

1. Lead examiner

Candidate Number:

2. Co-examiner

Final Mark:

SCENARIO

As duty consultant in a tertiary ED, you have just arrived for handover to a late shift on Monday evening. The department is full. There are no monitored or general cubicles available and the waiting room is full. More than 1/3 of the patients in cubicles are awaiting ward beds. Your medical staff are currently occupied with several high-acuity cases. 3 ambulance cases have just arrived, and are waiting in the corridor. Of these, one patient looks to be in pain; another appears short of breath.

Question 1: What are the key issues and outline your general approach to this situation? (included in stem) 3 min

Expected Response	Details & Comments	
Issues	Full department Access block Handover time 3 high acuity patients waiting No cubicles (incl monitors) Medical staff fully engaged with patients.	
Situation Control	- Liaise with early shift ED consultant and nurse in charge - Facilitate handover and assess overall safety of department - Adopting a command and control approach - Gather information: ambulance cases yet to be triaged, triaged but await doctor, those already seen - Establish priorities ranked by clinical demand	
Leadership and Delegation Meeting clinical demand	Maintain oversight: avoid detailed involvement in individual cases Delegate tasks: senior staff to attend sickest cases; re-assign personnel if required Liaise with senior nurse re best use of cubicles Liaise with hospital administration, IP units and other stakeholders (internal escalation) Communication is paramount	
Recruit resources	Seek additional resources / redistribute or free up current resources: call backs, retention of day staff, recruit ward personnel	
Demand Management	Internal hospital response to over-loaded department Bypass or diversion considerations (communication with ambulance) Clear patients able to leave/await investigations in WR etc. Move boarded patients out as soon as possible	
Communication	This is a hospital-wide situation, involving a range of stakeholders Inform / involve ED Director, administrators	
Staff support	Schedule and rotate breaks Display positive, supportive attitude during stressful period	

PROMPT by HEADINGS... are there any issues?

Question 2: What are the options for the care of the patients waiting on the ambulance trolleys? (2 minutes)

Expected Response	Details & Comments	
<i>Defer all intervention until cubicles available</i>	Leaves responsibility with ambulance but delays emergency treatment; keeps ambulance resource off road; negative effects on relationship with ambulance	
<i>Initiate nursing triage and registration on trolleys</i>	Initiates processes; allows detailed risk assessment and prioritisation; allows simple interventions such as analgesia and fast track Ix Limited in value; blurs delineation between ambulance and ED responsibilities	
<i>Medical triage and treatment on trolleys</i>	Marginal value added. Should improve process times downstream. Consumes additional resources; potential confusion between nursing and medical roles.	
<i>Clear a cubicle and use as rapid (in-out) assessment area</i>	Permits more detailed assessment; privacy Consumption of precious resource; corridor only temporarily relieved	
<i>Clear 3 cubicles to offload patients, per normal processes.</i>	Ideal option. At least 2 of these cases likely to need cubicle! Least feasible, given current circumstances. Case(s) may need monitoring anyway.	

Pass/fail

two options reasonable discussion and safe practice

Question 3: The ambulance wish to reload a 53 year old patient with chest pain and transfer him elsewhere. Outline the issues that would influence your response.

(2 minutes)

Expected Response	Details & Comments	
Duty of care MUST have ECG prior to considering transfer Someone senior needs to see the patient before they leave. Discussion of risk vs benefit with patient and ambulance.		
Likelihood of intervention within safe period	Cubicle free; staff available to assess and treat	
Additional risk assessment	? Value of personally reviewing this patient (? worthy of ATS 2) Low-risk case may make transfer more appropriate	
Value of going to other ED	Distance, time to travel. More likely to cater for this case?	
Anticipated downstream needs	Eg need for interventional cardiology or CCU may already determine most appropriate hospital for pt	
Impact on personnel	Ambulance ED staff Other patients in ED	
Assistance	Advice from others: nurse in charge, ED Director Protocols, policies or guidelines	

Question 4: DISCUSS the value of triage for patients with chest pain presenting to the ED.

Considerations: • Clinical safety • Optimal use of limited resources • Standardisation of care • Ability to measure and benchmark • Validity, reliability, acceptability Worst-case scenario typically assumed: usually assigned ATS category 2		
Pros	Cons	
ATS Cat 2 increases sensitivity. Low "false negative" rate for serious illness.	ATS Cat 2 reduces specificity. High "false positive" rate, high resource consumption.	
High pick-up rate for serious conditions like STEMI	Directs resources from other, equally deserving cases	
Permits measurement of healthcare access and efficiency: ATS is integral to several ED performance measures.	ATS too simplistic a measure of healthcare – leads to inaccurate assessments. May affect funding.	
Ample scope for research: automatically categorised data		
Standardises healthcare	Assumes all healthcare sites are equal, in casemix & resources	
	No evidence on validity & reliability of triage for chest pain	

Comments: (if you fail the candidate, please state why)

If the candidate fails the exam overall, what feedback would you suggest CIC provide for this SCE?

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