



## rOSCE

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You are a junior ED consultant on a clinical support shift. The Nursing Unit Manager brings to your attention that the duty consultant, Peter, has been abusive to the medical staff and the nursing staff. Some of the alleged behaviours are:

- Calling registrars 'losers' and incompetent publicly
- Throwing equipment in the resuscitation room
- Yelling at nurses and demanding them to leave without a justifiable reason

The reputation of Peter is that he is a bully.

You have worked with Peter for the past 6 months and have no issues with your interactions with him. You are surprised about these reports.

The NUM is concerned that this behaviour will escalate and has asked you to intervene.

There is one other consultant currently on the floor at the moment, and there are no emergent clinical issues.

The NUM has asked Peter to wait for you in your office.

### **TASKS**

- Conduct a discussion with Peter to address the issues raised by the nursing unit manager
- Provide a plan regarding the management of this situation

### **DOMAINS**

Communication	(40%)
Leadership and Management	(30%)
Professionalism	(30%)

# INSTRUCTIONS FOR CONFEDERATE

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You are Peter/Peta, a 55 year old experienced emergency physician. Your father has been diagnosed with pancreatic cancer, it is incurable and has been given 3 months to live. You love your work, but you just can't deal with the detrimental news. This has been a major issue in your life over the past 4 weeks.

Otherwise you are an accomplished and safe physician, and had been awarded 'clinician of the year' on numerous occasions and a 'lifetime contribution award' from the department.

You are dismissive of the accusations and defend your reputation. You shift all blame and responsibility to the medical and nursing staff. You deny all accusations. You will remain firm and 'difficult' until the candidate shows ongoing empathy, explores the social issues and displays active listening. You will remain difficult if the candidate is punitive and judgmental in their approach.  
Needs EQ.

You are not intoxicated and have never come to work intoxicated

General history:

Nil acute medical history

No financial hardship

Nil medications

ETOH – 1 bottle a day

Occasionally takes diazepam to sleep or to deal with withdrawals: reviewed this only when asked about prescription drugs/sleepers

No IVDU or recreational drug use

NO mental health history

Depression: anhedonia, no weight loss, normal sleep cycle, normal self esteem

No thoughts of self harm or suicide attempts

Lives at home with wife

Children in university but lives at home

Functional home/social situation.

Your dying father lives alone but is otherwise independent, with no pain.

If there are any other questions, the answer will be negative

If the candidate shows an empathetic and professional approach in the matter

- open up and agree that your behaviour is not acceptable and you need help
- you prefer to be at work because you don't want your family to share your emotional load.
- You decline to take leave, and requests to remain at work
- You agree to seek social supports: GP, EAP, D+A, counselling, speak to the director, scheduled meeting to check on progress

