

Instructions to Candidates:

You are a Foundation doctor in the Emergency Department.

Yasmin Khan has presented because she has been experiencing vaginal bleeding. She is 8 weeks pregnant.

At 6 minutes the examiner will ask you questions.

Name: Yasmin Khan

Age: 25

PC:

Opening statement: "I'm really worried doctor, I woke up this morning bleeding from down below"

You have been bleeding from your vagina this you woke up this morning. You have passed some clots the size of a 2 pence coin.

You have some cramping in your tummy which was also there when you woke up.

You are approximately 8 weeks pregnant. You had a positive test last week. You have not yet had your booking appointment or any scans.

Your periods are usually regular on a 28 day cycle. The first day of your last period was 10 weeks ago.

Your periods last 3 days.

You are sexually active with your husband (Ahmed) who you have been with for a year. No other sexual partners recently. You do not use condoms.

You have had no previous pregnancies or terminations.

You do not use any contraception.

You have not had any unusual vaginal discharge.

You have not had your first cervical smear yet. You got the invite but did not want to attend because you heard it is uncomfortable.

PMH: Eczema

No history of STIs.

DH: Emollient

NKDA

SH: You live with your husband Ahmed and his parents. You are studying full time for your Master's degree in psychology. You do not smoke or drink alcohol.

FH: Older sister has had three miscarriages and no live births.

Ideas: Am I losing the baby?

Concerns: Could I be having a miscarriage?

Expectations: Can you save the baby?

Mark Scheme for examiner:

8 MINUTE STATION: 6 MINS HISTORY FOLLOWED BY 2 MINS FOR QUESTIONS

Questions at 6 minutes:

1. What is your differential diagnosis?

Miscarriage, ectopic pregnancy, bleeding from normal cervical changes in pregnancy

2. Which is the most likely diagnosis?

Miscarriage

3. What are the options for managing miscarriage?

Expectant, medical (mifepristone) and surgical management.

Area	Clear Fail	Fail	Satisfactory	Good	Excellent
PC & HPC					
PMH & DH					
SH					
FH					
Menstrual hx					
Obstetric hx					
Sexual hx					
Contraception hx					
Cervical smear hx					
ICE					
Differential dx					
Investigations					
Rapport/comms					
Overall					

Feedback

Miscarriage is a common complication of pregnancy; approximately 1 in 8 known pregnancies end in miscarriage. However despite this, it can be an extremely sensitive and emotional time for the woman. Treat these consultations with a great deal of sensitivity and empathy. ICE MUST be explored in depth here.

If the patient asks you if they could be having a miscarriage, be honest and empathetic. Tell them it is a possibility and that you would like to investigate further – usually a transvaginal ultrasound.

Explore previous pregnancies and miscarriages in depth – recurrent miscarriages may have an underlying cause such as antiphospholipid syndrome.

Explore sexual history briefly to establish risk of STIs. Some STIs can increase risk of miscarriage.