

Cabrini Practice OSCE 6:

Candidate Information:

It is 11pm on a Tuesday evening in your tertiary ED. You have on call after-hours Ultrasound service for emergent scans.

You are managing a Jo, a 27 year old female 8 weeks pregnant with vaginal bleeding. She has normal vital signs and normal abdominal examination.

Her blood group is A negative.

Your tasks:

1. Take a history from Jo
2. Advise Jo on her management plan

Domains:

Medical Expertise

History 40%

Management 20%

Communication 40%

Role Player Information:

You are a 27 yo F, G2P0. Your first pregnancy ended in a missed abortion at 12 weeks. This is your second pregnancy, you are 8 weeks gestation. You have not had an Ultrasound performed for this pregnancy yet.

You are anxious and worried you are having another miscarriage. Your husband is in the waiting room, you are happy to proceed with the consultation without him.

You have presented to ED with 12 hours of Vaginal bleeding- fresh red blood with clots, 5 pads soaked during the day and you have seen membranes and pieces of tissue (products of conception), there is no pus or mucus.

Mild central pelvic pain "like normal period pain"

No fevers/nausea/vomiting/light-headedness/collapses

You are otherwise well

Past Medical History- Asthma, Miscarriage

No ectopic pregnancies, no sexually transmitted infections, no IVF, no Intrauterine contraceptive device, no tubal ligation, no endometriosis

Medications - Ventolin, Pregnancy Vitamins

No known allergies

Social History - works as Civil Engineer, lives with husband,

Question's for candidate:

At 4:30 What do you think is wrong?

Is the baby OK?

Does this mean I am having a miscarriage?

I had a few glasses of wine early in the pregnancy before I knew I was pregnant Is this my fault?

This is my second miscarriage - What am I doing wrong?

Cry when Candidate states you have probably suffering a miscarriage

Do I need an Ultrasound?

What tests do I need?

What treatment do I need? (if given anti-D) Why do I need anti-D?

If I have had 2 miscarriages do I need to see a specialist or have any tests done?

Examiner Marking Sheet

For each Domain below, select the ONE best option that best represents the candidate's level of performance. The option "**minimum level of competency displayed**" represents the level of safe independent practice **as a junior FACEM** in Australasia

Very poor
level of
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Well
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Below
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Minimum
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Above
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High level
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Very high
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Please rate all the following domains:

Medical Expertise

History

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Management

☐
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☐
☐
☐
☐

Communication

☐
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☐

[Detailed assessment criteria](#)

Please use the following criteria to inform your ratings above (mandatory items in ***bold italics***)

Medical Expertise

History thorough Hx including

- HOPC type, volume PV loss,
- ectopic risk,
- systems r/v eg fevers, collapse
- PHx,
- Medications,
- allergies,
- Social Hx

Management

- Investigations - FBE, BHCG, ***U/S next day*** (already given Group-anti-D),
- ***Anti-D administration*** and explanation
- safe to ***discharge home*** for U/S next morning, ***accept*** keep patient in ED overnight, don't accept urgent afterhours Obstetric U/S

Communication

- open, clear, caring, appropriate tone, sympathetic-appreciate potential recurrence feelings post previous miscarriage
- clear explanation of significant likelihood of miscarriage,***
- Non-judgemental approach – clearly explain this is not the patients fault

Station Summary: History and Management of early pregnancy bleeding

INFORMATION

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence the candidate's

exam outcome e.g. protocol breach, candidate illness, etc.

GLOBAL RATING FOR STANDARD SETTING:

This scale is used in the standard setting process for the OSCE. Please rate the candidate's OVERALL performance in this OSCE. The rating should take into account the entirety of the OSCE, rather than just a sum average of the individual domain scores. This element MUST be completed for the standard of the examination to be set.

	Well Below Standard	Below Standard	Just at Standard	Above Standard	Well Above Standard
In terms of a safely practicing junior emergency physician , select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE: