Breast and Pelvic Examination
Learning Activity Packet

Facilitator’s Guide

November 2002
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JHPIEGO Corporation
November 2002
# BREAST AND PELVIC EXAMINATION LEARNING ACTIVITY PACKET
## FACILITATOR’S GUIDE

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>FACILITATOR’S LEARNING ACTIVITY PAGE</td>
<td>3</td>
</tr>
<tr>
<td>THE ROLE OF THE FACILITATOR</td>
<td>4</td>
</tr>
<tr>
<td>PLANNING FOR FACILITATING THE LAP</td>
<td>8</td>
</tr>
<tr>
<td>FACILITATING THE LAP</td>
<td>11</td>
</tr>
<tr>
<td>CHECKLISTS FOR BREAST AND PELVIC EXAMINATIONS</td>
<td></td>
</tr>
<tr>
<td>- Checklist for Breast Examination</td>
<td>18</td>
</tr>
<tr>
<td>- Checklist for Pelvic Examination</td>
<td>20</td>
</tr>
<tr>
<td>EVALUATION QUESTIONNAIRE FOR BREAST AND PELVIC EXAMINATIONS</td>
<td></td>
</tr>
<tr>
<td>- Evaluation Questionnaire, Breast Portion</td>
<td>23</td>
</tr>
<tr>
<td>- Evaluation Questionnaire, Pelvic Portion</td>
<td>25</td>
</tr>
<tr>
<td>- Evaluation Questionnaire Answer Sheet</td>
<td>27</td>
</tr>
<tr>
<td>- Evaluation Questionnaire Answer Key</td>
<td>29</td>
</tr>
<tr>
<td>TEACHING BREAST AND PELVIC EXAMINATION SKILLS IN PRESERVICE EDUCATION</td>
<td>33</td>
</tr>
<tr>
<td>STUDENT LEARNING CENTERS</td>
<td>36</td>
</tr>
<tr>
<td>SAMPLE BREAST AND PELVIC EXAMINATION ACTIVITIES OUTLINE</td>
<td>42</td>
</tr>
<tr>
<td>SAMPLE STUDENT LEARNING CENTER LOG</td>
<td>43</td>
</tr>
<tr>
<td>SAMPLE STUDENT PROGRESS CHART</td>
<td>44</td>
</tr>
</tbody>
</table>
INTRODUCTION

Welcome to the Facilitator’s Guide for the Breast and Pelvic Examination Individual Learning Package. This package, which consists of a Facilitator’s Guide and Learning Activity Packet (LAP), was created to help students and healthcare providers learn or refresh their skills in breast and pelvic examination. The LAP may be used by students along with other related curriculum in preservice education, or it may be used by providers in inservice or on-the-job (OJT) training settings. The LAP directs learners step-by-step through breast and pelvic examination learning materials. Learners follow the directions, work through the materials, practice with models, check their own answers and contact you when they have questions, need help or are ready to be evaluated. A copy of the LAP is included in this guide for your reference. The use of models for practice and demonstration of skill competency is required for completion of the LAP.

The Facilitator’s Guide provides information on facilitating the LAP within different learning situations. The function of a facilitator is different from that of an instructor. Rather than providing a series of presentations, you will:

- Orient learners to the LAP
- Provide a structure for completing the LAP
- Provide a setting for practice with models and feedback on performance
- Provide guidelines for contacting you for assistance and opportunities for learners to contact you
- Provide knowledge and skills assessment upon completion

You may be an inservice trainer, a faculty member in an educational (referred to as preservice in this guide) institution such as a medical, nursing or midwifery school, or hospital supervisory staff in a reproductive health unit. No matter what your role is, when you help learners work through the LAP you will function as their guide and facilitator.

The overall goal of this package is to provide learners with the knowledge and skills needed to become competent in performing breast and pelvic examinations with clients. To accomplish this, there are two phases that must be completed.

- **Phase One** consists of the readings, exercises, practice with models and evaluation activities included in the LAP. After successful completion of Phase One, learners will be competent at performing breast and pelvic examination with models. Competent means that learners can correctly perform the required skill or activity. Learners must also complete the Evaluation Questionnaire with a score of at least 85%.

- **Phase Two** consists of observation, supervised practice and evaluation activities with clients. The steps needed to accomplish this are outlined in the LAP, but you will need to find opportunities for learners to work with clients. After successful completion of Phase Two, learners will be competent at performing breast and pelvic examination with clients. Remember that becoming proficient at these skills requires much experience with clients.
Proficient means that learners can correctly and efficiently perform the required skill or activity.

LEARNERS’ OBJECTIVES

After completing the LAP, learners will be able to:

1. Talk with women about their reproductive health needs
2. Use recommended infection prevention practices to protect the woman and the healthcare providers
3. Correctly perform breast examination with a model (Phase One) or with a client (Phase Two)
4. Correctly teach breast examination
5. Correctly perform pelvic examination with a model (Phase One) or with a client (Phase Two)

MATERIALS

You will need the following to facilitate learner progress through this package:

- *Breast and Pelvic Examination Learning Activity Packet*, JHPIEGO, 2001
- Video cassette or CD-ROM, *How to Do a Breast and Pelvic Examination*, JHPIEGO, 2000
- Video cassette player and monitor or computer with a CD-ROM or DVD drive
- Anatomic (breast and pelvic) models
- Medical supplies: examination gloves, speculae, cloth sheets or drapes, flashlights or lamps, kidney trays and cotton/gauze swabs for practice with models
- A Student Learning Center or place for demonstration, video viewing if appropriate, practice with models and competency evaluations

How do you use this LAP?

1. Read this introduction.
2. Complete the reading and exercises outlined on the *Facilitator’s Learning Activity Page* that follows this introduction.
3. Plan with your supervisor or coworkers how you will incorporate this package into your preservice institution, training delivery or workplace.

Boxes with this symbol are Things to Consider. These contain questions for your consideration, discussion and suggestions for facilitating this package.
FACILITATOR’S LEARNING ACTIVITY PAGE

Although the LAP is a tool for individual learning, learners will need guidance and periodic support as they work through the materials. The Learning Activity Page directs learners to watch, read, do and practice. As an introduction to this learning approach, complete the following short Facilitator’s Learning Activity Page designed for you, the facilitator.

1. _____ READ LAP pages 1–7.

2. _____ DO the learning activities as directed on the Learning Activity Page beginning on page 4 (Steps 1–29) of the LAP. Ask a coworker or peer to evaluate your skills using the Learning Guide as you practice with models.

3. _____ TAKE both portions of the Evaluation Questionnaire on pages 23–26 of this Facilitator’s Guide. If you do not score 100%, review material as necessary and retake it until you do.

4. _____ ASK a coworker or peer to use the checklists on pages 18–22 to assess both your breast and pelvic examination skills with models when you are ready.

5. _____ IF YOU WORK IN PRESERVICE EDUCATION, READ Teaching Breast and Pelvic Examination Skills in Preservice Education on pages 33–35 and Student Learning Centers on pages 36–41. Then continue reading this Facilitator’s Guide.

6. _____ IF YOU WORK IN PRESERVICE EDUCATION, ASK your administration what you can do to help set up or support a Student Learning Center at your institution.

7. _____ IF YOU DO NOT WORK IN PRESERVICE EDUCATION, READ all of the guide except Teaching Breast and Pelvic Examination Skills in Preservice Education and Student Learning Centers.

8. _____ DECIDE how you will plan for learners’ knowledge and skills assessments.

9. _____ GO! Make photocopies of the LAP for each learner or several copies for multiple use depending on your need, and individual copies of the Learning Activity Page for learners to use in monitoring their own progress.
THE ROLE OF THE FACILITATOR

Before you begin facilitating learner progress through the LAP, prepare yourself by completing the activities listed on the Facilitator’s Learning Activity Page. This section describes your role as a facilitator and how to best support independent learning.

THE FACILITATOR AS COACH

A facilitator guides and coaches learners through the learning process. A facilitator provides instructions on how the learner will complete learning and evaluation activities, assists learners as necessary and provides necessary learning experiences such as practice with models or clinical site visits. During practice sessions, a facilitator acts as a coach by assisting learners in acquiring new skills. A coach guides learners through the learning stages in a way that maintains and increases self-esteem.

