Breast and Pelvic Examination
Course Notebook for Trainers
# BREAST AND PELVIC EXAMINATION COURSE NOTEBOOK FOR TRAINEERS

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OVERVIEW

BEFORE STARTING THIS TRAINING COURSE

This training course will be conducted in a way that is very different from traditional training courses. First of all, it is based on the assumption that people participate in training courses because they:

- Are interested in the topic
- Wish to improve their knowledge or skills, and thus their job performance
- Desire to be actively involved in course activities

The training approach used in this course stresses the importance of the cost-effective use of resources and application of relevant educational technologies including use of humane training techniques. The latter encompasses the use of anatomic models, such as the ZOE® pelvic model or the breast model, to minimize client risk and facilitate learning.

MASTERY LEARNING

The mastery learning approach to clinical training assumes that all participants can master (learn) the required knowledge, attitudes or skills provided sufficient time is allowed and appropriate training methods are used. The goal of mastery learning is that 100 percent of those being trained will “master” the knowledge and skills on which the training is based.

While some participants are able to acquire new knowledge or a new skill immediately, others may require additional time or alternative learning methods before they are able to demonstrate mastery. Not only do people vary in their abilities to absorb new material, but individuals learn best in different ways—through written, spoken or visual means. Mastery learning takes these differences into account and uses a variety of teaching and training methods.

The mastery learning approach also enables the participant to have a self-directed learning experience. This is achieved by having the clinical trainer serve as facilitator and by changing the concept of testing and how test results are used. In courses that use traditional testing methods, the trainer administers pre- and post-tests to document an increase in the participants’ knowledge, often without regard for how this change affects job performance.
By contrast, the philosophy underlying the mastery learning approach is one of a continual assessment of participant learning. With this approach, it is essential that the clinical trainer regularly inform participants of their progress in learning new information and skills, and not allow this to remain the trainer’s secret.

With the mastery learning approach, assessment of learning is:

- **Competency-based**, which means assessment is keyed to the course objectives and emphasizes acquiring the essential knowledge, attitudinal concepts and skills needed to perform a job, not simply acquiring new knowledge.

- **Dynamic**, because it enables clinical trainers to provide participants with continual feedback on how successful they are in meeting the course objectives and, when appropriate, to adapt the course to meet learning needs.

- **Less stressful**, because from the outset participants, both individually and as a group, know what they are expected to learn and where to find the information, and have ample opportunity for discussion with the clinical trainer.

### KEY FEATURES OF EFFECTIVE CLINICAL TRAINING

Effective clinical training is designed and conducted according to adult learning principles—learning is participatory, relevant and practical—and:

- Uses **behavior modeling**

- Is **competency-based**

- Incorporates **humanistic training techniques**

**Behavior Modeling**

Social learning theory states that when conditions are ideal, a person learns most rapidly and effectively from watching someone perform (model) a skill or activity. For modeling to be successful, the trainer must clearly demonstrate the skill or activity so that participants have a clear picture of the performance expected of them.

Learning to perform a skill takes place in three stages. In the first stage, **skill acquisition**, the participant sees others perform the procedure and
acquires a mental picture of the required steps. Once the mental image is acquired, the participant attempts to perform the procedure, usually with supervision. Next, the participant practices until skill competency is achieved and the individual feels confident performing the procedure. The final stage, skill proficiency, only occurs with repeated practice over time.

<table>
<thead>
<tr>
<th>Skill Acquisiton</th>
<th>Knows the steps and their sequence (if necessary) to perform the required skill or activity but needs assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skill Competency</td>
<td>Knows the steps and their sequence (if necessary) and can perform the required skill or activity</td>
</tr>
<tr>
<td>Skill Proficiency</td>
<td>Knows the steps and their sequence (if necessary) and efficiently performs the required skill or activity</td>
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</tbody>
</table>

**Competency-Based Training**

Competency-based training (CBT) is distinctly different from traditional educational processes. Competency-based training is learning by doing. It focuses on the specific knowledge, attitudes and skills needed to carry out a procedure or activity. How the participant performs (i.e., a combination of knowledge, attitudes and, most important, skills) is emphasized rather than just what information the participant has acquired. Moreover, CBT requires that the clinical trainer facilitate and encourage learning rather than serve in the more traditional role of instructor or lecturer. Competency in the new skill or activity is assessed objectively by evaluating overall performance.

For CBT to occur, the clinical skill or activity to be taught first must be broken down into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. This process is called standardization. Once a procedure, such as IUD insertion, has been standardized, competency-based skill development (learning guides) and assessment (checklists) instruments can be designed. These instruments make learning the necessary steps or tasks easier and evaluating the participant's performance more objective.

An essential component of CBT is coaching, which uses positive feedback, active listening, questioning and problem-solving skills to encourage a positive learning climate. To use coaching, the clinical trainer should first explain the skill or activity and then demonstrate it using an anatomic model or other learning aid such as a video. Once the procedure has been demonstrated and discussed, the trainer/coach then observes and interacts with the participant to provide guidance in learning.
the skill or activity, monitors progress and helps the participant overcome problems.

The coaching process ensures that the participant receives feedback regarding performance:

- **Before practice**—The clinical trainer and participant should meet briefly before each practice session to review the skill/activity, including the steps/tasks which will be emphasized during the session.

- **During practice**—The clinical trainer observes, coaches and provides feedback as the participant performs the steps/tasks outlined in the learning guide.

- **After practice**—This feedback session should take place immediately after practice. Using the learning guide, the clinical trainer discusses the strengths of the participant’s performance and also offers specific suggestions for improvement.

**Humanistic Training Techniques**

The use of more humane (humanistic) techniques also contributes to better clinical training. A major component of humanistic training is the use of anatomic models, which closely simulate the human body, and other learning aids such as videos. The effective use of models facilitates learning, shortens training time and minimizes risks to clients. For example, by using anatomic models initially, participants more easily reach the performance levels of skill competency and beginning skill proficiency before they begin working in the clinic setting with clients.

Before a participant attempts a clinical procedure with a client, two learning activities should occur:

- The clinical trainer should demonstrate the required skills and client interactions several times using an anatomic model and appropriate audiovisual aids (e.g., video).

- While being supervised, the participant should practice the required skills and client interactions using the model and actual instruments in a simulated setting which is as similar as possible to the real situation.

Only when **skill competency** and some degree of **skill proficiency** have been demonstrated with models, however, should participants have their first contacts with clients.
When mastery learning that is based on adult learning principles and behavior modeling is integrated with CBT, the result is a powerful and extremely effective method for providing clinical training. And when humanistic training techniques, such as using anatomic models and other learning aids are incorporated, training time and costs can be reduced significantly.

COMPONENTS OF THE BREAST AND PELVIC EXAMINATION LEARNING PACKAGE

This clinical training course is built around use of the following components:

- Need-to-know information contained in the guidelines
- A course handbook for participants containing validated questionnaires and learning guides, which break down the skill or activity (e.g., classroom presentation or clinical demonstration) into its essential steps
- A trainer’s notebook, which includes questionnaire answer keys and detailed information for conducting the course
- Well-designed learning aids, such as videos, anatomic models and other educational materials
- Competency-based performance evaluation

The text recommended for use in this course is Guidelines for Performing Breast and Pelvic Examinations. It contains practical “how to” information on performing breast examinations and pelvic examinations and teaching breast self-examinations.

USING THE BREAST AND PELVIC EXAMINATION LEARNING PACKAGE

In designing the training materials for this course, particular attention has been paid to making them “user friendly” and to permit the course participants and clinical trainer the widest possible latitude in adapting the training to the participants’ (group and individual) learning needs. For example, at the beginning of each course an assessment is made of each participant's knowledge. The results of this precourse assessment are then used jointly by the participants and the advanced or master trainer to adapt the course content as needed so that the training focuses on acquisition of new information and skills.
A second feature relates to the use of the guidelines and course handbook. The **guidelines** are designed to provide all of the essential information needed to conduct the course in a logical manner. Because it serves as the “text” for the participants and the “reference source” for the trainer, special handouts or supplemental materials are not needed. In addition, because the guidelines **only** contain information that is consistent with the course goals and objectives, it becomes an integral part of all classroom exercises—such as giving an illustrated lecture or providing problem-solving information.

The **course handbook**, on the other hand, serves a dual function. First, and foremost, it is the road map which guides the participant through each phase of the course. Second, it contains the course syllabus and course schedule, as well as all supplemental printed materials (precourse questionnaire, learning guides and checklists, and the course evaluation form) needed during the course.

The **trainer’s notebook** contains the same material as the course handbook as well as specific material for the trainer. This includes the course outline, precourse questionnaire answer key, midcourse questionnaire and answer key and competency-based qualification checklists.

In keeping with the training philosophy on which this course is based, all training activities will be conducted in an interactive, participatory manner. To accomplish this requires that the role of the trainer continually change throughout the course. For example, the trainer is an **instructor** when presenting a classroom demonstration; a **facilitator** when conducting small group discussions or using role plays; and shifts to the role of **coach** when helping participants practice a procedure. Finally, when objectively assessing performance, the trainer serves as an **evaluator**.

**Summary**

The mastery learning approach used in this course incorporates a number of key features. **First**, it is based on adult learning principles, which means that it is interactive, relevant and practical. Moreover, it requires that the trainer facilitate the learning experience rather than serve in the more traditional role of an instructor or lecturer. **Second**, it involves use of behavior modeling to facilitate learning a standardized way of performing a skill or activity. **Third**, it is competency-based. This means that evaluation is based on **how well** the participant performs the procedure or activity, not just on **how much** has been learned. **Fourth**, where possible, it relies heavily on the use of anatomic models and other learning aids (i.e., it is humanistic) to enable participants to practice
repeatedly the standardized way of performing the skill or activity **before** working with clients. Thus by the time the trainer evaluates each participant’s performance, using the checklist, **every** participant should be able to perform **every** skill or activity competently. **This is the ultimate measure of training.**
INTRODUCTION

COURSE DESIGN

This clinical training course is designed for healthcare providers (physicians, nurses and midwives). The course builds on each participant’s knowledge and takes advantage of her/his high motivation to accomplish the learning tasks in the minimum time. Training emphasizes doing, not just knowing, and uses competency-based evaluation of performance.

This training course differs from traditional courses in several ways:

- During the morning of the first day, participants are introduced to the key features of mastery learning and then are briefly tested (Precourse Questionnaire) to determine their individual and group knowledge of breast and pelvic examination.

- Classroom and clinic sessions focus on key aspects of service delivery (e.g., counseling of women).

- Clinical skills training builds on the participant’s previously mastered skills. Participants first practice on the anatomic models using detailed learning guides that list the key steps in performing breast and pelvic examinations. In this way, they learn more quickly the skills needed to perform breast and pelvic examinations in a standardized way.

- Progress in knowledge-based learning is measured during the course using a standardized written assessment (Midcourse Questionnaire).

- Progress in learning new skills is documented using learning guides and less detailed checklists.

- Evaluation of each participant’s performance is conducted by a clinical trainer using competency-based skills checklists.

Successful completion of the course is based on mastery of both the knowledge and skills components, as well as satisfactory overall performance in providing reproductive health services to women.
EVALUATION

This clinical training course is designed to produce healthcare providers who are qualified to perform breast and pelvic examinations and teach breast self-examination to women. Qualification is a statement by the training institution(s) that the participant has met the requirements of the course in knowledge, skills and practice. Qualification does not imply certification. Personnel can be certified only by an authorized organization or licensing agency (e.g., ministry of education or health).

Qualification is based on the participant's achievement in three areas:

- **Knowledge**—A score of at least 85% on the **Midcourse Questionnaire**
- **Skills**—Satisfactory performance of breast and pelvic examination
- **Practice**—Demonstrated ability to perform examinations in the clinical setting with women

Responsibility for the participant becoming qualified is shared by the participant and the trainer.

The evaluation methods used in the course are described briefly below:

- **Midcourse Questionnaire.** This knowledge assessment will be given at the time in the course when all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the guidelines. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can take the Midcourse Questionnaire at any time during the remainder of the course.

