

Appendix – Boenink et al

Appendix to paper: “The effects of teaching medical professionalism by means of vignettes: an exploratory study.” Annette D. Boenink MD, Peter de Jonge PhD, Ko Smal PhD, Arko Oderwald PhD, Willem van Tilburg MD PhD, published in Medical Teacher 27, X,, XXXXXX

Vignettes and scoring instructions used to study the knowledge of professional behaviour for interns, VU Medical Centre Amsterdam, 2000 – 2002.

Content of the case vignettes.
<p>Vignette 1.</p> <p>As a clerk you have recently been involved in the admission of Mr. R. who is almost certainly suffering from colorectal cancer. However, he has not yet been informed of this diagnosis because the resident who is in charge of this patient wants to wait until the information from additional examinations is available (information about pathology and staging). In the hallway you are approached by Mr. R. He is asking you for information about his diagnosis: you were present when the examinations were performed and his case was discussed, weren't you? He is irritated and feels abandoned, and he says that the patient's right to information doesn't seem to be taken very seriously in this hospital.</p>
<p>Scoring:</p> <ol style="list-style-type: none">1. Unacceptable Saying that you don't know anything Saying something vague Disclosing to the patient the information available to the clerk2. Acceptable Saying that you are not allowed to give information3. Excellent Explaining that you are not allowed to give information, and pointing out that the resident is the one to address to. The clerk conveys the request of the patient to the resident or assists the patient to address the resident. He/she empathizes with the patients anxiety and tries to support the patient to cope with the uncertainty. The clerk may express his/her opinion to the resident about disclosing information to the patient at this stage of the diagnostic process.
<p>Vignette 2.</p> <p>You are a clerk at a surgical department. You've had a good day, because you were allowed to assist at a laparotomy, which was very interesting. Back at the department, there is a lot of work to do: seeing new patients and compiling their clinical records. Some X-ray photographs are missing and, at the request of the resident, you go looking for them. You have been working hard and you want to leave the hospital at 6.30 p.m. prompt, because tonight you are going out to a concert with your partner to celebrate being together for a year. Two weeks ago, you missed his/her mother's birthday party, because there was an acute admission at the end of the day.</p> <p>Then a nurse shows up: could the resident talk to the family of Mrs. B.? They are quite upset because their mother had heard something was wrong? The nurse had not completely understood what the family meant, but as it happened, they were right, their mother was not doing very well after her operation. Mrs. B. was confused and, the nurse almost forgot to say, she had also developed a fever. The nurse says that she asked the other resident this afternoon to see to Mrs. B., but he had not made any arrangements before leaving.</p>

The resident asks you to have a look at Mrs. B., because she could be suffering from some postoperative complication, and as a clerk, you have to learn how to recognise that.

Scoring.

1. Unacceptable
Refusing without explanation, leaving without mutual agreement
2. Acceptable
Doing what the resident asks
3. Excellent
Discussing the dilemma (important private appointment vs. educational opportunity) with the resident, to search for a solution e.g. transfer of the patient to the clerk who is on duty for the evening, go looking after the patient yourself for a short visit but go home at an agreed time; save time by looking at the patient together with the resident immediately. Whether you go looking for this patient yourself can depend on whether or not you already personally saw this patient, and on the (relative) rarity of the possible complication – did you see it on an earlier occasion?

Vignette 3.

You are working as a clerk at the gynaecology department. You are only halfway through your clerkship, but for some reason you missed the opportunity to practise the pelvic examination. You have just had an interim assessment in which you were told to give special attention to this topic. You certainly intend to, because you are considering a career as a gynaecologist yourself.

However, your next patient, Mrs. D., refuses a pelvic examination by a clerk. She has had that too often already, because she has an anomaly of the uterus. Several days later you are at the operating theatre. Mrs. D. is on the schedule and she has already been anaesthetised. You are working together with a sympathetic gynaecologist who knows about your interest in this speciality. He suggests that you do a pelvic examination now, so that you can feel the anomaly.

Scoring

1. Unacceptable
Performing the examination, because of the educational value, because the patient “will not notice anything”; because the gynaecologist seems to think it is normal, etc.
2. Acceptable
Refusing to perform the examination
3. Excellent
Discussing with the gynaecologist that you know that this patient objected against an examination by a clerk on the ward, that you do not know whether she would approve of an examination when anaesthetised and therefore you do not want to perform it now. You could suggest asking the patient to consent before surgery. You might suggest a subsequent discussion to formulate guidelines for this situation.

Vignette 4.

You are a clerk at surgical department in a medium-sized hospital. You like the work and there is a good atmosphere. You are hoping to get a job at this department after you've finished your study.

You are on call on a Friday night. There is not much work and the resident who is also on call that night takes you with him to the Friday-night get-together in the department library. He offers you a beer that you politely refuse because you are on call. He laughs and says “come on, one beer never hurt anybody”.

It is a lively get-together and you are talking with another clerk. You cannot see how much the resident has been drinking. From his behaviour you cannot tell that he has been drinking.

After one hour both you and the resident are called to the ER. An 85-year old lady has broken her hip. She has to be operated the same evening. Her husband is very upset and says to you: “doctor, you will take good care of my wife? We have been married for almost 60 years and she has never been to hospital, she was never ill”.

Scoring

1. Unacceptable

Keeping silent, “watch carefully to see if everything is going well”, etc

2. Acceptable

Discussing with someone (other residents, other clerks, nurses) what to do.

Contacting the supervisor

3. Excellent

Telling the resident that in your opinion he cannot work now that he has used alcohol; insisting that someone else takes his place (e.g. by reporting ill at this moment, discussing later at the department how to act in situations like this). If this discussion has no effect you can contact the supervisor, or the coordinator of the clinical rotations.