



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

2016.1B FELLOWSHIP CLINICAL EXAMINATION (OSCE)

STATION 8 EMERGENCY CONTRACEPTION AND HEALTH SCREENING

1. STATION SUMMARY

Consultation with 19 year-old female requesting emergency contraception as she had unprotected intercourse two nights previously.

2. CANDIDATE INSTRUCTIONS

You are the consultant on duty on a Monday morning of a metropolitan emergency department with access to all major specialties. Your next patient is a 19 year-old female who is asking for emergency contraception. Triage has commented that she seems anxious.

Your tasks are to:

- Obtain a focused history from the patient.
- Develop and discuss an appropriate plan with the patient.

You are not expected to examine the patient.

This OSCE will assess the following domains:

- Medical Expertise
- Communication

3. ROLE-PLAYER INSTRUCTIONS

Lisa is having a consultation with an emergency physician (the candidate) on a Monday morning in a metropolitan emergency department. She had unprotected sex with a man she had met at a party on Saturday night and is requesting the morning after pill (MAP). She is worried about the possibility of becoming pregnant.

She has had sexual intercourse on a few previous occasions with her regular boyfriend but had always used a condom. She broke up with her boyfriend a few months ago and had not had sex until Saturday night. She only met the man on Saturday at a party, admits to being 'a bit drunk'. She doesn't know much about him, apart from he works as a carpenter and has a number of tattoos. However, her friend has heard rumours that he is a 'bit of a drug user' – thus she is now anxious about HIV and 'anything else she could have caught' – wonders if she needs the 'HIV preventer'

The patient is quite upset as she thinks she was a bit stupid. She was a bit drunk and has never had unprotected sex before. She's very worried about the possibility of pregnancy as she's a law student and thinks a pregnancy would be disastrous for her career.

Patient becomes even more concerned/worried when she realises she's at risk from sexually transmitted infections and feels she's been really stupid. She may start crying at times.

SP must use these words:

'I'm worried I could get pregnant and wondered if I could have the morning after pill?'

The key information required is outlined below including the prompts / questions you need to ask if information is incomplete or not provided:

Emergency Contraception Morning After Pill (MAP)

Regarding emergency contraception morning after pill (MAP), including how to take it, side effects, safety, efficacy.

- *'How effective is it?'*
- Patient can ask *'Is it safe?'*
- *'Will it harm the baby if I do fall pregnant?'*
- *'Are there any side effects?'*
- *'Is that the best way? I just want to make sure that I don't get pregnant!!'*

The candidate may also suggest insertion of an IUCD (intra-uterine contraception device or "coil") is a possibility for emergency contraception. The patient doesn't like the idea of this and would prefer 'a pill'

The candidate is expected to take a history from Lisa, then counsel Lisa about the MAP, including safety, side effects, efficacy etc. The candidate is also expected to perform a risk assessment for likelihood of sexually transmitted infections, advise about future contraception and organise follow up.

Risk of HIV and Hepatitis

Candidate should discuss the risk of HIV with you and appropriately reassure you that the risk of HIV is very low and that 'HIV prevention' or 'Post-exposure prophylaxis' (PEP) is not indicated. If they do not fully discuss this, then ask *'What about the HIV preventer packs? (you Googled it) Wouldn't it be better to take it?'* Candidate should explain that is required for three months, significant side effects, not recommended.

Candidate should explain that Hep C is possible but low risk, no acute treatment indicated, curative treatment available. Hep B – should enquire about vaccination – some states began vaccination 1997, universal in 2000. May offer vaccination or checking levels. (immunoglobulin not indicated)

The candidate should suggest that although risk of HIV and Hepatitis is low, to be 100% sure the patient should have blood tests to test for these which need repeating in three months. Safe sex should be practiced in the interim. If they do not discuss this, then ask *'So after I've taken this treatment then it's all done?'*

Sexually Transmitted Diseases

The candidate should go on to assess the risks of sexually transmitted infections (Chlamydia, Gonorrhea). You are horrified but *'just want to make sure you don't catch anything'*. For Chlamydia and Gonorrhea the candidate may suggest testing and seeing GP for results or may suggest treating now 'to make sure' – you are open to either approach. Ask questions as required to ensure you understand. If they do not discuss 'sexually transmitted diseases' such as these then ask *'There's nothing else I could catch is there?'*

4. EXAMINER INSTRUCTIONS

Background Information

Lisa is a 19 year-old female (simulated patient) who had unprotected sex with a man she had met at a party on Saturday evening. She is worried she might get pregnant and has come to the emergency department requesting the 'Morning After Pill'. Her last period was 7 days ago. She has no significant past medical history apart from mild exercise induced asthma for which she uses a salbutamol inhaler occasionally. She is on no other medications and has no known allergies. She is a full time student studying law, binge drinks at weekends and smokes cigarettes when she goes out. She doesn't use any other drugs.

