

Station Number FOUR: History taking

Candidate instructions

This is a 7 minute History taking station.

You are a consultant working in a regional emergency department. A senior nurse has asked that you see a patient who has been waiting for over 3 hours to be seen. You are informed that it is her second presentation this week, and she is “requesting morphine”.

The information you have so far is that she is complaining of pelvic pain and was seen by a resident a few nights ago and discharged with a script for panadeine forte which she has since run out of. All her investigations including bloods, pregnancy test and pelvic ultrasound were normal at that time.

Her current observations are:

- HR 85
- BP 100/70
- Sats 98% on air
- Temp 37

Your tasks are to:

- Take a history from this patient
- Formulate a management plan

You are not required to examine the patient.

This OSCE will assess the following domains:

- Health advocacy 50%
- Communication 50%

Role player Instructions

Summary

Your name is Anna and you are a 35 year old woman with severe stage 4 endometriosis.

You have presented to emergency again as you are finding it difficult to cope with the pain this cycle, especially as your partner is a FIFO worker and you have a baby at home.

You felt that the last doctor who saw you was a little dismissive and thought there was nothing wrong as all the tests came back normal.

History

- The pain started 6 days ago, just before the onset of your period.
- It is in the lower abdomen/pelvic region and radiates into your lower back
- It is constant and severe, and often has you doubled over
- Simple analgesia like paracetamol and naproxen that you have been taking regularly doesn't touch the sides
- Associated symptoms include pain on opening bowels, and occasionally small amount of blood in the stools.
- There are no urinary symptoms
- You don't have a fever, nausea or vomiting
- Your period isn't particularly heavy, 30 day cycles
- You don't have any abnormal vaginal discharge
- You experience this pain every cycle, and it seems to be getting worse each time

PMHx

- Stage 4 endometriosis diagnosed on laparoscopy 3 years ago. They resected some lesions and mentioned they may have to remove some bowel if it progressed.
 - You have been lost to follow up as you have moved interstate in order to be closer to family
 - Secondary infertility. You are in a same sex relationship and your partner carried, you share a 1yr old boy called Milo
 - Appendicectomy
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Sexual health

- Same sex relationship
- No recent STI screen
- No previous pregnancies
- Cervical smear tests up to date

Medications

- Paracetamol
- Naproxen
- Panadeine forte that was given to you 4 nights ago- limited script of 10 tablets

No allergies

Social history

- You have a one year old son called Milo who is currently with his grandmother. She is very supportive and helps you out a lot.
- You are the primary carer as your partner is a FIFO worker
- You are in a same sex relationship
- You don't smoke or drink alcohol

Mental Health

- The pain has been getting you down as you can't enjoy time with your son as he becomes more mobile. You are sad about this but not tearful in the consultation
 - You have never felt suicidal
 - You suffered with anxiety when your son was a newborn but feel that this is much improved now.
-

If they ask you what investigations you've had done:

"I had blood tests and a pelvic ultrasound 4 nights ago that were all normal"

If by **5-6 minutes** the candidate hasn't started on a plan ask:

"So what's the plan from here"

If they don't offer you analgesia look uncomfortable and say:

"I'm finding it hard to concentrate with the pain"

If there is no mention of analgesia in the management plan ask them:

"How am I supposed to manage with this pain on just paracetamol and naproxen"

If there is no discussion on referrals or outpatient follow up ask:

"Can I see a specialist about the pain?"

Examiner Instructions

This station focusses on taking a history from a patient who has represented asking for more analgesia. They have chronic pain, and severe pelvic disease that needs a management plan which includes referral to specialists.

Candidates are expected to take a comprehensive history.

In particular they must cover:

- Past medical and surgical history
- O & G history including sexual history
- Medication history- determining what pain relief has been taken
- Social history- including safety checks for child welfare and social supports
- Brief Mental health/depression screen

The Management plan should cover:

- Appropriate analgesia plan, which may include opiates but must also include NSAID such as voltaren PR or continuation of naproxen
- Suggestion of alternative non pharmacological options e.g. pelvic floor physio, heat packs
- Pelvic USS already done and was normal
- Referral to Gynaecology as patient has been lost to follow up
- Referral to Pain specialist/chronic pain clinic

Essential to pass

- All of the above plus
 - Show empathy in their communication style
 - Allow for questions or concerns in their consultation
 - Respond to patient's verbal and non-verbal cues
-

Examiner name(s):

Candidate Name:

OSCE Station:

For each domain below select the **ONE** option which best represents this candidates performance. The option '**Minimum level of competency displayed**' represents the minimum level of safe independent practice as a junior FACEM in Australasia.

A horizontal bar chart with seven bars of increasing length and decreasing height, colored in a gradient from light blue to dark blue. Each bar contains a text label representing a response category. The categories, from left to right, are: 'Very poor', 'Well below minimum standard', 'Below minimum standard', 'At minimum standard', 'Above minimum standard', 'High standard', and 'Very High standard'. The 'Very poor' bar is the longest, while the 'Very High standard' bar is the shortest.

Response Category	Relative Frequency (approximate)
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	8%
High standard	5%
Very High standard	2%

Please rate all the following domains:

Health advocacy							
Communication							

GLOBAL ASSESSMENT RATING

Please rate this candidate's OVERALL performance in this OSCE:

In terms of a **safely practising junior emergency physician** please select the ONE option which best reflects this candidate's performance in this station

**Well
Below
Standard**

☐

**Below
Standard**

☐

**Just at
Standard**

☐

**Above
Standard**

☐

**Well
Above
Standard**

☐
