

Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title: Pelvic Examination Number: TCFHT-MD06
 Activation Date: 01-09-2011 Review Date: Dec 15, 2021
 Next Review: Dec 15, 2022

Sponsoring/Contact Person(s)
 (name, position, contact particulars):
 Alissia Valentinis, MD
 790 Bay, Suite 522, Toronto, Ontario
 416-591-1222
 Vicki McGregor RN
 790 Bay St, Suites 300 & 302
 416-960-1366

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).

Practical requirements

- Successfully complete the McMaster University's Clinical Skills in Gynecological Health Workshop (**this training is suspended due to the COVID-19 pandemic and practical training will be provided by authorizing PCPs within TCFHT**)
- After completing the theoretical preparation below, demonstrate ability to competently perform pelvic examination under supervision of an authorizing primary care provider on 3 occasions

Theoretical requirements

- Complete the online Cancer Care Manitoba Cervical Cancer Screening Learning Module and post-test, available at: <https://www.cancercare.mb.ca/screening/hcp/education>
- Review Ontario Cervical Screening Cytology Guidelines (Cancer Care Ontario, June 2020). Please note that Ontario is transitioning to initiation of cervical cancer screening at age 25 years old. Available at: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>
- Watch the following videos: Cancer Care Manitoba's Cervical cancer screening collection procedure at: <https://youtu.be/Sqk6qEpUOqw> Please note, in Toronto, we use the Hologic Thinprep pap test collection device and the broom head is not left in the specimen cup. Review instructions here: https://youtu.be/w_kZNiF8akg
- Review Female Reproductive System Physical Examination & Health Assessment Guidelines in an advanced health assessment textbook (ex. Jarvis or equivalent reference).
- Review "The gynecologic history and pelvic examination" article (Carusi, 2021) retrieved from Uptodate: http://www.uptodate.com/contents/the-gynecologic-history-and-pelvic-examination?source=search_result&search=bimanual+exam&selectedTitle=1%7E150
- Review the video, "At your Cervix: What's normal anyway?" <https://youtu.be/COL76lmg-NM>
- Review the Labia Library for anatomical variations <http://www.labialibrary.org.au/photo-gallery/>
- Review specimen collection instructions for paps, endocervical and vaginal swabs, accessible from Gamma Dynacare <https://www.dynacare.ca/specialpages/secondarynav/find-a-test/nat/pap%C2%A0smear.aspx?sr=ont&st=pap&> as well as Hologic Aptima swab instructions at <https://youtu.be/xmMuWlOlXyU>
- Review Public Health Ontario Specimen Collection guidelines for collecting gonorrhoeae, chlamydia, trichomonas NAAT and culture specimens, accessible from: <http://www.publichealthontario.ca/en/ServicesAndTools/LaboratoryServices/Pages/Kit%20Instruction%20Sheets/Virus-Culture.aspx>
- Review the Public Health Ontario bacterial STI testing quick reference guide at: https://www.publichealthontario.ca/-/media/documents/b/2019/bacterial-sti-quick-reference.pdf?sc_lang=en
- Review Toronto Public Health Sexual Health Information for Health Professionals, including STI treatment guidelines, accessible from: <https://www.toronto.ca/community-people/health-wellness-care/information-for-healthcare-professionals/sexual-health-info-for-health-professionals/>
- Review the Ontario 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>

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 and results of last pap, HPV test and/or swab, history of STIs or abnormal pap tests, sexual history, date of last menstrual period, 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 STIs, vaginal C&S 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 container, cytology broom)
- 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: <input checked="" type="checkbox"/> No <input type="checkbox"/> 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.

References:

Alberta Cervical Cancer Screening Program RN Pap Module <https://screeningforlife.ca/for-health-providers/>
<https://screeningforlife.ca/wp-content/uploads/ACCSP-RN-Guideline.pdf>
https://nurses.ab.ca/docs/default-source/document-library/practice-advice/registered-nurse-role-in-cervical-cancer-screening.pdf?sfvrsn=dc75f8fd_10

Cancer Care Manitoba Cancer Prevention and Screening Education and Training for Health Care Provideres <https://www.cancercare.mb.ca/screening/hcp/education>

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

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

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

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

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 <http://www.phac-aspc.gc.ca/std-mts/sti-its/index-eng.php>

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

Thistlethwaite, 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: <http://www.cfp.ca/content/62/3/211>

