



# APGO Milestone 1 Curriculum Office Practice / Outpatient Gynecology

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## APGO Milestone Curriculum Office Practice / Outpatient Gynecology

This case incorporates the following Milestones:

### OP 2: Ambulatory Gynecology

- Demonstrates basic knowledge about common ambulatory gynecologic problems

### OP 3: Care of the Patient with Non-reproductive Medical Disorders

- Demonstrates and understanding of common non-reproductive medical disorders

### OP 4: Healthcare maintenance and disease prevention

- Demonstrates knowledge of the characteristics of a good screening test
- Demonstrates knowledge of indications and limitations of commonly used screening tests

### SB 2: Cost-Effective Care and Patient Advocacy

- Understands the importance of providing cost-effective care
- Understands the role of physicians in advocating for appropriate women's healthcare

### PB 1: Self-directed learning/critical appraisal of medical literature

- Demonstrates an understanding of critical appraisal of the literature
- Demonstrates responsiveness to constructive feedback

This case incorporates the following Entrustable Professional Activities (EPAs):

EPA 1: Gather a history and perform a physical exam

EPA 2: Prioritize a differential diagnosis following a clinical encounter

EPA 3: Recommend and interpret common diagnostic and screening tests.

EPA 4: Enter and discuss orders and prescriptions

EPA 7: Form clinical questions and retrieve evidence to advance patient care

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This case incorporates the following Basic Clinical Skills (BCS) checklists:

Breast Examination

Pelvic Examination

Cervical Cytology

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### Case:

Monica Jones is a 29-year-old woman who presents to the gynecology clinic for a health maintenance examination. Your medical assistant reports that the patient would like to discuss her vaginal discharge. In addition, she is interested in a referral for a baseline screening mammogram because a colleague at work was recently diagnosed with breast cancer.

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**Develop a differential diagnosis for vaginal discharge in a reproductive-aged woman (OP 2) (EPA 2)**

**Learner Task:** Develop a differential diagnosis for vaginal discharge in a reproductive-aged woman.

## **Educator Checklist: Differential Diagnosis for Vaginal Discharge**

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	<b>Included =1</b>	<b>Not included =0</b>
Normal physiologic discharge		
Yeast vaginitis		
Bacterial vaginosis		
Trichomonas		
Gonorrhea/chlamydia		
Cervical or uterine malignancy		

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## Obtain a medical history in a reproductive-aged woman (EPA 1)

**Learner Task:** Take a complete history from the patient.

**Educator Script:** Provide the following patient history as asked by the learner:

HPI: She reports three episodes of vulvovaginal itching, with thick white vaginal discharge. She denies any odor to the discharge. Episodes started about two weeks ago. She has tried over the counter products, which help but do not completely eliminate the symptoms. She is not currently sexually active.

PMH: None

PSH: None

POB History: 2 NSVDs, both pregnancies complicated by diet controlled gestational diabetes.

Allergies: None

Medications: None

SH: Non-smoker, divorced. Works in billing at the hospital.

FH: diabetes, no malignancies

P Ob Hx: Last Pap test three years ago, no abnormal Pap tests. No sexually transmitted infections. History of five lifetime sexual partners, and has been sexually active with men.

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### Educator Checklist: HPI

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

Inquires about:	Included =1 (asks about)	Not included =0
Appearance of discharge		
Frequency of episodes		
Odor		
Duration of symptoms		
Any new sexual partners		
Assessment of risk factors (diabetes, use of antibiotics)		

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Inquires about:	Included =1	Not included =0
PMH: including vaccinations		
P Ob Hx: including prior pregnancies, pregnancy complications, gestational diabetes		
P Gyn Hx: including abnormal Pap tests, last menstrual period, use of hormonal contraception		
FH: including malignancies		
SH: including tobacco, drugs, alcohol, intimate partner violence, abuse		
Medications		

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## Perform a physical examination of a reproductive-aged woman (EPA 1) (BCS Breast Examination) (BCS Pelvic Examination) (BCS Cervical Cytology)

**Learner Task:** Perform a physical examination of a reproductive-aged woman.

**Educator Script:** Provide the following information as asked by the learner:

Vital signs: BMI 37, HR 80, BP 120/60, Temperature 98.4° F

### **Educator Notes and Diagrams:**

#### Breast Examination

- Learners should:
  - Wash their hands with soap and warm water or alcohol-based antiseptic.
  - Learners should inform the patient that they are performing a breast exam. This is a good time to ask the patient if they have noticed any lumps or other problems with their breasts.
  - Be organized and have the patient properly draped, i.e. cover areas not being examined.
- Inspection:
  - Asking the patient to lower the gown, learners should visually inspect the breasts from front and sides.
  - Learners should look for size, symmetry (some variation is normal), shape, contour (flattening, masses, and dimpling), skin (color, edema, rashes, thickening, and venous pattern), and scars (previous surgery, injuries).
  - Learners should do the inspection with the patient performing arm maneuvers: overhead (#1), waist (#2), and leaning forward (#3). Learners are looking for any retraction when the patient is leaning forward, or contracting the pectoral muscles.



