

Implementers must complete the following preparation and sign the Implementer Approval Form (Appendix B):

- Assess own knowledge, skill, and judgment to competently perform pelvic examinations (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
- 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

- Review Ontario Cervical Screening Cytology Guidelines (Cancer Care Ontario, June 2020), accessed from: <https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>
- Review female pelvic anatomy and physiology and physical examination & health assessment in an advanced health assessment textbook (ex. Jarvis or equivalent reference).
- Review "The gynecologic history and pelvic examination" article (Carusi, 2023) 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 Alberta Health Service's Cervical Cancer Screening Learning Module for RNs and other resources available at: https://screeningforlife.ca/for-health-providers/cervical-screening-information/?d=2#rn_pap_module_resources
- Review the Cancer Care Manitoba's Cervical Cancer Screening Module for Health Care Providers <https://www.cancercare.mb.ca/screening/hcp/education>
- View the "Pelvic examination" video at [Toronto Video Atlas of Surgery \(TVASurg\)](https://www.youtube.com/watch?v=KZNiF8akg)
- View 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 local instructions here: https://youtu.be/w_kZNiF8akg
- View 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/xmMuWIOlxYU>
- Review Public Health Ontario Specimen Collection guidelines for collecting gonorrhoeae, chlamydia, trichomonas NAAT and vaginal culture specimens, accessible from: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index>
- Review the Public Health Ontario bacterial STI testing quick reference guide at: <https://www.publichealthontario.ca/en/diseases-and-conditions/infectious-diseases/sexually-transmitted-infections>
- 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 the cervical cancer screening section and “Tips for providing paps to trans men” in the Rainbow Health Ontario’s Long-term Preventive Care recommendations for trans masculine patients: <https://www.rainbowhealthontario.ca/TransHealthGuide/gp-mascht.html#sec5>
- Review RNAO’s Woman Abuse: Screening, identification and initial response accessible from <https://rnao.ca/bpg/guidelines/woman-abuse-screening-identification-and-initial-response>
- Be familiar with your professional practice standards that protect patients from abuse by a health professional, including the College of Nurses of Ontario’s Code of Conduct and Therapeutic Nurse-Client Relationship
- Review CMPA’s guidance on respecting professional boundaries during intimate procedures or exams: <https://www.cmpa-acpm.ca/en/education-events/good-practices/professionalism-ethics-and-wellness/boundaries>
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Indications:

Appendix Attached: No Yes
Title:

- Adult females or transgender men with a cervix aged 21-years and older who are, or have ever been, sexually active presenting for routine cervical cancer screening as per the most recent Ontario Cervical Screening Cytology guidelines.
- **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 STI results.
- Implementers understand the prevalence of abuse and the triggering nature of this exam. Implementers will accommodate patient requests, communicate and stop the 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 consider giving 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

For eligible and appropriate patients, the implementer:

- Obtains detailed history (presenting symptoms, date and results of last pap, HPV test, HPV vaccination, history of STIs or abnormal pap tests, sexual history, date of last menstrual period, contraception, vaginal symptoms, and routine screening for abuse)
- Determine patient eligibility for cervical cancer screening according to the Ontario Cervical Screening Program guidelines and patient risk factors.
- Provides patient 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 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 cytology using the supervising primary care provider initials in Practice Solutions. If patient reports vaginal symptoms of infection (e.g., atypical vaginal discharge, foul odour, itching), intermenstrual spotting, post-coital spotting, and/or the patient is, or has been, sexually active with risk factors for STIs, prepare requisitions for STI tests and/or vaginal C&S (see Appendices C and D).
- 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 STI results – implementer to update contact information in EMR if required.
- Implementer to follow up with lab results promptly 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.

References:

Alberta Cervical Cancer Screening Program <https://screeningforlife.ca/wp-content/uploads/ACCSP-RN-Guideline.pdf>

Cancer Care Manitoba's Cervical Cancer Screening Module for Health Care Providers
<https://www.cancercare.mb.ca/screening/hcp/education>

Cancer Care Ontario (2020). *Screening Guidelines – Cervical Cancer*. Retrieved from
<https://www.cancercareontario.ca/en/guidelines-advice/cancer-continuum/screening/resources-healthcare-providers/cervical-screening-guidelines-summary>