- **Provision of Services (Practice).** During the course, it is the clinical trainer’s responsibility to observe each participant's overall performance in providing services. This provides a key opportunity to observe the impact on women of the participant's attitude—a critical component of quality service delivery. Only by doing this can the clinical trainer assess the way the participant uses what s/he has learned.

- **Clinical Skills Checklists.** The clinical trainer will use these checklists to evaluate each participant as s/he counsels women and performs breast and pelvic examinations with women. Evaluation of the clinical skills usually will be done on the last day of the course (depending on class size and case load).
In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant’s performance for each step of the skill or activity. The participant must be rated “satisfactory” in each skill or activity to be evaluated as qualified.

Within 3 to 6 months of qualification, it is recommended that graduates be observed and evaluated working in their institution by a course trainer using the same counseling and clinical skills checklist. (At the very least, the graduate should be observed by a skilled provider soon after completing training.) This postcourse evaluation activity is important for several reasons. First, it not only gives the graduate direct feedback on her/his performance, but also provides the opportunity to discuss any start-up problems or constraints to service delivery (e.g., lack of instruments, supplies or support staff). Second, and equally important, it provides the training center, via the clinical trainer, key information on the adequacy of the training and its appropriateness to local conditions. Without this type of feedback, training easily can become routine, stagnant and irrelevant to service delivery needs.

COURSE SYLLABUS

Course Description. This clinical training course is designed to prepare the participant to become competent in performing breast and pelvic examinations.

Course Goals

- To influence in a positive way the attitudes of the participant toward the benefits of regular breast and pelvic examinations.
- To provide the participant with counseling skills needed to talk with women about their reproductive health needs.
- To provide the participant with the knowledge and skills needed for breast examinations and to teach breast self-examination.
- To provide the participant with the knowledge and skills needed for pelvic examinations.

Participant Learning Objectives

By the end of the training course, the participant will be able to:

1. Talk to the woman about her reproductive health needs.
2. Use recommended infection prevention practices to protect the woman, healthcare provider and other healthcare workers.

3. Perform a breast examination.

4. Teach breast self-examination.

5. Perform a pelvic examination.

Learning Methods

- Illustrated lectures and group discussions
- Individual and group exercises
- Simulated practice with anatomic (pelvic and breast) models
- Guided clinical activities (breast and pelvic examinations)

Learning Materials

- Guidelines for Performing Breast and Pelvic Examinations
- ZOE Gynecologic Simulator and video
- Breast Self Examination Simulator and video
- How to Do a Breast Examination video
- How to Do a Pelvic Examination video

Participant Selection Criteria

Participants for this course should be clinicians (physicians, nurses or midwives) working in a healthcare facility (health post, clinic or hospital) that provides women’s health services.

Methods of Evaluation

Participant

- Pre-and Midcourse Questionnaires
- Learning Guides and Checklists for Breast and Pelvic Examinations
Course

- Course Evaluation Form (to be completed by each participant)

Course Duration

- 4 sessions for a 1-day refresher course or 6 sessions for a 3-day basic course

As the number of reproductive health services being integrated into primary health increases, there is an increasing need for healthcare providers at all levels to be able to competently and confidently perform breast and pelvic examinations and teach breast-self examination. The 1-day refresher course is designed to supplement and strengthen the knowledge and skills of clinicians who have had no recent experience performing these examinations. By contrast, the 3-day basic course is intended for use by those healthcare providers who have no, or very minimal, previous experience.

Suggested Course Composition

- 6 to 10 health professionals
- 1 clinical trainer

Note: The number of participants and trainers will depend on the number of women expected in the clinic, number of examining tables, and availability of supplies. In general, not more than three participants can assess a woman at any one time.
# MODEL BREAST AND PELVIC EXAMINATION SCHEDULE FOR REFRESHER COURSE (FOUR SESSIONS, 1 DAY)

<table>
<thead>
<tr>
<th>SESSION 1&lt;sup&gt;b&lt;/sup&gt;</th>
<th>SESSION 3</th>
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<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td><strong>Demonstration:</strong></td>
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<tr>
<td></td>
<td>• Pelvic examination video</td>
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<tr>
<td></td>
<td>• Trainer demonstrates pelvic examination with model</td>
</tr>
<tr>
<td><strong>Course Overview</strong></td>
<td><strong>Classroom Practice:</strong> Divide into groups of two or three people to practice pelvic examination on the model</td>
</tr>
<tr>
<td>• Goals and learning objectives</td>
<td>Participants assess each other’s performance using learning guides</td>
</tr>
<tr>
<td>• Schedule</td>
<td><strong>Exercise:</strong> Recording breast and pelvic examination findings</td>
</tr>
<tr>
<td>• Learning materials</td>
<td><strong>Group Discussion:</strong> Making breast and pelvic examinations pleasant for women</td>
</tr>
<tr>
<td><strong>Group Discussion:</strong></td>
<td><strong>Classroom skills evaluation and feedback:</strong></td>
</tr>
<tr>
<td>• Review purpose and significance of regular breast and pelvic examinations</td>
<td>• Breast examination</td>
</tr>
<tr>
<td></td>
<td>• Pelvic examination</td>
</tr>
<tr>
<td><strong>Precourse Skills Assessment:</strong></td>
<td><strong>Course Summary</strong></td>
</tr>
<tr>
<td>• Breast examination</td>
<td></td>
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<tr>
<td>• Pelvic examination</td>
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</table>

<table>
<thead>
<tr>
<th>SESSION 2</th>
<th>SESSION 4</th>
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<tbody>
<tr>
<td><strong>Demonstration:</strong></td>
<td><strong>Group Discussion:</strong> Making breast and pelvic examinations pleasant for women</td>
</tr>
<tr>
<td>• Breast examination video</td>
<td></td>
</tr>
<tr>
<td>• Trainer demonstrates breast examination with model</td>
<td><strong>Classroom skills evaluation and feedback:</strong></td>
</tr>
<tr>
<td><strong>Classroom Practice:</strong> Divide into groups of two or three people to practice breast examination on the model</td>
<td>• Breast examination</td>
</tr>
<tr>
<td>Participants assess each other’s performance using learning guides</td>
<td>• Pelvic examination</td>
</tr>
<tr>
<td><strong>Discussion:</strong> Teaching breast self-examination</td>
<td><strong>Course Summary</strong></td>
</tr>
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<sup>a</sup> Each session in this schedule ideally should take approximately 2 hours, but can be modified according to the needs of the participants. Each session should include presentations of the material and practice with the models.

<sup>b</sup> Participants should have reviewed the appropriate sections of the *Guidelines for Performing Breast and Pelvic Examinations* prior to beginning the course.
# Model Breast and Pelvic Examination Schedule for Basic Course (Six Sessions, 3 Days)

<table>
<thead>
<tr>
<th>DAY 1</th>
<th>DAY 2</th>
<th>DAY 3</th>
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<tbody>
<tr>
<td><strong>AM</strong></td>
<td><strong>AM</strong></td>
<td><strong>AM</strong></td>
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<tr>
<td>Welcome</td>
<td>Warmup</td>
<td>Warmup</td>
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<tr>
<td>Introduction</td>
<td>Agenda</td>
<td>Agenda</td>
</tr>
<tr>
<td><strong>Course Overview</strong></td>
<td><strong>Presentation/Discussion:</strong> Preventing Infections in Healthcare Workers</td>
<td>Discussion: Making breast examinations pleasant for the woman</td>
</tr>
<tr>
<td>- Goals and learning objectives</td>
<td>- Strategies for IP</td>
<td>Demonstration: Trainer demonstrates breast examination</td>
</tr>
<tr>
<td>- Schedule</td>
<td>- Review basic IP practices</td>
<td>Small Group Activity: Classroom and clinical work</td>
</tr>
<tr>
<td>- Learning materials</td>
<td></td>
<td>Group 1: Classroom practice using breast models</td>
</tr>
<tr>
<td><strong>Participant’s Expectations</strong></td>
<td></td>
<td>Group 2: Clinic practice with women</td>
</tr>
<tr>
<td><strong>Precourse Questionnaire and Results</strong></td>
<td></td>
<td>Clinical Conference: Review clinical practice</td>
</tr>
<tr>
<td><strong>Exercise:</strong> “How People Learn”</td>
<td></td>
<td>Discussion: Teaching breast self-examination</td>
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<tr>
<td>Identify individual and group learning needs</td>
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<tr>
<td><strong>Group Discussion:</strong></td>
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<tr>
<td>- Review purpose and significance of regular breast and pelvic examinations</td>
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<tr>
<td><strong>Precourse Skills Assessment:</strong></td>
<td></td>
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<td>- Breast examination</td>
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<tr>
<td>- Pelvic examination</td>
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<td><strong>LUNCH</strong></td>
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<td><strong>PM</strong></td>
<td><strong>PM</strong></td>
<td><strong>PM</strong></td>
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<tr>
<td><strong>Presentation/Discussion:</strong></td>
<td><strong>Clinical Conference:</strong> Review clinical practice</td>
<td>Clinical skills evaluation:</td>
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<tr>
<td>- Anatomic landmarks</td>
<td></td>
<td>- Breast examination</td>
</tr>
<tr>
<td>- Key points in breast and pelvic examination</td>
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<td>- Pelvic examination</td>
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<tr>
<td>- Abdominal and groin</td>
<td></td>
<td>Discussion: Trainer reviews clinical evaluations with participants individually</td>
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<tr>
<td>- Genital</td>
<td></td>
<td>Group Discussion: Planning for supervised clinical practice</td>
</tr>
<tr>
<td>- Speculum</td>
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<td>Course Evaluation</td>
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<tr>
<td>- Bimanual</td>
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<td>Closing</td>
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<tr>
<td>- Rectovaginal</td>
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<tr>
<td><strong>Exercise:</strong> Using a Learning Guide</td>
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<tr>
<td><strong>Demonstration:</strong></td>
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<tr>
<td>- Pelvic examination video</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Trainer demonstrates pelvic examination with model</td>
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<tr>
<td><strong>Classroom Practice:</strong> Divide into groups of two or three people to practice breast examination on the model</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participants assess each other’s performance using learning guides</td>
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<tr>
<td><strong>Midcourse Questionnaire</strong></td>
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<td></td>
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<tr>
<td><strong>Discussion of Questionnaire Results</strong></td>
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<td></td>
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<tr>
<td><strong>Review day’s activities</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Reading Assignment:</strong> Review appropriate sections of <em>Guidelines for Performing Breast and Pelvic Examinations</em> and IP appendix; Review learning guides for breast and pelvic examinations</td>
<td><strong>Prepare for Clinical Skills Evaluation:</strong> Review practice checklists for breast and pelvic examinations</td>
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INSTRUCTIONS FOR USING ZOE® GYNECOLOGIC SIMULATORS

A ZOE Gynecologic Simulator is a model of a full-sized, adult female lower torso (abdomen and pelvis). It is a versatile training tool developed to assist health professionals to teach the processes and skills needed to perform many gynecologic procedures. ZOE models are ideal for demonstrating and practicing the following procedures:

- Bimanual pelvic examination including palpation of normal and pregnant uteri
- Vaginal speculum examination
- Visual recognition of normal cervices and abnormal cervices
- Uterine sounding
- IUD insertion and removal
- Diaphragm sizing and fitting
- Laparoscopic inspection and occlusion of fallopian tubes (Falope rings or other clips)
- Minilaparotomy (both interval and postpartum tubal occlusion)
- Treatment of incomplete abortion using manual vacuum aspiration (MVA)

CONTENTS OF THE ORIGINAL ZOE MODEL

There are several models of ZOE Gynecological Simulators now available, including an interval model and postpartum kit, so specific parts and accessories will vary. The original ZOE Gynecological Simulator kit includes the following:

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>Normal ante- and retroverted uteri with clear tops, attachments for round and ovarian ligaments as well as fallopian tubes and normal patent cervical os for pelvic examination and IUD insertion</td>
<td>2</td>
</tr>
<tr>
<td>6–8 week uterus with dilated (open) cervical os which allows passage of a 5 or 6 mm flexible cannula</td>
<td>1</td>
</tr>
</tbody>
</table>
10–12 week uterus with dilated (open) cervical os which allows passage of a 10 or 12 mm flexible cannula

Postpartum uterus (20 week size) with attached fallopian tubes for practicing postpartum tubal occlusion by minilaparotomy

Cervices (not open) for use in visual recognition:

- Normal cervix
- Cervix with proliferation of columnar epithelium (ectropion)
- Cervix with inclusion (nabothian) cyst and endocervical polyp
- Cervix with lesion (cancer)

Normal cervices with open os for IUD insertion/removal

Cervices for 6–8 week and 10–12 week uteri (2 of each size)

Normal tubal fimbriae and ovaries (2 each)

Fallopian tubes for tubal occlusion

Simulated round and ovarian ligaments (set of 2 each)

Extra thin cervical locking rings

Flashlight with batteries

Soft nylon carrying bag

**Outer Skin**

The **outer skin of the model** is foam-backed in order to simulate the feel of the anterior pelvic wall. The entire outer skin is removable to allow the model to be used for demonstration purposes (e.g., performing IUD insertion).

