

STATION 2

GENERAL SURGERY

INSTRUCTIONS TO THE PARTICIPANT

SERVICE SCENARIO

Level of care: secondary.

Type of care: urgent and emergency.

The unit has:

- radiology sector with radiography equipment;
- clinical analysis laboratory;
- surgical center.

CASE DESCRIPTION

You are a doctor on duty in the emergency room of an emergency care unit (UPA) and will attend to a 31-year-old patient complaining of abdominal pain.

During the 10-minute duration of the station, you will be required to perform the following tasks:

- perform **anamnesis**;
- request a **physical examination** of the patient;
- perform the specific **physical examination** on the mannequin;
- request and interpret **laboratory tests**;
- request and interpret **complementary exams** pertinent to the case;
- formulate and verbalize the **definitive diagnostic hypothesis**;
- Guide **initial treatment** and **definitive treatment**.

**ATTENTION: THE STANDARDIZED PATIENT SHOULD NOT BE TOUCHED
DURING THE SERVICE.**

GUIDELINES FOR THE STANDARDIZED PATIENT

TALK WITH THE PARTICIPANT BASED ON THE FOLLOWING INFORMATION, WITHOUT CONCEDING, IN ANY WAY, ANY INFORMATION THAT IS OUTSIDE THE ITINERARY.

You are called Rafael, you are 31 years old, married and work as a physical education professional. He arrived at the emergency department complaining of intense pain and sudden onset in the epigastrium, about 6 hours ago.

At the beginning of the consultation, you will be seated, hunched over and simulating intense pain, with your hands positioned on the upper level of the abdomen.

During the consultation, show discomfort with pain through facial expressions, but avoid moaning. Always speak clearly.

You may not be touched during the service.

- If the participant Ask for his personal data (name, age, marital status or profession), answer on the points he asks:

MY NAME IS RAFAEL, I'M 31 YEARS OLD, I'M MARRIED AND I'M A PHYSICAL EDUCATION PROFESSIONAL IN A *CROSSFIT* GYM.

- If the participant asks what the reason for their query is or what their complaint is, Answer:

I HAVE A VERY STRONG PAIN IN MY BELLY, IN THE "MOUTH" OF MY STOMACH (PUT YOUR HAND ON THE UPPER ABDOMEN AND MAKE A FACIAL EXPRESSION OF SOMEONE WHO IS FEELING A LOT OF PAIN).

GUIDELINES FOR THE STANDARDIZED PATIENT

- If the participant asks about pain characteristics (such as: onset; evolution; localization and irradiation; intensity), answer **ONLY TO WHAT IS ASKED**, as follows:
 - If the participant asks when the pain started, answer:
THE PAIN STARTED SUDDENLY, ABOUT 6 HOURS AGO.
 - If the participant asks about the evolution of the pain, answer:
IT STARTED VERY STRONG AND CONTINUES TO DO SO.
 - If the participant asks about the location of the pain and radiation, answer:
THE PAIN STARTED HERE (PUT YOUR HAND IN THE "MOUTH" OF YOUR STOMACH), BUT NOW IT HURTS MY WHOLE BELLY.
 - If the participant asks what the type and intensity of pain is, answer:
IT'S A VERY STRONG PAIN, 9 OUT OF 10. IT'S THE WORST I'VE EVER FELT. I CAN'T MOVE OR STAND STILL. IT FEELS LIKE A STAB (SHOW THE PAIN BY CONTRACTING YOUR BODY AND FACE, FROWNING; AVOID MOANING).
- If the participant asks about aggravating factors or about improvement factors, Answer:
I TOOK AN ANTI-INFLAMMATORY, BUT THAT DIDN'T HELP AT ALL; IT ONLY MADE THE PAIN WORSE.
- If the participant ask about associated symptoms, in order to non-specific, Ask:
WHICH SYMPTOM?

