Registered Nurse
Pap Smear Learning Module
Registered Nurse
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STATEMENT OF ENDORSEMENT
Alberta Association of Registered Nurses

Under the Health Professions Act (HPA), it is expected that all Registered Nurses (RNs) who engage in performing restricted activities are competent to perform the particular restricted activity and that the activity is relevant to the practice setting, roles, and responsibilities of the RN. Those RNs who are performing Pap smears are expected to have the appropriate knowledge and skills. The RN Pap Smear Learning Module, developed by the Alberta Cervical Cancer Screening Program, can be used by RNs and their employer in attaining competence in the performance of this restricted activity.

STATEMENT REGARDING COLLABORATIVE PRACTICE SETTINGS IN ALBERTA

In the province of Alberta the health care practice setting will change in light of the HPA being proclaimed for RNs in 2004. This will allow RNs to conduct “restricted activities” as defined in the HPA provided they have the necessary knowledge and skills. Another new Alberta practice direction is the Local Primary Care Initiatives (LPCI) that will be undertaken in 2004. These will provide for collaborative practice settings for physicians and other health care providers including nurses. Both of these changes raise issues related to physicians’ and nurses’ respective liability coverage. Each professional body covers members with liability insurance and each professional is responsible for his/her own competent practice. How the respective professional liabilities may come into play should a litigation case occur remains to be seen.
# MODULE UPDATING FORM

The Alberta Cervical Cancer Screening Program (ACCSP) will provide each employer with module content updates as required. It is the employer’s responsibility to register with the ACCSP to be on the mailing list and to complete this form when updating the module content with ACCSP materials. Please call the ACCSP Program Assistant at 1-866-727-3926 and select option 2.

The ACCSP is not responsible or liable for any other module modifications. For example, if your organization creates and updates specific material (e.g. policies and procedures) please do not include them in this module but rather create a separate binder for such documentation.

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INTRODUCTION

Welcome to the Alberta Cervical Cancer Screening Program (ACCSP), Registered Nurse (RN) Pap Smear Learning Module. This module has been designed in consultation with numerous Alberta regional stakeholders and is also based on an extensive review of national and international modules and related literature.

Employers are encouraged to utilize this module as a learning tool to support RNs developing competency in performing Pap smears. RNs are encouraged to use this module for their self-directed learning and as an ongoing resource to review as required.

Navigating Through the Module

This module is designed to give you detailed and practical information to become competent in performing Pap smears. Follow the icons to the left that indicate sections of the manual that will remind you about special information, tests, activities, information that may be integrated into your workplace policy manual, readings, time required to complete sections of the manual and space for you to take notes.

It is strongly recommended that this learning module become a segment of each region’s comprehensive approach to providing holistic care services for women (for example: breast exams, sexually transmitted infections (STI) testing). If the population that the RN serves has a high incidence of STIs, the employer may consider educating the RN to take STI swabs. STI education can be considered in combination with Pap smear education.

Purpose

This learning module will provide RNs, and their employers, in Alberta with current information on a woman-centred approach to conducting high quality Pap smears that are accessible, appropriate and acceptable to women. “Women’s health involves women’s emotional, social, cultural, spiritual and physical well-being, and it is determined by the social, political and economic context of women’s lives as well as by biology. This broad definition recognizes the validity of women’s life experiences and women’s own beliefs about and experiences of health. Every woman should be provided with the opportunity to achieve, sustain and maintain health, as defined by the woman
herself, to her full potential."¹ Research has demonstrated that women-centred care is comprised of the elements listed below.²

1. The cornerstones to women-centred care are:
   - a focus on women
   - involvement and participation of women
   - empowerment
   - respect and safety

2. Comprehensive services that reflect women’s patterns and preferences for care and acknowledge women’s ways of communicating and:
   - address the complexities of women’s lives
   - are inclusive of diversity
   - have integrated service delivery
   - respond to women’s forms of communication and interaction
   - provide information and education

3. Gender-sensitive knowledge development requires:
   - evaluation
   - research

4. A woman-centred workplace must have:
   - a collaborative work environment
   - a woman-centred philosophy shared in common
   - service providers as consultants with expertise in women’s health
   - good communication and concern for staff mental health and safety
   - gender and inclusiveness training

The Pap smear is only a part of an overall complete physical exam. The RN should make it clear to the client that that the Pap smear does NOT constitute a full yearly physical exam. The client needs to see her physician, registered midwife or nurse practitioner for a complete physical exam, risk assessment and screening for other disease processes.

**Rationale**

This learning module has been developed in response to the following issues:

- In some Regions access to obtain Pap smear exams is an issue. One of the various reasons for this is that a limited number of physicians are accepting new clients.

² Barnett et al. (2002)
• In response to this access issue, some Regions are considering expanding the role of RNs to provide Pap smears.

• Under the Health Professions Act (HPA) only regulated health professionals can perform restricted activities provided their College provides authorization through regulations. The Government Organization Act identifies inserting or removing instruments, devices, fingers or hands beyond the opening of the labia majora as a restricted activity. Therefore, completing a Pap smear would be considered a restricted activity.

• RNs will have authorization for this restricted activity when the HPA is proclaimed for RNs. Employers have a responsibility to hire individuals who are competent and authorized to provide the restricted activities that are required as part of their position, and the RN must be competent to provide the restricted activity. An educational module supports the employer and the RN in acquisition of the necessary knowledge and skill.

**Learning Objectives**

On completion of the learning module theory and practicum, the learner will be able to:

1. Demonstrate an understanding of cervical cancer and principles of screening in Alberta.

2. Demonstrate an understanding of counselling and teaching strategies before, during and after an examination.

3. Demonstrate an understanding of the learning, counselling and communication needs of clients with special considerations.

4. Demonstrate an understanding of normal and abnormal female pelvic anatomy and physiology.

5. Demonstrate an understanding and competently perform a woman centred health history and an external/internal exam (speculum and Pap smear) with women across the lifespan.

6. Demonstrate an understanding of abnormal findings, such as STIs, and referral for appropriate follow-up.

7. Demonstrate an understanding of the guidelines for management of women based on Pap smear results (Bethesda System).

8. Demonstrate an understanding of key medico legal issues such as quality documentation, client confidentiality, informed consent, negligence and accountability.
Target Audience

It is recommended by the ACCSP and the Alberta Association of Registered Nurses (AARN) that this learning module be completed by all RNs practicing in Alberta who have not taken Pap smear training in other educational programs. The RN would need to discuss with the employer whether this learning module is relevant to their practice setting and the employer’s expectations.

Prerequisites

Learner must be a RN in good standing with the AARN.

Learning Resources

- Recommended Readings: as listed under “R” icon in relevant sections.
- CD-ROM & Videos: refer to Appendix 1 for a list of learning resources. Note: this resource list will be available in the Fall of 2004. ACCSP will mail the list to those who have the Pap smear learning module. Please note that resource videos may have some variations regarding Pap smear techniques and that the ACCSP recommends that RNs practice techniques consistent with the Alberta Clinical Practice Guidelines and ACCSP Standards.
- Preceptor: as arranged by each employer.

Directions for Completing Module Requirements

The RN is required to be partnered with a preceptor (an RN, Registered Midwife, nurse practitioner or medical doctor experienced & competent in well woman care and Pap smear taking), who will oversee the educational process and be willing to participate in the following learning activities:

- **Theory:** self-paced review of learning module content and viewing of related learning resources followed by written assessments (post-test and case-studies) which will be submitted to preceptor.

- **Practicum:** Following successful completion of the theoretical component, RNs can undertake the practicum component. The practicum involves observing a preceptor conducting well woman care, specifically Pap smears. The RN will then conduct Pap smears, both supervised and unsupervised, until deemed competent. The preceptor, the RN and the women receiving care will assess competency.

Upon successful completion of both the theoretical and practicum component the RN will have fulfilled the competency requirements recommended in this learning manual.

Successful initiatives often include a shift in thinking in considering the workplace a “continuous learning environment” where employers and RNs work together to identify learning needs and negotiate learning time. For the RN to successfully complete this module, it is recommended that the employer complete the following steps:

1. Arrange a preceptor, and
2. Provide the RN with self-study hours and,
3. Provide the RN with practicum hours.
The RN will complete the following steps:
(Note: the following hours are approximate. It is understood that everyone learns at their own pace)

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<tr>
<th>THEORY (~16 h)</th>
<th>PRACTICUM (~25.5h)</th>
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<tr>
<td>2h Read section one</td>
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<td>.5h Complete pre-test</td>
<td>*Conduct consecutive supervised Pap smears</td>
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<td>8h Read section two to eleven &amp; learning resources</td>
<td>*Conduct consecutive unsupervised Pap smear visits with client satisfaction surveys</td>
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<td>Review adequacy rates of Paps (with employer and preceptor)</td>
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<tr>
<td>3.5h Complete case-study - preceptor review</td>
<td>Review client satisfaction surveys (with employer and preceptor)</td>
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<tr>
<td>1h Discuss results with preceptor &amp; additional learning needs prn</td>
<td>Clinical assessment of competency by preceptor</td>
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<tr>
<td>prn Complete additional learning needs</td>
<td>Discuss all components of competency and complete any additional theoretical and/or practical learning</td>
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<td>2-3h</td>
<td>Re-assessment of competency if required</td>
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<td>Complete Module Evaluation Survey (one copy to employer &amp; another to ACCSP)</td>
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<td>7-10h</td>
<td>Complete Practicum Evaluation Survey (to employer)</td>
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<td>2-3h</td>
<td>Track Pap smear adequacy rates as required by employer</td>
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Legislation

This learning module has been written from the perspective of RNs being regulated by the Health Professions Act (HPA). HPA regulation is anticipated to be proclaimed for RNs in 2004, but has not occurred to date.

Registered Nurses

Alberta RNs performing Pap smears are expected to practice in a manner consistent with the following standards, regulations and legislation.

1. AARN Nursing Practice Standards (1999)³

2. AARN Scope of Practice (1998)⁴


4. Health Professions Act⁶ (The HPA will soon replace the Nursing Professional Act⁷ and the AARN will become the Canadian Association of RNs of Alberta (CARN) under the HPA). The restricted activities, relevant to this module that RNs and certified graduate RNs are authorized to perform under the regulations for CARN are as follows:
   - 2(1)(b) to insert or remove instruments, devices, fingers or hands... (v) beyond the labia majora.
   - regulated members must restrict themselves in performing restricted activities to those activities that they are competent to perform and to those that are appropriate to the member's area of practice and the procedure being performed in accordance with CARN guidelines"⁸

Professional Responsibility and Accountability

Both the RN and employer have professional responsibilities and accountabilities regarding the education of RNs to be competent Pap smear providers and the ongoing education and maintenance of competencies.

The CNA Position Paper on Continuing Nursing Education (1992) states that “In any practice setting where the need for performance of a particular shared activity is documented and substantiated, the responsibility for attaining and maintaining competency in the activity is held by RNs and their employers. Specifically, the RN is expected to identify his/her own learning needs with respect to the activity, and to utilize available educational resources to attain and maintain competencies in the

³ Alberta Association of Registered Nurses (1999)
⁴ Alberta Association of Registered Nurses(1998)
⁵ Canadian Nurses Association (2002).
⁷ Province of Alberta. Nursing Profession Act (1997)
⁸ College & Association of Registered Nurses of Alberta (2003)
activity. Employers have the responsibility to provide orientation and staff development programs based on identified learning needs related to the goals of the organization, and to ensure the provision of the necessary resources for RNs to attain and maintain competency in the shared activities which are required by the needs of the practice setting”.

The AARN Nursing Practice Standards (1991) state, “RNs and employers also share responsibility for collaborating on the on-going evaluation of both the need for and the performance of all activities, in order to assess both the indication for and the competency of the activities being performed”.

Registered Nurse

All clauses of the AARN Nursing Practice Standards (1999) and the CNA Code of Ethics for RNs (2002) are relevant, but those that most pertain to this learning module are the following:

1. **Professional Responsibility**: The RN is personally responsible and accountable for ensuring that her/his nursing practice and conduct meet the standards of the profession and legislative requirements.”
2. **Knowledge Based Practice**: The RN continually strives to acquire knowledge and skills to provide competent, evidence-based nursing practice.”
3. **Accountability**: “RNs act in a manner consistent with their professional responsibilities and standards of practice”…#7 ”RNs practice within their own level of competence.”
4. **Practice Environments Conducive to Safe, Competent and Ethical Care**: “RNs advocate practice environments that have the organizational and human support systems, and the resource allocations necessary for safe, competent and ethical nursing care.”

Employer

The employer is expected to be familiar with and practice according to the Alberta Health & Wellness Employers’ Handbook, which addresses the HPA for the employer. An electronic copy or paper version of this handbook is available from Alberta Health and Wellness (#1-780-415-0488). Contact your local Director of Human Resources for further support on the HPA.

The employer of RNs who are expected to provide Pap smears is required to:
1. Provide adequate time, resources, preceptorship and facilities to ensure that RNs are adequately educated (both initially and on an ongoing basis) to provide quality Pap smears.
2. Ensure that there is an explicit relationship with the RN taking the Pap smear and a physician, nurse practitioner, or registered midwife for follow-up of the Pap smear result.
3. Participate in ongoing monitoring of Pap smear adequacy rates (Pap smear Audit Form provided in Appendix #5).
4. Maintain a record of RN Pap smear training.

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9 as cited in AARN, 1998, p. 2
10 as cited in AARN, 1998, p. 3
11 Alberta Association of Registered Nurses (1999)
12 Canadian Nurses Association (2002)
Preceptor
A preceptor who provides Pap smear theory and a practicum experience is required to:
1. Be a RN, Nurse Practitioner, Registered Midwife, or Medical Doctor,
2. Be a skilled Pap smear taker,
3. Be able to demonstrate continuing competencies in Pap smear provision (with particular reference to transformation zone sampling, technique, slide preparation, audit of results including adequacy rate),
4. Demonstrate good communication and counselling skills, practice well woman’s approach to care,
5. Remain current in new developments in cervical screening and the cervical screening program, and
6. Have time to provide preceptor duties such as mentorship, supervision, review of assessment materials.

Competency Requirements Summary

Initial Competency Assessment
The RN should achieve all of the requirements listed below:

Theory:
1. Pre-module completion test (Completed)
2. Post-module completion test (85%)
3. Case Study (Pass)

Practicum:
The number of Pap smears that the RN completes during the practicum may range from 15-30 however the ACCSP recommends that emphasis is placed on high quality learning experiences rather than the total number of Pap smears completed. It is recommended that the RN observe and demonstrate until she/he feels comfortable and confident and is deemed competent by the preceptor.

The following is a guideline for the RN’s practical experience

- Observe your preceptor conduct at least 5 clinical visits with women requesting Pap smears.
- Participate in at least 10-20 supervised Pap smears within a 2 month period (note: If professionally you need to conduct more supervised Pap smears please request as required to ensure that you are feeling both competent and confident).
- Conduct 15-30 unsupervised Pap smears within a 2 month period.
- Consult with your preceptor to discuss cases as required.

numric ranges for supervised and unsupervised Pap smears are guidelines only and are based on recommendations researched in a national and international environmental scan of Pap smear learning modules /programs conducted by the ACCSP project (2004)
It is important for RNs to have a broad clinical experience. The RN must see a variety of clients to be proficient in determining normal from abnormal cervical variations. An RN who only observes healthy young clients, may not have the skills to properly assess a multiparous client who may have many cervical lacerations etc.

Skills Assessment
RN competencies to perform the Pap smears procedure will be assessed using the following:

1. **Performance Criteria Checklist for Preceptor (100%)** (See Appendix 5c for checklist)

2. **Woman Satisfaction Surveys** (see Appendix 5d for Survey)
   This tool can be used to provide performance feedback to the preceptor and the RN (i.e. the RN and preceptor can review the surveys and look for trends in the RN’s performance). A review of the surveys (recommended 15-30) can inform the preceptor's judgement on whether the RN’s performance has improved over time, during her/his practicum, and if she/he is competent (in conjunction with Pap smear adequacy rates and performance criteria checklist).

3. **Pap Smear Adequacy** (see Appendix 5e for Pap Smear Audit Form)
   The RN should perform 20-50 Pap smears that fall within the Adequacy Rate as defined by the ACCSP (i.e at least 95% of practitioners taking Pap smears will have rates of unsatisfactory smears of less than 1% and will have less than 10% of smears without a transformation zone (Refer to Section 9: Papanicolaou Smear).14

Module and Practicum Assessment
The RN will also have opportunities to evaluate the learning module and practicum using the Evaluation of Learning Module and Practicum Tool (see Appendix 5f for Evaluation Tools)

It is the employer and RN’s responsibility to review ongoing competency. It is recommended that a formal process be developed for such review.

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14 Alberta Cervical Cancer Screening Program (2003).
PRETEST
になりました 1/4 hour
Please complete the following pre-test prior to proceeding to Section 2. The Answer Key is provided in Appendix #5.

Instructions for test completion:
• For multiple choice questions, please circle one or more answers as appropriate.
• For open-ended questions, please write your answers on the lines provided.

1. The Alberta Cervical Cancer Screening Program is needed because:
   a. Organized cervical cancer screening programs reduce the rates of cervical cancer.
   b. Having regular Pap smears may prevent a few cervical cancers.
   c. Having regular Pap smears can prevent almost all cervical cancers.
   d. All clients who develop cervical cancer in Alberta have not had regular Pap smears.
   e. ½ of the clients who develop cervical cancer in Alberta have not had regular Pap smears.
   f. The program will remind clients and physicians when Pap smears or follow-up is overdue.

2. Which of the following is not a risk factor for cervical cancer:
   a. Multiple male sex partners
   b. Early onset of first intercourse
   c. Genital infections such as herpes simplex II (HSV2) and Chlamydia
   d. Alcohol
   e. HPV
   f. Smoking

3. All sexually active clients between the ages of 18-69 should have a Pap smear every year. Name four high risk groups in particular who RNs should encourage to have Pap smears.
   a. __________________________________________________
   b. __________________________________________________
   c. __________________________________________________
   d. __________________________________________________

4. List five reasons why an eligible client may be reluctant to have a Pap smear?
   a. __________________________________________________
   b. __________________________________________________
   c. __________________________________________________
   d. __________________________________________________
e. __________________________________________________
5. List six client populations that may have special learning, counselling and educational needs.

a. 

b. 

c. 

d. 

e. 

f. 

6. When conducting a health history and assessing clients for specific concerns, what are the PQRST principles to follow?

P

Q

R

S

T

7. Pregnant clients and clients with total or subtotal hysterectomy due to cancer or precancer should be referred to a physician, registered midwife or nurse practitioner for a Pap smear.

a. True

b. False

8. If a client appears apprehensive before the exam, it is best to:

a. Reassure them and press forward.

b. Tell them that there is nothing to worry about.

c. Ask open-ended questions about their apprehension about the Pap procedure.

9. List three things that you can do to increase a woman’s physical and emotional comfort during the exam.

a. 

b. 

c. 

10. Which of the following STI related findings might you find during an external genital examination?

a. Public lice/crabs

b. Genital Warts

c. Genital Herpes

d. Inflammation of the Bartholin’s Gland
11. A client presents with the following symptoms:
   • raised painless lesions on the labia, the vestibule, or in the perianal region.
   • flesh-colored cluster of soft growths.

The client most likely has:
   a. Molluscum Contagiosum
   b. Nabothian follicles
   c. Herpes
   d. Genital warts
   e. Yeast infection

12. List five abnormal findings of the ectocervix:
   a. ______________________________________________
   b. ______________________________________________
   c. ______________________________________________
   d. ______________________________________________
   e. ______________________________________________

13. Which of the following are abnormal findings on the cervix that should be referred to a physician, nurse practitioner, or registered midwife:
   a. friable tissue (soft, eroded)
   b. red patchy areas
   c. abnormal bleeding, and inflammation
   d. granular areas, white patches
   e. pink colour
   f. lesions

14. Name the three sampling areas of the cervix.
   a. ______________________________________________
   b. ______________________________________________
   c. ______________________________________________

15. What are the ideal client conditions for cervical screening?
   a. Avoidance of vaginal douching for 24 hours before the test.
   b. Avoidance of use of contraceptive creams or jellies for 24 hours before the test.
   c. Avoidance of intercourse for 24 hours before the test.
   d. Mid-menstrual cycle.
   e. During menses.

16. A smaller and narrower speculum should be used with:
   a. virgins
   b. nulliparous clients
   c. circumcised clients
   d. clients whose vaginal orifices have contracted postmenopausally
17. It is acceptable to lubricate the speculum with:
   a. A very small amount of water soluble lubricant
   b. Warm water
   c. Vaseline

18. An acceptable way to insert the speculum is:
   a. Blade tips against the upper (anterior) wall of the vagina.
   b. At an oblique angle.
   c. With the speculum closed.
   d. With the speculum slightly opened.
   e. The speculum is angled 45° downward toward the small of the client’s back.

19. The best way to reposition a speculum for a client with a cervix with posterior orientation is:
   a. Reinsert less deeply and anteriorly, with the base of the lower blade actually compressing the anterior wall of the vagina.
   b. Insert the speculum more deeply and posteriorly through compression of the perineal tissue. The blade tips will slip under the cervix into the posterior fornix.
   c. Choose a plastic speculum of a larger size and reinsert as you did prior.

20. The correct way to obtain an ectocervix specimen with spatula is:
   a. Rotate spatula in cervical os only 360° and end rotation so spatula is in 3 and 9 o’clock position.
   b. Rotate spatula in cervical os only 180° and end rotation so spatula is in 3 and 9 o’clock position.
   c. Rotate spatula in cervical os only 90° and end rotation so spatula is in 3 and 9 o’clock position.

21. The correct way to obtain a specimen with a cytobrush is:
   a. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 90° only.
   b. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 180°.
   c. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 360°.

22. Over rotation of the endocervical brush will cause cell damage and slight capillary bleeding.
   a. True
   b. False
23. The cytobrush is used before the spatula.
   a. True
   b. False

24. Slides should be fixed with:
   a. Alcohol
   b. Cytospray
   c. Formalin

25. Unsatisfactory Pap smears are mostly a result of the following:
   a. Cervical Sampling Issues
   b. Specimen Collection Issues

26. List four key things that should be discussed with the client after the examination:
   a. ___________________________________________________________
   b. ___________________________________________________________
   c. ___________________________________________________________
   d. ___________________________________________________________

27. List six key descriptions that could be documented following a Pap smear visit:
   a. ___________________________________________________________
   b. ___________________________________________________________
   c. ___________________________________________________________
   d. ___________________________________________________________
   e. ___________________________________________________________
   f. ___________________________________________________________

28. During a Pap smear visit, when does the RN seek to obtain informed verbal consent from the client?
   a. At the start of the consultation.
   b. After you have explained the external exam, speculum exam and the Pap smear procedure and before you begin.
   c. After completing the external exam, speculum exam and the Pap smear.

29. Is the RN legally responsible to protect confidentiality of client health information?
   a. Yes
   b. No
CERVICAL CANCER & SCREENING

LEARNING OBJECTIVES
On completion of this section, the learner will be able to:

2. Describe the Alberta Cervical Cancer Screening Program (ACCSP).
3. Identify the rationale for the ACCSP program.
4. Describe how the ACCSP works.

Review of Cervical Cancer

Cancer of the cervix is the 11th most frequently diagnosed cancer amongst Canadian women. In 2002, it was estimated that 1,400 Canadian women would develop cervical cancer and 410 would die from it. The incidence of cervical cancer increases with age – see graph for age distribution below. There has been an overall reduction in age-standardized mortality rates from invasive cervical cancer from 7.4 per 100,000 women in 1969 to 2.2 per 100,000 women in 1996 and a reduction in incidence rates from 21.6 per 100,000 in 1969 to 9.3 per 100,000 women in 1999. This decline is mostly due to screening.

Graph is from Alberta Cancer Board Cancer Registry (2000).

The delivery of cervical cancer screening may be opportunistic or organized. Opportunistic screening depends entirely on the individual client’s and/or her physician’s initiative and does not achieve optimal screening coverage of the eligible population. An organized screening program allows a standardized approach to screening, follow-up, and treatment and requires a registration database of eligible women. The database of an organized screening program will enhance recruitment by identifying those women who have never been screened and facilitate the recall of women overdue for routine screening and those who have not had appropriate follow-up of an abnormal smear. Currently, a population-based, organized screening program is being developed and will be implemented in Alberta over the next several years.

The Alberta Cancer Board Cancer Registry registers 120 to 150 newly diagnosed cases of invasive cervical cancer annually and there are approximately 40 deaths from this disease each year. In a study of the screening histories of Alberta women with invasive cervical cancer, 85% had stage 1B tumors or higher and the most significant risk factor for cancer development was infrequent or no participation in Pap smear screening.

**Natural History**

Approximately 70% of cervical malignancies are squamous cell carcinomas and the remainder are mainly adenocarcinomas. Both types of carcinoma arise from premalignant lesions. Human Papillomavirus (HPV) has long been suspected and evidence to date indicates that it is a causative agent of both squamous and glandular (see anatomy and physiology in section 6) premalignancy and malignancy. It usually takes an average of 20 years for low grade epithelial lesions to develop into invasive squamous cell carcinoma, although the range can be quite variable.

Occasionally the disease appears to have progressed more rapidly. This may be due to:
- Inadequate specimen collection and preparation, and/or
- Lab misinterpretation.

*This is the reason is it important for RNs to learn proper technique for Pap smear*

Premalignant squamous lesions are classified as either:
- low grade squamous intraepithelial lesion (LSIL), or
- high grade squamous intraepithelial lesion (HSIL).

The majority of LSIL appears to clear spontaneously and infrequently progresses to invasive carcinoma. In contrast, approximately 13% of untreated HSIL will progress over time to invasive carcinoma. Since, the Pap smear does not always distinguish clearly between LSIL and HSIL, it is important to investigate an LSIL lesion to rule out HSIL.

\[\text{From Alberta Medical Association (2003) Guideline For Screening For Cervical Cancer: Revised. Adapted with permission.}\]
Risk Factors

HPV is present in virtually all cases of cervical cancer. Factors that may contribute to infection with HPV include:

- number of sexual partners
- early age of first sexual intercourse
- the sexual behaviour of the woman's male partner

Note that certain types of HPV cause genital warts and other types of HPV cause abnormal cervical changes.

Whether a woman develops cervical cancer probably depends on other contributing factors acting together with HPV. These factors may include:

- smoking
- infection with other sexually transmitted agents
- immunodeficiency

High Risk Groups are groups of women who are less likely to be screened. Therefore it is valuable to focus our recruitment efforts on these underserved women. These populations include:

- older women
- women living in poverty
- immigrant women
- aboriginal women
- rural women or women who have poor access to Pap smear providers are also less likely to get Pap smears.

