

Instructions to Candidates – Aim for 8 minutes

You are a Foundation doctor in a General Practice.

Martin Milburn has attended after noticing a lump in his groin.

Address his concerns and provide an explanation to him about the nature of this lump.

Script for simulated patient:

Name: Martin Milburn

Age: 34 years-old

Short history (To identify the concerns/any questions the patient may have)

PC & HPC

You have attended the GP to discuss a lump that you have noticed in your groin area, on the right side.

It first appeared a couple of months ago after you lifted a very heavy box.

In the beginning, you could push it back in, but then it would pop back out you did some lifting. It completely goes away when you lie down.

It is not painful, but it does feel achy when you are trying to do some exercise.

ICE: "I feel like it's getting bigger, it is getting really uncomfortable."

PMH

Appendicectomy 1 year ago

GORD

DH

Gaviscon OTC

NKDA

SH

Single, lives on his own

Works in a moving company: Job consists of loading and unloading the van, requires heavy lifting on a daily basis

Smokes 10 cigarettes a day since the age of 19

Drinks socially

FH

Father has hypertension

Specific questions that the patient has (SP does not reveal all unless specifically asked by student):

1. What is it?
2. "I heard that it means my bowel is dying??"
3. What is the treatment? Will I need to have surgery for it?

Mark Scheme for examiner:

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC					
PMH and past surgical history					
ICE addressed					
Specific concerns (questions) identified					
Accurate information given					
Patient informed of surgical referral					
Rapport/comms					
Chunk and check					
Summary					
Overall					

The candidate should begin with an open question such as: “Do you have any idea as to what might be going on?” so as to get an understanding of the baseline knowledge of the patient, then build up on that.

Explanation:

1. What the patient describes sounds like an inguinal hernia (commonest type of hernia).

An inguinal hernia is a protrusion of a sac of peritoneum (often containing intestine or other abdominal contents) through a weakness in the abdominal wall in the groin. It can be direct, which means the bowel pushes directly forward into a defect into the abdominal wall, or indirect, which means the bowel passes through the inguinal ring, which is a persistent opening which failed to close during foetal development.

2. Clarify the term used by the patient: right now since you are able to push it back inside (which is called a reducible hernia), we are not worried about damage to the bowel.

If the hernia became painful and you were no longer able to push the hernia back in (irreducible), then the hernia might get strangulated, which might cut off the blood supply to that portion of bowel, causing damage to the intestine. This is an emergency which would require urgent surgery.

Reassure the patient that this is not the case with him.

3. Surgical repair (herniorraphy) is undertaken in most individuals presenting with inguinal hernia in order to close the defect, alleviate symptoms of discomfort, prevent serious complications (that is, obstruction or strangulation of the bowel) and reduce the risk of recurrence.

Most hernia repairs are undertaken as elective procedures.

Mention to the patient that you are referring him to the General Surgeon in order to have the operation done on a non-urgent (elective) basis.

More information will be given by the surgeon during your first consultation with them.

(If you have time, you may mention that it is a day case, it can be done under either local or general anaesthesia, and it could be done by either opening the tummy or by a “keyhole” operation. Most commonly inguinal hernias are repaired by using a mesh, which is a thin sheet of material which is usually stitched or glued over the hole of the hernia, and with time, the mesh safely becomes incorporated into the muscle layer, which results in a very strong, permanent repair.)

As with all explanation stations: remember to use lay terminology, chunk and check throughout and finish with a summary.

The NHS website has good lay explanations about inguinal hernia. Familiarise yourself with these and you can also recommend that the patient read them on their own time.

References (accessed July 2020):

Oxford Handbook of Clinical Medicine 9th Edition

NICE Guidance <https://www.nice.org.uk/guidance/ta83/chapter/2-Clinical-need-and-practice>

Patient UK <https://patient.info/digestive-health/hernia-leaflet>