It is easier for learners to learn new skills when they are highly motivated to learn and do not feel anxiety or fear. Learners associate new skills or techniques they are learning with the climate in which they are learning them. If the learning environment is pleasant, supportive and enhances self-esteem, learners are more likely to learn to use the skills.

An effective coach:

- Is proficient in the skills to be taught
- Encourages learners who are learning new skills by providing praise and support
- Promotes open (two-way) communication
- Provides specific feedback that maintains learner self-esteem and focuses on the positive
- Is patient and supportive

Coaching is a different approach to teaching or training. Coaching provides learners with support and direction rather than simply instructing them in how to perform tasks. Facilitators act as coaches when working with learners during practice sessions with models or in clinical settings. Coaching involves the use of active listening, questioning, problem-solving skills and positive feedback to help create a positive learning climate.

Active listening is a communication technique that stimulates open exploration of ideas and feelings and establishes rapport with learners. It helps clarify learners’ comments and enables the learners to be heard and understood. Active listening involves accepting what is being said without making any value judgments, clarifying the ideas or feelings being expressed and reflecting these back to learners. The following are examples of active listening techniques:

- Stop talking and listen to the speaker
- Restate the speaker’s exact words
- Paraphrase in your own words what the speaker said
Understand and reflect the **underlying feelings** of the speaker (identify the emotion)

Identify with the speaker’s emotions and state the implications of those feelings (“If I could conduct training that well, I would be so happy.”)

When actively listening, ask non-leading questions such as, “Can you tell me more about that?” or “Help me understand what you said.” It is also appropriate to ask for help as a part of active listening; for example, say, “I’m not sure I fully understand what you are saying,” or “I’m confused as to whether you mean the doctor or the nurse. Can you explain more?” Active listening reflects what has been said and draws the learner out to expand further on the meaning or feelings.

**Questioning** is used in education to assess the learner’s knowledge and to teach problem solving. Healthcare providers, when interviewing clients, normally use two types of questions: **closed questions** that have a small range of answers (often yes or no); and **open questions** that allow a wide range of responses. Both types of questions are useful in assessing the learner’s level of knowledge.

It is a good idea to use different types of questions when assessing a learner’s knowledge in a clinical situation. Questions can range from those that ask for facts and information to questions that present new possible situations for consideration. Let learners know that the purpose of questioning is to help focus instruction, not to make them feel foolish.

Developing **problem-solving** skills is one of the purposes of clinical training and preservice education for healthcare providers. Because it is not possible to anticipate every problem the learner will encounter, teaching rote responses will not work. Effective problem solving is based on the following steps:

- **Recognize** that there is a problem
- **Identify** the problem
- **Generate** alternative solutions to the problem
- **Choose** a solution to the problem
- **Implement** the chosen solution
- **Evaluate** the solution

An excellent time to work on problem-solving skills is during practice sessions with models and during or after clinical experiences with clients. When working with models, offer alternative situations to the learners and ask them how they would respond. After clinical experiences with clients, discuss the learners’ cases and ask them to present any problem situations they encountered in the morning, and then discuss alternative solutions to the problems.
PROVIDING FEEDBACK

As a facilitator, rather than providing learners with information through lecture, you will provide them with feedback on their progress during practice sessions and evaluation activities. Below are some ways to provide opportunities for giving learners feedback.

- Provide feedback during observed models practice (Phase One) or work with clients (during Phase Two).

- Check with learners periodically about their progress. Ask them if they are having any difficulty with or questions about any of the exercises, and give assistance as needed. Provide encouragement and support.

- Schedule regular group activities for practice with models while you provide supervision and feedback.

TIPS FOR FEEDBACK

- **Be timely.** Give your feedback soon after the event.
- **Be specific.** Describe specific behaviors and reactions, especially those that the learner should keep and those that should be changed. (Consult the learning guide to help focus feedback on key points.)
- **Be descriptive,** not judgmental. Describe the consequences of the behavior; do not judge the learner.
- **Take responsibility for your own feedback.** Speak for yourself, not for others.

*Example* (descriptive, specific feedback): “When you inserted the speculum it was flat, not oblique. That would be uncomfortable for your client.”

*Example* (judgmental, non-specific feedback): “You aren’t careful enough when you insert the speculum.”

Learners want to know how they are doing. Provide them with honest, direct feedback on their progress. Look for what they do well and correctly and tell them. This supports correct behaviors and increases motivation. Hearing positive feedback makes it easier to listen to corrective feedback. Focus corrective feedback on what specific behaviors were incorrect rather than personal traits of the learner, and include a positive comment along with the corrective feedback.

In this learning packet you are encouraged to demonstrate breast and pelvic examination for learners in addition to showing the breast and pelvic examination video. Set up times for learners to practice in small groups with your supervision and feedback. Schedule or plan learner evaluation activities. During clinical skill practice sessions, the coaching process includes three phases:
- demonstration of the clinical skill;
- practice of the skill by the learner under the supervision of the facilitator, first with models and then with clients; and
- evaluation of the learner’s skill competency by the facilitator.

In addition to coaching for practice sessions, you will act as a coach and facilitator by supporting and encouraging learners as they work through the LAP. Providing feedback is a central part of the facilitator’s role.

**Things to Consider.** Close your eyes and think back to the last time you received positive feedback from your supervisor or another senior staff member. How did that make you feel? What type of feedback motivates you to perform your best? Over the next week, try to give your learners, coworkers or junior staff positive feedback every day.
PLANNING FOR FACILITATING THE LAP

Planning for facilitating the LAP will be determined by the setting in which the LAP will be used. Methods for supporting learners, opportunities for practice with models, and assessing knowledge and skills are all dependent on the time available and the setting. This section addresses how to plan for the LAP in different learning settings.

STRUCTURING THE LAP

The amount of time given for completion of the LAP depends on the situation. Providing a structure for learners in preservice education, inservice training and an on-the-job training (OJT) setting will be addressed in this section. The structure you provide will depend on the setting. In some preservice education settings the time frame for the LAP and structure for completion may be decided by the administration, and you will then be responsible for facilitating learners’ progress through the chosen schedule. Whether the schedule is decided by you or by others, it is important to provide learners with clear guidelines regarding completion requirements. There are several variables built into this package to allow for different learning settings. Consider the following variables in your planning:

- **Separate OR Combined Skill Acquisition.** Most learners will find it easier to complete the breast examination skills and then move on to the pelvic examination skills. In an inservice or OJT setting, however, learners may find it efficient to work on both skills simultaneously.

- **Competency with Models OR Clients.** You may be in a situation where learners will not have the chance to work immediately with clients. If that is the case, instruct the learners that they will only be working through Phase One at this time. The goal is to develop competency with clients, but that may have to occur at a later time. If you work in preservice, look for opportunities for learners to work with clients with supervision in their clinical rotation in order to complete Phase Two.

No matter which setting you work in, skill practice should occur with models, not clients. Learners must be competent in skills with models before working with clients with supervision. Models are necessary for completion of the LAP. If models are not available in your facility, perhaps they can be borrowed for a short period from a cooperating preservice educational institution or purchased after approval and assistance from your administration.

**Preservice Education.** When giving them the materials, tell learners how much time they have for completion of the LAP. Consider the following as you decide on when to distribute the LAP:

- Learners should have completed the LAP steps before the related content is covered in class and prior to their related clinical experience.

- Learners should be competent with models before their clinical experience. The related clinical rotation may be reproductive or maternal health, or basic physical assessment skills.
• A 1- to 3-month time period will probably be sufficient to complete the knowledge and models portion of the LAP depending on the number of learners, access to models and other assignments for which learners are responsible.

• Refer to the section Teaching Breast and Pelvic Examination Skills in Preservice Education on page 33 for guidance in incorporating these skills into curriculum.

Below is a sample schedule of how the content can be divided if you wish to give learners deadlines as they progress. You may use this schedule to give learners an idea of how quickly they should be completing the material, or allow them to finish at their own pace. Of course they may finish it as quickly as they like.

