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An Approach to Relearning the Pelvic Examination

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For 14 years the University of Tennessee College of Medicine has sponsored a week-long review course for the family physician. Originally, the course consisted of a series of didactic lectures given by University of Tennessee faculty members in a theatre-style auditorium. Since 1977 in response to participant requests, multiple small group sessions are offered in the afternoon segment of the program. The participants choose those groups most relevant to their own day-to-day office practices.

The Patient Instructor Program

As plans progressed for the 1981 course, word of a successful teaching concept used in the Department of Obstetrics and Gynecology reached

the course director. This department teaches pelvic examination techniques to medical students with lay women as "patient instructors."^{1,2}

The patient instructors are trained by faculty members of the Department of Obstetrics and Gynecology faculty members to teach students in both procedural and interpersonal aspects of the examination. Patient instructors work in teams of two with small groups of students.³ One patient instructor demonstrates a pelvic examination on her partner; then, each student repeats the examination. The patient instructor in the patient role does most of the teaching for the bimanual component of the examination while her partner does most of the teaching for the part of the examination concerned with inspection of the genitalia and speculum insertion. Both women comment throughout on the student's interpersonal approach. The program is described in detail by Wheeler et al and Hale and Schiner.^{4,5}

Student evaluation of the experience overwhelmingly indicated that the time spent with the patient instructors was valuable.⁶⁻⁸ Consequently, the program was expanded to include obstetrics and gynecology residents. Most were pleased with

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the opportunity to receive feedback from knowledgeable, well-trained women oriented toward improving physician-patient interaction.

The decision to offer a pelvic examination workshop at the Family Practice Review Course was made with great hesitation. While the opportunity to offer a unique learning experience to physicians attending the course was appealing, the planners feared that the teaching concept developed by the Department of Obstetrics and Gynecology might be inappropriate for practicing physicians expending money and time to attend the course. The reputation of the successful review course was potentially threatened if the physicians reacted negatively to the patient instructors and their approach to teaching.

Review of the comprehensive procedure guide, however, made the planners feel that important content could be added to the physicians' initial learning of pelvic examination technique. Input from other physicians revealed that most felt they had been poorly taught originally and would benefit from an opportunity to relearn the procedure.

Concern for the proper way to conduct the encounter was expressed by the faculty from the Departments of Family Medicine and Obstetrics and Gynecology and the patient instructors themselves. Several questions arose: Would the patient instructors be too critical? Would the physicians be too hostile? Would the patient instructors be too militant? Would the physicians think they already knew everything?

The patient instructors wanted to avoid threatening the physicians in the fear that they would "tune-out" the teaching. On the other hand, the patient instructors wanted to make the physician aware that certain approaches help women avoid the usual unpleasant feelings of vulnerability, embarrassment, and nervousness. The patient instructors decided to combine some aspects of the medical student learning experience with other approaches felt to be more appropriate with practitioners.

Emphasis was given to review of procedural aspects, improvement of communication skills, and provision of opportunity to perform an examination that allows the woman to learn about her reproductive anatomy through active participation in an educational pelvic examination. Patient participation occurs when the patient is offered a mirror to observe her external genitalia and cervix as they are identified by the examiner.

The Small Group

All 24 physicians who participated in the seminar were men, ranging in age from 28 to 74 years, with a mean age of 49 years. Twenty participants graduated from medical school before 1965.

After a brief introduction to the objectives of the session, small groups of physicians were shown a model examination by a patient instructor team. While the patient instructors demonstrated how to conduct an educational pelvic examination, important aspects of interpersonal communication were emphasized. Finally, each group member was given the opportunity to perform the examination alone or before peers. Seven physicians chose to perform the demonstration, six with colleagues observing.

Physician response was favorable. Positive statements were made by the physician students expressing satisfaction with this learning exercise. Thirteen of the 24 participants cited specific behavioral changes in their practice pattern anticipated as a result of attendance at this seminar.

Conclusions

This experience suggests that a program to relearn pelvic examination techniques is acceptable to and actually welcomed by the practicing family medicine physician. Individual institutions can be encouraged to offer similar sessions during postgraduate courses.

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