

Station Number ONE: History taking

Candidate instructions

This a 7-minute history taking station.

You are the Consultant in a tertiary emergency department. You have all specialties available including Obstetric and Maternity services.

Your next patient is Abbey; the triage states she is a 30 year old female who has presented feeling unwell with a fever at 6 days post-partum.

Her vital signs are:

- Alert
- HR 117
- RR 20
- BP 95/60
- Sats 100% RA
- Temp 38.1

Your tasks are to:

- Take a history from Abby
- State what investigations you feel are appropriate
- Formulate a management plan

You are not required to examine the patient.

This station will assess the following domains:

- Medical Expertise 60%

Assessement 40%

Management 20%

- Communication 40%

Role player instructions

You are Abbey, a 30 year old female who is 6 days post partum.

You are a first time Mum (no previous pregnancies) who delivered a baby boy via unplanned caesarian section at 39 weeks gestation.

Your husband has taken the baby out for a short walk in the pram while waiting for you to be seen by a doctor.

You were told that you needed an emergency c-section as “he was taking too long to come out and his heart rate was a bit high” - you had been pushing for almost 3 hours.

You did not break your waters early.

Your baby did not require Special Care Nursery and is doing well at home, where you live with your husband.

For the last 3 days you have felt unwell, with high fever (measuring > 38 at home), sweats, lethargy, lower abdominal pain and PV bleeding which seems to be increasing in volume.

As this is your first baby, you are unsure what is normal - you had been putting your fatigue and sweats down to a lack of sleep with a newborn and hormonal changes but were advised to present to ED after discussing them with your Midwife.

If asked:

- You are using 4-5 pads per day.
- No clots
- Some offensive smell from the PV bleeding, but you have not noticed any other PV discharge.
- Your pain is central pelvis, dull, constant, 7/10 severity despite regular Paracetamol and Ibuprofen, no obvious aggravating or relieving factors.

You should be asked about other symptoms in order to identify source of infection:

You are breast feeding exclusively, which seems to be going well. You occasionally feel as though both breasts are tender and engorged, but this settles after feeding. You have not noticed any lumps or redness in your breasts or armpits.

The c-section wound itself was looked at by the Midwife and you were told that it was healing well. You have changed the dressing once, and did not notice any pain, redness or ooze to the site. You have not noticed that the site of the spinal anaesthetic is painful, and do not have any lower limb weakness/numbness or bladder or bowel symptoms.

You do not have any cough or coryza symptoms. You took a RAT at home which was negative and are vaccinated against both COVID and Influenza.

No nausea/vomiting or diarrhoea

No urinary frequency/dysuria/haematuria/loin pain

No sick contacts/recent travel

Past Medical History:

None, including no prior surgeries

No regular medications or allergies

When you are told of the likely diagnosis (endometritis) and the need for admission, you are annoyed as this is the last thing you want while settling into life with a newborn baby. You are also concerned about their welfare too.

Questions:

Prompt: If the candidate focuses on endometritis and does not ask questions to exclude other causes of postpartum fever - *“Could it be anything else?”*

“What caused this? Was it the surgeons fault?”

“Can my baby be admitted with me?”

“Will my baby get sick because of this?”

“Are the antibiotics safe whilst breast feeding?”

Examiner instructions

This is a 7-minute history taking station of a patient with a postpartum fever, with a likely diagnosis of endometritis.

The candidates' tasks are to:

- Take a history from the patient
- State which investigations they feel are appropriate
- Formulate a management plan

This station will assess the following domains:

- Medical Expertise 60% (assessment 40%, management 20%)
- Communication 40%

This OSCE will assess the candidate's ability to:

Clarify aspects in history to refine diagnosis generation for Abbey's post partum fever, by asking specific questions covering relevant history as detailed in medical expertise section below.

Medical expertise

Post partum related infections:

- Endometritis
- Mastitis
- Wound infection
- Epidural abscess (rare)

Non-post partum related infections:

- URTI (including COVID 19/Influenza)
- Community acquired pneumonia
- Urinary Tract Infections (cystitis/pyelonephritis)

Risk factors for endometritis include:

Peripartum factors:

- **Caesarian section** (increased risk vs vaginal delivery)
- Prolonged labor (defined as second stage of labour > 3 hours in a nulliparous patient) or Prolonged rupture of membranes
- Multiple cervical examinations
- Large amount of meconium in amniotic fluid
- Manual removal of the placenta
- Group A strep infection

(Note: It is unlikely that the patient will know the answers to some of the above points.

Reasonable to ask about those in bold and known perinatal infections)

Patient factors:

- Maternal diabetes mellitus or severe anaemia
- Preterm or post-term birth
- Obesity
- Immunosuppression

Examination:

Not required, but it may be reasonable for the candidate to mention that they plan to examine in order to refine diagnosis

- Abdominal, particularly the c-section wound
- Bimanual for significantly tender uterus
- Speculum for purulent vaginal discharge
- Breasts for signs of mastitis
- Cardiovascular, respiratory (including pharynx), spinal anaesthetic site for completion

Investigations:

- Bloods - FBC, UEC, CRP, Blood cultures, VBG for lactate (rationale for each test)
 - Urinalysis
 - COVID/Flu swabs
 - High vaginal swabs
 - Swabs from c-section site (if applicable)
 - Pelvic Ultrasound for retained products of conception or abscess (may also consider a CT if pelvic abscess is suspected)
-

Management

- **Admission** under care of Obstetrics team
- Depending on institution, postnatal wards will be set up for admission of baby as boarder also - reasonable for candidate to mention this or to strive to avoid separation where possible
- IV fluids
- Antipyretics
- **IVABs** (Amoxicillin plus Gentamicin plus Metronidazole - names and doses do not need to be discussed with the patient however)

*Bold as minimum pass criteria

Communication

- Candidate introduces themselves, establishes rapport with patient
 - Starts with open ended questions
 - Use appropriate language (no medical jargon)
 - Logically uses second order questioning to focus on and differentiate presenting problem/s or concerns
 - Asks for further information that the patient wishes to convey of likely diagnosis, investigations and management plan using clear, non-medical terms
 - Allows the patient to react emotionally to the situation and responds appropriately to non-verbal cues - in particular acknowledges that readmission to hospital with a newborn baby is a stressful time
 - Allows patient to ask questions and addresses these - reassures patient that it is unlikely that baby will become unwell; plans for an admission for baby also, and states that any medication (IVABs) given will be safe whilst breastfeeding.
 - Offers to communicate the diagnosis and management plan to Abbey's partner
-

Examiner Marking Sheet

Examiner name(s):

Candidate Name:

OSCE Station:

DOMAIN	ASSESSMENT CRITERIA	MET/NOT MET
Communication	- Appropriate communication style and manner with patient, as above - Develops rapport and demonstrates sensitivity and professionalism - Elicits key historical features including demonstrated consideration of broad differential diagnosis - Appropriately addresses patient concerns	
Medical Expertise	- Demonstrates consideration of appropriate differential diagnosis including post partum and non post partum related diagnoses - Ddx must include Endometritis, Mastitis and post operative wound infection - Asks about risk factors for endometritis including c-section - Management to include admission and IV antibiotics	

COMMENTS AND CONSTRUCTIVE FEEDBACK

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**

☐