The 3 cm incision (reinforced at each end) located just **below** the umbilicus can be used to insert a laparoscope to look at the uterus, round ligaments, ovaries and fallopian tubes and practice laparoscopic tubal
occlusion. This incision also can be used for practicing postpartum tubal ligation by minilaparotomy.

The 3 cm incision located a few centimeters above the symphysis pubis is used for practicing interval minilaparotomy. This incision also is reinforced, which allows the skin to be retracted to facilitate demonstration of the minilaparotomy technique.

**Cervices**

The normal cervices have a centrally located, oval-shaped os which permits insertion of a uterine sound, uterine elevator or IUD. The abnormal cervices are not open and can be used for demonstration only.

Each of the cervices for treatment of incomplete abortion has a centrally located, oval-shaped os which is dilated to allow passage of a 5 or 6 mm or 10 or 12 mm flexible cannula, respectively.

The normal cervices and interchangeable uteri feature the patented “screw” design for fast and easy changing.

**ASSEMBLY OF THE ORIGINAL ZOE MODEL**

To use the original ZOE pelvic model for demonstrations or initially to learn how to change the parts (e.g., cervices and uteri), you need to know how to remove the skin.

**Removing and Replacing the Detachable Skin and Foam Backing**

First, carefully remove the outer skin and its foam lining away from the rigid base at the “top” end of the model. (“Top” refers to the portion of ZOE nearest to the metal carrying handle located above the umbilicus.)

Lift the skin and foam up and over the legs, one leg at a time.

*Be as gentle as possible.* The detachable skin is made of material that approximates skin texture and it can tear.

If you wish to change the anteverted uterus and normal cervix which are shipped attached to ZOE, first you must remove the uterus.

Start by pulling the round ligaments away from the wall.

Then grasp the uterus while turning the wide grey ring counterclockwise until the cervix and uterine body are separated.
To remove the cervix, turn the thin grey ring counterclockwise until it comes off.

You then can push the cervix out through the vagina.

To reassemble, simply reverse this process.

To replace the skin and foam lining, start by pulling them down around the legs.

Then make sure the rectal opening is aligned with the opening in the rigid base.

Pull the skin and foam over the top of the model.

Finally, make sure both are pulled firmly down around the rigid base, and the skin is smoothly fitted over the foam.

Once you understand how ZOE’s anatomic parts fit together, we suggest you change them through the opening at the top of the model. This helps to preserve ZOE’s outer shell as you will only have to remove it for demonstrations or to change the postpartum (20 week size) uterus.

The antevorted and retroverted uteri have transparent top halves and opaque lower halves for use in demonstrating IUD insertion. These uteri are supported by round ligaments attached to the pelvic wall. The round ligaments, ovaries and fallopian tubes are removable.

To remove the uterus:

- Unscrew the wide locking ring attached to the uterus using a counterclockwise rotation.

To remove the cervix:

- Unscrew the thin locking ring immediately outside the apex of the vagina.

- The cervix should be pushed through the vagina and removed from the introitus.

To reassemble, proceed in reverse order.

**PROCEDURES WITH ALL ZOE MODELS**

Speculum examination:
• Use a medium bivalve speculum.

• Prior to inserting the speculum, dip it into clean water containing a small amount of soap. (This makes inserting the speculum easier.)

• To see the cervix, fully insert the speculum, angle it posteriorly (as in the human, the vagina in the ZOE model is angled posteriorly), then open the blades fully.

• To increase the diameter of the opening, use the speculum thumb screw (Pederson or Graves specula).

Passing instruments (uterine sound, uterine elevator, dilator or cannula) through the cervical os:

• Apply a small amount of clean water containing a drop or two of soap solution to the cervix (just as you would apply it with antiseptic solution in a client). This will make passing the instrument through the cervical os easier.

Sounding the uterus, inserting an IUD and interval minilaparotomy or laparoscopy: use either the normal (nonpregnant) anteverted or retroverted uterus with a cervix having a patent os.

Postpartum minilaparotomy (tubal occlusion): use the postpartum uterus (20 week size) with a cervix having a patent os.

Treatment of incomplete abortion using MVA: use either the 6 to 8 or 10 to 12 week uteri (incomplete abortion) with the appropriate size cervix.

CARE AND MAINTENANCE OF ALL ZOE MODELS

The specific model of ZOE Gynecological Simulator will vary, depending on the location of the training site and the procedures being performed, but the care and maintenance of these models are the same for all.

• ZOE is constructed of material that approximates skin texture. Therefore, in handling the model, use the same gentle techniques as you would in working with a client.

• To avoid tearing ZOE’s skin when performing a pelvic exam, use a dilute soap solution to lubricate the instruments and your gloved fingers.
• Clean ZOE after every training session using a mild detergent solution; rinse with clean water.

• **DO NOT** write on ZOE with any type of marker or pen, as these marks may not wash off.

• **DO NOT** use alcohol, acetone or Betadine® or any other antiseptic which contains iodine on ZOE. They will damage or stain the skin.

• Store ZOE in the carrying case and plastic bag provided with your kit.

• **DO NOT** wrap ZOE in other plastic bags, newspaper, plastic wrap or any other kinds of material, as these may discolor the skin.
INSTRUCTIONS FOR USING THE BREAST SELF EXAMINATION SIMULATOR

The breast model simulates the upper torso of a 30 to 40 year old female. It is a training tool developed to assist healthcare professionals in learning how to perform a breast examination.

The model can be used standing upright or lying down.

The contents of the model include:

- One upper torso
- One detachable left breast
- One detachable right breast
- One carrying bag with cardboard insert

The upper torso is made of hard plastic and the breasts are made of soft, durable foam that are covered by a skin-like material. The breasts are positioned in depressions in the torso. They are held in place by strips of Velcro® so that they can be easily removed for cleaning or replacement.

The right breast does not have any lumps. The left breast has nine lumps of different types and sizes, like those most commonly found during a breast examination. Some of these lumps are superficial and other lumps are deeper, and require more pressure during palpation to find them.
Location and Size of Lumps in Left Breast

<table>
<thead>
<tr>
<th>Lump</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25.4 mm lump; 9.5 mm deep</td>
</tr>
<tr>
<td>2</td>
<td>12.7 mm lump; 6.4 mm deep</td>
</tr>
<tr>
<td>3</td>
<td>12.7 mm lump; 9.5 mm deep; Half of the cancerous lumps are found in this upper/outer quadrant</td>
</tr>
<tr>
<td>4</td>
<td>6.4 mm lump; 4.8 mm deep; Half of the cancerous lumps are found in this upper/outer quadrant</td>
</tr>
<tr>
<td>5, 6, 7</td>
<td>6.4 mm lump; 4.8 mm deep</td>
</tr>
<tr>
<td>8</td>
<td>12.7 mm lump; 12.7 mm deep</td>
</tr>
<tr>
<td>9</td>
<td>6.4 mm lump; 12.7 mm deep</td>
</tr>
</tbody>
</table>

CARE AND MAINTENANCE OF THE BREAST SELF EXAMINATION SIMULATOR

- The breasts are covered by a skin-like material. The model should be handled with the same gentle technique that would be used with a woman.

- Wash your hands before using the model.

- To avoid damaging the breasts, use the pads of your fingers when palpating the breast. Pressing on the breast with your fingernails may tear the skin.
• The model should be cleaned after every use with soapy water and rinsed with clean water.

• **DO NOT** write on the model with any type of marker or pen, as these marks may not wash off.

• **DO NOT** use alcohol, acetone, or Betadine® or any other antiseptic or cleaning solution on the model. They may damage or discolor it.

• Store the model in the plastic bag, cardboard insert and blue nylon carrying bag provided with the model.

• **DO NOT** wrap the model in other plastic bags, newspaper, plastic wrap or any other kinds of material because these also may discolor the skin.

• When packing the model in the carrying bag, be sure that there is nothing resting on or pressing against the breasts. If the model is packed improperly, indentations will form in the breasts at the pressure points. The breasts will return to normal after the pressure is removed, but this will take some time and the model cannot be used until the breasts have returned to normal.
PRE COURSE QUESTIONNAIRE

HOW THE RESULTS WILL BE USED

The main objective of the Precourse Questionnaire is to assist both the clinical trainer and the participant as they begin their work together in the course by assessing what the participants, individually and as a group, know about the course topic. Providing the results of the precourse assessment to the participants enables them to focus on their individual learning needs. In addition, the questions alert participants to the content that will be presented in the course.

The questions are presented in the true-false format.

For the clinical trainer, the questionnaire results will identify particular topics which may need additional emphasis during the learning sessions. Conversely, for those categories where 85% or more of participants answer the questions correctly, the clinical trainer may elect to use some of the allotted time for other purposes. For example, if the participants as a group did well (85% or more correct) in answering the questions in the category “Breast Examination” (questions 4 through 9), the clinical trainer may elect to assign the breast examination section as homework rather than discussing these topics in class.

For the participants, the learning objective(s) related to each question and the corresponding section(s) in the reference manual are noted beside the answer column. To make the best use of the limited course time, participants are encouraged to address their individual learning needs by studying the designated section(s).
### PRECOURSE QUESTIONNAIRE

**Instructions:** In the space provided, print a capital T if the statement is **true** or a capital F if the statement is **false**.

