

Kate Smith
4th Year
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Instructions for Student

You are a GP. A 20-year-old female student, Miss Barker, presents to your surgery requesting emergency contraception.

Complete the consultation (10 mins)

You will be expected to:

1. Take a history
2. Advise the patient about emergency contraception
3. Counsel the patient about future contraceptive options

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Instructions for the Patient

You come in to clinic very anxious and upset. You are a University student and very adamant you must not get pregnant.

HPC

You had unprotected sex with your new boyfriend of 3 weeks last night.

This was the first time you had had sex with him.

You had been drinking alcohol last night and therefore forgot to use a condom.

You had vaginal sex.

Prior to this relationship, you last had sex 4 months ago with an ex-boyfriend.

(This was protected sex with a condom and you have had regular periods since.)

You have no other casual partners.

You have never been on any hormonal contraception and have only used condoms.

You have never had an STI check before (no symptoms.)

You have not been sick or have any diarrhea since having intercourse.

PMH

You normally have fairly regular menstrual cycles of about 28 days and you bleed for about 4/5 days, not heavy.

LMP = about 2 weeks ago

No previous gynaecological history.

- No intermenstrual bleeding
- No vaginal discharge
- No dyspareunia

G₀P₀

No other medical conditions.

No hypertension.

No migraine with aura.

DH

Not on any medication

FH

No history of VTE/ stroke

No history of migraine with aura.

SH

Smoker; 10 cigarettes a day since the age of 16.

Binge drinker one or two nights a week (about 10 units a night)

Questions to ask when prompted:

- What are the chances of me getting pregnant?
- Are there side effects to the morning after pill?

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Mark Scheme

	Yes	No
1. Introduction and establishes rapport with patient		
2. Establishes when she last had unprotected intercourse and obtains a clear understanding of the circumstances.		
3. Establishes when the last time she had intercourse prior to this event and likelihood of being pregnant.		
4. Establishes if in a relationship/ casual partners.		
5. Establishes if she is using regular contraception normally.		
6. Assesses risk of STIs.		
7. Menstruation history.		
8. Gynaecological history		
9. Obstetric history		
10. Past medical history including contraindications for hormonal therapy.		
11. Family history including contraindications for hormonal therapy.		
12. Drug history including St John's Wort		
13. Social history		
14. Addresses patient's concerns		
15. Explains emergency contraception options. <ul style="list-style-type: none"> • Levonorgestrel. Up to 72 hours. • Ulipristal Acetate. Up to 120 hours. • IUD. Up to 120 hours. Tells patient it is more effective the sooner it is taken.		
16. Explains patient may bleed after taking the pill. Seek medical advice if 7 days late with next bleed.		
17. Informs patient about abstinence from sex or barrier methods until she bleeds.		
18. Safeguards about D&V and need for further tablet if within 2 hours of taking Emergency Contraception.		
19. Discusses future contraception with the patient.		
20. Discuss STI risk and suggests screening (could f/up with what this entails)		