



Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title: Pelvic Examination Number: TCFHT-MD06
 Activation Date: 01-09-2011 Review Date: Oct 13, 2021
 Next Review: Oct 13, 2022

Sponsoring/Contact Person(s)
 (name, position, contact particulars):
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Order and/or Delegated Procedure:

Appendix Attached: No Yes
 Title:

Pelvic Examination consists of the following:

- Inspection of external genitalia
- Speculum evaluation of the vagina and cervix
- Specimen Collection – cervical swabs, vaginal swabs, viral microbiology swabs, papanicolaou test

Recipient Patients:

Appendix Attached: No Yes
 Title: Appendix A – Authorizer Approval Form

Recipient patients must:

- Be active patients of a TCFHT primary care provider who has approved this directive by signing the Authorizer Approval Form
- Be female or transgender man who has retained their cervix
- Meet the conditions identified in this directive

Authorized Implementers:

Appendix Attached: No Yes
 Title: Appendix B – Implementer Approval Form

Implementers must be TCFHT employed Regulated Health Care Providers or Physician Assistant (under the supervision of a physician).

Implementers must complete the following preparation and sign the Implementer Approval Form:

- 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 <https://www.lakeridgehealth.on.ca/en/central-east-regional-cancer-program/Cervical-Cancer-Screening-.asp>
- 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 <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>
- Review Gamma Dynacare Specimen Collection Information for paps, cervical, and vaginal swabs, accessible from <https://www.dynacare.ca/specialpages/secondarynav/find-a-test/nat/pap%C2%A0smear.aspx?sr=ont&st=pap&>
- Review Public Health Ontario Specimen Collection guidelines, accessible from: <http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Kit%20Ins-truction%20Sheets/Virus-Culture.aspx>
- Review Toronto Public Health Sexual Health Information for Health Professionals accessible from: <https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/sexual-health-info-for-health-professionals/>
- Review Canadian Guidelines on Sexually Transmitted Infections (PHAC, 2016), accessible from <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php>
- Review Rainbow Health Ontario's Long-term Preventive Care recommendations for trans men available online in their Trans Primary Care Guide: <https://www.rainbowhealthontario.ca/TransHealthGuide/gp-mascht.html#sec5>
- Review Check it Out Guys: The Trans Men's Pap Campaign resource for service providers can be accessed in the Sherbourne Health archive: <https://www.rainbowhealthontario.ca/pap-campaigns/>
- Review RNAO's Woman Abuse: Screening, identification and initial response accessible from <https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response>
- Review CMPA's "Is it time to rethink your use of chaperones?" article (March 2019) available at <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2019/is-it-time-to-rethink-your-use-of-chaperones>
- Review the Labia Library for photos of anatomical variations <http://www.labialibrary.org.au/photo-gallery/>

Indications:

Appendix Attached: 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.

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.

Consent:Appendix Attached: No Yes

Title:

- 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 Order/Procedure:Appendix Attached: No Yes

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
 - Assesses external genitalia
 - Assesses internal genitalia using speculum of appropriate size and shape
 - 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: No Yes
 Title:

- 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: No Yes
 Title:

- 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 particularly if this new information has implications for unexpected outcomes, the directive will be reviewed by the authorizing physician/nurse practitioner and a minimum 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.

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

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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 D

Sample Cytology Requisition

Dynacare Cytology Requisition Requisitioning Clinics / Practitioner Name Vivienne Lemos Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8		Laboratory Use Only		Cytology Reference Number	
Clinician/Practitioner Number 029015		CPSO/Registration Number		Clinician / Practitioner's Contact Number for Urgent Results 416-960-1366 Ext.	
Health Card Number		Version		Sex M	
Date of Birth 1945/04/03		Service Date 2020/02/05		Health Card Expiry	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party/Uninsured <input type="checkbox"/> WSIB		Province		Other Provincial Registration Number	
<input type="checkbox"/> Copy to: Clinician / Practitioner CPSO #		Patient's Last Name (as per Health Card) Duck		Patient's First Name (as per Health Card) Daffy	
Name Address		Patient's Middle Name (as per Health Card)		Patient's Address (including Postal Code) 345 White Tail Way Mississauga, ON N0M 1A0	
Name Address		Postal Code N0M 1A0		Patient's Chart Number 8865	
Specimen Collection Time 3:59 PM		AM <input type="checkbox"/> PM <input type="checkbox"/>		Specimen Collection Date 2020/02/05	
Patient's Telephone Contact Number 416-260-1315 Ext.		GYNECOLOGIC CYTOLOGY		NON GYNECOLOGIC CYTOLOGY	
<input checked="" type="checkbox"/> Pap Test according to Ontario Cervical Screening Guidelines <input type="checkbox"/> Patient Pay Pap Test (Patient has been informed that they will be invoiced by Dynacare)		<input type="checkbox"/> # Of Specimens Submitted		<input type="checkbox"/> # Of Slides Submitted	
Date of LMP (First Day)		Urine: <input type="checkbox"/> Voided <input type="checkbox"/> Catheterized		Thyroid FNA: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Single <input type="checkbox"/> Multi	
Site: <input checked="" type="checkbox"/> Cervical <input type="checkbox"/> Combined <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal		Body Fluids: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal <input type="checkbox"/> Sputum: <input type="checkbox"/>		Synovial Fluid: <input type="checkbox"/> Left <input type="checkbox"/> Right Site: _____	
Collection Method: <input checked="" type="checkbox"/> Liquid Base <input type="checkbox"/> Conventional/Slide		Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Nipple Discharge		Other Site: (Specify) _____	
Collection Instrument: <input checked="" type="checkbox"/> Brush <input type="checkbox"/> Broom <input type="checkbox"/> Spatula		Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious		Clinical History/Remarks:	
Clinical Status: <input type="checkbox"/> Pregnancy (swks) _____ <input type="checkbox"/> Post Partum (swks) _____ <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> HRT <input type="checkbox"/> BCP <input type="checkbox"/> IUD		Hysterectomy: <input type="checkbox"/> Total - No Cervix <input type="checkbox"/> Partial - Cervix Present		Patient History: Is Patient Vaccinated for HPV? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Previous Abnormal Cytology Result/Date: _____		<input type="checkbox"/> Biopsy Result/Date: _____		STI Testing on ThinPrep: In addition MOH requisition is required. <input type="checkbox"/> Chlamydia NAAT <input type="checkbox"/> Gonorrhea NAAT <input type="checkbox"/> Trichomonas NAAT	
HPV: Patient will be billed for HPV test. <input type="checkbox"/> HPV test only <input type="checkbox"/> HPV & Pap test <input type="checkbox"/> HPV test (if ASCUS)		Laboratory Use Only		Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description: <input type="checkbox"/> Thick <input type="checkbox"/> Scanty <input type="checkbox"/> Bloody <input type="checkbox"/> Watery <input type="checkbox"/> Clear <input type="checkbox"/> Turbid <input type="checkbox"/> Flocculent <input type="checkbox"/> Color _____ <input type="checkbox"/> Volume _____ ml		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.			
Signature Vicki McGregor RN TCFHT MD-06		Date 05/02/2020		_____	