#### COUNSELING

1. During the clinic visit, the primary purpose of talking with the woman is to give her instructions.  
   - **Participant Objective 1**  
   - (Pages 7–10)

2. Both verbal and nonverbal means of communications are important in talking with clients.  
   - **Participant Objective 1**  
   - (Pages 7–10)

3. The healthcare provider has the responsibility of sharing medical information with the woman’s spouse.  
   - **Participant Objective 1**  
   - (Pages 7–10)

#### BREAST EXAMINATION

4. A provider should always wear new examination or high-level disinfected surgical gloves when performing a breast examination.  
   - **Participant Objective 2**  
   - (Pages 11–26)

5. It is important to look at the breast in different positions to check for skin puckering or dimpling.  
   - **Participant Objective 3**  
   - (Pages 11–26)

6. Swelling, increased warmth or tenderness in either breast may suggest infection.  
   - **Participant Objective 3**  
   - (Pages 11–26)

7. A provider should use her/his whole hand to feel the breast tissue when palpating the breast.  
   - **Participant Objective 3**  
   - (Pages 11–26)

8. If no changes or lumps in the breast are found while palpating the breast, it is not necessary to palpate the axilla.  
   - **Participant Objective 3**  
   - (Pages 11–26)

9. The best time for a woman to examine her breasts is during her menstrual period.  
   - **Participant Objective 4**  
   - (Pages 11–26)

#### PELVIC EXAMINATION

10. The mons pubis, clitoris, labia majora and perineum are all part of the external female genitalia.  
    - **Participant Objective 5**  
    - (Pages 27–60)

11. The internal female genitalia include the fallopian tubes, ovaries, uterus, and the labia minora.  
    - **Participant Objective 5**  
    - (Pages 27–60)

12. Examination of the lower abdomen should include both light and deep pressure during palpation.  
    - **Participant Objective 5**  
    - (Pages 27–60)

13. A provider should wear new examination or high-level disinfected surgical gloves before examining the external genitalia.  
    - **Participant Objective 2**  
    - (Pages 27–60)
14. Palpation of the Bartholin’s and Skene’s glands are included in the examination of the external genitalia. _______ Participant Objective 5 (Pages 27–60)

15. The speculum examination includes looking at the vaginal walls, cervix and cervical os. _______ Participant Objective 5 (Pages 27–60)

16. After using the speculum, it should be soaked in 0.5% chlorine solution for 10 minutes. _______ Participant Objective 2 (Pages 27–60)

17. One purpose of the bimanual examination is to check the size, shape and position of the uterus. _______ Participant Objective 5 (Pages 27–60)

18. It is not important to assess the adnexa during a bimanual examination. _______ Participant Objective 5 (Pages 27–60)

19. A provider should always do a rectovaginal examination after performing the bimanual examination. _______ Participant Objective 5 (Pages 27–60)

20. The rectovaginal exam will help determine the size of the uterus. _______ Participant Objective 5 (Pages 27–60)
HOW PEOPLE LEARN

After completing this session, the participant will be able to identify how adults learn skills and apply this to attain the session objective. The participant will:

- Compare formal (school) and practical (hands-on) methods of learning
- List the three stages of learning clinical skills
- Identify the principles of learning

Comparison of Formal (School) and Practical (Hands-On) Methods of Learning

- Characteristics of formal (school) teaching:
  - Structured
  - Instructor acts as though s/he is “better” than the students (top down)
  - Information is usually theoretical
  - Little or no interaction or student involvement
  - Few questions by the students

- Characteristics of practical training (e.g., the way a wood carver would teach his children about carving):
  - Informal
  - Learning is fun (low stress)
  - Learn by doing (hands-on)
  - Participatory (trainer and student are partners)
  - Interactive (questions going both ways)

- The practical method is more like coaching as opposed to school teaching. An example of where coaching is an appropriate training method is learning a skill such as IUD insertion or removal.

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1 Adapted from: Sullivan R et al. 1998. Clinical Training Skills for Reproductive Health Professionals, 2nd ed. JHPIEGO Corporation: Baltimore, Maryland.
How People Learn

- Training must be relevant. Learning experiences should relate directly to the job responsibilities of the participants.

- People often bring a high level of motivation to training:
  - Desire to improve job performance
  - Desire to learn
  - Desire to improve their life

- People need involvement during training. This can be accomplished by:
  - Allowing participants to provide input regarding schedules, activities, and other events
  - Using questioning and feedback
  - Using brainstorming and discussions
  - Providing hands-on work
  - Conducting group and individual projects
  - Setting up classroom activities or games

- People desire variety. Ways to provide this include:
  - Varying the schedule
  - Using a variety of audiovisual aids:
    - Writing boards
    - Flipcharts
    - Overhead transparencies
    - Videos
    - Anatomic models or real items (e.g., instruments)
  - Using a variety of teaching methods:
    - Illustrated lectures
    - Demonstrations
    - Small group activities
    - Group discussions
    - Role plays and case studies
    - Guest speakers
People need **positive feedback**. Positive feedback is letting participants know how they are doing, and providing this information in a positive manner. The clinical trainer provides positive feedback when s/he uses one or more of the following:

- Verbal praise either in front of other participants or individually.
- Recognizing appropriate responses during questioning:
  - That’s correct!
  - Good answer!
  - That was an excellent response!
- Acknowledging appropriate skills while coaching in a clinical setting:
  - Very good work!
  - I would like everyone to notice the incision that was just made. Ilka did an excellent job. All incisions should look like this one.
- Letting the participants know how they are progressing toward achieving the learning objectives.

The clinical trainer must recognize that many participants fear failure and embarrassment in front of their colleagues. Participants often have **concerns** about their ability to:

- Fit in with the other participants
- Get along with the trainer
- Understand the content
- Perform the skills being taught

The clinical trainer must be aware of these concerns and begin the course with an opening exercise that allows all participants to get to know each other in a safe and positive climate.

People prefer to be treated as individuals who have **unique and particular backgrounds, experiences and learning needs**. The clinical trainer can ensure that participants feel like individuals by using one or more of the following methods:

- Using participant names as often as possible
- Involving all participants as often as possible
- Treating participants with respect
• Allowing participants to share information with others during classroom and clinical instruction
• Participants need to maintain high self-esteem to deal with the demands of clinical training. Respect on the part of the clinical trainer, which includes avoiding negative feedback, is essential to maintaining participant confidence while learning.

• The clinical trainer must maintain participants’ high expectations by:
  • Conducting a training course which adds, rather than subtracts, from the participant’s self-esteem and sense of competence
  • Setting high expectations for her/himself and her/his fellow trainers
  • Allowing participants to get to know and respect the trainer
  • Understanding and recognizing the participants’ career accomplishments

• All participants have personal needs during training. Timely breaks from instruction, the best possible ventilation, proper lighting and an environment as free from distraction as possible reduce tension and create a positive atmosphere.

Stages of Learning Clinical Skills

• Skill acquisition represents the initial phase in learning a new clinical skill or activity. One or more practice sessions are needed for learning how to perform the required steps and the sequence (if necessary) in which they should be performed. Assistance and coaching are necessary to achieve correct performance of the skill or activity.

• Skill competency represents an intermediate phase in learning a new clinical skill or activity. The participant can perform the required steps in the proper sequence (if necessary) but may not progress from step to step efficiently.

• Skill proficiency represents the final phase in learning a new clinical skill or activity. The participant efficiently and precisely performs the steps in the proper sequence (if necessary).

Principles of Learning (Keys to Success)

• The most productive way of learning is by doing. Repetition is necessary for proficiency.
The more realistic the content, the more productive the learning.

Learning is:

- Most productive when the participant is ready to learn (It is up to the clinical trainer to create a climate that will motivate participants.)
- Most productive when it builds on what the participant already has experienced or knows
- Easier when the participant knows what s/he is expected to learn
- More fun when a variety of methods and teaching techniques are used
LEARNING GUIDES AND CHECKLISTS FOR BREAST AND PELVIC EXAMINATIONS

USING THE LEARNING GUIDES AND CHECKLISTS

The Learning Guides and Checklists for Breast and Pelvic Examinations are designed to help the participant learn the steps or tasks involved in:

- Counseling a woman about her reproductive health needs
- Performing a breast examination
- Performing a pelvic examination

There are two learning guides in this handbook:

- Learning Guide for Breast Examination
- Learning Guide for Pelvic Examination

Each learning guide contains the steps or tasks performed by the counselor and clinician when performing breast and pelvic examinations. These tasks correspond to the information presented in relevant chapters of the Guidelines for Performing Breast and Pelvic Examinations. This facilitates participant review of essential information.

The checklists combine the learning guides and focus only on the key steps in performing breast and pelvic examinations:

- Checklist for Breast Examination
- Checklist for Pelvic Examination

The checklists included here for skill practice by the participant are the same as the checklists which the clinical trainer will use to evaluate each participant’s performance at the end of the course.

The participant is not expected to perform all the steps or tasks correctly the first time s/he practices them. Instead the learning guides are intended to:

- Assist the participant in learning the correct steps and sequence in which they should be performed (skill acquisition)

- Measure progressive learning in small steps as the participant gains confidence and skill (skill competency)
Prior to using the breast and pelvic examination learning guides, the clinical trainer will review the entire process for breast and pelvic examination with the participants using the videos. In addition, each participant will have the opportunity to witness breast and pelvic examinations using the breast model and ZOE pelvic model and/or to observe the activity being performed in the clinic with a woman. Thus, by the time the group breaks up into pairs to begin practicing and rating each other’s performance, each participant should be familiar with the processes for performing breast and pelvic examinations.

Used consistently, the learning guides and checklists enable each participant to chart her/his progress and to identify areas for improvement. Furthermore, the learning guides and checklists are designed to make communication (coaching and feedback) between the participant and clinical trainer easier and more helpful. When using either learning guide, it is important that the participant and clinical trainer work together as a team. For example, before the participant attempts the skill or activity (e.g., breast examination) for the first time, the clinical trainer (or person rating the participant, if not the clinical trainer) should briefly review the steps involved and discuss the expected outcome. In addition, immediately after the skill or activity has been completed the clinical trainer or rater should meet with the participant. The purpose of this meeting is to provide positive feedback regarding learning progress and to define the areas (knowledge, attitude or practice) where improvement is needed in subsequent practice sessions.

Because the learning guides are used to assist in developing skills, it is important that the rating (scoring) be done carefully and as objectively as possible. The participant’s performance of each step is rated on a three-point scale as follows:

1. **Needs Improvement**: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2. **Competently Performed**: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

3. **Proficiently Performed**: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Using the Learning Guides
• The Learning Guide for Breast Examination and Learning Guide for Pelvic Examination are designed to be used primarily during the early phases of learning (i.e., skill acquisition) when participants are practicing with the anatomic (breast and pelvic) models.

• Initially, participants can use the learning guides to follow the steps as the clinical trainer role plays counseling a woman or demonstrates breast and pelvic examination using a breast and pelvic model.

• Subsequently, during the classroom practice sessions, they serve as step-by-step guides for the participant as s/he performs the skill using pelvic models. During this phase, participants work in teams with one “healthcare provider” participant performing the skill or activity while the other participant uses the learning guide to rate the performance or prompt the “healthcare provider” as necessary. During this initial learning phase, clinical trainer(s) will circulate to each group of participants to oversee how the learning is progressing and check to see that the participants are following the steps as outlined in the learning guides.

Using the Checklists for Practice

As participants progress through the course and gain experience, dependence on the detailed learning guides decreases and they advance to using the condensed Checklist for Breast Examination and Checklist for Pelvic Examination. This guide focuses on key steps in the entire procedure.

Once participants become confident in performing the procedure using the pelvic model, they can use the checklist to rate each other's performance. This exercise can serve as a point of discussion during a clinical conference before the participants begin providing services to women.

For clinic practice sessions with women, participants again are paired. Here, one “healthcare provider” participant performs the procedure while the other observes and uses the checklist to remind the “healthcare provider” of any missed steps. During this phase the clinical trainer(s) is always present in the clinic to supervise the initial woman encounter for each participant. Thereafter, depending on the circumstances s/he circulates between groups of participants to be sure that there are no problems, coaching them as they perform the skill/activity.

