



Administrative Medicine Part II Fellowship Examination 2012

Case Study 1 (Compulsory)

1. You are the Director of Medical Services of a major metropolitan tertiary hospital. The Secretary of Health several years ago announced a major rebuilding program for all the acute wards in hospital. The building construction is well under way. Bed numbers will remain the same.

You receive a phone call from a television journalist who requests an interview with you regarding concerns raised by the medical staff. You discover that the Chair of the Medical Staff Council has gone to the media with medical staff concerns about the inadequacy of the planned building to meet community demand, and problems with the design and functioning of the new building. According to him, the hospital medical staff worry that patients and staff safety are at risk.

This Chair of the Medical Staff Council, an Emergency Medicine physician, is a particularly vocal critic of health service and is an active member of the local Public Doctors' Association.

The hospital suffers from significant bed block, ambulance diversions and delays in treating emergency and elective surgical patients.

Management's relationship with the Council has been volatile and problematic in the past.

The journalist advises that the medical staff are threatening to strike. This is the first you've heard of this.

What are the issues going through your mind? How do you manage this situation?



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Key Points for Examiners

Exam Question “Guerrilla Warfare”

Template for jottings of expectations, extra notes to assist Censors in jurisdictional differences etc. Whilst the candidate is providing her/his answer Censors will be considering the depth of demonstration of the RACMA competencies that are relevant.

Notes are neither ‘model’ answers, nor are they exhaustive in content.

Dimension	Important points that should be discussed:
1. Key issues	<ul style="list-style-type: none"> • Demonstrate knowledge of capital works management and clinical service planning including costs to variation of contract. Should changes be forced on the build at this late stage? • Patient and staff safety concerns. • Political and media management, including management of potential whistleblowers. • Relationship building including 2 way communication with SMOs (and possibly other staff groups as well)
2. Answering the question – Part/issue 1	<ul style="list-style-type: none"> • Given that construction is well underway, find out why this issue should have surfaced now. • Where are we in the political cycle? – this issue may be raised in the context of an upcoming election. Would this affect approach? • Investigate medical staff involvement in planning redevelopment – were they involved in the bed number debate or in other activities such as new models of care? Are there dissenting or polarized views around bed numbers or models of care? Were any political commitments provided to the community or medical staff by Minister? Are there any other opinion leaders within the medical community who may be able to provide a neutral perspective on concerns (to try to identify whether this is an individual issue, albeit with the Chair of the MSC, or is there a genuine groundswell of concern amongst medical staff). • Identify possible internal precipitants e.g. Director of ED sick and tired of bed blocking and ramping. • What other efficiency measures or models of care



	<p>are in play to reduce/manage ED/surgical demand?</p>
<p>3. Answering the question – Part/issue 2</p>	<ul style="list-style-type: none"> • Candidates should provide a plan as to how they are going to manage the potentially volatile industrial situation and the relationships with medical staff, and come to an agreement as to a way forward to resolve the Medical Staff Council concerns. • Are the safety concerns real or rhetoric? Check data (incident statistics, length of stay, M and M and other metrics); especially look at any issues raised directly by medical staff in last few years. • Is urgent action required on clinical safety concerns of clinicians e.g. bed block? • Are issues related to workload and bed occupancy or due to issues in the built environment (or both)? • Try to meet with Chair of MSC. What to do if he / she refuses? • New Zealand Candidates may refer to the requirements of the NZ SMO MECA which allow SMOs to speak publicly subject to conditions regarding informing/discussing with employer. • Do other staff have concerns e.g. nursing staff, Allied health staff?
<p>4. Answering the question – part/issue 3</p>	<ul style="list-style-type: none"> • Deal with the journalist – delay response • Immediately brief CEO / General Manager. Seek guidance on briefing senior Department and Ministerial officers. • Seek high level HR advice (especially re whistleblower or breach of employment conditions by making unauthorized media statements), and media liaison advice. • Anticipate likely response of the SMO’s professional groups (college, union equivalent, registration body etc.) • Are there any conditions where this would be dealt with within a disciplinary framework? • Candidate should discuss the pros and cons of providing the requested interview and the underlying conditions that would need to be met. • Reflective: Candidate should examine own practice



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	/ role to examine whether this could have been predicted or anticipated.
5. Knowledge	Medical management expert, Professional, Collaborator, Communicator
6. Skills	Manager, Communicator
7. Attitude/behaviours	Professional, Collaborator, Advocate