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**Inservice Training.** There are several options to working with learners in an inservice training setting. It is possible for learners to complete the majority of the LAP before the inservice training. This group of learners would most likely consist of individuals with some previous experience in performing breast and pelvic examinations. Suggestions for organizing independent completion of the LAP prior to the training follow:

• Send learners the LAP and resource materials with instructions for completing the Check Your Knowledge exercise, readings and exercise sheets of the LAP before the training. If learners have video cassette recorders or computers at home, send the video or CD-ROM along with other resource materials with instructions to view it before the training.

• If learners do not have access to video players or computers for viewing the video or CD-ROM, they may view the video during the training and then move into practice with models. An outline of sample activities for use during training time is included on page 42.

• Tell learners the completed exercises are required for taking the course. Ask them to bring the completed exercises for your review at the beginning of the course. If the exercises are not completed, either instruct the learner to complete them prior to the next day or tell them they may receive a certificate of participation but will not be qualified in those skills.

If you are unable to send any materials before the training, you may need to provide time for learners to work independently in the evenings. If learners can complete the learning activities in the evenings, classroom time can be spent on practice with models.

**On-the-Job Training.** This LAP can be used on the job to refresh provider skills. Suggestions for organizing OJT learning are listed below:
• Provide learners with maximum flexibility by allowing them to independently arrange learning activities.

• Encourage learners to work together so they have partners for practice with models and other activities.

• Obtain support from administration so that learners are able to complete assigned activities and continue with their job responsibilities.

• Provide the materials in a central area in your workplace, such as a demonstration room or a room used specifically for on-site training activities. If there is a room with models used for demonstrations or practice, this is an ideal location.

PLANNING ASSESSMENT ACTIVITIES

Learners’ knowledge and skills assessment can occur in several different ways. The variables described in Structuring the LAP determine how evaluation activities will occur. Plan for and manage evaluation activities based on the decisions made regarding the following areas:

• **Separate OR Combined Skills Assessment.** Learners can be assessed in breast and pelvic examination skills at one time upon completing the LAP, or assessed on breast examination skills first and then pelvic examination skills. Consider the amount of time you have available. Assessing skills separately will demand more of your time; however, it may be easier for the learner. When you give learners the materials, tell them if their skills will be assessed separately or at one time.

• **Models OR Clients.** Although the overall goal of this LAP is competency with clients, there are two levels of competency (models or clients) built into the LAP. Learners will either be competent with models or competent with clients in breast and pelvic examination skills, depending upon their opportunities. Competency must be demonstrated with models before developing competency with clients. Refer to LAP page one, where the two-phase approach is discussed.

Once a decision has been made about how to conduct evaluation activities and what level of competency will be assessed, plan for learners’ knowledge and skills assessment. How to assess learners’ knowledge and skills is addressed in Managing Knowledge and Skills Assessment on page 14.
FACILITATING THE LAP

Once a schedule is in place for LAP completion and knowledge and skills assessment, provide the learners with the required materials and begin. Guide them through the learning process, provide them with the necessary practice opportunities, give feedback on their performance and assess their progress and knowledge and skills competency upon completion.

GETTING LEARNERS STARTED

Provide learners with what they need to begin the LAP. You will need to provide the following for learners to complete the LAP:

- Sufficient copies of the LAP for learners, whether individual copies or shared copies in a common location
- A copy for each learner of the *Learning Activity Page* for recording and tracking individual progress
- Video Cassette or CD-ROM, *How to Do a Breast and Pelvic Examination*, JHPIEGO, 2000
- Video cassette player and monitor or computer with a CD-ROM or DVD drive
- Anatomic (breast and pelvic) models
- Individual or available copy of this LAP and blank paper to complete the exercises
- Additional supplies: examination gloves; speculae; cloth sheet or drape; flashlight or lamp; kidney tray; cotton/gauze swabs
- An area for models practice, viewing the video or CD-ROM, observing demonstrations with models and demonstrating competency with models

Inform the learners about logistics, including:

- How they can contact you with questions
- Where and when they will be able to practice with models
- When they will be able to view the video and observe a skills demonstration with models
- What time period they have for completion of the LAP
- How the knowledge and skills assessment will be structured (several day periods for sign-up as opposed to a fixed time period for demonstration of skills)
**Things to Consider.** If you work in preservice or in a clinical site, consider how you will provide opportunities for practice with models. In preservice, if you do not have a Student Learning Center, what steps can you take to initiate one? In a clinical site, is there an associated educational institution that owns models that can be used or borrowed for a short time? Providing opportunities for practice with models and giving feedback on performance are essential to developing competence in clinical skills.

**SUPPORTING LEARNER PROGRESS**

Create opportunities to provide learners with support and feedback as they work through the materials. General and setting-specific suggestions for supporting learners in any environment are described below.

- Tell learners you will be available to answer questions and to contact you as needed. Provide them with instructions on how to contact you. Tell them when you will be in your office and available, or schedule certain days that you will be available for questions.

- Hold several scheduled meetings during the time learners are working on the LAP. These times can be used for discussion, answering questions, demonstrating skills followed by supervised practice with models, and provision of feedback.

**Preservice Education.** Choose one or two responsible, senior-level students who have successfully completed the LAP to act as assistants. Introduce them to the learners as a resource for questions. Schedule times for them to staff the Student Learning Center and give feedback and assistance. Provide them with a copy of this guide and check with them frequently about learner progress.

**Inservice Training.** If learners are working through the LAP independently before the classroom portion of the training, tell them to make a list of any questions for discussion during the classroom sessions. While you are in the classroom portion of the inservice training, you will have constant interaction with learners and will be able to respond to questions whenever they arise.

**On-the-Job Training.** Coordinate any OJT with administration so that learners are supported throughout the process. Choose one or two competent providers who have successfully completed the LAP to act as assistants. Introduce them to the learners as a resource for questions. They may provide support during practice with models or for group demonstrations. Provide them with a copy of this guide and check with them frequently about learners’ progress.
Things to Consider. If you would like to keep track of learner progress in a preservice education setting, post a chart in a central location showing the different steps of the LAP. See page 9 for an example. The students can mark off the steps as they complete them. This allows them to see where they are, compared to other students, and how much of the package they’ve completed. It also helps you to know how close learners are to being finished.

FACILITATING DEVELOPMENT OF CLINICAL SKILLS

The LAP was created to allow for maximum learner independence, but your support in skills demonstration and coaching is necessary for learners to develop skills competency.

Coaching helps learners to develop specific clinical skills. It requires continual assessment of learners’ progress (especially during practice sessions) in order to provide positive feedback and offer suggestions for improvement. It is through this assessment and feedback process that the learner begins to become competent in performing the skill.

To master clinical skills, learners must have a way to continually assess their progress. Using a competency-based learning guide helps learners assess their progress, receive useful, objective feedback and determine when they have mastered the skill or activity. The competency-based learning guides included in the LAP provide a simple way for learners to chart their progress and for facilitators to provide feedback on performance. Facilitators use condensed versions of the learning guides, the competency-based checklists that are also included in this guide, to assess learners’ skill competency. The skill development process presented is based on a three-part coaching process:

- **Demonstration of the skill** by a proficient provider while the learner follows along with the learning guide. In the LAP, breast and pelvic examination is demonstrated using a video and again by a facilitator at some point prior to practice with models. The learner follows the demonstration using a learning guide.

- **Skills practice with models** independently, in small groups and with supervision from a facilitator. This is the time to provide feedback on performance and answer any questions the learner might have.

- **Assessment of the learner’s skills competency** according to the standards presented in the checklists included in this guide. Use the checklists to ensure that all the steps are performed correctly and provide feedback to the learner. The use of checklists is addressed in the next section.

ASSESSING CLINICAL SKILLS COMPETENCY

Performing breast and pelvic examinations correctly according to the standards outlined in the learning guides and checklists is essential for achieving skills competency. These checklists should be used to assess learner competency with models and with clients. Using a checklist to evaluate performance ensures that the skill is performed correctly. Unlike the learning guides, which are quite detailed, the checklists focus on the key steps in the entire process. Criteria for
satisfactory performance by the learner are based on the knowledge, attitudes and skills described in the Resource Manual and learning guides.

