



OSCE 10

Station Overview

Station Title:	Department Management: Patient surge in a full department		
Station Summary:	This station aims to assess the candidate's ability to demonstrate capacity and flow strategies when dealing with a "full" department and an ambulance surge, by creating management and disposition plans for all patients.		
Domains to be Assessed:	Station 10		
		Domain and (if required) Subdomain	Weighting %
	1	Prioritisation and Decision-Making	40
	2	Leadership and Management	40
	3	Medical Expertise	20
Presentation Key Words:	Department Management, Multiple complaints, ED workload, Hospital resources, multiple team liaisons, patient load, surge, bed block, access block		
Station Tagging: (where appropriate)	Patient Type: Adult and Paediatric Diagnosis: Multiple diagnoses		



OSCE 10

Candidate Instructions

This is a **7 minute** station.

It is 0800 on a busy Monday morning at your small, mixed emergency department. You are the emergency consultant in charge.

The ambulance communication officer has just informed you that the ambulance service is about to offload three (3) patients who have all arrived at the same time.

There is a new policy that the ambulance service is not able to ramp patients so they must be offloaded urgently.

The officer has provided you with their patient summaries, which are available for review (see provided).

On entering the examination room, you will meet your nurse in charge and have the opportunity to review the departmental whiteboard containing further patient information.

The emergency department consists of:

- RESUS area: capacity 3 beds, currently all FULL
- ACUTE area: capacity 7 beds, currently all FULL
- Short Stay Unit (SSU): capacity 4 Beds, currently all EMPTY
- Fast Track area: currently EMPTY
- Waiting room: currently EMPTY

The medical staffing for this morning includes:

- 2 registrars and 3 junior doctors

In this scenario, there is NO RISK of COVID-19. COVID-19 precautions are NOT REQUIRED.



In discussion with the nurse in charge, your tasks are to:

- Outline the care of the three ambulance patients being offloaded
- Review the rest of the department and outline your overall plan prioritising patient flow
- Provide an outline for the medical care of the existing patients in the department, including your rationale

Please note: Some examiners will be online and thus unable to see which patients you are discussing with the nurse in charge. Therefore, please clearly state the patient's name or cubicle number as you confer.

This OSCE will assess the following domains:

- Prioritisation and Decision-Making – 40%
- Leadership and Management – 40%
- Medical Expertise – 20%



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Examiner Instructions

This is a **7 minute** station.

Overview

This station aims to evaluate the candidate's leadership and management skills whilst prioritising and caring for multiple patients within a busy mixed emergency department.

*Please see Candidate Instructions for full details provided to candidates.

Examination room set up

A whiteboard in the examination room will have two large (A2) laminated copies of the following information:

- Ambulance Patient Summaries (IMIST): 3 patients
- Emergency Department Patient Summaries (ISBAR): 10 patients

Role-player

The nurse in charge is an experienced senior nurse and has been running the department for many years.

A FACEM role-player will be playing the nurse in charge, and will be standing next to the A2 sized props pinned to a whiteboard, holding a clip board of their role-player prompts. The RP will not be required to write anything on the props/whiteboard, candidates are asked/required to verbally outline their plans/rationale.

Timeline/Script

On entering the room, the candidate will be greeted by the nurse in charge who will then provide the opening statement:

"The ambulance service has just arrived with three patients that they need to offload immediately. I have just been told that Mrs J with Ambulance two (2) is seizing again. Could you please outline your initial plans for these three ambulance cases?"

The role-player will prompt the candidate to move through the tasks with questions including:

- ***"Resus and the acute care area are both full. What can we do to facilitate these three new cases?"***
- ***"Can you explain what diagnoses you are worried about for patient X", OR "Why you want this to happen?"***
- ***"Can you tell me your plans for the rest of the patients?"***

*Further prompts and questions are outlined in the Role-player Instructions.