GUIDELINES FOR THE STANDARDIZED PATIENT

- If the participant asks about associated symptoms, in a specific way, answer **ONLY TO WHAT IS ASKED**, as follows:
 - If the participant asks if you have had nausea and/or vomiting, answer:
I FEEL NAUSEOUS, BUT I DIDN'T VOMIT.
 - If the participant asks about epigastric pain or stomach pain after feeding before this episode of pain, answer:
I'VE NEVER FELT ANYTHING LIKE THIS.
 - If the participant asks if you had a fever, answer:
I DIDN'T NOTICE.
 - If the participant asks if there have been any changes in current or past bowel habits (constipation or diarrhea), answer:
NO.
 - If the participant asks if there were urinary changes, answer:
NO.
 - If the participant asks if there have been skin changes, answer:
NO.
- If the participant asks if you have any other specific, different symptoms Of these, answer:
NO.
- If the participant asks you what you ate at your last meal, answer:
I DIDN'T EAT ANYTHING DIFFERENT: JUST RICE, BEANS, GRILLED MEAT AND VEGETABLES.

GUIDELINES FOR THE STANDARDIZED PATIENT

- If the participant asks if you have eaten in the last few hours, answer:

SINCE THE PAIN STARTED, I CAN'T EAT OR DRINK ANYTHING.

- If the participant asks if you have suffered any trauma or had an accident,
Answer:

YES, I ALWAYS GET HURT TRAINING. I'VE BEEN PREPARING FOR THREE MONTHS FOR A NATIONAL *CROSSFIT* COMPETITION, BUT I'VE NEVER HAD ANY TRAUMA TO THE ABDOMEN.

- If the participant asks about previous illnesses or medication use, answer:

I DON'T HAVE ANY DISEASE. DURING THE LAST THREE MONTHS, I HAVE BEEN FEELING A LOT OF MUSCLE PAIN DUE TO TRAINING FOR THE CHAMPIONSHIP. EVERY DAY, I TAKE 1 TABLET OF NIMESULIDE BEFORE BED. THE LAST ONE WAS LAST NIGHT. I ALSO TAKE *WHEY*.

- If the participant asks about addictions and specific lifestyle habits, answer about the points he questions:

I DON'T SMOKE, I DON'T DRINK, I DON'T USE DRUGS, I DON'T USE ANABOLIC STEROIDS AND I PRACTICE PHYSICAL ACTIVITY REGULARLY. I EAT HEALTHILY. I HAVE A STEADY PARTNER AND I HAVE SEX WITH PROTECTION.

- If the participant asks if you've had similar symptoms before, answer:

NO.

- If the participant asks about fluid intake, answer:

I DRINK A LOT OF FLUIDS.

GUIDELINES FOR THE STANDARDIZED PATIENT

- If the participant asks if there is a history of diseases in the family, answer:
NO, DOCTOR. THEY ARE ALL HEALTHY.
- If the participant ask to perform GENERAL PHYSICAL EXAMINATION and PHYSICAL EXAMINATION OF THE ABDOMEN, say that you authorize it and wait for him to analyze the results of the exams, which will be provided by the station chief. The participant must perform the abdominal examination on the mannequin.
- After the physical examination is performed, the participant is expected to request COMPLEMENTARY EXAMS. If he does not request complementary tests, ask:
DOCTOR, WILL I NEED TO DO TESTS?
- If the participant asks to perform LABORATORY TESTS, wait for him to analyze the results of these tests, which will be provided by the station master. Then say:
DOCTOR, I'M IN A LOT OF PAIN. COULD YOU GIVE ME SOME MEDICINE?
- If the participant requests IMAGING EXAMS, these will be provided by the station master. Wait for the participant to analyze the result of the imaging exam and ask:
DOCTOR, WHAT IS THIS DISEASE? CAN YOU KNOW WHAT I HAVE WITH THESE EXAMS?
- If the participant reports a diagnostic hypothesis from the imaging test, Ask:
I WONDER WHAT CAUSED THIS PROBLEM?

GUIDELINES FOR THE STANDARDIZED PATIENT

- If the participant does not advise any other treatment (or intervention) besides medication, ask:

DOCTOR, IS THERE ANYTHING ELSE THAT CAN BE DONE?

- For any other questions that the participant asks that are not provided for in these guidelines, answer:

THERE IS NO ANSWER TO THIS QUESTION IN THE SCRIPT.

HANDOUT – GENERAL PHYSICAL EXAMINATION

Patient in regular general condition, hydrated, normocolored, acyanotic.

VITAL SIGNS

Heart rate: 100 beats per minute.

Blood pressure: 100 mmHg x 70 mmHg.

Respiratory rate: 24 respiratory breaths per minute.

