

HANDOVER AND PRIORITISATION 1 – STUDENT BRIEF

Linked station taken sequentially with different examiner assessing each part

- First 10 minutes: station 15 (Handover). There will be a further 2 minutes reading time before starting station 16.
- Second 10 minutes: station 16 (Prioritisation)

Candidate stays in same room for both stations

HANDOVER 1

You are the **FY1 doctor** and you have just arrived for the evening shift covering the Acute Medical Unit.

Your colleague has arrived to give you handover from the day and to discuss 5 relevant patients from the day.

This station will last 10 minutes.

You will be expected to:

Effectively take part in handover from your colleague.

HANDOVER SHEET – FOR EXAMINER

HANDOVER ONLY THE TEXT IN BLACK, ONLY TELL THE STUDENT THE TEXT IN RED IF THEY EXPLICITLY ASK FOR IT – **do not reveal the diagnosis (Dx) listed.**

	S	B	A	R
Patient 1 -57M Dx: Acute retention, BPH/malignancy?	6/24 no urine No cauda equina Suprapubic pain LUTS	T2DM Renal stones	NEWS 1 HR 105 O/E: abdo not done Neuro not done DRE not done	Bloods - requested (no clotting) Urine dip + MC&S - not done Bladder scan not done US KUB not done
Patient 2 -72F Dx: ?pleural effusion, ?pulmonary oedema, ?PE	Nursing home resident. A/W acute SOB and desaturation. No cardiac sx No DVT sx HF sx No B symptoms	HF - furosemide CKD HT	NEWS 7 On oxygen RR high HS Apyrexial O/E - dull B/L, reduced AE, HF signs	CXR - requested ABG - not done Difficult to bleed - not done
Patient 3 -39F Dx: ?cellulitis, ?DVT	Painful left leg. Gradually worsening pain, noticed redness and swelling 3/7. No DVT RFs	OSA Venous insufficiency Pre-diabetic	NEWS 1 HR 101 Temperature 38.2 O/E - irregular border, erythematous, warm swelling in left lateral leg, tender No obvious trauma, no ulcers, visible varicosities No Wells score calculated Intact pulses Visible difference between both calves No focal neurology	Bloods requested Not demarcated the area No swabs No d-dimer or doppler
Patient 4 -28M Dx: sepsis, ?IE, IVDU	Homeless, no response, confused waking up. Alcohol. Unkempt. Scratch marks.	Nil	NEWS 10 Fever HUS Confused O/E: systolic murmur, scratch marks BM 4.3	Bloods - requested VBG done No alcohol screen Sepsis 6 No TTE
Patient 5 -65M Dx: ?BO, ?AAA, ?renal stone, ?pyelo.,	Sudden-onset flank pain with syncope. Noticed pain for last 1-2/52 Left flank+back LBO1/7, no N+V, no melaena No LUTS Feels weak, no fevers/night sweats No haematuria No focal neurology No chest symptoms	HT Hypercholesterolaemia Smoker Crohn's	NEWS 10 Low O2 HUS O/E - pulsatile mass	Urine dip - -ve Urine MC&S - sent No clotting or G+S AXR requested

HANDOVER 1 – Examiner marksheet

MARKING RUBRIC	✓
Gathers Information Asks probing questions. Confident and structured Demonstrates good clinical understanding Asks questions appropriate to individual case (i.e. not rote questioning)	
Patient-centred Clearly demonstrates that the safety of the patient is paramount Appropriately concerned about the degree of acuity on the ward Picks up on the Foundation Doctor’s cues (verbal and non-verbal) and adjusts questioning accordingly	
Risk Stratification Demonstrates good knowledge of the underlying cases Enquires about EWS and any investigation results that may aid decision making. Asks about relevant red flag symptoms	
Professionalism Keeps their peer engaged and focussed during handover Does not judge peer for any tasks uncompleted or missing/incomplete information. Shows empathy	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments:

PRIORITISATION 1

You are the **FY1 doctor** and you have just arrived for the evening shift covering the Acute Medical Unit.

Your colleague has just completed the handover and discussion of 5 patients from the day. There is an advanced nurse practitioner, a staff nurse and 2 healthcare assistants on the ward.

