



UPSET RADIATION ONCOLOGIST

2016 (November) – Day 1, Q6 (Choice)

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

You are the Director of Medical Services for a 300-bed regional hospital. A female radiation oncologist comes to meet you in your office. She is in a deeply upset state and wants to discuss the behaviour of a male general / breast surgeon that appears to have changed over the past 18 months. She provides you with a series of e-mails from the surgeon that has been sent to both her private and hospital e-mail addresses. The e-mails consist of rambling criticisms of the Radiation Oncology service in particular and radiation oncologists generally. The e-mails have never cited any particular clinical cases of concern.

After 45 minutes, you are able to reassure the radiation oncologist that you understand that she is concerned and that you will investigate the matter and let her know in due course what you discover and a plan to address the issue.

Over the next week, before you again meet with the radiation oncologist, you discover the following:

- The surgeon has begun limiting his attendance at the fortnightly multi-disciplinary cancer management meetings with only 4 attendances in the last 3 months. The minutes indicate the surgeon has maintained a non-collegial approach with the radiation oncologist and that he has been subject to group criticism for his inappropriately low rate of referrals for radiation therapy.
- The Breast Cancer Nurse, who has just compiled an audit of recent breast cancer patients, indicates that at least three of the surgeon's patients with a diagnosis of breast cancer had not been presented to the multi-disciplinary meeting. She believes that these patients would benefit from team review and a consideration of alternative treatments.
- Your outpatient clinic supervisor reports that the surgeon has been uncharacteristically late for many of his recent clinics and that he has cancelled two clinics without notice in the past month.
- A review of the surgeon's Human Resources file does not contain any documented issues of concern. However, another senior and well-respected surgeon tells you confidentially that the surgeon has 'become very difficult' and suggested it was time for the hospital to 'move him on'.

Questions:

1. What are the issues in this case?
2. How would you manage this situation?
3. What issue(s) would have highest priority?

CENSOR NOTES

This is essentially a question with three major issues viz., a) deteriorating clinical and interpersonal behaviour of a clinician, b) potential or real patient care risks, and c) supportive management of a distraught staff member.

- In relation to the deteriorating /dysfunctional clinician, the candidate must be able to demonstrate how they would investigate and manage this scenario correctly, bearing in mind: - the principles of natural justice; implementation of appropriate management (must know local HRM and IR issues); and if necessary consider reporting to AHPRA (Australian candidates) and the Medical Council of New Zealand (New Zealand candidates).
- In relation to possible causes of the deterioration the candidate should be aware of possible issues such as drug and alcohol misuse, medical or mental health issues, dementia etc.
- In relation to patient safety issues, must recognise that this is potentially a significant clinical risk and therefore there is a need for a review of all the surgeon's activity. The candidate should identify the types of data to be collected e.g. clinical audit; ALOS; complication rate; clinical incidents; patient complaints; staff complaints. Must appreciate that if harm has occurred, how it should be addressed – 'open disclosure' -what to do if only a few patients – v- a large number of patients over a period of time. Must know what to do if the clinician has to be temporarily stood down. Must ensure patients get the correct care and that the correct care teams and staff are supported.
- In relation to the distraught radiation oncologist, the candidate must be able to demonstrate that they will have appropriate empathy but at the same time explain that a fair process needs to be put in place. There should be appropriate, timely feedback on developments. Offers of appropriate support until the issue is clarified.
- In relation to priority setting the candidate must indicate that this is a priority issue to be dealt with immediately.

There are also other issues that should be mentioned i.e. what superiors / juniors may have been aware of the issue and how it should be managed, possible medico-legal issues, support for other hospital staff, need to manage upwards for possible hospital media / reputational / political issues. Specifically, the following should be covered in the answers to the three questions.

Question 1:

The candidate should be able to enunciate the three main issues that are involved in this scenario and appreciate the significance of each.

Better performing candidates will understand the other issues as well.

Question 2:

The candidate should be able to demonstrate that they have a logical and practical way of dealing with each of three main issues. The explanation should include a description of the role and responsibility they must play in managing this scenario. Must appreciate that some elements will need to be handled in collaboration with others e.g. HRM. The explanation of actions must also include an appreciation of the consequences that may occur if essential actions occur or do not occur.

Better performing candidates should be able to advise how they would manage the other related issues. They should also be aware of i) National Med Assoc. Code of ethics, ii) Jurisdictional public service legislation and processes, iii) other legal issues: defamation and slander; human resources law, iv) Role of qualified privilege.



Better candidates will also check on the radiation oncologist's performance both in the interests of natural justice and in case there may have been clinical / interpersonal issues with radiation oncology that may have triggered the surgeon's behaviour.

Question 3:

The candidate must demonstrate that they know the three main issues require urgent priority action and in particular the need to investigate if patient harm has and/or is occurring.

Better performing candidates will demonstrate a logical priority setting for the other related issues.

The attached marking matrix indicates what would be required for a pass mark and the points that better performing candidates would mention.

		Knowledge Knows what to do	Skills Knows how to do	Attitude/Behaviour Shows s/he knows the consequences, leadership responsibility
Poor	1	A rambling answer that does not include a discussion of the 3 main issues.	A non-structured description of how they would logically manage the 3 main issues.	Does not demonstrate an appreciation of the consequences of doing or not doing the required management activities.
Limited	2	May include a discussion of 1 or more of the key issues, but does not do it in a logical manner.	May describe successfully how to manage one of the 3 main issues but places inappropriate priority on other non-critical issues.	Only minimal appreciation of the consequences of doing or not doing the required management activities.
Marginal	2.5	With, or without prompting, only covers a discussion of 2 or more of the key issues, but does not do it in a logical manner.	May understand the need to address the three key issues but can only describe some of the essential skills/ activities that would need to occur.	May have described the 3 key issues and the actions that are needed, but does not fully appreciate the significance of his/her actions.
Meets standard	3	Without any, or only minimal prompting, clearly explains the 3 main issues and at least one additional issue.	Demonstrates that they have the skills to manage the 3 main issues and there is a reasonable priority setting of actions.	Demonstrates that he/she understands the basic significance of the actions that are undertaken / not undertaken, and the broader ramifications for the hospital, its staff and patients.
Good	4	Provides information about the three main issues and most other related issues. Can also describe some current references that are topical and relevant.	Can demonstrate that they know how to address all of the main and other issues in a clear and logical manner. Clear understanding of how to manage 'unforeseen' issues such as uncovering harm that may have occurred to patients. Includes references to contemporary practice.	Not only demonstrates an understanding of the significance of addressing all of the issues, but also demonstrates appropriate empathy for all of the affected parties. Understands there may be an impact on the hospital as a whole, and possibly him/her self.
Outstanding	5	Excellent coverage of all of the issues that are involved and inspire confidence that they would be able to manage this situation in reality. Full appreciation of all related contemporary knowledge on managing the main issues.	Excellent presentation with a clear and methodical logic as to how they would priority set the necessary actions to manage this situation. Also demonstrates the ability to predict possible consequences if actions do not go according to plan.	Clearly demonstrates that they know the full implications of the consequences of both successful and unsuccessful actions including those upon him/her self, the broader hospital staff and its service community.