Monash Practice OSCE 2019.2

**OSCE 5**

**Candidate Instructions**

You are approached by a junior registrar in your ED who has just seen a 24-year-old woman who is currently 8 weeks pregnant (G1P0). She has presented with painless PV bleeding for one day. It is Sunday and there is no ultrasound available in your hospital on the weekend.

The registrar asks for your help in assessing and managing the patient.

The patient has no other past medical history and appears well.

The patient will not be present in the room.

**Your tasks:**

* Help the registrar formulate a management plan
* Describe how to perform a speculum examination

**Domains assessed:**

Medical Expertise 70%

Scholarship and Teaching 30%

A copy of this case information is provided in the examination room.

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**Role Player Instructions**

You are (*use your own name*), a junior registrar working in the ED and have taken a history and performed a brief examination on the patient, but require help to formulate a management plan. You have not done a speculum examination since you were an intern and do not feel confident.

It is Sunday and ultrasound is not available at your hospital on the weekend.

Clinical information:

24-year-old woman G1P0. LNMP 8 weeks ago. Pregnancy confirmed by urinary beta-HCG at GP. Has not had an ultrasound yet.

No past medical history (no fertility Rx, no IUD, no STI/PID).

Only medication is folate 5mg. No allergies

Small amount of bright PV bleeding started today. Has changed a pad once prior to attending the ED. No pain. No urinary symptoms or abnormal vaginal discharge. No sexual activity in the last week. No trauma.

Examination findings:

BP 110/70 mmHg, HR 90 reg, SaO2 99%RA, RR 16

Appears well. Abdomen is lax and non-tender.

When candidate enters the room, you say:

**“ Hi, I’m (*your name*), one of the new junior registrars. Can I talk to you about this patient with PVB please? She is a 24 and is currently 8 weeks pregnant (G1P0).**

**She has some PV bleeding which started today.”**

Let the candidate ask you for the rest of the HOPC and examination findings.

Further questions:

* I’m not sure what the differential diagnosis is? Expect candidate to provide DDx
* How do I work it out from here? Expect explanation re bloods/US
* Do you think I need to do a speculum examination?
  + Reasonable for them to say no, but they are expected to list the indications for speculum exam. Prompt – When would you do a speculum examination?
* Even if candidate decides speculum exam is not indicated, you say: **“Can you demonstrate how to do a speculum examination, as I haven’t done it for ages and always found it hard to find the cervix?”**

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**Examiner Instructions**

**Detailed assessment criteria**

Please use the following criteria to inform your ratings:

***Medical Expertise: Differential diagnosis and investigation plan - 40%***

* Relevant history & examination
  + Duration bleeding, amount, pain, associated symptoms
  + Ectopic RF’s – IVF, PID, IUD, tubal surgery
  + Meds, allergies
  + Examination – **vital signs,** abdo tenderness
* Generates a relevant list of differential diagnoses after synthesising clinical information found on initial assessment with an inherent focus on conditions requiring time critical management
  + Threatened miscarriage
  + Failed IUP
  + Ectopic
  + Non-preg related – trauma, cervical neoplasm or polyp, infection, FB
* Creates a focused investigation plan that confirms or excludes time critical diagnoses
  + BetaHCG, Rh status, +/- FBE
  + Ultrasound - tomorrow
* Explains the **reasons** for selecting those tests in that investigation plan

***Medical Expertise: Speculum examination – 40%***

* Demonstrates a structured approach to the speculum examination:
  + Explanation to patient
  + Ensure patient privacy and comfort
  + Prepare equipment
  + Patient position
  + Lubricate speculum and warn patient
  + Insert speculum sideways, rotate, slowly open blades, gentle manoeuvre to find cervix
  + Inspect cervix, gently remove products from os if necessary
  + Remove speculum

***Scholarship and Teaching – 20%***

* Establishes rapport and makes learner feel safe and supported
* Teaches the registrar a focused approach for the initial investigation and management of this patient
* Demonstrates a structured approach to the topic and covers the topic in appropriate detail
* Checks understanding in learner (regularly and at conclusion) and encourages learner participation
* Summarises the session with appropriate emphasis of key elements and suggests follow up activities and resources

*Props List:*

* Pelvic model
* Speculum +/- light source
* Lubricant
* Magills
* Gauze
* Gloves