“Remember, one of the early signs of cervical cancer is unexplained abnormal bleeding. If a client continually puts off her exam because of irregular bleeding, it may delay diagnosis of cervical cancer.”

The following recommended reading provides additional information on cervical cancer, its precursors and natural history:

Alberta Cervical Cancer Screening Program Overview

What is the ACCSP?
The Alberta Cervical Cancer Screening Program (ACCSP), initiated in the year 2000, is coordinated by the Alberta Cancer Board and funded by Alberta Health and Wellness. The program is governed by a committee comprised of key stakeholder organizations.

The purpose of the ACCSP is to improve prevention and early detection of cervical cancer and enhance and strengthen the cervical screening services already available to Alberta women ages 18-69 years. This program works with doctors and labs to send Pap smear results directly to women and reminds women when their next Pap smear is overdue. It also provides a follow-up reminder system to physicians. Finding abnormal cell changes early can prevent almost all cancers of the cervix.

Program Goals
The goal of the Alberta Cervical Cancer Screening Program (ACCSP) is to reduce the incidence and mortality from cervical cancer through enhanced prevention, early detection and treatment of precursor conditions.

Program Sub-Goals
- To provide an efficient and effective cervical cancer screening program.
- To maximize participation in cervical cancer screening among eligible women.
- To provide a secure and reliable information system to support the ACCSP and to ensure the system protects the privacy and confidentiality of women's health information.
- To evaluate the components of the ACCSP and the achievement of the Program's goals.

Why is the program needed?
Cervical cancer is largely preventable, yet in 1999, 1,500 Canadian women were diagnosed with cervical cancer and 420 died from the disease. In Alberta 120-150 cases of cervical cancer and approximately 1,500 cases of carcinoma in situ are diagnosed yearly, with up to 50 deaths. About half of Alberta women who develop cancer of the cervix have never had a Pap smear or did not have one frequently enough.

Research from around the world shows that organized cervical cancer screening programs like the ACCSP reduce the rates of cervical cancer.

In addition,
- Having regular Pap smears can prevent almost all cervical cancers by finding cell changes early enough to be treated and cured.
- Half of the women who develop cervical cancer in Alberta have not had regular Pap smears.
- The program will remind women to get Pap smears or follow up if it is overdue.

19 Alberta Cervical Cancer Screening Program (2001)
20 Alberta Cervical Cancer Screening Program (2003) A
21 Alberta Cervical Cancer Screening Program (2003) B
22 Alberta Cervical Cancer Screening Program (2003) C
23 Alberta Cervical Cancer Screening Program (2003) D
How does the program work?
- A woman will continue to get Pap smears from her doctor or RN.
- When a woman has her regular Pap smear, the lab will send her results to her doctor as usual. The lab will also send her results to the ACCSP.
- If there is anything unusual about her test, someone from her doctor's office will phone her to talk about it.
- The ACCSP will support a woman's doctor by sending her a letter with test results and any follow-up that is needed.
- A woman's doctor will get reminders if she needs further tests.
- A woman will get a reminder letter if her next Pap smear is overdue.

Please Note: The ACCSP will be phased in across Alberta between 2003-2005.

How is a woman's privacy protected?
The screening program information system will include women's Pap smear results and eventually their colposcopy and pathology results. Test results will be coded and transferred from the lab to the ACCSP Information System with safeguards to ensure women's confidential health information is kept safe, secure and private. Only health care providers have access to a woman's health information in keeping with Alberta's privacy laws.

What is a woman's role in this program?
A woman's role in the program involves participating in her own health care by getting regular Pap smears and following the recommended course of action.

How does the Alberta Cervical Cancer Screening Program get a woman's name?
Alberta Health & Wellness shares the mailing addresses of women who have provincial health care coverage under the Alberta Health Care Insurance plan with the ACCSP to ensure that women have the opportunity to learn about the program and to receive results and follow-up.

Can a woman choose not to receive correspondence from the program?
Yes, a woman can choose not to receive correspondence from the program including result and reminder letters, however, her practitioner will continue to receive test results from the lab and follow up reminders from the ACCSP. If a woman later changes her mind she can call the toll-free number at 1-866-727-3936 to start receiving program correspondence.

How does a woman go about not receiving program correspondence?
A woman can contact the program a number of ways:
- By calling the program's toll-free number: 1-866- PAP- EXAM (727-3936).
- By printing the No Letter Option Form from the ACCSP Web site and mailing it to the address on the form.
- By mailing the No Letter Option Form that came enclosed with the letter in the mail.
- By faxing the No Letter Option Form to the ACCSP.
If a woman chooses not to receive program correspondence then why does her information remain in the program?
A woman's Pap smear information will remain in the program because it is a program that also helps doctors. The ACCSP will support doctors by reminding them if their patients need follow-up and to ensure everything is being done to protect their patients' health.

What information does the program send in the mail?
Women will receive in the mail:
- An Introduction Letter with a program pamphlet
- Pap smear result letter
- Reminder letter if further tests are needed
- Reminder letter for the next Pap smear if it is overdue

Does a woman's doctor continue to communicate with her regarding Pap smear results?
Yes, a woman's doctor continues to communicate Pap smear results with her in the usual fashion. The program does not replace usual communication with her doctor.
SECTION 2: SELF-TEST

1. Can you describe cervical cancer incidence, precursors, natural history and risk factors?
2. How does the Alberta Cervical Cancer Screening Program operate?
3. Why is the ACCSP program needed?
4. Who are the most important high risk groups for RNs to target?
LEARNING OBJECTIVES
On completion of this section, the learner will be able to:

1. Describe who should have a Pap smear and how frequently.
2. Identify clients who should be excluded from Pap smears and those who should have increased surveillance.

Who Should Have a Pap smear and How Frequently? 24

It is important to be familiar with the timing and frequency that a client should receive Pap smears.

<table>
<thead>
<tr>
<th>Who Should Have a Pap smear? 25</th>
<th>How Frequently?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All women 18-69 who have ever had sexual intercourse</td>
<td>Annual</td>
</tr>
<tr>
<td>• Women &gt; 69 and never screened</td>
<td>Two smears 6 or more months apart (if negative, can discontinue screening)</td>
</tr>
<tr>
<td>• Women of any age who are immunocompromised OR have a history of cervical malignancy or premalignancy</td>
<td>Annual</td>
</tr>
<tr>
<td>• Women who have had a hysterectomy</td>
<td>See flow chart below</td>
</tr>
</tbody>
</table>

Flow Chart for Screening a Woman Who Has Had a Hysterectomy 25

Start → Is the cervix still there? → no → STOP
→ yes → Continue Screening

→ Yes OR unknown → Continue Screening

→ Does the woman have a history of cervical malignancy or premalignancy? → no

→ yes OR unknown → Continue Screening

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24 This section is adapted from Alberta Medical Association (2003) and Alberta Cervical Cancer Screening Program (2002).
25 Alberta Cervical Cancer Screening Program (2002).
Exclusions for Pap smear testing

The following may be excluded from Pap smear testing:

- Women who have never had sexual intercourse.
- Women who have had a total hysterectomy for benign disease, if the cervix has been completely removed and there is no history of cervical malignancy or premalignancy.
- Women >69 with a cervix, provided there have been at least 2 smears satisfactory and negative taken at least 3 months apart, in the past 3 years and there is no history of cervical malignancy or premalignancy. If these smears are satisfactory and negative no further screening is necessary.
- Women < 18 years old.

Note:
1. At present, the ACCSP is recommending annual screening. When the program is fully implemented, recommended frequencies will be reviewed.
2. The ACCSP does not recommend routine screening in the “excluded” women noted above. However, screening with these “excluded” women may be needed in some individual cases (i.e. for women <18 who are assessed to have risk factors (sexually active, having multiple partners, pregnancies, STIs)). Professional judgment is required to determine if a Pap smear is necessary.
3. Other provinces and countries have different policies and may have longer screening intervals or start screening at different ages. This may be confusing for women coming to Alberta and needs to be clarified with clients who are new to Alberta.

Why doesn't the ACCSP include women under age 18?26

Infection with Human Papillomavirus (HPV) is associated with virtually all cases of cervical cancer. HPV infection is very common in young women. The peak incidence and prevalence of HPV infection occurs in women under age 25. However, most infections in this age group are transient. Despite being transient, HPV infections can cause changes in the cells of the cervix. Screening women under 18 will identify some Pap smear results as abnormal, leading to further investigations and procedures when in most cases the women would have cleared the HPV infection without any intervention.

The United States Preventive Services Task Force has concluded that data on the natural history of HPV infection suggests that screening can safely be delayed until 3 years after onset of sexual activity. Thus, unless a woman has started sexual activity before age 15, there is no evidence to support routinely screening her before age 18. For women who have initiated sexual activity before age 15, clinicians should evaluate each case on an individual basis.

Cervical cancer in women under 18 is very rare. In Alberta, there has been one reported case in the last 23 years, occurring in 1985. Clinicians are understandably concerned when they see a young woman with high grade cervical lesions. The ACCSP will work with Alberta cytology laboratories to monitor trends in cervical abnormalities in women under 18 to determine if any changes to recommendations are required.

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26 Alberta Cervical Cancer Screening Program (2003) G
Increased Surveillance

Some women, because of current or past cervical disease or increased risk, require more vigilant surveillance by a physician, nurse practitioner, or registered midwife. These include:

- Women who have had a recent abnormal Pap smear result.
- Women with treated cervical malignancy or premalignancy.
- Women at increased risk because of immunosuppression.
Algorithm of Cervical Cancer Screening in Alberta

All Women

NO

Exclusions?
- Total hysterectomy for benign disease
- Never had sexual intercourse
- Under 18
- Over 69 and previously screened¹

YES

Screening NOT recommended

NO

Special Circumstances?
- Recent abnormal smear
- Past treatment for cervical malignancy or premalignancy
- Immunocompromised

YES

Increased surveillance or Appropriate treatment

NO

Routine Screening

Ages 18 - 69

Annual Screening

More than 69 and never screened

Initiate screening (2 smears, 6 months or more apart)²

1. Screening may be discontinued in women over 69, provided there have been at least two satisfactory and negative Pap smears, taken at least 3 months apart, in the past three years and there is no history of cervical malignancy or premalignancy.

2. If these smears are NIL and satisfactory, no further screening is necessary.

SECTION 3: SELF-TEST

1. Who should have a Pap smear and how frequently?
2. What is the screening process for women who have had a hysterectomy?
3. Who should be excluded from a Pap smears and what are some special circumstances to note?
4. Who should be on increased surveillance?
Women have different reactions to having a pelvic examination. Some are quite calm and relaxed, while others are extremely apprehensive, embarrassed or fearful and find the examination very uncomfortable. A client’s past experiences with pelvic exams, her comfort with her own body and her sexuality all interrelate to determine her level of anxiety during a pelvic exam.28

Reasons why an eligible client may not want to obtain a Pap smear include:
- Lack of information and understanding of Pap smear test.
- Fear of the test.
- Fear of cancer.
- Fear of pain.
- Embarrassment.
- Modesty.
- Religious and social factors.
- Inability to understand an invitation to participate in Pap smear clinic because:
  - it is in a language they do not understand.
  - they are unable to read and/or write in their own language.
- Difficulty in communicating with some health professionals.
- Lack of childcare facilities.
- Accessibility issues.
- Other people's attitudes regarding the Pap smear test (i.e. husband, family, religious leaders).29

To make the pelvic examination a positive experience for each client, it is important that the RN performing the pelvic examination talk to the client before, during, and after the pelvic exam. The RN should have a non-judgemental, gentle, sensitive, and caring attitude and create an atmosphere of trust, privacy, and respect. Communication is the key and a good RN-client

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28 From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam p 2-4. Adapted with permission.
29 National Health Services Cervical Screening Program (1998).
relationship will promote client relaxation, reduce anxiety, enhance learning, and decrease client discomfort. Give the client control of the situation. When booking the exam, be sure to invite the client to bring a support person or “chaperone” who can be with her during the procedure (if space in the clinic room permits). If a male RN is performing the procedure, give the client options to have a female professional or a support person in the room.  

Before the Exam

**Introduce yourself to the client before she undresses** for the exam. Meeting the client before the exam when she is dressed and sitting, as opposed to lying in the lithotomy position in a gown, helps the client feel less vulnerable and more in control of the situation. If this is not possible, ask the client to undress, change into the gown and be sitting on the exam table for initial discussion before the exam.

**Use open ended questions to assess the client’s learning needs.** For example, “What have your friends told you about pelvic exams and Pap smears?” “How did you feel during your previous pelvic exams?”

**Explore sexual and reproductive issues.** For example, “Judy, how do you protect yourself against HIV?”

**Listening is important.** Focus on the client’s feelings, fears and concerns, and dispel any myths. Never talk down to a client or take her concerns lightly.

**Explain in simple and concise lay terms the following:**
- female anatomy,
- optional positions for the exam (e.g. m-shaped position, knee-chest position – see Section 8 for a brief explanation of each position),
- purpose,
- instruments,
- procedure (external, speculum exam and Pap smear),
- length of procedure and sensations (pressure, mild cramps not pain) experienced during the pelvic exam, and
- that there may be some minor painless spotting a day or two following the Pap smear.

**Tell the client that you will tell her what you are going to do before you do it** and that if she feels any pain or anxiety at anytime during the pelvic exam that you will stop what you are doing until she feels more comfortable.

**Use language that is consistent with the client’s developmental age and educational level,** e.g. use the word sex instead of intercourse when deemed appropriate for the adolescent client.

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30 Bignell (1999).
31 From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam p 2-4. Adapted with permission.
Visual aids work well. Show the client a speculum and how it will be inserted into her vagina to visualize the cervix and a wooden spatula and cytobrush. Give the client written information on Pap smears. See ACCSP pamphlets in Appendix #2.

Assess the client’s need or desire for a chaperone. The presence of a chaperone or friend during these procedures may comfort the client and protect her and the RN from physical, emotional, or legal problems.

Ensure privacy. Make sure that the drapes and the door to the exam room are closed.

During the Exam\textsuperscript{32}

Position the client so that you have eye contact with her. Talk to and provide her with reassurance throughout the exam.

Tell her what you are going to do before you do it, e.g. “I am going to touch the outside of your labia.”

Reinforce to the client that at anytime she feels uncomfortable, you will stop until she tells you that you can proceed. Encourage the client to relax her inner thighs and flop her knees out to the side. Tell her that if she can keep her inner thighs relaxed that she will feel less pressure from the speculum. Avoid comments that may have sexual overtones, such as “spread your legs, dear.” “I am going to stick it in now” and “I am coming out now.”

Offer the client a mirror so that she can visualize what you are doing and so she can learn about her anatomy. Emphasize her normal anatomical structures.

Normalize the client’s feelings and experience. Ask the client “How are you feeling about coming to have your Pap smear today?” If the client indicates feeling embarrassed the RN can normalize her feelings and discuss the root of her concerns. If a client has, for example, poor hygiene, do not single her out, say, “Judy, let me tell you what I tell all the women that I see—use a mild soap and wash regularly.”

After the Exam\textsuperscript{33}

This is a great opportunity to reinforce learning and to answer any questions that the client may have. Ask the client to sit up on the exam table and if time permits, inform her that you will leave the room while she gets dressed and that you will return in a few minutes to discuss follow-up. If time does not permit, proceed to summarize and discuss the exam findings with the client. Discuss any concerns or findings that may need to be followed up by a physician, nurse practitioner or registered midwife.

\textsuperscript{32} From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam p 2-4. Adapted with permission.

\textsuperscript{33} From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam p 2-4. Adapted with permission.
All abnormal findings or suspected sexually transmitted infections (STIs) should be reported immediately to a physician, nurse practitioner, or registered midwife for follow up.

**Indicate how the client will receive the Pap smear results.** Pap smear results usually go to the primary caregiver (i.e. physician, clinical medical director, nurse practitioner, or registered midwife) for follow-up. The process for receiving Pap smear results varies. Please review your agency policy.

**Elicit and respond to client questions and give the client written information** and instructions as appropriate. Provide the client with relevant pamphlets to reinforce learning. (See Appendix #2: ACCSP pamphlets and FAQs).

**Please review relevant CD-ROM and/or Video for further guidance on counselling and education strategies.** Please refer to Appendix 1 for a list of learning resources. Note: this resource list will be available in Fall of 2004 and will be mailed out to those who have the Pap smear learning module.
SECTION 4: SELF-TEST

1. Why might an eligible client not want to obtain a Pap smear?
2. What communication and counselling strategies are important to consider before, during and after conducting a Pap smear?
Providers are at higher risk for sexually transmitted infections. The importance of referring adolescent clients for STI testing cannot be underestimated. From January 1, 2002 to December 31, 2002 Health Canada reported 7195 cases of gonorrhea infection and 56,093 cases of Chlamydia infection. The highest incidence group is adolescent females (15 to 19 years old). In Alberta the reported cases of genital chlamydia and gonorrhea from the six month period of January 1 to June 30, 2003 was 3751 and 476 respectively. These statistics coupled with the fact that 70% of females can be asymptomatic for Chlamydia infection and 50% can be asymptomatic for gonorrhea infection stress the importance of screening in this population; particularly for Chlamydia.

An adolescent’s first Pap smear needs to be a positive experience as it sets the stage for future health care encounters. An adolescent’s first pelvic exam is an excellent opportunity to educate the adolescent about her body and to reassure her that she is developing normally.

Many adolescents feel embarrassed about their body and may be uncomfortable and unfamiliar with their external and internal genitalia. Always allow the adolescent to decide whether she wants a parent or her partner present for the pelvic exam. Younger adolescents may prefer to have their
mother present; older adolescents may prefer a female assistant to be in the exam room if being examined by a male RN. Be aware of potential power issues that may arise when a parent or partner are present (i.e. there may be differences in the client's sharing of health history when the partner is absent versus present). An adolescent presenting alone offers a good opportunity to assess the adolescent's relationship with her partner.

**Ensure Confidentiality**
Some adolescents present on their own with a concern about possible pregnancy or STI. Establish trust by reassuring the client that whatever she discloses will be held in strict confidence.\(^{38}\) When an adolescent comes in with her parent, it is important to speak to the adolescent alone again stressing that information gathered is confidential. Parents can be a valuable source of information but the adolescent client should be treated as a young adult who is responsible for her own sexuality.

**Counselling and Education**
A good way of introducing an issue regarding sexual or reproductive health to an adolescent is to say, “There are a lot of young women who come to this clinic and have concerns about ..... I would like to share with you what some of the women your age ask most often.”

Adolescents usually think in concrete terms. When educating the adolescent client about sexual and reproductive issues use direct, simple, developmentally appropriate, and concrete language. Use appropriate models and diagrams available at your agency to help illustrate the educational material discussed.

**Before and During the Pelvic and Pap smear Exam**
Adolescents have a need to feel successful and competent. Give the adolescent as much control of the situation as possible. Direct open-ended questions at the young client and not at her parent or partner. If three-dimensional genital models are available, they can be used to acquaint the client with her anatomy, as well as review the examination process. At the end of the pelvic exam and Pap procedure comment on the young client’s strengths, e.g. “You handled the pelvic and Pap exam so well. It is hard to do something like that for the first time. I am really impressed.”

Adolescents want to be perceived as being “normal” and want to be the same as their peers. Throughout the exam provide the adolescent with reassurance that her questions and feelings about the pelvic exam and her sexual and reproductive health concerns are normal and emphasize her normal anatomy.

**Equipment**
A smaller sized speculum is more appropriate for examining a young adolescent.

**Lesbian Client**\(^{39}\)
Lesbians are a subgroup that cut across all ages, races, social classes, and ethnic barriers. Lesbians are often isolated in society because of homophobia. Many lesbians avoid health care interactions

\(^{38}\) Daley & Cromwell (2002)
\(^{39}\) From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam, page 4-8. Adapted with permission.
because of their fear of discrimination. To provide a positive health care experience for lesbian women, it is important for the health care provider to be aware of the unique health care needs of these women.

**Cervical Cancer and STIs**

Lesbian women have fewer Pap smears than heterosexual women. They also have a low incidence of sexually transmitted infections (STIs), vaginal infections, and cervical intraepithelial neoplasia (CIN). Nevertheless, they are still at risk. It is essential to know the client’s sexual history regardless of her reported lesbian sexual orientation as many may have had previous heterosexual relationships, (e.g. 77% of lesbians have one or more lifetime male sexual partners). The risk of STIs and CIN in lesbian women is proportional to their sexual contact with men. Screening for cervical cancer among lesbian women should be according to standard clinical practice.

Trichomoniasis and bacterial vaginosis occur in lesbian women. Condyloma and genital herpes are transmissible between women. HIV can be transmitted through unprotected (not using dental dam) oral sex.

**Counselling and Education**

- During sexual history taking assess the gender of the client’s partner and type of sexual activity. Consider asking: “When you have sex, is it with men, women or both?” This wording takes the pressure off the client and may make her feel that you are prepared for each answer.
- Confidentiality: Ensure the client that the information gathered regarding gender of partner and type of sexual activity is required for assessing their risk for STI transmission and that it will remain confidential.
- Use the word “partner” rather than “boyfriend” with all clients.

**During the Pelvic and Pap smear Exam**

Be sensitive to the client’s need to have her partner’s involvement in health care education, decision-making, and as a support person during the pelvic exam.

**Equipment**

A smaller and narrower speculum should be used with nulliparous clients.

**Client With a History of Sexual Abuse**

A Canadian study demonstrated that a history of sexual abuse may be associated with subsequent cervical cancer risk factors such as smoking, sexual intercourse at a young age, etc. Approximately 30% of all women have experienced some form of sexual abuse in childhood or adolescence.

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40 Clark, et al. 2003
41 Cochran et al. (2000)
42 Diamant et al., (1999)
44 From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam, page 4-8. Adapted with permission.
46 Holz (1994)
Some women who are survivors of sexual abuse are very anxious about having a pelvic exam and use defense mechanisms (e.g. dissociate, body and mind separate, stare, look vacant and/or do not respond appropriately) to cope with a pelvic exam.

**Counselling and Education**

Ensure the client has an appropriate referral to a counsellor for follow-up as needed. Check with your employer policy and procedure manual for direction on follow-up and referral of clients with a history of sexual abuse.

**During the Speculum and Pap Smear Exam**

*Some women don’t have recall or have suppressed knowledge of childhood sexual abuse.* This may impact the client’s comfort level but she may not be able to articulate why. It is important to support her during this time and encourage her to articulate her feelings in a safe environment.

**Give the client control of the situation.** Ask the client what would be helpful to make the pelvic exam easier for her. Give the client choices about what position she wants to be in, who she wants with her, and reassure her that if she feels uncomfortable at anytime during the pelvic exam that you will stop and proceed only when she feels comfortable for you to do so.

**Talk the client through the exam** and ask her how she is feeling and what she is experiencing. Tell her what you are going to do before you do it and provide her with reassurance. The phrases “let your knees flop out to the side” or “let the muscles in your thighs go soft” are more appropriate. The RN may have to further review how to relax the muscles. If this doesn’t work and the client is so tense that it is difficult to insert the speculum, it may be best to stop the exam and defer it for another time. On a subsequent visit, remind the client that although the exam may remind her of the abuse, it is not the abuse and the procedure may be difficult but if it proceeds at the clients pace, it should be tolerable.

**If the client experiences a flash back during the pelvic exam:**

- Reassure the client that you believe her. Have her describe her past experience and reassure her that she is safe.
- Reassure her that although she is re-experiencing the memories she is not re-experiencing the event.
- Touch her only with her permission.
- Ask her specific concrete questions to ground her.
- Never leave her alone.

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47 Daley & Cromwell (2002).
48 Holz (1994)
Clients with Disabilities

Each disability affects each person differently. Therefore it is important for RNs to educate themselves about relevant aspects of a client’s disability. An RN’s sensitivity in asking only pertinent questions about the disability will increase the client's comfort and cooperation.

Clients with Physical Disabilities

Since it is not necessary for a client to remove all her clothes for the examination, she can wear an easily removable skirt or pair of pants. By only partially undressing, a client can conserve time and energy. Removing or rearranging the furnishings in the examination room will provide the space needed for a client to negotiate her wheelchair or for an interpreter to be seen. If a urine sample is required, a disabled client with mobility impairments (e.g. spinal cord injury, polio, or cerebral palsy) should be given the option of bringing a urine sample with her.

The RN should consider:
- access to the clinic,
- the height of the exam table, and
- the client's physical limitations. 49

Equipment such as obstetric stirrups, a high-low examination table, or a particularly wide examination table can be obtained to facilitate safer, transfers and positioning50

Client with Learning Disabilities

Counselling and Education

“When speaking with a disabled client, the RN should remember to speak directly to the client. Often people will address a disabled person's friend, attendant or interpreter instead of speaking directly to the person.” 51 Depending on the level of the client’s function use visual strategies such as showing instruments and using 3D models.

The RN should consider:
- how to obtain informed consent.
- involving the caregiver in communicating effectively with the client.
- accepting that non-cooperation or distress of the client must be recognized as refusal or withdrawal of consent.52

Clients with Hearing-Impairments53

The communication system used by a hearing-impaired or speech-impaired client (e.g. a sign language interpreter, word board, or talk box) should be discussed at the onset of the visit.

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49 National Health Services Cervical Screening Program (1998).
52 National Health Services Cervical Screening Program (1998).
**Counselling and Education**

Before the examination, a client may wish to examine the instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the client with her anatomy, as well as review the examination process. Some clients may wish to view the examination with a mirror while it is happening.

When working with an interpreter, the RN should speak directly to the client at a regular speed instead of to the interpreter. If a client wishes to lip read, the RN should be careful not to move her face out of sight of the client without first explaining what she is doing. The RN should always look directly at the client and enunciate her words clearly when the client prefers lip reading.

**During the Speculum and Pap smear Exam**

The client with a hearing impairment will most likely want to assume the foot-stirrup position. Her head may be elevated so that she can see the RN and/or interpreter. The drape that is used to cover the client's body below her waist should be eliminated or kept low between her legs.

The client should choose which form of communication she wishes to use during her examination: a sign language interpreter, lip reading, or writing. Although a client may use an interpreter throughout most of the visit, she may decide not to use the interpreter during the actual examination. Many clients will feel more comfortable with a female interpreter. If an interpreter is used, the client and the RN should decide where the interpreter should stand. The interpreter may stand by the RN at the foot of the table or, for more privacy, she may stand nearer the client at the head of the table.

