

Sample Structure Oral Questions for Dip UMC RCS Ed

Please note the topics in red are those the examiners are asked to consider when marking the candidates against a structured marking grid.

Structured Oral Questions generally cover more than one syllabus theme.

Question 1



Diploma in Urgent Medical Care Structured Oral Question

Scenario:

You are working a Saturday afternoon shift in an Urgent Care Centre, as the senior clinician. The next patient to be seen on the triage screen is a 23-year-old lady who regularly attends the Urgent Care Centre with a mixture of physical symptoms for which there is no underlying medical diagnosis. She has attended the Urgent Care Centre on 11 occasions over the previous four weeks with various presentations of chest pain, visual symptoms, headaches, nausea, aching limbs, palpitations and breathlessness. Each time she is assessed and discharged without any medical treatment. This afternoon she is presenting complaining of abdominal pain.

The centre is currently very busy with a variety of adult and paediatric conditions, with a current waiting time of approximately 3 hours. You have two clinicians out on sickness, and one on annual leave and are working at approximately 50% of your usual staffing levels.

Candidate Instructions:

Please consider how you would manage the immediate situation, the patient's longer-term health needs and a service policy on how to manage such patients.

Examiner Questions and Guide Answers

1. What issues does this present for both the patient and the service?

- *Medically unexplained symptoms common presentation to UCCs*
- *MUS patients may have an acute presentation of a 'true' pathology – risk of missing a diagnosis if not appropriately assessed*
- *Risk of iatrogenic harm due to inappropriate over-investigation or over-treatment*
- *Risk of poor/substandard care due to practitioner preconceptions and prejudice*
- *MUS patients may present with an overlap of physical health and mental health symptoms*
- *Complex presentations are resource intensive – has implications when service is under stress*
- *Who should see the patient – most skilled –vs- least skilled practitioner?(and what are the consequences to the rest of the service)*
- *Emotional impact on the staff of managing frequent attenders*
- *Potential problems if local health services do not have a unified and joined-up strategy for dealing with these patients*

2. How might you go about managing this situation now?

- *Clinical assessment of the presenting complaint as for any other patient*
- *High risk patient – should be seen by a senior clinician rather than a junior clinician*
- *Review care plans / flags on records / frequent attender plan and follow this plan*
- *If there isn't a frequent attender plan – implement one.*
- *Briefly discuss MUS and how these may present*
- *Briefly discuss the specific assessment - focussed assessment of abdominal pain history, examination and differentials.*

You know this patient well. Her physical history and examination do not suggest the presence of any acute abdominal pathology, and her observations are normal. On talking to her today, you recognise that she is notably lower in mood than usual and tearful. She verbalises that she has “had enough” of there not being an explanation for her symptoms, and expresses some thoughts of self harm. She also discloses hearing voices telling her that “she will never get better”.

3. Explain your approach to assessing her current situation?

- *Structured mental state assessment (alongside physical assessment)*
- *Use of a risk assessment matrix*
- *Capacity assessment – describe Mental Capacity Assessment tools*

- *Determine if she is safe to manage in the community over the weekend, or if not which service she should be referred to*
- *Consideration of community support referral and timings/urgency of this (i.e. crisis service, safe havens, personal support networks, Samaritans and self-referral crisis management services).*

After a full assessment you are concerned that the patient lacks capacity, and may be experiencing a mental health crisis.

4. Talk through how you would manage this situation?

- *Crisis team referral*
- *Discuss Mental Health Act, and whether would be detainable in the Urgent Care Centre if she didn't agree to assessment and treatment (yes – would require police presence, as the legal definition would be a 'public place' and it is not a place of safety according to agreed definitions (NB nor is an Emergency Department)).*

5. Describe what you would include in a service frequent attender policy.

- *Care plan for frequent attenders*
- *Contact GP surgery for information and include*
- *Contact hospitals, ambulance services, NHS111, OOH providers, local Emergency Department etc to ensure information shared and same procedure applied.*

Question 2



Diploma in Urgent Medical Care Structured Oral Question

Scenario:

You are the manager of an urgent care centre and you learn that national news has identified the partner of one of your senior clinical staff as being arrested for significant involvement with a child / adolescent exploitation ring. You arrive to find a number of press agencies demanding a comment on the charges and their potential association with the urgent care centre.

Candidate Instructions:

Prepare a plan of action to manage all aspects of this problem relevant to your centre.

Examiner Questions and Guide Answers

1. What are the implications for managing your staff in general and the particular individual affected?

Key points for discussion: (PROFESSIONAL PRACTICE)

- *Protection and safety of patients if first priority*
- *Ensure ongoing good care*
- *Need to treat all colleagues with courtesy, dignity and respect (innocent until proven guilty / be kind)*
- *Professional media management - no comments from staff, senior management 'lines to take'*

2. What plans or policies might have been relevant to this?

Key points for discussion: (SYSTEMS BASED PRACTICE)

- *Media management policy*
- *Bullying and harassment*
- *Whistleblowing*
- *Staff meetings*
- *Counselling and support*
- *Safety and security*

3. Later in the day you are informed that a mob is on its way to the centre to exact some 'rough justice' in the belief that your staff member must have colluded with the accused. The police indicate their response will be delayed. How do you proceed?

Key points for discussion: (RISK MANAGEMENT AND RESOURCE MANAGEMENT)

- *Patient and staff safety is paramount*
- *Secure the building*
- *Inform the media that centre closed*

- *Inform local health services*
- *Patients and staff to reassure their families of safety*

4. A staff member reports that her daughter has become withdrawn after visiting the accused's home several times to work on a school project with his daughter. She loudly remonstrates that the partner of the accused must have been involved

Key points for discussion:

- *Patient and staff safety*
- *Respect and dignity policy*
- *Prevent physical confrontation*
- *Prevent escalation*
- *Short term rota management - prevent meeting*

5. Three months later all charges are dropped but suspicions remain. How do you manage staff relationships and what you have learnt from the initial incident?

Key points for discussion:

- *Consider bullying and harassment*
- *Ensure patient care does not suffer*
- *Consider mediation/ reconciliation services*
- *Consider counselling for relevant staff*
- *Consider staff break away / dealing with violent patient training*
- *Review building access and security arrangements / safe evacuation strategy*