Teaching Intimate Examination: A structured clinical teaching approach for 4th year medical students using theory-simulation-clinical practice (TSCP) method

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INTRODUCTION

Vaginal examination is daunting for medical students; the intimate nature of the examination can be potentially uncomfortable and even embarrassing for both the patient and the student. Traditionally vaginal examination has been taught on anaesthetised patients, causing some controversy regarding patient knowledge, consent and performing the examination in an appropriate setting [1]. More recently simulation models and Gynaecology Teaching Associates (GTAs) have provided alternative teaching methods which have been found to be successful in providing a holistic approach towards vaginal examination. This also allows improvement of communication skills and advice on speaking to patients in a sensitive situation [2,3].

OBJECTIVES

• To devise a structured teaching approach to vaginal examination in the clinical setting, using a combination of clinical and non-clinical teaching methods.
• To provide students with teaching regarding introducing themselves to the patient and building a rapport, obtaining informed consent, and clear documentation prior to examination.
• To enable students to examine patients under direct supervision of a doctor in a one to one clinical teaching session.
• To consolidate previous teaching and provide continuity of teaching and assessment (teaching is provided by the same doctor.)
• For students to feel supported with clinical learning.

METHODS

Group size: 2-3 students per group; total 20 GTA-trained King’s College (KCL) medical students in 2012-2014

Assessment: Pre and post TSCP questionnaires; confidence levels were scored from 0 (very unconfident) to 10(very confident)

Small-group clinical skills sessions were delivered by and trainee in obstetrics and gynaecology (O&G), at the start of each rotation using the TSCP approach comprising of:

THEORY:

Theoretical teaching was delivered via PowerPoint presentation and interactive discussion regarding:

• Obtaining informed consent
• Performing vaginal examination
• The use of sensitive language

• A review of normal and abnormal common clinical findings with the use of clinical pictures

SIMULATION:

Training was provided using a standard clinical female pelvic trainer CFP: Mk 3 (Limb and Things UK) demonstrated and facilitated by an O&G trainee.

Students were paired and invited to perform an objective structured clinical examination (OSCE) of bimanual and speculum examination with swab-taking

Feedback was given and concerns and queries were discussed during this teaching session.

CLINICAL PRACTICE

Students were allocated a one-to-one session with a doctor to clerk, obtain consent and examine a patient.

This examination was performed under direct supervision.

Feedback was given following the examination.

RESULTS

Confidence levels before and after TSCP teaching were analysed using one-tailed paired t-test.

This significant average increase in confidence for all students performing speculum examination from neutral to confident (+2.95, p<0.001), bimanual examination from neutral to confident (+2.65, p<0.001), and performing vaginal swabs from unconfident to confident (+5.05, p<0.001)

CONCLUSION

All students reported increased confidence in performing vaginal examination following TSCP structured clinical teaching, showing that this style of teaching is a useful supplementation to university and GTA teaching.

I believe that structured clinical teaching helps to provide a mentoring and supportive approach to teaching intimate examination and may also be a useful approach when teaching students who do not have access to GTA training, as well as other specialty training.

Positive feedback was received from both the students and KCL; all students felt that the teaching was relevant to their level of training, and good OSCE practice. They enjoyed having ‘hands on experience’ and felt vaginal examination was, “less daunting”. They appreciated the opportunity to practice and perform vaginal examination on a simulator under supervision of a specialty doctor prior to examining patients.

The TSCP approach can also be of benefit to the trainer, providing the opportunity to teach and support medical students and improve accessibility between students and doctors.

In conclusion, using a TSCP approach provides structure to teaching and learning vaginal examination in the clinical setting, which has been traditionally provided in an ‘ad-hoc’ manner. It was well-received by all students.