
Station TWO

1. Candidate instructions

You are the consultant in charge of an urban district Emergency department, located one hour's drive from a major city centre. It is 10 am on a Monday morning and you have been notified of a major incident nearby. You are the closest hospital and have access to most inpatient services, but do not have specialised or tertiary services.

The information you have been given so far is as follows:

A large bush fire has diverted through a residential area locally, with multiple casualties expected. Some of these will be taken by air to the major trauma centres, however the resources are limited. The ambulance scene commander has advised that the first patient could arrive within 30 minutes, and that you should expect to receive up to 25 casualties over the next 2 hours. This will include 5 critical adult patients, 2 critical paediatric patients and there may also be further walking wounded patients.

Your Emergency Department has 31 beds (3 resuscitation beds, 18 cubicles and 10 fast track beds), as well as a short stay area with 20 beds. A plan of the department with current bed occupancy has been provided. You currently have the usual staff for a weekday morning shift, including 2 other Emergency Consultants.

Your task is to:

- Meet with the nurse in charge and discuss the Emergency department plan for response to this incident

You will have 7 minutes for this station.

This OSCE will assess the following domains:

- Leadership and Management (70%)
 - Prioritisation and Decision Making (30%)
-

2. Role player instructions

You are the acting nurse in charge of this shift. You have not been involved in managing a major disaster before and will expect the candidate to fully brief you on the required response. If the candidate is progressing well through the station you are only required to listen and take notes of the key points on the whiteboard. Otherwise you should give prompts as required.

You are aware of the department layout and occupancy as shown in the props, but do not know specific details of each patient. If asked, respond by suggesting you can check with the bedside nurse or treating doctor. The candidate should not focus on each patient in detail, but allocate a senior doctor (s) to assess and decant these patients as appropriate. You may be required to prompt them to do this, for example:

‘Is there a doctor who can review that patient?’

‘Can any of these patients be moved to short stay/a ward bed?’

‘How will we know which patients can be safely discharged?’ etc

Other key points which may be prompted for:

Hospital plan

- **Involving senior hospital management** and activating disaster plan eg area warden, bed manager, ed director
- **Involving other departments** – opening theatres, cancelling elective work, ICU beds
- **Specialist teams** – available plastic surgeons for burns, anaesthetics for potential difficult airways, enough paediatric crit care trained nurses and doctors

ED Plan

- **ED staffing** – calling in staff, briefing/liason point/role allocation
- **Decanting** – ssu, stable patients, waiting room – other patients involved in disaster plan
- **Areas** – Disaster triage area and triage system. set up resus areas, need to allocate some non resus bays considering number of critical patients. Also likely to need separate minor injuries area, consider opening outpatients etc
- **Equipment** – fluids, analgesia, ventilators, considering specific situation requirements

Other Bits

- **Admin** – media liason officer, family member receiving area, security, communication between departments and scene ongoing during disaster management
 - **Ongoing disaster plan** – second wave of walk in’s, debrief, considering staff fatigue. Likely to be ongoing disaster interrupting normal work for 24-48 hours. Discussion of disaster documentation
-

1. Examiner instructions

Leadership and Management

- **Recognition of major disaster and Activation of hospital disaster plan.**
- **Assume leadership of ED response**
- Manage department when disaster code is activated
- Work collaboratively with nurse in charge and lead the response
- Notification of appropriate departments
- Plan to decant patients already in department and waiting room
- **Plan for ED staffing** and ongoing plan to manage department. Role allocation. Need to consider keeping staff on or calling in early
- **Set up of appropriate areas** for patients, staff briefing, media, security etc
- **Appropriate Plan for media (separate area) and security**
- Equipment, medication stores planned for, specific to this situation
- Plan for communication within hospital and with site to receive ongoing disaster updates
- Staff debriefing plan

Prioritisation and Decision making

- **Identify major disaster with capability to overwhelm local resources, requires disaster planning**
- Recognises urgent need to decant current patients where appropriate and delegates senior colleague to this task. Does not get overly focussed on specific patients in dept but delegates to senior Dr.
- **Disaster triage system and Prioritisation of sickest patients** (who are salvageable) and appropriate allocation of resources
- **Considers likely care required** - airway fluids dressings analgesia
- **Overall an organised and thorough response to disaster situation**
- Recognises that some patients will need secondary transfer when possible and plan for this

