

Clinical Skills Station – Scenario 1

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 21 year old lady presenting to A and E with right iliac fossa pain.
- B) 23 year old lady presenting to A and E with left iliac fossa pain and a known left sided ovarian cyst
- C) 92 year old lady on AMU with a single episode of PV bleeding
- D) 48 year old lady who is day 0 post abdominal myomectomy feeling generally unwell.
- E) An episiotomy requiring repair on labour ward

Clinical Skills Station – Scenario 1 (answers)

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 21 year old lady presenting to A and E with right iliac fossa pain –
- Observations: P 110, T 38, RR 18, O2 98%, BP 128/72
 - Investigations: urine dip and pregnancy test negative.
 - Impression: Likely appendicitis but septic
 - Management: Ask A and E to refer to surgeons but whilst awaiting surgical review for A and E team to do septic screen (lactate, bloods, blood cultures, MSU, antibiotics)
- B) **23 year old lady presenting to A and E with left iliac fossa pain –**
- Observations: P 120, BP 90/60, RR 22, afebrile.**
 - Investigations: Urine dip 2+ blood, UPT positive.**
 - Impression: Most urgent, likely ectopic pregnancy.**
 - Management: Inform seniors (reg/consultant), move to A and E resus, involve anaesthetist/A and E consultant as unstable and resuscitate (oxygen, two large bore cannulas, FBC, group and save (+/- cross match), VBG for immediate haemoglobin, iv fluids/blood, catheter and monitor urine output). Consider USS/theatre – if for theatre speak to porters, theatre co-ordinator, anaesthetist to expedite.**
- C) 92 year old lady on AMU with a single episode of PV bleeding
- Observations: Stable, minimal bleeding
 - Investigations: FBC done – Hb 12g/L, on warfarin INR 8
 - Impression: PMB, not acute but needs referral under two week wait rule
 - Management: Ask medical team to send tumour markers and arrange USS. Will review when possible/day team to review.
- D) 48 year old lady who is day 0 post abdominal myomectomy in pain
- Observations: stable, good urine output, 20ml in drain, minimal blood loss in theatre, not on any pain killers.
 - Management: Ask FY1/anaesthetist to assess and prescribe analgesia.
- E) An episiotomy requiring repair on labour ward
- Observations: Pulse 88, BP 130/80, minimal active bleeding.
 - Impression: stable
 - Management: Ask if midwife/obs registrar can suture.

Clinical Skills Station – Scenario 2

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 19 year old lady presenting to A and E with right iliac fossa pain and fever.
- B) 33 year old lady with prolonged menstrual bleed.
- C) 48 year old lady with pv bleeding following a LLETZ
- D) A cannula required on gynae ward for a patient with hyperemesis
- E) 23 year old lady presenting to A and E with left iliac fossa pain.

Clinical Skills Station – Scenario 2 (answers)

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 19 year old lady presenting to A and E with right iliac fossa pain and fever –
 - a. Observations: P 110, T 38, RR 18, BP 115/67
 - b. Investigations: Urine dip and pregnancy test negative.
 - c. Impression: Likely appendicitis but septic
 - d. Management: Ask to refer to surgeons but whilst awaiting surgeons for A and E team to do septic screen (lactate, bloods, blood cultures, MSU, antibiotics)
- B) 33 year old lady with prolonged menstrual bleed
 - a. Observations: P 80, BP 130/62, T 37, RR 16, O2 100 percent
 - b. Investigations: Urine dip 3+ blood, UPT negative, Hb on VBG 128G/L
 - c. Management: Check smear status, examine (abdomen, speculum and swabs), send FBC, could consider a course of norethisterone and ask GP to refer to gynaecology outpatients.
- C) 48 year old lady with PV bleeding following a LLETZ
 - a. Observations: BP 120/60, P 70, afebrile, minimal bleeding.
 - b. Management: Ask nurse to see if doctor who performed procedure is available. When you review, examine and cauterise any vessels with silver nitrite.
- D) A cannula required on gynae ward for a patient with hyperemesis
 - a. Observations stable
 - b. Management: Ask FY1/site nurse manager.
- E) **23 year old lady presenting to A and E with left iliac fossa pain and fever**
 - a. **Observations: T 38, P 110. RR 22 BP 95/62, O2 100**
 - b. **Investigations: UPT negative, urine dipstick negative. Hb 120g/L, WCC 28, CRP 320.**
 - c. **Impression: ? PID/tuboovarian abscess. Unlikely pyelonephritis in view of negative urine dipstick.**
 - d. **Management: Septic – therefore resuscitate and do sepsis six (fluids, catheter and measure UO, FBC and lactate, blood cultures and antibiotics, oxygen). Inform senior and inform anaesthetist as acutely unwell. Transfer to A and E resus. Examine including VE, speculum and swabs (cervical excitation on examination, and left adnexal tenderness).**

