

1. An obstetrician is on call with a third year resident in OB/GYN. The resident calls the obstetrician to let them know that they have been watching a fetal heart rate (FHR) tracing that is abnormal and that they believe a Caesarean section is now indicated. When the obstetrician arrives, they note that the tracing has been abnormal for some time, and feels that they would have delivered this patient much sooner had they been aware of the situation.

If an adverse outcome ensues, and a court finds the resident's care was negligent, what kind of liability might the obstetrician be exposed to as the resident's supervisor?

- a. Direct liability
- b. Vicarious liability
- c. Vicarious and direct liability

**The correct answer is A.** Direct liability may be incurred if there is a failure of supervision of the resident. It is up to the court to determine whether the supervision met the standard of care.

2. In the same situation, what liability might the resident incur if a court found their care to be negligent?

- a. Direct liability
- b. Vicarious liability
- c. No liability
- d. Vicarious and direct liability

**The correct answer is A.** Direct liability may be incurred if the court determines that the resident did not meet the standard of care expected of a resident with a similar level of training.

3. A G2P1 patient of family medicine obstetrics is admitted in labour at 39 weeks. The family doctor on call assesses the patient and encourages ambulation. A cord prolapse occurs and the nurses activate an emergency protocol. There is a delay in getting an urgent caesarian section due to unavailability of anaesthesia.

Which of the following statements is true?

- a. The obstetrician on call is ultimately responsible for the outcome through vicarious liability.
- b. The anesthetist can only be called by the obstetrician as this falls outside the scope of practice of family physicians.
- c. The family physician did not have professional autonomy in this situation.
- d. The nurses have professional autonomy to activate an emergency protocol for a team response to this obstetrical emergency.

**The correct answer is D.** Professional autonomy means that regulated independent HCPs are responsible and individually accountable for their clinical decisions and actions. Activating an emergency response to this crisis falls within the scope of practice of the OB nursing staff.

4. Which of the following statements is consistent with promoting patient safety when working in a multidisciplinary environment?

Choose the **BEST** response.

- a. Informing a capable patient's family when transfer of care is required.
- b. Establishing morning huddles where providers clarify their responsibilities for each patient.
- c. Assuming the roles of the MRP after a consult with the midwife's patient.
- d. Supervising all of the work of the nurses involved with a high risk obstetrical patient.

**The correct answer is B.** Clarifying roles and responsibilities is an important way to improve patient safety. It is also important to clarify the identity of the MRP.