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

Appendix C

Sample Lab Requisition

 Ontario Ministry of Health and Long-Term Care Laboratory Requisition Requisitioning Clinician / Practitioner		Laboratory Use Only	
Name Vivienne Lemos Address 790 Bay Street Suite 300 Toronto, ON M5G 1N8		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext. _____ Version _____ Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F Date of Birth yyyy mm dd 1945 04 03	
Clinician/Practitioner Number 029015		Health Number _____	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province/Other Provincial Registration Number _____	
Additional Clinical Information (e.g. diagnosis) _____		Patient's Telephone Contact Number (416) 260-1315	
Patient's Last Name (as per OHIP Card) Duck		Patient's First & Middle Names (as per OHIP Card) Duffy	
Patient's Address (including Postal Code) 345 White Tail Way Mississauga, ON N0M 1A0		_____	
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory			
<input checked="" type="checkbox"/> Biochemistry Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting HbA1C Creatinine (eGFR) Uric Acid Sodium Potassium ALP Alk. Phosphatase Bilirubin Albumin Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Cholesterol:HDL-C ratio; individual lipid tests may be ordered in the "Other Tests" section of this form) Albumin / Creatinine Ratio, Urine Urinalysis (Chemical) Neonatal Bilirubin Child's Age: _____ days _____ hours Clinician/Practitioner's tel. no. Patient's 24 hr telephone no.: _____ Therapeutic Drug Monitoring: Name of Drug #1 _____ Name of Drug #2 _____ Time Collected #1 _____ hr. #2 _____ hr. Time of Last Dose #1 _____ hr. #2 _____ hr. Time of Next Dose #1 _____ hr. #2 _____ hr.		<input checked="" type="checkbox"/> Hematology CBC Prothrombin Time (INR) <input checked="" type="checkbox"/> Immunology Pregnancy Test (Urine) Mononucleosis Screen Rubella Prenatal: ABO, Rh(D), Antibody Screen (titer and ident. if positive) Repeat Prenatal Antibodies <input checked="" type="checkbox"/> Microbiology ID & Sensitivities (if warranted) Cervical <input checked="" type="checkbox"/> Vaginal Vaginal - Rectal - Group B Strep Chlamydia (specify source): NAAT cervix GC (specify source): NAAT cervix Sputum Throat Wound (specify source): _____ Urine Stool Culture Stool Ova & Parasites Other Swabs / Pus (specify source): _____	
I hereby certify the tests ordered are not for registered in or out patients of a hospital.		<input checked="" type="checkbox"/> Viral Hepatitis (check one only) Acute Hepatitis Chronic Hepatitis Immune Status / Previous Exposure Specify: <input type="checkbox"/> Hepatitis A <input type="checkbox"/> Hepatitis B <input type="checkbox"/> Hepatitis C or order individual hepatitis tests in the "Other Tests" section below <input type="checkbox"/> Prostate Specific Antigen (PSA) Total PSA _____ Free PSA _____ Specify one below: <input type="checkbox"/> Insured - Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured - Screening; Patient responsible for payment <input checked="" type="checkbox"/> Vitamin D (25-Hydroxy) Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism Uninsured - Patient responsible for payment <input type="checkbox"/> Other Tests - one test per line _____ _____	
Vicki McGregor RN As per medical directive TCFHT-MD06  Clinician/Practitioner Signature		Date 05/02/2020	
Fecal Occult Blood Test (FOBT) (check one) <input type="checkbox"/> FOBT (non CCC) <input type="checkbox"/> ColonCancerCheck FOBT (CCC) no other test can be ordered on this form		Laboratory Use Only	

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 <input type="checkbox"/> Copy to: Clinician / Practitioner CPSO #		Province Other Provincial Registration Number		Patient's Last Name (as per Health Card) Duck	
Name Address		Patient's First Name (as per Health Card) Daffy		Patient's Middle Name (as per Health Card)	
Name Address		Patient's Address (including Postal Code) 345 White Tail Way Mississauga, ON N0M 1A0 Postal Code N0M 1A0			
Patient's Chart Number 8865		Specimen Collection Time 3:59PM hr. <input type="checkbox"/> AM <input type="checkbox"/> PM		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		
Site: <input checked="" type="checkbox"/> Cervical <input type="checkbox"/> Combined <input type="checkbox"/> Endocervical <input type="checkbox"/> Vaginal			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		
Collection Method: <input checked="" type="checkbox"/> Liquid Base <input type="checkbox"/> Conventional/Slide			Body Fluids: <input type="checkbox"/> Pleural <input type="checkbox"/> Peritoneal Sputum: <input type="checkbox"/>		
Collection Instrument: <input checked="" type="checkbox"/> Brush <input type="checkbox"/> Broom <input type="checkbox"/> Spatula			Synovial Fluid: <input type="checkbox"/> Left <input type="checkbox"/> Right Site: _____		
Cervix: <input type="checkbox"/> Normal <input type="checkbox"/> Suspicious			Breast: <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Cyst <input type="checkbox"/> Nodule <input type="checkbox"/> Nipple Discharge		
Clinical Status: <input type="checkbox"/> Pregnancy (twice) <input type="checkbox"/> Post Partum (twice) _____ <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> HRT <input type="checkbox"/> BCP <input type="checkbox"/> IUD			Other Site: (Specify) _____		
Hysterectomy: <input type="checkbox"/> Total - No Cervix <input type="checkbox"/> Partial - Cervix Present			Clinical History/Remarks:		
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: _____			Laboratory Use Only <input type="checkbox"/> Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No		
STI Testing on ThinPrep: in addition MOH requisition is required. <input type="checkbox"/> Chlamydia NAAT <input type="checkbox"/> Gonorrhoea NAAT <input type="checkbox"/> Trichomonas NAAT			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		
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)			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.		
_____ Clinician/Practitioner Signature			_____ Med Directive Vicki McGregor RN TCFHT MD-06 Date 05/02/2020		