

Station 1

Candidate instruction:

Gemma Hawkins is a 24-year-old girl who presented to Accident & Emergency with abdominal pain for the last 6 hours. You are a final year medical student and you have been asked by Dr Sharma, who is an A&E consultant, to see her. The triage nurse told you that her blood pressure is 110/70 and pulse 100 bpm.

Your task is to take a history from her.

This is a ten-minute station, at the end of 8 minutes the examiner will prompt you and ask you about differential diagnosis and management (you don't need to examine the patient).

Examiner information

This station tests the ability of the candidate to elicit history from the patient in reproductive age group who presented with acute onset of abdominal pain and bleeding in eight minutes. After 8 minutes the examiner will ask the differential diagnosis and management plan that will include appropriate investigations.

The station is broken down into:

1. Introduction:

- Did the candidate introduce themselves and explain the purpose of the chat? This includes taking consent and checking patient details (full name and date of birth)
- Check that the candidate is courteous and gives the patient a chance to respond.

2. History taking**Pain history**

- Site : Able to elicit pain in lower abdomen, more so in the Right iliac fossa
- Onset : Sudden, for the last 6 hours
- Character: initially was crampy but now constant sharp for the last 1 hour.
- Radiation: (No radiation to shoulder tip)
- Exacerbating or relieving factors : Movement make it worse
- Change in bowel habit : None
- Any Urinary symptoms : None
- Any history of P/V discharge or bleeding
- If bleeding PV: amount (volume), colour, for how long (duration), any clots? → Spotting for the last 3 days
- Nausea/ vomiting / bowel symptoms
- Attempts to ask for systemic features: any weight change? Change in appetite? Any fever? Seizure? Rigors?

Menstrual history:

- LMP - 5 weeks back
- Cycle regular? Yes - Length of cycle 5/28 days. Slightly heavy since she had IUCD(inserted 9 months back)
- Contraception: Copper IUCD.

Past history

- Relevant medical and surgical history
- Past pregnancy? Miscarriages? Terminations? Ectopic pregnancy?
- Past H/O STI : Yes, chlamydia (increased risk of ectopic pregnancy)
- Any history of pelvic inflammatory disease?
- Any history of pelvic surgery
- Any Gynae surgeries?
- Drug and Allergic history – any known drug allergy and how does it usually manifest?
- Smoking, Alcohol and any history of substance abuse?

At this point candidate should try to demonstrate that patient is at high risk of ectopic pregnancy. Also try to establish different causes of Right iliac fossa pain (appendicitis).

3. Communication skills, Rapport

- Empathetic approach
- Avoid interrupting patient
- Actively engage with patient, avoid repeating questions
- Ask both open and closed questions pointing to the history of ectopic pregnancy.
- Candidate should demonstrate respect and address patient anxiety and concerns.
- Candidate should also close the conversation appropriately – explain next step, thanks patient for their time and summarises the findings.
- Candidate should demonstrate a systematic approach to taking a history, while at the same time inviting questions from the patient and listening actively throughout

4. Differential diagnosis

- Candidate needs to clearly emphasise that ectopic pregnancy is on top of the list and there is a need to do a pregnancy test.
- Miscarriage or viable pregnancy still possible diagnosis
- Other differentials may include pain due to corpus luteal cyst, ovarian torsion, appendicitis.

5. Management

- Candidate should explain Gemma of the need for possible admission and to perform abdominal and vaginal examination.
- She also needs to have a urine pregnancy test done and, if positive, needs Serum BHCG, progesterone, FBC, group and an Urgent Transvaginal scan
- Good candidate will point to seek senior involvement and keeping her nil by mouth and a gynaecological input.

Mark sheet

1. Introduction	A	B	C	D	E
2. History taking	A	B	C	D	E
3. Rapport and Communication Skill	A	B	C	D	E
4. Differential Diagnosis	A	B	C	D	E
5. Management	A	B	C	D	E
6. SP Mark	A	B	C	D	E

Overall rating

GLOBAL RATING	<u>A</u> OUTSTANDING	<u>B</u> VERY GOOD	<u>C</u> CLEAR PASS	<u>D</u> BORDERLINE	<u>E</u> CLEAR FAIL
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Examiner Feedback

SP INSTRUCTIONS:

Your name is Gemma Brooks. You are 24 years old. You don't have any children and you live with your partner. You work full-time at the local Tesco.

- Your presenting complaint is abdominal pain that started 6 hours back when you were doing some washing. The pain was initially crampy but now for the last 2 hours, it has gotten much worse. Pain is now sharp and constant in nature. Pain is now 8/10 on pain scale. You got very worried about it hence you attended A&E.
- The pain doesn't radiate anywhere and it is not associated with nausea and vomiting
- You don't have fever or any urinary or bowel symptoms.
- You don't feel dizzy
- You haven't taken any pain killers today. Pain gets worse on movement.
- You noticed some ongoing bleeding pv for the last 3-4 days - its dark spotting, mild bleeding
- You are currently using Copper IUCD as a method of contraception.
- Your last period was 5 weeks back; this is the first time the period is overdue. Your cycles are fairly regular with 5 /28 duration.
- You had a past history of chlamydia. This is confidential.
- You had surgical termination of pregnancy 9 months back and, at that point, the copper coil was inserted.
- You are otherwise fit and healthy and there are no medical problems.
- Apart from STOP there is no significant surgical history.
- You are not on any medications and you are not allergic to anything
- You don't smoke however you drink socially.
- You are very anxious and you are not expecting any pregnancy → shock factor to find out that u are pregnant.
- You are expecting sensitive approach from the doctor and you appear keen and eager to answer any questions. However, if the doctor is clueless and insensitive you act a bit uninterested.

Your Marking:

2 = Very good

1 = Satisfactory

0 = Poor