

## SCENARIO 5 ICU Consultant

You are the ED Consultant commencing your morning shift. Your night registrar has been dealing with a post cardiac arrest patient in the resuscitation room.

The patient is a 68-year-old man who had an out of hospital cardiac arrest on the golf course. He was witnessed to collapse and had immediate CPR commenced. Paramedics arrived within 10 minutes and defibrillated the patient from VF to PEA. After a further 2 minutes of CPR and adrenaline the patient had ROSC. The patient was intubated pre-hospital.

In the ED the patient is intubated and paralysed, on an adrenaline infusion at 15ml/hr maintaining a MAP of 65. ECG is normal and a CTB has been performed that is grossly normal.

Your Night registrar contacted the ICU Registrar on call (Jake) to review the patient, who stated “This guy is \*&%^#ed. I don’t need to see him – just extubate him in the ED. I don’t have any beds anyway.”

Your registrar informs you this is not the first difficult interaction he has had with this particular ICU Registrar, though you have not met this ICU Registrar.

The ICU Consultant on for the day shift has just arrived in the ED to review a (different) patient. He is unaware of the intubated patient, or the interaction between the two registrars. Please discuss these events with the ICU Consultant and formulate an appropriate plan of action.

Assessment:

Medical Expertise

Communication

Leadership

Health Advocacy

Domain	Criteria for high rating
<b>Medical expertise</b>	<p>Appropriate recognition of seriousness of Out of hospital cardiac arrest</p> <p>Understands implication of bystander CPR and short down time</p> <p>Understands palliation not appropriate at this stage of proceedings</p> <p>Recognises appropriate involvement of Cardiology in patient care</p>
<b>Leadership</b>	<p>Takes control of situation</p> <p>Patient first approach</p> <p>Consider reviewing the patient together</p> <p>Appropriate support for night ED registrar</p> <p>Appropriate discussion of ICU Registrars behaviour being unacceptable</p>
<b>Communication</b>	<p>Collegiate but patient first approach</p> <p>High level communication</p> <p>Polite and respectful behaviour</p>
<b>Health Advocacy</b>	<p>Ensures patient receives appropriate ICU level care</p> <p>Assists with access issues</p> <p>Appropriate involvement of Cardiology unit</p>

## Scenario 5

### Confederate information

You are the morning ICU Consultant. You have arrived in the ED to review a (different) patient with DKA, but have not yet had full handover from your night registrar.

Your ICU currently has 12 beds all occupied (8 ventilated), with 2 booked theatre cases waiting to commence that will require ICU postoperatively.

You are expected to express concerns over your bed access, and inability to immediately accept the patient. You want the ED to involve Cardiology in ongoing management of the patient prior to the patient moving to ICU

You will listen to the ED consultant and respect their opinion in management of the patient. You will also recognise the concerns over the behaviour of your registrar if the ED consultant broaches the subject appropriately, however you may become more hostile if managed poorly by the ED consultant

**Scenario 5 ICU interaction**

**Candidate Name:**

**A. Component Assessment**

Select ONE option that best represents the candidate’s performance in this OSCE. Use the 9-point graded scale, where 1 is poorest and 9 is best. TICK ONE CELL for each row below.

	1	2	3	4	5	6	7	8	9
<b>Medical Expertise</b>									
<b>Communication</b>									
<b>Health Advocacy</b>									
<b>Leadership</b>									

**B. Station Difficulty (please circle):**                      Low                      Moderate                      High

**C. Examiner Notes on Candidate Performance**

Positives

Areas for Improvement

Suggestions

**D. Global Rating for Standard Setting (please circle)**

Clear Fail

Marginal Fail

Borderline

Marginal Pass

Clear Pas

