

Pelvic Examinations by Medical Trainees

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PREAMBLE

It is important that physicians graduating from Canadian medical schools have the basic knowledge and skills pertinent to the care of their female patients. The pelvic examination is an essential part of the evaluation of women's health, and our medical trainees must develop the skills to perform this examination competently, ethically, and sensitively. To prepare for future practice, medical trainees (residents and medical students) must have the opportunity to participate actively in the provision of health care. Trainees gain hands-on experience in a system of delegated and graded responsibility while acting as integral members of the medical team, but the intimate nature of pelvic and rectal examinations poses an obstacle to demonstration and practice.

Examination of patients under anaesthesia solves a number of problems and offers several advantages:

1. It allows trainees to encounter normal and abnormal anatomy while the pelvis is relaxed.
2. It allows trainees to correlate their findings with intraoperative pathology.
3. It allows trainees to understand the findings at pelvic examination without time pressure.
4. It reduces patient discomfort.

In the operating room, the pelvic examination under anaesthesia may be an integral part of the surgical procedure. The surgeon examines the patient to plan the surgery and to decide on an appropriate incision. The medical trainees are involved in both the preoperative and postoperative care of the patient, and the examination allows trainees to participate in decision-making and to understand the intraoperative findings.

The medical literature and the public media have detailed the controversy about medical trainees performing pelvic examinations on women under general anaesthesia.¹⁻³ In most teaching hospitals, student participation is discussed with the patient and included in the general consent form. Patients ultimately have the right to refuse medical treatment and participation in medical teaching exercises, but most patients are willing participants in medical education.⁵⁻¹⁰ However, they want to be informed of medical trainee involvement,^{9,10} and physicians and trainees should be explicit about trainee participation during the consent process.¹¹ Patient participation in medical education in an academic teaching centre should be non-discriminatory and respectful of patients' rights and autonomy. Race or socioeconomic status should not be the basis for selection of patients for teaching.

RECOMMENDATIONS FOR CONSENT

Surgical Procedures Performed Under Anaesthesia

For most pelvic surgeries, it is important for the members of the surgical team to examine the patient under anaesthesia to confirm the suspected pathology and the initial steps

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of the surgical approach. As part of the description of the surgical procedure, the surgeon should inform the patient that she may be examined by a trainee at the beginning of the surgery.

The pelvic examination is a component of the surgical procedure. Consent for a pelvic examination by medical trainees who are part of the surgical team is therefore implicit when consent for participation in the surgical procedure by medical trainees is obtained.

In-Patient Wards, Out-Patient Settings, and Hospital Birthing Centres

The medical trainee should introduce himself or herself to the patient, and verbal consent should be obtained from all women on whom a pelvic examination is to be performed.

RECOMMENDATIONS FOR SUPERVISION

Medical trainees should perform pelvic examinations only under the supervision of an appropriately qualified health care professional (nurse, resident, physician). Both male and female trainees should perform pelvic examinations only in the presence of a chaperone for their own protection and the protection of the patient. Moreover, if a physical examination is undertaken for educational purposes, medical trainees should have experienced teachers guiding them to discover the pertinent physical findings. Medical trainees should also be able to decline participation if they do not feel comfortable with the circumstances of the examination.

SUMMARY

Pelvic examination is an essential skill required by all medical trainees, but its sensitive nature makes it challenging to learn.

Consent for medical trainees to be involved in direct care of examining the patient should be obtained in all circumstances in clinics, labour and delivery areas, and surgery, and for procedures using anaesthesia and analgesia.

As pelvic examination under anaesthesia is a component of most pelvic surgeries, consent for pelvic examination by medical trainees is contained within consent for a surgical procedure.

Verbal consent should be obtained for pelvic examinations by medical trainees in clinics, labour and delivery areas, and emergency rooms

Medical trainees should be appropriately chaperoned at all times to ensure the safety of the patient and the value of the learning opportunity.

REFERENCES

- Hicks LK, Lin Y, Robertson DW, Robinson DL, and Woodrow SI. Understanding the clinical dilemmas that shape medical students' ethical development: questionnaire survey and focus group study. *BMJ* 2001;322:709-10.
- Wall LL, Brown D. Ethical issues arising from the performance of pelvic examinations by medical students on anesthetized patients. *Am J Obstet Gynecol* 2004;190:319-23.
- Ubel PA, Jepson C, Silber-Isenstadt A. Don't tell, don't ask: a change in medical student attitudes after obstetrics/gynecology clerkships towards seeking consent for pelvic examinations on anesthetized patients. *Am J Obstet Gynecol* 2003;188:575-9.
- American College of Obstetricians and Gynecologists. Statement of the ACOG Committee on Ethics regarding ethical implications of pelvic examination training. Available at: http://www.acog.org/from_home/publications/press_releases/nr04-25-03.cfm. Accessed February 20, 2006.
- Lawton FG, Redman WE, Luesley DM. Patient consent for gynaecological examination. *Br J Hosp Med* 1990;44:326-9.
- Ubel PA, Silver-Isenstadt A. Are patients willing to participate in medical education? *J Clin Ethics* 2000;11:230-5.
- Silver-Isenstadt A, Ubel PA. Erosion in medical students' attitudes about telling patients they are students. *J Gen Intern Med* 1999;14:481-7.
- Bibby J, Boyd N, Redman CW, Luesley DM. Consent for vaginal examination by students on anaesthetised patients. *Lancet* Nov12;2(8620):1150.
- Wilson RF. Unauthorized practice: teaching pelvic examination on women under anesthesia. *JAMWA* 2003;58:217-20.
- Magrane D, Gannon J, Miller CT. Student doctors and women in labor: attitudes and expectations. *Obstet Gynecol* 1996;88:298-302.
- O'Flynn N, Rymer J. Consent for teaching: the experience of women attending a gynaecology clinic. *MedEduc* 2003; 37:1109-14