



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

2016.1B FELLOWSHIP CLINICAL EXAMINATION (OSCE)

STATION 2 DEVELOPMENT OF A DISASTER PLAN

1. STATION SUMMARY

The candidate is to have an initial meeting with a senior ED nurse to develop a disaster plan for a new department.

2. CANDIDATE INSTRUCTIONS

You are a consultant in a regional hospital preparing to move into a new emergency department. Your director has assigned you to work with a senior RN to develop the ED disaster plan for an external mass casualty incident.

A copy of the final floor plan of the emergency department areas and surrounds is provided.

You are about to have an initial meeting with this RN to formulate how this might practically apply in the new department. Your initial focus is on how you will deliver the key components required in an effective ED response using the specific clinical areas of your new ED.

Your tasks are to discuss:

- Key elements of an effective ED response to a mass casualty incident
- Optimal utilisation of the floor plan of the new department in a mass casualty incident

This OSCE will assess the following domain:

- Medical Expertise

3. ROLE-PLAYER INSTRUCTIONS

You are a senior Registered Nurse (RN) in a regional ED that is preparing to move into a new department. You have been assigned to develop the department's response plan to an external mass casualty.

An Emergency Consultant – the candidate – has been assigned to develop this with you. You are about to have your initial meeting to discuss this.

You should introduce yourself and acknowledge that this is an initial, exploratory (?) meeting. The candidate should lead the discussion.

You have a floor plan of the ED. Neither the design of the ED or location of other areas (such as outpatients, hospital entrances) can be changed.

The OSCE is aimed at assessing knowledge of disaster planning as it relates to the ED itself. Candidates who discuss prehospital procedures, activation process, existing patient load, regional response should have the issues acknowledged, but then should be directed towards disaster issues more specific to ED.

The aim of this initial meeting is not to focus on the fine detail, but rather to cover:

- Optimal utilisation the floor plan for the ED
- Staffing
- Equipment and communication
- Security
- Media
- Family

Departmental Floor Plan Utilisation

1. Triage: On plan is located between ambulance entrance and walk in entrance, so covers both points.
 - *'Where will patients go when they arrive?':* Discussion about triage locations
 - *'What about walk in's?'*
 - *'Could have a separate triage area for walk-in patients in an area near the "green" area as you don't want the walk in patients to clog up this "critical" area'*
2. Disposition based on injury (Red/Yellow/Green/Black): Geographical triage.
 - *'Where are they going after triage?'*
 - *'We might have to deal with a lot of people with no or minor injuries...'*
 - *'Some patients might have terrible injuries...or deaths'*
 - *'We may need to decant patients from ED rapidly'*
 - *'Worst case scenario is we are already busy or full of patients'*
 - a. Resuscitation (Red): There are three resuscitation rooms
 - b. Acute (Yellow): Remaining beds could be used for less critical patients, who are not ambulatory.
 - c. Ambulant (Green): Better candidates would suggest use of Fracture clinic or out-patients areas for ambulant patients.
 - d. Expectant (Black): Candidate may select an area for these patients, options include the Observation ward, a particular bay, or elsewhere in the hospital.

- e. Other Hospital area(s) that may be utilised for clinical and non-clinical reasons
- **Outpatients department:** Potential uses would include staff assembly / reporting point, before being directed to where required. Could also be used as either a relatives holding area or a media area – although not the two together, and it would be preferable to have any media at a site distant from staff, relatives, treatment area and where they can be controlled.
 - **Fracture clinic:** Best use would likely be as an additional area for ambulatory patients as it is next to main ED if mis-triaged or deteriorate. Is easily controllable from access point of view – one entrance near main entrance and a back / secure entrance off the internal part of the ED.
 - **“Elsewhere”** this could be a room in another building if appropriate e.g.: for media management.

Staffing:

- *‘What initial staffing will we need to plan for?’*
- *‘What about if the incident goes on for multiple shifts’*
- *‘How can staff get into the hospital if the entrances are blocked with surge patients?’*
- *‘Where will staffing be coordinated in the ED?’*

Options for assembling arriving staff:

- Deleted as those provided were duplicated or non-descript.

Equipment:

There is a disaster equipment storage area in the ambulance entry corridor opposite the triage room. Better candidates would note this and give examples of equipment such as triage tags, disaster packs – pre-printed labels/tubes using disaster record numbers.

- *‘What equipment might we run out of?’*
- *‘What disaster specific equipment might we need?’*

Communication: – needs issues/prompts

Better candidates will spontaneously discuss communication issues.

