

## Cafe Portfolio

Preventative care and screenings are imperative to primary practice. My current clinical practicum setting is a family practice office, that sees all ages. The office typically sees a large population of middle-aged women. Two identified screenings for this population are screening for breast cancer and screening for cervical cancer. The screening modality utilized for breast cancer is the mammogram. As breast cancer is the second-leading cancer death among women and most frequently diagnosed in women 55 to 64, the United States Preventative Services Task Force (USPSTF) recommends biennial mammogram screening for all women 50 to 74 years of age. Based on results further diagnostic testing may be ordered, or a mammogram may need to be repeated in one year instead of two. Additionally, if a patient has a first degree relative with the disease, testing may be started earlier than 50 years old (USPSTF, 2019). Another screening for middle-aged women is the screening for cervical cancer via pap smear. The USPSTF recommends for women 30-65 years of age to screen every 3 years with cervical cytology, every 5 years with high-risk human papillomavirus or every 5 years with high-risk human papillomavirus in combination with cytology. This age group has been identified due to the risk of cervical cancer associated with sexual intercourse and exposure to HPV (USPSTF, 2019). It can be noted that the USPSTF recommends this screening beginning at 21 years old; however, I am focusing on the middle-aged women population.

The USPSTF provides guidelines for screenings for breast and cervical cancer. I asked my preceptor which guidelines she follows for screening patients, and she confirmed she utilizes the USPSTF. I was not surprised about this answer based off the age group of women she asks about screenings and time frame of testing.

From a provider viewpoint the offering and ordering of preventative screenings is extremely quality care. I have watched my preceptor order and offer mammograms and pap smears for all women eligible. I have seen her explain the necessity behind screening and disease prevention and understanding. She always offers to perform a pap smear the day of or schedule another appointment. She uses calm words and reassurance for women nervous about the pap and I have even seen her offer a one-time dose of Ativan/Xanax prior to appointment, as she feels so strongly about screening. However, I have witnessed countless women decline or never go to their mammogram appointment. I have not observed any biases or disparities as these screenings have been offered to everyone eligible.

As far as presentation, my preceptor always starts by asking, "When was your last mammogram? When was your last pap?" and then proceeds to ask if the results were normal. If the patient does not know the answers, we look them up. If the patient states it has been a long time, education on the importance of screening is done. I have always heard her say "these screenings are very important for cervical and breast cancer". Many women will ask how often they need to be done; however, I have not experienced any other questions asked. Health literacy is an important topic when explaining screenings and for continued compliance. My preceptor always utilizes non-medical terms as best as possible and speaks to patients at a lower educational level than their age, when speaking about medical information. Teach back has been used in my practicum to ensure understanding by patients. In my office, the physician and PA are both of Indian descent,