

# **MEDICAL DIRECTIVE**

## Family Health Team

Taddle Creek

Title:	Pelvic Examination	Number:	TCFHT-MD06					
Activation Date:	ctivation Date:         01-09-2011         Review Date:         Oct 13, 2021							
Next Review: Oct 13, 2022								
Sponsoring/Contact Alissia Valentinis, MD								
Person(s) 790 Bay, Suite 522, Toronto, Ontario								
(name, position, contact particulars):	416-591-1222							
Vicki McGregor RN 790 Bay St, Suites 300 & 302 416-960-1366								
Order and/or Delegat	ed Procedure:	Appendix Attached: <u>X</u> No Title:	_Yes					
	-	wabs, viral microbiology sv	wabs, papanicolaou					
Recipient Patients:       Appendix Attached:No _X_Yes         Title: Appendix A – Authorizer Approval Form								
Recipient patients mus	t:							
• Be active patients of the Authorizer App	of a TCFHT primary care prov	vider who has approved th	is directive by signing					
	gender man who has retaine	ad their cervix						
	is identified in this directive							
Authorized Implemen	ters:	Appendix Attached: No _X Title: Appendix B – Implemente						
Implementers must be (under the supervision	TCFHT employed Regulated of a physician).	Health Care Providers or	Physician Assistant					
Implementers must co	mplete the following prepar	ation and sign the Implem	enter Approval Form:					

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- Assess own knowledge, skill, and judgment to competently perform pelvic examination (Note: this requires implementers to have the applicable added skills to perform the controlled act of placing an instrument, hand, or finger beyond the labia majora).
- Successfully complete the McMaster University's Clinical Skills in Gynecological Health Workshop or equivalent hands-on training
- Demonstrate ability to competently perform pelvic examination during supervision from an authorizing primary care provider on 3 occasions
- Complete the Lakeridge Health Pap Test Learning Module for Health Care Providers available at <u>https://www.lakeridgehealth.on.ca/en/central-east-regional-cancer-program/Cervical-Cancer-Screening-.asp</u>
- Review Female Reproductive System Physical Examination & Health Assessment Guidelines in an advanced health assessment textbook (ex. Jarvis, 2018 or equivalent reference).
- Review "The gynecologic history and pelvic examination" article on UptoDate
- Review Ontario Cervical Screening Cytology Guidelines Summary (Cancer Care Ontario, June 2020), accessible from <a href="https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary">https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary</a>
- Review Gamma Dynacare Specimen Collection Information for paps, cervical, and vaginal swabs, accessible from <u>https://www.dynacare.ca/specialpages/secondarynav/find-a-</u> test/nat/pap%C2%A0smear.aspx?sr=ont&st=pap&
- Review Public Health Ontario Specimen Collection guidelines, accessible from: <u>http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Kit%20Ins</u> <u>truction%20Sheets/Virus-Culture.aspx</u>
- Review Toronto Public Health Sexual Health Information for Health Professionals accessible from: <u>https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/sexual-health-info-for-health-professionals/</u>
- Review Canadian Guidelines on Sexually Transmitted Infections (PHAC, 2016), accessible from <a href="http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php">http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php</a>
- Review Rainbow Health Ontario's Long-term Preventive Care recommendations for trans men available online in their Trans Primary Care Guide: <u>https://www.rainbowhealthontario.ca/TransHealthGuide/gp-mascht.html#sec5</u>
- Review Check it Out Guys: The Trans Men's Pap Campaign resource for service providers can be accessed in the Sherbourne Health archive: <u>https://www.rainbowhealthontario.ca/papcampaigns/</u>
- Review RNAO's Woman Abuse: Screening, identification and initial response accessible from <a href="https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response">https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response</a>
- Review CMPA's "Is it time to rethink your use of chaperones?" article (March 2019) available at <u>https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2019/is-it-time-to-rethink-your-use-of-chaperones</u>
- Review the Labia Library for photos of anatomical variations <u>http://www.labialibrary.org.au/photo-gallery/</u>

Indications:

Appendix Attached:	Х	No	Yes
Title:			

• Adult females or transgender men with a cervix >18 years old who are sexually active, presenting for screening of cervical cancer, sexually transmitted infections, vaginal discharge and/or discomfort, or contraception.