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- Palpation
  - Lymph nodes
    - Cervical nodes: These nodes are found along the sides of the neck.
    - Axillary nodes: The patient is in a seated position using appropriate draping technique. With patient's arm at their side and the examiner lifting the arm away from side to access nodes (#4).
    - Supraclavicular nodes: These nodes are found along a line immediately above the clavicle. This is done by learners stepping around behind the patient.

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#4

- Bimanual palpation while patient sitting
  - Learners should perform bimanual palpation with the patient in a seated position, using appropriate draping technique.
  - Learners should use the right hand above/left hand below to palpate the right breast. Learners should use the pads of the fingertips to compress the breast tissue between fingertips. Using this technique, learners can check for consistency, nodules, masses, and tenderness, which might not be felt in supine breast exam. Repeat for left side by standing on patients' left side and reversing hands (left on top, right on bottom).
  
- Complete breasts palpation while patient is supine
  - Learners should pull out the footrest, and ask the patient to put their arm overhead during supine palpation. The arm overhead helps to stretch the breast tissue against the chest wall.
  - Learners should then perform a complete palpation of the breasts. Learners should use the flat part of the fingers (and a rotary motion) against the chest wall using a radial or spiral pattern without missing areas, compressing the breast tissue against the chest wall in all quadrants of the breast (#5). Learners should be noting tissue consistency, elasticity, nodules, indurations, masses, and tenderness.

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▪ #5

- Learners should palpate all of the breast, which continues up the chest wall to the clavicle (collar bone) and towards the axilla (armpit).
- Learners should inspect and palpate the nipples (#6), looking for size, shape, inversion, rashes, ulceration, discharge, scaling, crusting, elasticity, retraction, areolar edema and masses. Learners should gently grasp and compress the nipple and areolar tissue between thumb and index finger, noting the color consistency and quantity of any discharge (#7).



#6



#7

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### Educator Checklist: Breast examination

	Included =1	Not Included =0
Washed hands or used an antiseptic wash		
Used appropriate draping techniques		
Performed the exam in an organized fashion		
Closed the exam in an appropriate manner		
With patient sitting, inspected both breasts from front and sides		
Asked patient to put arms overhead		
Asked patient to put arms on her waist and press elbows forward		
Asked patient to lean forward with arms out in front		
With patient sitting, palpated the cervical, supraclavicular and axillary lymph node		
With patient sitting, performed bimanual palpation of the breast		
In the supine position, asked patient to put arms overhead		
Performed complete palpation of the breast with the flat part of the fingers		
Performed palpation of the axillary tail		

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	Included =1	Not Included =0
Gently palpated and expressed nipples		

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## Educator Notes and Diagrams:

### Pelvic Examination

- Learners should:
  - Select the appropriate sized speculum, warm speculum and test speculum on patient's leg for comfortable temperature.
  - Inform patient prior to speculum insertion.
  - Insert speculum at 45-degree downward angle, then rotate and open when completely inserted.
  - Visualize the cervix by adjusting the speculum anteriorly or posteriorly.
  - Use the appropriate collection vial with the correct attached swab for each culture
  - For Chlamydia and Gonorrhea cervical collection, insert the swab into the endocervix for approximately 10 seconds (insert only superficially in pregnancy)
  - For vaginal cultures, obtain a specimen from the posterior fornix
  - Insert the swab into the vial, break off the excess swab and cap off the collection vial/tube securely and label the specimen
  
- Traditional Slide Cytology Collection
  - Learners should use the spatula clover leaf end to collect ectocervical cells, or spatula end for vaginal cuff cells, and then smear them in a thin layer on the slide.
  - On the same slide, learners should smear endocervical cells collected using a cytobrush. Only insert cytobrush superficially in pregnancy.
  - The learner or assistant should spray the slide with cytology fixative immediately after cytology collection and place it in the appropriate container.
  - The learner or assistant should label the container appropriately.
  
- Liquid-Based Cytology Collection
  - Learner should first use the plastic (not wood) spatula to collect ectocervical cells (rotate 360 degrees), then brush-like device (rotate 180 degrees) to collect endocervical cells.

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- Both spatula and brush should be swept around the inside of the liquid-based cytology specimen collection container 10 times to loosen the maximum number of cervical cells into solution.
- The learner or assistant should label the container appropriately.

### Educator Checklist: Cervical Cytology

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

Cervical Cytology Collection	Included =1	Not included =0
Selected appropriate sized speculum and warmed it		
Inserted the speculum correctly and visualized the cervix		
Collected the cervical cells correctly using spatula and cytobrush to the pelvic curve		
Used correct technique to collect cells into the vial		
Labeled the specimen appropriately		
Cervical/Vaginal Culture and Wet Prep Collection		
Selected appropriate sized speculum and warmed it		
Inserted the speculum correctly and visualized the cervix		
Used the appropriate collection vial for the specimen		

