**Checklist for faculty assessment of resident performance of**

**pelvic examinations with continuity clinic patients**

**Resident Physician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical record number \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Done Correctly** | **Done Incorrectly** | **Not Done** | **Comments**  |
|  **Preparation of room and patient:** |  |  |  |  |
| Chooses appropriate candidate for exam(last pap, age, hysterectomy, etc) |  |  |  |  |
| Assess Assesses need for chaperone |  |  |  |  |
| Assembles equipment (chooses speculum size,  has light, jelly, sexually transmitted infection and Pap supplies ready) |  |  |  |  |
| Washes hands |  |  |  |  |
| Uses proper gloving and draping techniques |  |  |  |  |
| Assists or cues patient into exam position |  |  |  |  |
|  **Exam Techniques:** |  |  |  |  |
| Cues patient that exam will begin |  |  |  |  |
| Touches leg before genitalia |  |  |  |  |
| Inspects external genitalia |  |  |  |  |
| Inserts speculum |  |  |  |  |
| Identifies and examines cervix |  |  |  |  |
| Collects STI swab (from cervical os, minimizes blood contamination) |  |  |  |  |
| Obtains Pap sample (Ayre’s spatula: 360 degrees x 1, Cytobroom: 360 degrees x 5, Cytobrush: 90 degrees x 1) |  |  |  |  |
| Transfers to slide or liquid media (Slide – thin smear, immediate fixation; Liquid- rotate each sampler several times and against container wall) |  |  |  |  |
| Removes speculum |  |  |  |  |
| Performs bimanual exam including estimate of uterine size and position and palpation of adnexa |  |  |  |  |
| Avoids using contaminated gloves to touch non-contaminated objects |  |  |  |  |
| **Physician/Patient Communication:** |  |  |  |  |
| Explains each step of exam in advance |  |  |  |  |
| Enquires about patient privacy/comfort |  |  |  |  |
| Adjusts techniques for patient privacy/comfort |  |  |  |  |
| Uses appropriate language during exam |  |  |  |  |
| Conveys a respectful attitude towards exam and patient |  |  |  |  |

**Resident physician successfully passed all items above? Yes No**

**If yes, is resident competent to perform pelvic exams independently? Yes No, I recommend \_\_\_\_\_\_\_**

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**Attending name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Attending signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**