OSCE 4

Candidate Instructions

This is a **7 minute** station.

A 37 year old female G1P0 represents 4 days after initial presentation for some vaginal spotting and lower abdominal discomfort. At her initial presentation, she was informed that her b-HCG was positive and blood group O positive. She has subsequently had an ultrasound confirming an intrauterine pregnancy consistent with 8 weeks gestation.

She is still symptomatic and unable to get into her GP.

Urine results from first visit are now available:

- Urine MCS:
  - Nil growth
- Urine PCR STI screen:
  - Chlamydia **POSITIVE**
  - Gonorrhoea negative
  - Trichomonas negative

You will be interacting directly with the patient, Sami.

Your tasks are to:

- Meet with Sami and take a focused history
- Inform Sami of the urine results
- Advise her about the treatment required and follow-up

This OSCE will assess the following domains:

- Prioritisation & Decision Making – 30%
- Communication – 50%
- Health Advocacy – 20%

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Examiner Instructions

This is a **7 minute** station.

A 37 year old female G1P0 represents 4 days after initial presentation for some vaginal spotting and lower abdominal discomfort. She was informed that her b-HCG was positive and blood group O positive. She has subsequently had an ultrasound confirming an intrauterine pregnancy consistent with 8 weeks gestation.

She is still symptomatic and unable to get into her GP.

Part 2:

When the candidate informs Sami about the positive STI (chlamydia) result, she is initially confused, then shocked.

- Emotional responses required from role-player:
  - Once informed of STI:
    - Silent for a short period of time
    - A little worried, hunched over
  - Once the candidate explains that it has come from her partner:
    - She is embarrassed and ashamed about having an STI.

NB. We think it's really important to make sure the role players understand how important this is – to ensure that candidates have to say firstly, that it's an STI and secondly, that she caught it from her partner (prompts are in place to ensure this).
The whole challenge here is dealing with the awkwardness and managing to clearly communicate the news, and then respond in an empathetic and supportive way.

Please see **Candidate Instructions and **Role-Player Instructions** for full instructions/domains provided to candidates*

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Role-player Instructions

- **Gender:** Female
- **Age range:** < 40 y
- **Role to be played by:** Actor / SP

This is a **7 minute** station.

You are playing the role of a 37 year old patient named Sami. You presented to the emergency department (ED) 4 days ago with some vaginal spotting/lower abdominal discomfort and found out you were pregnant. You have subsequently had an ultrasound confirming you are 8 weeks pregnant. You are now returning to the ED as you are still symptomatic and unable to get into your GP.

The overall purpose of this station is for the candidate to gently deliver the news of a sexually transmitted infection to a pregnant patient.

Part 1:
The aim of Part 1 is to allow the candidate to introduce themselves to Sami, establish the reasons she has represented, then take a focused history including a sexual history and assess for the risk of miscarriage. Your initial response when they enter the room is that you are excited about the pregnancy, but you are also stressed and worried about the baby because you are still having PV spotting. The candidate should then enquire about your history, concentrating on your sexual history (see Sami background history info below – only offer if asked).

Part 2:
When they inform you about the positive STI (STI = sexually transmitted infection and the STI is chlamydia) result, you are initially confused, then shocked.

- Emotional responses required:
  - When informed of STI, be:
    - Silent for a short period of time
    - A little worried, hunched over
  - Once they explain that it has come from your partner:
    - then you are embarrassed and ashamed about having an STI.

The candidate should acknowledge your feelings and provide reassurance.

NB. We think it's really important to make sure role players understand how important this is – to ensure that candidates have to say firstly that it's an STI and secondly that you caught it from your partner (prompts are in place to ensure this).
The whole challenge here is for the candidate to deal with the awkwardness, to clearly communicate the news, and then respond in an empathetic and supportive way.

Part 3:
The candidate should provide counselling for your treatment and also for the contact tracing of your partner – he will require testing and treatment.