**Clients with Visual Impairments**""""54

Some visually impaired clients will want to be oriented to their surrounding whereas others may not. Each client should be encouraged to specify the kind of orientation and mobility assistance she needs. The RN should verbally describe and assist the client with the following:

- locating where she should put her clothes,
- where the various furnishings are positioned,
- where and how to take a urine sample if one is needed,
- how she can approach the examination table, and
- how to position herself on the table and put her feet in the stirrups.

**Counselling and Education**

Before the examination, the RN can ask the client if she would like to touch the speculum, swab, or other instruments that will be used during the examination. If three-dimensional genital models are available, they can be used to acquaint the client with her anatomy as well as the examination process.

**During the Pelvic and Pap Smear Exam**

A client with a visual impairment will probably want to assume a foot-stirrup position for the pelvic examination. A client may feel more at ease if continuous tactile or verbal contact is maintained (e.g. a hand on her leg or RN narrating what is taking place during the examination). It is important for the RN to identify herself on entering or leaving the examination room.

54 Seidel et al. (1987), p. 620

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Clients With Diverse Cultural Considerations

Language, culture, socio-economic factors and education level may deter new immigrant clients from seeking medical treatment.\(^5^6\)

Counselling and Education

The RN should:
- be aware of customs and health beliefs of aboriginal clients and other local ethnic groups,
- consider the needs of clients whose first language is not English,
- ensure the client understands the purpose of cervical screening,
- ensure the client knows of the availability of a female RN to take the smear, and
- where possible, arrange access to a trained interpreter; do not use children as interpreters.\(^5^7\) In small communities be sensitive to the lack of confidentiality that may occur.

Working with Translators

- When communicating through an interpreter, remember to address your remarks to the client directly so that she will feel like a participant in the discussion rather than talked about.
- Do not have side discussions that you would not usually have in the presence of a client who is fluent in English. Remember that a client’s knowledge of a few English words and the ability to translate body language may lead her to misunderstand or misinterpret messages not directed at her.

Clients Who Have Undergone Female Genital Mutilation (FGM)

Numerous women who have immigrated to Canada from East and West Africa, Arabia, Yemen, Oman, Indonesia, Malaysia, and India have had their external female genitalia excised. Please refer to Section 6 for a full description and illustrations of FGM

Counselling and Education

Clients who have experienced FGM may be anxious about exposing their genitals, especially in front of a male healthcare provider. Encourage the client to bring a female relative or friend with her or provide a female chaperone. Arrange for a female RN to conduct the pelvic exam.

Do not assume that clients who have been circumcised are not sexually active. These clients should be counselled about STIs and cervical neoplasia on an individual basis.

During the Pelvic and Pap smear Exam

For clients with genital mutilation, the ability to perform a Pap smear will depend on the size of the introital opening. A pediatric or small speculum may be necessary. If the introital opening is too small, the nurse will not be able to insert a speculum. These cases may require referral to the physician and/or examination under anesthesia.

\(^{5^5}\) From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam, page 4-8. Adapted with permission.

\(^{5^6}\) Hislop, et. al., (2003).

The RN should:
• be sensitive and non-judgemental,
• avoid inappropriate comments and
• not ask colleagues in to observe the pelvic exam, or make facial expressions.

The following recommended reading provides additional information on female genital mutilation:
• Female Genital Mutilation: Information Pack. World Health Organization
  www.who.int/docstore/frh-whd/FGM/infopack/English/fgm_infopack.htm

Clients With Barriers to Access

Social determents of health such as income inequality (low income women), social exclusion58 (aboriginal clients, sex trade workers) have a direct impact on health behaviours. Although a pelvic exam and Pap smear may not be a top priority for these clients, the RN who is working with these clients to assist them with housing, employment, food, childcare can also integrate the women’s wellness exam into client counselling. RNs can help decrease barriers to accessing health services such as Pap smear clinics by offering bus vouchers, child care options, etc.

SECTION 5: SELF-TEST

1. What are some special learning, counselling or communication needs of the following clients:
   a. Adolescents
   b. Lesbians
   c. Clients with a history of sexual abuse
   d. Disabled clients
   e. Clients from different cultures
   f. Clients with barriers to access
Menstrual Cycle

The menstrual cycle is a complex process involving the reproductive and endocrine systems. The average menstrual cycle usually occurs over 28 days, although the normal cycle may range from 22 to 34 days. Fluctuating hormone levels that, in turn, are regulated by negative and positive feedback mechanisms regulates the cycle. The phases are described below.

**Menstrual (Preovulatory) Phase**
The cycle starts with menstruation (cycle day 1), which usually lasts approximately 5 days. As the cycle begins, low estrogen and progesterone levels in the bloodstream stimulate the hypothalamus to secrete gonadotropin-releasing hormone (GnRh). In turn, this substance stimulates the anterior pituitary to secrete follicle-stimulating hormone (FSH) and luteinizing hormone (LH). When the FSH level rises, LH output increases.

**Proliferative (Follicular) Phase and Ovulation**
The proliferative phase lasts from cycle day 6 to 14. During this phase, LH and FSH act on the ovarian follicle (mature ovarian cyst containing the ovum), stimulating estrogen secretion. This causes the endometrium to thicken and become more vascular. Late in the proliferative phase, estrogen levels peak, FSH secretion declines, and LH secretion increases, surging at midcycle (around day 14), stimulating ovulation. Then, estrogen production decreases, the follicle matures, and ovulation occurs. Normally, one follicle matures during the ovulatory process and is released from the ovary during each cycle.

**Luteal (Secretory) Phase**
During the luteal phase, which lasts about 14 days, FSH and LH levels drop. Estrogen levels decline initially, then increase along with progesterone levels as the corpus luteum (progesterone-producing yellow structure that develops on the surface of the ovary, after the follicle ruptures) begins functioning. During this phase, the endometrium responds to progesterone stimulation by becoming thick and secretory in preparation for implantation of a fertilized ovum.

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59 From Cervical Screening Initiatives Program of Newfoundland and Labrador (2001). Reprinted with permission
About 10 to 12 days after ovulation, when the ovum has not been fertilized, the corpus luteum begins to diminish as do estrogen and progesterone levels, until the hormone levels are insufficient to sustain the endometrium in a fully developed secretory state. Then the ovum disintegrates, and the endometrial lining is shed (menses). This product consists of old blood, mucus and endometrial tissue.

Decreasing estrogen and progesterone levels stimulate the hypothalamus to produce GnRH, and the cycle begins again.

**Developmental Changes in the External and Internal Genitalia**

Over a woman’s lifetime, the size of the uterine corpus and cervix changes. For example, of the space filled by the whole uterus in a premenarchial female, one third may be uterine corpus, and two thirds may be cervix. In the adult multiparous female, the uterine corpus may occupy two thirds of the space available, whereas the cervix may fill a third.

**Adolescent Client**

**External Genitalia During Puberty:**
- external genitalia increase in size
- clitoris becomes more erectile
- labia minora more vascular
- labia majora and mons pubis become more prominent and begin to develop hair, often occurring simultaneously with breast development
- if the hymen is intact, the vaginal opening is about 1 cm. in size

**Internal Genitalia During Puberty:**
- vagina lengthens, and epithelial layers thicken
- vaginal secretions become acidic
- uterus, ovaries, and fallopian tubes increase in size and weight
- uterine musculature and vascular supply increase
- endometrial lining thickens in preparation for the onset of menstruation (menarche), which usually occurs between the ages of 8 and 16 years
- vaginal secretions increase just before menarche
- functional maturation of the reproductive organs is reached during puberty

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Pregnant Client

If a client indicates that she is pregnant or the RN suspects pregnancy during the history or physical exam, she should be referred to a physician, midwife or nurse practitioner for a Pap smear and ongoing pre- and postnatal care.

The high levels of estrogen and progesterone that are necessary to support pregnancy are responsible for uterine enlargement during the first trimester. After the third month, uterine enlargement is primarily the result of mechanical pressure of the growing fetus. As the uterus enlarges the muscular walls strengthen and become more elastic.

During pregnancy an increase in uterine blood flow and lymph causes:
- pelvic congestion and edema.

As a result:
- the uterus, cervix, and isthmus soften, and the cervix takes on a bluish colour.
- softness and compressibility of the isthmus results in exaggerated uterine anteflexion during the first 3 months of pregnancy, causing the fundus to press on the urinary bladder.

Also:
- vagina changes to a violet color.
- mucosa of the vaginal walls and the connective tissue thicken, and smooth muscle cells hypertrophy.
- vaginal secretions increase and have an acidic pH due to an increase in lactic acid production by the vaginal epithelium.

Older Adults

Concurrent with endocrine changes:
- ovarian function diminishes during a client’s 40’s.
- ovulation usually ceases about 1 to 2 years before menopause.
- menstrual periods begin to ease between 40 and 55 years of age although fertility may continue.
- menopause is completed after 1 year of no menses.

Changes in External Genitalia:
- estrogen levels decrease, causing the labia and clitoris to become smaller.
- labia majora also become flatter as body fat is lost.
- pubic hair turns gray and is usually more sparse.

Changes in Internal Genitalia:
- vaginal introitus gradually constricts.
- vagina narrows, shortens, and loses lubrication, and the mucosa becomes thin, pale, and dry, which may result in dyspareunia.
- vaginal walls may lose some of their structural integrity.
- cervix becomes smaller and paler.
• uterus decreases in size, and the endometrium thins.
• ovaries also decrease in size to approximately 1 to 2 cm.
• ligaments and connective tissue of the pelvis sometimes lose their elasticity and tone, thus weakening the supportive sling for the pelvic contents.

External Genitalia

Mons Pubis

Mons Pubis
The mons pubis is the cushion of adipose and connective tissue covered by skin and coarse, curly hair in a triangular pattern over the symphysis pubis.

Abnormal Findings:
• excessive hair associated with excessive hair elsewhere
• absence of hair in a client >16 may suggest abnormality, however it is not uncommon for young women to shave their public hair

61 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & Cervical Screening Initiatives Program of Newfoundland and Labrador (2001).
Urethral orifice
The urethral orifice is normally pink with no excretion.

Abnormal findings:
- erythema
- abnormal exudates
- abnormal mass within or upon the orifices

Vaginal orifice and Skene’s glands
When the labia are spread, the vaginal orifice (introitus) and the urethral meatus are visible. Less easily visible (normally invisible) are the multiple orifices of Skene’s glands (paraurethral gland), mucus-producing glands located on both sides of the urethral opening.

Abnormal findings:
- visible Skene’s gland orifice
- erythema
- abnormal exudates
- abnormal mass situated within or upon the orifice

Bartholin’s gland orifices
Openings of the two mucus-producing Bartholin’s glands are located laterally and posteriorly on either side of the inner vaginal wall. Orifices of the Bartholin’s glands are normally not visible.

Abnormal findings:
- erythema
- abnormal exudates
- an abnormal mass

Clitoris
The clitoris is the sensitive organ of sexual stimulation formed by erectile tissue. It is covered by the prepuce, which along with the frenulum is formed by the merged, inner parts of the labia minora. The adult clitoris is normally no greater than 0.5 cm. in diameter.

Abnormal findings:
- enlargement
- atrophy
- any abnormal mass

Frenulum
The frenulum is the protective tissue covering the clitoris.

Abnormal findings:
- abnormal mass within or upon the frenulum
**Labia majora and minora**
The labia majora border the vulva laterally from the mons pubis to the perineum. The labia minora, two moist smaller mucosal folds of delicate darker pink to red tissue, lie within the labia majora. They are made up of dense connective and erectile tissue. The labia majora and minora are usually symmetrical but vary in size per client. Before menarche, the labia majora are poorly defined, and with the menopause, they atrophy. In a client of reproductive age, they are prominent.

Abnormal findings of labia majora or minora are:
- asymmetry or unusual enlargement
- abnormal exudates
- asymmetry
- focal hyperpigmentation
- Sebaceous cyst - blocked opening of sebaceous gland evident by a small firm round nodule on the labia. Often yellow in color with a dark center.
- depigmentation
- erythema
- excoriations
- ulcerations
- leukoplakia may signify precancerous growth

Abnormal findings of the labia majora only are:
- atrophy before menopause
- lack of prominence in a client over 16 years old

**Vestibule**
The vestibule is the space between labia minora, clitoris and the fourchette. It contains the vaginal opening, Skene's glands and the hymen.

**Hymen**
The hymen, a tissue membrane varying in size and thickness, may completely or partially cover the vaginal orifice. In a virgin, the hymen normally contains a small aperture. An imperforate hymen may cause the retention of menstrual blood in the vaginal canal.

**Perineum**
The perineum is the structure constituting the pelvic floor and is referred to as the distinct bridge of tissue that separates the vaginal and anal orifices. It narrows as a result of vaginal delivery. It is usually smooth and unbroken however you may note a scar from a previous episiotomy or tear.

Abnormal findings:
- extreme narrowing of the perineum
- fistula
- bulging
- abnormal mass

**Vaginal orifice**
Also called the introitus. No part of the vaginal walls is normally visible through the vaginal orifice, unless the orifice is gaping as the result of one or more vaginal deliveries.
Abnormal findings:

- **Cystocele** - prolapse of the urinary bladder through the *anterior wall* of the vagina, sometimes even exiting the introitus. The bulging can be seen and felt as the client bears down. More severe degrees of cystocele are accompanied by urinary stress incontinence.

  **Cystocele**


- **Rectocele** - prolapse of part of the rectum through the *posterior wall* of the vagina is called rectocele or proctocele. Bulging can be observed and felt as the client bears down.

  **Rectocele**


  For more information on abnormal findings see: Summary Chart Discharges, Infections, Ulcers and Lesions later in this section.
Female Genital Mutilation (FGM)

Some cultures traditionally excise women’s genitalia as a puberty rite or means of preserving virginity until marriage. Women who have undergone this practice may have many related negative health consequences. The World Health Organization has different classifications based on the extent of FGM.\(^{62}\)

**Type I**
Excision of the prepuce with or without excision of part or all of the clitoris (clitoridectomy).

**Type II**
Excision of the prepuce and clitoris together with partial or total excision of the labia minora.

**Type III**
Excision of part or all of the external genitalia and stitching/narrowing of the vaginal opening (infibulation).

**Type IV**
Unclassified: includes pricking, piercing or incision of clitoris and/or labia; stretching of clitoris and/or labia; cauterization by burning of clitoris and surrounding tissues; scraping of the vaginal orifice or cutting of the vagina; introduction of corrosive substances into the vagina to cause bleeding or herbs into the vagina with the aim of tightening or narrowing the vagina; any other procedure which falls under the definition of FGM given above.

Below are graphics depicting various extents of FGM.

**Clitoridectomy**
The prepuce and head of the clitoris is removed

![Clitoridectomy](image)


Excision

Removal of the entire head of the clitoris and labia minora

Before Excision

After Excision

Infibulation

Removal of the entire external genitalia

Before Infibulation

After Infibulation

For more information on other related health issues relative to female genital mutilation see the World Health Organization website:

- [www.who.int/docstore/frh-whd/FGM/infopack/English/fgm_infopack.htm](http://www.who.int/docstore/frh-whd/FGM/infopack/English/fgm_infopack.htm)
Internal Genitalia

Lateral View of Internal Genitalia


Vagina

The vagina is a hollow highly elastic muscular tube extending between the urethra and rectum upward and back. The vaginal epithelium is normally continuous and unbroken and covered with epithelium fluid or transudate that is clear, colourless, and odorless. Blood is normal if it is menstrual. Before menopause the mucosa is pink; after menopause, paler. During pregnancy, the epithelium may appear cyanotic because of underlying venous congestion. In a nulliparous client, the vaginal mucosa typically displays rugations (wrinkles) that become less prominent after a vaginal delivery.

Abnormal findings:

- abnormal masses or exudates
- blood of unknown origin
- cyanosis in a nongravid client
- erythema
- genital warts
- fistula
- Atrophic Vaginitis – in older females, atrophy of the vagina is caused by lack of estrogen. The vaginal mucosa is usually dry and pale, but it may become reddened and develop petechiae and superficial erosions. The accompanying vaginal discharge may be white, gray, yellow, green, or blood-tinged. It can be thick or watery.
- hemorrhagic lesions
- leukoplakia
- nodularity
- pallor in a premenopausal client
- ulceration

Atropic Cervix


63 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & Cervical Screening Initiatives Program of Newfoundland and Labrador (2001).
**Fornices**
The recess anterior to the cervix is called the **anterior fornix**, the one posterior to the cervix is the **posterior fornix**, and the one on either side of the cervix is the **lateral fornix**.

**Uterus**
The uterus is a small, firm, pear-shaped, and fibromuscular organ. It is about 7.5 cm. long, rests between the bladder and the rectum and usually lies at almost a 90-degree angle to the vagina. The uterus is divided into the following three layers:
- **perimetrium**: external layer made up of a serous membrane.
- **myometrium**: middle layer made up of a heavy muscular wall.
- **endometrium**: internal lining which responds to changing estrogen and progesterone levels during the menstrual cycle.

The uterus has two parts: i) the **cervix**, which projects into the vagina, and ii) the **fundus**, which is the larger, upper part. In pregnancy the elastic, upper uterine portion (the fundus) accommodates most of the growing fetus. The uterine neck (isthmus) joins the fundus to the cervix. The fundus and the isthmus make up the corpus, the main uterine body. The size of the uterus varies depending on the number of births (parity) and uterine abnormalities. The uterus is anteflexed or anteverted above or over the empty bladder in most women, but can also be midplane (its long axis parallel to the long axis of the body), retroverted, or retroflexed.

**Abnormal findings:**
- asymmetry
- enlargement in a nongravid client
- lateral displacement
- limited mobility
- any abnormal mass
- Uterine Prolapse: the uterus prolapses when the supporting structures of the pelvic floor weaken. This often occurs concurrently with a cystocele or rectocele. The uterus becomes progressively retroverted and descends into the vaginal canal. In first-degree prolapse the cervix remains within the vagina; in second-degree prolapse the cervix is at the introitus; in third-degree prolapsed the cervix drops outside the introitus. See illustration below.
• Uterine Cancer\textsuperscript{64} - in most cases, uterine cancer develops in the glandular tissue of the endometrium and is called adenocarcinoma. Having the following signs and symptoms does not necessarily indicate uterine cancer, but may require more discussion in the health history and a possible referral to a physician or nurse practitioner.

\begin{itemize}
  \item bleeding between menstrual periods
  \item heavy bleeding during periods
  \item spotting or bleeding after menopause
  \item bleeding after intercourse
  \item a foul discharge
  \item yellow watery discharge
  \item cramping pain
  \item pressure in abdomen or pelvis, back or legs
  \item discomfort over the pubic area
\end{itemize}

• Post menopausal bleeding - bleeding after the first complete year without a period is considered a high risk factor for endometrial cancer and the client should be referred to a physician and possibly referred for an endometrial biopsy and pelvic ultrasound. The client should be told to watch for this so if this does occur she should contact her physician or nurse practitioner.

\textbf{Fallopian Tubes}

From each side of the fundus extends a fallopian tube, the fringed, funnel-shaped end of which curves toward the ovary. Usually nonpalpable, these 8 -14 cm. long, narrow tubes of muscle fibers have finger-like projections, called fimbriae, on the ends that partially surround the ovaries. Fertilization of the ovum usually occurs in the outer third of the Fallopian tube.\textsuperscript{65}

\textsuperscript{64} Canadian Cancer Society (2004).
\textsuperscript{65} Seidel et al. (1987)
Ovaries
The ovaries are almond-shaped structures that vary considerably in size but average about 3 – 3.5 cm long, 2 cm wide and 1 – 1/5 cm thick from adulthood through menopause. They lie near the lateral pelvic walls, a little below the anterosuperior iliac spine. The two primary functions of the ovaries are to produce ova and secrete hormones, including estrogen, progesterone, and testosterone. About 300 ova are released during a client's childbearing years.

Abnormal findings:
- Ovarian cancer\(^{66}\) - Ovarian cancer can develop for a long time without causing any signs or symptoms. When symptoms do start, they are often vague and easily mistaken for more common illnesses. Most women with ovarian cancer have advanced disease at the time of their diagnosis. Although bimanual exam is not a part of this manual, the RN should be aware of signs of ovarian cancer.

Having the following signs and symptoms does not necessarily indicate ovarian cancer, but may require more discussion in the health history and a possible referral to a physician, nurse practitioner or registered midwife.

For more information on abnormal findings see: Summary Chart Discharges, Infections, Ulcers and Lesions later in this section.

\(^{66}\) Source: Canadian Cancer Society (2004).
THE CERVIX\textsuperscript{67}

The cervix normally protrudes into the vaginal vault by 1 to 3 cm. In a nulliparous client, its diameter is 2 to 3 cm., and following vaginal delivery increases in size to 3 to 5 cm. It is usually round and symmetrical in shape. A round (in nulliparous clients) or slitlike (in parous clients) depression is the external os of the cervix and marks the opening into the endocervical canal and uterine cavity. The trauma of a delivery may tear the cervix, producing permanent transverse or stellate lacerations.

Common findings:
- Nabothian follicles - mucus retaining cysts caused by normal changes of surface columnar squamous epithelium. They are usually small (5mm diameter) but occasionally may enlarge to 1.5 cm. If several are present the cervix may have a knobby appearance.\textsuperscript{68}

\textsuperscript{67} From Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). Pap Testing and Bimanual Exam, p. 18. Reprinted with permission.

\textsuperscript{68} National Health Services Cervical Screening Program (1998).
Nabothian Follicles


Polyp
Bright red, soft growth emerging from os. It is a benign lesion, but must be determined by biopsy. There may be discharge or bleeding.

Cervical Polyps


Abnormal findings of the cervix as a whole:
- asymmetrical shape
- enlargement not attributable to a vaginal delivery
- an abnormal mass
- protrusion into the vaginal vault by more than 3 cm.

Ectocervix
The ectocervix is covered with smooth squamous epithelium that is normally moist with a clear, colorless fluid. In some women, the epithelial color is uniformly pink, and in others, an erythema surrounds the cervical os. Usually, it appears:
- flat
- pink
- uniform
- featureless
**Ectocervix**

*Original squamous epithelium in reproductive period*


**Endocervix**

A columnar, mucus producing epithelium lines the cervical canal. The columnar epithelium extends proximally from the squamo columnar junction (SCJ) to the endocervical canal and internal os. It covers a variable amount of the ectocervix and lines the endocervical canal. The endocervix:

- is irregular.
- seems dark red because of the underlying vessels.
- produces mucus that is more profuse, clear and watery just before ovulation.
- is thicker, duller and more tenacious after ovulation or during pregnancy.

**Cervical Epithelium**


**Columnar epithelium**

Squamo columnar junction (SCJ)
The SCJ of the cervix is the area of change or line along which the squamous epithelium of the ectocervix meets the columnar epithelium of the endocervix.

The SCJ is often marked by a line of metaplasia (see transformation zone below) and its location is variable. Age and hormonal status are the most important factors influencing its location. For example, it may be located:
- at or very close to the external os during **perimenarche**.
- on the ectocervix at variable distances from the os in **reproductive-aged women**.
- further away from the os as high estrogen levels during pregnancy and with **oral contraceptive use** promote further eversion of the SCJ.
- receding up the endocervical canal from the **perimenopause** on, or with prolonged exposure to strong progestational agents which cause atrophy.
- receding into the endocervical canal (inverted) and cannot be readily visualized during post **menopause**.

Transformation Zone
This is the area of transformation where **squamous** epithelium of the ectocervix has replaced **columnar** (glandular) epithelium of the endocervix through the process of squamous metaplasia.

The SCJ discussed above is the visible border between the squamous and columnar epithelia of the cervix and represents the **new** squamocolumnar junction. Adjacent to the new SCJ the dynamic process of **squamous metaplasia** occurs throughout the reproductive years. This is a normal process during which **columnar epithelium is replaced by squamous epithelium**.

The transformation zone includes the area between the original squamocolumnar junction and the new squamocolumnar junction and has a variegated appearance. This zone:
- is located 8mm to 13mm proximal to the ectocervix, but may extend as far as 20mm to 30mm into the cervical canal, and
- is higher within the cervix in older women and those who are pregnant.

**Transformation zone**

Variations in the Transformation Zone

A: narrow transformation zone  C: broadly everted transformation zone—parous

B: broader transformation zone—parous  D: post-menopausal (indrawn) or post-treatment type


Cervical Epithelium (Lateral View)

Adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000).
Abnormal findings:
- abnormal exudates or masses upon the ectocervix
- asymmetrical circumoral erythema with irregular borders
- blood of unknown origin
- cyanosis in a nongravid client
- diffuse erythema
- ulcerations
- nodularity or roughness is usually abnormal, but may be attributable to nabothian cysts which are common
- hemorrhagic lesions
- leukoplakia
- Punctation: Vertical, single-loop capillaries viewed end-on.

**Cervical Punctuation**
*(Carcinoma in situ)*


- Mosaicism: Tilelike pattern of vessels around blocks of white epithelium caused by neovascular changes. Coarser patterns and vessels indicative of higher grade lesions.

**Mosaicism**
*(Carcinoma in situ)*

Extensive erosion and severe dysplasia.

If there is a suspicion of malignancy e.g. inflammation of the cervix, abnormal bleeding from cervix, the RN should seek assistance before proceeding with the Pap smear. If there are no other practitioners on site, ensure clear clinical details are noted on the lab requisition and the client’s record. If a smear is not taken, refer the client immediately for further investigation with her physician, nurse practitioner, or registered midwife. If there is an obvious lesion on the cervix, a Pap smear may not be appropriate as results may return as negative (false negative) and this would be falsely reassuring. If the RN sees any lesion that s/he is unsure of, the client should be seen by the physician, nurse practitioner, or registered midwife promptly.

For more information on abnormal findings see: Summary Chart Discharges, Infections, Ulcers and Lesions below
Any abnormalities or suspected infections of the vulva, vagina or cervix should be appropriately documented and the client should be reported immediately to a physician, nurse practitioner or registered midwife for follow-up and further testing. Details about STI testing are not included in this manual although it is considered a normal part of a well woman’s exam (depending on age and risk factors). If you are required, by your agency, to conduct STI testing please refer to your agency guidelines.

