Women's Health Interest Society of Monash

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Practice OSCEs in Obstetrics & Gynaecology

2021

DISCLAIMER

These OSCE stems have been written by Year 4C and 5D Monash medical students who are members of WHISM. They are intended as a study aid for students undertaking their Women's Health rotation and/or preparing for their Women's Health exams. Any relevance to faculty released OSCE stations is purely coincidental.



TITLE SHEET

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Station title: Jessica's Abnormal CST

Topic covered: HPV

Station type: Counselling



CANDIDATE INSTRUCTIONS

STEM

You are a GP registrar at a metropolitan General Practice in Australia. Jessica Miller is a 29 year old woman who has recently had an abnormal Cervical Screening Test (CST) result, with HPV positive (Type 16). She has come into the clinic to receive her test results and be informed of the next steps.

TASKS

Your task is to counsel Jessica about her CST result using Murtagh's 10-Step Management Plan. This includes (but is not limited to):

- 1. Educating her about HPV and the implications of her CST result
- 2. Outlining the next steps in her care, including any investigations and possible treatment options if she is found to have a high-grade cervical lesion
- 3. Outlining any preventative opportunities with regard to preventing HPV in the future



PATIENT AND EXAMINER INSTRUCTIONS/MARKING SHEET

Patient name: Jessica Miller

Patient age: 29 years

Patient occupation: Primary school teacher

Tell diagnosis	HPV Type 16 positive
Establish knowledge	 Check for understanding of HPV and its potential to give rise to precancerous lesions or cervical cancer
Educate patient	 Educate patient about the HPV virus, and high-risk subtypes (specify that there are two high-risk subtypes, Types 16 and 18, as well as approximately 10 other medium-risk subtypes) Clarify that having HPV does not mean the patient has cancer, but that this type of HPV increases the likelihood of developing cervical cancer Explain that the process of transformation from normal cells to cancer cells is a long one, taking several years; and hence acting now may prevent progression to cancer
Establish patient attitudes	Empathetic approach to patient receiving this news; inquire about how she is feeling; reassure
Develop management plan	 Outline that the next step is to refer the patient to gynaecology to perform colposcopy Briefly explain the process of colposcopy, including the identification of any abnormal areas on the cervix and the possibility of taking a biopsy if required Explain that there is no treatment for infection with the HPV virus itself, but that the body often clears the virus on its own over a period of several months



	 Briefly discuss the treatment options if a
	precancerous lesion is discovered (laser
	treatment, LLETZ or a cone biopsy)
Preventative opportunities	 Check whether the patient has been
	vaccinated against HPV (Gardasil or Cervarix
	vaccine in Australia) - if not, emphasise that
	while vaccination will not treat the current
	infection, it will be protective against
	contracting other types of HPV in the future
Reinforce information	 Summarise: Patient has Type 16 HPV, which
	increases her risk of developing cervical
	cancer
	 For this reason, you are referring her to the
	gynaecologist for colposcopy
	 The gynaecologist will then be able to see if
	there are suspicious lesions, and send
	samples off for testing if required
Provide take-away information	 Provide take-home information about
	colposcopy, including what to expect before,
	during and after the procedure
	 Provide further information about HPV
Evaluate consultation	 Ask if the patient has any questions or if
	anything has been missed
Arrange follow-up	Arrange referral to gynaecologist, and
	follow-up appointment with you, the GP
	registrar in a few weeks

