

**Instructions to Candidates** – Aim for 8 minutes

**You are a Foundation doctor in General Practice.**

**Lucie Brown has attended to discuss contraception. Her BP today is 120/80.**

**Discuss her contraceptive options with her.**

**Script for simulated patient:**

Lucie Brown

Age: 19

You have attended the GP to discuss contraception.

You are sexually active with your boyfriend of 2 months. You have only ever used condoms. You would like some contraception to prevent pregnancy.

You have no past medical history or family history. You do not take any medication currently. You have never been pregnant. You want children in the future but not any time soon.

Your periods are regular lasting 5 days, on a 28 days cycle. Your last period was 14 days ago.

You do not smoke and you like to drink quite a lot when you go out with your friends.

You are studying Art History at university.

If asked about taking a pill mention that you are very forgetful and are not sure if you would remember to take a pill every day.

You are scared of needles. If you are offered a depot injection mention your needle phobia.

If asked openly about the options available ask the Doctor to detail what those options are. Then say you are interested in learning more about the coil.

You have heard your friends talking about the coil and would like to know more about it.

In the end agree to try the coil. If the doctor does not mention the coil as an option you may bring this up yourself. If they explain the hormonal and copper coil and offer you a choice - choose the copper coil.

**Mark Scheme for examiner:**

**8 MINUTE STATION: 8 MINUTES EXPLANATION**

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
Opening					
PMH & DH					
SH					
MOSCC hx					
Options explanation					
Coil explanation					
Side effects					
ICE					
Rapport/comms					
Chunk and check					
Summary					
<b>Overall</b>					

The candidate should begin with an open question such as:

“Have you thought about what contraception you would like to try?”

“What do you know about the contraceptive options that are available to you?”

The candidate should take a brief focused menstrual and gynaecology history to identify any contraindications for contraception.

The main contraceptive options to mention to the patient are:

- Combined Oral Contraceptive Pill (COCP)
- Progesterone Only Pill (POP)
- Implant (Progesterone)
- Depot injection (Progesterone)
- Interuterine device (IUD/Copper coil)
- Interuterine system (IUS)
- Condoms only

In this case the patient is not good at remembering to take pills so that rules out both types of oral contraceptive. The patient is not fond of needles or having the implant so that rules out those. That leaves the interuterine device and interuterine system. These are both more than 99% effective at preventing conception.

IUD is a T-shaped device that is inserted into the uterus. It is made of copper which acts as a spermicide. It lasts 5-10 years.

IUS is also a T-shaped device inserted into the uterus and it releases progesterone which thickens cervical mucus and thins endometrial lining to prevent implantation. It lasts 3-5 years.

They are both inserted by a doctor or nurse using a speculum which some patients may find uncomfortable.

Both can be fitted anytime in the menstrual cycle provided the patient is not already pregnant. Offer a pregnancy test beforehand if they think there's any chance they could be pregnant. If they have had a previous ectopic pregnancy they should not have a uterine device or system. They should also be STI screened beforehand.

Women with a history of certain cancers (breast, cervical, uterine) and history of MI or stroke should not be offered progesterone.

As with other progesterone contraceptives the IUS can cause breast tenderness, headaches, acne and changes in mood.

Periods can be reduced or stopped in women with the progesterone system. Conversely the copper coil can make periods heavier so it is not advised for women who already struggle with menorrhagia.

With both devices the patient must be instructed to check for threads at least once monthly to check that the coil has not migrated or fallen out.

The patient should be reminded that IUD/IUS does not protect from STIs and that condoms should still be used for STI protection.

As with all explanation stations remember to first clarify what the patient already knows, use lay terminology, chunk and check throughout and finish with summary.

The NHS website has good lay explanations for the different types of contraception. Familiarise yourself with these and you can also recommend that the patient read them herself.