

Station title:

Station duration:

8 mins

Station number:

Student Instructions

Station No

Final MB

Background information to station:

You are a Foundation Doctor working on a surgical ward.

This patient had surgery 2 days ago and now has abdominal pain.

Specific student instructions:

1. Take a relevant history.
2. Summarise the history to the examiner.
3. At the 2 minute warning bell, or sooner, the examiner will ask you 3 questions.

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Examiner Instructions

Station No

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Station author: Dr Charlotte Ralston

Assessment outcome:

This station assesses the student's ability to take an appropriate history from a post-operative patient, summarise the relevant issues and suggest a relevant differential diagnosis, investigations and management plan.

Background information to station:

Students are asked to perform the role of a Foundation Doctor on a surgical ward. They are asked to review a 74 year old man who is day 2 post right hemi-colectomy.

At the 2 minute warning bell, or sooner, please ask:

- (a) What is your differential diagnosis for vomiting and abdominal pain in a post-operative patient?
- (b) Name 3 appropriate investigations and justify each.
- (c) What is the appropriate management for an ileus?

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Marking sheet *G = Good, A = Acceptable, P = Poor*

DETAIL / question	MARK	WEIGHTING
1. Overall introduction including identification of self and patient (Name & role, purpose of encounter, confirms patient's agreement) G:2; A:1	G A P	2 1 0
2. Rapport & professional manner (shows interest, respect, concern, appropriate body language, closure)	G A P	2 1 0
3. Attention to infection control throughout	G P	1 0
4. Open question to begin	G P	1 0
5. Establishes elective vs emergency surgery and type of operation G: both; A:1; P:0	G A P	2 1 0
6. Assessment of pain including; site, onset, character, duration, severity, alleviating/precipitating factors G: 4; A:2-3; P:0	G A P	4 2 0
7. Associated symptoms: Nausea and vomiting G:2; A:1; P:0	G A P	2 1 0
8. Abdominal distension; bowel habit; passing flatus G: 3; A:1-2; P:0	G A P	2 1 0
9. Blood in stools or vomit.	G P	1 0
2 Asks about oral intake	G P	1 0
3 Asks about fever	G P	1 0
4 Asks about wound site	G P	1 0
5 Past medical and surgical history	G A P	2 1 0
6 Drug history (including recreational drugs) (1) & Allergies (1)	G A P	2 1 0
7 Social History: Smoking; alcohol; living circumstances	G A P	2 1 0
8 Establish patient concerns.	G P	2 0
9 Concise summary of history	G P	2 0
10 Examiner to ask: What is your differential diagnosis for vomiting and abdominal pain in a post-operative patient? <i>Ileus (1), bowel obstruction (1)</i>	G A P	2 1 0
19. Name 3 appropriate investigations and justify each: 1. Bloods: FBP – Hb (bleeding)/WCC (infection), CRP (infection), LFTs/coag (bleeding risk), G+H +/- G+XM, BP/Mg (Electrolytes contributing to ileus) 2. Erect CXR +AXR – r/o pneumoperitoneum 3. +/- further imaging e.g. CT G: all; A: 2; P:0-1	G A P	2 1 0
11 What is the appropriate management for an ileus? ABCDE approach, NBM and IVF, NG sump, Electrolyte correction	G A P	2 1 0
SP Rating: SA: Strongly agree; A: Agree; JA: Just Agree; N: Neutral; D: Disagree	SA A JA N D	4 3 2 1 0
Global mark: E: Excellent; V: Very good; P: Pass; B: Borderline; F: Fail	E V P B F	5 4 3 2 1

Total score /40 (excluding Global Mark)

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Simulated Patient Instructions

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Final MB

This station assesses the student's ability to take a succinct history from a post-operative patient.

Background information to station:

Students are asked to perform the role of a Foundation Doctor on a surgical ward. They are asked to review a 74 year old man who has had intermittent abdominal pain since admission.

How the role should be portrayed:

- Name: Simon Jones
- DoB: 10/01/47
- The history will involve assessment and establishment of the following symptoms
 - Attended for elective resection – right hemi-colectomy for bowel cancer
 - 2 days post op- gradual onset of abdominal distension
 - Associated nausea and vomiting
 - Unable to tolerate any PO intake, no food/water without vomiting
 - Marked abdominal distension
 - Abdominal pain- vague generalised dull. No sudden onset, no radiation.
 - Bowels have not moved since prior to surgery, not passing gas either.
 - Catheter in situ- dark urine in bag
 - No temperatures/palpitations/dizziness
 - No problems with wound site

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- No previous surgery
- On a morphine drip, no anti-sickness, only usually on Ramipril regularly, no allergies
- Past medical issues; bowel cancer and high blood pressure.
- No family history
- Social- current smoker, lives alone
- If asked about concerns - worried something has gone wrong from the operation.

Clothes/props: Catheter, PCA pump (morphine label)

First sentence (after introductions) if student starts with an open question:

I had my operation 2 days ago and thought I was recovering well but now I am vomiting and have tummy bloating and pain.

Potential question	Response
Where is your pain?	Across the tummy
How does it feel?	Dull ache
Any associated symptoms?	Vomiting, can't keep anything down

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Site Co-ordinator Instructions

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Equipment check list:

- Bed
- Midline dressing
- Catheter bag
- PCA morphine infusion
- Male SP