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<td>Unsatisfactory: Unable to perform the step or task according to the standard procedure or guidelines</td>
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<td>Not Observed: Step, task or skill not performed by learner during evaluation by facilitator</td>
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Each learner should demonstrate the steps or tasks at least once with supervision from a senior-level student or peer for feedback and coaching **prior** to the final evaluation. (If a step or task is not done correctly, the learner should repeat the entire skill or activity sequence, not just the incorrect step.) In addition, while working with clients, it is recommended that the facilitator not stop the learner at the incorrect step unless the safety of the woman is at stake. If it is not, the facilitator should allow the learner to finish the activity before providing coaching and feedback on the overall performance.

In determining whether the learner is qualified, the facilitator will observe and rate the learner’s performance on each step of a skill or activity. **The learner must be rated “satisfactory” for each skill/activity group covered in the checklist in order to be evaluated as qualified.**

**MANAGING KNOWLEDGE AND SKILLS ASSESSMENTS**

Once decisions have been made about how to conduct knowledge and skills assessments and what level of competency will be assessed, facilitators should organize and conduct the learners’ knowledge and skills assessments. Some ideas for preservice education and OJT settings are listed below.

- **Schedule one or several days for assessing knowledge and skills.** Inform the learners when they begin working on the LAP of the dates for assessment activities. Assign a 1- to 3-day period. Tell learners to sign up for certain times for their Evaluation Questionnaire and skills assessment. Tell learners to have their skills checked by a senior-level student (or coworker) before their final evaluation to be sure they are ready.

- **Instruct the learners to come to you when they are ready to be assessed.** This approach is very flexible but harder to schedule. When learners tell you they are ready, assign them a time for assessment of knowledge and skills.

- **Provide opportunities to achieve competency in skills.** Learners who do not achieve competency in skill demonstration should have opportunities for practice with coaching and feedback. Reschedule a time for them to try again at a later date and assign a senior-level student to assist them as they prepare for their other attempts.

In an **inservice** training setting, skills can be evaluated upon completion of practice with models and other scheduled activities. Managing learners who do not achieve competency with their first attempt is addressed in the next section.
DETERMINING COMPETENCY

Competency is determined by the score obtained on the Evaluation Questionnaire as well as successful performance of breast and pelvic examinations with models or clients. After completing Phase One, each learner should have the opportunity to work with clients with supervision as soon as possible. For this LAP, competency will be determined by all of the following:

Phase One: Competency with Models

- Satisfactory performance of breast examination with models, including teaching breast self-exam
- Satisfactory performance of pelvic examination with models
- A combined score of at least 85% on both the breast and pelvic examination portions of the Evaluation Questionnaire

Phase Two: Competency with Clients

- Successful completion of Phase One
- Satisfactory performance of breast examination with client, including teaching breast self-exam

Administering the Evaluation Questionnaire (EQ)

Although learners check their answers independently as they work through the package, the facilitator must administer the Evaluation Questionnaire. Completing the EQ is part of the Phase One activities. Learners should complete the EQ either separately in two sections (the breast examination section midway through and the pelvic examination section at the end), or complete both sections together at the end. Completing the total EQ is required to complete Phase One. Obtaining a total score of 85% on the EQ is essential to achieving competency. Keep the following in mind as you administer the EQ:

- Learners should complete the EQ independently. You may have them complete it in a group setting, but learners should not discuss the questions or assist one another.

- Inform the learners that they are not to discuss the questions with other learners who have not yet taken the questionnaire. Schedule one day for completing the EQ in order to decrease the risk of learners’ sharing questions and answers.

- If you have learners who do not achieve at least 85%, have them review the material for the questions they missed and retake those questions. If a learner scores very poorly on one section and not the other, review the difficult section with her/him. Continue working with the learner until a score of at least 85% is achieved. If the learner is unable to achieve a score of 85% after repeated attempts, you may need to remove this person from training or, in a preservice education setting, discuss her/his performance with administration.
Assisting Learners Who Have Difficulty Achieving Skills Competency

Give learners sufficient opportunities to achieve competency in breast and pelvic examination skills. As suggested earlier, having a fellow learner, senior student or peer evaluate learners’ skills using a checklist before the final assessment will help prepare the learners. When learners are having a lot of difficulty or are not able to competently perform the task, turn the assessment activity into a practice and coaching session.

During the skills assessment, if you see that a learner will not be able to demonstrate competency with models, stop the session and tell the person that you will use the time for practice and schedule another time for assessment of competency. Ask the learner to share observations about difficulties encountered with the procedure in order to encourage self-assessment and good problem-solving behavior. Following the learner’s self-assessment, provide feedback based on what was observed and recorded in the checklist. Provide some positive feedback before addressing the problems with the skills demonstrated. Allow the learner to practice the skill with your supervision and guidance. Demonstrate the skill correctly and have the learner repeat the demonstration. Ask questions about what the learner is doing to make sure that the rationale for the specific tasks is clear.

CREATING OPPORTUNITIES TO WORK WITH CLIENTS

After learners complete Phase One, they are ready for opportunities to work with clients. Suggestions for creating learning opportunities with clients are listed below:

Preservice Education. Orient the appropriate staff at associated clinical sites. If you work in a preservice institution, share this package with the associated clinical site preceptors or instructors. Orient the clinical preceptors or instructors to the LAP and its objectives. Communicate with them about what experiences the learners need and check with preceptors about their progress. Provide them with appropriate learning guides and checklists for their information and coaching learners.

Inservice Training. In an inservice training setting, providing sufficient opportunity for work with clients may be difficult due to limited time and insufficient client caseload. If providing clinical experience with clients, apply the following guidelines:

- Visit the practice site before the course in order to develop a relationship with the clinic staff, find ways to overcome any inadequacies and provide the best possible training experience for the learners while they are in the clinic.

- Share goals and learners’ needs with clinical preceptors and staff so they can assist in finding appropriate learning opportunities. Provide the learning guides and checklists and share your expectations for the learning experience with clinical preceptors and staff.

- Design a schedule that allows learners adequate time to work with clients, and develop assignments and other learning activities for learners to complete when not working with clients during the site visit.
• **Develop a plan for each clinic day.** Having previously visited the clinic(s) and worked with the staff, you will be able to design a plan that addresses each clinic’s specific situation. The plan will help to ensure that all required skills will be adequately addressed.

• **Accompany learners** to the clinical sites and work with the staff as appropriate. Be alert to unplanned learning opportunities that may arise at any time, and be ready to modify the schedule accordingly.

**On-the-Job Training.** Provide time to work with clients. In an OJT setting, there are many opportunities to work with clients. Phase Two can be spread out over a period of several weeks, either in scheduled blocks of time or arranged independently between you and the learner. Coordinate with staff in related areas (Ob/Gyn, Reproductive Health) to arrange for learning opportunities.

**Things to Consider.** If you work in preservice education, inservice training or a clinical site, consider the following about the cooperating clinical site associated with your institution:

- Who are the clinical preceptors that supervise your learners during clinical rotations that would involve breast and pelvic examinations? How can you contact them?

- Do you think it would be beneficial for the clinical preceptor to review this guide and the LAP as an orientation to your institution’s goals? Remember, after being judged as competent on models, your learners will need to work with clients while being supervised.

List five suggestions for involving clinical preceptors so that learners have adequate opportunity for supervised practice. Discuss these suggestions with coworkers and share them with your administration.
CHECKLIST FOR BREAST EXAMINATION
(To be completed by the Facilitator)

Place a “✓” in case box if step/task is performed satisfactorily, and “X” if it is not performed satisfactorily, or N/O if not observed.

**Satisfactory:** Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory:** Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed:** Step or task or skill not performed by learner during evaluation by facilitator

<table>
<thead>
<tr>
<th>CHECKLIST FOR BREAST EXAMINATION</th>
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<tbody>
<tr>
<td>STEP/TASK</td>
</tr>
</tbody>
</table>

### GETTING READY

1. Greet the woman respectfully and with kindness.
2. Tell the woman you are going to examine her breasts.
3. Ask the woman to undress from her waist up. Have her sit on the examining table with her arms at her sides.
4. Wash hands thoroughly and dry them. If necessary, put on new examination or high-level disinfected surgical gloves on both hands.