Note to examiners:

- Please use the ISBAR and IMIST summaries as prompts to aid your marking (extra patient details and suggested treatment plans are included here)
- Please ensure that there is an agreed way that the whiteboard will be set up in each room to ensure consistency



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Role-player Instructions

- **Gender:** Can be either
- **Age range:** Any
- **Role to be played by:** FACEM

This is a **7 minute** station.

You are the nurse in charge at a mixed emergency department. It is 0800 on a busy Monday morning.

The candidate is the emergency consultant in charge and has just been made aware that Resus and Acute are full, and three patients have just arrived via ambulance and are going to be offloaded urgently.

The ambulance communication officer has provided them with their patient summaries.

The emergency department consists of:

- RESUS area: capacity 3 beds, currently all FULL
- ACUTE area: capacity 7 beds, currently all FULL
- Short Stay Unit (SSU): capacity 4 Beds, currently all EMPTY
- Fast Track area: currently EMPTY
- Waiting room: currently EMPTY

The Medical Staffing for this morning includes:

- 2 registrars and 3 junior doctors

The candidate will have **7 minutes** to complete the following tasks:

- Outline the care of the three ambulance patients being offloaded
- Review the rest of the department and outline their overall plan prioritising patient flow
- Provide an outline for the medical care of the existing patients in the department, including the candidate's rationale

The candidate will also have an A4 copy of the '**Ambulance Patient Summaries (IMIST): 3 Patient**' prop during their reading time, prior to entering the room.

Nurse in charge role

You are an experienced senior nurse and have been running the department for many years. You will be professional throughout but convey a sense of urgency that you would like to sort out the department as quick as possible. You are not feeling stressed, just motivated to get things done.

You will have a limited amount of extra information to probe or prompt the candidate during this time.



Examination room set-up

A whiteboard in the examination room with two large (A2) copies of:

- Ambulance Patient Summaries (IMIST): 3 Patients
- Emergency Department Patient Summaries (ISBAR): 10 patients

The candidate will also have an A4 copy of the Candidate Instructions with tasks provided in the exam room.

You will be standing next to the props (2 x A2 sized) pinned to the whiteboard holding a clipboard of your Role-player Script Summary.

You **will NOT be required to write anything on the props/whiteboard, candidates are asked to verbally outline their plans and rationale.*

NB As some examiners will be online, and thus unable to see which patients are being discussed, the candidates are instructed to CLEARLY STATE the patient's name or cubicle number as you confer. If they forget to do this, please remind them or state the identification during your plan summarising.



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Role-player Script

Part 1 (0-3 minutes):

On entering the room, you will greet the candidate:

"Hello, my name is <Insert your name>, I am the nurse in charge."

You will then provide the opening statement:

"The ambulance service has just arrived with three patients that they need to offload immediately. I have just been told that Mrs J with Ambulance two (2) is seizing again. Could you please outline your initial plans for these three ambulance cases?"

Part 2 (3-5 minutes):

Staffing allocation. Say to the candidate:

"With this surge in activity, where are you going to allocate the 2 registrars and 3 junior doctors?"

If there is no natural transition to the ED patients **at 3 minutes**, then say:

- ***"Resus and the acute care area are both full. What can we do to facilitate these three new cases?"***

Candidate must provide **medical plans and include their rationale** for their medical decisions.

If they do not provide enough you can ask:

- ***"Can we go through the acute list and go through the plans for each of the patients?"***
- ***"Can you explain what diagnoses you are worried about for patient X", OR***
"Why do you want this to happen?"

If candidates are too vague on details of **management or patient flow plans** (e.g. saying "can 'we' do this") you can ask for further details, example:

- ***"Who should make that call (to get the medical team to review the patient/to get the patient to the ward)?"***
- ***"What should happen first?"***

If asked about the resus area/patients:

- ***Resus 1: "The ICU Registrar came and went. I haven't heard from them since."***
- ***Resus 2: "Respiratory haven't been referred the patient and her respiratory distress is increasing"***
- ***Resus 3: "Paediatrics have been referred the patient but said they are on their ward round"***

If asked about availability of **inpatient beds**:

- ***"I am waiting for the bed manager to get back to me regarding availability of ward beds"***



If asked about **NURSING** staffing:

- ***“All my nurses are here”***

If they ask for **CONSULTANT** help:

- ***“The mid-shift consultant doesn’t start until 11am”***

Candidates from some locations may mention ‘**bunking**’ (placing two patients in one cubicle).

