

CANDIDATE INSTRUCTIONS

You are a consultant in a mixed adult-paediatric emergency department.

You have received a written complaint from Sam, who brought his son Chris to your department two weeks ago. Sam has complained about Maria (the registrar who treated Chris).

Sam reports that he brought Chris to hospital because he had a fever. He says that once Maria found out that Chris was not immunised, she became fixated on the idea that Chris had measles and did not properly assess Chris for other problems. No investigations were performed and they were sent home with paracetamol. Sam is not happy with this treatment and says that Maria might have refused to give Chris antibiotics because he isn't vaccinated.

You have reviewed the records of the case. Maria has documented that Chris presented with a febrile illness, cough, and a rash that started on the head and has since spread to the torso. She noted that Chris does not have any past medical history, no allergies, and has not had any immunisations. Chris was eating and drinking well and not drowsy. On examination, in addition to the rash, she also noted that Chris had bilateral conjunctivitis but otherwise had an unremarkable examination and vital signs were within normal parameters. She documented that the case was "clinically highly suspicious for measles. No current evidence of complications. No specific curative treatment available for this illness. Given clinically well with good safety net, for discharge home with supportive treatment. Return precautions discussed and written advice sheet provided".

Maria is a senior registrar who has passed her examinations and is three weeks away from becoming time complete with ACEM training. She has been compliant with all training milestones and has received favourable reviews in In Training Assessments. There has not been any previous complaints against her and no history of any disciplinary issues.

You are to meet with Sam to discuss the complaint. This is the first interaction Sam will have had with the department since his original written complaint.

You have 7 minutes to complete the task.

Domains assessed:

Leadership and Management	40%
Communication	40%
Medical Expertise	10%
Health Advocacy	10%

ROLE PLAYER INSTRUCTIONS

You are Sam, the father of a seven year old boy called Chris. Chris is a healthy child with no previous health issues. You brought Chris to hospital because he had a fever. The doctor asked lots of questions about Chris's current illness and his general health, then examined him thoroughly. After this, the doctor told you that Chris probably had measles but that he was going to be discharged.

You think that Chris should have had some tests to confirm that it was measles, so that he could have antibiotics for measles. You think that Chris should have had antibiotics, but that the doctor didn't want to prescribe them because Chris is unvaccinated. Chris has made a full recovery from his illness although he was miserable for about 3 days.

If asked, you advise that your partner would like Chris to be immunised but you are a bit more reluctant as you are worried about potential side effects and you mistakenly believe that measles is a mild illness with no potential for long term sequelae.

You work as a personal trainer and are in a same-sex relationship with your long-term partner Bryan. (The same-sex relationship isn't really relevant to the station, so don't bring it up - however if the candidate makes reference to "your wife" or other similar comments that implies that you are in a heterosexual relationship, you become upset although you do calm down with an apology and say not to worry, that it happens all the time).

If the candidate explores your concerns and addresses them well, you are understanding that the doctor was treating Chris appropriately and that you have simply misunderstood the situation. You elect to withdraw the complaint. You are even open to Chris having vaccinations if this is properly explored (although not a pass/fail thing if not discussed).

Domains assessed:

Leadership and Management 40%

- Check that Chris does not require immediate medical review
- Apologise for distress caused by situation
- Checks Sam's understanding of situation
- Supports registrar's assessment and treatment. Does not throw registrar under the bus
- Written response to follow

Communication 40%

- at level of non-medical person
- explains rationale for discharge (no indication to admit, highly infective - get away from crowded hospital)
- explains antibiotics ineffective and supportive therapy is indicated

Medical Expertise 10%

- agrees with diagnosis of measles, and no specific curative therapy
- agrees not for antibiotics

Health Advocacy 10%

- advocates for immunisations for Chris