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#### Contraindications:

- Paediatric, pregnant patients, or patients with personal history of complex medical issues should be seen by their primary care provider
- In 2016, the Canadian Taskforce on Preventive Health Care adopted the 2014 American College of Physicians' recommendation **against** performing a pelvic examination to screen for noncervical cancer, pelvic inflammatory disease, or other gynecological conditions in asymptomatic women.

#### Considerations

- Patient informed of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test is positive or negative.
- Patient able to give informed consent and is cooperative and does not need restraint.
- Patient is informed of the importance of contact notification in the event of positive results.
- Implementers understand the prevalence of abuse and the triggering nature of this exam. Implementers will accommodate patient requests, communicate and stop exam if requested by the patient.

litle:	Consent:	Appendix Attached: <u>X</u> No Yes Title:
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- Patient's consent is implied for implementer to perform examination, if patient has presented to clinic seeking testing, and is a Family Health Team patient, where inter-professional practice is expected. Further verbal consent will be obtained prior to pelvic exam.
- Providers must give patients the option of having a chaperone during the exam, including bringing their own chaperone, if the provider is unable to provide one. This may contribute to both patient and provider comfort.

Guidelines for Implementing the	Appendix Attached: <u>No X</u> Yes
Order/Procedure:	Title: Appendix C – Sample Lab Requisition
	Appendix D – Sample Cytology Requisition
	Appendix E – Routine Universal Comprehensive
	Screening

For eligible and appropriate patients, the implementer:

- Obtains detailed history (presenting symptoms, date of last pap test and/or swabs and results, history of STIs or abnormal pap tests, sexual history, LMP, contraception, vaginal symptoms, and routine screening for abuse)
- Provides education of what testing will be done, review equipment, what to expect, and allow time for questions.
- Informs patient of purposes, risks, harms, and benefits of testing, including when results will be available, and potential follow up required if test is positive or negative.
- Advises patient to empty bladder prior to pelvic examination for their added comfort.
- Allows patient to undress in private, providing clean clinical garment, allowing patient to wear their own clothes as much as possible for their comfort.
- Prepares lab requisitions for microbiology and/or cytology using the supervising primary care provider initials in Practice Solutions.
- Lab Requisitions should be signed as below:
  - Signature of implementer

- Print Implementer Name/Primary Care Provider Name (Medical Directive TCFHT-MD06)
- Gathers and labels equipment required (ex. gloves, speculum, lubricant, appropriate swabs, liquid based cytology containers, cytology brush)
- According to clinical practice guidelines, and maintaining infection control practices
  - o Assesses external genitalia
  - o Assesses internal genitalia using speculum of appropriate size and shape
  - o Performs specimen collection
- Informs patient of physical assessment findings, noting any abnormal findings, potential diagnoses, and follow up. If there are abnormal findings during exam, implementer will review with primary care provider.
- Patient is informed of the importance of contact notification in the event of positive results implementer to update contact information in EMR if required.
- Implementer to follow up with lab results promptly when available and review these findings with the patient's primary care provider in a timely manner so that appropriate treatment or follow up care is implemented. Implementer will ensure that results are communicated with patient and that treatment and/or follow up testing is completed as per guidelines.

Documentation and Communication:	Appendix Attached: <u>X</u> No <u>Yes</u> Title:
<ul> <li>Documentation in the patient's EMR needs t</li> </ul>	o include: name and number of the directive name

- Documentation in the patient's EMR needs to include: name and number of the directive, name of the implementer (including credential), and name of the physician/nurse practitioner authorizer responsible for the directive and patient.
- Information regarding implementation of the procedure and the patient's response should be documented, in the patient's EMR, in accordance with standard documentation practice (College of Nurses of Ontario, 2008).
- Standard documentation is recommended for prescriptions, requisitions, and requests for consultation.
- Implementer will send a message in Practice Solutions to patient's primary care provider, notifying him/her that patient was seen, and to review note in EMR for details.

