

## OSCE

### Candidate information

You have been advised by ambulance communications that there is a high-profile celebrity coming into ED shortly. The ambulance call stated the celebrity is known country-wide, easily recognisable, and is presenting with an issue which is NOT immediately life-threatening, but will require rapid assessment on arrival. The implication is that the patient will be a priority 2 for clinical reasons.

You have been approached by the NUM to prepare for the arrival of this celebrity. The NUM would also like you to nominate a media liaison person, and has questions for you.

The department is under control, you are well staffed, and there is a resuscitation bay, an interview room (usually used for psychiatry patients) as well as three acute bed spaces with curtains available for use.

| Domain                             | %  |
|------------------------------------|----|
| Medical expertise                  |    |
| Prioritisation and decision making | 40 |
| Communication                      | 20 |
| Teamwork and collaboration         |    |
| Leadership and management          | 20 |
| Health advocacy                    |    |
| Scholarship and teaching           |    |
| Professionalism                    | 20 |

### Actor (NUM) information

You have been advised of the imminent arrival of a celebrity patient who will likely be an ATS category 2 patient on arrival.

You are concerned about the issues around a “VIP patient” and have questions for the FACEM in charge.

#### Prompts:

- What measures do we need to put in place specific to THIS patient?
  - o Security, privacy, confidentiality
  - o Name change on system
  - o No visitors unless on list provided by patient
  - o Senior staff involvement
  - o Notify – security, admin, media liaison
  - o Setting – avoid waiting room, single room, space for security/entourage, media area
  - o ED staff – small numbers, inform of VIP nature of patient
  - o Avoid short cuts – assess and manage appropriately in ED
- How do we decide on a media liaison person? What factors should be considered?
  - o Who – person in charge, media experience, well dressed, well spoken
  - o Setting – preferably in front of hospital, not in front of ED (difficult to maintain, security, confidentiality)
  - o Check media identification, no interruptions
  - o Information – prepared statement of event, how serious, no confidential information
  - o No speculation, no lies
  - o Minimise questions – deflect these where possible

#### Marking:

o

|                                                                             | Mark |
|-----------------------------------------------------------------------------|------|
| <b>Identifies need to perform “normal” ED assessment with modifications</b> | 2    |
| <b>Recognises media intrusion risk and need to manage this</b>              | 2    |
| Clear plan for security, private room, etc                                  | 1    |
| Notifies security, admin, media liaison as appropriate                      | 1    |
| States factors needed for media liaison person (reasonable list)            | 2    |
| Informs ED staff of VIP patient and need for extra measures                 | 1    |
| Manner – organised, calm, rapport with NUM                                  | 1    |