### BREAST EXAMINATION

1. Look at the breasts and note any differences in:
   - shape
   - size
   - nipple or skin puckering
   - dimpling
   Check for swelling, increased warmth or tenderness in either breast.
2. Look at the nipples and note size, shape and direction in which they point. Check for rashes or sores and nipple discharge.
3. Look at breasts while woman has hands over her head and presses her hands on her hips. Check to see if breasts hang evenly.
4. Have her lie down on the examining table.
5. Look at the left breast and note any differences from the right breast.
6. Place pillow under woman’s left shoulder and place her arm over her head.
7. Palpate the entire breast using the spiral technique. Note any lumps or tenderness.
8. Squeeze the nipple gently and note any discharge.
9. Repeat these steps for the right breast. If necessary, repeat this procedure with the woman sitting up and with her arms at her sides.
### CHECKLIST FOR BREAST EXAMINATION

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Have the woman sit up and raise her arm. Palpate the tail of the breast and check for enlarged lymph nodes or tenderness.</td>
<td></td>
</tr>
<tr>
<td>11. Repeat this procedure for the right side.</td>
<td></td>
</tr>
<tr>
<td>12. After completing the examination, have woman cover herself. Explain any abnormal findings and what needs to be done. If the examination is normal, tell the woman everything is normal and healthy and when she should return for a repeat examination.</td>
<td></td>
</tr>
<tr>
<td>13. Show the woman how to perform a breast self-examination.</td>
<td></td>
</tr>
</tbody>
</table>

**LEARNER IS QUALIFIED NOT QUALIFIED TO PERFORM BREAST EXAMINATION BASED ON THE FOLLOWING CRITERIA:**

- Score on Midcourse Questionnaire ________% (attach Answer Sheet)
- Breast Examination with Models Evaluation: Satisfactory Unsatisfactory
- Breast Examination with Clients Evaluation Satisfactory Unsatisfactory Not yet performed

Facilitator’s Signature______________________________________   Date________________
**CHECKLIST FOR PELVIC EXAMINATION**
(To be completed by the Facilitator)

Place a “√” in case box if step/task is performed **satisfactorily**, and “X” if it is **not** performed **satisfactorily**, or N/O if not observed.

**Satisfactory**: Performs the step or task according to the standard procedure or guidelines

**Unsatisfactory**: Unable to perform the step or task according to the standard procedure or guidelines

**Not Observed**: Step or task or skill not performed by learner during evaluation by facilitator

<table>
<thead>
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</thead>
<tbody>
<tr>
<td>STEP/TASK</td>
</tr>
<tr>
<td>GETTING READY</td>
</tr>
<tr>
<td>1. Explain why the examination is being done and describe the steps in the examination.</td>
</tr>
<tr>
<td>2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.</td>
</tr>
<tr>
<td>3. Check that the instruments and supplies are available.</td>
</tr>
<tr>
<td>4. Ask the woman to undress and help her onto the examining table.</td>
</tr>
<tr>
<td>5. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.</td>
</tr>
<tr>
<td>LOWER ABDOMINAL AND GROIN EXAMINATION</td>
</tr>
<tr>
<td>1. Ask the woman to lie down on the examining table.</td>
</tr>
<tr>
<td>2. Look at the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.</td>
</tr>
<tr>
<td>3. Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.</td>
</tr>
<tr>
<td>4. Identify any tender areas and check for rebound tenderness.</td>
</tr>
<tr>
<td>5. Put new examination or high-level disinfected surgical gloves on both hands if sores are present on groin. Palpate both groin areas for bumps, buboes or swelling.</td>
</tr>
<tr>
<td>EXTERNAL GENITAL EXAMINATION</td>
</tr>
<tr>
<td>1. Position woman and move drape over woman.</td>
</tr>
<tr>
<td>2. Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.</td>
</tr>
<tr>
<td>3. Inspect external labia, clitoris and perineum.</td>
</tr>
<tr>
<td>4. Check the labia minora, clitoris, urethral opening and vaginal opening.</td>
</tr>
<tr>
<td>5. Check the Skene’s glands and urethra and take smears if discharge is present.</td>
</tr>
<tr>
<td>6. Check the Bartholin’s glands and take smears if discharge is present.</td>
</tr>
</tbody>
</table>
### CHECKLIST FOR PELVIC EXAMINATION

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Ask the woman to bear down while holding the labia open. Check for any bulging of the anterior or posterior vaginal walls.</td>
<td></td>
</tr>
<tr>
<td>8. Look at perineum.</td>
<td></td>
</tr>
</tbody>
</table>

### SPECULUM EXAMINATION

| 1. Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers or sores. Check for any discharge. |   |
| 2. Look at the cervix and os and note the color, position, smoothness or discharge. If the cervix bleeds easily or there is mucopus, obtain a specimen for tests. |   |
| 3. Remove the speculum and place in 0.5% chlorine solution for decontamination. |   |

### Bimanual Examination

| 1. Separate the labia with two fingers of the abdominal hand and insert the tips of the index and middle fingers of the pelvic hand into the vagina. |   |
| 2. Gradually insert fingers fully or until the cervix is touched. |   |
| 3. Palpate the uterus and check for: • Size • Shape • Location • Consistency • Mobility • Tenderness |   |
| 4. Locate ovaries and determine size and consistency. |   |
| 5. Check the size, shape consistency, mobility and tenderness of any masses in the adnexa. |   |

### Rectovaginal Examination

| 1. If changing gloves, immerse both hands in 0.5% chlorine solution, then remove them by turning them inside out. • If disposing of them, place them in a leakproof container or plastic bag. • If reusing the gloves, submerge them in 0.5% chlorine solution for decontamination. |   |
| 2. Slowly insert middle finger of the pelvic into the rectum and index finger into the vagina. |   |
| 3. Check for tenderness or masses between the uterus and rectum. |   |
| 4. Immerse both gloved hands in 0.5% chlorine solution, remove gloves by turning them inside out and dispose of them in a leakproof container. |   |
### CHECKLIST FOR PELVIC EXAMINATION

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>COMPLETING THE PELVIC EXAMINATION</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. If rectovaginal examination was not performed, immerse both gloved hands in 0.5% chlorine solution, then remove gloves by turning them inside out.  
  • If disposing of gloves, place them in a leakproof container.  
  • If reusing the gloves, submerge them in 0.5% chlorine solution for decontamination. |       |
| 2. Wash hands thoroughly and dry them.                                    |       |
| 3. Help the woman to sit up on the examining table and ask her to get dressed. |       |
| 4. Discuss any abnormal findings and what, if anything, she needs to do. If the examination was normal, tell her that everything is normal and healthy. |       |

**LEARNER IS QUALIFIED NOT QUALIFIED TO PERFORM PELVIC EXAMINATION BASED ON THE FOLLOWING CRITERIA**

- Score on Midcourse Questionnaire _________% (attach Answer Sheet)
- Pelvic Examination with Models Evaluation: Satisfactory Unsatisfactory
- Pelvic Examination with Clients Evaluation Satisfactory Unsatisfactory  
  Not yet performed

Facilitator’s Signature ________________________________________ Date ________________
EVALUATION QUESTIONNAIRE

Instructions: Write the letter of the single best answer to each question in the blank next to the corresponding number on the attached answer sheet.