- You do not want a support person.
- You decline for the doctor to speak to your partner; you do not want to confront him about the STI at present – you don't know how to tell him
- You are scared about the risks to the baby from the STI

Sami History (background info):

Sexual History:

- Pregnancy info:
  - You met your partner 6 months ago through work
  - This is your first pregnancy
  - Unplanned but you are both excited to be pregnant
  - Last menstrual period about 8 weeks ago - normal
- STI info/risks:
  - You have not had any other sexual partners for about 5 years
  - No previous STIs (sexually transmitted infections) or BBVs (blood borne viruses) e.g. Hepatitis, HIV, syphilis
  - Screening for STIs and BBVs negative
    - Last done when you last had a cervical smear a year ago
  - You have not had anal intercourse
  - You occasionally have oral sex
  - You are fully immunised
- History related to the PV bleeding/spotting info:
  - Some mild lower central abdominal ache
  - Mild discomfort/pain on vaginal intercourse for the last one month (but you now thought it was all due to the pregnancy)
  - No unilateral pain (pain on the left or the right)
  - Light pink/yellow vaginal discharge/spotting, wearing panty liner only. No clots, no heavy bleeding
- Other
  - Bladder and bowels – normal (no rectal pain, discharge or bleeding)
  - No fever/nausea/vomiting/diarrhoea
  - No eye irritation
  - No joint pains

Past History:

- You have no medical history
- No regular medications
- No allergies
- No previous pregnancy/miscarriage/termination/gynaecological issues

Social History:

- Occupation = lawyer
- Non-drinker since you found out about the pregnancy, occasional alcohol before then.
- Non-smoker
- Your family:
    - Live in Europe
    - They have not yet met your partner
    - You have not told them you are pregnant
- A few friends at work:
    - You have not told them you are pregnant

Other Info:

- STI info:
    - Initially confused to get the positive STI (chlamydia) result
    - Then shocked once it is explained
    - Followed by embarrassment and shame when they explain how you caught it and potential infidelity of your partner
- You do not want a support person
- You decline for the doctor to speak to your partner; you do not want to confront him about the STI at present as you don't know how to tell him

Relationship with partner:

- You think you have a good relationship
- No family violence or controlling behaviours
- Partner attended today with you, but has stepped outside to take a phone call

OSCE 4 - Role-player Script

Part 1 (0 – 2 min 30 secs)

Your initial response when the candidate enters the room is that you are excited about the pregnancy, but you are also stressed and worried about the baby because you are still having PV spotting. The candidate should enquire about your history, including your sexual history.
Wait for the candidate to open the conversation:

Expect candidate to introduce themselves.

"I'm still spotting and I'm really worried. I couldn't get into my GP. Can you tell me what's going on?"

Expected candidate answers:

- Explores features:
  - Symptoms of presenting complaint (STI):
    - Time course
    - Change in vaginal discharge
    - Pain or discomfort in the lower abdomen
    - Dysuria (50% pts have none)
    - Pain with intercourse
    - Bleeding between menstrual periods, or post coital bleeding
    - Fevers and vomiting
  - Miscarriage:
    - Volume of vaginal bleeding; clots, tissues, flooding, using how many pads
- Explores focused Sexual and Gynaecological history:
  - Sexual history:
    - Number of partners
    - Previous screening and results
    - Previous STIs
    - Sexual practices; anal/oral/vaginal intercourse, barrier contraception
  - Gynaecological history:
    - Cervical screening
    - Previous gynaecological surgery/ovarian cysts/PID

- If asked about whether you would like your partner to attend for today's discussion reply:
  "He's just stepped out to take a phone call"

- If the candidate hasn't addressed implications for the pregnancy
  "I am worried about the baby"

Part 2 (2 min 30 secs – 4 mins)

The aim is for the candidate to inform Sami of the positive STI screen for chlamydia and address Sami's concerns over how she contracted the infection.

- If the candidate has not mentioned the chlamydia result, ask:
  "Are my results back from the last visit?"