Review and Quality Monitoring Guidelines:	Appendix Attached: <u>X</u> No <u>Yes</u> Title:
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- Routine review will occur annually on the anniversary of the activation date. Review will involve a collaboration between the authorizing primary care providers and the authorized implementers.
- If new information becomes available between routine reviews, such as the publishing of new clinical practice guidelines, and particularily if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse pracititioner and a mimimum of one implementer. At any such time that issues related to the use of this directive are identified, TCFHT must act upon the concerns and immediately undertake a review of the directive by the authorizing primary care providers and the authorized implementers.
- This medical directive can be placed on hold if routine review processes are not completed, or if indicated for an ad hoc review. During the hold, implementers cannot perform the procedures

under authority of the directive and must obtain direct, patient-specific orders for the procedure until it is renewed.

#### References:

Cancer Care Ontario. (2017). *Screening Guidelines – Cervical Cancer*. Retrieved from <u>https://www.cancercare.on.ca/common/pages/UserFile.aspx?fileId=13104</u>

Carusi, D. A. (2021). *The gynecologic history and pelvic examination*. Retrieved from <u>http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-</u> <u>examination?source=search\_result&search=bimanual+exam&selectedTitle=1%7E150</u>

Canadian Task Force of Preventative Health Care (2016). Pelvic Exam: Summary of recommendations for clinicians and policy makers. Retrieved from <u>https://canadiantaskforce.ca/guidelines/published-guidelines/pelvic-exam/</u>

College of Nurses of Ontario. (2008). *Practice Standard: Documentation*. Retrieved from <u>https://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/</u>

College of Nurses of Ontario. (2006). Practice Standard: Therapeutic Nurse-Client Relationship. Retrieved from <u>https://www.cno.org/en/learn-about-standards-guidelines/standards-and-guidelines/</u>

Fitzgerald, K. (2012). Women Abuse: Screening, Identification and initial response. RNAO Best Practice Guideline. Retrieved from <u>http://rnao.ca/sites/rnao-ca/files/Supplement\_Only.pdf</u>

Gamma-Dynacare. (2016). PAP SMEAR. Retrieved from <u>https://www.dynacare.ca/specialpages/secondarynav/find-a-</u> <u>test/nat/pap%C2%A0smear.aspx?sr=ont&st=pap&</u>

Jarvis, C., Browne, A., MacDonald-Jenkins, J., & Luctkar-Flude, M. (2014). Physical Examination and Health Assessment: Second Canadian Edition.

Joyce, C. & Piterman, L. (2011). The work of nurses in Australian general practice: A national survey. International Journal of Nursing Studies, 48, 70-70.

Mills, J. & Fitzgerald, M. (2008). Renegotiating roles as part of developing collaborative practice: Australian nurses in general practice and cervical screening. *Journal of Multidisciplinary Healthcare, 1,* 35-43.

Public Health Agency of Canada. (2013). *Canadian Guidelines on Sexually Transmitted Infections*. Retrieved from <u>http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php</u>

Stewart, R., Thistlethwaite, J., & Buchanan, J. (2009). Can rural practice nurses, physician assistants and nurse practitioners fulfill patient expectations regarding "Well Woman Checks"? 10<sup>th</sup> National Rural Health Conference. Retrieved from <u>http://eprints.jcu.edu.au/5328/</u>

Last Updated Feb 6, 2020 by Vicki McGregor RN

Thistlethwaithe, J. (2010). Pap tests: What do women expect? *Australian Family Physician, 39*(10), 775-778.

Tonelli, M. et al. (2016). Recommendations on routine screening pelvic examination: Canadian Task Force on Preventive Health Care adoption of the American College of Physicians guideline. *Canadian Family Physician, 62*(3). Retrieved from: <u>http://www.cfp.ca/content/62/3/211</u>

White Hilton, L., Jennings-Dozier, K., Bradley, P., Lockwood-Rayermann, S., DeJesus, Y., Stephens, D. et al. (2003). The Role of Nursing in Cervical Cancer Prevention and Treatment. *Cancer*, 98(S9), 2070-2074.