BREAST PORTION

COUNSELING

1. Talking with the woman during clinical visits helps her
   a. make choices about her fertility goals
   b. use family planning longer and more successfully
   c. feel more satisfied about the services she receives
   d. all of the above

2. In talking with a woman, it is helpful to
   a. use supportive nonverbal communication, such as nodding and smiling
   b. give your instructions verbally
   c. make sure that her spouse is present
   d. establish a provider-client relationship at the beginning

3. Protecting the woman’s confidentiality is accomplished by limiting
   a. persons accompanying the woman in the examination room to her immediate family members
   b. exposure of sensitive body parts by using her clothing or drapes during the examination
   c. talk between provider and woman during examination
   d. none of the above

BREAST EXAMINATION

4. The breast tissue is made up of
   a. fat
   b. glandular tissue
   c. fibrous tissue
   d. all of the above
5. The greatest amount of glandular tissue is found in the
   a. lower outer quadrant
   b. upper outer quadrant
   c. lower inner quadrant
   e. upper inner quadrant

6. When performing a breast examination, you should
   a. always put on new examination or high-level disinfected surgical gloves
   b. wash your hands with soap and water
   c. place a pillow under both shoulders while the woman is lying down
   d. all of the above

7. It is important to look at the woman’s breast while she is in the following positions
   a. with her arms over her head
   b. with her arms over her head and her hands on her hips
   c. with her arms over her head, hands on her hips and leaning forward
   d. none of the above

8. Signs of infection in the breasts are
   a. skin puckering or change in skin color
   b. swelling, increased warmth or tenderness
   c. difference in the size of the breasts
   d. secretions that can be expressed from the nipple of one breast

9. The reason for having women learn to examine their own breasts is to
   a. find lumps or masses
   b. check for secretions from the nipples of both breasts
   c. check for any changes in the breast
   d. find enlarged lymph nodes in the axilla

10. Cancer of the breast most often occurs in the
    a. axilla
    b. upper outer quadrant
    c. lower outer quadrant
    d. upper inner quadrant

11. It is best for a woman to examine her own breast
    a. on the same day each month
    b. during her menstrual period
    c. a day or two before the start of her menstrual period
    d. seven to ten days after the start of her menstrual period
PELVIC PORTION

12. The external female genitalia includes
   a. mons pubis, clitoris, perineum and uterus
   b. labia majora, labia minora, mons pubis and ovaries
   c. mons pubis, labia majora, labia minora and perineum
   d. labia majora, clitoris and cervix

13. The internal female genitalia include
   a. fallopian tubes, ovaries, uterus and vagina
   b. uterus, vagina, Bartholin’s glands and urethra
   c. labia minora, ovaries, uterus, corpus and vagina
   d. Bartholin’s and Skene’s glands, uterus and vagina

14. Palpate the lower abdomen to check for
   a. abnormal bowel sounds
   b. tenderness of the liver
   c. any tenderness or masses
   d. all of the above

15. It is not necessary to put on new examination or high-level disinfected surgical gloves before
   a. examining a woman’s breasts
   b. examining the external genitalia
   c. performing the bimanual examination
   d. performing the speculum examination

16. When examining the external genitalia
   a. it is not necessary to palpate the Skene’s and Bartholin’s glands if there is no discharge
   b. it is important to examine the labia, clitoris and perineum
   c. it is recommended to take a smear for Gram’s stain and test for gonorrhea and chlamydia even if there is no discharge
   d. signs of infection include enlarged blood vessels and scarring

17. When performing the speculum examination
   a. change your gloves before inserting the speculum
   b. use the smallest bivalve speculum available
   c. warm the speculum before inserting it
   d. rotate the speculum so that the walls of the vagina can be seen
18. When looking at the cervix, it is important to
   a. note the color of the cervix
   b. note the position of the cervix
   c. check to see if the cervix bleeds easily
   d. all of the above

19. After performing a rectovaginal examination, surgical gloves should be
   a. immersed in 0.5% chlorine solution, removed and then decontaminated
   b. removed, decontaminated in 0.5% chlorine solution and then discarded in a closed container
   c. immersed in 0.5% chlorine solution, removed and then discarded in a closed container
   d. removed, decontaminated in 0.5% chlorine solution and then washed

20. When performing the bimanual examination
   a. the pelvic hand is the right hand for left-handed individuals
   b. the uterus is checked for size, shape, location and consistency
   c. gloves should be changed before doing the rectovaginal examination
   d. all of the above
EVALUATION QUESTIONNAIRE ANSWER SHEET

COUNSELING

1. _____ Learner Objective 1
2. _____ Learner Objective 1
3. _____ Learner Objective 1

BREAST EXAMINATION

4. _____ Learner Objective 3
5. _____ Learner Objective 3
6. _____ Learner Objective 2
7. _____ Learner Objective 3
8. _____ Learner Objective 3
9. _____ Learner Objective 4
10. _____ Learner Objective 4
11. _____ Learner Objective 4

PELVIC EXAMINATION

12. _____ Learner Objective 5
13. _____ Learner Objective 5
14. _____ Learner Objective 5
15. _____ Learner Objective 2
16. _____ Learner Objective 5

(Continued on reverse)
17. _____ Learner Objective 5
18. _____ Learner Objective 5
19. _____ Learner Objective 2
20. _____ Learner Objective 5
BREAST PORTION

COUNSELING

1. Talking with the woman during clinical visits helps her
   a. make choices about her fertility goals
   b. use family planning longer and more successfully
   c. feel more satisfied about the services she receives
   D. ALL OF THE ABOVE

2. In talking with a woman, it is helpful to
   A. USE SUPPORTIVE NONVERBAL COMMUNICATION, SUCH AS NODDING AND SMILING
   b. give your instructions verbally
   c. make sure that her spouse is present
   d. establish a provider-client relationship at the beginning

3. Protecting the woman’s confidentiality is accomplished by limiting
   a. persons accompanying the woman in the examination room to her immediate family members
   b. exposure of sensitive body parts by using her clothing or drapes during an examination
   c. talk between provider and woman during examination
   D. NONE OF THE ABOVE

BREAST EXAMINATION

4. The breast tissue is made up of
   a. fat
   b. glandular tissue
   c. fibrous tissue
   D. ALL OF THE ABOVE

5. The greatest amount of glandular tissue is found in the
   a. lower outer quadrant
   B. UPPER OUTER QUADRANT
   c. lower inner quadrant
   d. upper inner quadrant
6. When performing a breast examination, you should
   a. always put on new examination or high-level disinfected surgical gloves
   B. WASH YOUR HANDS WITH SOAP AND WATER
   c. place a pillow under both shoulders while the woman is lying down
   d. all of the above

7. It is important to look at the woman’s breast while she is in the following positions
   a. with her arms over her head
   b. with her arms over her head and her hands on her hips
   C. WITH HER ARMS OVER HER HEAD, HANDS ON HER HIPS AND LEANING FORWARD
   d. none of the above

8. Signs of infection in the breasts are
   a. skin puckering or change in skin color
   B. SWELLING, INCREASED WARMTH OR TENDERNESS
   c. difference in the size of the breasts
   d. secretions that can be expressed from the nipple of one breast

9. The reason for having women learn to examine their own breasts is to
   a. find lumps or masses
   b. check for secretions from their nipples of both breasts
   C. CHECK FOR ANY CHANGES IN THE BREAST
   d. find enlarged lymph nodes in the axilla

10. Cancer of the breast most often occurs in the
    A. AXILLA
    b. upper outer quadrant
    c. lower outer quadrant
    d. upper inner quadrant

11. It is best for a woman to examine her own breast
    a. on the same day each month
    b. during her menstrual period
    c. a day or two before the start of her menstrual period
    D. SEVEN TO TEN DAYS AFTER THE START OF HER MENSTRUAL PERIOD
PELVIC PORTION

12. The external female genitalia includes
   a. mons pubis, clitoris, perineum and uterus
   b. labia majora, labia minora, mons pubis and ovaries
   C. MONS PUBIS, LABIA MAJORA, LABIA MINORA AND PERINEUM
   d. labia majora, clitoris and cervix

13. The internal female genitalia include
   A. FALLOPIAN TUBES, OVARIES, UTERUS, AND VAGINA
   b. uterus, vagina, Bartholin’s glands and urethra
   c. labia minora, ovaries, uterus, corpus and vagina
   d. Bartholin’s and Skene’s glands, uterus and vagina

14. Palpate the lower abdomen to check for
   a. abnormal bowel sounds
   b. tenderness of the liver
   C. ANY TENDERNESS OR MASSES
   d. all of the above

