Instructions to Candidates:

You are a Foundation Doctor in General Practice.

Joanne Lindley is 34 years old. She is attending with problems with her periods.

Please take a history.

At six minutes the examiner will ask you questions.

Station Information

Station Reference	PRIME-OSCE 1
Station Title	OSCE PRIME Training: Menorrhagia History
Student Description	
Author	Harish Thampy
Year Group	PRIME OSCE Training
Clinical Domain	Women's Health
Clinical Competency	Patient Assessment (History Taking)

Information for Site Organisers

Type of patient required:

Simulated patient (history only).

Patient information:

Female SP aged 30-40

Resources and equipment needed:

Alcogel - please place within easy reach of the candidate

Candidate pink notepaper, black pens and clipboard in case the candidate wishes to make notes

Chairs x 3

Setting up the station:

This station should be set up in the usual patient examination format: 2 chairs and examining couch or chair. The candidate should be able to examine the patient from the patient's RIGHT side. The examiner's chair should be positioned so that he/she can observe both candidate and patient.

Information for the Examiner

What is the overall aim of this station?

This station assesses the candidate's ability to take a clinically reasoned history from a patient with heavy menstrual bleeding and tests their applied clinical knowledge on the likely next steps needed.

What is expected of the candidate?

The candidate should:

- Explore the patient's presenting symptoms and clarify nature of symptoms, duration, progression since onset, including:
    - duration of bleeding, how much of that time is heavy
    - the length of the cycle, ie the duration from the start of one period to the start of the next.
    - if the patient has to wear tampons and towels simultaneously (suggesting flow is heavy)
    - passing clots (suggesting flow is heavy)
- Explore associated symptoms relevant to the presenting complaint
    - asks about any symptoms to suggest anaemia.
    - Asks about contraception and intentions with regard to further children, as this may affect management.
- Explore symptoms of potential differentials
    - symptoms of other gynaecological conditions, intermenstrual bleeding (IMB), postcoital bleeding (PCB), dyspareunia and pelvic pain.
    - symptoms suggestive of a bleeding disorder eg easy bruising or bleeding gums.
    - symptoms suggestive of thyroid dysfunction
- Exclude red flags: persistent intermenstrual or postcoital bleeding, vaginal lumps, palpable abdominal mass (though this would be on examination)
- Explores risk factors for condition onset/progression (modifiable/ non-modifiable) - not particularly applicable to this case
- Briefly checks past medical history, drug history, family history, social history
- Explore impact of condition on patient's life, including any time off work
- Elicits and addresses patient's ideas, concerns, feelings and expectations

Marking Guidance:

If you award a global judgement below 'Excellent', it is extremely important you provide constructive feedback on key areas the candidate should develop further i.e feedback which justifies the grade awarded.

The excellent (7)/ very good (6) candidate will take a structured clinically reasoned history and exclude red flag symptoms. They will explore almost all of the key symptoms expected in a gynaecological history, explore associated symptoms and explore symptoms suggestive of differentials. They will in the time allocated complete the history including asking about past medical history, drug history, family history, social history. They will explore the impact of the condition on the patient and elicits and addresses the patient's ideas, concerns, feelings and expectations. They will demonstrate excellent communication skills, using a structured approach and avoiding jargon. They will provide a sensible ordered differential list and will be able to describe and justify the next steps needed.

The good (5)/ satisfactory (4) candidate will typically take structured history though will miss asking about some key symptoms. They at times may be unstructured in their approach but generally will adopt a patient-centred manner. They may not fully get through all aspects of the history in time. They will still identify some of the likely differentials and be able to describe some of the next steps needed.

The failing candidate (1, 2, 3) will typically be unstructured and flustered throughout with a disorganised scatter gun approach to the history. They will NOT identify likely diagnoses (or if they do, do so in an unstructured manner). They will adopt a doctor-centred, disjointed approach.

Clinical information relevant to the station:

Aetiology

- 40-60% of those who complain of excessive bleeding have no pathology and this is called DUB.
- 20% of cases are associated with anovulatory cycles and these are most common at the extremes of reproductive life.
- Local causes include:
    - Fibroids
    - Endometrial polyps.
    - Endometriosis
    - Adenomyosis
    - Endometritis
    - Pelvic inflammatory disease (PID).
    - Endometrial hyperplasia or carcinoma. Endometrial carcinoma presents in women aged over 50 years in the majority of cases and classically with postmenopausal bleeding; however, some cases present with abnormalities of the menstrual cycle.
- Systemic disease can include hypothyroidism, liver or kidney disease, obesity and bleeding disorders - eg, von Willebrand's disease.