#### NOTE:

This medical directive is based on TCFHT's previous medical directive RN-2PELVIC entitled, "Pelvic Examination," which required revision in formatting to reflect the growth of the TCFHT organization. The majority of the content of RN-2PELVIC has remained the same for the revised TCFHT-MD06 version. Therefore, all approved Implementers and Authorizers for medical directive RN-2PELVIC "Pelvic Examination," have grandfathered approval for TCFHT-MD06 "Pelvic Examination."

	Appendix A:						
Authorizer Approval Form							
Name	Signature	Date					

### Appendix B:

### Implementer Approval Form

To be signed when the implementer has completed the required preparation, and feel they have the

knowledge, skill, and judgement to competently carry out the actions outlined in this directive.

Name	Signature	Date
	Last Undated Feb 6-2	020 by Vicki McGregor RN

## Appendix C

## Sample Lab Requisition

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Therapoutic Drug Monitoring:       Urice         Name of Drug #1       Stool Cu ture         Name of Drug #2       Stool Ova & Parables         Time Collected #1       In:       #2         Time of Last Dose #1       In:       #2         Time of Next Dose #1       In:       #2         Immed Next Dose #1       In:			· · ··· · ···· · · · · · · · · · · · ·			
Name of Drug #1       Stool Culture         Name of Drug #2       Stool Ova & Parables         Time Collected #1       In:       #2         Time of Last Dass #1       In:       #2         Time of Next Dass #1       In:       #2         Immed Next Dass #1       In:       #2         Time of Next Dass #1       In:       #2         Immed Next Dass #1       I		-				
Name of Drug #2     Stool Ova & Parabiles       Time Collected #1     In     #2       Time of Last Dash #1     Inr     #2       Time of Next Dose #1     Inr     #2       I hereby certify the tests ordered are not for registered in or out patients of a hospital.     Date       Vicki McGregor RN As per medical directive TCFHT-MD()     FOBT (non CCC)       X     05/02/2020	and the first second and the second sec					
Time Collected #1       In.       #2       Ir         Time of Last Dase #1       In.       #2       In         Time of Next Dase #1       In.       #2       In         Time of Next Dase #1       In.       #2       In         Itereby certify the tests ordered are not for registered in or out patients of a hospital.       Date       Date         Vicki McGregor RN       As per medical directive TCFHT-MD()       FOBT (non CCC)       1       ColonCancerCheck FOBT (CCC) no other test can be ordered on the Laboratory Use Only         X       05/02/2020       05/02/2020       05/02/2020       05/02/2020       05/02/2020						
Time of Last Dose #1     Inr.     #2     Inr.       Time of Next Dose #1     Inr.     #2     Inr.       Specimen Collection     Time     Date       I hereby certify the tests ordered are not for registered in or out patients of a hospital.     Date       Vicki McGregor RN     As per medical directive TCFHT-MD()/2       x     05/02/2020			·····			
Time of Next Dose #1       Inr.       #2       Inr.       Specimen Collection         I hereby certify the tests ordered are not for registered in or out patients of a hospital.       Date       Date         Vicki McGregor RN       FOBT (non CCC)       ColonCancerCheck FOBT (CCC) no other test can be ordered on the Laboratory Use Only         X       Vicki McGregor RN         As per medical directive TCFHT-MD()       Stop2/2020		Ganor Swabs / Pus (specily source):				
I hereby certify the tests ordered are not for registered in or out patients of a hospital.       Time       Date         Fecal Occult Blood Test (FOBT) (check one)       Fecal Occult Blood Test (FOBT) (check one)         Vicki McGregor RN       FOBT (non CCC)       ColonCancerCheck FOBT (CCC) no other test can be ordered on the Laboratory Use Only         X       05/02/2020		Specimen Collection				
I hereby certify the tests ordered are not for registered in or out patients of a hospital.  Fecal Occult Blood Test (FOBT) (check one) FoBT (CCC) in other test can be ordered on the Laboratory Use Only Vicki McGregor RN As per medical directive TCFHT-MDUG X 05/02/2020	Fime of Next Dose #1 br.   #2 hr		··· · · ······························			
Vicki McGregor RN     As per medical directive TCFHT-MDOC:       x     Wight for the second						
Laboratory Use Only Vicki McGregor RN As per medical directive TCFHT-MDOL x VMCHVP 05/02/2020	out patients of a hospital.					
Vicki McGregor RN As per medical directive TCFHT-MDOG x VMCGAUP 05/02/2020			k FOBT (CCC) no other test can be ordered on this form			
As per medical directive TCFHT-MDOG x VMCGUT 05/02/2020		Laboratory Use Only				
× VMEGRAP 05/02/2020	Vicki McGregor RN					
	As per medical directive TCFHT-MD $\bigcirc$					
	WARY DEMONSOR					
		1	7030-458			