15. It is not necessary to put on new examination or high-level disinfected surgical gloves before
   A. EXAMINING A WOMAN’S BREASTS
   b. examining the external genitalia
   c. performing the bimanual examination
   d. performing the speculum examination

16. When examining the external genitalia
   a. it is not necessary to palpate the Skene’s and Bartholin’s glands if there is no discharge
   B. IT IS IMPORTANT TO EXAMINE THE LABIA, CLITORIS AND PERINEUM
   c. it is recommended to take a smear for Gram’s stain and test for gonorrhea and chlamydia
      even if there is no discharge
   d. signs of infection include enlarged blood vessels and scarring

17. When performing the speculum examination
   a. change your gloves before inserting the speculum
   b. use the smallest bivalve speculum available
   c. warm the speculum before inserting it
   D. ROTATE THE SPECULUM SO THAT THE WALLS OF THE VAGINA CAN BE SEEN
18. When looking at the cervix, it is important to
   a. note the color of the cervix
   b. note the position of the cervix
   c. check to see if the cervix bleeds easily
   D. ALL OF THE ABOVE

19. After performing a rectovaginal examination, surgical gloves should be
   a. immersed in 0.5% chlorine solution, removed and then decontaminated
   b. removed, decontaminated in 0.5% chlorine solution and then discarded in a closed container
   C. IMMERSED IN 0.5% CHLORINE SOLUTION, REMOVED AND THEN DISCARDED IN A CLOSED CONTAINER
   d. removed, decontaminated in 0.5% chlorine solution and then washed

20. When performing the bimanual examination
   a. the pelvic hand is the right hand for left-handed individuals
   B. THE UTERUS IS CHECKED FOR SIZE, SHAPE, LOCATION AND CONSISTENCY
   c. gloves should be changed before doing the rectovaginal examination
   d. all of the above
TEACHING BREAST AND PELVIC EXAMINATION SKILLS IN PRESERVICE EDUCATION

The ideal time to learn breast and pelvic examination skills is during preservice education when there is a longer training period and more extensive supervised clinical practice. Breast and pelvic examination skills should be emphasized throughout the curriculum. To teach breast and pelvic examination skills effectively:

- Give learners a sound basis in normal anatomy and physiology of the breast and reproductive organs early in the curriculum. Pathology and pathophysiology can then be discussed at appropriate points in the curriculum.
- Provide learners with opportunities and appropriate situations in which breast and pelvic examinations can occur throughout the curriculum.
- Emphasize analysis of the findings of breast and pelvic examination once competency has been developed in performing the manual skills.

Accompany learners to the clinical sites and work with the staff as appropriate. Be alert to unplanned learning opportunities that may arise at any time, and be ready to modify the schedule accordingly.

Anatomy and Physiology

Anatomy and physiology are usually included early in the curriculum of most preservice programs. Introduce breast and pelvic anatomy early to provide students with basic information on the female reproductive health system on which to base future learning. Provide learners with a clear understanding of what they are examining, especially of what is normal, so they may be accurate in their findings. Phase One of the LAP may be initiated at this time or during basic examination skills.

Examination Skills

Basic examination skills are also routinely included in the early stages of a preservice curriculum. Demonstrate examination skills with anatomic models and then allow learners ample opportunity to practice with the models. In the LAP, breast and pelvic examination skills should be demonstrated by video and again by the facilitator. Provide learners sufficient time to practice with models in a demonstration room or Student Learning Center in order to develop competency. Setting up and managing Student Learning Centers are addressed beginning on page 36. If Phase One has not been introduced yet, this would be another appropriate time for learners to begin working through the LAP.

Interaction Skills

It is critical that, throughout the work with models, students be encouraged to treat and interact with the models just as they would with clients. During group practice sessions, one learner can sit near the head of the table and respond as if that individual was the client while the other learner practices the skill with a model. Practicing these interaction skills while working with
models will help learners provide gentle, considerate care when working with women in the clinical setting. This is especially important during breast and pelvic examination when the clinician is actively listening to and interacting with the client, giving the woman the opportunity to be actively involved in her care.

**Ongoing Reinforcement**

Once basic skills in breast and pelvic examination are developed, continue to build upon and reinforce them in other appropriate areas of the reproductive health components of the curriculum—in family planning, obstetrics, sexually transmitted infection (STI) screening and treatment, and diagnosing gynecologic disorders. After learners complete Phase One of the LAP, build on those skills by providing opportunities for practice and moving the learner into the phase of working with clients (Phase Two). Ensure that learners are competent with models in breast and pelvic examination before their reproductive and maternal health rotations.

**Practice with Clients**

Extensive practice is required for learners to become fully proficient in breast and pelvic examination skills. Once basic skills have been mastered on models, practice with clients is essential. It is up to the teachers and preceptors to create opportunities for working with clients and completing Phase Two of the LAP.

This does **not** mean, however, that any and all female clients should have breast and pelvic examinations routinely performed so that learners can practice. Only in situations in which breast or pelvic examinations are indicated should they be performed. Respect the client’s rights to refuse a procedure as well as her right to privacy and confidentiality.

As the classroom teacher and clinical preceptor are often different people, coordinating the learners’ clinical experience with clients will require some effort. Share the LAP with the clinical preceptor responsible for supervising the clinical rotations that include breast and pelvic examination. Orient the clinical preceptor to the goals of the LAP and the learners’ requirements for completion. The learners can use their individual Learning Activity Page to track their progress and show their clinical preceptors what steps they need to complete next.

**Clinical Decision-Making**

Finally, the importance of interpretation of findings, or clinical decision-making, as the final step in an examination cannot be overemphasized. The value of a breast and pelvic examination is not only in how skillfully it is performed, but also in what information was gained and how that information is analyzed and used in the client’s care. The mechanical skills of performing an examination, in fact, are the easier component to teach. Their usefulness is limited, however, if the clinician is unable to interpret the findings correctly.

Actively work with students to develop analytical or decision-making skills. This means that teachers and preceptors should have strong examination skills. Examine a client before or after the student in order to assess the accuracy of the findings reported by the student. Ask the learners questions about the implications of the findings, offer hypothetical situations of other findings and ask senior learners to present treatment options based on the findings. The previous
suggestions are just a few of the ways that students may be challenged to develop clinical decision-making skills.
STUDENT LEARNING CENTERS

Student Learning Centers (SLCs) are places where learners in preservice education can observe demonstrations with models, practice together with models and develop skill competency. Anatomic models are used to demonstrate skills and allow learners to learn and practice these skills without harming clients. **Practicing with models is required for this learning package.**

**Things to Consider.** What clinical skills do you teach to learners? Can any of these skills be demonstrated with models or by using appropriate equipment? If so, do you have access to the appropriate models, supplies, learning guides and checklists?

Think of ways you can demonstrate clinical skills for learners and schedule practice times for them. Rather than only lecturing about the skill, demonstrate and provide times for supervised practice. If you are involved in evaluating skill competency, do you use a checklist to evaluate the skill? Choose one skill to use for demonstration with models and supervised practice, and see how this teaching methodology affects the learning process.

Clinical sites that routinely provide training may also benefit from a learning center like the one described in this guide.

**Planning for the Student Learning Center**

- Ensure that administration is willing to support the SLC by dedicating the chosen space to that purpose, providing necessary supplies and equipment, and the necessary time for orienting faculty and staff.

- Choose a room that can be locked but is in an accessible location.

- Choose a room with adequate light and space for learners to work in small groups with models.

- Make sure there is lockable storage cabinet space for storing valuables such as video cassette recorders, monitors, etc.