Expected candidate answers:

- Inform pt of positive chlamydia result
- Explain it is a common sexually transmitted infection that can be treated and cured. If not treated, it can cause infertility and ectopic pregnancy and in pregnant women, can cause premature delivery and infection to the baby at delivery:
  - The candidate should explain that given Sami's previous negative STI screen, it is likely she has contracted the infection from her partner.
  - The candidate needs to make it absolutely clear that the partner has passed on the infection to Sami, they cannot be unclear about this
  - The candidate may explain that her partner could be an asymptomatic carrier, it cannot be determined when he contracted the infection
- Once informed of the results Sami will be confused, then shocked and embarrassed:
  - The candidate is expected to react empathetically:
    - Use non-judgmental language
    - Acknowledge the confusion and distress the results must have cause
    - Allow Sami time to absorb the information

Min Criteria:

- Explain Chlamydia is a sexually acquired infection
- Convey clearly to Sami that the infection has come from her partner as STI screen was negative
- Respond empathetically to Sami's distress

- If the candidate does not explain what the infection is or that it is sexually acquired, ask:
  "What does that mean?"

- If the candidate does not explicitly explain that the partner has likely infected her, ask:
  "But how did I get it?"

- If the candidate does not explain dormant or asymptomatic partner, ask:
  "Does that mean he's been sleeping around?"

Part 3 (4 mins – 5 mins)

The aim is for the candidate to outline treatment for Sami and to address contact tracing.

By the **4 minute mark,** say:

"So, is this treatable?"

Expected candidate response:

- STI Treatment:
  - Antibiotics:
    - Azithromycin 1g, single dose orally
    - Further testing in 1-4 weeks after treatment to ensure clearance from the STI
  - Chlamydia = notifiable in Australia, not in NZ
  - Testing for other blood borne viruses:
    - HIV, hepatitis, syphilis etc
- Contact Tracing: Testing and treatment of any sexual partners:
  - Encourage Sami to either:
    - Tell partner (or offer to tell him yourself)
    - Get her partner to see their GP
- Pregnancy FU:
  - Antenatal care and follow-up

- If the candidate offers medication, ask:
  "Is it ok to take this when I'm pregnant?"

- If the candidate hasn't addressed contact tracing, ask:
  "Will that stop me getting it again?"

Part 4 (5 mins – 7 mins)

Part 4 has 2 aspects for the candidate to address:

- Discuss telling her partner
- Organising follow up for Sami

By the **5 minute mark**, ask:

"How do I tell my partner?"

Expected candidate response:

- Empathetic approach
- Partner:
  - To provide support for Sami while she informs her partner of the result, or to inform the partner of the result in Sami's presence.
  - Explain that partner needs to treated before unprotected sex
  - Consider family violence

- If the candidate asks, why don't you want to tell him, say:
  "I don't know how to."

By the **6 minute mark:**

[ACTION]: Take a big sigh, pause, then say:

"I don't even know if I want to have this baby anymore. I don't know what to do."

Expected candidate response:

- Don't have to make any decisions right now – can discuss with FU options below.
- FU: Integrate extra services to increase the likelihood of successful treatment in vulnerable patients
  - Options for STI:
    - Social work referral
    - Sexual health clinic
    - GP
    - Mental health referral
    - Offer to phone a support person/friend
  - Options for pregnancy:
    - GP follow-up
    - Midwife
    - Family planning to discuss continuing with the pregnancy

- If the candidate hasn't addressed follow up, ask:

  "Who will look after me?"