This station will last 10 minutes.




You will be expected to:

Review the results and then explain the management and prioritisation to the examiner.

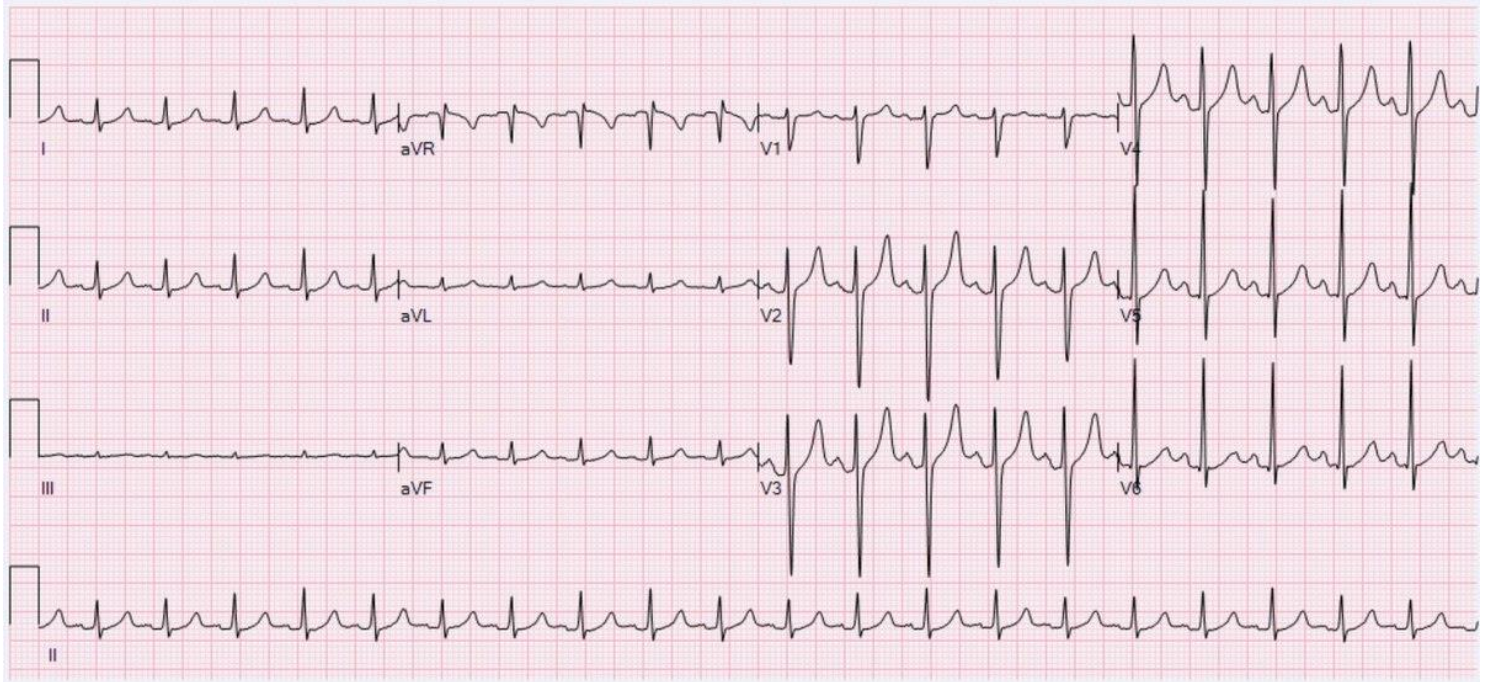
For each decision, you should explain your reasoning.

PRIORITISATION 1 – INVESTIGATION RESULTS

(Please note – in the real exam, the information will not be tabulated and will instead be presented as multiple sheets of information e.g. scan results, blood results, etc.)