Remember: It is the goal of this training that every participant perform every task or activity correctly with women by the end of the course.
Rate the performance of each step or task observed using the following rating scale:

1. **Needs Improvement**: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2. **Competently Performed**: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

3. **Proficiently Performed**: Step or task efficiently and precisely performed in the proper sequence (if necessary)

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GETTING READY</strong></td>
<td></td>
</tr>
<tr>
<td>1. Greet the woman respectfully and with kindness.</td>
<td></td>
</tr>
<tr>
<td>2. Tell her you are going to examine her breasts.</td>
<td></td>
</tr>
<tr>
<td>3. Ask the woman to undress from her waist up. Have her sit on the examining table with her arms at her sides.</td>
<td></td>
</tr>
<tr>
<td>4. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry. If there are open sores or nipple discharge, put new examination or high-level disinfected surgical gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td><strong>BREAST EXAMINATION</strong></td>
<td></td>
</tr>
</tbody>
</table>
| 1. Look at the breasts and note any differences in:  
  * shape  
  * size  
  * nipple or skin puckering  
  * dimpling  
  Check for any 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. Ask the woman to raise her arms over her head and look at her breasts. Note any differences. Have the woman press her hands on her hips and look at the breasts again. | |
| 4. Ask her to lean forward to see if her breasts hang evenly. | |
| 5. Have her lie down on the examining table. | |
| 6. Place a pillow under her left shoulder. Place the woman’s left arm over her head. | |
| 7. Look at the left breast and note any differences from the right breast. Check for any puckering or dimpling. | |
### LEARNING GUIDE FOR BREAST EXAMINATION

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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</tr>
</thead>
<tbody>
<tr>
<td>8. Using the pads of your three middle fingers, palpate the entire breast, starting at the top outermost edge of the breast, using the spiral technique. Note any lumps or tenderness.</td>
<td></td>
</tr>
<tr>
<td>9. Use the thumb and index finger to gently squeeze the nipple. Note any clear, milky or bloody discharge.</td>
<td></td>
</tr>
<tr>
<td>10. Repeat these steps for the right breast. If necessary, repeat this procedure with the woman sitting up and with her arms at her sides.</td>
<td></td>
</tr>
<tr>
<td>11. Have the woman sit up and raise her arm to shoulder level. Palpate the tail of the breast by pressing along the outside edge of the left pectoral muscle while gradually moving your fingers up into the axilla. Check for enlarged lymph nodes or tenderness.</td>
<td></td>
</tr>
<tr>
<td>12. Repeat this step for the right side.</td>
<td></td>
</tr>
<tr>
<td>13. After completing the examination, have the 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>
</tbody>
</table>

### TEACHING BREAST-SELF EXAMINATION (BSE)

1. Explain to the woman why regular BSE is important.
2. Explain the steps in BSE and demonstrate it using a breast model. If breast model is not available, explain steps and demonstrate BSE on self (without removing clothing.)
3. Assess the woman’s present understanding of BSE by asking her questions about her present knowledge.
4. Add to the woman’s missing information and correct wrong information about BSE timing, technique and what to look for during BSE.
5. Ask the woman to demonstrate the procedure on herself and provide positive and corrective feedback.
LEARNING GUIDE FOR PELVIC EXAMINATION
(To be used by Participants)

Rate the performance of each step or task observed using the following rating scale:

1 **Needs Improvement**: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2 **Competently Performed**: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

3 **Proficiently Performed**: Step or task efficiently and precisely performed in the proper sequence (if necessary)

<table>
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<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>GETTING READY</td>
<td></td>
</tr>
<tr>
<td>1. Explain why the examination is being done and describe the steps in the examination.</td>
<td></td>
</tr>
<tr>
<td>2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.</td>
<td></td>
</tr>
<tr>
<td>3. Check that the instruments and supplies are available.</td>
<td></td>
</tr>
<tr>
<td>4. Ask the woman to undress and help her onto the examining table.</td>
<td></td>
</tr>
<tr>
<td>5. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.</td>
<td></td>
</tr>
<tr>
<td>LOWER ABDOMINAL AND GROIN EXAMINATION</td>
<td></td>
</tr>
<tr>
<td>1. Ask the woman to lie down on the examining table with her arms at her sides.</td>
<td></td>
</tr>
<tr>
<td>2. Expose the entire abdomen.</td>
<td></td>
</tr>
<tr>
<td>3. Note any swelling or bulges in the abdomen. Note the location and shape of the umbilicus.</td>
<td></td>
</tr>
<tr>
<td>4. Inspect the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.</td>
<td></td>
</tr>
<tr>
<td>5. Using light pressure with the pads of your fingers, palpate all areas of the abdomen. Identify any masses, areas of tenderness or muscular resistance. Record your findings.</td>
<td></td>
</tr>
<tr>
<td>6. Using deeper pressure, determine size, shape, consistency, tenderness, mobility and movement of any masses. Record any masses and areas of tenderness.</td>
<td></td>
</tr>
<tr>
<td>7. Identify any tender areas. If abnormal tenderness is present, check for rebound tenderness.</td>
<td></td>
</tr>
<tr>
<td>8. If open sores are present on groin, put new examination or high-level disinfected surgical gloves on both hands before examining groin. Palpate both groin areas for bumps, buboes or swelling.</td>
<td></td>
</tr>
<tr>
<td>EXTERNAL GENITAL EXAMINATION</td>
<td></td>
</tr>
</tbody>
</table>
1. Ask the woman to place her heels in the stirrups. If there are no stirrups, help her place her feet on the outside edges of the end of the table. Reposition the drape so that it covers the woman’s knees.

2. Wash your hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.

3. Turn on the light and direct it toward the genital area.

4. Put new examination or high-level disinfected gloves on both hands.

5. Touch the inside of her thigh before touching any of the genital area.

6. Inspect the labia, clitoris and perineum.

7. Separating the labia majora with two fingers, check the labia minora, clitoris, urethral opening and vaginal opening.

8. Palpate the labia minora. Look for swelling, discharge, tenderness, ulcers and fistulas. Feel for any irregularities or nodules.

9. Check the Skene’s glands for discharge and tenderness. With the palm facing upward, insert the index finger into the vagina and gently push upward against the urethra and milk the gland on each side and then directly on the urethra. (If discharge is present, take a smear for Gram’s stain and tests for gonorrhea and chlamydia, if laboratory facilities are available.)

10. Check the Bartholin’s glands for discharge and tenderness. Insert index finger into vagina at lower edge of opening and feel at base of each of the labia majora. Using your finger and thumb, palpate each side for any swelling or tenderness. (If discharge is present, take a smear for Gram’s stain and tests for gonorrhea and chlamydia, if laboratory facilities are available.)

11. Ask the woman to bear down while you hold the labia open. Check for any bulging of the anterior or posterior vaginal walls.

SPECULUM EXAMINATION

1. Select a bivalve speculum and show it to the woman. Explain what you are going to do.

2. Insert the speculum fully and open the blades. Look at the vaginal walls and note any inflammation, ulcers or sores. Check for any discharge.

3. 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 Gram’s stain and tests for gonorrhea and chlamydia, if laboratory facilities are available.

4. Remove the speculum.

5. Place the speculum in 0.5% chlorine solution for decontamination.

BIMANUAL EXAMINATION
<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Wet the index and middle fingers of the hand that will be inserted in the vagina (pelvic hand) with clean water or vaginal secretions.</td>
<td></td>
</tr>
<tr>
<td>2. 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.</td>
<td></td>
</tr>
<tr>
<td>3. While exerting pressure downward, wait for the perineal muscles to relax. Gradually insert fingers fully or until the cervix is touched.</td>
<td></td>
</tr>
<tr>
<td>4. Turn your palm upward and follow the anterior vaginal walls until you feel the cervix.</td>
<td></td>
</tr>
<tr>
<td>5. Feel the length, size and shape of the cervix. Note its position and consistency.</td>
<td></td>
</tr>
<tr>
<td>6. Move the cervix gently from side to side between your fingers. Note whether the woman feels pain.</td>
<td></td>
</tr>
<tr>
<td>7. With the palm up, place the fingers of your pelvic hand in the space behind the cervix to feel the body of the uterus.</td>
<td></td>
</tr>
<tr>
<td>8. Place your other hand flat on the abdomen, midway between the umbilicus and the pubic bone.</td>
<td></td>
</tr>
<tr>
<td>9. Slowly slide your abdominal hand toward the symphysis pubis, pressing downward and forward with the pads of your fingers. At the same time, push inward and upward with the fingers of the pelvic hand, trying to trap the uterus between your hands. If you cannot feel the uterus, it may be retroverted.</td>
<td></td>
</tr>
<tr>
<td>10. Palpate the uterus and check for:</td>
<td></td>
</tr>
<tr>
<td>• Size</td>
<td></td>
</tr>
<tr>
<td>• Shape</td>
<td></td>
</tr>
<tr>
<td>• Location</td>
<td></td>
</tr>
<tr>
<td>• Consistency</td>
<td></td>
</tr>
<tr>
<td>• Mobility</td>
<td></td>
</tr>
<tr>
<td>• Tenderness</td>
<td></td>
</tr>
<tr>
<td>11. Locate an ovary by placing the fingers of the pelvic hand inside the lateral fornix. Move your abdominal hand to the same side and lateral to the uterus. Press down with the abdominal hand and reach up with the fingers of your pelvic hand. Gently bring the fingers of both hands together and move them toward the symphysis pubis.</td>
<td></td>
</tr>
<tr>
<td>12. Determine size, consistency and mobility of ovary.</td>
<td></td>
</tr>
<tr>
<td>13. Repeat this procedure for the other ovary.</td>
<td></td>
</tr>
<tr>
<td>14. Check the size, shape consistency, mobility and tenderness of any masses in the adnexa.</td>
<td></td>
</tr>
</tbody>
</table>

**RECTOVAGINAL EXAMINATION**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain to the woman what you are going to do.</td>
<td></td>
</tr>
<tr>
<td>STEP/TASK</td>
<td>CASES</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
</tbody>
</table>
| 2. If you need to change your 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. |       |
| 3. Slowly insert the middle finger of the pelvic hand into the rectum and your index finger into the vagina. Ask the woman to exhale to help her relax. |       |
| 4. Press down firmly and deeply with the abdominal hand above the pubic bone while the vaginal and rectal fingers are pushing anteriorly on the cervix. |       |
| 5. Feel the surface of the uterus and check to see if it is smooth.       |       |
| 6. Check for tenderness or masses between the uterus and rectum.         |       |
| 7. After you have completed the examination, remove both fingers slowly.  |       |
| 8. Immerse both gloved hands in 0.5% chlorine solution, remove the gloves by turning them inside out and dispose of them in a leakproof container or plastic bag. |       |

**COMPLETING THE PELVIC EXAMINATION**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
</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 your hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry. |       |
| 3. Help the woman to sit up on the examining table and ask her to get dressed. |       |
| 4. After the woman is dressed, 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. |       |
CHECKLISTS FOR BREAST AND PELVIC EXAMINATIONS

USING THE CHECKLISTS FOR PRACTICE

The checklists are derived from the information provided in the learning guides. As the participant progresses through the course and gains experience, dependence on the detailed learning guides decreases and the checklist may be used in their place. The Checklist for Breast Examination and Checklist for Pelvic Examination focus only on the key steps in the entire procedure, and can be used by participants, when providing services in a clinical situation, to rate one another’s performance. These checklists that the participant uses for practice are the same as the checklists which the clinical trainer will use to evaluate each participant’s performance at the end of the course. The rating scale used is described below:

- **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, task or skill not performed by participant during evaluation by trainer
CHECKLIST FOR BREAST EXAMINATION
(To be used by the Participant for practice and by the Trainer at the end of the course)

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 participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>CASES</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

CHECKLIST FOR BREAST EXAMINATION

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 breast 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>
</tbody>
</table>

### TEACHING BREAST-SELF EXAMINATION (BSE)

<table>
<thead>
<tr>
<th>STEP</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explain to the woman why regular BSE is important.</td>
<td></td>
</tr>
<tr>
<td>2. Explain steps and demonstrate BSE on a breast model. If breast model not available, demonstrate BSE on self (without removing clothing.)</td>
<td></td>
</tr>
<tr>
<td>3. Ask woman about her present knowledge of BSE.</td>
<td></td>
</tr>
<tr>
<td>4. Add to missing information and correct any wrong information about BSE timing, technique and what to look for during BSE.</td>
<td></td>
</tr>
<tr>
<td>5. Ask the woman to demonstrate the procedure on herself and provide positive feedback.</td>
<td></td>
</tr>
</tbody>
</table>
CHECKLIST FOR PELVIC EXAMINATION
(To be used by the Participant for practice and by the Trainer at the end of the course)

