

# CSA case example 1

‘And how many hours a day did you do lessons?’ said Alice, in a hurry to change the subject.

‘Ten hours the first day,’ said the Mock Turtle: ‘nine the next, and so on.’

‘What a curious plan!’ exclaimed Alice.

‘That’s the reason they’re called lessons,’ the Gryphon remarked: ‘because they lessen from day to day.’

*(Alice’s Adventures in Wonderland, pp. 103–4)*

The case below can be used as an example of how to write a case. It is not perfect, so look for the loopholes that could be tidied up. You could also use this as a practice case if some of the learning set have not read it. It emphasises the importance of patient-centred consulting skills, as well as an up-to-date understanding of pre-conceptual issues. The taking of herbal medicine, the need for travel vaccines and the unrealistic patient expectation add unpredictable, but true to real life, complexity.

## Janine Jamieson: pre-conception care

### Part 1

**Name:** Janine Jamieson

**Age:** 36

**Sex:** Female

**Ethnicity:** Any

**BMI:** Normal

**Special visual features:** Smart, well turned out lady, wearing jeans and a T-shirt

**Presenting problem:** Pre-conception care

**What is the diagnosis or problem when framed:** Advice relating to planning a pregnancy

**Curriculum statement:** Women’s health

### Learning outcomes from curriculum statement:

- 1 Recognise that many women consult for lifestyle advice, and that GPs should not over-medicalise these issues.
- 2 Demonstrate an understanding of the importance of risk factors in the diagnosis and management of women’s problems.
- 3 Outline prevention strategies relevant to women (e.g. safer sex, pre-pregnancy counselling, antenatal care, immunisation, osteoporosis).

- 4 Understand the importance of promoting health and a healthy lifestyle in women, and in particular the impact of this on the unborn child, growing children and the family.

**What knowledge is needed for this case?**

- ▶ Pre-conception healthcare advice.

**What is the current evidence relevant to this case?**

- ▶ Self-care.
- ▶ Alcohol.
- ▶ Body weight.
- ▶ Folic acid.
- ▶ Fish.
- ▶ Vitamin A.
- ▶ Vaccinations and screening tests.
- ▶ Immunisations.
- ▶ Cervical screening.
- ▶ Advice for men.

**Where can the evidence be found?**

[www.nhs.uk/Conditions/Preconception/Pages/Recommendations.aspx?url=Pages/what-is-it.aspx](http://www.nhs.uk/Conditions/Preconception/Pages/Recommendations.aspx?url=Pages/what-is-it.aspx)

*Part 2*

**What are you looking for?**

A doctor who can take a good history from the patient, identify why she has come, identify what she wants to get out of the consultation and give the necessary information to the patient in an understandable way.

**What is needed for a good consultation?**

- ▶ A focused, patient-centred history.
- ▶ Identification of the patient's ideas, concerns and expectations.
- ▶ Appropriate advice given to the patient in a patient-centred way.

**What will an above average registrar do?**

An above average registrar will:

- ▶ Take a fluent, focused, organised patient-centred history
  - menstrual history
  - sexual history
  - past and present gynaecological history
- ▶ Quickly pick up and explore the patient's cues, identifying the patient's thoughts, feelings and concerns about a possible pregnancy
- ▶ Address these concerns giving appropriate information and advice in a patient-centred way
- ▶ Give advice on diet, alcohol, folic acid, exercise, rubella vaccines, diet and holiday vaccines/medication in pregnancy
- ▶ Give advice to avoid herbal medicines
- ▶ May include advice for the partner, e.g. smoking and alcohol.

The above average registrar will pick up on the patient's unrealistic expectations and try to reframe them:

- ▶ 30% will conceive within one month
- ▶ 60% in 6 months
- ▶ 85% in a year.

#### **What will an average registrar do?**

An average registrar will take a reasonable history from the patient, identifying the patient's relevant past and present gynaecological history in a reasonably organised way. They will explore the patient's cues, identifying the patient's thoughts, feelings and concerns about a possible pregnancy. They will address most of these concerns giving adequate information and advice in a patient-centred way.

#### **What will a below average registrar do?**

A below average registrar will take a poor, unfocused history from the patient. They will fail to identify much of the patient's relevant past and present gynaecological history and the history will be disorganised. They will fail to pick up or explore the patient's cues, or to identify the patient's thoughts, feelings and concerns about a possible pregnancy. They will fail to address concerns, giving inadequate information that is not tailored to the patient. They will ignore the risk of travel vaccines, malaria protection and pregnancy. They will not recommend folic acid, stopping herbal medication or decreasing alcohol intake. They may be very doctor-centred.

### *Part 3*

#### **What will the patient say when they come in?**

'Hello. I have come to talk about having a baby.'