Axillary temperature: 37.8 °C.

BMI: 22.5 kg/m².

Respiratory and cardiovascular systems: no abnormalities.

HANDOUT – ABDOMINAL PHYSICAL EXAMINATION

Inspection: lightly distended.

Auscultation: decreased bowel sounds.

Percussion: diffusely tympanic, without dullness; Jobert's sign present.

Palpation: tense, resistant and painful to superficial and deep palpation throughout the abdomen.
Painful abrupt decompression throughout the abdomen.



HANDOUT – LABORATORY TESTS

Name: Rafael Silva

Date of birth: March 5, 1994

Investigations

Hemoglobin (Hb)..... 14.8 g /dL
Hematocrit (Hct)..... 44,2%
Leukocytes..... 16,500/mm³
Platelets..... 240,000/mm³
C-reactive protein..... 50 mg/dL
Creatinine..... 1.1 mg /dL
Urea..... 36 mg/dL
Sodium..... 140 mEq/L
Potassium..... 4.5 mEq/L
Amylase..... 140 U/L
Lipase..... 34 U/L

Reference Value

13.0 – 17.0 g/dL
40 – 50%
4,000 – 11,000/mm³
150,000 – 450,000/mm³
≤ 8 mg/dL
0.7 – 1.3 mg/dL
10 – 40 mg/dL
135 – 145 mEq/L
3.5 – 5.0 mEq/L
60 – 180 U/L
0 – 160 U/L

HANDOUT – IMAGING EXAM



LOOK AT THE CAMERA AND DESCRIBE THE FINDING OF THIS IMAGING TEST.

GUIDELINES TO THE STATION MASTER

You are responsible for organizing the station's materials at the end of each participant turn, collecting and storing the printouts.

Remember to sanitize the stethoscope eartips between each turn.

Observations on the moments of delivery of HANDOUT to the participant:

- If the participant request PHYSICAL EXAMINATION or GENERAL PHYSICAL EXAMINATION, deliver the **HANDOUT**
 - **GENERAL PHYSICAL EXAMINATION.**
- If the participant requests PHYSICAL EXAMINATION OF THE ABDOMEN, answer: **PERFORM THE ABDOMINAL EXAMINATION ON THE MANNEQUIN, VERBALIZING THE TECHNIQUE ADOPTED. THE DESCRIPTION OF THE FINDINGS WILL BE DELIVERED AFTER THE END OF THE EXAMINATION.**
- After the participant has performed the abdomen palpation procedure in the mannequin, give him the **HANDOUT — ABDOMINAL PHYSICAL EXAMINATION.**
- If the participant requests laboratory tests or clinical analysis (regardless of which or how many they are), wait for him to finish the request for the tests and ask: **HAVE YOU COMPLETED YOUR ORDER?** If the participant has completed the order, please hand in the **HANDOUT — LABORATORY TESTS.**
- If the participant only requests "imaging," "X-ray," or "x-ray," say: **BE MORE SPECIFIC.**
- If the participant requests PA chest X-ray in the standing position OR routine radiologic for acute abdomen, deliver the **HANDOUT — IMAGING** and say: **THIS IS THE EXAM THAT IS AVAILABLE.**
- If the participant requests any other exam, answer: **NOT AVAILABLE.**
- If the participant indicates/requests analgesia, without defining the route of administration, ask: **WHAT WILL BE THE ROUTE OF ADMINISTRATION?**
- If the participant indicate/ask for surgeon evaluation OR referral for surgery OR emergency laparotomy OR urgent surgery, answer: **CONSIDER DONE.**

SCENARIO INSTRUCTIONS

SERVICE SCENARIO

Level of care:

secondary.

Type of care: urgent and emergency.