**Supplying the Student Learning Center**

**Basic Supplies:**

- Anatomic models such as breast, pelvic, condom and injection arm should be available. If possible, other models such as the childbirth, Norplant® implants insertion arm or no-scalpel vasectomy models can be added later. Several educational institutions have made their own models using locally available materials.
• Related materials for the *Breast and Pelvic Examination Learning Activity Packet*:
  
  - *Breast and Pelvic Examination Learning Activity Packet*, JHPIEGO, 2001  
  - Video Cassette or CD-ROM, *How to Do a Breast and Pelvic Examination*, JHPIEGO, 2000

• Additional learning materials:

  - Laminated copies of appropriate learning guides and checklists for other skills demonstrations and practice  
  - Video cassettes on additional topics such as infection prevention, family planning counseling, etc.  
  - Additional learning resources such as related textbooks and reference materials

• Physical supplies:

  - Chairs and tables for the models  
  - Place for handwashing or simulated handwashing  
  - Additional light source for pelvic examinations  
  - Video cassette player and monitor  
  - Flipchart, flipchart stand, paper and markers  
  - Computer with CD-ROM, if possible

• Medical supplies:

  - Examination gloves  
  - Speculae  
  - Cloth sheet or drapes  
  - Miscellaneous instruments and equipment such as: kidney tray, cheattle forceps and jar, tenaculum, uterine sound, cotton/gauze swabs, syringes  
  - Infection prevention supplies: buckets and basins for bleach decontamination, bleach solution or powder, utility gloves, brushes for cleaning, detergent  
  - Samples of contraceptives

• Student Learning Center Log for recording any or all of the following: students using the practice center, skills they practice and amount of time spent. Refer to page 43 for a sample.

**Initiating the Student Learning Center**

Several issues need to be discussed with administration and faculty involved in the initiation and management of a SLC. There must be consensus by administrative staff regarding the location, supply, use and management of the SLC. The suggested steps involved in initiating a SLC are listed below:
• Gather the administrative staff capable of making institutional decisions and related faculty (in maternity and reproductive health) for an initial discussion of why the SLC will benefit the institution and how it can be incorporated into present teaching practices. Develop consensus with this group regarding how the SLC will be managed and used within the existing program.

• Choose several related individuals to be “champions” or a small working group for the development and management of the SLC. Work with them to decide on the location and physical setup for the SLC.

• Gather the initial group to develop consensus regarding physical location, supply management, faculty orientation regarding the SLC and SLC hours, staffing and function.

• Physically set up the SLC. Gather models, tables and equipment to set up the center. Set up tables with sufficient room for learners to work with models in groups. Set up areas for study or small group work with chairs or tables. Place supplies and learning materials in a central area. Make sure there is adequate light. Administration will need to provide some financial support to purchase supplies, laminate learning materials and make copies. A sketch of a sample layout is included on the following page.
Figure 1. Overhead View of Sample Classroom Layout

![Diagram of Classroom Layout]

**Additional Supplies**
- Lights
- Laminated learning guides and checklists
- Buckets for decontamination
- Gloves
- Drapes and cloths
- Medical equipment and supplies
- Mayo trolley or other stands

*Breast and Pelvic Examination Learning Activity Packet – 39*
Introducing the Student Learning Center

- Orient faculty to the Student Learning Center. Introduce them to the objectives of a Student Learning Center, using and caring for models, using learning guides and checklists to develop skills and assess competency, using the Student Learning Center for demonstration of skills, and times of operation. Plan how the SLC will be incorporated into existing teaching methodology.

- Orient students to the Student Learning Center. Schedule a day for orientation and rotate students through it in groups. Discuss times the center will be open, times for practice with observation, whom to contact for keys and whom to go to with questions. Discuss handling models and using learning guides for practice with models. Demonstrate using the learning guides to practice a skill with models.

Managing the SLC

- Post hours of opening and any related schedules in key locations. Provide instructions on how to access the SLC after hours.

- Remind related faculty of the availability of the SLC for demonstration of skills and assessment of competency prior to clinical experiences.

- Delegate someone to be accessible and responsible for keeping the keys.

- Staff SLC during designated times for practice and demonstrations.

- Maintain supplies, resources and equipment, and ensure they are not borrowed for other uses.

- Choose several senior-level students to be available during practice times. Orient these students to the Student Learning Center and evaluate their related skills (breast and pelvic examination, Depo-Provera® administration, condom application, etc.) with models using checklists before approving them as assistants.

A practice center should be set up after faculty is well oriented to the use of models for demonstration and assessment of skills, learning guides and checklists.
Tips for a Useful Student Learning Center:

- Orient appropriate faculty to demonstrating skills, using checklists and learning guides, and working with models.
- Schedule specific times for practice when you act as monitor and coach while learners practice.
- Set up times when the center will be open and available such as after clinical experiences, before or after hours, or during lunch time.
- Combine the Student Learning Center with the library if appropriate.

The Student Learning Center should be as easily accessible as possible!
<table>
<thead>
<tr>
<th>TIME</th>
<th>TOPICS/ACTIVITIES</th>
<th>TRAINING/LEARNING METHODS</th>
<th>RESOURCES/MATERIALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 minutes</td>
<td><strong>Activity:</strong> Discussion of breast and pelvic examination skills</td>
<td>Discuss with learners why these skills are important and ask how they will be used in their practice. Assess learners’ previous experience in this area.</td>
<td>Flipchart and paper, <em>Guidelines for Performing Breast and Pelvic Examinations</em> Resource Manual, LAP, Facilitator’s Guide</td>
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<td>40 minutes</td>
<td><strong>Activity:</strong> Review of learners’ questions from materials</td>
<td>Provide time for clarification of questions learners had about the materials. Discuss any difficult or confusing questions from the Check Your Knowledge exercise.</td>
<td>Flipchart and paper, <em>Guidelines for Performing Breast and Pelvic Examinations</em> Resource Manual, LAP, Facilitator’s Guide</td>
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<td>20 minutes</td>
<td><strong>Activity:</strong> View breast and pelvic examination video</td>
<td>Show <em>How to Do a Breast and Pelvic Examination</em> video and clarify any questions.</td>
<td><em>How to Do a Breast and Pelvic Examination</em> video, video cassette player and monitor</td>
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<tr>
<td>45 minutes</td>
<td><strong>Activity:</strong> Demonstration of breast and pelvic examination skills</td>
<td>Demonstrate breast and pelvic examination skills and instruct the learners to use the learning guides to follow along while you demonstrate. Provide opportunities for questions and clarify them as necessary.</td>
<td>Breast and pelvic anatomic models (several), speculum, breast and pelvic examination learning guides, additional light source for pelvic exams, examination gloves, a place for handwashing or simulated handwashing, buckets for simulated decontamination</td>
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<tr>
<td>120 minutes</td>
<td><strong>Activity:</strong> Practice with models</td>
<td>Set up stations for practicing breast and pelvic examination on models in small groups of two or three. Instruct learners to use the learning guides to coach each other. Provide learners with coaching and feedback as they practice. The time required for practice may need to be adjusted based on learners’ previous experiences.</td>
<td>Breast and pelvic anatomic models (several), speculum, breast and pelvic examination learning guides, additional light source for pelvic exams, examination gloves</td>
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<tr>
<td>60 minutes</td>
<td><strong>Activity:</strong> Take Evaluation Questionnaire (EQ)</td>
<td>Have learners take the Evaluation Questionnaire when they feel they are ready and have had sufficient practice time. Score questionnaires and allow learners who have not passed to retake questions they missed.</td>
<td>Facilitator’s Guide, copies of the Evaluation Questionnaire</td>
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<td>60 minutes</td>
<td><strong>Activity:</strong> Assess competency with models</td>
<td>Set up stations for breast and pelvic examination. Assess learners’ competency using the checklists. Refer to Facilitator’s Guide for information on managing learners who need additional practice time. Group can also be split in half and one group may complete the EQ while the other group is assessed with models. This is dependent on time, space and facilities available.</td>
<td>Same as models practice, Facilitator’s Guide</td>
</tr>
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</table>

These activities require that the learner complete the LAP, except for watching the video and observing a demonstration of skills and evaluation activities, prior to the classroom portion. The times listed may need to be adjusted based on the number of learners and their previous experience. If you are combining these skills with another inservice course, these activities may be added at times that are convenient for you.
<table>
<thead>
<tr>
<th>Date</th>
<th>Student Name</th>
<th>Student Class</th>
<th>Time In</th>
<th>Time Out</th>
<th>Skills Practiced</th>
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### SAMPLE STUDENT PROGRESS CHART

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<th>Pelvic Portion of EQ</th>
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