**E**

This is an unexpected request that would provoke concern, and as such I would address this urgently to prevent it affecting my clinical judgement. Furthermore, with my wife already being on the phone, this could be dealt with/triaged relatively quickly. Additionally with my mobile phone off, my wife may have been trying to contact me for some time.

If there was a patient with me, I would apologise for interrupting the consultation. If my wife’s concerns are serious, I would inform the practice manager at the earliest so that appropriate cover arrangements can be made. If they are less pressing, I would arrange to contact her at the end of my clinic, ensuring in future that my phone has sufficient charge and can receive messages in the event of an emergency.

**C**

This may represent a medication error, such as prescribing a medication the patient is allergic to or one that would not be appropriate for their condition. Thus, prompt action is required, although I would be reassured that the pharmacist has recognised the potential error and thus patient harm is unlikely to have been caused. Furthermore, with the pharmacist on the phone, this could be addressed relatively quickly.

In addition to addressing the pharmacist’s concerns, I would thank them for bringing the concern to my attention thus encouraging them to act similarly in future. If this is a regular occurrence, an audit into medication errors within the practice is likely to be beneficial to prevent further recurrences.
Delaying seeing this patient is likely to make them even more angry as well as worsen their headache symptoms. Whilst, I do not want to positively reinforce angry behaviour by patients by seeing them quickly and encouraging other patients to act similarly, I have to understand that they are possibly angry because of the severity of their symptoms. Furthermore, keeping them in the waiting room may aggravate other waiting patients.

In addressing this, I would request the receptionist arrange for the patient to be taken to an available consultation room, where an available practice nurse can complete some observations, provide appropriate analgesia and triage the severity of the case. I would arrange for either myself or the on-call GP to see the patient, apologising for the delay. At a later date, analysis into GP surgery waiting times may represent a useful learning tool.

This does not represent an acute clinical priority, however, delaying this significantly would discourage the GP registrar from seeking help in future as well as possibly affecting patient care, as the stress may impact their clinical judgement. Given that this is likely to be a sensitive discussion, it is important that this is conducted in a quiet environment and not rushed whilst other clinically urgent tasks remain.

As such, I would agree a mutually convenient time to discuss with the registrar, arranging for their GP supervisor to be present (with their permission) and explore their concerns in a non-judgmental manner. Re-allocation of workload is likely to be appropriate, as well as utilising this feedback for the benefit of future trainees.
Having delegated this blood test to the practice nurse, I would expect that it is not clinically urgent, and a small delay would not affect outcome. Nonetheless, significant delay is likely to impact the patients other commitments as well as causing possible harm, through further unsuccessful venepuncture attempts. It may also affect my professional relationship with the nurse given that she is doing me a favour.

When I request the nurse to assist with the angry patient, I would acknowledge this, apologising to the patient for the delay and arranging to have the blood test shortly thereafter or later in the day if preferable for the patient and less clinically urgent. If blood taking proves to be a recurrent problem for the nurse, I would be happy to provide some teaching or advice regarding venepuncture techniques that I have found useful, should the nurse feel that this would be of benefit.

1. What did you find challenging?

The limited information made this task more challenging; for example it would have been useful to know if the GP registrar had patients booked today, in better prioritising. In the event that patients were booked today, this task may need to be prioritised higher to minimise patient disruption.

2. What did you learn about yourself?

I learnt how important it is for myself to be aware of the different MDT members available and their respective skillset in better delegating tasks and optimising patient care.

3. How will you apply what you have learnt?

In addition to reflecting on this exercise, I will reflect on daily clinical practice as well as taking a step back to objectively assess tasks before rushing to complete them.