Domain	Criteria	Marking rules to be 'at a minimum level of competence'/other comment	Criteria met / not met
Prioritisation & Decision Making (30%)	• **Part 1:** Highlight features identified during initial patient assessment: ○ Symptoms of presenting complaint (STI) ▪ Time course ▪ Change in vaginal discharge ▪ Pain or discomfort in the lower abdomen ▪ Dysuria (50% pts have none) ▪ Pain with intercourse ▪ Bleeding between menstrual periods, or post coital bleeding ▪ Fever, vomiting ○ Miscarriage: ▪ Volume of vaginal bleeding; clots, tissue, flooding, using how many pads ○ Sexual history: **marked in Communication Domain below** ○ Gynecological history: **marked in Communication Domain below** • **Part 3:** Prioritise treatment plan: ○ STI Treatment: ▪ Antibiotics: • Azithromycin 1g, single stat dose PO • Further testing in 1-2 weeks after treatment to ensure clearance from the STI ▪ Chlamydia = notifiable in Australia, not in NZ ▪ Testing for other blood born viruses • HIV, hepatitis, syphilis etc ○ Contact Tracing: Testing and treatment of any sexual partners ▪ Encourage Sami to either: • Tell partner (or offer to tell him yourself) • Get her partner to see their GP ○ Pregnancy FU: ▪ Antenatal care and ongoing pregnancy care and follow-up	**Part 1** • Asks for ≥3 symptoms **Part 3** • Azithromycin • Contact tracing **Feedback Statements – Did the candidate adequately:** • Identify concerning history features • Administer appropriate antibiotic treatment • Address contact tracing	

Communication (50%)	• **Part 1:** Hx ○ Explores focused sexual history and gynaecological history: ▪ Non-judgmental and appropriate language • Sexual history: ○ Number of partners ○ Previous screening and results ○ ○ Sexual practices;, barrier contraception • Gynecological history: ○ Cervical screening ○ Previous gynecological surgery/ovarian cysts/PID • **Part 2:** Convey clear information about diagnosis: ○ Inform pt of positive chlamydia result ○ Explain it is a common sexually transmitted infection that can be treated and cured. If not treated, it can cause infertility and ectopic pregnancy and in pregnant women, can cause premature delivery. ▪ The candidate should explain that given Sami's previous negative STI screen, it is likely she has contracted the infection from her partner. ▪ The candidate needs to make it absolutely clear that the partner has passed on the infection to Sami, they cannot be unclear about this ▪ The candidate may explain that her partner could be an asymptomatic carrier, it cannot be determined when he contracted the infection ○ Allow the patient to react emotionally to the situation ○ Convey acceptance of a patient reaction to bad news ○ Respond empathetically to Sami's distress/and non-verbal cues ▪ The candidate is expected to react empathetically: • Use non-judgmental language • Acknowledge the confusion and distress the results must have cause • Allow Sami time to absorb the information	**Minimally Competent Criteria:** • **Part 1:** ○ Non-judgmental and appropriate language ○ Adequate Sexual Hx • **Part 2:** ○ Explain Chlamydia is a sexually acquired infection ○ Convey clearly that the infection has come from Sami's partner ○ Respond empathetically to Sami's distress **Feedback Statements – Did the candidate adequately:** • Use non-judgmental and appropriate language when taking a sexual history • Explore sexual history • Explain positive result and source of infection • Respond empathetically to the patient's distress	
Health Advocacy (20%)	○ Partner: ▪ Candidate offers to either provide support for Sami while she informs her partner of the result, or to inform the partner of the results in Sami's presence. ▪ Consider family violence ○ Tailor disposition decisions for a patient to account for the presence of vulnerability factors ○ Integrate extra services to increase the likelihood of successful treatment in vulnerable patients ○ Follow up Options: ▪ Options for STI: • Social work referral • Sexual health clinic • GP • Mental health referral • Offer to phone a support person/friend Options for pregnancy: • GP follow-up • Midwife • Family planning to discuss continuing with the pregnancy	**Minimally Competent Criteria:** • **Part 4:** ○ Offers support to inform the partner ○ Adequate follow-up for each of: ▪ STI ▪ Pregnancy options **Feedback Statements – Did the candidate adequately:** • Offer support to patient to inform partner of results • Offer follow up and support resources	