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 participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GETTING READY</strong></td>
<td></td>
</tr>
<tr>
<td>1. Explain why the examination is being done and describe the steps in the examination.</td>
<td></td>
</tr>
<tr>
<td>2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.</td>
<td></td>
</tr>
<tr>
<td>3. Check that the instruments and supplies are available.</td>
<td></td>
</tr>
<tr>
<td>4. Ask the woman to undress and help her onto the examining table.</td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>LOWER ABDOMINAL AND GROIN EXAMINATION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Ask the woman to lie down on the examining table.</td>
<td></td>
</tr>
<tr>
<td>2. Look at the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.</td>
<td></td>
</tr>
<tr>
<td>3. Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.</td>
<td></td>
</tr>
<tr>
<td>4. Identify any tender areas and check for rebound tenderness.</td>
<td></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>
<td></td>
</tr>
<tr>
<td><strong>EXTERNAL GENITAL EXAMINATION</strong></td>
<td></td>
</tr>
<tr>
<td>1. Position woman and move drape over woman.</td>
<td></td>
</tr>
<tr>
<td>2. Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.</td>
<td></td>
</tr>
<tr>
<td>3. Inspect external labia, clitoris and perineum.</td>
<td></td>
</tr>
</tbody>
</table>
# Checklist for Pelvic Examination

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Check the labia minora, clitoris, urethral opening and vaginal opening.</td>
<td></td>
</tr>
<tr>
<td>5. Check the Skene's glands and urethra and take smears, if discharge is present.</td>
<td></td>
</tr>
<tr>
<td>6. Check the Bartholin’s glands and take smears, if discharge is present.</td>
<td></td>
</tr>
<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

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>3. Remove the speculum and place in 0.5% chlorine solution for decontamination.</td>
<td></td>
</tr>
</tbody>
</table>

## Bimanual Examination

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

## Rectovaginal Examination

<table>
<thead>
<tr>
<th>Step/Task</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If changing gloves, immerse both hands in 0.5% chlorine solution, then removes them by turning them inside out.</td>
<td></td>
</tr>
<tr>
<td>• If disposing of them, place them in a leakproof container or plastic bag.</td>
<td></td>
</tr>
<tr>
<td>• If reusing the gloves, submerge then in 0.5% chlorine solution for decontamination.</td>
<td></td>
</tr>
<tr>
<td>2. Slowly insert middle finger of the pelvic into the rectum and index finger into the vagina.</td>
<td></td>
</tr>
<tr>
<td>3. Check for tenderness or masses between the uterus and rectum.</td>
<td></td>
</tr>
<tr>
<td>STEP/TASK</td>
<td>CASES</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

**COMPLETING THE PELVIC EXAMINATION**

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.
**BREAST AND PELVIC EXAMINATION COURSE EVALUATION FORM**

(To be completed by Participants)

Please indicate on a 1-5 scale your opinion of the following course components:

5-Strongly Agree  4-Agree  3-No Opinion  2-Disagree  1-Strongly Disagree

<table>
<thead>
<tr>
<th>COURSE COMPONENT</th>
<th>RATING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The precourse questionnaire helped me to study more effectively.</td>
<td></td>
</tr>
<tr>
<td>2. The role play sessions on counseling skills were helpful.</td>
<td></td>
</tr>
<tr>
<td>3. There was sufficient time scheduled for practicing counseling through role play and with women.</td>
<td></td>
</tr>
<tr>
<td>4. The demonstration of breast and pelvic examination using the anatomic models helped me get a better understanding of the procedure before practice in the classroom and clinic.</td>
<td></td>
</tr>
<tr>
<td>5. The practice sessions with the models made it easier to perform breast and pelvic examinations with women.</td>
<td></td>
</tr>
<tr>
<td>6. There was sufficient time scheduled for practicing breast examination with women.</td>
<td></td>
</tr>
<tr>
<td>7. There was enough opportunity for practicing pelvic examination with women.</td>
<td></td>
</tr>
<tr>
<td>8. I am now confident in performing breast and pelvic examinations.</td>
<td></td>
</tr>
<tr>
<td>9. I am now able to use the infection prevention practices recommended for breast and pelvic examinations.</td>
<td></td>
</tr>
<tr>
<td>10. There was adequate time to learn how to perform breast and pelvic examinations.</td>
<td></td>
</tr>
</tbody>
</table>

**ADDITIONAL COMMENTS:**

1. What topics (if any) should be added to improve the course? Please explain your suggestion.

2. What topics (if any) should be deleted to improve the course? Please explain your suggestion.
BREAST AND PELVIC EXAMINATION COURSE NOTEBOOK FOR TRAINERS

SECTION TWO: GUIDE FOR TRAINERS

TEACHING BREAST AND PELVIC EXAMINATION SKILLS IN PRESERVICE EDUCATION .......................................................... 1

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TEACHING BREAST AND PELVIC EXAMINATION SKILLS IN PRESERVICE EDUCATION

The ideal time to learn sound breast and pelvic examination skills is during preservice education, with its longer training period and more extensive supervised clinical practice. Due to the structure of most preservice curricula, however, it may not be possible to use the course schedule in this learning package exactly as presented. For example, rarely are three consecutive days available to dedicate to, first, classroom and then clinical practice of breast and pelvic examinations. Nor is this necessarily the most efficient way to teach these skills, because of the need for time and practice to develop competency and confidence in performing these procedures. Consequently, it is difficult to identify strict guidelines for how to integrate the teaching of breast and pelvic examination skills into all preservice curricula. The ideas presented here are intended primarily to help preservice faculty and trainers to make more efficient use of teaching time, in both the classroom and clinical practice sites.

Several conditions are necessary if teaching of breast and pelvic examination skills is to be effective.

- Students should be given 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.

- The basics of breast and pelvic examination should be taught early in the curriculum.

- Breast and pelvic examination skills should receive continual emphasis and be reinforced in appropriate areas of the curriculum.

- The curriculum should provide learners with opportunities and appropriate situations in which breast and pelvic examinations can occur.

- Analysis of the findings of breast and pelvic examination should be emphasized rather than focusing on the mechanics of how to perform the examination.

Anatomy and Physiology

Anatomy and physiology are usually included early in the curriculum of
most preservice programs, as they are in the model training course in this learning package. Students should have a clear understanding of what they are examining, especially of what is normal, if they are to be accurate in their findings. Too often there is a tendency to move quickly onto the abnormal, as it is considered more interesting, but it really only has meaning when it can be compared to a solid knowledge of “normal.”

In some cultures or societies, there may be some hesitancy to cover the reproductive system so early in the educational process, especially in situations where the students are very young and female. Nevertheless, it is important that the reproductive system be covered along with the other body systems precisely for this reason - observing a teacher who presents this information in a straightforward, factual manner will help students overcome their fears and uneasiness and begin to develop positive attitudes and confidence when dealing with reproductive health issues.

**Examination Skills**

Basic examination skills are also routinely included in the early stages of a preservice curriculum. Although some curricula teach courses in anatomy and physiology and examination skills at the same time, this frequently results in their being out of sync with each other, that is, they are not covering the same body system at the same time. This is confusing for students, particularly if they are expected to learn examination skills for a body system not yet covered in anatomy and physiology. Teaching the two courses sequentially is more effective.

As in the model course schedule, examination skills should first be demonstrated and practiced on anatomic models. In light of the large class sizes, limited classroom time and limited number of models available in preservice settings, much of this practice on models may need to take place in demonstration rooms or learning laboratories at time other than designated “lecture” times. Students should first be familiarized with the learning guides for breast and pelvic examinations in the classroom by the teacher as s/he demonstrates the skills on models. They may then be given a chance to practice, but additional time working with models, with teachers or preceptors available for coaching and feedback, will undoubtedly be needed in order to demonstrate competency before moving into the clinical practice site to work with clients. In many preservice institutions, the hours in which the learning lab is open, its staffing patterns and equipment needs will need to be carefully considered and modified to achieve this purpose.
Interaction Skills

It is critical that throughout the work with models students be encouraged to treat the models and interact with them just as they would clients. This will ensure that once they are ready to work with clients the students will automatically provide gentle, considerate care while talking with the woman. In some preservice curricula, most frequently in nursing and midwifery schools, a separate course in interpersonal communications is taught. It is usually included early in the course of studies and is commonly linked to counseling and health education skills. These same concepts are not, however, always well integrated into the more clinically oriented subject areas, which tend to focus more on knowledge transfer or the steps of a clinical procedure. Actively listening to and interacting with the client during breast and pelvic examinations, however, is important as it gives the woman the opportunity to be actively involved in her care. It is also a highly effective way of calming her fears and concerns and easing any embarrassment she may feel. It will allow the clinician to establish an honest, caring and trusting relationship with the woman. Students need assistance to successfully incorporate listening to and interacting with their clients in all clinical situations.

Ongoing Reinforcement

Once basic breast and pelvic examination skills are developed, they can be continuously built upon and reinforced in other appropriate areas of the reproductive health components of the curriculum, for example, in family planning, obstetrics, STD screening and treatment, diagnosing gynecologic disorders, and so on. By ensuring that students develop strong basic skills and competency performing these procedures, additional areas can then focus on those aspects of the examination, including pathology and pathophysiology, which are most relevant to them. In family planning, for example, the focus can be on determining the position of the uterus in order to safely insert an IUD and identifying conditions that may prevent a woman from using an IUD. Too often, however, the focus remains on teaching basic skills because students do not learn them adequately earlier in their studies.

Practice with Clients

Breast and pelvic examination skills require extensive time and practice to develop fully. Practice with clients, once basic skills have been mastered on models, is essential. The more opportunities that a student has to practice these skills with clients, and with as wide a variety of clients as possible, the more efficient s/he will be in performing the exam and the more experience s/he will have to call upon in analyzing the findings. Therefore, the often limited clinical practice time associated
with the basic examination skills course is inadequate. Students need opportunities throughout their preservice education to continue practicing and developing these skills. It is up to the teachers and preceptors to ensure that all such opportunities are identified and utilized.

This does **not** mean, however, that any and all female clients should have breast and pelvic examinations routinely performed so that students can practice. Only in situations in which a breast and pelvic examination are indicated by the client’s condition should they be performed. It is also common that, when an unusual condition is found, multiple students repeatedly examine the client. Remember, in such situations it is essential that the client’s rights to privacy and confidentiality, to refuse a procedure and to be fully informed about the identity of each of the healthcare providers present should be carefully guarded.

**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.

Teachers and preceptors, therefore, should actively work with students to develop these analytical or decision-making skills. This means that teachers and preceptors should have strong examination skills. They should examine a client before or after the student in order to assess the accuracy of the findings reported by the student. And they should then question the student about the implications of the findings, offer hypothetical situations of other findings, and ask students to present treatment options based on the findings. These are just a few of the ways that students will be challenged to develop clinical decision-making skills, in additional to the motor skills needed for efficient and accurate breast and pelvic examinations.
# PRECOURSE QUESTIONNAIRE ANSWER KEY

## COUNSELING

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Objective</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the clinic visit, the primary purpose of talking with the woman is to give her instructions.</td>
<td>False</td>
<td>Participant Objective 1</td>
<td>(Pages 7–10)</td>
</tr>
<tr>
<td>2. Both verbal and nonverbal means of communications are important in talking with clients.</td>
<td>True</td>
<td>Participant Objective 1</td>
<td>(Pages 7–10)</td>
</tr>
<tr>
<td>3. The healthcare provider has the responsibility of sharing medical information with the woman’s spouse.</td>
<td>False</td>
<td>Participant Objective 1</td>
<td>(Pages 7–10)</td>
</tr>
</tbody>
</table>

## BREAST EXAMINATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Objective</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. A provider should always wear new examination or high-level disinfected surgical gloves when performing a breast examination.</td>
<td>False</td>
<td>Participant Objective 2</td>
<td>(Pages 11–26)</td>
</tr>
<tr>
<td>5. It is important to look at the breast in different positions to check for skin puckering or dimpling.</td>
<td>True</td>
<td>Participant Objective 3</td>
<td>(Pages 11–26)</td>
</tr>
<tr>
<td>6. Swelling, increased warmth or tenderness in either breast may suggest infection.</td>
<td>True</td>
<td>Participant Objective 3</td>
<td>(Pages 11–26)</td>
</tr>
<tr>
<td>7. A provider should use his/her whole hand to feel the breast tissue when palpating the breast.</td>
<td>False</td>
<td>Participant Objective 3</td>
<td>(Pages 11–26)</td>
</tr>
<tr>
<td>8. If no changes or lumps in the breast are found while palpating the breast, it is not necessary to palpate the axilla.</td>
<td>False</td>
<td>Participant Objective 3</td>
<td>(Pages 11–26)</td>
</tr>
<tr>
<td>9. The best time for a woman to examine her breasts is during her menstrual period.</td>
<td>False</td>
<td>Participant Objective 4</td>
<td>(Pages 11–26)</td>
</tr>
</tbody>
</table>