Clinical Skills Station – Scenario 3

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 27 year old lady with heavy bleeding two weeks following a caesarean section
- B) 30F who is 24 weeks pregnant with back pain and rigors
- C) 32 year old lady in A and E who is 14 weeks pregnant with a history of asthma who is complaining of severe SOB.
- D) 18 year old lady in A and E with right iliac fossa pain
- E) 65 year old in AAU with abdominal mass

Clinical Skills Station – Scenario 3 (answers)

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 27 year old lady with heavy bleeding two weeks following a caesarean section**
- Observations: P 130, BP 72/48, T 36, RR 22, O2 100**
 - Investigations:**
 - Impression: UNSTABLE, Haemorrhagic shock secondary to ? RPOC/chorioamnionitis**
 - Management – Inform seniors and anaesthetist/ A and E consultant, move to A and E resus. Resuscitate (two large bore cannulas, i.v. fluids, oxygen, Bloods incl FBC and cross match 4 units, VBG to chase Hb 9 (pre-op 13)**
 - Present VBG to examinee - pH 7.28, Pco2 7, Hco3- 18, BE -4 Lactate 3 - Explain (Metabolic acidosis)**
 - Temperature spikes to 39 – How would you manage now? Resuscitate, sepsis 6 including i.v. antibiotics and i.v. fluids, blood cultures, MSU, swabs, urinary catheter and monitor UO. Ensure senior aware. Consider USS to look for RPOC and ERPC to remove source of infection and haemorrhage.**
- B) 30F who is 24 weeks pregnant with back pain and rigors**
- Observations: T 38, BP 130/84, P 88**
 - Investigations: Urine dip 3+ leuc nitrites + protein +.**
 - Impression: Likely pyelonephritis**
 - Management: If FY1 is available, can ask to see – prescribe i.v. fluids, i.v. antibiotics, analgesia, send of bloods and septic screen and inform labour ward reg.**
- C) 32 year old lady in A and E who is 14 weeks pregnant with a history of asthma who is complaining of severe SOB**
- Observations: RR 32, O2 saturations 88%, P 110, BP 130/88**
 - Impression: ? flare of asthma/PE/other cause – acutely unwell**
 - Management: Needs to be seen urgently but ask A and E consultant to manage and move to resus! Explain asthma acute management safe in pregnancy.**
- D) 18 year old lady in A and E with right iliac fossa pain**
- Observations: P 88, BP 120/80, T 37.8.**
 - Investigations: Urine dipstick NAD. Urine pregnancy test negative.**
 - Imp: ? appendicitis**
 - Management: Ask surgical team to review.**
- E) 65 year old in AAU with abdominal mass**
- Observations stable, no PV bleeding**
 - Management: Ask team to arrange two week wait USS and gynae outpatient follow up. Will ask team to review in the morning.**

Clinical Skills Station – Scenario 4

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 77 year old lady on medical ward with PMB
- B) 27 year old lady who feeling unwell day 2 post-operatively from a caesarean section
- C) Missing drug chart on a ward for a patient who is due their antiepileptics
- D) 16 year old lady with RIF pain
- E) 22 year old lady in A and E with a vulval haematoma following a tight rope accident.

Clinical Skills Station – Scenario 4 (answers)

You have received the following bleeps within a 5 minute period. Please read through the scenarios below and then discuss with the examiner about how you will prioritise the scenarios below.

- A) 77 year old lady on medical ward with PMB
 - a. Observations: P 80, BP 142/88, afebrile.
 - b. Investigations: Hb 110g/L, not on warfarin.
 - c. Impression: PMB but stable
 - d. Management: Ask medical team to arrange ultrasound and gynae follow up as urgent. Will review when free/ask day team to review.
- B) 27 year old lady who feeling unwell day 2 post-operatively from a caesarean section**
 - a. Observations: BP 130/80, P 120, O2 88% on air, RR 22, afebrile, good urine output, minimal blood in drain.**
 - b. Investigations: Not had any yet**
 - c. Impression: ? PE**
 - d. Management: Needs urgent assessment – oxygen, i.v. access, inform senior and anaesthetist/medical team. ECG (sinus tachycardia), ABG (pO2 8, pCO2 5, Ph 7.25, hco3- 25, lactate 3). Bloods (HB 110g/L, WCC 8, CRP 20, d-dimers raised, normal renal profile). Consider treatment dose LMWH and further investigations such as Chest X-ray, VQ/CTPA.**
- C) Missing drug chart on a ward for a patient who is due their antiepileptics
 - a. Management: Ask FY1 to prescribe antiepileptics as does need to be given on time.
- D) 16 year old lady with RIF pain
 - a. Observations: T 39, BP 120/80, HR 120
 - b. Investigations: Urine dip and pregnancy test negative.
 - c. Impression: Likely appendicitis but septic
 - d. Management: Ask to refer to surgeons but whilst awaiting surgeons for A and E team to do septic screen (lactate, bloods, blood cultures, MSU, antibiotics)
- E) 22 year old lady in A and E with a vulval laceration following a tight rope accident.
 - a. Observations: P 88, BP 120/80, afebrile. Not actively bleeding
 - b. Investigations: Urine dip and UPT negative
 - c. Management: Ask nurse to do FBC and give analgesia whilst awaiting review and icepack.

