Case: Gynaecology Oncology communication skills

Candidate brief

You are a 4th year medical student in general practice.

Please take a focused history from Jenni Baxter, a 33-year-old female who has dyspareunia and inter-menstrual bleeding.

15 mins	1. Please take a full history (7 mins) 2. Counsel her with an appropriate management plan (4 mins) 3. Viva with the examiner afterwards (4 mins)
10 mins	1. Please take a full history (7 mins) 2. Viva with the examiner afterwards (3 mins)

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Reviewers: Dr Amanda Leow, Honorary Clinical Fellow, NHS Lothian &

Dr Sivarajini Inparaj , Foundation Year 1, Peninsula Deanary

Patient Brief

(Do not volunteer information unless asked)

Name: Jenni Baxter
DOB: 24/05/1987 (33 years old)
Job: shop assistant
Opening statement: "*I have come here today because I have been spotting blood after sex for the past few months and has started to bother me a lot*"

HPC:
- 2 months history of abnormal vaginal bleeding and discharge after sex
- Abnormal intermenstrual bleeding

Associated symptoms
- No problems with bowel or urine

Obs Hx
- 3 pregnancies (children ages: 2,5,7), all vaginal birth and normal birth weights, no problems

Gynae Hx
Period: Last menstrual period: 13/2/2020
- Hard to tell her last menstrual period because of spotting
- Prior to this, periods are often regular
- Cycle lasts 28 days
- Not heavy
- No clots
- Menarche was at age 12

Smears: history is normal, last smear was 3 years ago (due next month)
STIs: no previous STIs
Contraception: uses condoms for contraception

PMHx – hayfever but otherwise healthy

DHx - NKDA, none. Never been in hospital except for births.

FHx – nil

SHx – lives with her boyfriend and children. No problems at home and manages well. Smokes 12 a day but has cut down from 20 cigarettes since last year. Works as shop assistant.

Other information:

- Other systems review - normal

Ideas: is it cancer?

Concerns: am I going to die, am I going to lose my hair?

Expectations: am I going to get chemotherapy?

**INVESTIGATIONS:**

BMI – 32kg/m^2

Speculum Examination – showed a 1 cm white and red patch at 11 o'clock on the cervix that bled when touched.

Bimanual Examination – revealed an anteverted uterus of normal size and shape. No masses palpated in the vaginal canal or adnexa. The patient's cervix felt irregular in consistency.

Abdominal examination – was unremarkable and there were no abnormalities noted on inspection of the vulva
Colposcopy showed abnormal white changes with acetic acid

Investigations findings
Biopsy pathology confirms that Jenni has early-stage cervical squamous cell carcinoma.
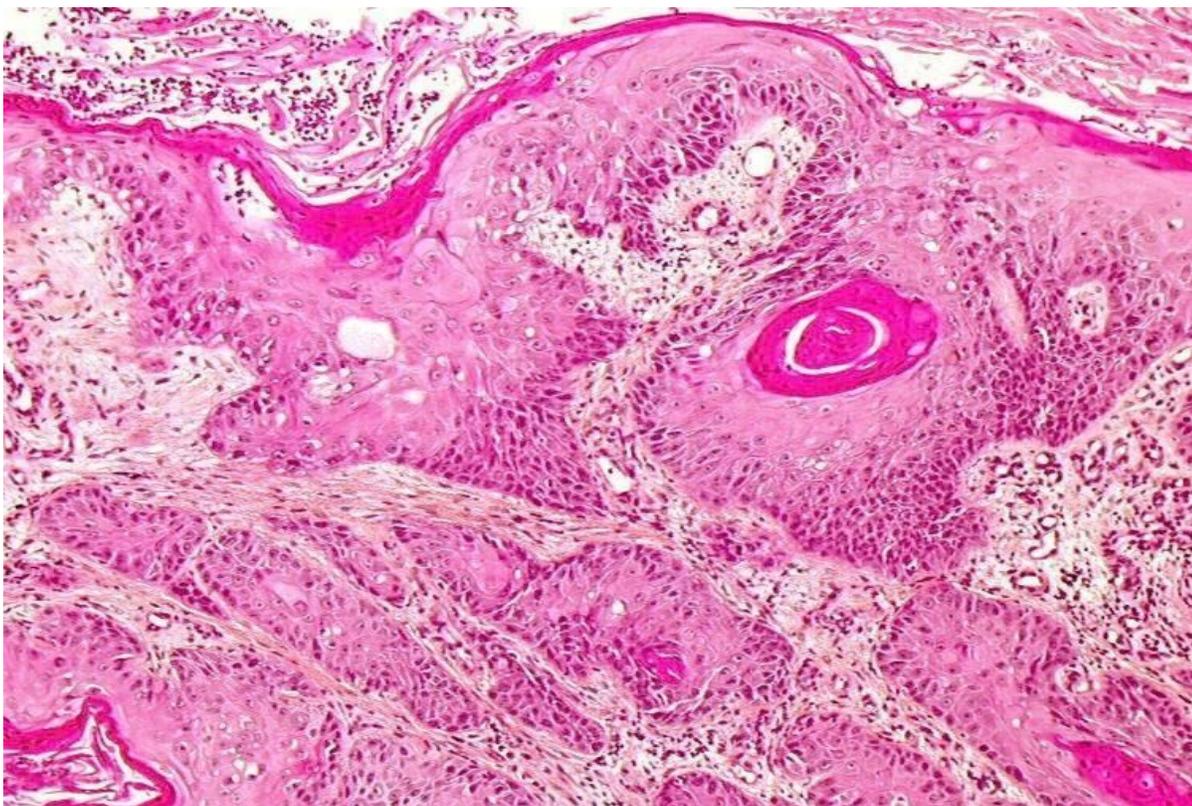
Examiner Brief

