

### **Student Instructions**

# Station 6

# Year 4 BHSCT MOSCE

### **Background information to station:**

You are a Foundation Doctor in the Gynaecology clinic.

A 56 year old patient has come to the clinic complaining of episodes of vaginal bleeding.

### **Specific student instructions:**

- **1.** Take a history from the patient
- **2.** Answer any questions the patient has
- **3.** You do not have to examine the patient

There will be a bell when 1 minute is left in the station



#### **POST-MENOPAUSAL BLEEDING MARKING SHEET**

| DETAIL / question   | MARK  | WEIGHTING |   |   |  |
|---|-------|-----------|---|---|--|
| 1. Overall introduction including identification of self and patient (name & role, purpose of encounter, confirms patient's agreement)  | 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  | GΡ    |           | 1 | 0 |  |
| 4. Explains purpose of interview and obtains consent  | G A P | 2         | 1 | 0 |  |
| <ul> <li>5. Establishes post-menopausal status and what age patient went through menopause G: current menopausal status and age/date of LMP , A: either one, P: none</li> <li>6. Establishes how many episodes of bleeding patient has had and</li> </ul> | G A P | 2         | 1 | 0 |  |
| volume/heaviness of bleeding  | G A P | 2         | 1 | 0 |  |
| 7. Enquires after the presence of abdominal/pelvic pain.  | G P   |           | 1 | 0 |  |
| 8. Enquires after the presence of bowel and urinary symptoms. G: bowel and urinary, A: either 1, P: none  | G A P | 2         | 1 | 0 |  |
| 9. Enquires after the presence of dyspareunia and post coital bleeding G: both, A: either one, P: none  | G A P | 2         | 1 | 0 |  |
| 10. Enquires after vaginal dryness during intercourse   | G P   |           | 1 | 0 |  |
| 11. Enquires after presence of vaginal discharge  | G P   |           | 1 | 0 |  |
| 12. Ask about associated symptoms such as pallor, unexplained fatigue, bone pain, weight loss, other sites of abnormal bleeding and fever. G: any 4 symptoms, A: any 2 symptoms, P: none  | G A P | 3         | 1 | 0 |  |
| 13. Enquires after sexual history/activity and previous STIs. G: sexual history and previous STIs, A: either 1, P: neither  | G A P | 2         | 1 | 0 |  |
| 14. Last cervical smear test date and result of smear test G: both A: either one, P: none   | G A P | 2         | 1 | 0 |  |
| 15. Previous pregnancies and method of delivery including complications. G: both, A: either 1, P: neither   | G A P | 2         | 1 | 0 |  |
| 16. Previous terminations and miscarriages G: both, A: either 1, P: neither   | G A P | 2         | 1 | 0 |  |
| 17. Past gynaecological history such as fibroids, polyps, prolapse and relevant medical and surgical history  | G A P | 2         | 1 | 0 |  |
| 18. Medication history and allergy status. Ask specifically about HRT use   | G A P | 2         | 1 | 0 |  |
| 19. Family history specifically asks about ovarian, breast, colon or endometrial cancer. G: specific, A: general, P: none   | G A P | 2         | 1 | 0 |  |
| 20. Smoking and alcohol, relevant social history (abuse)  | G A P | 2         | 1 | 0 |  |
| 21. Systemic systems enquiry  | G A P | 2         | 1 | 0 |  |
| 22. Explores patient's ideas, concerns and expectations   | G A P | 2         | 1 | 0 |  |



Station Speciality: Obstetrics and Gynaecology

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|--|-------------|---|---|---|---|---|--|
| 23. What do you think is happening doctor? G: Gives possible                     |             |   |   |   |   |   |  |
| diagnosis of endometrial carcinoma and other relevant differential               |             |   |   |   |   |   |  |
| diagnosis A: only 1 diagnosis, P: none   | G A P       | 3 | 2 | 2 | 1 | 0 |  |
| 24. What do we do next doctor? G: refer to red flag/urgent/2 weeks               |             |   |   | • |   |   |  |
| referral, USS and pipelle biopsy, A: USS scan and biopsy P: no                   |             |   |   |   |   |   |  |
| answer   | GΡ          | 2 | 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         | EVPBF       | 5 | 4 | 3 | 2 | 1 |  |

Total score 55 (including Global Mark)



### **Examiner Instructions**

### Station 6

### Year 4 BHSCT MOSCE

#### Station author: Pappitha Raja

#### Background information:

The students will be taking a gynaecology history from a patient presenting with abnormal post-menopausal bleeding.

The OSCE station tests the candidate's ability to take a history from a postmenopausal women presenting with abnormal vaginal bleeding and safely manage patient as a foundation doctor.

Essential skills to be tested include:

- 1. Ability to communicate with patient
- 2. Sensitivity when asking details about sexual history
- 3. Knowledge of risk factors for post-menopausal bleeding
- 4. Knowledge of causes for post-menopausal bleeding
- 5. Knowledge of NICE/NICAN red flag referral criteria
- 6. Ability to safety net at end of consultation

The patient will ask the following questions:

1. What do you think is happening doctor?

# G: Gives possible diagnosis of endometrial carcinoma and other relevant differential diagnosis A: only 1 diagnosis, P: none

2. What do we do next doctor?

G: refer to red flag/urgent/2 weeks referral, USS and pipelle biopsy, A: USS scan and biopsy P: no answer



### **Simulated Patient Instructions**

# Station 6

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This station tests the candidate's ability to take a history from a patient, and safely manage a patient presenting with post-menopausal bleeding.

You are Janet Simpson, a 63-year-old woman and a retired nurse (DOB: 2/2/1959).

#### Presenting complaint and history of presenting complaint

You are presenting abnormal vaginal bleeding. Your periods ended when you were 52 years old and went through the menopause. You have had three episodes of vaginal bleeding over the past month which really surprised you. The first one was very light. However the last 2 have been heavier to the point that you had to wear a pad for the whole day. When you went to change the pads you found that they were completely soaked each time. Your GP has been very busy and you have come to the walk in gynaecology clinic.

You have had no abdominal pain or weight loss. You are sexually active but the bleeding has not occurred after intercourse. Sometimes you can feel quite dry down below but you often use lubricants that you buy off the internet. You have no pain on intercourse. You have no bowel or urinary problems.

#### **Obstetric and Gynaecological history**

You previously had an endometrial polyp which gave you very heavy periods when you were younger. The polyp was removed and you had no issues thereafter. Your smears have been normal. You had termination when you were 23 years old but do not have any children and did not have any miscarriages.

Past medical history: Hypercholesterolaemia



#### **Drug history**

Latex allergy - makes your skin itchy and sore

Simvastatin 20mg PO ON

#### **Family history**

Your mother died of endometrial cancer at 73 years old and your sister was diagnosed with breast cancer at 35 years old but the cancer was removed and treated successfully. She is still alive now.

#### **Social history**

You do not drink or smoke. Live with your partner.

#### At the 1 minute mark or once the student summarises, you will have to ask the following questions:

#### 1. What do you think is happening doctor?

G: Gives possible diagnosis of endometrial carcinoma and other relevant differential diagnosis A: only 1 diagnosis, P: none

#### 2. What do we do next doctor?

G: refer to red flag/urgent/2 weeks referral, USS and pipelle biopsy, A: USS scan and biopsy P: no answer



### **Site-Coordinator Instructions**

# Station 6

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### Equipment check list:

- Simulated patient female in 60s
- 3 chairs
- Table for equipment
- Cleaning wipes
- Hand gel/wash