#### **Describe the presenting problem**

- ▶ Wanting to get pregnant.
- ▶ Currently on the pill.
- ▶ Wanting a child at the end.
- ▶ Planning a last baby-free holiday to India in 4 months.
- ▶ Never been pregnant before.
- ▶ Works as a lawyer.
- ▶ Not done much reading so far.
- ▶ Periods started age 13.
- ▶ Went on pill at 20.

#### **How might this problem be framed?**

- ▶ Wanting pre-conception advice.

#### **What questions would you expect the candidate to ask to try to crystallise what the key problem is and what are the answers?**

- ▶ Non-smoker.
- ▶ Drinks 2 large glasses of wine most days.
- ▶ Gets little exercise.
- ▶ Diet: eats when she has to – chocolate, coffee, wine and fruit.
- ▶ Little protein and vegetables.

- But poor diet is OK as she takes herbal medication from the local Chinese herbalist – not too sure what it is . . . just to keep her healthy.
- No FH of abnormality.
- Husband is also a lawyer.
- A baby 9 months after the holiday would be perfect.
- Smears up to date.
- 1 of 3 children herself and no FH of fertility problems.
- SI 2–3 times a week.
- No STD in the past.
- 2 previous partners.
- Both she and her husband went to the GU clinic before they started having sex.
- Check up clear.
- Husband not been married before and is not a father.
- Going to Kerala in South India for a 2-week holiday in 3 months.

### Consider the patient's ideas, concerns and expectations

- Wants advice.
- When should she come off the pill?
- Is there anything else she should do?
- Thinks getting pregnant is easy and is not expecting any delays or problems.
- Expecting to get pregnant the month she stops contraception.
- Thinks she might stop pill (Microgynon) before she goes on holiday.
- Knows she needs travel vaccines and anti-malarials but has not thought about this and pregnancy.
- Does not know what travel vaccines she needs.
- No reading on pre-conception care, which is why she is here.

### Cues

*What verbal cues will the patient give?*

'I know I will get pregnant easily . . .'

'I don't want to get pregnant before the holiday . . .'

'The herbal medicines will keep me healthy . . .'

*What happens if the candidate doesn't pick them up?*

They will be turned into questions in the management time.

*What non-verbal cues will the patient give?*

Confident and in control.

Used to life going her way.

### Psychosocial

- Married for 5 years, to a lawyer husband.
- He works in company law.
- She is a family lawyer.
- High powered work – long hours, good income.
- In control of life.
- Parents live in Manchester, siblings in Canada and Edinburgh.
- Both younger, both professionals and neither married.

- ▶ Have a group of friends from work but relationships are rather superficial.
- ▶ Enjoys good holidays.
- ▶ Not much time for socialising.
- ▶ Likes opera and theatre.

### Examination

None required.

### Management

*What will the patient expect in management?*

- ▶ Advice given in an evidence-based way.

*What will the patient accept in management?*

- ▶ Advice backed with a degree of evidence, e.g. avoiding herbal remedies, as not sure what is in them and may harm baby; need to take folic acid to decrease chances of abnormalities like spina bifida.

*How involved will she be in the management?*

- ▶ Will be very interactive in management – asking why to suggestions.
- ▶ Happy to take these on board.
- ▶ If doctor indicates she may take a while to conceive, she will show shock but take the information on board.

*What questions will she ask?*

- ▶ When should I stop the pill then?
- ▶ Cue questions if not picked up.

*What will she do if she is unhappy with the management?*

- ▶ Will show that she is unconvinced and will ask where she can find out more.

### Patient record

Janine Jamieson

36 years old

8 The Archway

#### *PMH*

Nil of note

Smears UTD

BP 116/70 taken 2-months ago

#### *Medication*

Microgynon

#### *SH*

Non-smoker

## Running this case

The case is run as described in Chapter 3 under the sub-heading ‘Meet as a group and run a mini-surgery’ of Step 7. One of the group, who knows the case to be run, plays Janine. One member of the group who does not know the case is given a copy of the Medical Record and plays the doctor. The rest of the group read the case notes and the descriptions of the level of registrar performance, observe the consultation, and fill in the feedback form given in Box 7.1. Verbal feedback is given in a supportive way, the case is discussed, learning points and learning needs identified, and actions for the next session defined and allocated. Written feedback forms are then given to the consulting doctor.

At the end of the process, each doctor can fill in a reflection sheet to formalise their learning, which can then be attached as evidence for the e-portfolio. This is the bit that is often rushed over, but for those of you who are more reflective in learning, it may be worth returning to this at a later stage, in order to consolidate and direct your further study. A template for producing a reflective account can be found in Box 8.1.

### BOX 8.1 Template for a reflective account of a CSA training case

#### Reflective account

Name of case:

Your name:

Curriculum statement:

I watched/discussed/wrote/consulted with this case (please circle)

What did I learn from writing this case?

What did I learn from discussing this case?

What did I learn from watching this case?

What did I learn from consulting with this case?