<p>Patient 1 -57M</p>	<p>NEWS 1 HR 105</p>	<p>Hb 145 g/L ALT 25 WCC $8 \times 10^9/L$ AST 30 Plt $250 \times 10^9/L$ ALP 60 Na+ 140mmol/l K+ 3.9mmol/l CRP 5mg/l Creatinine 80 Urea 5.5mmol/l</p>	<p>ECG: normal Bladder scan: 470ml</p>
<p>Patient 2 -72F</p>	<p>NEWS 7 O2 sats 96% on 15L oxygen RR 22 HR 101 BP 130/95 Temp 36.9, alert</p>	<p>Bloods not available yet</p>	<p>CXR:</p> 
<p>Patient 3 -39F</p>	<p>NEWS 1 HR 112 Temp 38.2</p>	<p>Hb 150g/L ALT 34 WCC $13 \times 10^9/L$ AST 25 Platelets $300 \times 10^9/L$ ALP 32 Bilirubin 8.4 micromol/L Na+ 140mmol/l K+ 5.4mmol/L Cl- 100mmol/L Cr 100 CRP 79mg/l</p>	<p>ECG: sinus tachycardia</p> 
<p>Patient 4 -28M</p>	<p>NEWS 10 O2 sats 93% OA RR 18 HR 115 BP 89/58 Temp 38 Confused</p>	<p>Hb 128 g/L ALT 50 WCC $14 \times 10^9/L$ AST 72 Platelets $320 \times 10^9/L$ ALP 26 Bilirubin 9 Na+ 136mmol/l K+ 3.6mmol/L VBG: Cl- 98mmol/L pH 7.34 Cr 76 Lactate 4.1 CRP 120mg/l</p>	<p>ECG: sinus tachycardia, T wave inversions in V1-V3, right axis deviation</p>
<p>Patient 5 -65M</p>	<p>NEWS 10 O2 sats 91% on RA HR 106 BP 89/59 - IVF running RR 21 Temperature 36.7</p>	<p>Hb 85 g/L ALT 31 WCC $10.5 \times 10^9/L$ AST 22 Platelets $301 \times 10^9/L$ ALP 25 Bilirubin 6 Na+ 135mmol/l K+ 4.5 mmol/L Cl- 104 mmol/L Cr 76 CRP 86mg/l</p>	<p>Urine dip -ve Urine MC&S -ve AXR</p> 

PRIORITISATION 1 – INVESTIGATION RESULTS



PRIORITISATION 1 – Examiner marksheet

MARKING RUBRIC	✓
<p>Prioritisation of Tasks Reviews available results and prioritises tasks appropriately Explains that certain tasks are less urgent Explains that sick patients take the priority Demonstrates sound reasoning behind their decisions</p>	
<p>Management Clear understanding of the management required for the presented cases Good knowledge of each case</p>	
<p>Senior Review Recognises the acuity on the ward and that help is required Explains in a sensible way what further staff would be needed and why Appropriate delegation of tasks to staff Calm and confident</p>	
<p>Summary Summarises the actions and the reasons behind them</p>	
<p>SPECIFICS: Patient 4 and 5 are the highest priority Start with patient 5 – pulsatile mass could indicate AAA – refer to vascular surgery on call and request CT angiogram of the abdomen +/- FAST scan. Needs up to date clotting, G+S and crossmatch since surgery is likely. Asks ANP to manage patient 4 - ?sepsis due to new confusion and haemodynamic instability. Systolic murmur and scratch marks + ?IVDU could indicate infective endocarditis. Asks ANP to do the sepsis 6 – must outline steps. Can refer to cardiology. Urine dip to check for urosepsis. Escalate 4 and 5 to senior. Then patient 2 with NEWS 7 – PND and orthopnoea + CXR findings indicate heart failure, prescribe IV furosemide, ask nurse to administer. Nurse can try bloods but if she cannot then you can come and try. Also request VBG + BNP/NT-proBNP. Then patient 3 - ?cellulitis but cannot rule out DVT so calculate a wells score. Start on Abx for cellulitis, fever makes cellulitis more likely. Patient 1 – no red flags for cauda equina, but difficulty with flow indicates BPH could be a cause. AKI is unlikely due to normal bloods. Do a DRE examination. Ask a trained individual to catheterise and do a bladder scan.</p>	

Global Impression:

- Excellent
- Good
- Pass
- Borderline
- Fail

Patient Impression/comments: