JOINT SOGC APOG POLICY STATEMENT
Pelvic Examinations by Medical Students
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GENERAL PRINCIPLES
Medical education is important to ensuring all Canadians have access to good healthcare today and in the future; however, patient autonomy should be respected in all clinical and educational interactions. When medical students are involved in patient care, patients should be informed of their roles and patients must provide their consent. Patient participation in any aspect of medical education should be voluntary and non-discriminatory.

PREAMBLE
Women's health is an important element of the medical school curriculum, and all physicians must be trained in the basic knowledge and skills pertinent to the care of the female patient. Regardless of the specialty that medical students choose to ultimately pursue, as medical practitioners they need to learn to perform pelvic examinations in a sensitive, competent and ethical manner. That competency includes not only the capacity to perform the examination but the ability to communicate with the patient and obtain consent for the examination. Use of standardized patients and models can be effective in teaching medical students the technique of pelvic examinations, and should allow students to feel comfortable with pelvic examinations prior to patient contact.[1] Medical students will also have the opportunity to learn pelvic examinations during their clinical clerkship in the ambulatory clinic setting, as well as in hospital rotations under appropriate supervision.

Pelvic examinations are an integral component of any gynecological consultation. This is particularly true in the surgical context whereby pelvic examinations under anesthesia are a fundamental part of most gynecologic surgery. Under anaesthesia, pelvic and abdominal muscles are relaxed and the patient is free from discomfort thus allowing the surgeon to fully appreciate the pelvic anatomy and clinical findings in a way that may not have been possible when the patient was awake.

All surgeries require a surgical team which may consist of a primary surgeon, an anesthesiologist, surgical assistants and nurses, who are all present in the operating room. Resident physicians and medical students are members of the surgical team. They are involved in the preoperative, intraoperative and postoperative care of the patient. During surgery, they are not merely observers, but often play an essential role as surgical assistants. Members of the gynecologic team examine the patient preoperatively in order to confirm underlying pathology, determine the most appropriate surgical approach, and understand the patient's individual

anatomy .[2] In the educational setting, this also provides an opportunity for the student to be guided through a pelvic examination by an expert teacher.

While medical students need to be trained to competently examine female patients to ensure that future generations of women have access to adequate health care, the teaching of these examinations can pose ethical problems.[3] The sensitivity of this issue has been recognized within the medical community for over 20 years,[4] and more recently medical societies have enacted guidelines in response to these concerns.[5, 6] The medical literature has detailed the controversy surrounding medical students performing pelvic examinations on anesthetised women.[2, 7, 8] In addition, many women undergoing pelvic surgery may not be aware of the role medical students play and of the importance of performing a pelvic examination at the time of surgery.[9]
The most important consideration is the need to establish that the patient consents to a pelvic examination by a medical student.[10] Patients have the right to refuse medical treatment and participation in medical teaching exercises. In fact, most patients are willing to participate in medical education[4, 11-15] but they want to be informed of medical student involvement.[9, 14, 15] Physicians and students must be explicit about student participation during the consent process.[16] Patient participation in medical education in an academic teaching centre should be non-discriminatory and respectful of patients' rights and autonomy.[5]
Race or socioeconomic status should not be the basis for selection of patients for teaching. Pelvic examinations under anesthesia are not the primary means of teaching pelvic examinations to medical students, and students should not be brought into 86 the operating room solely to perform a pelvic examination on an anesthetized patient.

A) OBTAINING INFORMED CONSENT

1. Consent to pelvic examinations performed by medical students in the clinical setting (in-patient wards, out-patient settings and Birth Units):
Medical students must introduce themselves to the patient and identify themselves as such. If the student will be performing a pelvic examination, they must explain the procedure they will be performing and seek the patients permission to perform the examination. Patient consent must be voluntary and free of coercion.

2. Consent to pelvic examinations performed by medical students during surgery while the patient is under anesthesia:
All members of the gynecology team (medical students, residents, and fellows) are expected to introduce themselves to the patient prior to her gynecologic surgery. Medical students must identify themselves as medical students, and explain that they will be assisting in the surgery. As part of the surgical consent, patients should be informed that pelvic examinations will be performed by members of the surgical team following the induction of anesthesia and prior to initiation of surgery. Verbal consent for including a medical student as part of the surgical team who will perform the examination under anesthesia should be obtained and documented. Patient consent must be voluntary and free of coercion. When possible, a discussion regarding the teaching environment in the operating room should take place with the patient at the time of consent for surgery in the office.

For out-patient clinics, in-patient settings and Birth units, medical students must introduce themselves and identify themselves as medical students to the patient. Verbal consent from the patient is required prior to a pelvic examination. For pelvic examinations during surgery while patients are under anesthesia, medical students must introduce themselves and identify themselves as medical students to the patient prior to the surgery. Consent for the pelvic examination under anesthesia by the gynecologic team, including the medical student, must be obtained.

Pelvic examinations under anesthesia should not be the primary means of teaching pelvic examinations to medical students, and students must not be brought into the operating room solely to perform a pelvic examination on an anesthetized patient.

B) ENSURING ADEQUATE SUPERVISION

Medical students must perform pelvic examinations only under the supervision of an appropriately qualified health care professional (e.g. nurse, resident, midwife or physician). Medical students may and should decline participation if they do not feel comfortable with the circumstances of the examination.
Medical students must perform pelvic examinations only under the supervision of an appropriately qualified health care professional (e.g. nurse, resident, midwife or physician).

SUMMARY

The pelvic examination is an integral part of the gynecological consultation and fundamental for the planning of any gynecological surgical intervention. Competently performing the pelvic exam is an essential skill required by all medical professionals, but its sensitive nature makes it challenging to teach and to learn. While educational tools such as didactic teaching sessions and the use of professional patients and pelvic models have largely replaced the clinical patient as the initial method of teaching medical students how to perform a pelvic examination, the best means of consolidating that knowledge is by examining a patient in a clinical setting. Indeed, our patients are our best teachers.

In all settings, consent must be obtained by the medical student or a member of the gynecology team for all patients prior to a medical student performing a pelvic examination. Medical students must introduce themselves to all patients when they are participating in their care, and identify their role as a medical student. Specifically for gynecologic surgery, patients should understand the role of a pelvic examination during the procedure, and that it may be performed by the members of the gynecologic team, including medical students. In all settings, consent must be given voluntarily and free from coercion.

In order to maintain high standards of women's healthcare in Canada, all physicians must be trained to perform an appropriate pelvic examination and to detect abnormal pathology. Medical

students are members of the medical team, and should be involved in the full scope of patient care, including communication, physical examination including pelvic examinations, diagnosis and therapy. Medical students need to learn and perform pelvic examinations during their clinical rotations with adequate supervision to ensure both the safety and comfort of the patient and to optimize their learning experience.

Bibliography

1. Siwe K, Wijma K, Stjernquist M, Wijma B. Medical students learning the pelvic examination: comparison of outcome in terms of skills between a professional patient and a clinical patient model. Patient Educ Couns 2007;68(3):211-7.
2. 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(2):319-23.
3. Coldicott Y, Pope C, Roberts C. The ethics of intimate examinations-teaching tomorrow's doctors. Bmj 2003;326(7380):97-101.
4. Bibby J, Boyd N, Redman CW, Luesley DM. Consent for vaginal examination by students on anaesthetised patients. Lancet 1988;2(8620):1150.
5. Gynecologists TACoOa. Professional Responsibilities in Obstetric-Gyneoclogic Education. ACOG Committee Opinion 2007;No. 358:Available at: www.acog.org/from_home/publications/ethics/co358.pdf. Accessed February 15, 2010. .
6. Gynaecologists RCoOa. Gynaecological Examinations: Guidelines for Specialist Practice. Royal College of Obstetricians and Gynaecologists Press 2002;London, 2002.
7. Ubel PA, Jepson C, Silver-Isenstadt A. Don't ask, don't tell: a change in medical student attitudes after obstetrics/gynecology clerkships toward seeking consent for pelvic examinations on an anesthetized patient. Am J Obstet Gynecol 2003;188(2):575-9.
8. Hicks LK, Lin Y, Robertson DW, Robinson DL, Woodrow SI. Understanding the clinical dilemmas that shape medical students' ethical development: questionnaire survey and focus group study. Bmj 2001;322(7288):709-10.
9. Wainberg S WH, Fair J and Ross, S. . Teching pelvic examinations under anaesthesia: What Do Women Think? J Obstet Gynaecol Can 2010;32(1):49-53.
10. Wilson RF. Autonomy suspended: using female patients to teach intimate exams without their knowledge or consent. J Health Care Law Policy 2005;8(2):240-63.
11. Lawton FG, Redman CW, Luesley DM. Patient consent for gynaecological examination. Br J Hosp Med 1990;44(5):326, 9.
12. Ubel PA, Silver-Isenstadt A. Are patients willing to participate in medical education? J Clin Ethics 2000;11(3):230-5.
13. Silver-Isenstadt A, Ubel PA. Erosion in medical students' attitudes about telling patients they are students. J Gen Intern Med 1999;14(8):481-7.
14. Wilson RF. Unauthorized practice: teaching pelvic examination on women under anesthesia. J Am Med Womens Assoc 2003;58(4):217-20; discussion 21-2.
15. Magrane D, Gannon J, Miller CT. Student doctors and women in labor: attitudes and expectations. Obstet Gynecol 1996;88(2):298-302.
16. O'Flynn N, Rymer J. Consent for teaching: the experience of women attending a gynaecology clinic. Med Educ 2003;37(12):1109-14.