a mandatory requirement to meet with you as it is essential for learning needs and part of his role as an educational supervisor
- (G) If the situation cannot be resolved, express your concerns to the foundation programme lead to seek resolution
- (H) Write an angry email to your supervisor as you should stand up for yourself and your learning needs, especially as he didn't turn up to your last meeting

Answer: E, F, G

Question 18

You are a medical FY1 doctor and on a busy ward round you are asked to prescribe a patient's regular medications. You prescribe the medications. The next day the ward pharmacist is reviewing the drug chart and points out to you that you have prescribed 10 times the usual dose of his anti-hypertensive.

Choose the three most appropriate actions:

- (A) Ask the ward pharmacist not to tell anyone
- (B) Tell the patient what has happened, apologise and document in the patient notes
- (C) Correct the drug chart and review the patient immediately
- (D) Track down the patient's nurse and demand to know how much of the medication the nurse has given to the patient and why she didn't realise the error
- (E) Inform the patient that somehow they have been given too much of their medication
- (F) Keep an eye on the patient on and off throughout the day and if he stays well then you don't need to cause further distress to the patient by telling him about the medication slip up
- (G) Complete a clinical incident form
- (H) Correct the drug chart and carry on with your ward round

Answer: B, C, G

Question 19

You are an orthopaedic FY1 doctor and see the registrar being verbally aggressive to one of the other FY1s (Ruby) during your first few weeks working with the team. He often loudly makes comments to the whole team about Ruby being “useless” because she is a woman and “has looks but no brains”. You feel very uncomfortable every time he makes these comments and are finding team meetings very stressful. Ruby seems very hard working but is looking more tearful at work.

Choose the three most appropriate actions:

- (A) Go talk to the registrar about his unacceptable behaviour and find out if he has stresses at home which are causing his behaviour
- (B) Report the registrar to the GMC
- (C) Advise Ruby to speak to her educational supervisor
- (D) Go with Ruby to talk to the registrar about his behaviour
- (E) Advise Ruby to talk to the consultant about the registrar’s behaviour and if Ruby won’t go talk to the consultant, go speak to the consultant yourself about the team dynamic
- (F) Get Ruby a coffee and offer to talk with her about the team stresses and registrar’s behaviour
- (G) Advise Ruby to dress more conservatively
- (H) Tell the head nurse about the registrar’s behaviour

Answer: C, E, F

Question 20

You are a FY1 doctor meant to be on-call for the surgical team overnight. You wake up and realise you missed your alarm. You overslept because you have been on long shifts the last few days. Your shift is due to start in 10 minutes and you are currently in bed, not ready and a 30 minute drive away from the hospital.

Choose the three most appropriate actions:

- (A) Phone the on-call registrar and explain that you over-slept and how late you will be.
- (B) Text your on-call FY1 colleague who you are meant to be taking over from and say you are on your way and drive as fast as you can to the hospital as the roads are quiet
- (C) Phone your on-call FY1 colleague who you are meant to be taking over from. Explain how late you will be, apologise and ask them to stay at the hospital until you arrive.
- (D) Contact the registrar and say your train has been delayed but that you will be there very soon and take a handover whilst you are getting ready for work
- (E) Phone in sick as you feel tired and will be very late for the shift
- (F) Try to get to the hospital as quickly as possible before anyone notices you are missing.
- (G) Ask your on-call FY1 colleague who you are meant to be taking over from to text you the list of hand-over jobs and leave the bleep with the registrar, so that the day on-call FY1 can go home and get some rest
- (H) Bleep the registrar through switch-board and explain and apologise. Ask the registrar what he would like you and the day FY1 to do about handover

Answer: A, C, H