

Women's Health Interest Society of Monash

 AMUMUS

WHiSM

Practice OSCEs in Obstetrics & Gynaecology

2021

DISCLAIMER

These OSCE stems have been written by Year 4C and 5D Monash medical students who are members of WHISM. They are intended as a study aid for students undertaking their Women's Health rotation and/or preparing for their Women's Health exams. Any relevance to faculty released OSCE stations is purely coincidental.

TITLE SHEET

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Station title: Elena's Emergency

Topic covered: Emergency Contraception

Station type: History and Counselling

CANDIDATE INSTRUCTIONS

STEM

You are a junior doctor resident at a metropolitan General Practice.

Elena Campbell is a 25-year-old, G0P0 woman who presents after having unprotected sexual intercourse with a partner she met that night at the bar. Please take a history from her and counsel her appropriately.

TASKS

1. Take a focussed history (4 mins)
2. Counsel the patient on the emergency contraception options suitable for her, following Murtagh's 10-step model. (4 min) As part of this discussion, briefly advise the patient on how to prevent this in the future (this should take 30 seconds - 1 min).

PATIENT AND EXAMINER INSTRUCTIONS/MARKING SHEET

Patient name: Elena Campbell

Patient age: 25 years old

Patient occupation: University Student studying Fashion & Textiles

History

Introduction	<ul style="list-style-type: none"> • <u>Opening statement</u>: “Doctor, I think I’m in trouble. I need your help.” • <u>If asked for more information</u>: Patient was at a bar in South Yarra with her friends and left the venue with a young man who she met at the bar. She went to the man’s house and “things escalated”; had unprotected sexual intercourse.
HOPC	<ul style="list-style-type: none"> • They did not use condoms and the patient was not using any other contraception • This happened late last night (about 12 hours ago) • It was consensual • She is otherwise feeling well • This has happened twice before in the past year, and the patient waited it out until she got her period (instead of taking emergency contraception). However she is feeling very anxious now and wants to know if you can help. • Currently not using contraception; tried the pill but had trouble remembering the tablet everyday
O&G history	<ul style="list-style-type: none"> • Menstrual Hx: <ul style="list-style-type: none"> ◦ Periods since age of 13 ◦ Regular 28 day cycle, last period started 10 days ago ◦ Periods not particularly painful, bleeding not particularly heavy • Never had an STI • CST: Performed earlier this year; normal
Past medical Hx	<ul style="list-style-type: none"> • No past pregnancies / terminations • No other medical problems

	<ul style="list-style-type: none"> No prior surgeries
Family Hx	<ul style="list-style-type: none"> No significant family history
Drugs	<ul style="list-style-type: none"> No regular medications Drinks 8-10 standard drinks when out socialising with friends, approx. 2 days/week Never smoked Has used recreational drugs once or twice in the past, not regularly
Allergies	<ul style="list-style-type: none"> No known allergies
SHx	<ul style="list-style-type: none"> Living with housemates (other Uni students) Works at a pizza shop Not currently in a long-term relationship; often has short-term sexual relationships with various partners No major stressors

Emergency Contraception Counselling

Tell diagnosis	Recommend Emergency Contraception
Establish knowledge	<p>Find out if the patient understands what emergency contraception is</p> <ul style="list-style-type: none"> Patient has heard of 'The Pill' but doesn't know much about it
Educate patient	<p>Explain the options</p> <ul style="list-style-type: none"> Two oral options <ul style="list-style-type: none"> Levonorgestrel pill (many names including Postinor-1, Postinor-2, Postelle-1, Postella-1, NorLevo etc.) Ulipristal acetate pill (EllaOne) Copper Intra-Uterine Device <p><u>Levonorgestrel pill</u></p> <ul style="list-style-type: none"> 1.5mg single dose (or 50x 30mcg tablets!); take within 72h of unprotected sex (sooner = more effective) Main action is by preventing / delaying ovulation 84% efficacy when taken within 72h Available without a script, convenient, well-tolerated, safe while breastfeeding Precautions (no absolute contraindications): allergy, severe liver disease, confirmed pregnancy Double the dose if using liver enzyme-inducing medications Vomiting affects 5% - repeat dose within 2h if vomited Side effects: headache, dysmenorrhoea, nausea, vomiting, altered vaginal bleeding pattern <p><u>Ulipristal acetate pill / EllaOne</u></p>

	<ul style="list-style-type: none"> • Selective progesterone receptor modulator; main action is by preventing or delaying ovulation • One 30mg tablet; take within 120h of unprotected sex • At least as effective as levonorgestrel pill • Available without a script, well-tolerated • Precautions (no absolute contraindications): allergy, severe liver disease, interaction with liver enzyme-inducing medications, severe uncontrolled asthma, confirmed pregnancy • Vomiting affects 1% - repeat dose within 3h if vomited • Side effects: headache, dysmenorrhoea, nausea, vomiting, altered vaginal bleeding pattern <p><u>Copper IUD</u></p> <ul style="list-style-type: none"> • May be inserted up to 120h after unprotected sex • Acts by interfering with movement of sperm and implantation of fertilized ovum • Most effective form of emergency contraception and can provide ongoing contraception for up to 5-10 years if desired • Requires insertion by a trained medical professional • Contraindications: current PID or STI (or confirmed pregnancy) • May have an initial altered bleeding pattern and increased menstrual blood loss. Small risk of perforation, infection & expulsion.
Establish patient attitudes	<p>Ask patient if she has any concerns or preferences about the type of emergency contraception, or if she would like you to help her choose</p> <ul style="list-style-type: none"> • Patient would like to choose one of the pills.
Develop management plan	<ul style="list-style-type: none"> • Recommend either LNG or UPA pill • Organise a prescription for this • Provide instructions about taking this
Preventative opportunities	<ul style="list-style-type: none"> • Discuss the benefits of long-term contraception such as an IUD, and explain that this gives additional security so that the patient won't need to rely on emergency contraception in the future. • Explain that IUDs do not prevent STIs - discuss the benefits of additionally using condoms to prevent STIs.
Reinforce information	<p>Summarise:</p> <ul style="list-style-type: none"> • LNG/UPA Pill • Recommend long-term contraception

	<ul style="list-style-type: none"> • Advisable to use condoms additionally • Reassure
Provide take-away information	<ul style="list-style-type: none"> • Provide brochures about emergency contraception and long-term contraception • Provide brochure about safe sex and preventing STIs
Evaluate consultation	<ul style="list-style-type: none"> • Ask if any questions or if anything important we haven't addressed today
Arrange follow-up	<ul style="list-style-type: none"> • Advise to return to GP or attend ED if experiencing significant ongoing pain, feeling systemically unwell or otherwise concerned • Advise to return if doesn't have period and consider the need for a pregnancy-test following this