Mark Scheme

Rapid assessment and prioritisation	/4
Appropriate management of Ms A	/4
Appropriate management of Ms B	/4
Appropriate management of Ms C	/4
Appropriate management of Ms D	/4

Clinical Scenario 5

Part 1: You have been called to see Mrs Smith, a 28F who has attended A and E with left iliac fossa pain.

Talk me through your assessment, differentials, investigations and management?

Assessment and Investigations: <ul style="list-style-type: none">• Observations (stable)• Introduction• History (including risk factors for ectopic pregnancy, SOCRATES, bleeding, sexual history, urinary/bowel symptoms)• Physical examination (Abdominal, VE, speculum)• Blood test (FBC, U and E, CRP, group and save)• Urine dipstick and UPT (positive)• Inform senior• Organise an urgent USS scan	/7
Differentials <ul style="list-style-type: none">• Ectopic pregnancy (until proven otherwise)• Urinary tract infection/pyelonephritis• Diverticular disease• Renal colic	/3

Part 2: Whilst you are organising an USS scan, the nurse calls you to say her BP is 93/56, P 120, afebrile. What are your revised differentials?

Differentials <ul style="list-style-type: none">• Likely ruptured ectopic• Diverticulitis• Renal colic• Pyelonephritis	/3
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What would you do next?

Management <ul style="list-style-type: none">• ABCDE approach• Intravenous access (2 large bore cannulas) and STAT fluid• FBC, VBG (Hb 6g/L), cross match four units, consider O- blood• Catheter to monitor urine output• Move to resus• Inform A and E Consultant and gynaecology registrar/consultant• Will likely need to go to theatre for ruptured ectopic pregnancy (inform anaesthetist, porters, theatre co-ordinator)	/7
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How would you consent this patient for surgery?

<ul style="list-style-type: none"> • Laparoscopy +- salpingostomy +- salpingectomy • Bleeding • Infection • Damage to nearby structures (bladder, bowel, ureters, blood vessels) • DVT/PE • Anaesthetic risks • If salpingostomy, may need further monitoring and rarely further procedure • Other procedures: blood transfusion, laparotomy, repair of any damage, oophrectomy 	/5
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Overall clinical aptitude	/5
Total	/30
Feedback	

Clinical Scenario 6

Part 1: You are an FY2 and called by a nurse on the gynaecology ward. There is a 49 year old lady who is day 2 post abdominal hysterectomy. She has started complaining of pain in her abdomen. Her observations are BP 90/50, P 120, T 38.5 degrees Celsius.

Discuss about this case and your management with the examiners.

<p>Assessment and Investigations:</p> <ul style="list-style-type: none"> • ABCDE • Resuscitate (2 large bore cannulas, ABG for lactate, FBC, U and E, CRP, Coag, Group and Save, oxygen, catheter to monitor UO and intravenous fluids. • Blood cultures and intravenous antibiotics • Wound swabs, MSU, high vaginal swab • Full examination (chest, abdomen, speculum and swabs) • Inform seniors including anaesthetist 	/6
<p>Differentials</p> <ul style="list-style-type: none"> • Sepsis • Post-operative bleed • Ileus • Post-operative inflammation 	/3
<p>What is sepsis?</p> <ul style="list-style-type: none"> • SIRS: • Temp >38 or <36 • HR >90 • RR >20 or an arterial partial pressure of carbon dioxide less than 4.3 kPa • WCC >12 or <4 • Sepsis is SIRS due to an infective cause 	/5

ABG shows pH 7.22, pCO₂ 2.2, Po₂ 12, HCO₃ – 18, Lactate 5, BE -8.

Explain the findings and suggest an initial management plan:

Normal ranges: pH: 7.35 – 7.45. pO₂: 10 – 14kPa. pCO₂: 4.5 – 6kPa. Base excess (BE): -2 – 2 mmol/l. HCO₃: 22 – 26 mmol/l

<ul style="list-style-type: none"> • Metabolic acidosis with partial respiratory compensation • Lactate >4 is a sign of severe sepsis • Needs fluid resuscitation with boluses of crystalloid • Monitor response to fluids by monitoring fluid output, blood pressure, repeat gases • If not already informed seniors should be called • If does not respond to fluid challenge, this is septic shock and she needs ITU for inotropes. 	/5
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What is the definition of severe sepsis and what features may be associated with it?

<ul style="list-style-type: none">• Severe sepsis refers to sepsis-induced tissue hypoperfusion or organ dysfunction	/2
<ul style="list-style-type: none">• Clinical features include reduced GCS, hypotension, oliguria, mental status changes, prolonged capillary refill, and cool, clammy skin	/2
<ul style="list-style-type: none">• Investigation findings include acute renal injury, raised lactate, deranged clotting, deranged liver function tests, raised haemocrit, evidence of DIC (prolonged PT and APTT, raised d-dimer, low fibrinogen), and metabolic acidosis	/2
Overall clinical aptitude	/5
Total	/20
Feedback	