# CURRICULUM DOMAINS

COMMUNICATION	On completion of Provisional Training the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
<b>Principles of Effective Communication</b>				
<b>Foundations of good communication</b>	Identify the key types of communications that occur in Emergency Medicine. Describe all components of good communication. Describe the key principles and outcomes of active listening in the Emergency Medicine context. Identify whether communicated information has been understood.	Demonstrate the ability to establish rapport. Interpret the non-verbal cues of others. Identify the risks associated with ineffective communication. Adapt communication style to minimise errors in patient assessment and management.	Tailor communication style to the needs of the individuals involved. Display the use of verbal and non-verbal communication skills to assist in the de-escalation of conflict. Display the use of active listening to explore a patient's concerns and expectations.	Demonstrate a diverse range of strategies that enhance effective communication within the workplace. Adapt communication effectively during complex and time critical events.
LEADERSHIP AND MANAGEMENT	On completion of Provisional Training, the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
<b>Emotional intelligence</b>	Define emotional intelligence. Observe and reflect on some examples of how it might apply to clinical practice.	Describe the application of emotional intelligence to the management of patients and families.	Apply understanding of emotional intelligence to the management of patients and families. Apply understanding of emotional intelligence to working in a team.	Acknowledge and understand differences between the personalities of peers. Demonstrate a capacity to understand and manage emotions in a professional and effective manner.
<b>Conflict resolution</b>	Describe how and why conflict occurs and its impact on patient care. Identify observed strategies that prevent and resolve conflict. Resolve conflict that arises with another colleague with assistance of a third party.	Recognise signs of potential conflict. Recognise clinical situations that may lead to conflict. Apply basic strategies to manage conflict.	Recognise the importance of an approved process for reporting conflict incidents to a supervisor. Evaluate methods to prevent and/or resolve conflict escalation with peer support. Recognise and work through conflict with other staff members. Demonstrate creative and flexible thinking in problem solving.	Resolve conflict between junior staff members in the workplace. Support junior medical staff and other colleagues to manage and resolve conflict. Negotiate an acceptable outcome to conflict, either individually or through leading a team.
PROFESSIONALISM	On completion of Provisional Training, the trainee will be able to...	On completion of Advanced Training Stage 1, the trainee will be able to...	On completion of Advanced Training Stage 2, the trainee will be able to...	On completion of Advanced Training Stage 3, the FACEM will be able to...
<b>Workplace challenges</b>	Recognise own responses to experiences in the Emergency Department such as situations of violence, abuse, illness, suffering and trauma. Recognise the challenges of working with diverse and vulnerable patients in emergency contexts.	Reflect with guidance on own responses to experiences in the Emergency Department that evoke strong emotional reactions such as death, dying and grief. Determine strategies to monitor emotional reactions and seek assistance when necessary.	Proactively seek support for dealing with responses to challenging experiences. Utilise strategies to respond to the challenges of working with vulnerable patients in emergency contexts.	Maintain awareness of own response to experiences in the Emergency Department and employ a variety of strategies for dealing with those responses. Identify and implement strategies to assist junior staff in dealing with challenging workplace situations.
<b>The impaired clinician</b>	Describe the factors that can lead to impairment in a clinician and the symptoms of burnout and stress.	Identify signs and symptoms of impaired ability in self and proactively seek the assistance of mentors, senior staff or support personnel as appropriate.	Identify signs of burnout and stress. Identify signs and symptoms of troubled or impaired medical staff and refer to senior medical staff appropriately. Demonstrate an understanding of the policies, procedures and support services available for medical practitioners.	Identify and refer clinicians to disciplinary processes in relation to medical malpractice. Provide immediate support to the impaired clinician in order to maintain patient safety. Monitor professional competence and currency of junior medical staff.

# ASSESSMENT

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<p>Communication</p>	<p>Establishes solid rapport with the confederate</p> <ul style="list-style-type: none"> <li>- Professional and non judgmental manner</li> <li>- Direct but open discussion of the issue of agitated behaviour at work. Does not avoid the topic or make indirect statements</li> <li>- Clear statement that the reported behavior is not acceptable; however prepared to explore and offer help</li> </ul> <p>Verbal communication</p> <ul style="list-style-type: none"> <li>- Open questions</li> <li>- Appropriate closed questions</li> <li>- Paraphrase and address particular concerning issues:             <ul style="list-style-type: none"> <li>o Background medical health</li> <li>o Mental health screen</li> <li>o Depression screen</li> <li>o Suicide screen</li> <li>o Alcohol and prescription drug screen</li> <li>o Social factors</li> </ul> </li> <li>- <i>(failure to address psychosocial issues may result in an overall unsatisfactory performance)</i></li> </ul> <p>Non verbal communication</p> <ul style="list-style-type: none"> <li>- Open body language</li> </ul>
<p>Leadership and Management</p>	<ul style="list-style-type: none"> <li>- Expresses concerns regarding the serious nature of the reported behaviour</li> <li>- Ensure patients/department are handed over</li> <li>- Able to display appropriate emotional response to a colleague</li> </ul>

Professionalism

- Addresses confidentiality, but also states this matter should be referred to the director
- Acknowledges the challenging social circumstances, and offers sympathy. Understands that a clear solution in the immediate setting is unlikely
- Offers reasonable solutions
  - o Time of the clinical floor, admin work
  - o Employee assistance program/social worker
  - o GP
  - o Palliative care
  - o Drug and alcohol referral/confidential
  - o Review with director at a set time
  - o Review at a set time to 'catch up'
- Closure advising the NUM concerns will be investigated and appropriate measures are taking place