If asked about this:

- ***“We can’t do that in this department”***

You don’t have to agree or disagree with the candidate’s plan. You will help facilitate any plans suggested. For example:

- ***“I’ll get the resus/acute nurses to do that now” or “I can tell the resident you want them to call the Med Reg”***

Candidates may be concerned about **risk of COVID** in some of the patients. This OSCE does not require consideration of COVID. If they mention this, you can reassure them:

- ***“Their rapid COVID swab is negative”***

Part 3 (5-7 minutes):

If the candidates are not working their way through providing medical plans for the patients in acute, at 5 minutes say:

- ***“Can you tell me your plans for the rest of the patients?”***



OSCE 10 - Role-player Script Summary

Part 1 (0-3 mins):

"Hello, my name is <Insert your name>, I am the nurse in charge."

"The ambulance service has just arrived with three patients that they need to offload immediately. I have just been told that Mrs J with Ambulance two (2) is seizing again. Could you please outline your initial plans for these three ambulance cases?"

Part 2 (3-5 mins):

"With this surge in activity, where are you going to allocate the 2 registrars and 3 junior doctors?"

"Resus and the acute care area are both full. What can we do to facilitate these 3 new cases?"

Additional responses/ probes if required:

- *"Can we go through the acute list and go through the plans for each of the patients?"*
- *"Can you explain what diagnoses you are worried about for patient X", OR "Why do you want this to happen?"*
- *"Who should make that call (to get the medical team to review the patient/to get the patient to the ward)?"*
- *"What should happen first?"*

If asked about the resus area/patients:

- Resus 1: *"The ICU Registrar came and went, I haven't heard from them since."*
- Resus 2: *"Respiratory haven't been referred the patient and her respiratory distress is increasing"*
- Resus 3: *"Paediatrics have been referred the patient but said they are on their ward round"*
- *"I am waiting for the bed manager to get back to me regarding availability of ward beds"*
- *"All my nurses are here"*
- *"The mid-shift consultant doesn't start until 11am"*
- *"I'll get the resus/acute nurses to do that now", OR "I can tell the resident you want them to call the Med Reg"*

If candidates mention **bunking**:

- *"We can't do that in this department"*

If the candidate does not give an indication of time frame or when they want these things to be done you can ask:

- *"What should happen first?"*

If candidates concerned about **COVID**:

- *"Their rapid COVID swab is negative"*

Part 3 (5-7 mins):

- *If needed: "Can you tell me your plans for the rest of the patients?"*



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Props list

- (OUTSIDE) **A4 laminated** copy for candidate reading time
 - **Ambulance Patient Summaries (IMIST):** 3 Patients
- (INSIDE) A **whiteboard** in the examination room with **2 large (A2) laminated** copies of:
 - **Ambulance Patient Summaries (IMIST):** 3 Patients
 - **Emergency Department Patient Summaries (ISBAR):** 10 patients
- **1 x Clipboard** for role-player with **Role-player Script Summary**

