Medical Leader	•
Medical Expert	☐
Communicator	•
Advocate	
Scholar	
Professional	•
Collaborator	
Manager	

Minor Amendments

2014 Day 2 – Q3 (Choice)

You are the Executive Director of Medical Services at a large tertiary teaching hospital.

You are asked to review the records from a recent apparent adverse event in general surgery.

The surgery in question was for a vascular graft to a popliteal artery with severe stenosis. The surgery was undertaken by a senior registrar under the "supervision" of the consultant surgeon.

Following completion of the surgery, the patient was examined by the anesthetist in the PACU. It was noted that the leg was blue with very poor perfusion. The consultant is called and immediately returned the patient to theatre; where he takes a very active role in assisting the registrar re-explore the graft. It was noted that the graft was twisted 180 degrees and occluded. The anastomosis was redone and the perfusion returned to "normal".

You manage to track down the operating notes and note that the registrar has written up both procedures. The registrar has recorded the initial operation as resulting in a "kinked" graft. The consultant has subsequently hand written a number of "corrections" to the surgical record. The consultant's amendments make it quite clear that the initial operation was flawed.

A number of concerns have been raised about the competence of the senior registrar. Junior staff have indicated that the senior registrar often withholds pertinent facts when presenting cases to the surgical review meetings in order to present them in the best possible light. They have apparently verbally accosted junior staff when they attempt to correct apparent misunderstandings.

How would you manage this situation?

Censor's Notes

Minor Amendments

2014 Day 2 – Q3 (Choice)

Basic answer requires:

- Clinical governance - management of an adverse clinical event and management of probable under-performing clinician (Registrar)
- Patient care and safety a priority. Check how the patient is progressing. Is the patient aware of the problem - specifically has Open Disclosure occurred?
- Registrar credentialing / scope of practice: has there been any formalized procedure within Department of Surgery (nos. of supervised procedures, log-book review, and supervisor sign-off) to approve undertaking potentially complicated vascular surgery?
- What supervision was actually provided for the original surgery? Was the case discussed between the Registrar and senior colleague prior to the initial procedure?
- If Registrar essentially unsupervised, suggest immediate imposition of strict supervision of operative practice until appropriate clinical review has occurred?
- Has or will this case been subject to clinical audit / morbidity and mortality review?
- Notify insurer / risk management fund?
- Further points for discussion:
- Data review: if possible, extract data for surgical cases where Registrar is the primary operator - complication codes, LOS (length-of-stay).
- Complaints or medico-legal issues pertaining to the particular surgical unit?
- Should the Supervisor have taken responsibility for the re-do operation?
- Alterations to the operative record: discuss medico-legal issues - how were the alterations made? Are the original observations by the Registrar still readable (and could be of medico-legal significance)? If not, the candidate should comment about the medico-legal significance of changing a clinical record? Is this a matter that would fall under mandatory reporting to the Registration authority?
- Clinical risk management - broader review of governance within Department of Surgery; do clinician managers require further training in management of performance issues? Open Disclosure training for clinical directors?
- Human resources: issues of potential bullying of junior medical staff