

AFTER HOURS ANAESTHESIA

2016 (November) – Day 2, Q3 (Choice)

Medical Leader	•
Medical Expert	
Communicator	1
Advocate	
Scholar	
Professional	
Collaborator	~
Manager	>

You are the medical administrator of a large private hospital with an emergency department from which up to 30% of your admissions are generated. Your hospital employs its emergency medicine physicians and its intensive care specialists, but on-call services are provided unpaid by your visiting specialists (who charge fee for service directly to the patients) and coverage of most specialties is adequate. However, you have many gaps in your specialist anaesthetic roster, especially over holiday periods and long weekends.

You are concerned about the risk to patients and the hospital's reputation resulting from a lack of on-call anaesthetists. You are concerned that the hospital is only one step from a disaster. You have tried many methods to induce anaesthetists to make themselves available but the problem continues.

Question:

What can you do?



Pass Candidates

Pass candidates will demonstrate an understanding of the contractual relationship (via By Laws) between private hospitals and visiting doctors. They will understand the relationships and loyalties that exist between surgeons and their regular anaesthetists. They will understand that anaesthetists in private practice demonstrate high surgeon loyalty but often low institutional loyalty. They will demonstrate an appreciation that a private hospital has limited coercive powers and that change will be best achieved through professional champions.

Strategies that should be mentioned include:

- Payments for on-call sessions
- Participation as a possible condition for continuing credentialing
- Creating in-house anaesthetic services (departmental model)

Superior Candidates

In addition to the above, superior candidates will demonstrate an appreciation of why it is that anaesthetists are unwilling to make themselves available on a voluntary basis and specifically will mention one of more of the following deterrents:

- Long delays getting to theatre, waiting for elective lists to finish
- Surgeons bringing in their own anaesthetist ignoring the person on call
- Need to take next day off (with reimbursement issues)
- Working with poorly performing surgeons
- Work-life balance issues for anaesthetists (Gen X, Y etc.)
- Subspecialisation ("I don't do neuro, I don't do cardiac, I don't do paediatrics etc.")
- Surgeon resistance to a hospital-imposed service

In reality, this scenario is extremely difficult to "fix" and a candidate who refers to the nearimpossibility of solving the problem should not necessarily be penalised.



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	Knowledge	Skills	Attitude/Behaviour
Score:	Knows what to do	Knows how to do	Shows s/he knows the consequences, leadership responsibility
Poor 1	A rambling answer that does not indicate that the candidate understands the main issues that need to be considered.	Does not suggest a logical framework as to how they would investigate the issue and attempt to come up with some solutions.	Does not demonstrate an appreciation of the significance of trying to solve this problem and why it causes frustration for all concerned.
Limited 2	Attempts to explain a number of the issues involved but does not do it in a logical manner.	May describe one or two possible solutions or measures but does not convince the censors that they could actually do each activity or they understand the implications.	Only minimal appreciation of the consequences of doing or not doing the required activities to provide safe and adequate patient care and the implications for the private hospital.
Marginal 2	.5 With, or without prompting, only covers a few of the issues involved and only provides a couple of solutions or observations of what should be attempted.	May understand a number of the issues involved but can't demonstrate more than a couple of solutions that should be tried to improve the situation.	May have described with or without prompting some solutions but does not understand the ramifications for the private hospital.
Meets 3 standard	Gives a reasonable overview of the main issues involved and how he/she would try to implement solutions.	Demonstrates that they have the skills to try and implement a number of measures to improve the situation – realising that perfection may not be possible. Must be a clear focus on ensuring that basic, safe appropriate service is provided.	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	As well as providing the basic overview of all the key issues, the candidate indicates that this is not an uncommon issue and that it will probably require ongoing work due to the turnover of private anaesthetists and	Not only outlines the basic activities that can be tried but also suggests some other innovative ways that may help alleviate the situation. Also clearly articulates how they would prepare contingency plans if an	Not only demonstrates an understanding of the significance of trying to address this safe service provision issue, but also demonstrates appropriate empathy for all of the affected parties whilst trying to negotiate





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	their allegiances to surgeons who may also move to other hospitals.	anaesthetist(s) were not available at critical times.	/ implement solutions.
Outstanding 5	Excellent coverage of all of the issues and an appreciation that it may be very difficult to actually solve this problem to perfection in reality the main issues.	Excellent presentation with a clear and methodical logic as to how they would manage the scenario. A good understanding of the needs to balance safe patient care with the professional working relationships needed in the private sector.	Clearly demonstrates that they know the full implications of the consequences of both successful and unsuccessful actions, including the potential ongoing implications for him/her self, and the needs of the private hospital and its other staff.