## Appendix D

## Sample Cytology Requisition

Dynacare <sup>.</sup>	Laboratory I	lse Only			Cytology	r Reference Number		
Requisitioning Name Vivienne Lemos								
Address 790 Bay Street Suite 300		Nat		(a. 1/1		Service Date		
Toronto, ON M5G 1	8		416-960-1	titioner's Contact No .366	ununur	Ex		2020/02/05
Ciniculty/Practitioner Number	CPSO/Registration N	mber	Health Card Nu	mber	1	Version	Sex	Date of Birth
029015							м	1945/04/03
	Party/Uninsured	WSIB		winclei Registration Numb				Health Card Expiry
Copy to: Clinicish / Practitioner C	Copy to: Clinician / Practitioner CPSO # Patient							
Name			Patient's First Name Daffy	( as per Haalth Cerd )			P	alient's Middle Name (as per Health Gard)
Address				nclusing Passal Code)			L	
a beber bit strategen verster og angen men av beskere bit stelet av sjelet av som			345 Whi	e Tail WayMiss	sissa	uga, (	ON NOM	1 1AO
Name		:						
Address			Postzi Code N	0M 1A0				
Patient's Chart Humber	Specimen Collection To		Specimen C	ollection Date			Contact Numbe	a la
8865 3:59PM w 2020/02/			05	416	-260-	1315	Ext.	
GYNECOLOGIC CYTOLOGY				!	NON	GYNE	COLOG	IC CYTOLOGY
Pap Test according to Ontario Cervical Screening Guidelines  Patient Pay Pap Test (redect as best informed that inter will be invited by Specimen)  # Of Specimens Submitted # Of Slides Submittee					# Of Slides Submitted			
Date of LMP (First Day) Urine: Voided Catheterized					eterized			
Site: Cervical Combined Endocervical Vaginal Thyrold FNA: Left Right Cyst Nodule Single					vst 🗌 Noriule 🗌 Single 🗌 Multi			
Collection Method:			Body Fluids: Peiural Peritoneal Sputum:					
Collection Instrument: Brush Broom Spatula			Synevial Fluid: Left Right Site:					
Corvin: Normal Suspicious			Breast: Lef	1 [	Right		Nodule 🔲 Nipple Discharge	
Clinical Status: Prognancy (owiss) Post Partum (owiss)								
Post Menopausal			Other Site: (Specify)					
			Clinical History	/Ren	narks:			
Hysterectomy: Total -	No Cervix	Partial - Cerv	rix Present					
Patient History: Is Patie	nt Vaccinated f	or HPV?	Yes No	]				
Previous Abnormal Cytology Result/Dato:								
	Result/De	ste:						
STI Testing on ThinPreps				Laboratory	Use	Only		Fixative Added Yes No
Chlamydia NAAT Go		Trichon	nonas NAAT	Description:	_			
				Cotor	v []	Eloody [	Watery	Clear Turbid Flocculent
· · · · · · · · · · ·								
Clinical information is important in the interpretation of all Cytology tests, Please provide all relevant clinical information. I hereby certify the test ordered are not for registered in or Out Patients of a Hospital. MML Med Directive Date 05/02/2020								
Clinician/Prectitioner	Signature OV		EGOT RN	TCFHFT MD	<u>06</u>			