****COPY FOR EXAMINERS ******Emergency Department Patient Summaries (ISBAR)**

Bed Number	Identification	Situation	Background	Assessment	Reasonable Expected Action
Resus 1	Mr. T 38yrs	Polypharmacy OD	Depression Homeless	Intubated and Ventilated CVS stable ICU Review Complete	<i>*Contact ICU team, transfer patient to ICU as a priority using ICU team or ED registrar</i>
Resus 2	Mrs. V 69yrs	COPD	Recent increase in cough, home 02 2l/min	6l/min Non-Rebreather mask, Sats 87% Rapid COVID PCR negative	<i>*Registrar or consultant review Escalation of respiratory support</i>
Resus 3	Mr. AD 3mths	UTI	NVD 38/40 IUTD 3/7hx fever	Full septic screen complete Rapid COVID PCR negative Antibiotics given	<i>Registrar review If stable de-escalate to Acute. Contact Paediatrics for admission.</i>
Acute 1	Mr. C 18yrs	DKA (Mild) Resus step down	Known Type 1 DM	Insulin sliding scale BSL 18 Awaiting General Medical review	<i>Contact General medical team. Allocate junior to review re-check VBG</i>
Acute 2	Dr. G 26yrs	Occupational exposure	Junior Doctor from Medical ward with needlestick injury	Awaiting phlebotomy	<i>Lowest priority patient Junior doctor review/phlebotomy by nursing staff, Move to Fast Track</i>
Acute 3	Miss. R 27yrs	LIF pain	Unknown	SBP 90 Waiting to be seen	<i>*Junior Doctor review, check observations, exclusion of ectopic</i>
Acute 4	Mr. B 53yrs	Right flank pain	1 st presentation haematuria Afebrile	Ongoing pain CT KUB shows RIGHT 3mm PUJ Calculi	<i>Admit to SSU for period of observation, analgesia, exclude infection</i>
Acute 5	Mrs. D 63Yrs	Mild Cellulitis Left Leg	No systemic symptoms Otherwise well	For PO flucloxacillin Awaiting family to pick up	<i>Contact family Discharge to waiting room or move to SSU</i>
Acute 6	Mrs. Y 39yrs	Nausea and Vomiting	Lung cancer on Chemotherapy	Symptoms settled Oncology complete Awaiting ward bed	<i>Contact Bed/flow manager and Oncology team. Move to ward</i>
Acute 7	Mr. T-K 18yrs	Asthma (moderate)	Recurrent presenter poorly controlled asthma	1hr Post burst therapy Rapid COVID PCR negative	<i>Junior doctor review Admit to SSU or refer to respiratory/medicine for weaning</i>

****COPY FOR EXAMINERS ******Ambulance Patient Summaries (IMIST)**

Ambulance Number	Identification	Mechanism or Medical Complaint	Injuries or Information relevant to complaint	Signs	Treatment & Trends	Reasonable Expected Action
Ambulance 1	Mr. R 56yrs	Fall on outstretched hand (FOOSH)	Tripped at lawn bowls. Isolated deformity to RIGHT wrist. Nil other injuries	GCS 15 Observations stable	3ml methoxyflurane Vacuum splint. Pain free.	<i>Junior doctor review Assessment of Suitability for Fast track (NV intact, isolated injury) IX: X-ray Mx: Analgesia</i>
Ambulance 2	Mrs. J 27yrs	Seizure	Generalised tonic clonic seizure 1 st episode (approx. 3mins) Self-terminated prior to ambulance arrival	Febrile 39C Observations stable BSL 5	Nil	<i>*Priority patient, Possible meningitis Registrar/consultant review in Resus Mx: Early antibiotics, Seizure management Ix: CT</i>
Ambulance 3	Miss. YD 6yrs	Respiratory distress	2/7 Hx viral URTI. Breathing difficulties this morning with barking cough	Afebrile Moderate respiratory distress	Paracetamol 15mg/kg PO 1 x Adrenaline Neb	<i>*Registrar Review: Resus vs acute Mx: Airway assessment +/- further adrenaline nebs, steroids Admit for observation</i>



EXAMINATION ROOM
Emergency Department Patient Summaries (ISBAR)

