

Case 13.1 Information for the doctor

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|--|----------------------------|
| In this case you are a doctor in surgery. | |
| Name: | Mandy Hopkins |
| Age: | 29 |
| Past medical history: | Eczema; tonsillectomy 1990 |
| Current medication: | Microgynon |

Notes

Case 13.1 Information for the patient

You are Mandy Hopkins, a 29-year old woman who is seeing her GP today with 'annoying' abdominal bloating.

ICE

You would like to be referred for a scan to make sure your ovaries are OK. Your mum's best friend Margaret has recently been diagnosed with ovarian cancer and she had symptoms of abdominal bloating for years until someone actually did a scan for her.

Background

- You are normally fit and well. You take Microgynon only.
- You got married 6 months ago and just bought your own house.
- You have worked at HSBC bank for over 4 years and have recently been promoted.
- Your husband owns a small bakery where he works.

Information divulged freely

- You never had any bowel problems until 4 months ago.
- Your tummy now feels bloated almost every day.
- At times you have crampy pains, which are usually relieved by passing flatus or by defecation.
- Your bowels are looser lately. There is no blood.
- You are not quite sure what triggered it because you haven't changed your diet in any way.
- You have no urinary symptoms.
- Your weight is normal.
- You have no nausea / vomiting.
- You drink a bottle of wine a week.
- You don't smoke.
- Your mum has an underactive thyroid.

Information only divulged if specifically asked

- You are worried there might be something wrong with your ovaries, because your mum's friend Margaret had similar symptoms and was diagnosed with ovarian cancer.
- You admit it has been a stressful 6 months – wedding; buying a house; hard work which paid off eventually (you've been promoted).
- You have no family history of ovarian or breast cancer.
- You have been taking your pill regularly and are certain you can't be pregnant because you and your husband haven't had sex for over a month due to your busy schedule and the way you have been feeling. You have had no abnormal bleeding.
- You are embarrassed because you seem to be passing flatus 'all the time' when at home and your husband is making fun of you.

- Your diet is OK in your opinion but sometimes you skip lunch and have a bigger dinner instead.
- If the doctor shares with you a possible diagnosis of Irritable Bowel Syndrome (IBS) you would say you had thought about it but you'd still want to have a scan.
- If the doctor seems patronising and does not address your concerns about a USS you'd become argumentative and ask for a scan.
- If the doctor is interested in your concerns you'd be more than happy to talk about possible diagnosis of IBS but you expect to go home with a USS request form.
- If the doctor remains non-judgmental and supportive you will cooperate and be open to advice regarding diet and lifestyle.
- You'd agree to have blood tests if the doctor clearly explains why it is necessary.
- If the doctor offers medication to relieve the symptoms of IBS you'd rather wait for scan results first and perhaps try to improve your diet first.

Results for the doctor

Examination

- Weight 58kg
- T 36.8
- HR 63, regular
- BP 105/67
- Abdomen – soft, non-tender, no masses. Normal BS.
- Normal pelvic exam
- PR – normal
- Urine pregnancy test – negative

Case 13.1 Marking scheme for the observer

| Data gathering, technical and assessment skills | | |
|--|--------------------------|--|
| +ve | -ve | descriptors |
| <input type="checkbox"/> | <input type="checkbox"/> | Explores ICE |
| <input type="checkbox"/> | <input type="checkbox"/> | Excludes red flag symptoms (fever, unintentional weight loss, rectal bleeding) |
| <input type="checkbox"/> | <input type="checkbox"/> | Carries out appropriate examination |
| <input type="checkbox"/> | <input type="checkbox"/> | Takes appropriate social history and identifies lifestyle factors which could be modified |
| Clinical management skills | | |
| +ve | -ve | descriptors |
| <input type="checkbox"/> | <input type="checkbox"/> | Explains probable diagnosis of IBS |
| <input type="checkbox"/> | <input type="checkbox"/> | Arranges appropriate investigations to exclude other causes (consider U&Es, FBC, CRP, ESR, TFTs, coeliac screen, stool culture, faecal calprotectin) |
| <input type="checkbox"/> | <input type="checkbox"/> | Appropriately addresses patient's concerns about ovarian cancer and is able to back up reasons on why it is less likely and to reassure |
| <input type="checkbox"/> | <input type="checkbox"/> | Recognises patient's anxiety. Discusses pros and cons of CA125 and reaches a management plan that both parties are happy with (i.e. USS +/- CA125) |
| <input type="checkbox"/> | <input type="checkbox"/> | Is able to discuss management plan confidently – addresses lifestyle, diet and physical activity |
| <input type="checkbox"/> | <input type="checkbox"/> | Offers follow-up / safety-netting |

| Interpersonal skills | | |
|-----------------------------|--------------------------|---|
| +ve | -ve | descriptors |
| <input type="checkbox"/> | <input type="checkbox"/> | Is able to link explanation to patient's concerns |
| <input type="checkbox"/> | <input type="checkbox"/> | Addresses patient's beliefs |
| <input type="checkbox"/> | <input type="checkbox"/> | Establishes good rapport |
| <input type="checkbox"/> | <input type="checkbox"/> | Checks understanding |