### Summary Chart
**Discharges, Infections, Ulcers and Lesions**

<table>
<thead>
<tr>
<th>Name</th>
<th>Discharge</th>
<th>Erythema/Itching</th>
<th>Associated symptoms</th>
<th>Pictures (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea</td>
<td>Often clients will be asymptomatic. Thick yellow/green discharge or discharge may be absent. May manifest with urethritis, cervicitis, and pelvic inflammatory disease (PID)</td>
<td>Cervix and vulva may be inflamed. May have cervical friability (bleeding when the first swab is taken) and/or erythema or edema.</td>
<td>Dysuria, frequency, abnormal vaginal bleeding, lower abdominal pain, deep dyspareunia, Bartholin gland inflammation and discharge. If left untreated may result in infertility.</td>
<td><img src="image_url" alt="Image" /></td>
</tr>
<tr>
<td>Chlamydia</td>
<td>Often asymptomatic. Color of discharge may vary greatly (e.g. may see yellow mucopurulent discharge from cervical os). May manifest with urethritis, cervicitis, and PID.</td>
<td>Hypertrophic, edematous, may have cervical friability and/or erythema or edema.</td>
<td>Intermenstrual spotting, spotting after intercourse, asymptomatic urethritis, deep dyspareunia, abnormal vaginal bleeding, lower abdominal pain. If untreated may result in infertility.</td>
<td></td>
</tr>
<tr>
<td>Gardnerella</td>
<td>Scant or moderate discharge. May be grey with foul odor.</td>
<td>Usually no edema or erythema of vulva or vagina. Vaginal epithelium may be red, swollen, tender, and the client complains of burning and itching.</td>
<td>Strong fishy vaginal odor, particularly after intercourse.</td>
<td></td>
</tr>
</tbody>
</table>

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69 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000), Cervical Screening Initiatives Program of Newfoundland and Labrador (2001), & Health Canada (1998)
<table>
<thead>
<tr>
<th>Name</th>
<th>Discharge</th>
<th>Erythema/Itching</th>
<th>Associated symptoms</th>
<th>Pictures (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Candidiasis</strong></td>
<td>Scant to moderate discharge. May be thin but usually thick, white, curdy cheese like discharge which is adherent to vaginal wall/cervix.</td>
<td>Mild to severe itching and erythema of labia, thighs, perineum. Cervix may be red and edematous. Erythema and edema of vulva, vagina or introitus. Vagina may have white patches, some which may detach.</td>
<td>Dysuria, frequency, dyspareunia.</td>
<td></td>
</tr>
<tr>
<td><strong>Trichomoniasis</strong></td>
<td>Copious, frothy, grey, green, yellow white or yellow brown, strong foul odor.</td>
<td>Severe itching of vulva, with or without erythema. Petechiae of cervix and vagina (“strawberry spots”). The cervix may be inflamed and friable.</td>
<td>Dysuria and dyspareunia with severe infection.</td>
<td></td>
</tr>
<tr>
<td><strong>Bacterial Vaginosis</strong></td>
<td>Grey to white thin watery, discharge.</td>
<td>May have burning or irritation around vagina.</td>
<td>“Fishy” smelling odor.</td>
<td></td>
</tr>
<tr>
<td><strong>Genital Ulcer Disease</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Syphilis</strong></td>
<td>Secondary - Papules covered by gray exudate.</td>
<td>Syphilitic Chancre (Primary Syphilis) can appear as a single painless, indurated ulcer found on the genitals. Most chancres in women develop internally and often go undetected. Condyloma Latum (Secondary Syphilis) lesions appear 2 to 12 weeks after infection. They are flat, round or oval.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Genital Herpes</strong>  (can be due to herpes simplex virus (HSV)-2 or HSV-1)</td>
<td>Clear watery discharge from early blister-like lesions.</td>
<td>Usually starts with painful papules followed by vesicles (blisters), ulceration, crusting and healing. The lesions may itch and are usually painful.</td>
<td>Dysuria, swollen glands in groin, outbreaks vary and can return as often as every month or as rarely as once a year or longer. Initial infection is often extensive, whereas recurrent infection is usually confined to a small localized patch on the vulva, perineum, vagina, anus, or cervix.</td>
<td></td>
</tr>
</tbody>
</table>
### Papular Genital Lesions

<table>
<thead>
<tr>
<th>Name</th>
<th>Discharge</th>
<th>Erythema/Itching</th>
<th>Associated symptoms</th>
<th>Pictures (if available)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Genital warts</strong></td>
<td>nil</td>
<td>Warts may be round, flat or raised painless small, cauliflower-like bumps. They are generally flesh-colored, whitish pink to reddish brown, soft growths. Warts may be single or in clusters.</td>
<td>The client may present with a lump in vulva area before the wart actually appears. May spread to urethra, vagina, cervix, or anus area.</td>
<td></td>
</tr>
<tr>
<td><em>(caused by certain types of Human Papillomavirus (HPV). Other types of HPV cause abnormal cervical changes)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Molluscum Contagiosum</strong></td>
<td>nil</td>
<td>Painless genital lesions that have a smooth waxy appearance often with a white central umbilication.</td>
<td>This is usually a benign condition with few complications.</td>
<td><img src="image1.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>Other STI</strong></td>
<td></td>
<td></td>
<td></td>
<td><img src="image2.png" alt="Image" /></td>
</tr>
<tr>
<td><strong>Pubic lice/crabs</strong></td>
<td>nil</td>
<td>Evident by excoriations or itchy small red maculopapules in pubic hair and surrounding area. Look for nits or lice attached to base of pubic hair.</td>
<td></td>
<td><img src="image3.png" alt="Image" /></td>
</tr>
</tbody>
</table>


Note that signs and symptoms may overlap and may present differently in different clients. Some clients may have more than one infection at once which is difficult to diagnosis clinically, so testing is important!
The following recommended readings provide additional information on:

**HPV**

**STI Guidelines and Treatment**
SECTION 6: SELF-TEST

1. Can you describe the menstrual cycle?
2. Can you describe normal developmental changes associated with the female genitalia?
3. Can you describe the female external and internal anatomy and physiology?
4. Can you identify abnormal findings and indications of STI, and when referral is necessary?
5. Can you recognize variations of FGM?
LEARNING OBJECTIVE

On completion of this section, the learner will be able to:

1. To confidently conduct a health history interview with women across the lifespan.

Health History Review

Cervical screening is a sensitive issue for some women. Certain risk factors may give women feelings of guilt, embarrassment and confusion. Using a positive manner to discuss risk factors can give women the opportunity to voice health concerns and to take responsibility for their overall wellbeing by taking part in the cervical and other screening programs.  

Adequate and accurate data are keys to a successful health history. It is necessary to be sensitive to culture, language and age related concerns, which if recognized, helps the RN to understand the client’s responses and behaviour. Sometimes a phrase like “I realize how uncomfortable/embarrassing this is for you, but to help you, I need to know…”, encourages the client to relax and assures her of the essential nature of such confidential information.

Terminology and language pose further barriers:

- Be certain of what the client’s statements mean.
- Repeat statements for verification, when necessary, so that misunderstandings can be corrected. For example, the client might complain of “itching down there” – use pictures/drawings to identify location or ask client to point to the area.
- If language presents a problem, use an interpreter. Because of the confidential nature of the questions, a family member who is interpreting might be unsuitable.

During the reproductive health history interview:

- Obtain health history data in a comfortable environment that protects the client’s privacy.
- Conduct the interview at an unhurried pace; otherwise the client may overlook important details.
- Always ask questions while the client is seated and dressed before the physical assessment. This ensures client’s comfort and confidence.
- Use terms that the client understands. Explain technical language.
- Focus questions on the reproductive system, but maintain a holistic approach by inquiring about the status of other body systems and psychosocial concerns. Reproductive system problems may cause the client other problems related to such other areas as self-image, sexual functioning, and overall wellness.
When choosing health history questions, consider their relevance and practicality for the client. For example, asking an 80 year-old client the date of her first menstrual period is pointless. Conversely, asking her about menopause, irregular bleeding, and estrogen replacement therapy would be appropriate.

Note: In some settings, the RN will not complete a comprehensive health assessment as described in this section. When choosing your health history questions consider the relevance to the client and focus on their areas of concern. Do a focused health history to determine whether to proceed with a Pap or not or refer to a physician. Only go into more depth if there are concerns relative to Pap screening (e.g. past gynecologic procedures such as cone biopsy or hysterectomy, intermenstrual spotting, previous problems with Pap smears such as pain, more specific questions about current genital infections, discharge). If a client does have a concern, symptoms, or a history that could indicate cervical pathology or STI, she should be referred to a physician for further investigation.

Review Of Related History

The following health history components are recommended as the minimum information to be collected by the RN during a Pap smear visit.

1. Menstrual history
   - Age at menarche.
   - Date of last menstrual period: first day of last cycle.
   - Number of days in cycle and regularity of cycle.
   - Character of flow: amount (number of pads or tampons used in 24 hours), duration, presence and size of clots.
   - Dysmenorrhea: characteristics, duration, frequency (occurs with each cycle?), relief measures.
   - Intermenstrual bleeding or spotting: amount, duration, frequency, and timing in relation to phase of cycle.
   - Intermenstrual pain: severity, duration, timing, and association with ovulation.
   - Premenstrual symptoms (PMS): headaches, weight gain, edema, breast tenderness, irritability or mood changes, frequency (occurs with every cycle?), interference with activities of daily living, relief measures.

2. Obstetric history
   - Gravity (number of pregnancies).
   - Parity (number of births); term, pre-term.
   - Number of abortions: spontaneous or induced.
   - Number of living children.
   - Complications of pregnancy, delivery, abortion, or with fetus/neonate.

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3. **Douching history**
   - Frequency: length of time since last douche; number of years douching.
   - Method.
   - Solution used.
   - Reason for douching.

4. **Contraceptive history**
   - Current method: length of time used, effectiveness, consistency of use, side effects, and satisfaction with method.
   - Previous methods: duration of use for each, side effects, and reasons for discontinuing each.

5. **Sexual History**
   - Difficulties, concerns, problems.
   - Dyspareunia: characteristics, duration and frequency.
   - Satisfaction with current practices, habits, and sexual relationship(s).
   - Number of partners.
   - Sexual preference and orientation.
   - Type of sexual activity and condom use.
   - Date of last STI testing (*when appropriate to ask*).

6. **Medications: prescription, over-the-counter, illegal**

7. **Date of last pelvic examination**

8. **Date of last Pap smear and results**

9. **Past Medical History**
   - Past gynaecologic procedures or surgery (tubal ligation, hysterectomy, oophorectomy, laparsocopy, cryosurgery, laser therapy, LEEP, conization).
   - Sexually transmitted infections.
   - Pelvic inflammatory disease.
   - Vaginal infections.
   - Diabetes.
   - Cancer of reproductive organs.

The following health history components could also be assessed depending on client presentation and as per the RN’s professional judgement.

1. **Cleansing routines:**
   - Use of sprays, powders, perfume, antiseptic soap, deodorants, or ointments.

2. **Infertility**
   - Length of time attempting pregnancy, sexual activity pattern, knowledge of fertile period of menstrual cycle.
   - Abnormalities of vagina, cervix, uterus, Fallopian tubes, ovaries.
   - Contributing factors: stress, nutrition, medications (i.e. prescription, over-the-counter and illegal).
   - Partner factors.
3. Family History
   - Diabetes.
   - Cancer of reproductive organs.
   - Mother received DES while pregnant with client.
   - Multiple pregnancies.
   - Congenital anomalies.

4. Older Adults
   - Age at menopause or currently experiencing menopause.
   - Menopausal symptoms; menstrual changes, mood changes, tension, back pain, hot flashes.
   - Post menopausal bleeding.
   - Birth control measures during perimenopause.
   - General feelings about menopause: self-image, effect on intimate relationships
   - Mother’s experience with menopause.
   - Symptoms related to physical changes: itching, urinary symptoms, dyspareunia.
   - Changes in sexual desire or behaviour: in self, in partner.

Assessing A Client For A Specific Health Concerns - PQRST

PQRST stands for:
   • Provocative or palliative
   • Quality or Quantity
   • Region or Radiation
   • Severity Scale
   • Timing

When assessing a client with a symptom or health concern, the RN uses symptom analysis to help the client describe the problem fully. A method for obtaining a systematic and thorough assessment, the symptom analysis is easy to remember with the mnemonic device, PQRST. The following questions serve as a guide to effective symptom analysis.

73 From Cervical Screening Initiatives Program of Newfoundland and Labrador (2001). Reprinted with permission
<table>
<thead>
<tr>
<th><strong>P</strong> Provocative or Palliative</th>
<th><strong>Q</strong> Qualify or Quantity</th>
<th><strong>R</strong> Region or Radiation</th>
<th><strong>S</strong> Severity Scale</th>
<th><strong>T</strong> Timing</th>
</tr>
</thead>
<tbody>
<tr>
<td>What causes the symptom? What makes it better or worse?</td>
<td>How does the symptom feel, look or sound? How much of it are you experiencing now?</td>
<td>Where is the symptom located? Does it spread?</td>
<td>How does the symptom rate on a severity scale of 1-10, with 10 being the most extreme?</td>
<td>When did the symptom begin? How often does it occur? Is it sudden or gradual?</td>
</tr>
<tr>
<td>First occurrence: What were you doing when you experienced or noticed the symptom?</td>
<td>Quality: How would you describe the symptom - how it feels, looks or sounds?</td>
<td>Region: Where does the symptom occur?</td>
<td>Severity: How bad is the symptom at its worst? Does it force you to lie down?</td>
<td>Onset: On what date did the symptom first occur? What time did it begin?</td>
</tr>
<tr>
<td>What seems to trigger it? Stress? Position? Certain activities? Arguments? For a physical symptom, Such as discharge: what seems to cause it or make it Worse? For a psychological Symptom: does the depression occur when you feel rejected?</td>
<td>Quantity: How much are you experiencing now? Is it so much that it prevents you from performing any activities? Is it more or less than you experienced at any other time?</td>
<td>Radiation: In the case of pain, does it travel down your back or arms, up your neck, or down your legs?</td>
<td>Course: Does the symptom see to be getting better, getting worse, or staying about the same?</td>
<td>Type of Onset: How did the symptom start, Suddenly? Gradually?</td>
</tr>
<tr>
<td>Aggravation: What makes the symptom worse?</td>
<td></td>
<td></td>
<td></td>
<td>Duration: How long does an episode of the symptom last?</td>
</tr>
</tbody>
</table>
SECTION 7: SELF-TEST

1. Describe the 9 key areas (minimum data set) to review when conducting a health history?
2. What does the mnemonic device, PQRST represent and what kinds of questions are asked in each of the 5 areas?
Exam Equipment

You will need the following:
• Vaginal speculum of appropriate size (for more information on choosing a speculum, see Review of Speculums later in the chapter),
• Portable light or a light source with a disposable speculum,
• Gloves for a clean examination,
• Water soluble lubricant, and
• Mirror (optional)

Ensure a new plastic speculum or a properly cleaned and autoclaved metal speculum is used to prevent transmission of infection or cross infection (e.g. HPV) to the client.

Preparing The Client

1. Introduce yourself to the client before she changes into a hospital gown.
2. Obtain a relevant health history as explained in the Health History Section.
3. Explain the physical assessment plan and validate it with the client.
4. Explain the procedural steps to the client and the reason for performing an external genital, speculum and Pap smear examination.
5. Obtain verbal consent to proceed with the external examination, speculum exam and Pap smear procedures.

LEARNING OBJECTIVES

On completion of this section, the learner will be able to:
1. Describe how to perform a woman centred physical examination of the external genitalia.
2. Understand metal and disposable speculum functions.
3. Describe how to perform a woman centred speculum examination.
4. Identify which clients require referral to primary care giver for Pap smear and/or follow-up.

1 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & and Calgary Health Region (2001) A
6. Ask the client if she would like her support person to accompany her during the exam. Be sensitive to cultural diversity, i.e., Muslim women may not want their male partner present.

7. To minimize discomfort while inserting the speculum, have the client void prior to the procedure.

8. Ensure maximum privacy.

9. Drape lower half of client’s body. Since the gowns can be quite short, a drape placed over the client’s abdomen to knees can add to her sense of privacy. This is especially true if she has a friend or chaperone present.

10. Assist the client into lithotomy position so that her body is supine. Place arms by side or across the chest, knees apart and buttocks near the end of the examining table. May also use alternate positions such as stirrups for lithotomy position, M-shaped or knee chest positions as explained below:

   **M-shaped position**

   In the M-shaped position the woman:
   - lies on her back,
   - knees bent and apart, and
   - feet resting on the examination table close to her buttocks.

   “The speculum must be inserted with the handle up. If the woman feels her legs are not completely stable on the examination table, an assistant may support her feet or knees. The M-shaped position does not require the use of stirrups.”

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Knee-chest position

“In the knee-chest position, the woman lies on her side with both knees bent, with her top leg brought closer to her chest. A variation of this position would allow the woman to lie with her bottom leg straightened while the top leg is still bent close to her chest. The speculum can be inserted with the handle pointed in the direction of the woman's abdomen or back. Because the woman is lying on her side, the RN should be sure to angle the speculum toward the small of the client's back and not straight up toward her head.4”

The assistant may provide support for the client while she is on the examination table or help the woman straighten her bottom leg if she prefers the variation of this position. If the client cannot spread her legs, the assistant may help her elevate one leg. The knee-chest position does not require the use of stirrups. It is particularly good for a woman who feels most comfortable and balanced lying on her side.5” This position is helpful for elderly clients or physically disabled clients who have less range of motion.

Note: Most clinic rooms have the bed against the wall so the RN should approach the client from the right side and the client would be lying on the left side.

11. If the client wants to take an active part in the examination, elevate her head and shoulders to a semi-sitting position to maintain eye contact and provide the client with a mirror so that she can see what the RN is doing and has a full view of her genitalia.

12. Sit on a stool at the foot of the examining table.

13. Explain each step of the examination before it is done. Share your findings with the client throughout the examination. Be sure this is done in a supportive manner that the client won’t misinterpret. Comments on what you are seeing that may not be relevant or are comparative to others may be harmful. Wait until after the examination to discuss abnormal findings further as this may cause anxiety.

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External Examination

The external examination is a part of the well woman’s examination. However, you may not be required to perform an external examination in certain clinical situations (e.g. a special Pap smear clinic). Check with your employer’s policies to determine if external examination is required. The following information is an in-depth description of the external exam and each step may not be performed depending on the RN’s assessment, the client’s needs, concerns and the health history.

Follow these steps:

1. Glove.

2. Palpate the inguinal and femoral area for enlarged lymph nodes.

3. Warn the client that you are going to touch her thigh then the labia. Touch the inner thigh with the back of the hand before touching the genitals.

4. Separate the labia with the fingers of one hand.

4 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & and Calgary Health Region (2001) A

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Examine the following:

**Labia minora**

Should appear symmetric, and the inner surface should be moist and dark pink, soft and homogeneous. No tenderness should be present. In clients who have delivered children vaginally, the labia minora may gape, and vaginal tissue may protrude.

Check for:
- Inflammation, irritation, abrasion, or caking of discharge in the tissue folds, may suggest vaginal infection or poor hygiene. Discolouration or tenderness may be the result of traumatic bruising. Ulcers or vesicles may be symptoms of a sexually transmitted infection. Feel for irregularities or nodules and check for inflammation or lesions. Hyperemia of the fourchette may indicate recent sexual activity.

**Urethra**

Orifice appears as an irregular opening or slit. It may be close to or slightly within the vaginal introitus and is usually midline.

Check for:
- Tenderness, lesions, discharge (indicates infection), polyps, caruncles, and fistulas. Signs of irritation, inflammation, or dilation may suggest repeated urinary track infections or insertion of foreign objects.

**Skene’s glands**

Check for:
- Discharge, swelling. If a discharge occurs, note its colour, consistency, and odor. Discharge from the Skene glands usually indicates an infection.

**Bartholin’s glands**

Check for:
- Swelling, induration, pain, erythema around or discharge from duct opening. Note the colour, consistency, and odor of discharge. Swelling that is painful, hot to the touch, and fluctuant is indicative of an infection of the Bartholin gland. A nontender mass is indicative of a Bartholin’s cyst, which is the result of chronic inflammation of the gland.

**Clitoris**

Inspect the clitoris for size and length. Generally, the clitoris is about 2 cm. or less in length and 0.5 cm. in diameter.

Check for:
- Atrophy, inflammation, or adhesions. Enlargement may be a sign of a masculinizing condition.
Vaginal opening
Can be a thin vertical slit or a large orifice with irregular edges from hymenal remnants. The tissue should be moist.

Check for:
- swelling, discolouration, lesions, fistulas, discharge, or fissures

Perineum
Surface should be smooth; episiotomy scarring may be evident in clients who have borne children. The tissue will feel thick and smooth in the nulliparous clients. It will be thinner and rigid in multiparous clients.

Check for:
- tenderness, inflammation, fistulas, lesions, or growths

Anus
Is more darkly pigmented, and the skin may appear coarse. If you touch the anus or perianal skin, be sure to change your gloves so that you do not introduce bacteria into the vagina during the speculum examination.

Check for:
- scarring, lesions, inflammation, fissures lumps, skin tags, or excoriation

Try to view a Pelvic Exam Video for an introduction to external, speculum and Pap smear examination procedures. (Please see Appendix A for list of learning resources. Note: this resource list will be available in Fall of 2004 and will be mailed out to those who have the Pap smear learning module. Please note that resource videos may have some variations regarding Pap smear techniques, but the ACCSP recommends that RNs practice techniques consistent with the Alberta Clinical Practice Guidelines and ACCSP Standards.)

Speculum Exam Procedure

Refer pregnant clients to a physician, registered midwife or nurse practitioner for Pap smear and ongoing prenatal and postnatal care. Refer clients with a total or subtotal hysterectomy due to cancer or precancer to their physician or nurse practitioner for follow-up. Women who have had a total hysterectomy for benign reasons (e.g. endometriosis) usually do not need to continue with their Pap smears.

It is essential that you become thoroughly familiar with how the speculum operates before you begin the examination so that you do not inadvertently hurt the client. Become familiar with the operation of the metal speculum and the disposable plastic speculum. The mechanical action of each is somewhat different. Plastic specula typically make a loud click when locked or

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5 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & and Calgary Health Region (2001) A & Cervical Screening Initiatives Program of Newfoundland and Labrador (2001).
released. It is therefore important to forewarn your client about this click and avoid surprise and unnecessary anxiety.

**Metal Speculum**


**Disposable Speculum**

Locate a metal and disposable plastic speculum at your agency. Handle and review the parts of the speculums as per the above diagrams to understand how they function.

After taking the client’s health history and examining her external genitalia, you will have an idea of the appropriate type and size of speculum needed. A smaller and narrower speculum may need to be used with virgins, nulliparous clients, clients who have undergone female genital mutilation, or clients whose vaginal introitus has contracted postmenopausally.

Now begin the speculum exam:

1. Select the proper sized speculum.

2. Check the setscrews on a metal speculum:
   - Ensure the setscrew on the long handle (holding the two blades of the speculum together) is kept tightened.
   - Loosen the setscrew that holds the thumbscrew in place.

3. Lubricate the speculum with water or a small amount of water-soluble lubricant. A small number of studies state that a small amount of water-soluble gel lubricant on the outer inferior blade of the plastic speculum does not change cytology results in young, reproductive-age clients. Many RNs lubricate the speculum with water only.

4. Warm the metal speculum by rinsing it in warm (not hot) water, holding it in your gloved hand or under the lamp for a few minutes, or by having speculums on a warm heating pad (test temperature against wrist before inserting). A cold speculum increases muscle tenseness.

5. Grasp the speculum with your dominant hand. The index and middle fingers should surround the blades and the thumb should rest against the back of the thumb rest to keep the tips of the blades closed.

6. Tell the client that she is going to feel you touching her. With the index and middle fingers of the other hand, open and push downward on the vaginal orifice. Ask the client to breathe slowly and try to consciously relax her muscles.

7. Place the blade tips against the lower (posterior) wall of the vagina to avoid contact with the urethra. Some RNs insert the speculum blades at an oblique angle: others prefer horizontal. In either case avoid touching the clitoris, catching pubic hair or pinching labial skin. Slowly insert the speculum maintaining gentle downward (toward posterior wall of vagina) pressure to avoid trauma to the urethra and vaginal walls.
8. Insert the closed speculum at the anatomic angle of the vagina (45° angle downward toward the small of the client’s back).

Preparing to Insert Closed Speculum


9. Insert the speculum further with gentle pressure downward. Continue to avoid pressure on the urethra and avoid catching pubic hair or pinching labial skin.

Inserting Closed Speculum


10. Insert the speculum up to the base of the cervix (the posterior fornix area) and then rotate it horizontally. Apply gentle pressure on the speculum against the perineum to help place the blade tips in the posterior fornix.

11. Remove the hand that has separated the labia.
12. Maintaining downward pressure of the speculum, open it by pressing on the thumbpiece. Open the speculum as little as possible to see the cervix. Greater vaginal distension is unnecessary, and painful.

13. Move the speculum blades slowly upward until the cervix comes into view. Adjust the light source. Note: if the speculum is directed posteriorly on insertion, it is easier to find the cervix and avoid a lot of unnecessary up and down movement of the speculum, which is uncomfortable for the client.

14. If this attempt is unsuccessful:
   Close the blade tips and withdraw the speculum slightly, then reinsert more deeply and posteriorly, with the base of the lower blade actually compressing the perineum. Then slowly move the blades upward again.

15. Once the cervix is central and clearly in view, tighten the lever nut of the metal speculum to lock the blade tips in the open position.

In most clients, the cervix has a posterior orientation that slightly obscures the cervix due to the vaginal walls. The cervix can be further obscured through a retroverted uterus, marked posterior orientation of the cervix or laxity of the vaginal walls.

Client with retroverted uterus:
A cervix that is pointing anteriorly indicates a retroverted uterus. The speculum has to be much further forward and RN may have to invert speculum to see the cervix.

Client with posterior orientation of the cervix:
Insert the speculum more deeply and posteriorly through compression of the perineal tissue. The blade tips will slip under the cervix into the posterior fornix.

Client with laxity of the vaginal walls:
Inability to visualize the cervix due to laxity of vaginal walls may occur in some clients (e.g. obese clients). The blade base as well as the tips have to be opened when using a metal speculum. Unscrewing the handle nut in the metal speculum and pushing the Y-shaped piece upwards accomplish this. For the plastic speculum a larger size may be needed.

16. Inspect the cervix

Assess the following:

Colour
Pink, with the colour evenly distributed. A bluish colour indicates increased vascularity that may be a sign of pregnancy. Refer pregnant clients to a physician, nurse practitioner or registered midwife for Pap smear and pre/postnatal follow-up. Symmetric circumscribed erythema around the os is a normal finding that indicates exposed columnar epithelium from the cervical canal.

Check for:
- beginning practitioners should consider any reddened areas as an abnormal finding, especially if patchy or if the borders are irregular
- pale cervix may indicate anemia or menopause
**Position**

Correlates with the position of the uterus. A cervix that is pointing:

- anteriorly indicates a retroverted uterus
- posteriorly indicates an anteverted uterus
- horizontally indicates a uterus in midposition

The cervix will be more posterior with the anteverted or anteflexed uterus and more anterior with the retroverted or retroflexed uterus. The cervix projects about 1 to 3 cm. into the vagina.

