



Pelvic Examination Teaching: Linking Medical Student Professionalism and Clinical Competence

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Introduction

The John A. Burns School of Medicine (JABSOM) Department of Obstetrics, Gynecology and Women's Health instituted a Professional Patient Program to teach medical students the breast and pelvic examination in 1973.¹ This third year medical student program is the longest standing program of its kind in the nation. Other medical schools have since realized the value of professional patients and have developed similar programs. This unique teaching program is currently engaged to teach the breast and pelvic examination to JABSOM medical students, Internal Medicine residents and researchers. Teaching medical students to approach such a sensitive portion of the complete physical examination as the pelvic examination with professionalism, empathy and sensitivity is a challenging endeavor.

The medical student often approaches the first pelvic examination experience with a high level of anxiety. At the beginning of each teaching session, the second and third year medical students write about their expectations and concerns. There are two strong consistencies in these responses; medical students are most concerned that they do not inadvertently cause any physical or emotional pain, or show disrespect to their patients during this exam. Building on those concerns, they expect the teaching sessions to provide them with a sense of competence in performing an accurate examination. They learn how to avoid creating any patient discomfort, disrespect or pain while performing the pelvic examination with clinical competency. The expectations in the two teaching sessions scheduled over their second and third academic years are often overwhelming, but it is precisely these anxieties that the Professional Patient Program seeks to address.

In a study comparing the traditional "gynecologist and clinic patient" method of teaching the pelvic examination to the "professional patient" method of teaching, medical students in the "professional patient" group were found to demonstrate significantly less anxiety than the "clinic patient" group.² This patient centered approach to teaching requires instruction in both the mechanics of performing the pelvic examination and the integration of patient centered professional skills. Defining professional competence is in itself problematic. Epstein defined professional competence as the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and the community being served.³ Although reliable teaching methods and assessment of

basic skills and medical knowledge currently exist, the measure and teaching of professional behaviors and empathy has been lacking in the field. It is difficult to measure. In recent years, the use of standardized patients in United States medical school clerkships increased from 34.1% in 1993 to 50.4% in 1998. Despite this increase in the use of standardized patients, there are still many medical schools that fail to evaluate patient centered professional skills.⁴ The JABSOM Obstetrics and Gynecology Professional Patient Program, in which the Professional Patients are trained to act as both teachers and evaluators, strives to teach and evaluate both the clinical skills and professional behavior necessary to conduct pelvic examinations.

Obstetrics and Gynecology Professional Patient Program

Professional Patients are selected through a rigorous interview process and are extremely dedicated individuals. The pool of applicants for this program is recruited initially through Patients already in the program and through the University of Hawaii. Final selection is based on a set of progressive interviews that determine whether a potential Patient candidate will work well within the program criteria. Although the Professional Patients come from a wide range of cultural and educational backgrounds, each individual has a strong sense of physical awareness of and comfort with her body. When this awareness is accompanied with strong teaching skills and the knowledge that her teaching is very important and valued by both the medical students and the school, she becomes a highly effective teaching Patient who can "teach from both ends of the table". When a woman is accepted into this program, a process of integration and training begins. The new Patient makes a commitment of at least one year. Despite this one year commitment to the program, 85% of Professional Patients have continued with the Obstetrics and Gynecology Professional Patient Program from two to twelve years. This has created a diversity in age, professional development and life experiences that has greatly benefited the program. Although Professional Patients are paid, they consistently express that they participate in the program because of a strong interest in Women's Health and a professional satisfaction in being able to contribute to the medical students' education. Performance in their dual roles as teacher and patient is evaluated by the students after each teaching session. These evaluations are reviewed with the Patient by the Program Coordinator.