## PELVIC EXAMINATION

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Objective</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. The mons pubis, clitoris, labia majora and perineum are all part of the external female genitalia.</td>
<td>True</td>
<td>Participant Objective 5</td>
<td>(Pages 27–60)</td>
</tr>
<tr>
<td>11. The internal female genitalia include the fallopian tubes, ovaries, uterus, and the labia minora.</td>
<td>False</td>
<td>Participant Objective 5</td>
<td>(Pages 27–60)</td>
</tr>
<tr>
<td>12. Examination of the lower abdomen should include both light and deep pressure during palpation.</td>
<td>True</td>
<td>Participant Objective 5</td>
<td>(Pages 27–60)</td>
</tr>
<tr>
<td>13. A provider should wear new examination or high-level disinfected surgical gloves before examining the external genitalia.</td>
<td>True</td>
<td>Participant Objective 2</td>
<td>(Pages 27–60)</td>
</tr>
<tr>
<td>14. Palpation of the Bartholin’s and Skene’s glands are</td>
<td>True</td>
<td>Participant Objective 5</td>
<td></td>
</tr>
<tr>
<td>15.</td>
<td>The speculum examination includes looking at the vaginal walls, cervix and cervical os.</td>
<td>True</td>
<td>Participant Objective 5 (Pages 27–60)</td>
</tr>
<tr>
<td>16.</td>
<td>After using the speculum, it should be soaked in 0.5% chlorine solution for 10 minutes.</td>
<td>True</td>
<td>Participant Objective 2 (Pages 27–60)</td>
</tr>
<tr>
<td>17.</td>
<td>One purpose of the bimanual examination is to check the size, shape and position of the uterus.</td>
<td>True</td>
<td>Participant Objective 5 (Pages 27–60)</td>
</tr>
<tr>
<td>18.</td>
<td>It is not important to assess the adnexa during a bimanual examination.</td>
<td>False</td>
<td>Participant Objective 5 (Pages 27–60)</td>
</tr>
<tr>
<td>19.</td>
<td>A provider should always do a rectovaginal examination after performing the bimanual examination.</td>
<td>False</td>
<td>Participant Objective 5 (Pages 27–60)</td>
</tr>
<tr>
<td>20.</td>
<td>The rectovaginal exam will help determine the size of the uterus.</td>
<td>True</td>
<td>Participant Objective 5 (Pages 27–60)</td>
</tr>
</tbody>
</table>
HOW PEOPLE LEARN

SESSION OBJECTIVE: After completing this session, the participant will be able to identify how adults learn.

ENABLING OBJECTIVES: After completing this session, the participant will be able to:

- Compare formal (school) and practical (hands-on) methods of learning
- List the three stages of learning clinical skills
- Identify the key principles of learning

Competency will be determined by participation in this session, completion of the session activity sheets, and application of this information in a clinical setting.

STOP: CLINICAL TRAINER COMPLETE ACTIVITY 1

Comparison of Formal (School) and Practical (Hands-On) Methods of Learning

- Characteristics of formal (school) teaching:
  - Structured
  - Instructor acts as though s/he is “better” than the students (top down)
  - Information usually is theoretical
  - Little or no interaction or student involvement
  - Few questions by the students

- Characteristics of practical training (e.g., the way a wood carver would teach his children about carving):
  - Informal
  - Learning is fun (low stress)
  - Learn by doing (hands-on)

1 Adapted from: Sullivan R et al. 1998. Clinical Training Skills for Reproductive Health Professionals, 2nd ed. JHPIEGO Corporation: Baltimore, Maryland.
• Participatory (trainer and student are partners)
• Interactive (questions going both ways)

• The practical method is more like coaching as opposed to school teaching. An example of where coaching is an appropriate training method is learning a skill such as IUD or Norplant implants insertion or removal.

How People Learn

• Training must be relevant. Learning experiences should relate directly to the job responsibilities of the participants.

• People often bring a high level of motivation and interest to training:
  • Desire to improve job performance
  • Desire to learn
  • Desire to improve their life

• People need involvement during training. This can be accomplished by:
  • Allowing participants to provide input regarding schedules, activities and other events
  • Using questioning and feedback
  • Using brainstorming and discussions
  • Providing hands-on work
  • Conducting group and individual projects
  • Setting up classroom activities or games

• People desire variety. Ways to provide this include:
  • Varying the schedule
  • Using a variety of audiovisual aids:
    - Writing boards
    - Flipcharts
    - Overhead transparencies
    - Slides
    - Videos
    - Anatomic models or real items (e.g., instruments)
• Using a variety of teaching methods:
  - Illustrated lectures
  - Demonstrations
  - Small group activities
  - Group discussions
  - Role plays and case studies
  - Guest speakers

• People need **positive feedback**. Positive feedback is letting participants know how they are doing, and providing this information in a positive manner. The clinical trainer provides positive feedback when s/he uses one or more of the following:
  
  • Verbal praise either in front of other participants or individually.
  
  • Recognizing appropriate responses during questioning:
    - That’s correct!
    - Good answer!
    - That was an excellent response!

  • Acknowledging appropriate skills while coaching in a clinical setting:
    - Very good work!
    - I would like everyone to notice the incision that was just made. Ilka did an excellent job. All incisions should look like this one.

  • Letting the participants know how they are progressing toward achieving the learning objectives.

• The clinical trainer must recognize that many participants fear failure and embarrassment in front of their colleagues. Participants often have **concerns** about their ability to:
  
  • Fit in with the other participants
  • Get along with the trainer
  • Understand the content
  • Perform the skills being taught

The clinical trainer must be aware of these concerns and begin the course with an opening exercise that allows all participants to get to know each other in a safe and positive climate.
- People prefer to be treated as individuals who have unique and particular backgrounds, experiences and learning needs. The clinical trainer can ensure that participants feel like individuals by using one or more of the following methods:
  
  - Using participant names as often as possible
  - Involving all participants as often as possible
  - Treating participants with respect
  - Allowing participants to share information with others during classroom and clinical instruction

- Participants need to maintain high self-esteem to deal with the demands of clinical training. Respect on the part of the clinical trainer, which includes avoiding negative feedback, is essential to maintaining participant confidence while learning.

- The clinical trainer must maintain participants’ high expectations by:
  
  - Conducting a training course which adds, rather than subtracts, from the participant’s self-esteem and sense of competence
  - Setting high expectations for her/himself and her/his fellow trainers
  - Allowing participants to get to know and respect the trainer
  - Understanding and recognizing the participants’ career accomplishments

- All participants have personal needs during training. Timely breaks from instruction, the best possible ventilation, proper lighting and an environment as free from distraction as possible reduce tension and create a positive atmosphere.

  STOP: CLINICAL TRAINER COMPLETE ACTIVITY 2

Stages of Learning Clinical Skills

- Skill acquisition represents the initial phase in learning a new clinical skill or activity. One or more practice sessions are needed for learning how to perform the required steps and the sequence (if necessary) in which they should be performed. Assistance and
coaching are necessary to achieve correct performance of the skill or activity.

- **Skill competency** represents an intermediate phase in learning a new clinical skill or activity. The participant can perform the required steps in the proper sequence (if necessary) but may not progress from step to step efficiently.

- **Skill proficiency** represents the final phase in learning a new clinical skill or activity. The participant efficiently and precisely performs the steps in the proper sequence (if necessary).

**Principles of Learning (Keys to Success)**

- The most productive way of learning is by **doing**. **Repetition** is necessary for **proficiency**.

- The more **realistic** the content, the more productive the learning.

- Learning is:
  
  - Most productive when the participant is **ready to learn** (It is up to the clinical trainer to create a climate that motivates participants.)
  
  - Most productive when it **builds on** what the participant already has experienced or knows

  - Easier when the participant knows **what he/she is expected to learn**

  - More fun when a **variety** of training methods and teaching techniques are used

---

**STOP: CLINICAL TRAINER COMPLETE ACTIVITY 3**

**Summary**

1. What are the differences between the formal (school) and practical (hands-on) methods of learning? **Answers:**

   - Formal: structured, instructor acts as though s/he is “better” than the students (top down), information usually is theoretical, little or no interaction or involvement, few questions by the students
• Practical: informal, fun, learn by doing, participatory, interactive

2. What should the clinical trainer do to encourage learning? **Answers:**

• Relate the training to participant’s job
• Build on the participant’s high level of motivation and interest
• Involve participants in learning
• Vary the learning experience
• Provide positive feedback
• Consider participant’s personal concerns
• Consider participant’s individual background, experience and learning needs
• Maintain participant’s self-esteem
• Maintain participant’s high expectations
• Consider participant’s personal needs

3. What are the three stages of learning clinical skills? **Answers:**

• Skill acquisition
• Skill competency
• Skill proficiency

4. What are some of the principles of clinical instruction? **Answers:**

• Repetition is necessary for proficiency
• Content must be realistic
• A variety of teaching methods should be used
• Learners must be ready to learn
• Training should build on what the learner already knows
• Learners must be aware of the training objectives
ACTIVITY 1

Building a Paper Box
(Estimated time: 20 minutes)

The purpose of this activity is to point out the importance of effective training and coaching.

Instructions to Clinical Trainer: This activity requires two training “sessions.” The first is taught by a poor clinical trainer. The second by an effective clinical trainer and coach. Conduct this activity by following the steps below.

(Note: Build a box in advance to show to the participants at the start of the second session.)

1. The poor clinical trainer builds the box using the following poor training and coaching techniques:
   - States no objective, starts demonstrating how to build the box
   - Shows no sample to the participants
   - Provides no handout of the steps to the participants
   - Displays a negative attitude and provides no positive feedback
   - Does not maintain eye contact
   - Does not ask questions or interact with the participants
   - Offers no help or assistance

2. Following the demonstration, conduct a brainstorming session. Ask for a list of all of the poor training and coaching techniques the participants observed. List these on a flipchart, writing board or overhead transparency. Then ask for suggestions of how the presentation could have been improved. Also list these suggestions. Finally, compare the two lists.

3. The effective clinical trainer then presents the demonstration again using the following effective training techniques:
   - States the objective while showing the participants the box they will be building
   - Distributes the handout describing the steps of the activity and materials needed for the activity (i.e., pieces of paper to build a box)
   - Demonstrates the whole activity once and then shows each step individually
   - Repeats individual steps for participants to follow
   - Asks if there are questions or if anyone needs assistance
   - Asks participants to build additional boxes
   - Checks their progress, giving immediate feedback and correcting mistakes

4. Conclude the activity by comparing the poor and effective training and coaching techniques. The purpose of this activity is to point out the importance of effective training and coaching.
**ACTIVITY 1**

**How to Build a Paper Box**

Here is the step-by-step procedure for building a paper box.

<table>
<thead>
<tr>
<th>Steps in the Procedure</th>
<th>Key Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Make two crosswise creases.</td>
<td>Divide the paper into 3 equal parts. To do this, roll the paper into a cylinder, matching the ends.</td>
</tr>
<tr>
<td>2. Make two lengthwise creases.</td>
<td>Divide the paper into 3 equal parts. To do this, roll the paper into a cylinder, matching the ends.</td>
</tr>
<tr>
<td>3. Make diagonal creases at the corners.</td>
<td>The diagonal crease starts at the point where the lengthwise and crosswise creases (corners) intersect. One corner at a time, match the lengthwise and crosswise creases. Corners should fold away.</td>
</tr>
<tr>
<td>4. Fold the ends of the box.</td>
<td>Fold around the end of the box, not the sides. Overlay corners evenly. Corners should be square.</td>
</tr>
<tr>
<td>5. Fold the flaps down.</td>
<td>Bend the flaps out in line with top of the box.</td>
</tr>
</tbody>
</table>

![Figure 1](image1.png)

![Figure 2](image2.png)

![Figure 3](image3.png)

![Figure 4](image4.png)

![Figure 5](image5.png)
ACTIVITY 2

The Number Game
(Estimated time: 15 minutes)

The purpose of this activity is to demonstrate the importance of practice in learning a skill.