Key assessment criteria

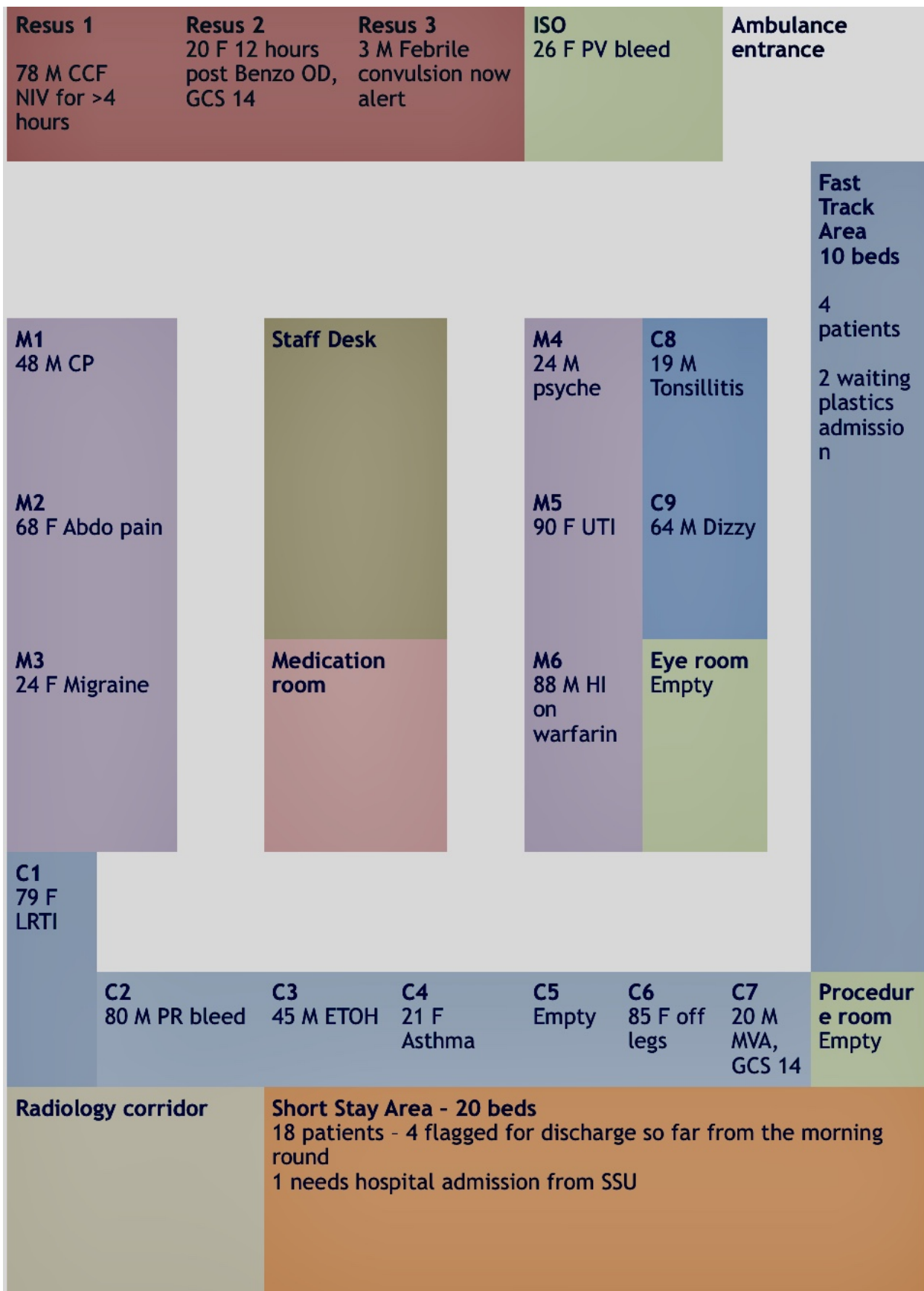
As per the **Bold** criteria above

Candidate must identify that this is a major disaster/code brown and act appropriately. Plan must involve activation of hospital disaster plan and awareness of 'whole of hospital' approach, and must be specific to the situation ie considering likely burns/inhalational injuries etc. Clear and calm communication, and collaborative approach with nurse in charge.

3. Props

White board

- half left blank for the role player to make notes as the candidate gives information
- the other half showing the current department bed situation, as shown on the next page:





OSCE Station:

COMPONENT ASSESSMENT

For each domain below select the **ONE** option which best represents this candidates performance. The option '**Minimum level of competency displayed**' represents the minimum level of safe independent practice as a junior

Response Category	Percentage
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	5%
High standard	5%
Very High standard	5%

Please rate all the following domains:

Leadership and Management ○ ○ ○ ○ ○ ○ ○

Prioritisation and Decision making ○ ○ ○ ○ ○ ○ ○

EXAMINER'S COMMENTS

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