RESOURCES FOR THE STATION

3 chairs (participant, standardized patient and station master)

1 service desk

1 digital clock

3 video equipment with tripod

1 examination table

bed sheet (2 spare sheets per coordination)

1 adult mannequin (torso) (1 reserve per coordination) — leave it in a semiologically suitable position for physical examination, with access from the right of the mannequin

1 adult stethoscope—position it next to the mannequin

stethoscope sanitizing material

APPEALS TO THE STATION MASTER

1 envelope

HANDOUT— HANDOUT GENERAL

PHYSICAL EXAMINATION

HANDOUT — ABDOMINAL PHYSICAL
EXAMINATION

HANDOUT — LABORATORY TESTS

HANDOUT — IMAGING EXAM

FACT SHEET — STATION MASTER

STANDARDIZED PATIENT RESOURCES

FACT SHEET – STANDARDIZED PATIENT

PARTICIPANT RESOURCES

2025

SCENARI

GENERAL SURGERY

Instructions to the participant (posted to the table)



MINISTÉRIO DA
EDUCAÇÃO

GUIDELINES FOR THE CAMERA OPERATOR

At this station, record, in a very clear and appropriate way, the moment when the participant performs the **procedure on the mannequin**. It is suggested that camera 1 starts by capturing the participant in the chair, while he interacts with the standardized patient. At the time of **examination on the mannequin**, camera 1 should be moved to clearly capture the demonstration of the **maneuver on the mannequin** and the participant's speeches. Be aware of the following:

- Film the interaction between the participant and the standardized patient at all times. Make sure the audio is adequate and that the participant is in the frame at all times.
- Capture the details of verbal and nonverbal communication between the participant and the standardized patient.
- Ensure that the **participant's** speeches are captured audibly and clearly. In the Revalida the audio is also your responsibility.
- Position a camera to capture the image and audio of the **standardized patient with the participant**. This is important for the Evaluation Board. Ensure that the standardized patient's facial expression and speech are properly filmed.
- When necessary, the handouts given to the participant must be filmed.
- At the time the participant begins the description of the imaging exam, ensure good image and audio quality.

Attention!

Your work is very important, recording problems can lead to reapplication and lawsuits.

SUMMARY - GUIDELINES TO THE EVALUATOR

SERVICE SCENARIO

Level of care: secondary.

Type of care: urgent and emergency.

CASE DESCRIPTION

Station **2** of **General Surgery** addresses the case of a 31-year-old man, a physical educator, complaining of intense, deep and continuous pain in the epigastrium. The pain started suddenly and has lasted for about 6 hours. This is a patient without comorbidities who practices physical activity and has been training for a competition for three months, and using anti-inflammatory drugs daily during the period. Since the beginning of the pain, he feels nauseated, but denies episodes of vomiting.

CASE DESCRIPTION

The station aims to assess the participant's ability to:

- analyze the findings of the clinical history, correlating the patient's complaint with the anamnesis data;
- interpret the results of the exams pertinent to the clinical picture;
- formulate initial and definitive diagnostic hypothesis;
- formulate initial therapeutic conduct and define patient referral.

RATED PERFORMANCE

The participant must perform the following **tasks**:

- properly present themselves to the patient;
- perform anamnesis directed to the patient's complaint, asking about pain characteristics and relevant factors for establishing the diagnosis;
- perform abdominal physical examination on the mannequin according to the appropriate semitechnique (inspection; auscultation; percussion; superficial and deep palpation);
- request laboratory tests (PCR and/or ESR; blood count; amylase and/or lipase); urea and creatinine; sodium and potassium);

- request PA chest X-ray in the orthostatic position or routine radiological examination of the acute abdomen, interpreting the findings of the radiological examination available and delivered to the participant (pneumoperitoneum);
- define diagnostic hypothesis (perforated peptic ulcer and/or acute perforative abdomen);
- correlate the current situation with the indiscriminate use of anti-inflammatories;
- indicate initial conduct, with analgesia;
- advise the patient about the need for hospitalization and urgent surgery.

ANSWERS TO POSSIBLE QUESTIONS IN THE CASE

Based on the participant's appropriate questions, the **patient** can inform that:

- he is 31 years old, married and works as a physical education professional;
- feels intense pain in the epigastrium, with sudden onset, for about 6 hours;
- used anti-inflammatory, without improvement;
- practices physical activity regularly, has been training for 3 months for a competition *CrossFit* and has no comorbidities;
- Has been using 1 nimesulide tablet every night for 3 months to relieve pain muscle;
- denies smoking, alcoholism and the use of hormones;
- Has a healthy diet and supplements with *whey*;
- denies fever;
- feels nauseated from the onset of pain, but denies episodes of vomiting;
- usually drinks a lot of fluids.