- *‘How will we communicate between clinical areas?’*

Security:

The department and hospital may need to be sealed or have access controlled.

Identify three key entry / exit points:

- Ambulance entry: Need to be kept clear for ambulance access, and prevent access of media and relatives.
- Main Hospital Entrance: Would need secured and entry controlled.
- Rear Hospital Entrance: Would need secured and entry controlled.

Recognise that need to protect treatment area

- *‘There might be a lot of people arriving and trying to get in at once...how would we suggest security deal with that?’*

Media:

This needs to be at a controllable site away from patients, staff and relatives.

There is no ideal area noted on the plan. A good candidate would suggest use of another area in the hospital with an appropriate media liaison officer.

Hospital teaching area / lecture room- has AV facilities

Relatives:

This may be dependent on where the candidate chooses to assemble staff. They can either assemble relatives at a controllable location in another building of the hospital, or in the Outpatients area that has controlled access but is separate to treatment areas.

Other:

General Comments:

The candidate is expected to lead the discussion and suggest areas / solutions to the key elements. You should guide them if they do not provide a key element – but only in the general direction. The candidate is expected to provide the detail.

Examples:

For a candidate who has not mentioned security issues / entrance control, you might ask *'Do you think there are any security issues we need to think about?'*

If a candidate has not suggested one of the major areas e.g.: ambulant patients, you might suggest, *'We've got the critical patient area defined, are there any others we need to think about?'*

If a candidate does not suggest utilising the fracture clinic in some way, you could ask *'We've assigned areas but I think space will be a challenge, do you think we have any other options?'*

Similarly for a candidate who does not raise the issue of relatives and/or media areas, you could state, *'We've dealt with staff arrivals, are there any other groups that could be an issue?'*

To direct to equipment, would have to ask *'What about equipment issues?'*, but again the candidate should provide the detail.

Some (probably few) candidates may efficiently deal with all the 'Geographical issues' above. In that case just move onto a general disaster discussion.

'What else is going to be important in our overall mass casualty plan in the new ED?'

- Records and clerical aspects: patient tracing
- Communication – phones etc.
- Radiology processes / access to radiology
- Role allocation / Job cards
- Medical / Nursing leadership planning

4. EXAMINER INSTRUCTIONS

The candidate is asked to take part in a discussion with a senior RN regarding preparation of the department external disaster plan prior to moving to a new department. They have a proposed floor plan to look at before entering the examination room, and the same plan is available inside.

The emphasis is on demonstrating the knowledge of the key elements to be considered in the plan and a reasonable practical understanding of how these factors might affect department set up and function and vice versa.

It does not address pre-hospital elements or standard / given factors such as '*I will confirm disaster, or I will prepare the department*'. Rather a deeper level of understanding about practical issues is required.

The key elements that should be addressed include:

- Usage of ED areas
- Equipment and communication
- Staffing
- Security
- Media
- Family