Check for:

- deviation to the right or left may indicate a pelvic mass, uterine adhesions, or pregnancy
- projection greater than 3 cm. may indicate a pelvic or uterine mass

**Size**

The diameter ranges from 2 to 3 cm. however, clients who have had multiple pregnancies may have larger diameters.

Check for:

- enlarged cervix may indicate cervical infection

**Shape of os**

Os of the nulliparous client is small, round, or oval. The os of a multiparous client is usually a horizontal slit or may be irregular and stellate. Trauma from induced abortion or difficult removal of an intrauterine device may change the shape of the os to a slit. Note if the os is small and round; or horizontal irregular slit; or unilateral transverse slit; or bilateral transverse slit; or stellate; or cervical eversion is present.

**Surface**

Should be smooth. Some squamocolumnar epithelium of the cervical canal may be visible as a symmetric reddened area around the os. Nabothian cysts may be observed as small, white or yellow, raised, round areas on the cervix and are considered to be a normal finding.

Check for:

- friable tissue (soft, eroded, may be bleeding), red patchy areas, abnormal bleeding, inflammation, granular areas, and white patches that could indicate infection, or carcinoma. Refer to physician, nurse practitioner, or registered midwife immediately.
- infected Nabothian cyst - becomes swollen with fluid and distorts the shape of the cervix, giving it an irregular appearance.
- polyps

**Secretions**

Determine whether the discharge comes from the cervix itself, or whether it is vaginal in origin and has been deposited in the cervix. Normal discharge is odorless, may be creamy or white, may be thick, thin, or stringy, and is often heavier at midcycle or immediately before menstruation.

Check for:

- abnormal vaginal discharge (refer to Section 6: Summary Chart - Discharges, Infections, Ulcers and Lesions)
If there is a suspicion of malignancy (e.g. inflammation of the cervix, abnormal bleeding from cervix) the RN should seek assistance before proceeding with the Pap smear.

17. Perform Pap smear (See Section 9)

18. Loosen the thumbscrew but continue to hold the speculum blades open.

19. Slowly withdraw the speculum, rotating it as you go to fully inspect the vaginal wall. The colour should be a similar pink colour as the cervix, or a little lighter. Clients with adequate estrogen levels have pink, moist, smooth or rugose and homogenous vaginal walls. Normal secretions that may be present are usually thin, clear or cloudy, and odorless.

   Check for:
   • inflammation
   • lesions
   • swelling
   • cracks
   • abnormal discharge
   • abnormal colour
   • presence or absence of rugae
   • reddened patches, lesions, or pallor indicates a local or systemic pathologic condition
   • secretions that are profuse; thick, curdy, or frothy; appear gray, green, or yellow; and may have a foul odor indicate infection

20. Close the blades when the end of the blades nears the vaginal opening, making sure that no vaginal mucosa, skin, or hair remains between the closed blades. Maintain downward pressure of the speculum to avoid trauma to the urethra. Note the odor of any vaginal discharge that has pooled.

21. Turn the blades obliquely at a 45° angle and remove slowly from vagina.

22. Place the used metal speculum in a bucket or dispose of disposable speculum.

23. Discard your gloves and wash hands.

24. Inform the client that the procedure is over and that she can move into a seated position to discuss treatment and/or healthy behavior goals. Alternatively, you could inform the client that you will leave for a minute while she gets dressed and that you will return to discuss treatment and/or healthy behaviour goals.
External & Speculum Examination of The Genitalia

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<td>✓ Anus</td>
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Consideration for Special Clients

Client with Hysterectomy

Getting an accurate history before the examination will assist you in knowing what to look for.

Refer clients with total or subtotal hysterectomy due to cancer or precancer to their physician or nurse practitioner for follow-up. Women who have had a hysterectomy for benign reasons (e.g. endometriosis) usually do not need to continue with Pap smears.

Examine the external genitalia for atrophy, skin changes, decreased resilience, and discharge. On speculum examination, the cervix will be absent. In the client who had a vaginal hysterectomy, the surgical scar (vaginal cuff) will be visible at the end of the vaginal canal and will be an identifiable white or pink suture line in the posterior fornix.

Assess the walls, mucosa, and secretions as you ordinarily would. The vaginal canal of a client who has had a total hysterectomy might show the same changes as those that occur with menopause (such as decrease in rugae and secretions), especially if the client is not receiving hormone replacement therapy. Examine for a cystocele or rectocele. Stress incontinence may be a problem, so observe for this when having the client bear down.

---

**Older Adults**

The temptation with older clients is to defer the external, speculum and Pap smear examination because of their age. This is not appropriate. The examination procedure for the older adult is the same as that for the adult of childbearing age, with a few modifications for comfort. The older client may require:

- More time and assistance to assume the lithotomy position.
- Assistance from another individual to help hold her legs, since they may tire easily when the hip joints remain in abduction for an extended period.
- Head and chest elevated during examination if she has orthopnea.
- Use of a smaller speculum depending on the degree of introital constriction that occurs with aging.8

Note that, in comparison to a younger adult, the older adult’s:

- labia appear flatter and smaller, corresponding with the degree of loss of subcutaneous fat elsewhere on the body,
- skin is drier and shinier,
- pubic hair is gray and may be sparse,
- clitoris is smaller,
- urinary meatus may appear as an irregular opening or slit. It may be located more posteriorly, very near, or within the vaginal introitus as a result of relaxed perineal musculature,
- vaginal introitus may be constricted and admit only one finger. In some multiparous older clients the introitus may gape with the vaginal walls rolling toward the opening,
- vagina is narrower and shorter, and you will see and feel the absence of rogateion,
- cervix is smaller and paler, and the surrounding fornices may be smaller or absent. The cervix may seem less mobile if it protrudes less far into the vaginal canal. The os may be smaller, but, should still be palpable, and
- pelvic musculature relaxes, so remember to look particularly for stress incontinence and prolapse of the vaginal walls or uterus.

As with younger clients, you may note signs of inflammation (older clients are particularly susceptible to atrophic vaginitis), infection, trauma, tenderness, growth, masses, nodules, enlargement, irregularity, and changes in consistency. Any concerns should be referred to a physician or nurse practitioner.

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SECTION 8: SELF-TEST

1. Are you familiar with the parts and functioning of both the metal and plastic disposable speculums?
2. What do you examine during the external genital exam?
3. Which clients do you not conduct a speculum exam and Pap smear with but rather refer to a physician, registered midwife or nurse practitioner for Pap smear and/or follow-up?
4. What steps do you follow to properly insert the speculum?
5. What do you examine for the internal genital exam?
6. How might an older adult’s normal external and internal genitalia present in comparison to a younger adult?
Refer pregnant clients to a physician, registered midwife or nurse practitioner for Pap smear and ongoing prenatal and postnatal care. Refer clients with total or subtotal hysterectomy due to cancer or pre-cancer to their physician, registered midwife or nurse practitioner for follow-up. Clients who have had a hysterectomy for benign reasons (e.g. endometriosis) usually do not need to continue with Pap smears.

Remember that correct sampling technique increases the adequacy of the smear sample and decreases the risk of a false negative result. \(^9\) “It is estimated that at least one third or more of false-negative cytology tests (negative results when a woman has a high-grade cervical lesion) are related to sampling issues.”\(^10\)

**Ideal Conditions for Taking Pap Smears**\(^11\)

- Avoidance of vaginal douching for 24 hours before the test.
- Avoidance of use of contraceptive creams or jellies for 24 hours before the test.
- Avoidance of intercourse for 24 hours before the test.
- Smears are not recommended during menstruation. A mid-cycle smear is optimum.

**Sampling Areas**

The three sampling areas of the cervix are the **ectocervix, the endocervix, and the transformation zone.** Why is it important that these areas be sampled?

---


\(^10\) Salow et al. (2002).

\(^11\) Alberta Cervical Cancer Screening Program (2002)
Most cervical squamous premalignancy and malignancy develop in the transformation zone and extend to the ectocervix. The purpose of specimen collection is to obtain a specimen of cells from both areas.

The transformation zone is the zone where the majority of squamous epithelial lesions (cancerous and precancerous) arise. See illustrations under “Transformation zone” in Section 6 and below under “Sampling The Ectocervix With The Spatula”. The transformation zone is therefore the primary target for sampling of the cervix by the Pap smear technique. Good sampling must show cells from each side of the squamo-columnar junction. This requires choosing the right instrument or parts of the instrument to ensure that it is firmly applied across the area. The spatula and brush are more important at different ages to gain good samples.

**Equipment for Pap Smear:**

You will need the following:
- Vaginal speculum of appropriate size
- Portable light or a light source with a disposable speculum
- Pencil
- Gloves, clean examination
- Cotton tipped swab (optional)
- Water soluble lubricant
- Mirror (optional)
- Wooden spatula
- Brush
- Glass slide and a slide holder
- Cytologic spray fixative

**Pap Smear Procedure**

1. Prepare the client as explained in the Speculum Exam Section 8.
   - In an understanding and non-judgemental way, explain the purpose of the Pap smear, the instruments to be used, the procedure, possible test results and follow up and the recommended frequency of Pap smears. Give each client written information on Pap smears as indicated.

2. Assemble necessary equipment.

3. Label the Pap Smear Slide or put the label on that is supplied by the laboratory.
   - Each specimen must be labelled with the clients FIRST and LAST name.

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12 This section is adapted from Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000) & and Calgary Health Region (2001) B & Alberta Cervical Cancer Screening Program (2002)

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• Use a PENCIL on the frosted side of slide (ink washes off during the staining process).
• Do not label the slide mailer, as this does not provide a permanent client identification record.
• Handle only the edges of the slide.


4. Inspect the client's external genitalia as explained in Section 8: Speculum Exam.

5. Warm and insert an appropriately sized speculum and inspect the cervix as explained in Section 8: Speculum Exam.

6. Gently wipe away excessive discharge/mucous on the cervix with an oversized cotton swab or 2 x 2” gauze on a long forcep. This should be done as gently as possible to avoid removing the cervical cells to be sampled.

**Sampling The Ectocervix With The Spatula:**

1. Assess position of transformation zone (T-zone) to ensure zone will be sampled. To identify the T-Zone look for the colour change between the red columnar epithelium and the smooth pink mature squamous epithelium and be sure to sample this area. The diagrams below show sampling of different cervixes with the spatula. The solid grey area is the squamous epithelium, the lined area is the transformation zone and the stippled area is the columnar epithelium.

   A: narrow transformation zone  
   B: broader transformation zone – parous  
   C: broadly everted transformation zone – parous  
   D: post menopausal (indrawn)


---

2. Using the spatula insert the bifid end (i.e. the spatula end with two bumps on it) with the more extended bump going into the cervical os so that the spatula is horizontal at the 3 and 9 o’clock position.

3. Use firm pressure and rotate the spatula $360^\circ$ ending in the horizontal position at the 3 and 9 o’clock position. Include the entire transformation zone.

4. Withdraw the spatula carefully to avoid contamination with the vaginal walls.

5. Retain the sample on the front side of the spatula during transfer.

6. Transfer the sample on the front side of the spatula to the slide.

7. Apply the sample on one half of the slide (horizontally) in a single uniform motion. Do not rub back and forth as this will damage the cells.


**Sampling the Endocervix With the Cytobrush**

Because bleeding may result from using a cytobrush, the endocervix sample is taken after the ectocervix sample.\(^{14}\)

1. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 90° only.

   ![Over-rotating may damage some cervical cells, and often induces more capillary bleeding which may increase post Pap spotting and temporarily increase the risk of STIs.](image)

2. Remove the cytobrush carefully to avoid contamination by vaginal walls.

   **Cytobrush in Endocervix**

\(^{14}\) IWK Grace Health Centre (2001), page 23.
3. Apply the brush sample to the other half of the slide (horizontally) rolling the sample on in one motion. Too much pressure can destroy the cells.

4. **Immediately** spray cytologic spray fixative evenly across the slide at a distance of 15-25 cm. 

   **The slide must be sprayed within 1-2 seconds because air drying may lead to cell damage.**

5. Discard brush.

6. Allow slide to dry before closing mailer.

7. Slowly withdraw the speculum as explained in **Section 8: Speculum Exam**.

8. Place speculum in bucket.

9. Discard gloves and wash hands.

10. Inform the client that she may have blood spotting following the procedure and offer the client a panti-liner.

11. Inform the client that the procedure is over and that she can move into a seated position as explained in the **Section 8: Speculum Exam**.

12. Ensure the client that she will be contacted and that follow up will be arranged with her physician, nurse practitioner, or registered midwife if her Pap smear is abnormal.
13. Ensure that the client understands her future appointment times and dates and understands the importance of follow up of abnormal Pap results with her physician, nurse practitioner, or registered midwife before she leaves the clinic. Indicate on written material when to schedule her next Pap Smear.

14. Discuss and provide client with written information (see ACCSP Client Education Brochures in Appendix #2 on the importance of regular cervical cancer screening).

15. Complete requisition and prepare slide for transport to your regional Laboratory Services.

16. Make arrangements for the sample to be sent to the laboratory.

**Cytopathology Lab Requisition Form**

To ensure that all Pap smear specimens receive an optimal evaluation it is critical that accurate clinical information is communicated to the cytology laboratory. Please review the sample cytopathology form in the Appendices #3. Each region may have variations to the laboratory form used. Please become familiar with the form(s) used in your region.

The Pap smear requisition may need to be sent through a consulting physician, nurse practitioner, or registered midwife. If so, the results would be forwarded to them.

**Sending the Smear**

Ensure that packaging is in accordance with your regional laboratory’s specific packaging and transport requirements.

Locate the cytopathology laboratory requisition form used by your agency and become familiar with the specific clinical information that you are required to document. Also, review the laboratory’s packaging and transport requirements.
SECTION 9: SELF-TEST

1. Name 4 ideal conditions for taking a Pap smear?
2. How do you sample the ectocervix with a spatula?
3. How do you sample the endocervix with a brush?
4. How do you prepare the slide?
5. Which clients do you refer to the physician, registered midwife or nurse practitioner?
Pap smear follow-up will vary from region to region in Alberta. Most RNs are not legally covered to follow-up Pap smear results unless their employer’s policy indicates that the RN can follow-up. Pap smear results usually go to the primary caregiver (i.e. physician, clinical medical director, nurse practitioner, or registered midwife) for follow-up. If an RN does not work with these professionals, then it is the employer’s responsibility to make arrangements for an appropriate referral mechanism for follow-up of abnormal Pap smear results.

**LEARNING OBJECTIVES**

On completion of this section, the learner will be able to:

1. Identify how Pap smear results are interpreted and the reasons for normal and abnormal results.
2. Describe the appropriate follow-up for each Pap result using the ACCSP “Guidelines for Follow-up of Pap Smear Results”.

**The Bethesda System**

Guidelines for the management of clients based on Pap smear results are based on the Bethesda System which is the recommended standard for use in Canada and by the Alberta Cervical Cancer Screening Program.

The following table shows the ACCSP recommendations for follow-up of Pap Smear results:

---

### Specimen Adequacy

The two categories of specimen adequacy are:
- Satisfactory For Evaluation
- Unsatisfactory For Evaluation

**Unsatisfactory For Evaluation** indicates that:
- the smear was rejected
- not processed
- was processed and examined but was unsatisfactory for evaluation of epithelial abnormality.

The reasons the smear was considered Unsatisfactory for Evaluation will be given in the report (e.g. too few cells were collected or the cells on the smear were spread too thickly).

**Unsatisfactory smears are mostly due to:**
- cervical sampling
- specimen collection issues.

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<th>Result</th>
<th>Recommended Management</th>
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<tr>
<td>Unsatisfactory</td>
<td>Repeat smear in 3 months.</td>
</tr>
</tbody>
</table>
| Negative for Intraepithelial Lesion or Malignancy (NIL) | a) Satisfactory smear – routine screening.  
b) Satisfactory with qualifiers – repeat smear in 12 months.  
If specific pathogen identified, treat if clinically appropriate. |
| ASC – US (any type) (Atypical Squamous Cells of Undetermined Significance) | Repeat smears every 6 months for 2 years (4 smears); if any of these smears is ASC-US or worse, refer for colposcopy.  
If smears in follow-up period are all NIL, return to routine screening. If smear is atrophic, repeat smear 1 week after completion of a course of intravaginal estrogen therapy. The Pap smear should not be repeated before 3 months. |
| LSIL (Low Grade Squamous Intraepithelial Lesion) | Repeat smears every 6 months for 2 years (4 smears); if any of these smears is ASC-US or worse, refer for colposcopy.  
If smears in follow-up period are all NIL, return to routine screening (annual). |
| ASC – H (Atypical Squamous Cells – cannot exclude HSIL) | Refer for colposcopy. |
| HSIL (High Grade Squamous Intraepithelial Lesion) | Refer for colposcopy. |
| Atypical Glandular Cells Adenocarcinoma in Situ | Refer for colposcopy and endocervical curettage.  
Endometrial biopsy may be appropriate. |
| Squamous Cell Carcinoma, Adenocarcinoma, Other Malignant types | Refer to specialist care. |
Other Possible Reasons for Unsatisfactory Pap Smears\(^{17}\)

Client
- Intercourse within 24 hours of Pap smear.
- Douching or vaginal medication used 24 hours before Pap smear.
- Menses.
- Body habits (obesity may make the procedure more difficult).

RN
- Did not sample far enough into endocervical canal to obtain endocervical/metaplastic cells.
- Did not allow slide to dry before packaging.
- Delay in applying fixative/use of outdated fixative.
- Lack of cellular exfoliation (instrument choice).
- Lack of clinical information obtained.

Diagnostic Categories\(^{18}\)
The diagnostic categories are
- Negative for Intraepithelial Lesion or Malignancy
- Epithelial Cell Abnormality
- Other

Smears interpreted as Negative for Intraepithelial Lesion or Malignancy indicate that:
- the smear was satisfactory and that the client should continue with routine screening, or
- the smear was satisfactory with qualifiers and that it should be repeated in 12 months.

Smears interpreted as Epithelial Cell Abnormality include both those that:
- represent cervical carcinoma, and
- have changes considered to indicate increased risk of cervical carcinoma.

Changes indicative of increased risk for cervical carcinoma are reported as:
- Atypical Squamous Cells of Undetermined Significance (ASC-US),
- Low Grade Squamous Intraepithelial Lesion (LSIL),
- Atypical Squamous Cells – cannot exclude HSIL (ASC-H),
- High Grade Squamous Intraepithelial Lesion (HSIL),
- Atypical Glandular Cells,
- Adenocarcinoma in Situ.

False Negative Results\(^{19}\)
A false negative result occurs when the Pap smear fails to detect an abnormality that is present on the cervix. False negatives occur because either:
- abnormal cells are not present on the smears due to limitations of cervical sampling and smear preparation, or
- The laboratory did not identify abnormal cells in the smears.

Cervical cancer screening is not completely sensitive; the Pap smear has a false negative rate that varies widely (13-70%) in published studies and may be higher for a single client visit.

\(^{17}\) Faculty of Primary Care Nurse Practitioner Program, Saskatchewan Institute of Applied Science and Technology (2000). p. 43.
\(^{19}\) From Alberta Medical Association (2003). Guideline For Screening For Cervical Cancer: Revised. Adapted with permission.
Repeat screening at regular intervals is necessary to provide adequate lifetime protection from cervical cancer.

**Colposcopy**
Colposcopy is a technology that has been used for several decades to identify sub-clinical abnormalities of the uterine cervix. The cervix is magnified through a binocular scope with a high intensity light. This allows for the identification of abnormalities based upon:
- epithelial density (white epithelium), and
- vascular patterns (punctation, etc.).

Using these parameters, an area of abnormality can be identified in order to direct a tissue biopsy by one of several available methods (i.e. punch biopsy, loop electrosurgical excision, etc.).

**HPV Testing**
The prevalence of cervical HPV DNA in clients with NORMAL Pap smears and no history of premalignancy is approximately 10% whereas the rate amongst those with a history of cervical premalignancy is approximately 30%.

HPV can be detected by a number of methods. The most sensitive are those that detect viral deoxyribonucleic acid (DNA). There are more than 85 types of the virus and approximately 30 are associated with cervical carcinoma. Viral DNA detection rates correlate directly with the grade of cervical premalignancy and upwards of 99% of cervical carcinomas are HPV DNA positive. Amongst those with a smear result of ASC-US, HPV testing is sensitive in detecting HSIL.

HPV testing is currently not available in Alberta. Future use of HPV testing in Alberta will be considered by a group of stakeholders, including Alberta Health and Wellness, over the next couple of years.

The following article will provide you with more details on the Bethesda System:
SECTION 10: SELF-TEST

1. How are Pap smear results interpreted?
2. What are reasons for unsatisfactory Pap smears?
3. What are the ACCSP recommended management steps for Pap smear results?
4. Why does a false negative result occur?
While RNs are familiar with medicolegal issues it is important to review these concepts to reinforce the underlying philosophies.

**Documentation**

Clear documentation of the clinical Pap smear visit is critical from a medicolegal perspective.

Key general documentation elements are:
- Ensure that the correct client name and contact information is recorded.
- Use a systematic approach to document history taking, assessment, findings and counselling using employer documentation policies.
- Record your actions clearly, accurately and to use only recognized abbreviations.
- Accurately complete laboratory forms as required.
- Store client records in a confidential and secure manner.

Guidelines for documenting specifically a Pap smear visit could include the following descriptions:
- ease of examination
- specimens that were obtained
- abnormalities noted
- condition of labia, cervix, vagina, and any deviations from normal (describe)
- clients response to exam (e.g. any unusual responses that may indicate sexual abuse)
- discharge teaching and follow-up

It is important to note that each employer will have specific documentation policies. Please become familiar with what is expected by your employer.

Each RHA is expected to have specific documentation policies that need to be followed by the RN taking Pap smears. Employers also need a policy to ensure that RNs taking Pap smears have an explicit connection with a physician, registered midwife and/or nurse practitioner for follow up of Pap smear results.
Other Medicolegal Issues

Medicolegal issues such as documentation, confidentiality of health information, informed consent, negligence, accountability, responsibility, and liability are clearly presented by the Canadian Nurses Protective Society (CNPS). Please review the CNPS articles listed below.

The following articles provide detailed information regarding medicolegal issues. All of the articles listed below are available at the Canadian Nurses Protective Society website www.cnps.ca. You will require a password which you can obtain from the AARN via email.

1. Documentation
www.cnps.ca/members/pdf_english/documentation.pdf

2. Informed Consent
www.cnps.ca/members/pdf_english/consent.pdf

3. Confidentiality
www.cnps.ca/members/pdf_english/confidentiality.pdf

www.cnps.ca/members/publications/articles/privacy/privacy_e.html

4. Negligence
www.cnps.ca/members/pdf_english/negligence.pdf

5. Accountability, Responsibility and Liability
www.cnps.ca/members/publications/articles/privacy/privacy_e.html
Statement Regarding Collaborative Practice Settings in Alberta

In the province of Alberta the health care practice setting will change in light of the Health Professions Act (HPA) being proclaimed for RNs in 2004. This will allow RNs to conduct “restricted activities” as defined in the HPA provided they have the necessary knowledge and skills. Another new Alberta practice initiative is the Local Primary Care Initiatives (LPCI) that will be undertaken in 2004. This will provide for collaborative practice settings for physicians and other health care providers including nurses. Both of these changes raise concerns related to physicians’ and nurses’ respective liability coverage. Each professional body covers members with liability insurance and each professional is responsible for his/her own competent practice. How the respective professional liabilities may come into play should a litigation case occur remains to be seen.
SECTION 11: SELF-TEST

1. What are 6 possible Pap smear visit descriptions to document?
2. How do you protect client confidentiality?
3. How do you ethically obtain informed consent?
4. What is negligence and what defences are available to you?
5. How do you maintain your accountability to the client, your employer, and to the profession?
POST MODULE COMPLETION TEST

Please complete the following post-test. The “Answer Key” is provided in Appendix #5.

Instructions for test completion:
- For multiple choice questions, please circle one or more answers as appropriate.
- For open ended questions, please write your answers on the lines provided.

1. The Alberta Cervical Cancer Screening Program is needed because:
   a. organized cervical cancer screening programs reduce the rates of cervical cancer.
   b. having regular Pap smears may prevent a few cervical cancers.
   c. having regular Pap smears can prevent almost all cervical cancers.
   d. all clients who develop cervical cancer in Alberta have not had regular Pap smears.
   e. ½ of the clients who develop cervical cancer in Alberta have not had regular Pap smears.
   f. the program will remind clients and physicians when Pap smears are or follow-up is overdue.

2. Which of the following is not a risk factor for cervical cancer:
   a. Multiple male sex partners
   b. Early onset of first intercourse
   c. Genital infections such as herpes simplex II (HSV2) and Chlamydia
   d. Alcohol
   e. HPV
   f. Smoking

3. All sexually active clients between the ages of 18-69 should have a Pap smear every year. Name four high risk groups in particular who RNs should encourage to have Pap smears.
   a. __________________________________________
   b. __________________________________________
   c. __________________________________________
   d. __________________________________________

4. List five reasons why an eligible client may be reluctant to have a Pap smear.
   a. __________________________________________
   b. __________________________________________
   c. __________________________________________
   d. __________________________________________
   e. __________________________________________
5. List six client populations that may have special learning, counselling and educational needs.

a. __________________________________________________________
b. __________________________________________________________
c. __________________________________________________________
d. __________________________________________________________
e. __________________________________________________________
f. __________________________________________________________

6. When conducting a health history and assessing clients for specific concerns, what are the PQRST principles to follow?

P __________________________________________________________
Q __________________________________________________________
R __________________________________________________________
S __________________________________________________________
T __________________________________________________________

7. Pregnant clients and clients with total or subtotal hysterectomy due to cancer or precancer should be referred to a physician, registered midwife or nurse practitioner for a Pap smear.

a. True
b. False

8. If a client appears apprehensive before the exam, it is best to:

a. Reassure them and press forward.
b. Tell them that there is nothing to worry about.
c. Ask open ended questions about their apprehension about the Pap procedure.

9. List three things that you can do to increase a woman’s physical and emotional comfort during the exam.

a. __________________________________________________________
b. __________________________________________________________
c. __________________________________________________________

10. Which of the following STI related findings might you find during an external genital examination?

a. Public lice/crabs
b. Genital Warts
c. Genital Herpes
d. Inflammation of the Bartholin’s Gland
11. A client presents with the following symptoms:
   • raised painless lesions on the labia, the vestibule, or in the perianal region.
   • flesh-coloured cluster of soft growths.

