

Station Number One: History taking

Candidate instructions

This is a 7 minute history taking station.

You are a consultant in a mixed tertiary Emergency department. It is 5pm on Friday evening. Your competent HMO has seen an infant, Bella, who is accompanied by her mother Helen.

Bella is 6 weeks old. Helen has brought her to the ED due to concerns over her persistent unsettled behaviour.

Your HMO is confident that Bella looks and examines well, with normal vital signs, and there is no medical cause for the crying found; but has asked for your senior opinion.

Your tasks are to:

- Take a history from Helen regarding her baby
- Formulate a management plan

You are not required to perform an examination of the patient.

This OSCE will assess the following Domains:

- Medical Expertise 50%
 - History Taking 30%
 - Disposition 20%
 - Communication 50%
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Role player instructions

The aim of this station is for the candidate to review the history assessing for medical causes for the baby to be unsettled. There are none and the candidate should then screen you for postnatal depression. You are not overtly depressed but have some warning signs, which should be recognised and addressed with an appropriate follow up plan.

Background

You are Helen, first time mother to your daughter Bella who was born 6 weeks ago. Bella was born at term via normal vaginal delivery which was uncomplicated, after a normal pregnancy. She is exclusively breast fed and this seems to be going well. She feeds every 3-4 hours on demand, for 30 mins each time. Birth weight was 3.3kg and has been gaining weight since, on 50% percentile, with plenty of wet and dirty nappies.

Presenting Complaint

Essentially since she was born, your baby seems to be persistently unsettled, but it has worsened in the last week (therefore not an acute onset of crying).

You are unsure how many hours per day that she cries, but it “feels like it is most of the time”. It appears to be worse in the afternoon and early evening.

If asked - there has been no significant vomiting (“she spews a tiny bit only occasionally”) no diarrhoea (no blood/mucus or frothy stool), no eczema, no perianal ulceration/excoriation, no fevers, no red eye that you have noticed.

You are exhausted and feel you are not coping well. You have tried various techniques to help settle Bella – shushing/patting/walking/pram/pacifier etc – nothing works, which is affecting your confidence as a new parent.

If asked; you do not have any thoughts of harming yourself or your baby, and you do not have any history of depression or anxiety. However over the last few weeks, you have been crying a lot and blaming yourself for your daughters unhappiness.

Your partner is a FIFO worker who works 3 weeks on, 1 week off; and currently not back home for another week. Your family is interstate. You have a few close friends but none of them have young babies so you feel as though they don't understand your struggle. You have joined a mothers group but you have not found much time to meet up yet.

Questions to ask the candidate if not discussed:

At 4 minute mark if not already covered depression screen:

"I just feel I'm not doing a good job"

"Maybe I'm not cut out for this, I just think I should be able to do better"

"When she cries so much sometimes I end up in tears as well"

Further prompts as needed:

"I think my baby is sick, what is wrong with her? This can't be normal..."

"The baby sometimes appears to be in pain while she is crying...a friend told me I should try a medication for reflux, will this help?"

"Do you think she could be allergic to my breastmilk? Should I change my diet?"

Last minute:

"So where should I go from here?"

Examiner Instructions

This station examines the candidates ability to take a history from the mother of an unsettled neonate. They are expected to rule out potential serious causes and screen for maternal depression. If they indicate that they would like to examine the child they should be reminded that the examination was normal and they are not required to repeat this.

Background medical expertise for examiners:

Medical reasons for unsettled behaviour to be excluded - red flags include:

- Acute onset of irritability and crying
- Raised intracranial pressure (ICP)
- Injury eg clavicle fracture, non-accidental injury
- Incarcerated inguinal hernia
- Urinary tract infection
- Hair tourniquet
- Corneal foreign body/abrasion

Screening for postnatal depression and NAI

Edinburgh Postnatal Depression Scale: (candidate not expected to know off by heart, but has a general knowledge of pertinent questions)

- I have been able to laugh and see the funny side of things
 - I have looked forward with enjoyment to things
 - I have blamed myself unnecessarily when things went wrong
 - I have been anxious or worried for no good reason
 - I have felt scared or panicky for no very good reason
 - Things have been getting on top of me
 - I have been so unhappy that I have had difficulty sleeping
 - I have felt sad or miserable
 - I have been so unhappy that I have been crying
 - The thought of harming myself has occurred to me
-

Other differential diagnoses:

- Non-pathological causes of crying such as excessive tiredness – candidate may enquire about parental knowledge of tired cues
- Non-IgE cow milk / soy protein allergy; suggested by:
 - significant feeding problems that persist day and night
 - frequent vomiting
 - diarrhoea with blood or mucus
 - poor weight gain
 - wide-spread eczema
- Lactose overload/malabsorption (rare) suggested by very frequent breastfeeds and frothy, watery diarrhoea with perianal excoriation.

Communication:

- acknowledges and sympathises with the difficulties that Helen is having
 - reassures Helen that Bella likely does not have any medical issues (but that you are happy to re-examine the baby)
 - explains that crying is a normal part of the baby's growth and development, as they need to adapt to a wide range of emotions and experiences
 - most often the crying is to communicate simple issues to the caregiver – hunger, tiredness, wanting comfort etc.
 - crying for many hours a day is very common for babies in the first few months of their life (up to 6 hours per day can be normal at this age)
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Management:

- Parental education: explanation that there is no evidence that starting reflux medication (PPI) or anti-colic mixture (e.g. gripe water) will help with crying in infants (RCH guidelines)
- History does not suggest any medical cause for the crying, particularly Non-IgE cow milk / soy protein allergy or lactose overload/malabsorption
- Exceptional candidates may mention that there is some evidence for the use of the probiotic *Lactobacillus reuteri* DSM17938 (BioGaiaTM) has been shown to be effective with excessive crying (colic)
- No investigations are required at this stage
- Discuss settling techniques and recognition of tired cues
- Offer to provide written information on the above
- advises on further resources (Raising Children's Network, Purple Crying etc)
- Offers support and follow-up: Maternal and child health nurse/GP/general paediatrician/ Mothers group
- May offer an admission under Paediatric team for parental exhaustion, identifying the current lack of support at home (and start of the weekend) +/- need for social work referral

Essential pass criteria

- Appropriate assessment for concerning medical cause
 - Screens for post natal depression and identifies some risk in this mother
 - Appropriate follow up plan accounting for this
 - Appropriate communication throughout
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OSCE Station:

COMPONENT ASSESSMENT

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.



Response Category	Percentage
Very poor	35%
Well below minimum standard	25%
Below minimum standard	15%
At minimum standard	10%
Above minimum standard	5%
High standard	5%
Very High standard	5%

Please rate all the following domains:

Medical Expertise	○	○	○	○	○	○	○
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**

☐