She has had sexual intercourse on a few previous occasions with her regular boyfriend but had always used a condom. She broke up with her boyfriend a few months ago and had not had sex until Saturday night. She only met the man on Saturday and doesn't know much about him, apart from he works as a carpenter and has a number of tattoos. She is anxious because a friend told her that she had heard rumours that he 'might be a drug user' and she is worried about HIV and 'anything else' she could catch.

Lisa is very worried about getting pregnant. She also is worried about HIV but has not really thought about the possibility of other sexually transmitted infections and is very concerned when this is raised. Not sure if has received Hep B vac (universal began in 2000, some states 1997).

Key Actions Expected from Candidate

- Empathic approach, establish rapport, active listening.
- Obtain an accurate, relevant history from the patient, particularly a sexual history.
- Discuss Emergency Contraception: MAP, how to take it, side effects, efficacy etc. (High dose progesterone pill, doesn't have to be taken in the morning, can be taken at any time, most effective the sooner it's taken after intercourse but can be taken up to 4 days post unprotected intercourse. It prevents about 85% pregnancies if taken within 3 days of unprotected sex. Side effects: uncommon, safe, nausea/ vomiting, some vaginal spotting. If vomit within 2 hr of taking tablet will need to take again. IUCD insertion also an option.
- Discuss risk STI and discuss if prophylaxis / treatment needed
 - Counsel re low risk of HIV and no indication for PEP
 - Appropriate discussion re Hep C, Hep B
 - Suggest serological testing for HIV, Hep B/C
 - Discussion / appropriate plan re Chlamydia/gonorrhoea testing or empiric treatment
- Ongoing contraception plan + discussion re 'Safe Sex' practices
- Follow up with LMO, for ongoing contraception, serology results

Examiner Mark Sheet

CONFIDENTIAL Examiner Rating: OSCE 8



EXAMINER 1
barcode

CANDIDATE barcode

EXAMINER 2
barcode

COMPONENT ASSESSMENT

For each Domain below, select the **ONE** 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
competence
displayed

Well below
minimum
level of
competence
displayed

Below
minimum
level of
competence
displayed

Minimum
level of
competence
displayed

Above
minimum
level of
competence
displayed

High level of
competence
displayed

Very high
level of
competence
displayed

Please rate **ALL** the following domains:

Medical Expertise ☐ ☐ ☐ ☐ ☐ ☐ ☐

Communication ☐ ☐ ☐ ☐ ☐ ☐ ☐

Detailed assessment criteria

Please use the following criteria to inform your ratings above

- Explain Emergency contraception options:
- **Morning After Pill (MAP)** – high dose levonorgestrel 1.5 mg OTC
 - Can be taken up to 4 days (licensed for 3 days) after unprotected intercourse, high dose progesterone tablet
 - Prevents 85% of pregnancies if taken within 3 days of unprotected sex
 - Safe, often no side effects but possibly nausea, **vomiting (if within 2-3 hrs need repeat dose)**, some PV spotting
 - Next menstrual period should be within 1 week of due date, if late will need a pregnancy test
- A 30mg single dose ulipristal acetate (UPA) tablet licensed for use up to 120 hours (five days) after unprotected sex; available by private prescription. More effective.
- Insertion IUCD within 5 days of unprotected sex more effective (99%) than MAP and can remain in situ for ongoing contraception
- **Assess risk/discuss sexually transmitted infections (STI)**
 - Appropriate language + reassurance
 - Suggest serological testing for Hep B/C, HIV
 - **HIV** - Unknown male, has tattoos, ?possible IVDU = **risk low (no indication for PEP)**, explain need for repeat serological testing in 3 months and protected intercourse in meantime (as small possibility pt could be infected)
 - **HCV** possible (curable), no acute intervention indicated
 - **Hep B** ?immunised – if not offer vaccination
 - **Chlamydia and gonorrhea**, suggest testing now then FU with GP for result and treatment if necessary/ or could empirically treat (Ceftriaxone 250 mg IM, Azithromycin 1g)
- **Ongoing contraception**, emphasise importance **condom for protection against STI's, and safe sex practices until testing negative**
- **Follow up with GP** (for contraception, serology)

- Establish a rapport with the patient
- **Elicit a thorough, accurate and relevant medical history, including sexual history**
- **Convey clear information using appropriate language about treatment options and risk /benefit considerations to the patient**
- Interpret non verbal clues and employ active listening
- Ensure information has been understood



Examiner Mark Sheet (cont')

CONFIDENTIAL Examiner Rating: OSCE 8



INFORMATION

Station Summary: Consultation with 19 year old female requesting emergency contraception as she had unprotected intercourse 2 nights previously.

EXAMINER NOTES (For examiner reference only)

OSCE 'incident reporting' notes: Please provide details if an issue occurs which may influence this 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 or 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 practising junior emergency physician, select the ONE option that best reflects the candidate's performance in this station:	☐	☐	☐	☐	☐

EXAMINER SIGNATURE:



OSCE 1