

Demonstration Checklist: Clinical Breast Examination (CBE)

This checklist is for performing and practicing the CBE

Place a “✓” in case box if step/task is performed **satisfactorily**, an “X” if it is **not** performed **satisfactorily**, or **N/O** if not observed.

Satisfactory: Performs the step or task according to the standard procedure or guidelines

Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines

Not Observed: Step or task not performed by participant during evaluation by trainer

Participant _____ Date Observed _____

CHECKLIST FOR COUNSELLING, HISTORY TAKING AND CLINICAL BREAST EXAMINATION					
STEP/TASK	CASES				
TASKS BEFORE CBE					
1. Ensures a separate room/ corner to maintain privacy of client is available for counselling and clinical examination of client. The room/corner has: <ul style="list-style-type: none">• Good light• Chairs, table• IEC posters• Register• Client card• Job-aids for counselling, BSE, assessment/referral protocol and CBE• Examination table with a small pillow	1	2	3	4	5
2. Greets the woman with respect and kindness. If a male doctor/nursing staff is going to examine the client, ensures a female escort must be present.					
3. Uses body language to show interest in and concern for the woman’s health.					
4. Asks and records her name and age, her husband’s name, address, no of children and if breastfeeding her child, ASHA’s name and contact number					
5. Finds out from woman about following to know if risk factor is present or not: <ul style="list-style-type: none">• Initiation of her menses before age 12 or menopause after 55 years• Not having breast-fed her child• History of receiving Hormone Replacement Therapy (HRT)• History of irradiation of chest					
6. Asks about presence of any family history like anyone from mother’s or father’s side has or had breast or ovary cancer, h/o cancer of one breast of her own					

CHECKLIST FOR COUNSELLING, HISTORY TAKING AND CLINICAL BREAST EXAMINATION

STEP/TASK	CASES				
7. Asks if she has any or more than one of following life styles (which may contribute to increased chance of having breast cancer): <ul style="list-style-type: none"> • Lack of physical exercise, • Consumes alcohol • Having obesity (especially after menopause) 					
8. Documents the demographic details and information obtained from history taking in the register					
9. Tells the woman that she/he is going to examine her breasts and assures her that the procedure is painless and makes effort to ensure that she is fully relaxed and remain at ease during examination					
STEPS OF CLINICAL BREAST EXAMINATION					
10. Requests the woman to undress from her waist up. Makes her sit on the examination table with her arms on her side.					
11. Washes hands thoroughly and dry them. If necessary, put on new examination or high-level disinfected gloves on both hands.					
Inspection: Step 12					
12. <ul style="list-style-type: none"> i. First looks at the breasts while the woman is sitting with her hands by the side. Then asks the woman to press her hands against her hips and notes if any of the following changes are there: <ul style="list-style-type: none"> • Any difference in shape, size • Dimpling or puckering of skin • Pulling in of nipple or other part of breast • Itchy, scaly sore or rash on nipple • Swelling, redness/darkness in either breast • Size, shape and direction in which the nipples point and if there is any nipple discharge. ii. Then asks the woman to raise her arms over her head to check if there is any abnormality as mentioned above in point number i. iii. Asks the woman to lean forward to check if there is any asymmetry in the breasts or nipples 					
Palpation: Steps 13-17					
13. Asks her to lie down on the examining table. Places a pillow under her shoulder on the side being examined and places woman's arm over her head.					

CHECKLIST FOR COUNSELLING, HISTORY TAKING AND CLINICAL BREAST EXAMINATION

STEP/TASK	CASES				
<p>14. Palpates the entire breast using the spiral or 'Dial of a Clock' technique using the pads of three middle fingers for any lump or tenderness.</p> <p>For spiral technique, starts at the top outermost edge of the breast, presses the breast tissue firmly against the rib cage as s/he completes each spiral and gradually moves her/his fingers towards the areola. Continues this until every part of the breast is examined.</p> <p>Or</p> <p>For 'Dial a clock' method, examines the breast starting at 12 O' clock position from periphery to the nipple by palpating in small circles of about 3 cm in diameter, 3 times with increasing pressure and without lifting fingers, the next circle while moving towards the nipple overlaps with the previous circle. Once areola is reached, the palpation is repeated sequentially at 1 O'clock, 2 O'clock, 3 O'clock, 4 O'clock, 5 O'clock, 6 O'clock, 7 O'clock, 8 O'clock, 9 O'clock, 10 O'clock and 11 O'clock positions. Palpation of inner half of breast is done in supine position and palpation of outer half of breast is done after making the woman role over opposite side.</p>					
15. Squeezes the nipple gently using thumb and index finger and checks for any discharge and feels for any thickening behind the nipple.					
16. Repeats these above steps (No. 13 to No.15) for the other breast					
17. Requests the woman to sit up. Palpates the axillary tail of breast. Checks the axilla, neck, and the clavicle (above and below) for enlarged lymph nodes on both sides.					
Post examination tasks:					
18. After completing the examination, asks the woman to cover herself.					
19. If the examination is normal, tells the woman everything is fine and when she should return for a repeat examination. Reminds the woman for doing Breast Self-Examination (BSE) once a month and shows her the steps if she does not know					
20. If there is any abnormal or suspicious finding, explains about it to the woman and her family member/ASHA and informs them about the next course of actions like referral to higher health facility, in consultation with the doctor/specialist, if available					
21. Records the observations on the appropriate client record and facility register					