

Cabrini Practice OSCE 1

Candidate Instructions:

Case Information:

You are an Emergency Consultant and you will be assessing 'Sue', a 22 year old female who has presented with lower abdominal pain. Sue had initially presented to her GP 2 days ago, who prescribed Panadiene forte and referred her for an ultrasound. The pain has become too severe and she has started to vomit.

Your Tasks are to:

1. Take a history from the patient
2. Answer her questions.

Domains Examined:

Medical Expertise 40%

Communication 40%

Health Advocacy 20%

Examiner Instructions:

Case Information:

The candidate is an Emergency Consultant and interacting with 'Sue', a 22 year old female who has presented with lower abdominal pain. Sue had initially presented to her GP, who prescribed Panadiene forte and referred her for an ultrasound. The pain has become too severe and she has started to vomit.

The Tasks are to:

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The history and examination findings make the most likely diagnosis PID/acute salpingitis, however pregnancy and potential ectopic is important to exclude, and there is also a history of potential paracetamol toxicity.

Health advocacy issues include unprotected sexual intercourse, a lack of understanding re safe contraception, safe paracetamol use, binge drinking dangers and smoking.

At 4 minutes the patient will ask "what do you think is causing the pain?"

At 6 minutes the patient will ask "are there any tests or treatment that I need?"

Role Player Instructions

- Happy to talk and open with general questions re the history of the pain
- But embarrassed and coy about sexual history – not volunteering information unless directly asked.

Your name is Sue and you are a 22 year old female studying for a diploma in early childhood education. You became unwell earlier this week with lower abdominal pain. If asked specifically pain started 6 days ago.

PAIN HISTORY:

- The pain initially started in a band across the lower tummy and was a constant low ache.
- Today it hurts more on the right side, although it is still aching over the whole lower tummy area.
- The pain is not worse with movement, but slightly better lying still.
- It has helped to curl up with a hot water bottle, and to have the Panadiene forte tablets the GP provided for you 2 days ago.
- If asked specifically: you have taken 2 panadiene forte tablets every 6 hours for the past 2 days, and have also tried some Mersyndol tablets that your boyfriend had – you have had 8 of those yesterday as well as another 4 this morning.
- You have not yet booked in for the ultrasound test.

The pain got worse this morning and you ran out of the pain relief tablets, so came to the emergency department.

- You have never had this pain before.
- You have felt shivery and hot then very cold but not had big shakes. You haven't taken your temperature.
- Your appetite has been poor all week, but you did eat a little bit of toast this morning. After the last pain relief tablets you had a vomit (just of the toast, no blood or green colour). No vomiting since but you feel nauseous.
- Your last bowel motion was yesterday and was normal - no blood or black colour – no change to the pain before or after the bowel motion.
- No abdominal bloating. No lumps in the groin. No past operations.

RENAL TRACT Hx:

- It hurts to go to pass urine with a burning pain.
- You haven't had any urinary frequency, incontinence or passed blood in the urine.

GYNAE Hx – only answering for each specific question *if asked*:

- Your last menstrual period was four or five weeks ago – you are not exactly sure of the date.

- You have had unprotected sex with your new boyfriend who you met on a tinder date last month.
- Yes you used contraception - if asked specifically: he used the withdrawal method and he said that would be OK.
- You have noticed this week that sexual intercourse has been uncomfortable and you have had a small amount of vaginal bleeding afterwards.
- You have had some vaginal discharge this week that has been a yellow/green colour.
- You have never had a pap smear test or any past gynaecological issues at all.
- You have not had an IUD put in.
- You have never been pregnant.
- You have had 3 different sexual partners last year you met on tinder but for most you used condoms (maybe not every time).
- You have sexual contacts with men only, and have not had anal sex.
- You have not had any STD testing in the past.

Past Medical Hx:

- Asthma as a child
- Immunisations up to date, including the HPV Gardasil vaccine given at school.