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 C

Sample Lab Requisition

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 Number 029015		Clinician/Practitioner's Contact Number for Urgent Results (416) 960-1366 Ext.	
CPSO / Registration No. 93244		Service Date yyyy mm dd 2000 01 01	
Health Number ON 8575 897 163		Version Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth yyyy mm dd 2000 01 01		Date of Birth yyyy mm dd 2000 01 01	
Check (✓) one: <input checked="" type="checkbox"/> OHIP/Insured <input type="checkbox"/> Third Party / Uninsured <input type="checkbox"/> WSIB		Province Other Provincial Registration Number Patient's Telephone Contact Number () ()	
Additional Clinical Information (e.g. diagnosis)		Patient's Last Name (as per OHIP Card) Test Patient's First & Middle Names (as per OHIP Card) Patient	
<input checked="" type="checkbox"/> Copy to: Clinician/Practitioner Last Name: First Name DEPfax: Test Address:		Patient's Address (including Postal Code) 123 College st. ON	
Note: Separate requisitions are required for cytology, histology / pathology and tests performed by Public Health Laboratory			
<input checked="" type="checkbox"/> Biochemistry	<input checked="" type="checkbox"/> Hematology	<input checked="" type="checkbox"/> Viral Hepatitis (check one only)	
Glucose <input type="checkbox"/> Random <input type="checkbox"/> Fasting HbA1C Creatinine (eGFR) Uric Acid Sodium Potassium ALT Alk. Phosphatase Bilirubin Albumin Lipid Assessment (includes Cholesterol, HDL-C, Triglycerides, calculated LDL-C & Chol/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.	CBC Prothrombin Time (INR) Immunology Pregnancy Test (Urine) Mononucleosis Screen Rubella Prenatal ABO, RhD, Antibody Screen (titre and ident. if positive) Repeat Prenatal Antibodies Microbiology ID & Sensitivities (if warranted) Cervical <input checked="" type="checkbox"/> Vaginal Vaginal / Rectal - Group B Strep <input checked="" type="checkbox"/> Chlamydia (specify source): cervix <input checked="" type="checkbox"/> GC (specify source): cervix Sputum Throat Wound (specify source): Urine Stool Culture Stool Ova & Parasites Other Swabs / Pus (specify source):	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 Prostate Specific Antigen (PSA) <input type="checkbox"/> Total PSA <input type="checkbox"/> Free PSA Specify one below: <input type="checkbox"/> Insured - Meets OHIP eligibility criteria <input type="checkbox"/> Uninsured - Screening: Patient responsible for payment Vitamin D (25-Hydroxy) <input type="checkbox"/> Insured - Meets OHIP eligibility criteria: osteopenia; osteoporosis; rickets; renal disease; malabsorption syndromes; medications affecting vitamin D metabolism <input type="checkbox"/> Uninsured - Patient responsible for payment Other Tests - one test per line Trichomonas NAAT cervix	
I hereby certify the tests ordered are not for registered in or out patients of a hospital.			
Vicki McGregor RN As per medical directive TCFHT-MD 06		Specimen Collection Time: 2:12:00 PM Date: 2023/03/06	
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			
Signature: Date: 08/03/2023			

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	
Health Card Number ON 8575 897 163		Version Sex M	
Date of Birth 2000/01/01		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) Test	
Name Address		Patient's First Name (as per Health Card) Patient	
Name Address		Patient's Middle Name (as per Health Card)	
Patient's Chart Number 35697		Specimen Collection Time 7:46PM hr. <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Specimen Collection Date 2023/03/08		Patient's Telephone Contact Number () 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) Jan 20, 2023		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 type="checkbox"/> Brush <input checked="" 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 (weeks) _____ <input type="checkbox"/> Post Partum (weeks) _____ <input type="checkbox"/> Post Menopausal <input type="checkbox"/> Post Menopausal Bleeding <input type="checkbox"/> HRT <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Laboratory Use Only Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input checked="" type="checkbox"/> Previous Abnormal Cytology Result/Date: ASCUS July 2022		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	
<input type="checkbox"/> Biopsy Result/Date: _____		STI Testing on ThinPrep: In addition MOH requisition is required. <input checked="" type="checkbox"/> Chlamydia NAAT <input checked="" type="checkbox"/> Gonorrhoea NAAT <input checked="" type="checkbox"/> Trichomonas NAAT	
<input type="checkbox"/> HPV test only <input type="checkbox"/> HPV & Pap test <input checked="" type="checkbox"/> HPV test (if ASCUS)		HPV: Patient will be billed for HPV test.	
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.		Date 08/03/2023	
Clinician/Practitioner Signature 		Vicki McGregor TCFHT Medical Directive 06	

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