Bed Number	Identification	Situation	Background	Assessment	Action
Resus 1	Mr. T 38yrs	Polypharmacy OD	Depression Homeless	Intubated and Ventilated CVS stable ICU Review Complete	
Resus 2	Mrs. V 69yrs	COPD	Recent increase in cough, home O2 2l/min	6l/min Non-Rebreather mask, Sats 87% Rapid COVID PCR negative	
Resus 3	Mr. AD 3mths	UTI	NVD 38/40 IUTD 3/7hx fever	Full septic screen complete Rapid COVID PCR negative Antibiotics given	
Acute 1	Mr. C 18yrs	DKA (Mild) Resus step down	Known Type 1 DM	Insulin sliding scale BSL 18 Awaiting General Medical review	
Acute 2	Dr. G 26yrs	Occupational exposure	Junior Doctor from Medical ward with needlestick injury	Awaiting phlebotomy	
Acute 3	Miss. R 27yrs	LIF pain	Unknown	SBP 90 Waiting to be seen	
Acute 4	Mr. B 53yrs	Right flank pain	1 st presentation haematuria Afebrile	Ongoing pain CT KUB shows RIGHT 3mm PUJ Calculi	
Acute 5	Mrs. D 63Yrs	Mild Cellulitis Left Leg	No systemic symptoms Otherwise well	For PO flucloxacillin Awaiting family to pick up	
Acute 6	Mrs. Y 39yrs	Nausea and Vomiting	Lung cancer on Chemotherapy	Symptoms settled Oncology complete Awaiting ward bed	
Acute 7	Mr. T-K 18yrs	Asthma (moderate)	Recurrent presenter poorly controlled asthma	1hr Post burst therapy Rapid COVID PCR negative	



CANDIDATES Ambulance Patient Summaries (IMIST)						
Ambulance Number	Identification	Mechanism or Medical Complaint	Injuries or Information relevant to complaint	Signs	Treatment & Trends	Action
Ambulance 1	Mr. R 56yrs	Fall on outstretched hand (FOOSH)	Tripped at lawn bowls. Isolated deformity to RIGHT wrist. Nil other injuries	GCS 15 Observations stable	3ml methoxyflurane Vacuum splint. Pain free.	
Ambulance 2	Mrs. J 27yrs	Seizure	Generalised tonic clonic seizure 1 st episode (approx. 3mins) Self-terminated prior to ambulance arrival	Febrile 39C Observations stable BSL 5	Nil	
Ambulance 3	Miss. YD 6yrs	Respiratory distress	2/7 Hx viral URTI. Breathing difficulties this morning with barking cough	Afebrile Moderate respiratory distress	Paracetamol 15mg/kg PO 1 x Adrenaline Neb	



CONFIDENTIAL Examiner Rating: OSCE 10

Domain	Criteria	Marking rules to be 'at a minimum level of competence'/other comment	Criteria met / not met
Prioritisation & Decision-Making (40%)	• <u>NOTE TO EXAMINERS: PLEASE USE THE ISBAR AND IMIST SUMMARIES PROVIDED AS PROMPTS TO AID MARKING</u> • Manages multiple patients simultaneously by prioritising patients that have the greatest need: - Outlines clear order of priority (e.g. clear resus, offload ambulance patients to beds, expedite patient movement to wards/other areas of ED, discharge appropriate patients, prepare for new arrivals) - Sickest patients to be seen first (e.g. Resus 1-3, Ambulance 2) - Patients with the potential to deteriorate require review: e.g. Ambulance 3 (croup), acute 1 (DKA), acute 7 (asthma) - Patients not yet seen e.g. Acute 3 • Provides a rationale to explain and justify decisions about ongoing treatment (note details of medical treatment assessed in Medical Expertise domain) - Urgent treatment required for those with immediate life threats – Resus 2 and Ambulance 2 - Patients with potential life threats/risk of deterioration must be reviewed promptly - Provides appropriate justifications for the treatments of specific patients as mentioned in Medical Expertise domain • Provides a rationale to explain disposition decisions (note details of disposition/management assessed in Medical Expertise domain) - Key issues affecting department (e.g. overcapacity, surge, bed block - terminology may vary but candidates must label issue) - Full resus area to be cleared as priority for influx of patients ICU patients should be moved from ED - these are staff and resource intensive and distract from incoming workload.	• Prioritises patients with greatest need: - Must outline sickest patients giving priority to resus and ambulance patients • Provides rationale for ongoing treatment: - Mentions urgent treatment for immediate life threats - Provides appropriate justifications for treatments for at least 4 patients	
		Candidate Feedback Statements	
		• Identify and prioritise patients that have the greatest need during a patient surge • Outline urgent treatment for immediate life threats • Provide a rationale for decisions about treatments	
Leadership & Management (40%)	• Understands and appropriately allocates clinical staff to each area of an emergency department based on level of expertise: - Assigns both Registrars (or themselves) to review resus patients – one to review and manage Resus 2 and other to confirm Resus 3 stable to move out then manage Ambulance 2 - Assigns Junior Doctor 1 to Fast Track - Assigns Junior Doctor 2 to Acute 3 - Assigns Junior Doctor 3 (or Registrar) to rest of Acute - Ensures appropriate nursing staff allocated to areas	• Allocates staff to each area: - Must allocate specific staff for Resus and acute	

