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| **OSCE: Title of OSCE** |
| **Time: Double Station 4mins reading, 7m station** |
| **Author: Rebecca Day** |
| Medical Expertise |
| Communication |
| Teamwork and Collaboration |
| Prioritisation and Decision Making |

# Clinical Scenario Stem

54 year old man has fallen 3m from a ladder and sustained a head injury. He has a haematoma to his left temporal region and a GCS of 7 (M4 V2 E1). He has no other injuries detected on primary survey.

# Instructions

## Candidate

Your tasks

* Safely intubate the patient – you are the only person that is able to perform this task in your current rural hospital setting.
* Guide the RMO and nurse to help you with the preparation, set up and execution of intubation and post intubation care. Including prioritisation of the most important aspects of the procedure when there is limited staff available
* You DO NOT need to re-examine the patient from a trauma perspective and can assume that this is an isolated head injury.
* There is NO intubation check list available in the hospital

Staff

* RMO – is capable of basic tasks but cannot intubate
* Nurse – competent as an airway nurse
* There are NO other staff available in this tiny rural hospital

Setting

* Remote hospital clinic with only 2 available staff members

## RMO

You are a PGY2 RMO who has no experience with intubation. You can put in an IVC. If asked to do inline stabilisation or cricoid pressure you are able to do this but need to be reminded how to do it.

When you are about to start if cricoid hasn’t been mentioned you should ask about it – there are not enough people to do MILS, cricoid, drugs and airway nursing tasks so the candidate needs to prioritise

## Nurse

You are an experienced nurse practitioner who has been working remotely including retrieval for many years. You are competent at being an airway assistant.

## Examiner

Passive Observer – no interaction with candidate

# Assessment Criteria

|  |  |  |  |  |  |  |  |
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| DOMAIN | Performs poorly, nowhere near the level of a new FACEM | Performs  significantly below the level of a new FACEM | Performs below the level of a new FACEM | Borderline at the level of a new FACEM | Performs at the level of  a new FACEM | Performs very well, above the level expected of a new FACEM | Performs exceptionally and far exceeds the level of a new FACEM |
| Communication |  |  |  |  |  |  |  |
| Medical Expertise |  |  |  |  |  |  |  |
| Professionalism |  |  |  |  |  |  |  |
| Prioritisation |  |  |  |  |  |  |  |

# Detailed Assessment Criteria

## Communication

* Introduces self
* Clarifies the skills of the team
* Clear and concise instructions at all times
* Summarises the problem
* When prompted ensures that the RMO is coached with regards MIL stabilisation of the CSpine

## Medical Expertise

* Prepares the patient for intubation – pre- ox, checks lines, NPO2, positioning, monitoring, running IV
* Prepares the correctly sized equipment - ETT, bougie or stylet, ETCO2, BVM, tie, syringe, etc
* Prepares appropriate drugs for RSI including correct doses
* Prepares ventilator including pre-set settings
* Voices an intubation plan A,B,C clearly to the team
* Considers how to stabilise the CSpine during the intubation attempt – MILS by RMO
* Realises that there is no spare staff for cricoid pressure and voices this
* Post intubation care – NG, O2 titration down from FIO2 of 1.0, 30 degrees head up, tape not tie the tube, sedation and paralysis, CSpine protection, CXR

## Teamwork and Collaboration

* Directs the team as well as being the proceduralist in a resource poor setting
* Ensures that all team members are capable of performing their allocated roles
* Asks the team for their input and checks they are ready to proceed

## Prioritisation and Decision Making

* Recognises that there are insufficient people to complete all tasks safely (cricoid/MILS/drugs/airway nurse) and prioritises appropriately. (Most candidates with likely opt to exclude cricoid pressure, and get the airway nurse or RMO to give the drugs prior to the completing their other task)