Next steps

- Patient needs to undergo examination (abdomen and pelvis) with chaperone present
- FBC is important. Every woman presenting with heavy menstrual bleeding should have FBC taken. The most common cause of iron-deficiency anaemia in women is menorrhagia.
- Tests for endocrine abnormalities, including TFTs should be performed only if there is clinical suspicion.
- Assessment of bleeding disorders is only indicated if there is clinical suspicion.
- Consider ultrasound scan in women who have symptoms or signs suggestive of underlying pathology

Information for the Simulated Patient

Opening statement:

I'm really fed up with my periods

About you:

You are Joanne Lindley aged 34. You are manager for a clothings store. You live with your same sex partner Helen and your son. You drink alcohol at weekends only – at most 1-2 glasses on Friday and Saturday. You are an ex smoker (stopped 3 years ago, started age 26 and smoked about 10 a day)

Current situation / problem:

You booked this appointment today to discuss issues you have been experiencing with your periods.
Over the past year they have become increasingly heavy and prolonged.
Prior to this you used to bleed for about 5 days, periods were regular every 28 days and some crampy lower abdominal pains.
In the past year you are now having prolonged periods lasting 8 days, passing clots, and needing to change sanitary towels 10 times a day with flooding through the sanitary towels.
No bleeding between periods or after sexual intercourse.
The periods are not particularly painful. No hot flushes, no night sweats.
You have not noticed you bruise easily.
You don't feel particularly tired.
You have had no problems with your bowels/ passing urine.
You have been pregnant once (at age 26 – normal vaginal delivery).
You had a normal cervical smear test result a year ago.

Your ideas, concerns, feelings and expectations:

If asked about the impact this is having on you disclose that this is causing you problems at work as when you are on you feel very concious about co-workers noticing.
If asked about your concerns disclose that you have a friend with endometriosis and you wonder whether your symptoms could fit with this.

Questions:

Nil

Previous medical history:

You are in general good health.

Medical problems in the family:

There is no family history of any conditions.

Medication:

You currently take the combined pill (microgynon). You are on no other medication from the GP or over the counter. You have no allergies that you know of.

How to play the role:

You are generally quite easy to talk to. You give information freely if you feel you have been asked appropriately.

Marking Domains

01. Overall conduct of the consultation with patient/relative/carer

Introduces self, states own role and checks identity of patient/ relative/ carer
Explains and agrees the purpose of consultation
Establishes and maintains rapport
Attends to the comfort, safety and dignity of the patient if applicable
Demonstrates empathy and sensitivity
Discusses patient information sensitively and with awareness of confidentiality if applicable
Maintains a fluent, coherent and competent approach
Manages time, completes task and closes appropriately
Follows appropriate infection control measures throughout

02. History Taking Skills

Appropriately uses a combination of open, probing and closed questions
Adopts a clinically reasoned approach, demonstrating the ability to differentiate relevant from irrelevant information in order to narrow the differential diagnosis
Enquires about red flag features in order to rule in and rule out serious/ significant pathology
Uses a patient-centred and structured approach throughout
Appropriately elicits and acknowledges the patient's feelings, ideas, concerns and expectations
Explores the impact on the patient's life
Clarifies and summarises as appropriate
Avoids inappropriate reassurance
Demonstrates responsiveness to the social, cultural and ethnic background of the patient, and their abilities and disabilities

04. Non-verbal Communication

Maintains appropriate body language and eye contact
Maintains a calm and composed demeanour
Demonstrates active listening (e.g. remaining focused on the patient)
Uses or offers visual methods for conveying information e.g. diagrams
Uses appropriate seating position

14. Clinical Knowledge and Diagnosis

Identifies the underlying problem(s)
Demonstrates an appropriate depth of understanding of the clinical condition/pathology
Applies reasoning skills to interpret information in the clinical context
Applies knowledge to the patient's current situation
Generates a plausible list of differential diagnoses and if required, is able to identify which is most likely
Provides a clear justification and rationale for their diagnosis or differential diagnosis

15. Providing information to the examiner

Communicates findings clearly, if applicable
Summarises accurately and concisely if applicable
Answers examiner questions clearly and competently
Provides and prioritises answers that are reflective of routine clinical practice
Justifies answers in context of the patient's problem