HANDOUTS

From the appropriate requests by **the participant**, he can receive the following **handouts**:

- **HANDOUT— GENERAL PHYSICAL EXAMINATION**, IF YOU REQUEST A GENERAL PHYSICAL EXAMINATION;
- **HANDOUT — PHYSICAL EXAMINATION OF THE ABDOMINAL**, AFTER PALPATION OF THE ABDOMEN ON THE MANNEQUIN;
- **HANDOUT — LABORATORY TESTS**, if you request laboratory or clinical analysis;
- **HANDOUT — IMAGING EXAM**, if you request chest X-ray or PA chest x-ray in orthostatic position OR radiological routine for acute abdomen.

BIBLIOGRAPHIC REFERENCE

LANDMANN, A.; BONDS, M.; POSTIER, R. Abdome Agudo. In: TOWNSEND, C. M. et al. (ed.). **Sabiston Tratado de Cirurgia: a base biológica da prática cirúrgica moderna**. v. 2. 21. ed. Rio de Janeiro: GEN-Guanabara Koogan, 2024.

The participant's performance throughout the season was evaluated and scored based on the following **EXPECTED STANDARD OF PROCEDURE (PEP)**.

EXPECTED STANDARD OF PROCEDURE - PRELIMINARY

PERFORMANCE ITEMS EVALUATED	OBSERVED PERFORMANCE		
	INADEQUATE	PARTIALLY ADEQUATE	ADEQUATE
ANAMNESIS			
1. Presentation: (1) identifies themselves; (2) asks the name and greets the standardized patient. Adequate: performs both actions. Partially adequate: Performs only one action. Inadequate: Doesn't perform any of the actions.	0.0	0.1	0.2
2. Question about the characteristics of pain: (1) start time; (2) irradiation; (3) type; (4) intensity; (5) aggravating factors; (6) mitigating factors. Adequate: Asks about five or more characteristics. Partially adequate: Question about four characteristics. Inadequate: does not ask or asks about three or fewer characteristics.	0.0	0.4	0.8

<p>3. Question about factors relevant to the establishment of the diagnosis:</p> <p>(1) nausea and/or vomiting; (2) fever; (3) history of dyspepsia; (4) chronic use of anti-inflammatory drugs; (5) alcoholism and smoking; (6) previous similar episodes.</p> <p>Suitable: Investigates four or more items. Partially adequate: investigates two or three items. Inadequate: Doesn't investigate or investigate just one item.</p>	0.0	0.4	0.8
<p align="center">PHYSICAL EXAMINATION</p>			
<p>4. Perform the abdominal physical examination, on the mannequin, using the proper technique:</p> <p>(1) sequence: inspection, auscultation, percussion and palpation; (2) superficial and deep palpation (bimanual); (3) Examination of pain on sudden decompression.</p> <p>Adequate: performs all three items. Partially adequate: Performs two items. Inadequate: Performs one or no items.</p>	0.0	1.0	2.0
<p align="center">DIAGNOSTIC RESEARCH</p>			
<p>5. Requests laboratory tests:</p> <p>(1) PCR and/or ESR; (2) blood count; (3) amylase and/or lipase; (4) urea and creatinine; (5) sodium and potassium.</p> <p>Adequate: requests four or five items (and must PCR and blood count). Partially adequate: requests three items (and mandatorily PCR and blood count). Inadequate: does not request or requests only one or two or three items (no PCR and blood count).</p>	0.0	0.5	1.0

6. Requests chest X-ray in posteroanterior view (PA) and in standing position OR acute abdominal radiological routine. Appropriate: requests. Inadequate: does not request.	0.0		0.5
7. Correctly interprets the findings of the imaging exam, describing pneumoperitoneum. Adequate: interprets. Inadequate: does not interpret.	0.0		1.0
8. Defines diagnostic hypothesis: perforated peptic ulcer and/or acute perforating abdomen. Adequate: defines. Inadequate: does not define.	0.0		1.0
9. Correlates the use of anti-inflammatory drugs with the current situation. Adequate: correlates. Inadequate: does not correlate.	0.0		1.2
THERAPEUTIC PROPOSAL - CONDUCT			
10. Indicates intravenous or intravenous analgesia (IV or IV) Suitable: indicates. Inadequate: does not indicate.	0.0		0.5
11. Indicates the need for immediate surgical evaluation/urgent. Suitable: indicates. Inadequate: does not indicate.	0.0		1.0

