

OSCE

Candidate information

There has been an outbreak of Asian flu on a cruise ship which is docking in Adelaide in one hour. There are two critical patients and another 27 passengers needing transfer to your ED.

You will need to review the situation with the hospital CEO and make plans for the imminent arrival of these patients. Your ED is in its usual state of disarray, and a schema of the patient load and available beds will be provided to you.

Domain	%
Medical expertise	
Prioritisation and decision making	40
Communication	
Teamwork and collaboration	
Leadership and management	60
Health advocacy	
Scholarship and teaching	
Professionalism	

MCI planning

Actor (CEO) information

There is a cruise ship docking in one hour. On board are two critical patients and 27 ill passengers, resulting from an outbreak of Asian flu. The ED consultant is to discuss the preparations needed for the arrival of these patients.

The ED is typically busy and you have a schema of the ED, with available beds and current patients shown. There is no short stay ward available.

Marking:

- ACTIVATES MASS CASUALTY INCIDENT
- Plans for movement of non-urgent patients out of ED
- Advises waiting room patients of significant delays
- Diverts ambulances with non-urgent patients to nearby hospitals
- Requests extra staff
- PPE for staff – airborne virus
- Contacts extra staff from other areas – pathology, ICU, etc
- Clears all available beds
- Creates separate triage area and staffs appropriately (senior doctor)
- Mentions extra equipment/antibiotics/antivirals needed – eg airway equipment etc
- Crowd control – security, fire services, police
- Has clear structure and communicates clearly with CEO

	Mark
Activates Mass Casualty Incident	2
Safe plans for movement of admitted pts out of ED	2
Appropriate allocation of areas/equipment	1
PPE for staff, extra equipment, etc – respiratory virus	1
Requests extra staff – doctors, nurses, etc	1
Crowd control – security, fire services, etc	1
Clear structure to approach and communication with CEO	1
Recognises need to clear waiting room/stable pts out of ED	1

Cubicle	Patient	Admission status
Resusc 1	APO patient on BiPAP, sats 89%	Admitted ICU
Resusc 2	Empty	
A1	NEGATIVE PRESSURE ROOM. Febrile neutropenic patient, stable	Admitted ward
A2	Chest pain patient, likely NSTEMI	
A3	# NOF, stable	Admitted private hospital
A4	Abdominal pain, likely SBO	Admitted ward
A5	Psych patient, sedated, ITO in place	Admitted MH
A6	Low risk chest pain patient	
A7	Elderly fall patient from NH	
A8	Young male, intoxicated with alcohol. Snoring. IVT running	
A9	TIA patient, ABCD2 score 5.	
A10	Exacerbation of COPD, on home oxygen.	Being seen by Resp doctor
A11	Elderly patient with delirium due to UTI. Aggressive. Specialled.	Admitted ward.
A12	MBA patient, # radius, no other injuries.	Admitted ward.
Paeds 1	Asthma patient on rescue nebs.	Admitted ward
Paeds 2	Bronchiolitis patient, day 2.	
Paeds 3	Possible NAI, complex family situation.	Paeds aware, likely admit
Paeds 4		
Paeds 5		
Paeds chair	Rolled ankle.	
Paeds chair	Parent requesting review of ears – possible OM	
Paeds chair	Head injury, cried immediately. Playing in waiting room.	
D1	Gastroenteritis in young patient, on IVT/ondansetron	
D2	Likely biliary colic	Admitted ward
D3		
D4		
D5		
D6	TMC 6/40, confirmed intrauterine. Stable.	
D chair	Foreign body eye.	
D chair	Sprained ankle.	
D chair	Psych patient, wants mental health review	
D chair	Requesting script for usual medications.	
D chair		
Waiting room	HIV patient feeling “unwell” for two days	
Waiting room		
Waiting room		



ADI

