



MSSBU OSCE PRACTICE CASE 4_02_01

Station Vignette

You are a 3rd year medical student doing a placement at the Southport medical centre.

Rosie Lam, a 32-year-old lady, has come to you to talk about not having had her period for 1 year.

TASK

You have a total of **7 minutes** to take a history.

This includes:

- History of presenting complaint
- Constitutional history
- Past medical history
- Medications history
- Social history
- Family history
- Focussed systems review

At the end of the allotted time, you will have **1 minute** to answer the examiner's questions.

You do **NOT** need to complete a physical examination.

PATIENT INSTRUCTIONS

Name	Rosie Lam
DOB	32 years
History	<ul style="list-style-type: none"> - I've come to visit my GP because I'm concerned that I haven't had a period in 12 months
Gynaecological Hx	<ul style="list-style-type: none"> - LMP – 1 year ago - Had regular 27-day cycle until pregnancy 1 year ago - Abnormal bleeding – usually light periods - Abnormal pain – no pain. - First period – 15 yrs – always been regular, no pain. Never on birth control. - Cervical screening – done was normal 3 years ago <p>Sexual Hx – not issues, sexually active with husband Obstetric history – 1 previous pregnancy 1 year ago (age 31), vaginal delivery/40+5, said they I lost a lot of blood after delivery. Not able to breastfeed, formula given to baby</p>
Constitutional	<ul style="list-style-type: none"> - Feeling tired over the past year - Nil weight loss - Nil sleep disruptions - Nil fevers, night sweats or bone pain, nil rash - No recent infection - Normal diet
Systems review	<ul style="list-style-type: none"> - Trauma – no - Bowel or Urinary problems – no - Thyroid – dry hair noticed since last year, loss of interest in fun things, slightly feels cold in room than usual, no tremors - Psychiatric – mood has been low past year
Past medical Hx	<ul style="list-style-type: none"> - Non relevant
Medications	<ul style="list-style-type: none"> - Nil
Family Hx	<ul style="list-style-type: none"> - Mother had a history of endometrial cancer - Father healthy
Social Hx	<ul style="list-style-type: none"> - Non-smoker, never had alcohol - Nil recent travel, IUTD - Occupation – Retail assistant at Movie World - Living – lives with husband and her child

EXAMINER QUESTIONS

1. List **two (2)** differentials for amenorrhoea, each from a different system.
2. List **two (2)** causes of post-partum haemorrhage.

MARKING CRITERIA – WOMENS_01

Item	Criteria	Mark
Introduction	<input type="checkbox"/> Hand hygiene <input type="checkbox"/> Appropriate introduction <input type="checkbox"/> Explains personal role and gains consent	/2
Presenting complaint	<input type="checkbox"/> Leads with open question <input type="checkbox"/> Follows with another open question	/2
History of presenting complaint	<input type="checkbox"/> Determine amenorrhoea – onset, duration, any exacerbating factors <input type="checkbox"/> Asks about exacerbating/relieving factors <input type="checkbox"/> Screens for any additional concerns/patient worry	/5
Constitutional history	<input type="checkbox"/> 0.5 points for each of the following: diet, appetite, weight loss, sleep, energy, exercise <input type="checkbox"/> 0.5 points for each of the following systemic symptoms: fevers, chills, night sweats, rash	/1
Past medical history	<input type="checkbox"/> Past medical/surgical history <input type="checkbox"/> Screen for relevant conditions/risk factors	/1
Medications history	<input type="checkbox"/> Ask over the counter, prescription & herbal remedies <input type="checkbox"/> Allergies	/1
Family history	<input type="checkbox"/> Ask relevant family history	/1
Systems Hx	<input type="checkbox"/> Gynaecological history <input type="checkbox"/> Obstetric hx – explore post-partum haemorrhage, breast feeding <input type="checkbox"/> Sexual history <input type="checkbox"/> Menopausal – hot flushes, night sweats, vaginal dryness, dyspareunia, urinary sx, sexual dysfunction, sleep disturbances <input type="checkbox"/> Urinary history – prolapse? Incontinence? <input type="checkbox"/> Psychiatric history – eating disorder screen, mood, exercise?	/5
Social history	<input type="checkbox"/> Occupation, living situation, smoking, recreational drugs	/2
Questions	<input type="checkbox"/> List 2 ddx for amenorrhoea – eating disorder, hypothyroidism, endocrine causes (Sheehan syndrome – postpartum necrosis of the pituitary due to haemorrhage) <input type="checkbox"/> Causes of postpartum haemorrhage - tissue (placenta adhered), tone (loss of uterine tone), trauma of perineum, thrombin (coagulative disorders)	/5
Communication skills	<input type="checkbox"/> Appropriate questioning style <input type="checkbox"/> Active listening <input type="checkbox"/> Systematic approach to Hx taking <input type="checkbox"/> Appropriate conclusion and summary	/5
Global score	Overall impression of candidate based on warmth, clarity and competence: 1 = fail 2 = borderline 3 = pass/expected 4 = good 5 = excellent	/5
	Total	/35