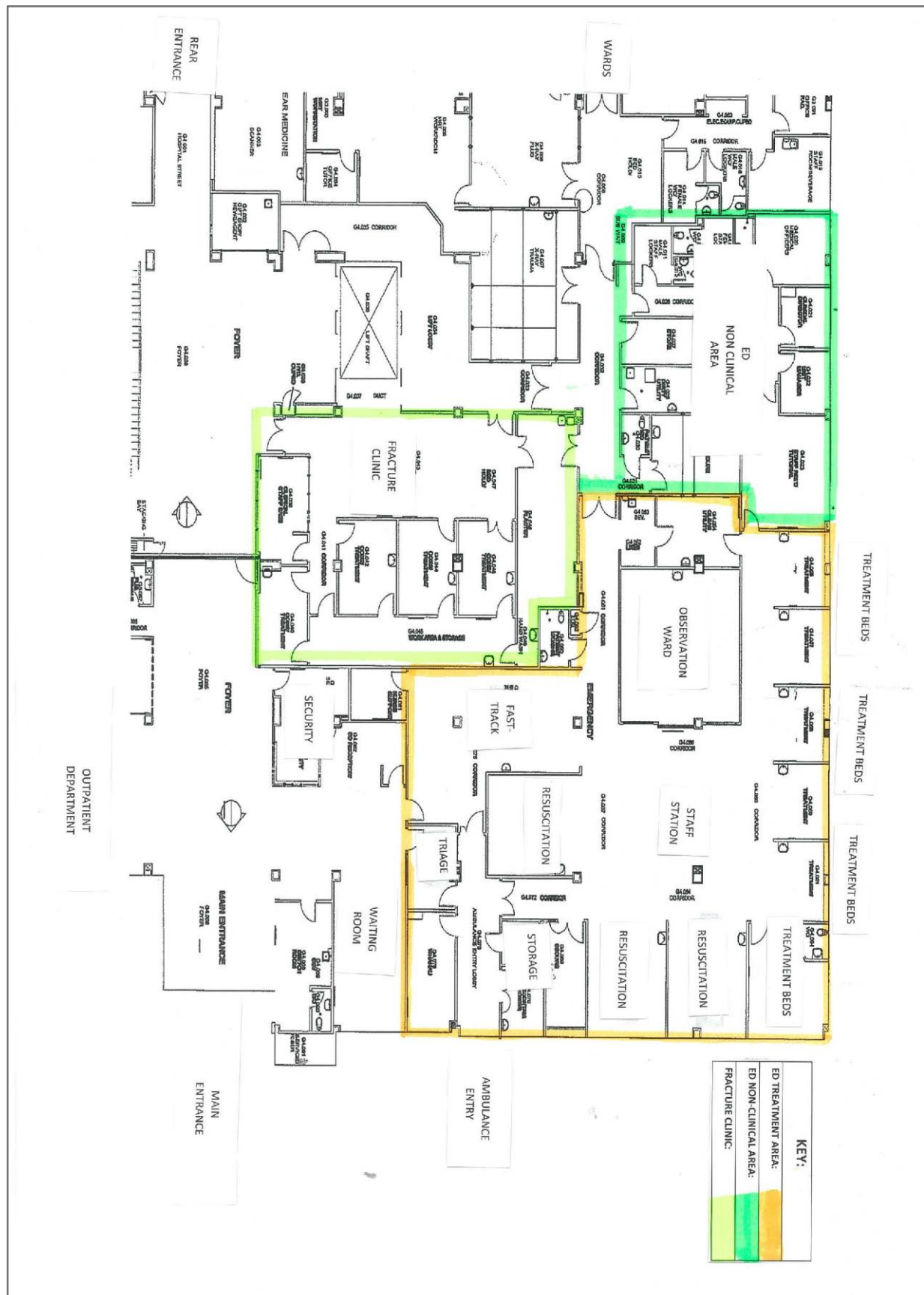
It is expected that the candidate will lead the discussion. The role player may direct to a key area that has been overlooked, but the candidate must provide the detail and solutions.

There is no Examiner participation.

This OSCE will assess the following domain:

- Medical Expertise

Departmental Floor Plan



Examiner Mark Sheet

CONFIDENTIAL Examiner Rating: OSCE 2



EXAMINER 1
barcode

CANDIDATE barcode

EXAMINER 2
barcode

COMPONENT ASSESSMENT

For each Domain below, select the **ONE** option that best represents the candidate's level of performance. The option "Minimum level of competency displayed" represents the level of safe independent practice as a junior FACEM in Australasia.

Very poor
level of
competence
displayed

Well below
minimum
level of
competence
displayed

Below
minimum
level of
competence
displayed

Minimum
level of
competence
displayed

Above
minimum
level of
competence
displayed

High level of
competence
displayed

Very high
level of
competence
displayed

Please rate ALL the following domains:

Medical Expertise

☐
☐
☐
☐
☐
☐
☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above

Medical Expertise

- Clearly identify the broad physical areas in their planning –
- Triage area/areas
- Identifies separate resuscitation, critical, ambulant and expectant areas
- Staffing of those areas (general principles, not detail, distribution of teams)
- Security and access issues, staff assembly
- Discusses equipment/possible solutions- storage near triage
- Discussed communication in disaster setting- radios, not mobile phones/land-lines as these may be not working
- Demonstrates an understanding of non-clinical issues - where to locate and manage relatives and media, gives reasoning as to why they select areas for certain roles.
- Uses non-ED areas appropriately e.g. out-patients area, fracture clinic



Examiner Mark Sheet (cont')

CONFIDENTIAL Examiner Rating: OSCE 2



INFORMATION

Station Summary: The candidate is to have an initial meeting with a senior ED nurse to develop a disaster plan for a new department.

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence this candidate's exam outcome e.g. protocol breach, candidate illness etc.

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum or average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

	Well Below Standard	Below Standard	Just at Standard	Above Standard	Well Above Standard
In terms of a safely practising junior emergency physician, select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:



OSCE 1