The client most likely has:

a. Molluscum Contagiosum
b. Nabothian follicles
c. Herpes
d. Genital warts
e. Yeast infection

12. List five abnormal findings of the ectocervix:

a. __________________________________________
b. __________________________________________
c. __________________________________________
d. __________________________________________
e. __________________________________________

13. Which of the following are abnormal findings on the cervix that should be referred to a physician, nurse practitioner, or registered midwife:

a. friable tissue (soft, eroded),
b. red patchy areas,
c. abnormal bleeding, and inflammation
d. granular areas, white patches
e. pink colour
f. lesions

14. Name the three sampling areas of the cervix.

a. __________________________________________
b. __________________________________________
c. __________________________________________

15. What are the ideal client conditions for cervical screening?

a. Avoidance of vaginal douching for 24 hours before the test.
b. Avoidance of use of contraceptive creams or jellies for 24 hours before the test.
c. Avoidance of intercourse for 24 hours before the test.
d. Mid-menstrual cycle.
e. During menses.

16. A smaller and narrower speculum should be used with:

a. virgins
b. nulliparous clients
c. circumcised clients
d. clients whose vaginal orifices have contracted postmenopausally
17. It is acceptable to lubricate the speculum with:
   a. A very small amount of water soluble lubricant
   b. Warm water
   c. Vaseline

18. An acceptable way to insert the speculum is:
   a. blade tips against the upper (anterior) wall of the vagina
   b. at an oblique angle
   c. with the speculum closed
   d. with the speculum slightly opened
   e. the speculum is angled 45° downward toward the small of the client’s back.

19. The best way to reposition a speculum for a client with a cervix with posterior orientation is:
   a. Reinsert less deeply and anteriorly, with the base of the lower blade actually compressing the anterior wall of the vagina.
   b. Insert the speculum more deeply and posteriorly through compression of the perineal tissue. The blade tips will slip under the cervix into the posterior fornix.
   c. Choose a plastic speculum of a larger size and reinsert as you did prior.

20. The correct way to obtain an ectocervix specimen with spatula is:
   a. Rotate spatula in cervical os only 360° and end rotation so spatula is in 3 and 9 o’clock position.
   b. Rotate spatula in cervical os only 180° and end rotation so spatula is in 3 and 9 o’clock position.
   c. Rotate spatula in cervical os only and end rotation so spatula is in 3 and 9 o’clock position.

21. The correct way to obtain an specimen with a cytobrush is:
   a. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 90° only.
   b. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 180°.
   c. Insert the cytobrush gently all the way into the cervical os but no further than the end of the bristles and turn 360°.

22. Over rotation of the endocervical brush will cause cell damage and slight capillary bleeding.
   a. True
   b. False
23. The cytobrush is used before the spatula.
   a. True
   b. False

24. Slides should be fixed with:
   a. Alcohol
   b. Cytospray
   c. Formalin

25. Unsatisfactory Pap smears are mostly a result of the following:
   a. Cervical Sampling Issues
   b. Specimen Collection Issues

26. List four key things that should be discussed with the client after the examination:
   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________
   d. ____________________________________________

27. List six key descriptions that could be documented following a Pap smear visit:
   a. ____________________________________________
   b. ____________________________________________
   c. ____________________________________________
   d. ____________________________________________
   e. ____________________________________________
   f. ____________________________________________

28. During a Pap smear visit, when does the RN seek to obtain informed verbal consent from the client?
   a. at the start of the consultation.
   b. after you have explained the external exam, speculum exam and the Pap smear procedure and before you begin.
   c. after completing the external exam, speculum exam and the Pap smear.

29. Is the RN legally responsible to protect confidentiality of client health information?
   a. Yes
   b. No
GLOSSARY

A

Adenocarcinoma: A cancer that develops in the lining or inner surface of an organ. Most pancreatic cancer and prostate cancer, for example, are adenocarcinomas. About 15% of cervical cancers in Alberta are adenocarcinoma.

Adhesion: Scar tissue occurring in the abdominal cavity, fallopian tubes, or inside the uterus. Adhesions can interfere with transport of the egg and implantation of the embryo in the uterus.

Amenorrhea: Absence of menstrual flow.

Anovulation: Lack of ovulation.

Anteflexed uterus: Normal position in which the uterine corpus is flexed forward.

Anteverted Uterus: Uterus that tips forward toward the bladder.

ASC-H: Atypical Squamous Cells – cannot exclude High Grade Squamous Intraepithelial Lesion - HSIL

ASC-US: Atypical Squamous Cells of Undetermined Significance

B

Bartholin’s gland: One of two small compound mucous glands located one in each lateral wall of the vestibule of the vagina, near the vaginal opening at the base of the labia majora.

Benign: Cell changes that have nothing to do with cancer.

Biopsy: The removal and examination of a small amount of tissue to establish a diagnosis.

Breakthrough bleeding: Vaginal spotting or bleeding that occurs between periods and is caused by the failure of progestin (usually taken in combination with estrogen as an oral contraceptive) to support the endometrium adequately.

©Alberta Cervical Cancer Screening Program 2004
Cancer: A general term for more than 100 diseases. It is the uncontrolled, abnormal growth of cells that can invade and destroy healthy tissue. Most cancers can also spread to other parts of the body.

Carcinoma: One of the five basic kinds of cancer and the most common. It begins in epithelial tissue (the lining or covering of an organ). It may develop in cells that line the lung, intestines, bladder, breast, uterus, kidney, cervix and prostate or in skin cells.

Carcinoma in situ: The earliest stage of cancer in which young tumour cells have not yet invaded surrounding tissues.

Caruncles (of the urethra): Fleshy outgrowths of distal urethral mucosa.

Cervical carcinoma: A cancer of the uterine cervix (the neck of the uterus).

Cervical Dysplasia: cervical cells that are abnormal in appearance. An abnormal tissue growth on the cervix that may progress to cancer if not treated in time. Cervical dysplasia is detected through a Pap smear.

Cervical ectropion: Eversion of the epithelium onto the cervix.

Cervical eversion: When the tissue within the cervix "opens up" onto the outer part of the cervix.

Cervical Stenosis: A blockage of the cervical canal from a congenital defect or from complications of surgical procedures. Also see cervix.

Cervicitis: An irritation of the cervix by a number of different organisms. Cervicitis is generally classified as either acute or chronic.

Cervix: The neck or lower end of the uterus or womb that connects the uterus with the vagina.

Chemotherapy: The use of drugs to treat or control cancer.

Colposcopy: Examination of the cervix and vagina using a low-powered magnifying instrument known as a colposcope in order to assess the extent and severity of any problem and to determine appropriate treatment. Small biopsies may be taken during the test.

Competence: The integration and application of knowledge, attitudes, skills and judgement required for performance in a designated role and setting.

Cone biopsy: Also known as conization, cone biopsy refers to a surgical removal of a cone-shaped specimen of tissue for examination under a microscope. The tissue removed provides a more extensive sample for diagnosis than a simple biopsy.

Conization: See Cone Biopsy.
Cryosurgery: A surgical procedure that uses extreme cold to destroy abnormal tissue by freezing. A general anesthetic is not required.

Cystocele: Herniation of the bladder through the anterior wall (bulging of the bladder into the vagina).

D

DES: Diethylstilbestrol

Diagnosis: Identification of a disease from signs, symptoms, laboratory tests, radiological results and physical findings.

Dysmenorrhea: Menstrual discomfort or pain.

Dyspareunia: Pain in the vagina or pelvis or difficulty during sexual intercourse.

Dysplasia: Cervical cells that are abnormal in appearance. An abnormal tissue growth on the cervix that may progress to cancer if not treated in time. Cervical dysplasia is detected through a Pap smear.

E

Endocervical curettage (ECC): The removal of tissue from the inside of the cervix using a spoon-shaped instrument called a curette.

Erythema: Redness

Excoriation: Loss of skin by e.g. scratching.

Exudate: Fluid or discharge usually as a result of inflammation.

F

Fimbriae: Any structure resembling a fringe or border.

Fissure: A narrow slit or cleft.

Fistula (of the urethra): Abnormal connection between the urethra and another structure such as the vagina or rectum.

Fornix: Upper part of the vagina.

Fourchette: Posterior of labia minora.

Friability: Fragile tissue that may bleed easily (e.g. When a swab is taken).

FSH: Follicle-stimulating hormone.
G

**Glandular Premalignancy and malignancy:** A pathology result of atypical glandular cells, endocervical adenocarcinoma in situ, or adenocarcinoma.

**Gnrh:** Gonadotropin-releasing hormone.

**Gravida:** Number of pregnancies, regardless of their outcomes.

H

**Homogenous:** Same consistency throughout.

**HPV:** Human Papillomavirus. HPV is the common name for a group of related viruses, some of which occur on the cervix and are risk factors for cervical cancer.

**HSIL:** High Grade Squamous Intraepithelial Lesion.

**HSV 1 or 2:** herpes simplex virus one and two. HSV 1 causes oral herpes and HSV 2 causes genital herpes. HSV-1 can also cause genital herpes through transmission during oral-genital sex.

**Hymenal Remnants:** The tissue of the hymen that is still present.

**Hyperemia:** Congestion or increased blood flow to the area.

**Hysterectomy:** Surgical removal of the uterus. The ovaries may also be removed at the same time.

I

**Induration:** Abnormally hard spot.

**Infertility:** The inability to conceive over a period of 1 year of unprotected regular intercourse has many causes, including both male and female conditions. Contributing factors in the client include abnormalities of the vagina, cervix, uterus, fallopian tubes, and ovaries. Factors influencing fertility in both women and men include stress, nutrition, chemical substance use, chromosomal abnormalities, certain disease processes, sexual and relationship problems, and immunologic response.

**Introitus:** Opening to the vagina on the perineum.

**Invasive cervical cancer:** A stage of cancer in which it has spread from the surface of the cervix to healthy tissue deeper in the cervix or to other parts of the body.
L

Laparoscopy - Examination of the pelvic organs through use a small telescope called a laparoscope.

Laser surgery: Treatment that uses an intense, narrow beam of light (called a laser beam) to treat some forms of cancer or abnormal cells. Since a laser beam can be focused precisely on a tiny area, it is used to operate on delicate tissues. General anesthetic is unnecessary.

LEEP: Loop electrosurgical excision procedure. After freezing the cervical area, an electrical wire loop is inserted into the vagina and all the abnormal tissue is sliced off and removed.

Leukoplakia - Raised white plaques on cervix, may be due to different causes such as carcinoma or genital warts.

LH - Luteinizing hormone.

Lithotomy position: Client lies on back, legs flexed at the thighs, thighs flexed and abducted. Stirrups may be used to support the feet.

Localized cancer: A cancerous growth that has not spread to other parts of the body.

LSIL - Low Grade Squamous Intraepithelial Lesion.

M

Malignancy: A tumour consisting of cancerous cells. Cells from a malignant growth can break away and start secondary tumours elsewhere in the body.

Malignant: Cancerous.

Menarche: Onset of menstrual periods, usually occurring between age 9 and 17.

Menopause: Cessation of menstrual periods with the decline of cyclic hormonal production and function usually between the ages of 45 and 60 but may stop earlier in life, for example, as a result of illness or the surgical removal of both ovaries.

Metastasis: The spread of cancer cells from the original tumour to other parts of the body by way of the lymph system or bloodstream.

Multigravida: A woman who has been pregnant several times.

Multiparity: Condition of having two or more pregnancies that resulted in viable fetuses.

N

Nulliparty: Condition of never having delivered a viable infant.
O

**Oncology:** The study and treatment of cancerous tumours.

**Oncologist:** An oncologist is a physician who specializes in diagnosing and treating cancer.

**Oophorectomy:** Surgical removal of the ovaries.

**Orthopnea:** Ability to breathe easily only in the upright position

P

**Pap smear/Pap test:** A test in which cells are removed from the cervix and examined under a microscope. Devised by Dr. George Papanicolaou, the Pap smear is an effective way to detect abnormal cells (see cervical dysplasia) or cancer. Since the Pap test (like many medical tests) is not perfect, it is important to be tested on a regular basis to lessen the chance of missing any abnormal cell changes.

**Parity:** Condition of having delivered an infant or infants, alive or dead, during the viability period (fetus weighing 500 g. or more or having an estimated 20-week gestation): multiple birth is a single parity.

**Partial hysterectomy:** A lay term usually used to connotate a hysterectomy (either total or subtotal) with preservation of the ovaries.

**Pelvic exam:** also called an internal examination. A gynecological examination of a woman's vagina, vulva, cervix, fallopian tubes, ovaries and uterus.

**Pelvic Inflammatory Disease (PID):** PID is an inflammatory condition of the pelvic cavity that may involve the uterus, fallopian tubes, ovaries, pelvic peritoneum or pelvic vascular system. Often caused by gonococcal and chlamydial infection, pelvic inflammatory disease may be acute or chronic. Acute PID produces very tender, bilateral adnexal areas; the client may guard the area. The symptoms of chronic PID are bilateral, tender, irregular, and fairly fixed adnexal areas. Movement of cervix is painful.

**Polyp:** a cauliflower-like growth of tissue that develops in the mucous membrane lining of the colon, bladder, uterus, cervix, vocal cords, or nasal passage and protrudes into a body cavity.

**Puberty:** Period when secondary sexual characteristics begin to appear and sexual reproductive ability occurs.

**Premenstrual syndrome (PMS):** A cyclic cluster of signs and symptoms, such as breast tenderness, fluid retention, retention and mood swings, usually occurring after ovulation and before or during menses; characterized by at least 7 symptom-free days, usually in the first half of the menstrual cycle.
**R**

**Rectocele:** Herniation of the rectum through the vaginal wall.

**Retroflexed uterus:** Normal position in which the uterine corpus flexes toward the rectum at an acute angle.

**Retroverted uterus:** Normal position in which the uterine corpus flexes toward the rectum, but at a less acute angle than if retroflexed.

**Risk factor:** Anything that increases a person's chances of developing cancer. For example, smoking is a risk factor for lung, head/neck and cervical cancer.

**Rugose:** Marked by ridges, wrinkled.

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**S**

**Salpingitis:** Inflammation or infection of the Fallopian tube is often associated with PID. Salpingitis causes lower quadrant pain with tenderness on bimanual examination.

**Sexually active:** Refers to both sexual intercourse and intimate genital contact. Any woman between the ages of 18-69 years who has had sexual intercourse or intimate genital contact needs to have a yearly Pap test. Almost all cases of cervical cancer are linked to the Human Papillomavirus (HPV). A woman can be exposed to HPV by intimate genital contact as the virus can spread if it exists on areas not protected by a condom. It does not necessarily have to be only sexual intercourse that spreads the virus.

**Skene’s gland:** Glands lying just inside of and on the posterior area of the urethra in the female, one on each side of the floor of the urethra.

**Speculum:** A metal or plastic instrument used to spread the vagina open so that the cervix can be seen.

**Sub-total hysterectomy:** Removal of the uterus only, leaving the cervix in situ.

**Squamous premalignancy and malignancy:** A pathology report of ASC-US, ASC-H, LSIL, HSIL, or squamous cell carcinoma.

**Stage 1B tumors:** The cancerous area is larger than in stage 1A, but is still only in the tissues of the cervix and has not spread\(^{23}\).

**STI:** Sexually transmitted infection.

**Stellate cervical laceration:** The trauma of difficult deliveries may tear the cervix, producing permanent lacerations. In a stellate laceration, the cervix has a number of slits in a star-like pattern.

\(^{23}\) Cancer Research Link (2002).
Symptomatic: showing indications of disease or illness.

T

Total hysterectomy: Removal of the uterus and cervix.

Transverse cervical laceration: The trauma of difficult deliveries may tear the cervix, producing permanent lacerations. In a transverse laceration, the cervix appears slit from side to side.

Tubal ligation: Surgical sterilization of a woman by obstructing or tying the fallopian tubes.

Tumor: A mass of abnormally growing cells that serve no useful bodily function. Tumors can be either benign or malignant.

V

Vaginal vault: Term used to describe the vagina after a hysterectomy when no cervix remains.

Vaginal atrophy: Often a symptom of menopause; the drying and thinning of the tissues of the vagina and urethra. This can lead to dyspareunia (pain during sexual intercourse) as well as vaginitis, cystitis, and urinary tract infections.

Vaginitis: Inflammation of the vaginal mucosa.

Vesicle: Small elevation of the skin containing serous fluid (e.g. blister).

Virus: A tiny organism that invades and grows in cells and thereby alters their function. Viruses cause a variety of infectious diseases and may also induce some types of cancer.
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APPENDICES

1. Learning Videos and CD-ROMs

2. Education and Counselling: ACCSP Brochures

3. Cytopathology Form: Sample

4. Policies and Procedures: Summary

5. Assessment Tools
   a. Pre-Post Test Answer Key
   b. Case Studies
   c. Performance Criteria Checklist for Preceptor
   d. Women’s Satisfaction Survey
   e. Pap Smear Audit Form
   f. RN Evaluation of Pap Smear Learning Module & Practicum
APPENDIX 1

Learning Videos and CD-ROMs

Resource videos may have some variations regarding Pap smear techniques, but the ACCSP recommends that RNs practice techniques consistent with the Alberta Clinical Practice Guidelines and ACCSP Standards. The resources listed below can be ordered by contacting the organizations directly via their websites or by telephone.

1. British Society for Clinical Cytology
   - How to Take a Cervical Smear. (CD includes video clips and an accompanying booklet)
     http://www.clinicalcytology.co.uk/library/video.asp

2. New South Wales (Australia) Cervical Screening Program
   - An Overview for General Practitioners.
   - An Overview for Medical Students.

Order forms for the above video resources are available on http://www.csp.nsw.gov.au/women/womens_resources.html

3. BC Cancer Agency – Cervical Cancer Screening Program
   - Speculum Exam and Pap Smear (for smear takers)
     Phone: (604) 877-6200
APPENDIX 2

Education and Counselling Resources: ACCSP Brochures

RNs may refer their clients to the ACCSP website so they can view the on-line resources. The program’s toll free line (1-866-PAP-EXAM / 1866-727-3926) is also available so clients can call directly to get their questions answered. Below are some important links to review. RNs can call the toll free number to order resources for their clients.

4. A New Program to Prevent Cervical Cancer
   www.cancerboard.ab.ca/accsp/pdf/ASC103_IntroBroch(FA).pdf

5. When was Your Last Pap smear
   www.cancerboard.ab.ca/accsp/pdf/LastPap.pdf

6. What does it Mean to Have an Abnormal Pap smear
   www.cancerboard.ab.ca/accsp/pdf/AbnormalPap.pdf

7. HPV and Abnormal Pap smear Results
Introducing

A New Program To Prevent Cervical Cancer

Why is this program important?
- Having regular Pap tests can prevent almost all cervical cancers by finding cell changes early enough to be treated and cured.
- Half of the women in Alberta who develop cervical cancer have not had regular Pap tests.
- The program will remind women to get regular Pap tests.

Alberta Cervical Cancer Screening Program
1231 - 29th Street NW, Calgary, Alberta T2N 4N2
Phone: 1-866-PAP-EXAM (1-866-727-3958)
Toll Free fax: 1-888-944-3388
www.cancerboard.ab.ca/ACSP

It's important for all of us.
The Alberta Cervical Cancer Screening Program (ACCSP) wants to improve prevention and early detection of cervical cancer. This new program is run by the Alberta Cancer Board and funded by Alberta Health and Wellness. It works with your doctor and the lab to send your Pap test results directly to you. It also reminds you when your next Pap test is due.

Screening programs test healthy people to find diseases like cancer before symptoms appear. By finding abnormal cells early, almost all cancers of the cervix can be prevented.

**How does the program work?**
- You will continue to get Pap tests from your doctor or nurse.
- When you have your regular Pap test, the lab will send your results to your doctor as usual. The lab will also send your results to the ACCSP.
- If there is anything unusual about your test, someone from your doctor's office will phone you to talk about it.
- The ACCSP will support your doctor by sending you a letter with test results and any follow-up that is needed.
- Your doctor will get reminders if you need further tests.
- You will get a reminder letter if your next Pap test is overdue.

**How is my privacy protected?**

Alberta Health and Wellness supports the ACCSP in promoting quality cancer prevention and care. Mailing addresses are shared between Alberta Health and Wellness and the ACCSP to ensure that women have the opportunity to learn about the program and to receive results and follow-up.

The ACCSP is a secure, private and confidential program. Your privacy is strictly protected in keeping with Alberta privacy laws. Only health care providers have access to your information. Those with access to your information are bound by the Health Information Act (HIA).

**What can I do?**

You can participate in your own health care by getting regular Pap tests and following the recommended course of action.

The ACCSP will support your doctor by sending your results to you, and reminding you when it's time for your next test. If you have had a hysterectomy, talk with your doctor to see if it's still necessary to have a regular Pap test.

Research from around the world shows that programs like this reduce the rates of cervical cancer. That's why all Alberta women between 18 and 69 are included in this program.

You can tell us if you do not want to get letters from the program by signing in the attached form or by calling: 1-866-PAP-EXAM

If you opt out

If you opt out, you will no longer get result or reminder letters from the program. Your Pap test results will still be included in the program and sent to your doctor to make sure we are doing everything possible to protect your health.

If you are thinking about opting out of receiving these letters, please talk with your doctor about the benefits of being part of the ACCSP, or call the number given above.

You can find out more on the program Web site at www.cancerboard.ab.ca/ACCSP.

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Remember:
- The greatest risk factor for cervical cancer is not having a Pap test.
- Cancer of the cervix can usually be cured if found and treated early.
- Take control of your health by having a regular Pap test.

If you are between the ages of 18 and 69 and have ever had sexual intercourse, then you need to have a Pap test.

Local Contact Information:

This pamphlet is based on the Alberta Clinical Practice Guideline (CPG) for Cervical Cancer Screening.

Revised October 2003.
Most cancers of the cervix can be prevented by having a regular Pap test.
The greatest risk factor for cervical cancer is not having a Pap test.
Cancer of the cervix can usually be cured if found and treated early.

Who should have a Pap test?
- If you are between the ages of 18 and 69 and have ever had sexual intercourse then you need to have a Pap test.
- You may still need to have a Pap test even if you have had a hysterectomy (an operation to remove the uterus and maybe ovaries or cervix). Talk to your doctor or nurse.

What is a Pap test?
- A Pap test is a simple test that can find changes in the cervix (see picture).
- Your doctor or nurse will gently put an instrument called a speculum in your vagina so that he or she can see your cervix.
- A small number of cells are gently taken from the cervix.
- The cells are sent to a laboratory to be looked at under a microscope.
- A Pap test does not check for STIs (sexually transmitted diseases).

How do you Prepare for a Pap test?
- Make an appointment with your doctor or nurse to have a Pap test.

Before the Visit:
- Write down any questions you may want to ask.
- Be prepared to talk about your medical history.
- Think of any unusual signs you may have (e.g., bleeding between periods or bleeding after sex).
- Know when your last period started.

For Best Results:
- Book your appointment for a time when you are not having your period.
- Avoid douching for 24 hours before the test.
- Avoid having sex for 24 hours before the test.
- Avoid use of birth control creams or jellies before the test.

What do you do After a Pap test?
- Ask your doctor or nurse how you will get your Pap test results and when to book your next Pap test.

Since the Pap test (like many medical tests) is not perfect, it is important to be tested on a regular basis to lessen the chance of missing any abnormal cell changes.
What can be Expected next?

If an abnormal area is seen during a colposcopy, the doctor may take a biopsy (a tiny sample of tissue taken from the cervix). The biopsy can tell if treatment is needed.

Names of some of the treatments you may hear include:

- Cryotherapy (Cryo) - a "freezing" technique that destroys abnormal cells.
- LEEP - an "electrical wire loop" that removes a very thin slice of tissue.
- Laser Surgery - a "laser beam" that destroys abnormal cells.
- Cone Biopsy - a "laser beam" or surgical removal of a cone shaped wedge of tissue.

More information about treatments can be given to you by your doctor or nurse.

Remember:

If you are between the ages of 18 and 69 and have ever had sexual intercourse then you need to have a Pap test.

Date of Next Test: __________________________

Results: __________________________

Next Steps: __________________________

Local Contact Information:

For more information, call the toll-free number:
1-866-PAP-EXAM (1.866.727.3026)
or visit our Web site at www.cancerboard.ab.ca/ACCSP

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What is an Abnormal Pap test?

An abnormal Pap test means that cells taken from your cervix look different than normal cells when examined under a microscope. The Pap test can show different types of cell changes.

Since the Pap test (like many medical tests) is not perfect, it is important to be tested on a regular basis to lessen the chance of missing any abnormal cell changes.

What do the cell Changes mean?

Abnormal cell changes can be mild, moderate or severe depending on how deep the cell changes are on the cervix. They can mean different things:

- Infection or inflammation on your cervix
- HPV (Human Papillomavirus) is present on your cervix

There is a toll-free number on the back of this pamphlet if you have questions about HPV.

- Cancer of the cervix—only a small number of women with abnormal cell changes have cervical cancer.

All of these cell changes can be managed and treated.

The following pictures can give you an idea how cells look under a microscope.

What Happens after an abnormal Pap test?

Your doctor or nurse will arrange the next steps for you, depending on your abnormal cell changes.

Usually, one of the following will occur after the abnormal results come back:

- Have a repeat Pap test within 3-6 months.
- Have a colposcopy. The cervix is looked at closely with a powerful magnifying tool called a colposcope. It stays outside of the body and helps the doctor see changes better.
- See a gynecologist (a doctor who specializes in women’s reproductive systems).
What happens after an abnormal Pap test?

Your doctor or nurse will arrange the next steps for you, depending on your abnormal cell changes.

Usually, one of the following will occur after the abnormal results come back:

- Have a repeat Pap test within 3-6 months.
- Have a colposcopy. The cervix is looked at closely with a powerful magnifying tool called a colposcope. It stays outside the body and helps the doctor see changes better.
- The doctor may take a biopsy (a tiny sample of tissue from the cervix) to see if treatment is needed.
- See a gynecologist (a doctor who specializes in women’s reproductive systems).

* There is a toll-free number on the back of this pamphlet to call to request information that describes treatments for abnormal cell changes.

Can HPV be cured?

There is no specific medical treatment for HPV. Cell changes can be treated but the virus may stay in the body. For most women, their bodies will fight the virus so cells go back to normal without treatment.
What is HPV?
Human Papillomavirus (HPV) is a virus. There are many types of HPV that can affect different parts of the body:
- Some types can cause warts on the genital area that you can usually see.
- Some types can cause abnormal cell changes on the cervix that you cannot see.

The only way to test for abnormal cell changes on the cervix is to have a regular Pap test.