FACT SHEET — STATION MASTER

At this station, the forms will be delivered only after the participant's "cues".

if you request GENERAL PHYSICAL EXAMINATION or PHYSICAL EXAMINATION	→	<u>deliver</u> the FORM – GENERAL PHYSICAL EXAMINATION
refer that it will carry out ABDOMINAL PHYSICAL EXAMINATION	→	Say: PERFORM THE ABDOMINAL EXAMINATION ON THE MANNEQUIN, VERBALIZING THE TECHNIQUE ADOPTED. THE DESCRIPTION OF THE FINDINGS WILL BE DELIVERED AFTER THE END OF THE EXAMINATION.
after performing the ABDOMINAL PHYSICAL EXAMINATION	→	<u>hand in</u> the HANDOUT — ABDOMINAL PHYSICAL EXAMINATION
if you request LABORATORY TESTS or CLINICAL ANALYSIS	→	Ask: HAVE YOU COMPLETED YOUR ORDER?
after informing that you have completed the order	→	<u>delivered</u> the HANDOUT — LABORATORY TESTS
if you request CHEST X-RAY PA in STANDING POSITION or RADIOLOGICAL ROUTINE OF ACUTE ABDOMEN	→	<u>deliver</u> the HANDOUT FORM — IMAGE EXAM
if you request ANY OTHER EXAM	→	Say: NOT AVAILABLE.
if you are non-specific in your requests	→	Say: BE MORE SPECIFIC.
request analgesia, but without informing the route of administration	→	Ask: WHICH IT WILL A VIA OF ADMINISTRATION?

Follow the simulation carefully! Do not interrupt the participant: always wait for the participant to complete the reasoning and make the complete request for the exams!

FACT SHEET — STANDARDIZED PATIENT

POSTURE

DURING THE CONSULTATION

- Troubled, in pain, and uncomfortable
- Sitting a little hunched over
- Hands in the "mouth" of the stomach, squeezing the place as if to hold the pain
- Contract your face to show pain

RAFAEL • 31 YEARS OLD • MARRIED • PHYSICAL EDUCATOR AT A *CROSSFIT* GYM

Answer **IF ASKED**. Do not provide information spontaneously!

REASON FOR CONSULTATION

- Very severe pain in the "mouth" of the stomach

CHARACTERISTICS OF PAIN

Home	→	IT STARTED SUDDENLY, 6 HOURS AGO
Type	→	STABBING
evolution/irradiation	→	IT GOT WORSE AND IT'S HURTING MY WHOLE
Intensity	→	THE WORST PAIN I'VE EVER FELT
Scale	→	RATING 9 OUT OF 10
aggravates/improves	→	I TOOK ANTI-INFLAMMATORY, BUT IT DIDN'T HELP AT ALL; IT ONLY MADE THE PAIN WORSE.

ASSOCIATED SYMPTOMS

YES

- I feel nauseous, but I didn't vomit

NO

- I don't feel a fever
- I don't feel cold or diarrhea
- I have no urinary changes or changes in the Skin
- I don't have any other specific symptoms

What you ate at your last meal	→	NOTHING DIFFERENT: JUST RICE, BEANS, GRILLED MEAT AND VEGETABLES
appetite / if you ate in the last few hours	→	SINCE THE PAIN STARTED, I CAN'T EAT OR DRINK ANYTHING

FACT SHEET — STANDARDIZED PATIENT

ACTIVE QUESTIONS

IF THE PARTICIPANT		ASK "DOCTOR"
ask about nonspecific symptoms	→	WHICH SYMPTOM?
do not request complementary exams	→	DO I NEED TO TAKE ANY EXAMS?
inform a diagnostic hypothesis	→	I WONDER WHAT CAUSED THIS PROBLEM?
do not direct any other treatment (or intervention) in addition to medication	→	IS THERE ANYTHING ELSE THAT CAN BE DONE?

AFTER THE PARTICIPANT ANALYZES THE		ASK "DOCTOR"
FORM — LABORATORY TESTS	→	I'M IN A LOT OF PAIN. COULD YOU GIVE ME SOME MEDICINE?
HANDOUT — IMAGING	→	WHAT IS THIS DISEASE? CAN YOU KNOW WHAT I HAVE WITH THESE EXAMS?