

MSRA Professional Dilemmas: Question Examples

Ranking Questions

Question 1

You are the FY2 on an orthopaedic rotation. You have been looking forward to today as you are rota'd to be in theatre with your consultant. However, when you arrive for work you are told that the FY1 covering the wards has called in sick. You agree to cover the wards instead for that day but later hear from one of your colleagues that the FY1 called in sick so he could attend a music festival.

Rank in order the following actions in response to this situation:

(1= Most appropriate; 5= Least appropriate)

- A. Tell your registrar what has happened
- B. Tell your consultant what has happened
- C. Ask your colleague if they have any evidence to confirm what they have told you
- D. Arrange for the FY1 in question to do one of your other ward cover shifts so you can attend theatre
- E. Explain to the FY1 that what he has done is unacceptable and cannot happen again

Correct order: C, A, B, E, D

Explanation: Falsely calling in sick for work is a probity and potential patient safety issue that you have a duty to report. It is common for questions like this to try and distract you with other issues such as missing out on training, which whilst important, must be considered as secondary factors in these scenarios.

Asking your colleague what proof they have of their allegations is the most appropriate first step (**C**) as it is important for you not to risk harming your working relationship with the FY1 over malicious gossip. Telling your registrar would be the most appropriate first point of escalation once you have confirmed your suspicions (**A**), followed by your consultant (**B**). Explaining to the FY1 that his behaviour is unacceptable (**E**) is more appropriate than simply arranging for him to cover you at a later date (**D**) as you must address the probity issue first.

Question 2

You are the FY2 in respiratory medicine and after a busy morning you are having lunch with your registrar in the public canteen. To save time your registrar suggests you go through the list now and update the jobs. You are concerned that members of the public may overhear your discussion.

Rank in order the following actions in response to this situation:

(1= Most appropriate; 5= Least appropriate)

- A. Refuse to discuss the list while you are in a public place
- B. Suggest that you relocate to the mess to discuss the list
- C. Discuss the list by pointing at the patient's name but not saying their names out loud
- D. Agree to discuss the list
- E. Tell your registrar there is no need to discuss the list and you will speak to him later if there are any problems

Correct order: B, A, C, E, D

Explanation: Data protection is a popular topic in the professional dilemma section and you should ensure you have a good understanding of the rules surrounding it. Maintaining patient confidentiality is key and you should order your answers based on this.

Suggesting you relocate to the mess (**B**) is the most appropriate action here as it allows you to continue your discussion in a protected space. Refusing to discuss the list is the second best option (**A**) however is ranked below relocating to the mess as no attempt is made to find a way of giving your registrar a handover. However, unlike option (**E**), it does not rule out a handover completely. Whilst making an attempt to anonymous the patients may seem reasonable (**C**), even the most innocent sounding piece of information may give away a patient's identity to somebody that knows them. Telling your registrar you do not need to discuss the patients (**E**) maintains confidentiality but may adversely affect patient care since your registrar will not receive a handover. Agreeing to discuss the list (**D**) is clearly inappropriate due to the risk of information being overheard.

Multiple Choice Questions

Question 1

You are an FY2 working in A&E. You see a 36 year old woman with a fractured radius. During your examination you notice that she has multiple bruises on her body of varying age. When you ask her what caused the bruises the patient breaks down in tears and explains how her boyfriend, who she has known for the last 2 years, is abusive. During your social history you note that she has two children, aged 4 and 6. She begs you not to tell anyone as she is planning to break up with him and doesn't want to cause a fuss.

Choose the **three most appropriate actions** to take in this situation.

- A. Speak to social services, even if the patient does not consent do this
- B. Send a letter to the patient's GP asking them to look into the matter
- C. Agree not to tell anyone provided the patient promises to break up with her boyfriend that night
- D. Document your history and examination thoroughly
- E. Discuss the case with the paediatric registrar on-call
- F. Treat the fracture and discharge the patient with fracture clinic follow-up only
- G. Discharge the patient and refer them to the local domestic abuse support group
- H. Ring the boyfriend to confirm his side of the story

Correct answer: A, D, E

Explanation: Cases of domestic violence can be challenging to deal with when children are involved. This question tests your understanding of GMC guidance on confidentiality and when it can be broken. In this case you are justified in breaking confidentiality and must act to protect the children.

Option A: Social services should be informed of these children who are potentially at risk. Ideally this would be with the consent of the parent, but even if consent is not given, social services should still be contacted.

Option B: All staff have a duty of child protection. It would be inappropriate to defer this responsibility to the GP and may create dangerous delays in action being taken.

Option C: You cannot simply take the word of the patient that the children will be removed from the potentially harmful home environment. Not escalating the situation would be a dereliction of your duty of child protection.

Option D: It is very important that you thoroughly document all your findings and discussions as they may be used as evidence at a future date.

Option E: The paediatric on-call SpR would be an appropriate person to discuss this case with. Alternatively you could discuss the case with the trust lead for child protection.

Option F: This is clearly the wrong answer as it does not address the child protection issues in any way.

Option G: Whilst advising the patient to seek support is beneficial, it is not enough without taking action to ensure the children are safe.

Option H: This is only likely to create conflict, which may endanger the children and patient even more.

Question 2

You are the FY2 on a busy gastroenterology rotation. Due to rota gaps the team are one registrar short and have failed to secure a locum for today's on-call shift. Your line manager approaches you in the morning and asks you to hold the registrar bleep for the day. She says the consultant is available by phone if there are any problems.

Choose the **three most appropriate actions** to take in this situation.

- A. Accept the bleep and ask one of the other FY2s to help you with the workload
- B. Accept the bleep but request that you be given a day off in lieu so you get adequate rest
- C. Refuse the bleep outright, saying it is not appropriate for a foundation doctor to hold the registrar bleep
- D. Suggest that the bleep is given to a registrar from one of the other medical specialties
- E. Accept the bleep for now, provided they continue to look for a locum that could come in that day
- F. Accept the bleep only if you feel confident in your ability to step up to the role
- G. Call the consultant to discuss whether there are any other options available
- H. Ask one of the other FY2 to take the bleep because you do not feel comfortable taking it

Correct answer: C, D, G

Explanation: Rota gaps are common within the NHS and it is not unusual for other members of staff to be asked to pick up the slack. You may be put under pressure by management or your seniors to fill roles and it is your duty to adequately assess whether you are competent to be in the role.

Option A. This is not appropriate as neither you nor the other FY2 are qualified to take the bleep. Although the consultant is available over the phone, you are still exposing yourself to potentially dangerous situations if you are called to an emergency and there is no guarantee that the consultant will be able to attend them.

Option B. Whilst this answer demonstrates that you are ensuring you get adequate rest, accepting the registrar bleep is still inappropriate as an FY2.

Option C. Although you are not offering a solution here and it may appear blunt, refusing to take the bleep is an appropriate action.

Option D. Whilst it is not ideal for a registrar from another specialty to hold the bleep, it is still safer than you as a foundation doctor holding the bleep.

Option E. This may seem like a reasonable compromise but there is no guarantee that a locum will be found in time.

Option F. Although you may feel confident in the role, it is never appropriate for a foundation doctor to perform the role of a registrar as you do not have the necessary experience.

Option G. This is an appropriate response as you have not accepted the bleep and are trying to find a solution to the rota gap.

Option H. Since it is inappropriate for you to hold the bleep, it is clearly also inappropriate for the responsibility to be passed to another FY2.