Step Up To Residency

[office practice]

Objectives

• Enhance knowledge of office based Ob-Gyn practice through a simulated patient case
• Practice skills you will use early on during office based encounters
• Discuss self-directed learning and critical appraisal of medical literature
• Understand the importance of communication with patients, family and other members of the health care team

Milestones in Office Practice

• Demonstrates basic knowledge about what constitutes normal and abnormal uterine bleeding
• Verbalizes the phases of the normal menstrual cycle
• Verbalizes basic knowledge about common contraceptive options
• Demonstrates basic knowledge about common ambulatory gynecologic problems
Milestones in Office Practice

• Demonstrates an understanding of common non-reproductive medical disorders
• Demonstrates knowledge of the characteristics of a good screening test
• Demonstrates knowledge of indications and limitations of commonly used screening tests
• Demonstrates an understanding of critical appraisal of the literature

Milestones in Office Practice

• Demonstrates adequate listening skills
• Communicates effectively in routine clinical situations
• Understands the importance of relationship development, information gathering and sharing
• Understands the importance of informed consent

Office Practice Case Simulation

• A 46 year old G4P3013 presents to your office with a complaint of heavy vaginal bleeding for the past 3 weeks.
What are Key Elements in the History?

• Full gyn history including STIs and Pap test history
• Details about menstrual history and current bleeding pattern/associated pain
• PMH/PSH
• Current medications
• Current contraception or fertility desires
• Targeted family history
• Smoking history
• Review of Systems

Office Practice Case Simulation

• Gyn history
  — Menarche age 11/menses monthly/7-10 days
  — No STIs, in monogamous relationship for 15 years
  — Last Pap 5 years ago and was normal
  — Mammogram 6 months ago - normal
• Bleeding history
  — Heavy x 6 months
  — Increased dysmenorrhea
• PMH
  — None
• PSH
  — D&C at age 30 for a missed abortion
Office Practice Case Simulation

- Medications
  - Multivitamin
- Contraception
  - Condoms but would like to discuss other options
- Family history
  - Colon cancer: m. grandmother
  - HTN: father
- Social history
  - No tobacco use, 1 drink/week ETOH, no drug use
- ROS
  - 10 lb weight gain in 1 yr
  - Increased fatigue for 2 mo

Review of Menstrual Cycle
What are Key Elements in the Physical?

- Vital signs
- Thyroid exam
- Abdominal exam
- Pelvic exam
  - Pap test
  - Endometrial biopsy
  - Consider gonorrhea/chlamydia testing

Office Practice Case Simulation

- Hands-on Exercise:
  Perform a pelvic exam (external exam, speculum exam, bimanual exam and collection of Pap)
  Faculty will review key point and Pearls related to the pelvic exam
Review of Cervical Cancer Screening

- Begin screening at age 21
- Screen every 3 years ages 21-29
- Screen every 5 years for ages 30 and over if Pap and HPV testing combined, if Pap alone then every 3 years
- Women with history of CIN 2 or 3 should receive screening for at least 20 years
- May stop screening at age 65 if last 3 Pap normal and no abnormal Pap in past 10 years
- May stop screening if hysterectomy has been done for benign indications and no prior history of high grade cervical dysplasia

Human Papilloma Virus

- DNA viruses
  - Low oncogenic
  - High oncogenic (16 and 18 responsible for 70% cervical cancer in US)
- Most transient
  - 50% cleared 8 mo
  - 90% cleared 2 yr
- Infects immature basal cells at squamocolumnar junction

Abnormal Cervical Cytology (Age 25 and Over)

- Atypical Squamous Cells of Undetermined Significance (ASC-US)
  - HPV neg
  - Repeat Pap 3 yr
  - HPV pos
  - COLPOSCOPY
- Low Grade Squamous Intraepithelial Lesion (LSIL)
  - COLPOSCOPY
- High Grade Squamous Intraepithelial Lesion (HSIL)
  - COLPOSCOPY
Abnormal Cervical Cytology (Age 21-24)

• Atypical Squamous Cells of Undetermined Significance (ASC-US)
  - HPV neg
  - HPV pos or unknown (preferred)
  - Repeat Pap 3 yr
  - Repeat Pap 1 yr

• Low Grade Squamous Intraepithelial Lesion (LSIL)
  - Repeat Pap 1 yr

• High Grade Squamous Intraepithelial Lesion (HSIL)
  - COLPOSCOPY

Principles of a Screening Test

• Identifies a clinically significant disease that has a preclinical state
  - Results in significant morbidity or mortality if left untreated
  - A treatment must exist

• Test is reasonably priced

• Test is non invasive

Principles of a Screening Test

• Test is sensitive
  - Correctly identifies patients with the disease

• Test is specific
  - Correctly identifies patients without the disease
Review of the Endometrial Biopsy

Abnormal uterine bleeding (AUB)

Indication for endometrial biopsy

>45 yo

<45 yo

* Unopposed estrogen (obesity/PCOS)