Extra information: Post-partum haemorrhage

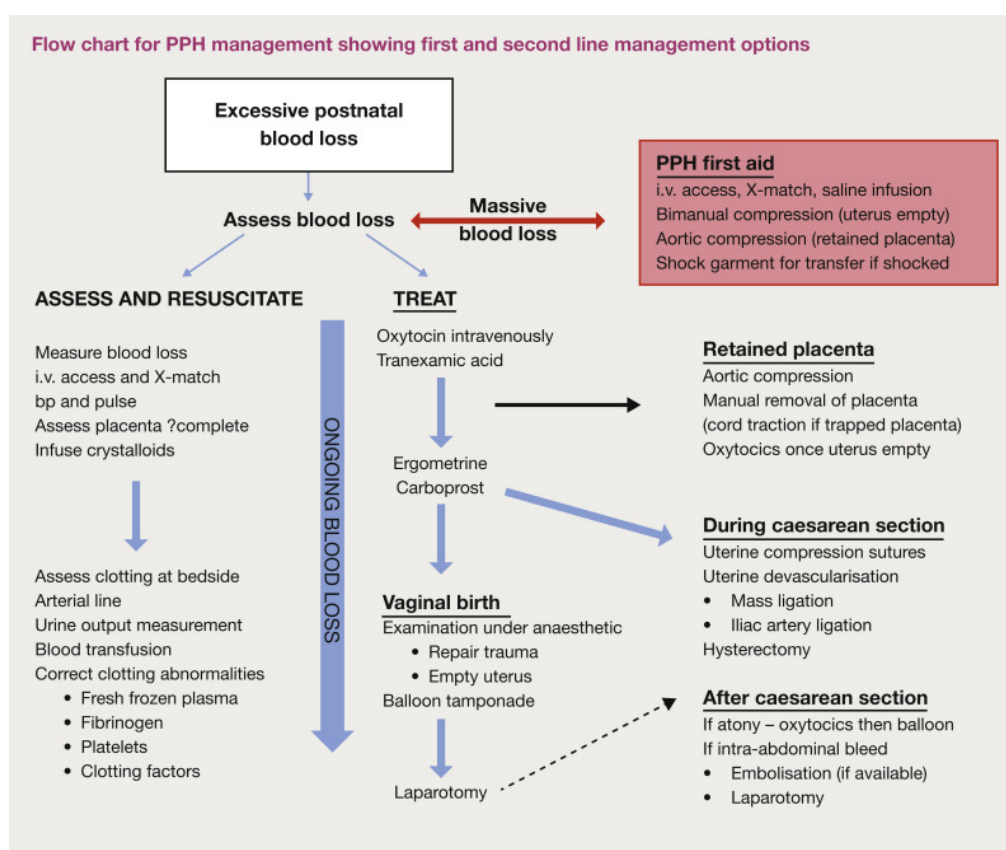
Definition:

1. Defined as > 500 ml of blood following vaginal delivery
2. New definition – cumulative blood loss > 1000 mL or blood loss with signs/symptoms of hypovolemia within 24 hours of the birth process

Causes:

- Uterine atony – most common cause
- Retained products of conception
- Adherent placenta (accrete, increta, percreta)
- Trauma including laceration
- Coagulopathy

Management of PPH: (good resource – visit QLD guidelines of managing PPH)



References:

1. <https://www.sciencedirect.com/science/article/abs/pii/S1751721420300804>
2. https://www.health.qld.gov.au/__data/assets/pdf_file/0021/144363/f-pph-response.pdf
3. <http://opqic.org/wp-content/uploads/2014/12/CMQCC-flowchart.pdf>