

Taddle Creek

MEDICAL DIRECTIVE

Family Health Team

Title: Pelvic Examination Number: TCFHT-MD06
 Activation Date: 01-09-2011 Review Date: Apr 24, 2024
 Next Review due: Apr 24, 2025

Sponsoring/Contact Person(s) Alissia Valentinis, MD
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 (name, position, contact particulars): 416-591-1222

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 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 – Papanicolaou test, cervical swabs, vaginal swabs

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 (Appendix A)
- Be a person with a cervix who requires routine cervical cancer screening
- 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, RN or Physician Assistant (under the supervision of a physician).

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 and pap test 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 text (ex. Jarvis or equivalent reference).
- Review "The gynecologic history and pelvic examination" article (Carusi, 2024) 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=kZNI8akg)
- Review Hologic Thinprep pap test collection instructions here: https://youtu.be/w_kZNI8akg
- 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/DLvsgQ217Mc?feature=shared>
- 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:

- Patients 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. Follow Cancer Care Ontario's most recent Cervical Screening Cytology Guidelines for age of initiation.
- **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 non-cervical 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 is informed of mandatory reporting to public health and the importance of contact notification in the event of positive STI results.
- Patient able to give informed consent and is cooperative and does not need restraint.
- 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 discuss with the patient the option of having a chaperone during the exam, including bringing their own chaperone. 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:

- Determine patient eligibility for cervical cancer screening according to the Ontario Cervical Screening Program guidelines and patient history.

- Obtains detailed history (presenting symptoms, date and results of last pap and 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)
- 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 and arrange for follow up with the PCP, as necessary.
- Patient is informed of mandatory reporting and 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 this is communicated to the patient.

Documentation and Communication:

Appendix Attached: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Title:
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- 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.”

General Test Requisition

ALL sections of the form must be completed by [authorized](#) health care providers for each specimen submitted, or testing may be delayed or cancelled. Verify that all **testing requirements** are met before collecting a specimen. For HIV, respiratory viruses, or culture isolate requests, use the dedicated requisitions available at: publichealthontario.ca/requisitions

For Public Health Ontario's laboratory use only:
 Date Received (yyyy-mm-dd): PHO Lab No.:

Ordering Healthcare Provider Information
 Licence No.: Healthcare Provider Full Name:
 029015 Vivienne Lemos
 Org. Name: Taddle Creek FHT Address: ... Bay Street Suite 300
 City: Toronto Postal Code: M5G 1N8 Province: ON
 Tel: 416-960-1366 Fax: 416-960-1945

Patient Information
 Health Card No.: ON 8575 897 163
 Date of Birth (yyyy-mm-dd): 2000-01-01 Sex: Male
 Female
 Medical Record No.: 35697
 Last Name (per health card): Test
 First Name (per health card): Patient

Copy to Lab / Health Unit / Other Authorized Healthcare Provider
 Licence No.: Lab / Health Unit / Other Authorized Provider Name:
 Org. Name: Address:
 City: Postal Code: Province:
 Tel: Fax:

Address: 123 College st. Postal Code:
 City: Tel: ...@gmail.com

Patient Setting
 Clinic / Community ER (Not Admitted / Not Yet Determined) ER (Admitted)
 Inpatient (Non-ICU) ICU / CCU Congregate Living Setting

Investigation / Outbreak No. from PHO or Health Unit (if applicable):

Testing Indication(s) / Criteria
 Diagnosis Screening Immune Status Follow-up / Convalescent
 Pregnancy / Perinatal Impaired Immunity Post-mortem
 Other (Specify):

Specimen Information
 ★ Date Collected (yyyy-mm-dd): Submitter Lab No.:
 Whole Blood Serum Plasma
 Bone Marrow Cerebrospinal Fluid (CSF) Nasopharyngeal Swab (NPS)
 Oropharyngeal / Throat Swab Sputum Bronchoalveolar Lavage (BAL)
 Endocervical Swab Vaginal Swab Urethral Swab
 Urine Rectal Swab Faeces
 Other (Specify type AND body location):

Signs / Symptoms
 No Signs / Symptoms ★ Onset Date (yyyy-mm-dd):
 Fever Rash STI
 Gastrointestinal Respiratory Hepatitis Meningitis / Encephalitis
 Other (Specify):

Test(s) Requested
 Enter each assay as per the publichealthontario.ca/testdirectory:
 1. Gonorrhea NAAT
 2. Chlamydia NAAT
 3.
 4.
 5.
 6.

Relevant Exposure(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Occupational Exposure / Needlestick Injury (Specify): Source Exposed
 Other (Specify): Sexually active, male partners

For routine hepatitis A, B or C serology, complete this section instead:
Hepatitis A Immune Status (HAV IgG) Acute Infection (HAV IgM, signs/symptoms info)
Hepatitis B Immune Status (anti-HBs) Chronic Infection (HBsAg + total anti-HBc)
 Acute Infection (HBsAg + total anti-HBc + IgM if total is positive) Pre-Chemotherapy Screening (anti-HBs + HBsAg + total anti-HBc)
Hepatitis C Current / Past Infection (HCV total antibodies)
 No immune status test for HCV is currently available.

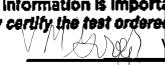
Relevant Travel(s)
 None / Not Applicable Most Recent Date (yyyy-mm-dd):
 Travel Details:

The personal health information is collected under the authority of the Personal Health Information Protection Act, s.36 (1)(c)(iii) for the purpose of clinical laboratory testing. If you have questions about the collection of this personal health information please contact the PHO's Laboratory Customer Service at 416-235-6556 or toll free 1-877-604-4567. F-SD-SCG-1000, version 004 (September 2023).



Appendix D

Sample Cytology Requisition

Dynacare Cytology Requisition		Laboratory Use Only		Cytology Reference Number	
Requisitioning Clinics /Practitioner 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.				Service Date 2024/04/24	
Clinician/Practitioner Number 029015		CPSO/Registration Number		Health Card Number ON 8575 897 163	
		Version		Sex M	
Date of Birth 2000/01/01		Province		Other Provincial Registration Number	
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 #			
Name Address		Patient's Last Name (as per Health Card) Test			
Name Address		Patient's First Name (as per Health Card) Patient		Patient's Middle Name (as per Health Card)	
Name Address		Patient's Address (including Postal Code) 123 College st.ON Postal Code			
Patient's Chart Number 35697		Specimen Collection Time 5:19PM <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		Specimen Collection Date 2024/04/24	
				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) March 24, 2024			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 (Pwks) _____ <input type="checkbox"/> Post Partum (Pwks) _____ <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					
<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			Laboratory Use Only Fixative Added <input type="checkbox"/> Yes <input type="checkbox"/> No		
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)			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 orders:  Clinician/Practitioner Signature		Vicki McGregor RN TCFHT Medical Directive 06		April 24, 2024	

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