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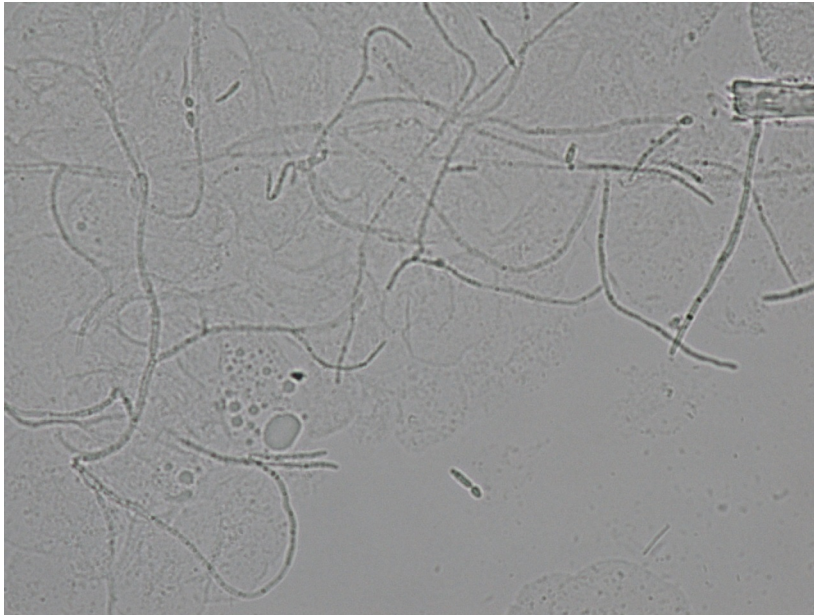
<b>Cervical/Vaginal Culture and Wet Prep Collection</b>		
For a cervical culture, placed the swab in the endocervix for 10 seconds		
For a vaginal culture, obtained specimen from the posterior vaginal fornix		
Capped off and labeled specimen appropriately		
Prepared slide for wet prep correctly		
Correctly identified yeast, clue cells, trichomonas, squamous cells and white blood cells, if present		
Appropriately discussed findings and treatment with supervising clinician		



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Identify the active issues for this patient based on physical examination (EPA 2) (EPA 3) (OP 2) (OP 3)

**Learner Task:** The physical exam demonstrates a normal breast exam, erythema of the vaginal epithelium with thick white curd-like discharge. Otherwise her pelvic examination was normal. A photograph of the wet prep is below. Describe the active issues for this patient.



(Photo courtesy of Hope Haefner, MD, University of Michigan)

## Educator Checklist: Active Issues Found in Physical Examination

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the “Included” column to calculate the learner’s score.

Issue	Included =1	Not included =0
Vaginal discharge		
Obesity/history of GDM		
Request for mammogram		

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**Develop a treatment plan for active issues in a patient (EPA 2) (EPA 3) (EPA 4) (OP 2) (OP 3)**

**Learner Task:** Describe the treatment plan for each active issue in this patient.

## **Educator Checklist: Treatment Plan**

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	<b>Included =1</b>	<b>Not included =0</b>
Vaginal discharge: prescribes correct antifungal therapy		
Obesity/history of GDM: orders HgA1c, fasting or 2- hour glucose tolerance test (gtt), counsels about weight loss		
Request for mammogram: Counsels patient that she does not need screening mammogram at this time		

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**Utilize national screening guidelines and recommendations to advance patient care (EPA 3) (EPA 7) (OP 4) (SBP 2) (PB 1)**

**Learner Task:** The patient informs you that her insurance will pay for the mammogram, and asks for evidence to support your recommendation. List one resource you would utilize to find mammogram screening recommendations?

## **Educator Checklist: Mammogram Screening Guidelines**

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	<b>Included =1</b>	<b>Not included =0</b>
Learner can cite any of these national screening guidelines (examples include ACOG, US Preventative Task Force Recommendation, NCI)		

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## Identify important principles of a screening test (EPA 3) (OP 4)

**Learner Task:** List the important principles of a screening test.

### Educator Checklist: Principles of a Screening Test

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
The condition should be an important health problem		
There should be a recognizable latent or early symptomatic stage		
The natural history of the condition, including development from latent to declared disease, should be adequately understood		
There should be an accepted treatment for patients with recognized disease		
There should be a suitable test or examination that has a high level of accuracy		

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	Included =1	Not included =0
The test should be acceptable to the population		
Facilities for diagnosis and treatment should be available		
The cost of screening (including diagnosis and treatment of patients diagnosed) should be economically balanced in relation to possible expenditure on medical care as a whole, and screening should be a continuing process and not a 'once and for all' project.		
There should be an agreed policy on whom to treat as patients		

Source: Principles and Practices of Screening for Disease. World Health Organization.

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## Advocate for appropriate women's health care (EPA 3) (EPA 7) (PB 1) (SBP 2)

**Learner Task:** Counsel the patient about why you are not recommending a mammogram at this time.

### Educator Checklist: Counsel Patient about Unnecessary Mammogram

Mark the appropriate column to indicate whether the learner included each element in his or her response. When completed, tally the "Included" column to calculate the learner's score.

	Included =1	Not included =0
Use patient centered language		
Discusses recommended age of mammogram screening onset (40, 45 or 50 acceptable depending on cited guideline)		
Discussed low risk of breast cancer for women <40		
Discussed low risk due to negative family history		
Discusses risks of false positives for women <40		
Offers annual clinical breast exam		