Medical students at JABSOM participate in the Obstetrics and Gynecology Professional Patient Program as second year students and at the beginning of their third year Obstetrics and Gynecology clinical rotation. These teaching sessions are structurally similar and reinforce the specifics of their pelvic examination skills. Both the second and third year medical student teaching begin with a lecture and discussion session given by the Program Coordinator. Two of the Professional Patients demonstrate the specific professional and clinical skills necessary to perform the pelvic examination for the entire group of students, one acts as the "patient" and the other as the "physician". The medical student group then breaks into teams of two students and two Patients to perform the pelvic examination. During these sessions, immediate verbal feedback is given by the Patient to the student as to their professional and clinical skills. The students are encouraged to correct immediately their behavior and

perform the examination several times. At the end of their teaching session, a verbal assessment is given to the students by the Patient and a written assessment of their professional and clinical skills is reviewed by the supervising physician. At the conclusion of the teaching session, the students meet to discuss their experiences with the Program Coordinator and submit an anonymous written evaluation of their training experience.

Second Year Medical Student Program

The second year medical student pelvic examination teaching program sessions are coordinated with an anatomy laboratory session taught by the JABSOM Department of Anatomy*. Cadaver dissections demonstrating the female and male reproductive organs are reviewed prior to the pelvic examination teaching session. The integration of a reproductive anatomy laboratory session and pelvic examination teaching session expands the students' understanding of the pelvic examination. The anatomy lab is discussed at the beginning of the Professional Patient training session and a short pelvic examination videotape is viewed, followed by a twenty- to thirty-minute pelvic examination demonstration by two Professional Patients. The large student group then divide into teams of two medical students and two Professional Patients. The second year medical student spends about thirty minutes learning to perform the basic breast and pelvic examination and observing their fellow student performing the same examination.

Third Year Medical Student Program

Third year medical students receive their pelvic examination training at the beginning of their clinical Obstetrics and Gynecology rotation. Emphasis is on expanding clinical skills that include the Pap smear procedure and professional behavior. Each student spends up to an hour learning the breast and pelvic examination with Professional Patients. Role-playing is integrated into the session so that the Professional Patients can coach and advise on the use of particular words, phrases and approaches to the pelvic examination. Medical students are coached on professional appearance and demeanor. They practice their pelvic examination skills from "knocking on the door" and introducing themselves, explaining the pelvic examination, to the performance of the exam itself. Constant feedback is given to the student by the Professional Patient. The student has many opportunities to correct and improve on his or her clinical skills and professional behavior. The Pap smear procedure is also taught and these slides are reviewed by the JABSOM Department of Pathology**. The medical student is given written feedback on the adequacy or inadequacy of his or her Pap smear slide. Prior to seeing patients during their clinical Obstetrics and Gynecology rotation, each student has observed at least two professional patient pelvic examination demonstrations, observed two exams performed by his fellow students and performed at least two thorough pelvic examinations.

Medical Student Evaluation

The assessment of each medical student's performance is an integral part of the Professional Patient teaching program. These evaluations consist of immediate verbal feedback during the session, verbal feedback at the end of each pelvic examination teaching session followed by written evaluations. In addition, the student is

provided a verbal evaluation of their clinical, behavioral and interpersonal skills by the Professional Patient. After the students are dismissed, Patients complete a written evaluation of each student that includes a checklist of those clinical skills and professional behavior steps performed adequately or inadequately. Narrative comments are added to elaborate on areas such as communication skills, appropriate professional behavior and respectful attitude. These evaluations are reviewed by the supervising physician and returned to the students.

Summary

The Professional Patient teaching program is an essential part of assuring competency in the performance of the pelvic examination and professional behaviors. Through a series of integrated teaching sessions from the first year reproductive anatomy laboratory, the second year basic clinical pelvic examination teaching program, to the third year teaching program, students perform at an enhanced level of clinical competency and professional behavior. A Professional Patient commented: "We create a safe environment where medical students not only learn the clinical portion of the exam, but also focus on the patient as the primary source of information on patient comfort. Students receive immediate feedback from us and have ample opportunity to ask questions about aspects of the clinical pelvic examination or doctor/patient communication skills. We guide them, teach them, and help them prepare for examinations with other patients who will not be as open or in tune with their bodies as we are."***

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