

## **BREAST EXAMINATION BY SPECIALIST BREAST CARE NURSES**

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### **INTRODUCTION**

*Specialist Breast Care Nurses and other healthcare professionals who have attended appropriate training and have demonstrated competence can perform breast examination on patients attending new patient breast clinics.*

### **THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :**

**Specialist Breast Care Nurse, GP breast physicians, Physicians Associates and any other delegated health professionals**

#### **Lead Clinician(s)**

Mr J Taylor

Clinical Director for Breast Services

Approved by Breast Services Directorate Meeting:

19<sup>th</sup> April 2023

Review Date:

19<sup>th</sup> April 2026

This is the most current document and is to be used until a revised version is available

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**Key amendments to this guideline**

<b>Date</b>	<b>Amendment</b>	<b>By:</b>
09/05/2013	Guideline reviewed with no amendments made	Helen Thomas
05/08/2015	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
09/08/2016	Document extended for 12 months as per TMC paper approved on 22 <sup>nd</sup> July 2015	TMC
August 2017	Document extended for 6 months in Line with TMC paper	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
10/01/2018	Document extended for 2 years with no changes made	Miss Michelle Mullan
11/09/2019	Guidelines reviewed in Directorate meeting, changes made	Mr Jevan Taylor
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
19 April 2023	Updated following review in Breast Directorate meeting and revised	Mr Jevan Taylor

## **BREAST EXAMINATION**

### **INTRODUCTION**

Specialist breast care nurses play a key role in the multidisciplinary approach to managing breast cancer and many are now taking on additional activities as they expand their role within the team. The team seeing new breast patients is likely to expand and include staff from different professional backgrounds (GPs, overseas Fellows, Physicians Associates). It is essential that this expansion is accompanied by appropriate education, training and practice –based experience and that practitioners take responsibility for maintaining professional knowledge and competence.

History taking and examination of the breast and axilla are fundamental skills required to assess patients with breast disease and form a key component of the triple assessment (clinical examination, imaging and/or biopsy) of all patients presenting with breast disease (Dixon & Sainsbury 1998).

The standards outlined in 'A Competency Framework for Nurses Providing Care to People with Breast Cancer' (RCN 2019) have been used to support the development of breast examination by the breast care specialist nurse in this Trust. There are similar standards set out by the Professional bodies regulating GPs and Physicians Associates (GMC).

### **COMPETENCE**

Prior to undertaking breast examination the breast care specialist should complete a training course in breast evaluation as well as completing advanced communication skills training. Breast care nurses should have completed a recognised breast care nursing course (Christie Hospital Manchester, The Royal Marsden, King's College London or similar) and training to assess breast patients (Royal College of Surgeons, Guildford and others).

In addition, after agreement with the designated consultant, the health care professional will attend breast clinics and under the supervision and guidance of the consultant breast surgeon undertake breast examination of a minimum of 50 abnormal breast conditions. Once this training has been completed the breast care specialist can perform breast examination independently on patients referred to the new patient clinics held at Worcester Breast Unit, Alexandra Hospital Redditch and Kidderminster Treatment Centre. Ionising Radiation training will also need to have been completed in order to allow the practitioner to request necessary breast imaging involving X-rays.

### **DETAILS OF GUIDELINE**

The breast care specialist who has undertaken relevant training and demonstrated competence may undertake this procedure in the following circumstances:

- New patients referred to a 2WW suspected cancer clinic, symptomatic breast patients referred to a symptomatic breast clinic, patients triaged to a nurse-led clinic.
- Patients attending follow up clinic for ongoing monitoring of breast disease.

When new patient breast clinics are being delivered without a Consultant Breast Surgeon present, the clinic will still be booked in the name of a Consultant surgeon who will ultimately have responsibility for that clinic.

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**PROCEDURE**

Greet the patient and check identity of patient against the notes

Introduce your role as clinical nurse specialist / Clinical Fellow / Physicians Associate / GP Breast Physician

Take and record a history of presenting symptoms, risk factors, family history and current medication.

**Physical Examination**

Ask the patient to remove their top clothes and bra, using a draw sheet or examination cape to maintain dignity.

Ask the patient to sit on the edge of the bed. Inspection should take place in a good light with the patient's arms by her side, then raised above her head and then pressing on her hips.

Breast palpation is performed with the patient lying down with their arms raised and their hands resting behind their head. Placing a hand behind the head spreads the breast across the chest wall and reduces the depth of breast tissue between the examiners hand and the chest wall, thereby making it easier to detect abnormal areas.

Each breast is examined in turn using the finger tips.

Sit the patient up and then examine the nodal areas in the axillary, supraclavicular and neck region.

Assist patient to dress as necessary.

Discuss findings with the patient and explain any further investigations/appointments required.

Document any findings as a result of the examination.

Order tests as required according to department protocol and refer to the multidisciplinary team meeting for discussion.

**REFERENCES**

- Dixon J M (2006) ABC of Breast Diseases Blackwell Publishing, Oxford
- Dixon M Sainsbury R (1998) Handbook of diseases of the breast 2<sup>nd</sup> Edn Churchill Livingstone London.
- NMC (2004) The Nursing and Midwifery Council code of professional conduct: standards for conduct, performance and ethics. NMC London
- RCN (2007) Clinical standards for working in a breast specialty – RCN guidance for nursing staff. Royal College of Nursing, London

**CONTRIBUTION LIST****Key individuals involved in developing the document**

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**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department
Mrs V England	General Manager - Surgery

**Circulated to the chair of the following committee's / groups for comments**

Name	Committee / group
Michelle Norton	Senior Nurse, Midwife and AHP team

<b>Appendix 1</b>
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## AUDIT OF COMPLIANCE WITH GUIDELINE FOR BREAST EXAMINATION

 Patient Name ..... NHS/Hospital No 





Name of specialist nurse undertaking examination .....

Has the specialist nurse undertaken additional training for this role? Y/N

Has the patient been referred to the nurse clinic by the consultant? Y/N

If no, is this a follow up appointment for ongoing monitoring? Y/N

Is there a consultant available for advice/referral if required? Y/N

Is the examination conducted according to the guideline? Y/N

Have there been any untoward incidents as a result of this examination Y/N

If Yes – please give details

Have there been any complaints as a result of this examination Y/N

If yes – please give details

Date of Audit .....

Name of person undertaking audit .....

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