How did I get HPV?
The HPV that can cause abnormal cell changes on the cervix spreads through intimate genital contact. The signs of HPV may not be visible for years after you get the virus. This makes it hard to know when you were exposed to the virus or who gave it to you.

Since the Pap test (like many medical tests) is not perfect, it is important to be tested on a regular basis to lessen the chance of missing any abnormal cell changes.

HPV & Cervical Cancer
Is there a connection?
This diagram shows the connection between HPV and cervical cancer.

It is important to know that having abnormal cell changes does not necessarily mean you will get cancer of the cervix. A regular Pap test can help check for abnormal cell changes.

Notes:
1. A woman can be exposed to HPV by intimate genital contact. It does not necessarily have to be only sexual intercourse.
2. For most women, their bodies fight off HPV and their Pap tests are normal.
3. For some women, their bodies cannot completely get rid of HPV. Also, they may have other risk factors combined with HPV that make their Pap tests abnormal.
4. Abnormal cell changes on the cervix can be mild, moderate or severe. Many times they go back and forth from one to another (e.g., mild to normal or moderate to mild).
5. Having an abnormal Pap test does not necessarily mean you have cancer. If a woman does have cancer, it can usually be cured if found and treated early.

What are the risk factors?
There are risk factors that can increase a woman’s chance of getting HPV. You may or may not be able to change some of these risk factors:
- Sexual intercourse at a young age
- Sexual intercourse with many partners
- Sexual history of male partner (having intercourse with many partners)

HPV alone is not enough to lead to cervical cancer. HPV needs to be present with other risk factors:
- Smoking
- Problems with the body's ability to fight infections
- Infection with other STDs (sexually transmitted diseases)
- Other factors not yet discovered

Take control of your health by having a regular Pap test and by changing your risk factors.
FAQ’S HANDOUT

Questions about the ACCSP

What is the ACCSP?
The Alberta Cervical Cancer Screening Program (ACCSP) is a new program. This program is coordinated by the Alberta Cancer Board and funded by Alberta Health and Wellness. Its purpose is to improve prevention and early detection of cervical cancer. It works with a woman's doctor and the lab to send Pap test results directly to her. It also reminds a woman when her next Pap test is due.

Why is the program needed?
Research from around the world shows that organized cervical cancer screening programs like the ACCSP reduce the rates of cervical cancer. In addition,

- Having regular Pap tests can prevent almost all cervical cancers by finding cell changes early enough to be treated and cured.
- Half of the women who develop cervical cancer in Alberta have not had regular Pap tests.
- The program will remind women to get Pap tests or follow up if it is overdue.

How does the program work?

- A woman will continue to get Pap tests from her doctor or nurse.
- When a woman has her regular Pap test, the lab will send her results to her doctor as usual. The lab will also send her results to the ACCSP.
- If there is anything unusual about her test, someone from her doctor's office will phone her to talk about it.
- The ACCSP will support a woman's doctor by sending her a letter with test results and any follow-up that is needed.
- A woman's doctor will get reminders if she needs further tests.
- A woman will get a reminder letter if her next Pap test is overdue.

Please Note: The ACCSP will be phased in across Alberta between 2003-2005. Women in the Calgary region will receive result letters starting in late 2003 or early 2004.

How is a woman's privacy protected?
The screening program information system will include women's Pap test results and eventually their colposcopy and pathology results. Test results will be coded and transferred from the lab to the ACCSP Information System with safeguards to ensure women's confidential health information is kept safe, secure and private. Only health care providers have access to a woman's health information in keeping with Alberta's privacy laws.
What is a woman's role in this program?
A woman's role in the program involves participating in her own health care by getting regular Pap tests and following the recommended course of action.

How does the Alberta Cervical Cancer Screening Program get a woman's name?
Alberta Health & Wellness shares the mailing addresses of women who have provincial health care coverage under the Alberta Health Care Insurance plan with the ACCSP to ensure that women have the opportunity to learn about the program and to receive results and follow-up.

Can a woman choose not to receive program letters?
Yes, a woman can choose not to receive correspondence from the program. This means she will not receive letters from the ACCSP, however, her practitioner will continue to receive test results from the lab and follow-up reminders from the ACCSP. If a woman later changes her mind she can call the toll-free number 1-866-727-3936 to start receiving program correspondence.

How does a woman go about not receiving program correspondence?
A woman can contact the program a number of ways:

- By calling the program's toll-free number 1-866-PAP-EXAM (1-866-727-3926).
- By printing the No Letter Option Form from the Web site and mailing to the address on the form.
- By mailing the No Letter Option Form that came enclosed with the letter in the mail.
- By faxing the No Letter Option Form to the ACCSP.

If a woman chooses not to receive program correspondence then why does her information remain in the program?
A woman's Pap test information will remain in the program because it is a program that also helps doctors. The ACCSP will support doctors by reminding them if their patients need follow-up and to ensure everything is being done to protect their patients' health.

What information does the program send in the mail?
Women will receive in the mail:

- An Introduction Letter with a program pamphlet
  Note: The first region to participate in the ACCSP is the Calgary Health Region starting in the fall of 2003.
- Pap test result letter
- Reminder letter if further tests are needed
- Reminder letter for the next Pap test if it is overdue

Does a woman's doctor continue to communicate with her regarding Pap test results?
Yes, a woman's doctor continues to communicate Pap test results with her in the usual fashion. The program does not replace usual communication with her doctor.
FAQ’S HANDOUT

Health Care Providers' Questions

How does the program work?
Women's Pap test results and eventually their colposcopy and pathology results will be transferred from the lab to the ACCSP. Physicians will continue to receive women's test results from the lab as usual. However, the ACCSP will take over the process of sending reminder letters to physicians if patients are overdue for follow-up.

In the second phase of program implementation, the ACCSP will start to send letters to women indicating if their Pap tests were normal or abnormal. There will be a delay period before the ACCSP mails a letter to a woman with an abnormal result, in order to allow time for her physician to contact her about follow-up. Women will be sent reminder letters if their routine Pap tests are overdue.

How can a woman opt out of the ACCSP?
All women age 18 and over in Alberta, who have Alberta Health Care coverage, are included in the program. The program will assist providers by contacting them when their patients are overdue for screening or follow-up of abnormalities. The ACCSP will also send women their results, as well as reminders if they are overdue for screening. Women can tell the program if they do not want to receive letters by calling 1-866-727-3926 (1-866-PAP-EXAM), mailing or faxing in the No Letter Option Form to 1-888-944-3388. If a woman chooses not to receive letters, her health care provider will still be sent reminders if she is overdue. If a patient is considering not receiving correspondence from the program, discussing the benefits of the program with her physician may encourage her to participate in the program.

What is the screening recommendation for a woman who has had a hysterectomy?
1. If a woman has had a subtotal hysterectomy (i.e., the cervix was not removed), then she should be screened according to the regular ACCSP guidelines.
2. If a woman has had a total hysterectomy (with cervix removed) for benign disease, and she has no history of cervical cancer or premalignancy, then she does not need to continue having Pap smears. The physician can notify the ACCSP by completing the Physician's Report of Ineligibility for Cervical Cancer Screening and mailing it to the ACCSP.
3. If a woman has had a total hysterectomy, but she has a history of cervical cancer or confirmed cervical premalignancy, then she should have annual Pap smears. These can be done by swiping the apex of the vaginal vault with the blunt end of a cervical spatula.

How does a health care provider tell the ACCSP if he or she thinks one of their patients should not be in the program?
There are several reasons why a woman might not require cervical screening. The most common reason is that she has had a hysterectomy and has no past history of cervical abnormalities (see above question/answer for recommendations for screening women who have had a hysterectomy). Other reasons would be if the woman is terminally ill or has congenital absence of a cervix. In these cases, the physician can notify the ACCSP that the woman should not be included in the program by completing the Physician's Report of Ineligibility for Cervical
Cancer Screening and mailing it to the ACCSP.

**Why doesn't the ACCSP include women under age 18?**
The ACCSP does not recommend routine screening for women under age 18. However, screening in this age group may be indicated in some individual cases.

Infection with Human Papillomavirus (HPV) is associated with virtually all cases of cervical cancer. HPV infection is very common in young women. The peak incidence and prevalence of HPV infection occurs in women under age 25. However, most infections in this age group are transient. Despite being transient, HPV infections can cause changes in the cells of the cervix. Screening women under 18 will identify some Pap smear results as abnormal, leading to further investigations and procedures when in most cases the women would have cleared the HPV infection without any intervention.

The United States Preventive Services Task Force has concluded that data on the natural history of HPV infection suggests that screening can safely be delayed until 3 years after onset of sexual activity. Thus, unless a woman has started sexual activity before age 15, there is no evidence to support routinely screening her before age 18. For women who have initiated sexual activity before age 15, clinicians should evaluate each case on an individual basis.

Cervical cancer in women under 18 is very rare. In Alberta, there has been one reported case in the last 23 years, occurring in 1985. Clinicians are understandably concerned when they see a young woman with high grade cervical lesions. The ACCSP will work with Alberta cytology laboratories to monitor trends in cervical abnormalities in women under 18 to determine if any changes to recommendations are required.

**A patient had a colposcopy and was investigated and/or treated for cervical abnormality. She has completed her care with the colposcopist. The health care provider has just done a follow-up Pap smear and it shows ASC-US. What is the recommended management?**

If a woman has completed her care with a colposcopist, she is discharged and can be screened according to the colposcopist's recommendations and referred according to the regular ACCSP guidelines. That means that if her Pap smear in your office shows ASC-US or LSIL, you should repeat Pap smears every 6 months for two years (4 smears). If any of these subsequent smears is ASC-US or worse (i.e., she has now had 2 ASC-US, LSIL or worse), refer again for colposcopy. If your patient who has been discharged from colposcopy and any Pap smear shows ASC-H, HSIL, atypical glandular cells or carcinoma, she should be immediately referred (as any woman should be) to colposcopy.

A woman with a visibly abnormal cervix should be referred for colposcopy, regardless of Pap smear findings.

**A health care provider has a patient who had a Pap smear four years ago and it showed ASC-US. The next Pap has just been done and it has shown ASC-US. What is the recommended management?**

The ACCSP Guidelines recommend that a woman should be referred for colposcopy if she has 2 ASC-US or LSIL Pap smears over a 2 year period. Since this patient's last Pap was 4 years ago, she should have a repeat Pap at 6 month intervals for the next 2 years. Only if she has another ASC-US or worse Pap smear in this time should she be referred for colposcopy. If her smears in this follow-up period are all negative, she can return to annual screening.
Some Canadian provinces and other countries recommend longer intervals between routine Pap smears. Why is Alberta recommending annual screening?

Recommendations vary between countries and between provincial screening programs in Canada. Canadian consensus recommendations support moving to a routine three year screening interval. However, this interval was predicated on having all the components of an organized screening program in place (education of the target population, quality assurance at all stages of screening, laboratory analysis and treatment, and an information system to invite and recall women for screening). Once the ACCSP information system is fully implemented, it is anticipated that the recommended routine screening interval will be longer.

What is "sexually active" and do only women who have had intercourse require Pap tests?

"Sexually active" refers to both sexual intercourse and intimate genital contact. Any woman between the ages of 18-69 years who has had sexual intercourse or intimate genital contact needs to have a yearly Pap test. Almost all cases of cervical cancer are linked to the Human Papillomavirus (HPV). A woman can be exposed to HPV by intimate genital contact as the virus can spread if it exists on areas not protected by a condom. It does not necessarily have to be only sexual intercourse that spreads the virus.

How does a woman go about not receiving program correspondence?

A woman can contact the program a number of ways:

- By calling the program's toll-free number 1-866-PAP-EXAM (1-866-727-3926).
- By printing the No Letter Option Form from the Web site and mailing to the address on the form.
- By mailing the No Letter Option Form that came enclosed with the letter in the mail.
- By faxing the No Letter Option Form to the ACCSP at 1-888-944-3388.
FAQ’S HANDOUT

Women's Questions

What is meant by the Pap test being a screening tool?
The Pap test is considered a screening tool because it is a method of testing people who are considered healthy and have no symptoms. The Pap test can find early cervical cell abnormalities so treatment can take place.

What does a woman do after a Pap test?
After a Pap test the doctor or nurse should tell a woman when the results will come back. If not, it is advised to ask the doctor or nurse. If the result is normal the woman should receive a letter in the mail within two-three weeks after her Pap test. If the results are abnormal or difficult to read then a woman should receive a phone call from someone at the doctor's office or clinic. She will also get a letter in the mail indicating next steps. Please Note: The ACCSP will be phased in across Alberta between 2003-2005. Women in the Calgary region will receive result letters starting in mid-2004.

How accurate is a Pap test?
At the present time the Pap test is the most effective method for finding abnormal changes in the cells of the cervix. The Pap test is like other medical tests in that it is not perfect therefore it is important to be tested on a regular basis (every year) to reduce the chance of missing any abnormal cells that may be present.

Should women under the age of 18 have a Pap test?
The current guidelines for the ACCSP do not recommend routine screening for young women under the age of 18. However, if a young women has had sexual intercourse and participates in high risk behaviour (includes multiple partners and not using condoms) then she should discuss with her doctor or nurse whether she needs a Pap test.

Should women over the age of 69 have a Pap test?
The current ACCSP guidelines do not recommend routine screening for women over the age of 69. However, if a woman over 69 has never had a Pap test it is recommended that she have two Pap tests six months apart and if these are normal then she may not need to continue to have Pap tests. If a Pap test is abnormal then she will need to be monitored based on recommendations from the doctor.

Can a pregnant woman have a Pap test?
Yes, if a woman is pregnant she can have a Pap test.

Where does a woman find a doctor who is taking new patients?
The availability of doctors who have space available in their practice varies throughout the province. In the Calgary area a woman can call the Calgary Health Region at 430-943-LINK or visit their website at www.calgaryhealthregion.ca/mdlink/.

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**Does a woman who has had a hysterectomy need a Pap test?**
This situation can be different for every woman. If a woman has had her cervix removed without any history of cancer or abnormal cell changes then she usually does not need Pap tests. But, if a woman has had her cervix removed because of cancer then she may need a smear called a vault smear which takes cells from the vagina. The best suggestion is for a woman to see a doctor who will advise the action to take.

**Does a woman who has never had sexual intercourse still need a Pap test?**
One of the risk factors for cervical cancer is the Human Papillomavirus (HPV). This virus can be spread not only through sexual intercourse but also through intimate genital contact. If a woman has not had sexual intercourse but has had intimate genital contact with one or more partners then she should discuss with her doctor or nurse whether Pap tests are needed.

**Does the Pap test check for sexually transmitted diseases (STDs)?**
This is a frequent misconception. No, the Pap test does not check for sexually transmitted diseases. This would require a separate test.

**What happens during a colposcopy?**
A colposcopy is completed by a gynecologist. The process is quite similar to a Pap test. A woman lies down on an examination table and puts her feet in stirrups, like the Pap test. A speculum is used to open the vagina so the cervix can be seen. The doctor uses a colposcope, a powerful magnifying tool, to look closely at the cervix. The colposcope stays outside the body and helps the doctor see changes better. At that time a sample of tissue may be taken to determine if treatment is needed.

**How are abnormal cells able to return to normal?**
Many women who have abnormal results for a Pap test go back 6 months later and find out that the abnormal cells have cleared or returned to normal on their own. Sometimes if a woman has had an infection, like a yeast infection, it can cause her cells to appear abnormal. Once the infection is cleared the results are normal. Abnormal cell changes appear to be connected to the immune system. A woman's immune system may fight off the HPV infection, so the abnormal cells are destroyed. Most women are able to get rid of the virus but some women can not get rid of the virus. Therefore, regular Pap tests are needed to monitor abnormal cells.

**Is there a test for HPV?**
There are new tests for HPV available in some countries, but they are not routinely available in Canada yet. Canadian experts will be reviewing the research on HPV tests and determining if they should be used in Canada.

**Can men get HPV?**
Yes, men can get HPV. There are usually no symptoms unless a male has a type of HPV that causes genital warts that are visible bumps on the skin that may feel itchy or irritated.

**Can condoms protect against HPV?**
Condoms can provide a limited amount of protection from HPV. The virus can be spread if it exists on the genital area not protected by the condom. The use of condoms for the prevention of
other sexually transmitted diseases including HIV is considered a healthy sexual practice.

**Can HPV be treated?**
There are no specific treatments for HPV. Most women clear the virus on their own and do not have abnormal Pap test results. Women who do have abnormal cell changes will have the cells monitored and/or treated.

**What are the symptoms for abnormal cell changes and cervical cancer?**
There are no symptoms for abnormal cell changes. The only way to find out if cells have changed is to have a Pap test. If a woman does have cervical cancer there may be symptoms. These include bleeding at times other than monthly menstruation, bleeding after sexual intercourse or unusual discharge. Any of these symptoms should be checked by a doctor within a few weeks.

**What is "sexually active" and do only women who have had intercourse require Pap tests?**
"Sexually active" refers to both sexual intercourse and intimate genital contact. Any woman between the ages of 18-69 years who has had sexual intercourse or intimate genital contact needs to have a yearly Pap test. Almost all cases of cervical cancer are linked to the Human Papillomavirus (HPV). A woman can be exposed to HPV by intimate genital contact as the virus can spread if it exists on areas not protected by a condom. It does not necessarily have to be only sexual intercourse that spreads the virus.

**How does a woman go about not receiving program correspondence?**
A woman can contact the program a number of ways:
- By calling the program's toll-free number 1-866-PAP-EXAM (1-866-727-3926).
- By printing the No Letter Option Form from the Web site and mailing to the address on the form.
- By mailing the No Letter Option Form that came enclosed with the letter in the mail.
- By faxing the No Letter Option Form to the ACCSP at 1-888-944-3388.
APPENDIX 3

Cytopathology Form: Sample

This sample is reprinted with permission from Calgary Laboratory Services. Each laboratory has their own requisition form. Please become familiar with the laboratory used by your employer and review the details of their requisition forms as it may be different than the sample provided in this module.
# ACCSP RN Pap Smear Learning Module

## CYTOPATHOLOGY REQUISITION

**LOCATION**

- [ ] Office / Clinic
- [ ] ACH
- [ ] PLC
- [ ] FMC - GHC
- [ ] OTHER SPECIFY
- [ ] FMC
- [ ] RGH
- [ ] FMC - TBCC
- [ ] Daycare
- [ ] Out-Patient
- [ ] In-Patient - Unit #

**Date current specimen taken**

**Previous Cytology #**

**Report to be:**

- [ ] Phoned
- [ ] Faxed
- [ ] Mailed

**To:**

**Phone #**

**Fax #**

**Referring Physician**

**Copy To:**

**Phone #**

**Fax #**

**Attending Physician / Stamp**

## CLINICAL HISTORY

**GYNECOLOGY HISTORY**

- [ ] LMP (yy/mm/dd)
- [ ] Cycle
- [ ] Days
- [ ] Hysterectomy
- [ ] Total
- [ ] Partial (cervix intact)
- [ ] Immuno-compromised
- [ ] Yes
- [ ] No
- [ ] OCP
- [ ] Yes
- [ ] No
- [ ] IUD
- [ ] Yes
- [ ] No
- [ ] Hormone Replacement Therapy
- [ ] Yes
- [ ] No
- [ ] Menopause
- [ ] Yes
- [ ] No
- [ ] Peri
- [ ] Pregnant
- [ ] Yes
- [ ] No
- [ ] Post partum
- [ ] Weeks

**SPECIMEN SITE:** You must complete a separate requisition for each specimen/site.

### GYNECOLOGICAL

- [ ] Cervix
- [ ] Vagina

### NON-GYNECOLOGICAL

- [ ] Breast
- [ ] Site
- [ ] Bronchial
- [ ] Site
- [ ] CSE
- [ ] Esophagus
- [ ] Fluid
- [ ] Site
- [ ] Gastric
- [ ] Gutter wash
- [ ] Site

### SPECIMEN TYPE

- [ ] Scrap
- [ ] Brush
- [ ] Wash
- [ ] BAL
- [ ] FNA
- [ ] Fluid
- [ ] Other

**FOR LAB USE ONLY**

- [ ] Transferred to:
  - By:
- [ ] Consult to:
  - By:
- [ ] Notes:

---

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APPENDIX 4

Policies and Procedures: Summary

The following is a summary of the recommended areas, as noted throughout the module, for employers to develop policies and procedures. This is not an exhaustive list and some employers may wish to develop more extensive policies.

Policies are recommended in the following areas:

**Module Updates**
Policy to require regular updating and maintaining of the module so it is current.

**Sexual Abuse**
How to manage follow-up and referral of clients with a history of sexual abuse.

**Health Professions Act**
Policy on RN practice and familiarity with the Health Professions Act (HPA).

**Referral**
Policy on appropriate referral for clients with the following concerns:
- Symptoms of STI
- Abnormal findings on external or internal examination
- Cervical abnormalities
- Partial or complete hysterectomy due to premalignancy or malignancy
- Pregnancy

**Infection Control**
Policy to ensure clean decontaminated instruments are used to prevent transmission of infection or cross infection (e.g. HPV) to the client.

**Connection With a Primary Care Provider**
Policy that identifies the need for a RN to have an explicit connection with a physician, nurse practitioner, or registered midwife for the purposes of:
- Consultation during a Pap smear if abnormal results are suspected
- Management and follow-up of Pap results
  - Or employer must secure an appropriate referral mechanism for follow-up of abnormal Pap results.

**Documentation**
A policy is needed for regions that require particular documentation.
Competency Standards
Policy on preceptorship and preceptor feedback process. The employer needs to establish a policy on how often the RN must demonstrate competency in taking Pap smears. This will vary depending on the number of Pap smears taken by the RN on a yearly basis and other factors including adequacy rates.

Policy on renewing competencies. It is the employer and RN’s responsibility to review ongoing competency. It is recommended that a formal process be developed for such review.

Client Satisfaction
Policy on obtaining feedback from clients regarding RN performance and a feedback process for collecting and responding to client feedback.

Pap Smear Adequacy
Policy to require regular feedback from their employer regarding adequacy rates and monitoring adequacy rates and ensuring that steps are taken to help the RN increase adequacy rates as required.

Evaluation for Module and Practicum Improvement
Policy to require that RN evaluation of the Pap Smear Learning Module and practicum is completed and for the development of a feedback loop to help the ACCSP improve this learning module and the employer to improve the practicum experience.
APPENDIX 5a.

Assessment Tools:
Pre-and Post Module ANSWER KEY

Marking Instructions:
Each correct answer scores one mark (i.e. Question #1: 4/4 responses correct = 4 marks, 3/4 correct= 3 marks, etc.). The RN is required to get 68/80 marks to attain the module requirements for competency (85%).

1. The Alberta Cervical Cancer Screening Program is needed because:
   (Section 2)
   a,c,e,f

2. Which of the following is not a risk factor for cervical cancer:
   (Section 2)
   d

3. All sexually active clients between the ages of 18-69 should have a Pap smear every year. Name four high risk groups in particular who RNs should encourage to have Pap smears.
   (Section 3)
   • older women
   • women living in poverty
   • immigrant women
   • aboriginal women

4. List five reasons why an eligible client may be reluctant to have a Pap smear? (Section 4)
   • Lack of information and understanding of cervical smear test
   • Fear of test
   • Fear of cancer
   • Fear of pain
   • Embarrassment
   • Modesty
   • Religious and social factors
   • Inability to understand an invitation to participate in cervical screening because of language barriers
   • Difficulty in communicating with some health professionals
   • Lack of childcare facilities
   • Other peoples' attitudes to the cervical smear test (i.e. husband, family, religious leaders)
   • Accessibility issues

5. List six client populations that may have special learning, counselling and educational needs.
   (Section 5)
   a. Adolescents
   b. Lesbians
c. Clients with History of Sexual Abuse  
d. Disabled Clients  
e. Clients from Different Cultures  
f. Clients with Barriers to Access  

6. When conducting a health history and assessing clients for specific concerns, what are the PQRST principles to follow?  
(Section 7)  
P = Provocative or Palliative  
Q = Quality or Quantity  
R = Region or Radiation  
S = Severity Scale  
T = Timing  

7. Pregnant clients and clients with total or subtotal hysterectomy due to cancer or precancer should be referred to a physician, registered midwife or nurse practitioner for a Pap smear:  
(Section 8)  
a  

8. If a client appears apprehensive before the exam, it is best to:  
(Section 4)  
c  

9. List three things that you can do to increase a woman’s physical and emotional comfort during the exam.  
(Section 4)  
• Position the client so that you have eye contact with her and talk to her and give her reassurance throughout the pelvic exam.  
• Tell her what you are going to do before you do it  
• Reinforce to the client that at anytime she feels uncomfortable, you will stop until she tells you that you can proceed.  
• Give the client a mirror so that she can visualize what you are doing and so she can learn about her anatomy.  
• Normalize the client’s feelings and experience  

10. Which of the following STI related findings might you find during an external genital examination?  
(Section 6)  
a, b, c, d,  

11. A client presents with the following symptoms:  
• raised painless lesions on the labia, the vestibule, or in the perianal region  
• flesh-coloured cluster of soft growths.  
The client most likely has:  
(Section 6)  
d
12. List five abnormal findings of the ectocervix
   (Section 6)
   • abnormal exudates or masses upon the ectocervix,
   • asymmetrical circumoral erythema with irregular borders,
   • blood of unknown origin,
   • cyanosis in a nongravid client,
   • diffuse erythema,
   • excavations or ulcerations,
   • nodularity or roughness is usually abnormal, but may be attributable nabothian cysts which are common
   • hemorrhagic lesions,
   • leukoplakia.

13. Which of the following are abnormal findings on the cervix that should be referred to a physician, nurse practitioner, or registered midwife:
   (Section 6)
   a, b, c, d, f

14. Name the three sampling areas of the cervix.
   (Section 6)
   • ectocervix,
   • endocervix
   • transformation zone.

