

Pelvic Examinations by Medical Students

This joint policy statement has been reviewed by the Society of Obstetricians and Gynaecologists of Canada (SOGC) Ethics Committee, the Association of Professors of Obstetrics and Gynaecology of Canada (APOG) Undergraduate Committee, and the APOG Department Chairs Committee, and approved by the Executive and Council of the SOGC and the Board of Directors of the APOG.

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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 ultimately choose to pursue, as medical practitioners they need to learn to perform pelvic examinations in a sensitive, competent, and ethical manner. They need not only the capacity to perform the examination but also 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 clinical clerkship in the ambulatory clinic setting, as well as in hospital rotations under appropriate supervision.

Pelvic examinations are an integral component of any gynaecologic consultation, and pelvic examinations under anaesthesia are a fundamental part of most gynaecologic 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 be possible when the patient is awake.

All surgeries require a surgical team, which, in addition to the primary surgeon, may consist of an anaesthesiologist, surgical assistants, and nurses, who are all present in the operating room. Resident physicians and medical students are also members of the surgical team and 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 gynaecologic surgical 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 As an educational setting, this also provides an opportunity for the

GENERAL PRINCIPLES

Ensuring the quality of medical education is important to ensuring that all Canadians have access to good health care today and in the future; however, patient autonomy should be respected in all clinical and educational interactions. When a medical student is involved in patient care, patients should be told what the student's roles will be, and patients must provide consent. Patient participation in any aspect of medical education should be voluntary and non-discriminatory.

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student to be guided through a pelvic examination by an expert teacher.

If future generations of women are to have access to adequate health care, medical students must be trained to competently examine female patients. The teaching of these examinations, however, can pose ethical problems.³ Many women undergoing pelvic surgery may not be aware of the role medical students play or of the importance of performing a pelvic examination at the time of surgery.⁴ The sensitivity of this issue has been recognized within the medical community for over 20 years,⁵ and medical societies have enacted guidelines in response to these concerns.^{6,7} The controversy about medical students' performing pelvic examinations on anaesthetized women has been well documented.^{2,8,9}

The most important consideration in this educational setting is the need to establish that the patient has consented to a pelvic examination by a medical student before that examination is performed.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^{5,11-15} but want to be informed of medical student involvement in their care.^{4,14,15} Physicians and students must be explicit about student participation during the consent process.¹⁶ Patient participation in medical education in an academic or any teaching centre should be non-discriminatory and respectful of patients' rights and autonomy.⁶ Race or socioeconomic status should not be the basis for selection of patients for teaching. Pelvic examinations under anaesthesia are not the primary means of teaching pelvic examinations to medical students, and students should not be brought into the operating room solely to perform a pelvic examination on an anaesthetized patient.

OBTAINING INFORMED CONSENT TO PELVIC EXAMINATIONS PERFORMED BY MEDICAL STUDENTS

1. On Patients in Clinical Settings (in-patient wards, out-patient clinics, and birth units)

Medical students must introduce themselves to patients and identify themselves as medical students. If a student will be performing a pelvic examination, he or she must explain the procedure that will be performed and seek the patient's permission to perform the examination. Patient consent must be voluntary and not coerced.

2. On Patients Under Anaesthesia During Surgery

All members of the gynaecologic surgical team (including medical students, residents, and fellows) are expected to introduce themselves to the patient before her gynaecologic surgery. Medical students must identify themselves as

medical students, and they must 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 gynaecologic surgical team following the induction of anaesthesia and before initiation of surgery. Verbal consent for a medical student to be part of the surgical team and to perform an examination under anaesthesia should be obtained and documented. Patient consent must be voluntary and not coerced. When possible, a discussion about the teaching environment in the operating room should take place with the patient in the office when she signs consent for surgery.

In summary, in 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 before a pelvic examination is performed.

When pelvic examinations are to be performed during surgery while a patient is under anaesthesia, medical students must introduce themselves and identify themselves as medical students to the patient before the surgery. Consent for the pelvic examination under anaesthesia by the gynaecologic surgical team, including the medical student, must be obtained.

Pelvic examinations under anaesthesia 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 anaesthetized patient.

ENSURING ADEQUATE SUPERVISION

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

SUMMARY

The pelvic examination is an integral part of the gynaecological consultation and fundamental to planning any gynaecological surgical intervention. Competently performing the pelvic examination is an essential skill for 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 standardized patients and pelvic models have largely replaced the clinical patient as the initial stage of teaching medical students how to perform a pelvic examination, the best means of consolidating that

knowledge is examining a patient in a clinical setting. Indeed, our patients are our best teachers.

In all settings, the patient's consent must always be obtained by the medical student or a member of the gynaecologic surgical team before the medical student performs a pelvic examination. Medical students must introduce themselves to all patients in whose care they are participating and identify their role as medical students. Specifically, patients who are undergoing gynaecologic surgery should understand the role of a pelvic examination during the procedure and that it may be performed by members of the gynaecologic surgical team, including medical students. In all settings, consent must be given voluntarily and must not be coerced.

In order to maintain high standards of women's health care 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 they should be involved in the full scope of patient care—communication, physical examination including pelvic examinations, diagnosis, and therapy. During their clinical rotations, medical students need to learn and perform pelvic examinations with adequate supervision to ensure the safety and comfort of the patient and to optimize their learning experience.

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