Instructions to Clinical Trainer: Participants should be given three copies of the Number Game. Ask them to place the sheets face down so that they cannot see the placement of the numbers. Tell them this is a simple hand-eye coordination exercise in which they are to work as fast as they possibly can within a given time period. Then tell the participants to start by turning over the top sheet and with pen or pencil, draw a line from #1 to #2 to #3, etc., until they are told to stop.

Allow 60 seconds. Then ask them to stop. They are to circle the highest number reached.

Repeat this exact procedure two (2) more times, each time allowing 60 seconds. Make certain each sheet is numbered in the sequence in which it was completed (#1, #2, #3).

Discussion questions:

1. In all honesty, how did you feel when you were going through the exercise? (Note: Responses may range from excited and challenged to nervous, frustrated, upset, mad, etc.)

2. “Practice makes perfect.” If this is really true, we all should have shown a consistent increase in the number attained with each attempt. Is it true for each of the participants? If not, why?
Number Game — #1

1 53 39 15 28 40 6
27 51 5 2 26 52
13 17 41 14 50 30
29 3 38 18 4 42
37 49 25 36 12 34
23 31 55 46 44
35 43 19 57 8 32
47 11 45 20 56
21 33 9 59 48 60 10
Number Game—#2

1 53 39 15 28 40 6
27 51 5 2 26 52
13 17 41 14 50 30
29 3 38 18 4 42
37 49 25 18 42
7 23 31 55 46 36
52 22 44 12 34
35 43 19 57 8
47 11 45 20 32 58
21 33 9 59 48 60 10
Number Game—#3
ACTIVITY 3

The Nine Dots Puzzle
(Estimated time: 15 minutes)

The purpose of this activity is to illustrate the importance of seeking new solutions to old problems and allow new ways of thinking. If we only allow one way of thinking (or problem solving), then the solutions are very limited.

Instructions to Clinical Trainer: Draw nine dots on the writing board, flipchart, or overhead transparency:

```
● ● ●
● ● ●
● ● ●
```

Participants should copy the drawing of the dots on a clean piece of paper. Give these instructions: “Without taking pen or pencil off your paper, connect all nine dots with four (4) straight lines.”

If some of the participants have seen this puzzle, ask them to do it with only three (3) straight lines.

Discussion questions:

1. If you had difficulty solving the puzzle, what were some of the constraints? (boxed in, too difficult, etc.)

2. We often find ourselves constrained or boxed in on many projects. How can we counteract such situations?
As a reminder, the most frequently used solution for connecting all nine dots with four (4) straight lines is shown here:

To connect all nine dots with three (3) straight lines, try this solution:
MIDCOURSE QUESTIONNAIRE

USING THE QUESTIONNAIRE

This knowledge assessment is designed to help the participant monitor their progress during the course. By the end of the course, all participants are expected to achieve a score of 85% or better.

The questionnaire should be given at the time in the course where all subject areas have been presented. A score of 85% or more correct indicates knowledge-based mastery of the material presented in the reference manual. For those scoring less than 85% on their first attempt, the clinical trainer should review the results with the participant individually and guide her/him on using the reference manual to learn the required information. Participants scoring less than 85% can retake the Questionnaire at any time during the remainder of the course.

Repeat testing should be done only after the participant has had sufficient time to study the reference manual.
MIDCOURSE 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.

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 women, 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
   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 EXAMINATION

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
MIDCOURSE QUESTIONNAIRE ANSWER SHEET

COUNSELING
1. _____ Participant Objective 1   Pages 7–10
2. _____ Participant Objective 1   Pages 7–10
3. _____ Participant Objective 1   Pages 7–10

BREAST EXAMINATION
4. _____ Participant Objective 3   Pages 11–26
5. _____ Participant Objective 3   Pages 11–26
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12. _____ Participant Objective 5   Pages 27–60
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<th>Objective</th>
<th>Pages</th>
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<td>Participant Objective 5</td>
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<td>17.</td>
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<td>18.</td>
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MIDCOURSE QUESTIONNAIRE ANSWER KEY

COUNSELING

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

2. In talking with women, 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 EXAMINATION

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, OVARIAS, 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
   c. 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
CHECKLISTS FOR BREAST AND PELVIC EXAMINATIONS

USING THE CHECKLISTS

The Checklist for Breast Examination and Checklist for Pelvic Examination are used by the clinical trainer to evaluate each participant’s performance in doing breast and pelvic examinations on women. These checklists are derived from the information provided in the reference manual as well as that in the learning guides. 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 participant are based on the knowledge, attitudes and skills set forth in the reference manual and learning guides.

| 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, task or skill not performed by participant during evaluation by trainer |

Evaluation of the counseling skills of each participant may be done with women. It may, however, also be accomplished through observation during role plays with volunteers or women in real situations at any time during the course.

Evaluation of clinical skills usually will be done during the last day of the course (depending on class size and client caseload). In a participant’s first few cases, it is not mandatory (or even possible) for the trainer to observe the participant perform a procedure from beginning to end. What is important is that each participant demonstrates the steps or tasks at least once for feedback and coaching prior to the final evaluation. (If a step or task is not done correctly, the participant should repeat the entire skill or activity sequence, not just the incorrect step.) In addition, it is recommended that the clinical trainer not stop the participant at the incorrect step unless the safety of the woman is at stake. If it is not, the clinical trainer should allow her/him to finish the skill/activity before providing coaching and feedback on her/his overall performance.
In determining whether the participant is qualified, the clinical trainer(s) will observe and rate the participant’s performance on each step of a skill or activity. The participant must be rated “Satisfactory” for each skill/activity group covered in the checklist in order to be evaluated as qualified.

Finally, during the course, it is the clinical trainer’s responsibility to observe each participant’s overall performance in performing breast and pelvic examinations. Only by doing this can the clinical trainer assess the way the participant uses what s/he has learned (e.g., her/his attitude toward women). This provides a key opportunity to observe the impact of the participant’s attitude on women—a critical component of quality service delivery.

**Qualification**

The number of procedures each participant needs to observe, assist with and perform will vary depending on her/his previous training and experience as well as how the current training is being conducted (e.g., are models being used for initial skill acquisition). The number of clinical cases needed must be assessed on an individual basis; there is no “magic number” of cases which automatically makes a person qualified to perform breast and pelvic examinations.

When anatomic models are used for initial skill acquisition, nearly all participants will be judged to be competent after only two to four cases. Proficiency, however, invariably requires additional practice. Therefore, when training participants who will become new healthcare providers (i.e., participants without prior training or experience), each participant may need to perform breast and pelvic examinations on at least 5 to 10 women in order to “feel confident” about her/his skills. Thus, in the final analysis, the judgement of a skilled clinical trainer is the most important factor in determining competence (i.e., whether the participant is qualified).

The goal of this training is to enable every participant to achieve competency (i.e., be qualified to perform breast and pelvic examinations). Therefore, if additional practice in, for example, pelvic examination is needed, sufficient extra cases should be allocated during the course to ensure that the participant is qualified. Finally, once qualified, each participant should have the opportunity to apply her/his new knowledge and skills as soon as possible. Failure to do so quickly leads to loss of provider confidence and ultimately loss of competence.
CHECKLIST FOR BREAST EXAMINATION
(To be completed by the Trainer)

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 participant during evaluation by clinical trainer

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
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</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 breast 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>
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<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>
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<tr>
<td>11. Repeat this procedure for the right side.</td>
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<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>
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## TEACHING BREAST-SELF EXAMINATION (BSE)

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<table>
<thead>
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<tbody>
<tr>
<td>1. Explain to the woman why regular BSE is important.</td>
<td></td>
</tr>
<tr>
<td>2. Explain steps and demonstrate BSE on a breast model. If breast model not available, demonstrate BSE on self (without removing clothing.)</td>
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<tr>
<td>3. Ask woman about her present knowledge of BSE.</td>
<td></td>
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<tr>
<td>4. Add to missing information and correct any wrong information about BSE timing, technique and what to look for during BSE.</td>
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<tr>
<td>5. Ask the woman to demonstrate the procedure on herself and provide positive feedback.</td>
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</table>

PARTICIPANT IS □ QUALIFIED □ NOT QUALIFIED TO PERFORM BREAST EXAMINATION BASED ON THE FOLLOWING CRITERIA:

- Score on Midcourse Questionnaire _________% (attach Answer Sheet)
- Breast Examination Clinical Skills Evaluation: □ Satisfactory □ Unsatisfactory
- Performance of Breast Examination (practice): □ Satisfactory □ Unsatisfactory

Trainer’s Signature___________________________________ Date_____________
CHECKLIST FOR PELVIC EXAMINATION
(To be completed by the Trainer)

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 participant during evaluation by clinical trainer

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### GETTING READY

1. Explain why the examination is being done and describe the steps in the examination.

2. Ask the woman to empty her bladder and wash and rinse her abdominal and genital area.

3. Check that the instruments and supplies are available.

4. Ask the woman to undress and help her onto the examining table.

5. Wash hands thoroughly with soap and water and dry them with a clean, dry cloth or allow them to air dry.

### LOWER ABDOMINAL AND GROIN EXAMINATION

1. Ask the woman to lie down on the examining table.

2. Look at the abdomen for abnormal coloring, scars, stretch marks or rashes and lesions.

3. Palpate all areas of the abdomen using a light pressure. Then, palpate the abdomen using a deeper pressure.

4. Identify any tender areas and check for rebound tenderness.

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.

### EXTERNAL GENITAL EXAMINATION

1. Position woman and move drape over woman.

2. Wash hands thoroughly and dry them. Put new examination or high-level disinfected surgical gloves on both hands.

3. Inspect external labia, clitoris and perineum.
**CHECKLIST FOR PELVIC EXAMINATION**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
<th>CASES</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Check the labia minora, clitoris, urethral opening and vaginal opening.</td>
<td></td>
</tr>
<tr>
<td>5. Check the Skene’s glands and urethra and take smears, if discharge is present.</td>
<td></td>
</tr>
<tr>
<td>6. Check the Bartholin’s glands and take smears, if discharge is present.</td>
<td></td>
</tr>
<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>
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<tr>
<td>8. Look at perineum.</td>
<td></td>
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</table>

**SPECULUM EXAMINATION**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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<tr>
<td>3. Remove the speculum and place in 0.5% chlorine solution for decontamination.</td>
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</table>

**BIMANUAL EXAMINATION**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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<tbody>
<tr>
<td>1. Separate the labia with two finger of the abdominal hand and insert the tips of the index and middle fingers of the pelvic hand into the vagina.</td>
<td></td>
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<tr>
<td>2. Gradually insert fingers fully or until the cervix is touched.</td>
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</tbody>
</table>
| 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**

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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</tr>
</thead>
</table>
| 1. If changing gloves, immerse both hands in 0.5% chlorine solution, then removes them by turning them inside out.  
  1. If disposing of them, place them in a leakproof container or plastic bag.  
  2. If reusing the gloves, submerge then 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. |   |
### Checklist for Pelvic Examination

<table>
<thead>
<tr>
<th>STEP/TASK</th>
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<tbody>
<tr>
<td>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.</td>
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</tbody>
</table>

#### Completing the Pelvic Examination

| 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. |       |

Participant is □ Qualified □ Not Qualified to perform pelvic examination based on the following criteria:

- Score on Midcourse Questionnaire _________% (attach Answer Sheet)
- Pelvic Examination Clinical Skills Evaluation: □ Satisfactory □ Unsatisfactory
- Performance of Pelvic Examination (practice): □ Satisfactory □ Unsatisfactory

Trainer’s Signature_________________________ Date___________