	- Matches patient's clinical needs to the services available in the department and directs patients to that area: - Moves Ambulance 2 into Resus - Moves appropriate patients to Fast Track e.g. Ambulance 1, Acute 2 - Moves appropriate patients to Short Stay Unit e.g. Acute 4, 5 +/- 7 - Moves Ambulance 3 to Resus or Acute - Collaborate with other inpatient services to improve patient flow: - ICU – Resus 1 and 2 - Medical teams – Acute 1 (General Medicine), 6 (Oncology), 7 (Resp/Med) - Paediatric team – Resus 3 - High level candidates will discuss other potential challenges of time (0800 is likely handover time), inpatient teams may need to discharge inpatients first, may need to engage Medical Executive to assist	- Directs patients to areas within department: - Must mention moving: - Resus 1 and 3 out of Resus - All Ambulance patients - Appropriate patients to Short Stay Unit - Collaborates with inpatient services: - Must mention ICU and two other teams required	
		Candidate Feedback Statements	
		- Allocate staff to appropriate areas within the ED - Appropriately direct patients to areas within ED - Engage inpatient teams to improve patient flow	
Medical Expertise (20%)	- Formulates a provisional diagnosis and identifies risks of deterioration in the patient - Ambulance 1 – Risk of neurovascular injury - Ambulance 2 – Seizing, possible CNS infection/toxic ingestion, risk airway obstruction/hypoxia - Ambulance 3 – Croup/upper airway obstruction not yet stable - Resus 2 – Deteriorating COPD exacerbation - Acute 3 – Risk of ectopic - Acute 7 – Moderate risk asthma - Creates an appropriate ongoing reassessment and management plan: - Resus 2: - Immediate assessment with view to increase BiPAP support, check ABG, steroids/bronchodilators, consider treatment limitations, facilitate inpatient referral - Ambulance 2: - Airway assessment/oxygen/possible intervention, seizure control and antibiotics, collateral history, bloods and CT brain - Ambulance 3: - Urgent airway assessment, needs oxygen, steroids and possible adrenaline neb, admit for observation - Acute 3: - Needs BHCG, Pelvis US (FAST/formal), monitor obs and fluids as required - Other acute beds: - As outlined in ISBAR summaries	- Formulates a diagnosis/risks of deterioration: - Must cover: - Ambulance 2 and 3 - Resus 2 - Creates appropriate reassessment and management plan - Must cover ALL ambulance patients: - Ambulance 1 - Ambulance 2 (minimum: antibiotics and CT head) - Ambulance 3 (minimum: steroids) - Must cover ALL resus patients: - Resus 1 - Resus 2 (minimum: need for ABG and increasing BiPaP) - Resus 3 - Must cover 4 of 7 acute patients	
		Candidate Feedback Statements	
		- Formulate diagnoses for patients in ED and arriving by ambulance - Identify risks of deterioration for all patients - Create appropriate assessment and management plans for all patients	