15. What are the ideal client conditions for cervical screening?
   (Section 9)
   a, b, c, d

16. A smaller and narrower speculum should be used with:
   (Section 8)
   a, b, c, d

17. It is acceptable to lubricate the speculum with:
   (Section 8)
   a, b

18. An acceptable way to insert the speculum is:
   (Section 8)
   b, c, e

19. The best way to reposition a speculum for a client with a cervix with posterior orientation is:
   (Section 8)
   b

20. The correct way to obtain an ectocervix specimen with spatula is:
   (Section 9)
   a

21. The correct way to obtain an specimen with a cytobrush is:
   (Section 9)
   a
22. Over rotation of the endocervical brush will cause cell damage and slight capillary bleeding. (Section 9)
   a

23. The cytobrush is used before the spatula. (Section 9)
   b

24. Slides should be fixed with: (Section 9)
   b

25. Unsatisfactory Pap smears are mostly a result of the following: (Section 10)
   a,b

26. List four key things that should be discussed with the client after the examination. (Section 4)
   a. exam findings
   b. how client will receive her lab results
   c. client questions
   d. client education (i.e. written information; ACCSP brochures)

27. List six key descriptions that could be documented following a Pap smear visit: (Section 11)
   a. ease of examination.
   b. specimens that were obtained.
   c. abnormalities noted.
   d. condition of labia, cervix, vagina, and any deviations to normal (describe).
   e. clients response to exam (anything abnormal that made you think sexual abuse).
   f. discharge teaching and follow-up

28. During a Pap smear visit, when does the RN seek to obtain informed verbal consent from the client? (Section 8, 11)
   b

29. Is the RN legally responsible to protect confidentiality of client health information? (Section 11)
   a
APPENDIX 5b.

Assessment Tools:
Case Studies

Complete the following Case Studies. Review answer key afterwards and discuss your answers with your preceptor.

Sample #1: CD-ROM Case Studies
If RN is able to access the CD-ROM noted in Appendix 1, it would be suggested to review the case studies.

Sample #2: Written Case Studies

Case Study #1
A 28 year old aboriginal client presents to an active treatment centre in her community. She has had 3 pregnancies in 4 years, a history of 1 spontaneous abortion, 1 termination at 15 weeks and 1 live birth. She states that she doesn't want her male doctor to examine her and she thinks she may be pregnant. The doctor tells the RN that the client had an abnormal Pap 3 years ago. There is no history on the file as the client has different doctors in the area. The client is adamant that she wants a female examiner, knows there is a trained RN on site and refuses to leave if she isn't examined. She has an extensive history of "no-show" appointments and may or may not have problems with abuse of alcohol and drugs.

1. What are the first priorities for this client?
2. What information do you need to proceed?
3. What might your legal/ethical, scope of practice issues be? How should you proceed?

Case Study #2
A 32 year old female client presents at the clinic. During the health history, she states that she has some itchiness and watery vaginal discharge. On performing a speculum examination you note that the vagina is red and granular looking. There is a frothy yellowish foul-smelling vaginal discharge.

1. What may be causing the above symptoms?
2. Outline the plan of care you will discuss with this client.
3. Outline your educational and counselling strategies with this client.

Case Study #3
25 year old client presents at a well baby clinic on a reserve community. She has her husband and a 4 month old baby with her and has a 2 and 3 year old at home. She is trying to get pregnant again. Discussion ensues as to her plan for a pregnancy so soon after this birth. She is slow to answer. The husband finally says that his wife has been told that she had an "abnormal cancer test" during her last pregnancy and that she was referred to the Grace Women's Centre at her 6 week postpartum doctors visit. She did not attend the post partum doctors visit because she is afraid that she has cancer "down there". The client wants to have more babies before she has surgery. The client and her husband both think she will have her "womb taken out".

©Alberta Cervical Cancer Screening Program 2004
1. What is the first priority for this client?
2. Should the RN do cervical screening?

**Case Study #4**
A 38 year old female client presents in clinic. On taking her health history you note that she has not menstruated for a couple of months but she indicates that her periods are often irregular and she doesn’t think that she is pregnant. She has never had a Pap smear and agrees to have one done today. On performing a speculum examination you note a bluish discolouration of the cervix. There is also a thin, creamy, gray-white, vaginal discharge. There is no inflammation on the vaginal wall or cervix.24

1. What may be causing the discolouration of the cervix?
2. What may be causing the vaginal discharge?
3. How would you proceed?
4. Outline your educational and counselling strategies with this client.

**Case study #5**
A 42 year old aboriginal client presents for her Pap smear. She has not been in for regular screening in the past. The client is very self-conscious about her body, as she believes that she is overweight. She has developed a good trusting relationship with her RN who has recently been certified to do cervical screening. The history is taken and there are no signs to indicate that this will be anything other than a routine screening. Upon examination the client becomes tense and somewhat upset. The RN has trouble finding the client’s cervix. The client continues to become more anxious and starts to cry, saying that the examination is painful.

1. What is the first priority for this client?
2. With a nervous client, what are some ideas to promote comfort?
3. When the client starts to cry, what should you do?
4. The cervix is pink and fleshy, but has some "bumps on it. What might this be and what should you do?

When you do the screening:
5. What do you use first the cyto-brush or the spatula?
6. How many degrees should each instrument be turned and why?
7. How long should you wait before spraying the "fixing" solution on the slide?

**Case study #6**25
You work in a low socio-economic inner city practice with multiple immigrant women, many of who do not have English as a first language. A 65 year old client of East Indian background attends your office for the first time to get her blood pressure checked. She is a smoker. She has moved to stay with her son and help look after her grandchildren. She is mildly obese. She says that she has had no Pap smears since having children (the last child was born 45 years ago), that she has only rare sexual activity with her husband of many years and why would she need a Pap (or her husband has passed away and she has no sexual relationship).

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24 Adapted from Calgary Health Region (2001) C
25 Adapted from ACCSP Main Pro C Physician Course Working Group (2004)
She still has periods each month but they are getting heavier and closer together, i.e. q 3 weeks. When asked about previous Pap smears she said, I had a few when I was younger, in my 20’s and they said one was abnormal, so I had to have more frequent examinations at the Physician’s office.” She says that she really doesn’t want any more Pap smears.

1. What if this client had had a hysterectomy, how would you deal with the idea of doing a Pap smear?
2. What else would you like to know about this client, particularly in regard to her risk for cervical cancer?
3. How would you discuss the risk of cervical cancer with her?
4. What if she agrees to have a basic assessment (e.g. blood pressure) but still refuses a Pap smear—what would you do?
Written Case Studies

Case Study #1
A 28 year old aboriginal client presents to an active treatment centre in her community. She has had 3 pregnancies in 4 years, a history of 1 spontaneous abortion, 1 termination at 15 weeks and 1 live birth. She states that she doesn't want her male doctor to examine her and she thinks she may be pregnant. The doctor tells the RN that the client had an abnormal Pap 3 years ago. There is no history on the file as the client has different doctors in the area. The client is adamant that she wants a female examiner, knows there is a trained RN on site and refuses to leave if she isn't examined. She has an extensive history of "no-show" appointments and may or may not have problems with abuse of alcohol and drugs.

1. What are your first priorities for this client?
   - Consent for treatment and sharing of information. Education, confidence and trust building are the most important priorities.
   - Pregnancy test.

2. What information do you need to proceed?
   - Results from previous tests.
   - Results from pregnancy test.
   - Confirm who the client’s previous doctors were.

3. What might your legal/ethical, scope of practice issues be? How should you proceed?
   - You may or may not be able to perform a Pap smear or any STI testing depending on your agency policy on pregnant clients.
   - If client is under the influence of drugs informed consent may be an issue.
   - As she may leave, get a good history as well as all information for follow-up as she may be difficult to find.
   - If you are unable to perform Paps on pregnant clients, discuss if she would be more comfortable visiting a physician for Pap smear, and prenatal (if required) follow-up if a female companion or RN was present.
   - If drugs or alcohol is a factor, but the situation is volatile, try to discuss her basic health needs, resources in the community etc. Encourage her to return and at subsequent visits encourage referral for substance abuse counselling.

Case Study #2
A 32 year old female client presents at the clinic. During the health history, she states that she has some itchiness and watery vaginal discharge. On performing a speculum examination you note that the vagina is red and granular looking. There is a frothy yellowish foul-smelling vaginal discharge.

1. What may be causing the above symptoms?
   - Possibly trichomonas
2. Outline the plan of care you will discuss with this client.
   - Pap smear deferred until inflammation has settled down.
   - Possibility of a STI and the need to see physician or nurse practitioner for STI testing.
   - Need to test and treat partner(s) if it is a STI.

3. Outline your educational and counselling strategies with this client.
   - STI risk and prevention.
   - Need for safer sex practices until STI testing and treatment is complete
   - Reinforce use of male or female condoms with regular birth control methods (e.g. pill, patch, depoprovera).
   - Help client create a plan for initiation and maintenance of STI prevention.
   - Need for regular Pap smears.
   - Answer questions.
   - Provide literature on vaginitis, STI risks and prevention, and Pap smear.

Case Study #3
25 year old client presents at a well baby clinic on a reserve community. She has her husband and a 4 month old baby with her and has a 2 and 3 year old at home. She is trying to get pregnant again. Discussion ensues as to her plan for a pregnancy so soon after this birth. She is slow to answer. The husband finally says that his wife has been told that she had an "abnormal cancer test" during her last pregnancy and that she was referred to the Grace Women's Centre at her 6 week postpartum doctor’s visit. She did not attend the post partum doctor’s visit because she is afraid that she has cancer "down there". The client wants to have more babies before she has surgery. The client and her husband both think she will have her "womb taken out".

1. What is the first priority for this client?
   - Refer to a physician, midwife or nurse practitioner.
   - If required, get consents for examination and release and sharing of information.

2. Should the RN do cervical screening?
   - No, if possible refer to a physician, midwife or nurse practitioner, but stay involved as this couple will require good education and the team commitment to ensure appropriate care.
   - Education and follow-up is important.

Case Study #4
A 38 year old female client presents in clinic. On taking her health history you note that she has not menstruated for a couple of months but she indicates that her periods are often irregular and she doesn’t think that she is pregnant. She has never had a Pap smear and agrees to have one done today. On performing a speculum examination you note a bluish discolouration of the cervix. There is also a thin, creamy, gray-white, vaginal discharge. There is no inflammation on the vaginal wall or cervix.26

1. What may be causing the discolouration of the cervix?
   - Possibly pregnancy

2. What may be causing the vaginal discharge?
   - Likely bacterial vaginosis

26 Adapted from Calgary Health Region (2001) C
3. How would you proceed?
   • Perform a pregnancy test.
   • If client is pregnant, refer to for follow-up care

4. Outline your educational and counselling strategies with this client.
   • Information about bacterial vaginosis.
   • Need for follow-up with physician, nurse practitioner, or RN midwife for treatment and follow-up of symptoms.
   • Discuss STI risk and prevention with client.
   • Reinforce use of male or female condoms with regular birth control methods (e.g. pill, patch, depoprovera).
   • Need for regular Pap smears.
   • Answer questions.

Case study #5
A 42 year old aboriginal client presents for her Pap smear. She has not been in for regular screening in the past. The client is very self-conscious about her body as she believes that she is overweight. She has developed a good trusting relationship with her RN who has recently been certified to do cervical screening. The history is taken and there are no signs to indicate that this will be anything other than a routine screening. Upon examination the client becomes tense and somewhat upset. The RN has trouble finding the clients cervix. The client continues to become more anxious and starts to cry, saying that the examination is painful.

1. What is the first priority for this client?
   • Prior to starting, continue to build on the positive relationship.
   • Obtain detailed history.
   • Discuss any concerns before the exam. Overweight or very tense clients pose a challenge and may be more difficult to examine.

2. With a nervous client, what are some ideas to promote comfort?
   • Provide the client the opportunity to look at the equipment.
   • Facilitate the client to retain her modesty by allowing her to leave on as many clothes as possible, including her shoes if she desires.
   • Ensure a comfortable examination.
   • Try a exam position that is most comfortable to the client.
   • If she hasn't emptied her bladder, have her void or empty again as this can increase her anxiety.

3. When the client starts to cry, what should you do?
   • Stop the exam and discuss how she wants to proceed.
   • Change this size of the speculum if required.
   • Assess with if the speculum is too warm or cold? Check this with the client and after she is ready to proceed, proceed slowly.

4. The cervix is pink and fleshy, but has some "bumps on it. What might this be and what should you do?
   • May be nabothian follicles but assess appropriately to determine if they look like genital warts.
When you do the screening:

5. What do you use first the cyto-brush or the spatula?
   - **Spatula #1, then cyto-brush #2**

6. How many degrees should each instrument be turned and why?
   - **Spatula #1, 360 degrees, #2 cyto-brush one quarter turn or 90 degrees.**

7. How long should you wait before spraying the "fixing" solution on the slide?
   - **Fixing should occur immediately.**

### Case study #6

You work in a low socioeconomic inner city practice with multiple immigrant women, many of whom do not have English as a first language. A 65 year old client of East Indian background attends your office for the first time to get her blood pressure checked. She is a smoker. She has moved to stay with her son and help look after her grandchildren. She is mildly obese. She says that she has had no Paps since having children (the last child was born 45 years ago), that she has only rare sexual activity with her husband of many years and why would she need a Pap (or her husband has passed away and she has no sexual relationship).

She still has periods each month but they are getting heavier and closer together, i.e. q 3 weeks. When asked about previous Pap smears she said, I had a few when I was younger, in my 20’s and they said one was abnormal, so I had to have more frequent examinations at the physician’s office”. She says that she really doesn’t want any more Pap smears.

1. What if this client had had a hysterectomy, how would you deal with the idea of doing a Pap smear?
   - **Refer clients with total or subtotal hysterectomy due to cancer or precancer to their physician or nurse practitioner for follow-up. Women who have had a total hysterectomy for benign reasons (e.g. endometriosis) usually do not need to continue with their Pap smears.**

2. What else would you like to know about this client, particularly in regard to her risk for cervical cancer?
   - **Chief complaint at this time, past history.**

3. How would you discuss the risk of cervical cancer with her?
   - **Discuss relevant risk factors – e.g. current smoking, history of abnormal Pap smears, lack of regular Pap smears.**

4. What if she agrees to have a basic assessment (e.g. blood pressure) but still refuses a Pap smear—what would you do?
   - **Gradually build up her trust in you and deal with the issues she has identified initially.**
   - **Discuss necessity of Pap smear and ways to improve her comfort (e.g. having a companion/interpreter present during the exam).**
   - **May be helpful to explore language barriers and the meaning of the Pap smear to her? Assess if there are any abuse issues that might pose doing a Pap smear challenging for her and you?**
APPENDIX 5c.

Assessment Tools: Performance Criteria Checklist for Preceptor

POLICY NOTE: The ACCSP encourages the preceptor to offer feedback to the RN. It is recommended that a preceptor feedback process be set up in the Region.

Once the RN has indicated readiness for final assessment the attached tool can be used to assess the RNs performance during several Pap related client visits. The RN should attain 100% in all aspects of the skills checklist prior to being deemed competent. Please note that #15 on the checklist may not be appropriate in some clinical settings in which case the preceptor would mark “NA” and exclude this from the performance criteria.
# External Genitalia, Speculum & Pap Smear Examination

**Performance Criteria Checklist for Preceptor**

<table>
<thead>
<tr>
<th>Critical Elements</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Performs examination according to clinic policies and procedure.</td>
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<tr>
<td>1. Proceeds if health history indicates. Refers client if there are concerns identified in the health history.</td>
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<td>2. Explains procedure correctly and validates plan with client. (informed, verbal consent)</td>
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<td>3. Checks with client to determine if she needs to empty her bladder.</td>
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<td>4. Assembles necessary supplies.</td>
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<td>5. Labels slide correctly</td>
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<td>6. Drapes client correctly</td>
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<td>7. Positions client correctly</td>
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<tr>
<td>8. Discusses with client how she can take an active part in the examination.</td>
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<td>9. Sits on stool at foot of examining table.</td>
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<td>10. Dons examination gloves.</td>
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<tr>
<td>11. Explains each step in the examination before it is done.</td>
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<td>12. Touches inner thigh with back of hand before touching vulva.</td>
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<td>13. Palpates inguinal and femoral area correctly.</td>
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<tr>
<td>15. Examines the urethra, Skene’s glands, Bartholin’s glands correctly</td>
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<tr>
<td>16. Selects the proper sized speculum.</td>
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<td>17. Lubricates the speculum with only warm water or minimal amount of water based lubricant.</td>
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<tr>
<td>18. Inserts the speculum correctly so that the cervix is in full view.</td>
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<tr>
<td>19. Locks the speculum blades correctly.</td>
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<tr>
<td>20. Inspects the cervix for colour, position, edema in zone of ectopy, size, shape of os, surface, and cervical secretions.</td>
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<tr>
<td>22. Obtains specimen with spatula correctly.</td>
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<tr>
<td>• Rotates spatula in cervical os only 360°.</td>
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<tr>
<td>• Ends rotation so spatula is in 3 and 9 o’clock position.</td>
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<tr>
<td>• Transfers sample to slide correctly</td>
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<tr>
<td>• Applies to half of slide in a single uniform motion</td>
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<tr>
<td>23. Obtains specimen with a brush correctly.</td>
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<tr>
<td>• Inserts brush gently all the way into the cervical os to end of bristles.</td>
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<tr>
<td>• Turn 90° only.</td>
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<tr>
<td>• Applies to half of slide in a rolling uniform motion.</td>
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<tr>
<td>• Sprays slide with cytologic spray fixative immediately</td>
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<td>24. Removes the speculum correctly.</td>
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<tr>
<td>25. Inspects vaginal wall while removing speculum.</td>
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<tr>
<td>26. Prepares slide and completed requisition correctly for transport to laboratory.</td>
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<tr>
<td>27. Assists client out of lithotomy position.</td>
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<tr>
<td>28. Shares results of examination with client.</td>
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<tr>
<td>29. Provides health information and reading resources to client.</td>
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<tr>
<td>30. Informs client of how results will be shared.</td>
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<tr>
<td>31. Informs client of when next Pap smear is due.</td>
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<tr>
<td>32. Documents results of examination correctly on client’s Health Record</td>
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<tr>
<td>33. Identifies abnormal findings (STI, cervical abnormalities etc.) and promptly consults with or refers client to physician, nurse practitioner, or registered midwife.</td>
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</tr>
</tbody>
</table>

Date: ___________________ Preceptor: ___________________

Date: ___________________ Preceptor: ___________________

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27 Adapted from Calgary Health Region (2001) C.

28 *Depending on the practice setting, this may not be appropriate. If this is the case, please indicate an “NA” in the marking box.
APPENDIX 5d.

Assessment Tools:
Women’s Satisfaction Survey

POLICY NOTE: The ACCSP recommends that RNs obtain feedback from clients regarding their performance. It is recommended that a feedback process be established in your region for collecting and replying to client satisfaction surveys. It is recommended that the attached survey be given to all clients following their visit with the RN conducting unsupervised Pap related visits during her practicum. The RN should complete the following:

- provide the client with the survey and an envelope
- request that the client complete the survey in the waiting room,
- put it in the envelope and seal the envelope
- give it to the receptionist.

The collected surveys can later be provided to the RN and her preceptor for their review.

This tool can be used to provide performance feedback to the preceptor and the RN (i.e. the RN and preceptor can review the surveys and look for trends in the RNs performance). A review of the surveys (recommended 15-30) can inform the preceptor's judgement on whether the RNs performance has improved over time, during her practicum, and if she is competent (in conjunction with Pap smear adequacy rates and performance criteria checklist).
WOMEN’S PAP SMEAR SERVICES SATISFACTION SURVEY

Please help us improve our services by answering the following questions about the Pap smear service you received. The RN who provided this service is taking part in an evaluation to ensure a high quality of Pap smear service for women.

You are asked to complete this survey, but this is voluntary. The survey will take about 10 minutes to complete. All results from surveys are combined so that your anonymity and confidentiality are protected. Do not write your name on this survey, unless you would like the Manager to contact you.

<table>
<thead>
<tr>
<th>DATE:</th>
</tr>
</thead>
</table>

Please check (✓) one box for each question.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The RN listened to health issues that were on my mind.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2</td>
<td>The RN helped me to talk about my concerns.</td>
<td></td>
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<tr>
<td>3</td>
<td>The RN respected my values, beliefs and culture.</td>
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</tr>
<tr>
<td>4</td>
<td>I could easily talk about personal matters with the RN.</td>
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</tr>
<tr>
<td>5</td>
<td>The RN took a detailed health history for my records. (the RN may not be able to do detailed health history in some settings)</td>
<td></td>
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<tr>
<td>6</td>
<td>The RN explained the Pap smear process to me in words I could understand.</td>
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<tr>
<td>7</td>
<td>The RN asked if it was okay to go ahead with the Pap smear.</td>
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<tr>
<td>8</td>
<td>The RN assured me that the Pap smear was confidential.</td>
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<tr>
<td>9</td>
<td>The RN made sure I had privacy during the Pap smear.</td>
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<tr>
<td>10</td>
<td>I was offered a cover sheet to use for the Pap smear.</td>
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<tr>
<td>11</td>
<td>The RN checked with me during the Pap smear to make sure I was comfortable.</td>
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<tr>
<td>12</td>
<td>I had minimal discomfort during the Pap smear.</td>
<td></td>
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<tr>
<td>12</td>
<td>The RN gave me information about the Alberta Cervical Cancer Screening Program.</td>
<td></td>
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<tr>
<td>13</td>
<td>The RN provided me with handouts to help me understand Pap smears.</td>
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</tr>
<tr>
<td>14</td>
<td>The RN told me when my Pap smear result will be ready.</td>
<td></td>
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<tr>
<td>15</td>
<td>The RN told me how I will get my Pap smear results.</td>
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</tr>
</tbody>
</table>

Continued Over ⇒

29 Select questions adapted with permission from Pap Screen Victoria (2001).
16. Describe one thing that the RN did very well?

17. If we need to do something better, what do you suggest that we change?

18. Overall, how satisfied are you with the services you received? Check (✓) one box to answer this question.

<table>
<thead>
<tr>
<th>Very Satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied</th>
<th>Very Dissatisfied</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If you would like the Manager to contact you, please write down your name and phone number (optional).

Name: ________________________________

Phone Number: _________________________

Thank you for your feedback.

Please return your completed survey to the receptionist.
APPENDIX 5e.

Assessment Tools:
Pap Smear Audit Form

POLICY NOTE: The ACCSP recommends that RNs being trained to take Pap smears have regular feedback from their employer regarding adequacy rates and that steps are taken to help the RN increase adequacy rates as required. It is recommended that employers set up a process to regularly collect and review Pap smear adequacy rates with the RN. The attached Pap Smear Audit Tool is provided to help the employer monitor each RN’s Pap smear adequacy.
### Pap Smear Audit Form

#### Employee # ____________________

<table>
<thead>
<tr>
<th>DATE OF PAP</th>
<th>DATE OF BIRTH</th>
<th>RESULT (✓ Check appropriate boxes)</th>
<th>IF UNSATISFACTORY: STATE REASON (Noted on lab results form)</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Satisfactory</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ endocervical/metaplastic cells absent</td>
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<td>□ other</td>
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<td>□ Unsatisfactory</td>
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<td>□ Satisfactory</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ endocervical/metaplastic cells absent</td>
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<td>□ Unsatisfactory</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ endocervical/metaplastic cells absent</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ endocervical/metaplastic cells absent</td>
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<td>□ Unsatisfactory</td>
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<td>□ Satisfactory with qualifiers</td>
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<td>□ endocervical/metaplastic cells absent</td>
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<td>□ other</td>
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<td></td>
<td></td>
<td>□ Unsatisfactory</td>
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</tbody>
</table>

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APPENDIX 5f.

RN Evaluation of Pap Smear Learning Module & Practicum

POLICY NOTE: The ACCSP recommends the development of a feedback loop to help the ACCSP improve this learning module and the employer to improve the practicum experience. It is recommended that employers set up a process to encourage RNs to complete the evaluation and for follow-up as suggested. Following completion of the learning module and practicum the RN is asked to complete the following steps:

**Learning Module Evaluation (Part 1)**
- Give the completed evaluation to your manager,
- Send a copy to the ACCSP for evaluation purposes.

**Practicum Evaluation (Part 2)**
- Give completed evaluation to your manager.
- Review evaluation with preceptor as required.
PART 1: RN Evaluation of Pap Smear Learning Module

1. I achieved the learning module goals and objectives.  
   Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
   1 | 2 | 3 | 4 | 5
   Explain

2. The learning module has increased my theoretical knowledge of cervical cancer and Pap smear service provision.  
   Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
   1 | 2 | 3 | 4 | 5
   Explain

3. The Case Studies enhanced my learning regarding sensitive approaches to examining and counselling of Pap smear clients.  
   Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
   1 | 2 | 3 | 4 | 5
   Explain

4. The Pap Smear Videos enhanced my learning regarding how to perform a Pap Smear?  
   Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
   1 | 2 | 3 | 4 | 5
   Explain

5. The recommended readings enhanced my learning.  
   Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree
   1 | 2 | 3 | 4 | 5
   Explain

Continued Over ⇒
6. The assessment tools were comprehensive.  
   1 2 3 4 5  
   Explain

7. Other comments

8. What did you find MOST useful about the learning module?

8. What did you find LEAST useful about the learning module?

8. What further information would be helpful to include in this manual?

Would you consent to the ACCSP contacting you to speak to you directly about the learning module to help us evaluate the resource? Yes ____ No____

If “Yes” please write down your contact information.
Name:______________________
Phone#:______________________
Email address:______________________

Thank you for completing Part 1 of this evaluation. Kindly send a copy to your manager and a copy to the ACCSP Manager of Program Development and Coordination, at 2202-2nd St. S.W. Calgary Alberta Canada T2S - 3C1 Tel.(403) 355-3264 Fax. 1-888-944-3388
### Part 2: RN Evaluation of Practicum

<table>
<thead>
<tr>
<th>Number</th>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>My practicum objectives were met.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong></td>
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<tr>
<td>2</td>
<td>I had the opportunity to participate in a variety of clinical situations.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong></td>
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<td></td>
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</tr>
<tr>
<td>3</td>
<td>I was given the opportunity to discuss any issues raised during my practicum.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong></td>
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</tr>
<tr>
<td>4</td>
<td>I had the opportunity to develop adequate assessment skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
</tr>
<tr>
<td></td>
<td><strong>Explain</strong></td>
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</tr>
<tr>
<td>5</td>
<td>I had the opportunity to develop adequate physical exam, speculum exam, and Pap smear skills.</td>
<td>1</td>
<td>2</td>
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<td>5</td>
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<tr>
<td></td>
<td><strong>Explain</strong></td>
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</tbody>
</table>

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31 Adapted with permission from Family Planning Queensland (November 2003). RN Pap Smear Provider Module: Clinical Handbook & Portfolio. Evaluation of Pap Smear Provider Clinical Attachment Form (Question #1,3,4,7, &9)
6. I had the opportunity to develop adequate counselling and education skills.

   Explain

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

7. Overall, the Pap smear practicum was valuable?

   Explain

<table>
<thead>
<tr>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neutral</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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</table>

8. What suggestions do you have to improve the practicum experience?

9. Other comments?

   Thank you for completing Part 2 of this evaluation. Kindly send a copy to your manager.