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- **Please do not** provide **any verbal or non-verbal feedback** for the candidate. This includes nodding to correct answers and shaking head to wrong answers - particularly during the viva.
- **Please provide positive and negative feedback** (both verbal and written) at the end of the session once the examination is complete.
- The questions below are provided as a guide for discussion only. For viva, please ask questions surrounding the case and challenge the candidate where appropriate

Examiners will grade the performance across four domains: **(15 minute station)**
1. Clinical skills
2. Formulation of clinical issues
3. Discussion of management
4. Professional behaviours and patient centred approach

	0	1	2	3
History				
Presenting complaint and History of presenting complaint				
- Clarifies history (SOCRATES)				
- Associated symptoms – 4 Ps: PV bleeding (intermenstrual and postcoital), PV discharge (nil), Pain (pelvic, dyspareunia), Pregnancy				
- Any urinary symptoms?				
- Any changes in bowel movements?				
Past Medical History				
- Ectropion?				
- Cancer?				
- Surgical eg TOP?				
- Hayfever				
Drug history and allergies				
- No allergies				

Examiner Brief

Menstrual History
- 1st day of LMP
- Menarche
- Regularity of cycle and length
- Duration of period
- Heaviness

Past Obstetric history
- **Any children? -> Number, ages, birth weights, delivery, abnormalities of pregnancy**
- How many pregnancies? -> Any miscarriages/stillbirths/TOPs?

Sexual History
- Regular partner: Gender, how long, how many partners in 3/6/12 months
- Intercourse: type, pain/discomfort
- STIs?

Cervical Smear and Contraception History
- **Smear: date of last smear, results**
- Counsels her on importance of smears
- Contraception discussed – COCP increases risk > 5 yrs
- STIs: chlamydia esp if abnormal bleeding

Social history
- **Smoking status**, alcohol consumption
- Living arrangements/partner and support system
- Asks if there's anyone who the patient can rely on for support or help

Suggests appropriate investigations – Swab for chlamydia/gonorrhoea, smear, refer for colposcopy

Addresses ICE

Breaking bad news (can use SPIKES framework or any other appropriate format)

Situation
Perception – explores patient's understanding and expectation
Information – Gives an appropriate warning shot
Knowledge – explains results of pathology sensitively
Empathy – shows empathy in an appropriate, professional manner

Summarise and offer support (leaflets and telephone numbers)				

Patient's ideas, concerns and expectations
   - Addresses these and signposts to appropriate services
Management plan:
   - Describes next steps/management options
   - Surgery best option for early cervical cancer
   - Very good success rate
   - Doesn't have to decide now, encourage patient to weigh up
     their decision				

ASSESS criteria					
Accuracy	1	2	3	4	5
Skilfulness	1	2	3	4	5
Supportiveness	1	2	3	4	5
Efficiency	1	2	3	4	5
Safety	1	2	3	4	5
Structure	1	2	3	4	5

Viva Questions: (Please ask questions surrounding the case and challenge the candidate where appropriate); **The questions below are provided as a guide for discussion only.**

Resource: cervical cancer, patient UK; BMJ best practice

1. Differential diagnosis of cervical cancer	● HPV infection (pap smear shows koilocyte) ● Pelvic infection (chlamydia, gonorrhoea) ● Nabothian cyst ● Glandular hyperplasia ● Endometriosis ● Cervical polyp ● Cervical fibroid ● Atrophic vaginitis ● Side-effects of intrauterine contraceptive device (IUCD) use
2. What are the risk factors for cervical cancer	● Persistent HPV infection (most common) ● age 45-49 ● Multiple sexual partners ● Early onset sexual activity ● Immunosuppression ● Non-attendance at the cervical screening programme
3. What is the management plan	● Surgical – depends on the stage (cone-biopsy; radical hysterectomy + lymphadenectomy) ● Radiotherapy – combination of external beam therapy and intracavitary brachytherapy ● Chemotherapy – cisplatin based
4. How is cervical cancer staged	● FIGO ● Stage 1 - confined to the cervix

	● Stage 2 – invasion of the parametrium and upper ⅓ vagina ● Stage 3 – lateral pelvic wall and lower vagina ● Stage 4 – distant spread

5. What are the prognostic factors of squamous cell carcinoma	● Poor prognostic indicators
	  ○ LN involvement
	  ○ Advanced clinical stage
	  ○ Large primary tumour
	  ○ Poorly differentiated tumour and early recurrence
	● Death commonly due to uraemia (kidney failure) and due to ureteric obstruction

6. Screening programme for cervical cancer	Pap smear ● Age 25-49 every 3 years ● Age 50-69 every 5 years ● Age 65 onwards: only screen in those who have not had pap smear since age 50 or have abnormal test recently