* Failed medical mgmt

* Persistent AUB

Diagnosis of AUB in Reproductive-Aged Women, ACOG Practice Bulletin 128

Office Practice Case Simulation

• Your faculty facilitator will review key point and Pearls related to performing an endometrial biopsy

• Perform endometrial biopsy simulation

Office Practice Case Simulation

• Vitals
  – Temp 37.4, BP 122/74, BMI 28 kg/m2, pulse 72
  – Urine pregnancy test is negative

• Neck
  – No thyromegaly

• Abdomen
  – Soft, non-tender, non-distended, no hernias or masses, normal bowel sounds
Office Practice Case Simulation

- Pelvic
  - Normal external genitalia
  - Urethral meatus appears normal
  - Vaginal mucosa without lesion, moderate blood in vault
  - Cervix without gross lesions
  - Uterus normal size, shape and contour, no masses
  - No adnexal masses or tenderness

What is Your Differential Diagnosis?

* Always r/o pregnancy

**Abnormal Uterine Bleeding (AUB)**
- Heavy menstrual bleeding (AUB/HMB)
- Intermenstrual bleeding (AUB/IMB)

**PALM: Structural Causes**
- Polyp (AUB-P)
- Adenomyosis (AUB-A)
- Leiomyoma (AUB-L)
- Submucosal myoma (AUB-Lsm)
- Other myoma (AUB-Ls)
- Malignancy & hyperplasia (AUB-M)

**COEIN: Non-structural Causes**
- Coagulopathy (AUB-C)
- Ovulatory dysfunction (AUB-O)
- Endometrial (AUB-E)
- Iatrogenic (AUB-I)
- Not yet classified (AUB-N)
What Additional Work-up Do You Want?

- TSH
- CBC
- Pelvic ultrasound

• You schedule a follow up appointment to discuss all results and further management in 2 weeks

Follow-up Visit

• Your patient reports that her bleeding finally stopped about 5 days ago. She has no new complaints.
• Labs
  – TSH: 3.5 mIU/ml (normal: 0.4-5.5 mIU/ml)
  – Hemoglobin: 10 g/dL
  – Endometrial biopsy: benign secretory endometrium
  – Pap: ASCUS, HPV neg
  – Gonorrhea: neg Chlamydia: neg
Ultrasound

The uterus is antverted and measures 8 x 6 x 5 cm. The endometrial stripe measures 8 mm. The ovaries appear normal.

Management

• Given the evaluation results, what management options would you discuss with this patient who has AUB and also desires contraception?

Management

• Mirena IUD
• Combination OCP
• Ortho-Evra patch
• Nuvaring
• Nexplanon
• Oral progesterone (continuous vs cyclic)
• DepoProvera
• Bilateral tubal ligation and endometrial ablation
Communication/Relationship Development

- Introduce yourself
- Sit down
- Make eye contact
- Allow the patient to talk
- Summarize what you are hearing from them
- Summarize your plan
- Ask them if they understand the management care plan

Review of Contraception

- Mechanism of Action
  - Progestin
    - Negative feedback on LH
    - Increase cervical mucus
    - Prevents capacitation of sperm
  - Estrogen
    - Suppresses release of FSH
    - Accelerates ovum transport

Review of Contraception

- Review as a group the benefits, disadvantages and contraindications for each of the following:
  - Combination OCP
  - Progesterone only OCP
  - Ortho-Evra patch
  - Nuvaring
  - DMPA
  - Nexplanon
  - Mirena/Skyla IUD
  - Paragard IUD
Office Practice Case Simulation

• Your patient elects for a Mirena IUD:

Discuss how you would consent your patient for this procedure

Review of Informed Consent

• **Elements of informed consent**
  – The nature of the decision/procedure
  – Reasonable alternatives to the proposed intervention
  – The relevant risks, benefits, and uncertainties related to each alternative
  – Assessment of patient understanding
  – The acceptance of the intervention by the patient

• **Reasonable patient standard**
  – *What would the average patient need to know in order to be an informed participant in the decision?*

Office Practice Case Simulation

• Your faculty facilitator will review key points and Pearls related to Mirena IUD insertion

• Perform IUD insertion simulation
Self-Directed Learning
Critical Appraisal of Literature
• As a good resident, you like to read each night about something you saw that day. You are wondering if a Mirena IUD is really that effective at controlling AUB.

Critical Appraisal of the Literature
• Reporting
  – Purpose and hypothesis clearly stated?
  – Is the study relevant?
• Study design
  – Prospective vs. retrospective?
  – Randomized?
  – Appropriate controls?
  – Reproducible?
  – Applicable to your patient population?

Critical Appraisal of the Literature
• Execution of study
  – Adequate sample size?
  – Confounding variables?
  – Attrition rate/appropriate f/u time?
  – Appropriate statistics?
• Assessment of conclusion
  – Do findings support conclusions?
  – Clinical vs. statistical significance?
• Application
  – Is this helpful to your practice?
  – Ideas for future research?
Thank you for your participation!

Please remember to fill out your post-course evaluation prior to leaving.