Medications:

No medications, allergy to penicillin (causes a rash)

Social Hx:

- You smoke socially (4-5 cigarettes on weekends)
- No recreational drug use.
- Alcohol on the weekends when you dance and party til late. You drink shots + cocktails. You sometimes don't remember how you get home after drinking but can't say how many drinks you have – probably more than 10. But just on weekends.
- You live with your parents.

Family Hx: Dad has had bowel cancer.

Your concerns:

If asked what you are concerned about – you are scared you might have bowel cancer like your Dad because he got a lot of tummy pain and vomiting before they found the cancer.

You are NOT a drug seeker, or mentally ill, and have not been sexually assaulted.

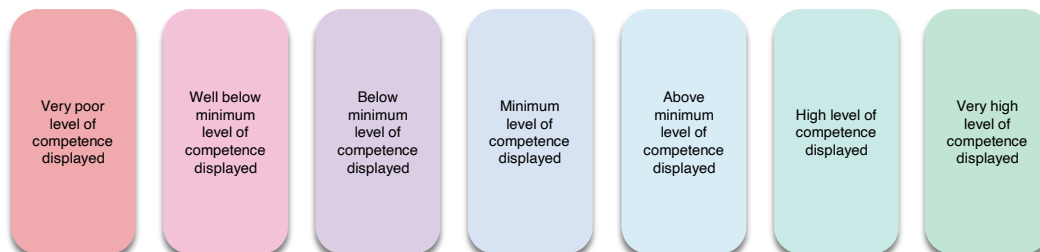
At 4 minutes you will ask “what do you think is causing the pain?”

At 6 minutes you will ask “are there any tests or treatment that I need?”

Examiner Marking Sheet

COMPONENT ASSESSMENT

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



Please rate ALL of the following domains:

Medical Expertise	☐	☐	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐	☐	☐
Health Advocacy	☐	☐	☐	☐	☐	☐	☐

Medical Expertise (40%)

- Elicits a focused, relevant history
- Covers all relevant systems review including Gyn, GI, GU, past history and social history, medications and allergies.**
- Detailed Gyn Hx: vaginal discharge, unprotected sexual intercourse, LMP, dyspareunia, post coitus vaginal bleeding, new sexual partner and contraception use/understanding.**
- Makes diagnosis of PID/acute salpingitis with 2 or more likely differential diagnoses:** eg appendicitis, ectopic, UTI, or other likely differentials.
- Discusses a management plan that addresses all key aspects of the case –
 - PID the most likely cause of pain hence need for HVS/endocervical swabs/first pass urine**
 - Mx will include antibiotics, noting allergy to penicillin (rash) – ceftriaxone 2g IV daily + azithromycin 500mg IV daily + Metronidazole 500mg IV BD.**
 - important to exclude pregnancy/ectopic with bHCG**
 - recommendation for STI testing of patient and partner
 - analgesia offered but avoiding further paracetamol
 - paracetamol toxicity risk: paracetamol level + LFT, commence NAC immediately then rv level+ALT
 - other potential causes/complications + confirm PID: pelvic USS, inflammatory markers, MSU**

Communication (40%)

- Comprehensive and sensitive sexual history**
- Appropriate responses to patient cues and concerns
- Uses appropriate language and terminology for a lay person.

Health Advocacy (20%)

- Noting lack of contraception knowledge and STI prevention
- Harmful alcohol intake – binge drinking
- Smoking history
- Paracetamol use at harmful/toxic amounts (14g total in a staggered intake over 48hrs)

INFORMATION

Station Summary: Take a focused history from a patient with pelvic pain, interpret examination findings provided as consistent with PID and outline appropriate investigations to undertake.

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:

References:

Therapeutic Guidelines: Empirical therapy for severe PID
(eTG Complete Dec 2020)

Austin Hospital Toxicology Guidelines: Paracetamol: Repeated Supratherapeutic Ingestion