Self-Directed Learning Activity Package

Speculum Examination for Midwives

(Diagnosis of Ruptured Membranes in women = > 37 weeks and who are not in established labour)

Name: ____________________________________________

Ward/Unit: _________________________________________

Facility: ___________________________________________

Date Completed: ___________________________________

Please return to relevant Educator¹ on completion of all requirements of this learning activity package

Date received by Educator: __________________________

Date of Original Package Development: June 2015

Endorsed by: NNSW Maternity Service Committee

Signature: __________________________ Date: Nov 2018

Approved by: NNSWLHD Education Committee

Signature: __________________________ Date: January 19

Version: Version 2 December 2018

Review Date: December 2020

¹ The term Educator relates to context of Nursing and Midwifery practice and encompasses CNE, CME, NE and ME roles
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Statement of Indemnity
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Disclaimer
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Acknowledgments
- Catherine Price CMC Liverpool Hospital author of: Sterile Speculum Examination for Midwives Learning Package
- American College of Nurse-Midwives: Intrapartum Sterile Speculum Examination for Registered Nurses. Many of the images used in this package are copied from this free online learning package

Author Suzanne Weir Acting Clinical Midwifery Consultant, NNSW LHD Maternity Education Committee
Reviewed by Debra Hayhoe Clinical Midwifery Educator, TTH WCU September 2018

Related Standards of Practice for the Registered Midwife
- Standard 4: Undertakes comprehensive assessments
- Standard 5: Develops plans for midwifery practice
- Standard 6: Provides safety and quality in midwifery practice

Related National Safety and Quality in Health Care Standards (NSQHS)
- Standard 1 – Clinical Governance
- Standard 2 – Partnering with Consumers.
- Standard 3 – Preventing and Controlling Healthcare Associated Infection
- Standard 5 – Comprehensive Care
- Standard 6 – Communicating for Safety

Related Australian Qualification Framework Criteria (AQF)
This SD LAP may be assessed against the AQF framework for articulation of the material—https://www.aqf.edu.au/
Related Documents
 Policies, Procedures and Guidelines

GL2014_016  Pregnancy and Birthing Care for Women Affected by Female Genital Mutilation/Cutting
NNSW-LHD-PRO-0180-17 Care of the Woman with Term Pre-Labour Rupture of Membranes (PROM) | Northern NSW Local Health District Intranet
GL2018_025 Maternity – Fetal Heart Rate Monitoring | Northern NSW Local Health District Intranet

Other relevant documents
Nil

Learning Resources Required for Completion of this Learning Activity Package
- Associated readings / references
Nil
- Speculum examination courses available for additional learning
  Family Planning NSW
  Australian College of Midwives

Prerequisite Learning Requirements
Nil

Recognition of Prior learning
“Recognition of prior learning is an assessment process that involves assessment of an individual’s relevant prior learning (including formal, informal and non-formal education) to determine the credit outcomes of an individual’s application for credit.” (AQFC, 2012). Participants can seek recognition of prior learning from their Clinical Midwifery Educator or a Clinical Midwifery Consultant for this learning activity package or sections of this package providing they can show evidence of successful completion of similar learning. This process should occur in consultation with the relevant educator prior to commencement of this package.

Resource Persons
The Clinical Midwifery Educators will be the resource person to mark the learning
package quiz.
Registered Midwives and Medical Officers accredited in speculum examinations to assess competency.

**Guidelines for completion of this Learning Activity Package**

- Please make sure you are familiar with all of the above documents prior to commencing this learning activity package.
- Participants are required to achieve a 75% mark or greater for this learning activity package.
- Should participants not achieve this mark, consultation with the educator should occur to determine further education and direction for re-completion of required tasks.
- The information and answers provided by participants in this learning activity package is of a confidential nature and will only be accessed by the Educator, and the relevant administration officer (if required for data collection purposes).

**Time Required for Completion of this Learning Activity Package**

This is a self-directed learning activity package which may be completed at the learner’s own pace. However, it is anticipated that the clinician may be able to complete the package in a time-frame of 3 months.

**Frequency of completion of this Learning Activity Package**

This learning activity package is required to be completed by staff members once only.

**Overview of the Learning Activity Package**

**Aims**

The midwife will have the knowledge and skill to conduct a safe and appropriate sterile speculum examination on completion of this learning package.

**Learning outcomes**

- To identify the indications for doing a Sterile Speculum Examination (SSE)
- To review the anatomy of the vulva and perineum
- To identify the necessary equipment that will be used to perform the sterile speculum exam
- To learn the correct preparation and technique for insertion and removal of a speculum to minimise discomfort and optimise visualisation of the cervix
Identify issues for history taking prior to offering invasive gynaecologic procedure (e.g. Sexual Assault, FGM)

Demonstrate sensitivity and respectfulness; explore strategies (language & exam technique) that facilitate a safe and comfortable experience for the woman.

Understand infection control protocols

Know how to document findings and when to refer to medical staff as required

Assessment

Formative

Complete the Sterile Speculum Examination for Midwives Self-Directed Learning Activity Package

Summative

1. Complete the Sterile Speculum Examination for Midwives Self-Directed Learning Activity Package Quiz. Completed quiz must be presented to CME for completion sign off.

2. Complete 2 Sterile Speculum Examinations under the supervision of a clinician experienced in Speculum use. This practical competency is to be completed and signed off by a Registered Midwife or Medical Officer accredited to perform speculum examinations.

Who can conduct competency assessment for this package?

CME’s (Quiz assessment). Registered midwives and medical officers experienced in speculum use (speculum exam supervision).
PART1

Indications for Speculum Examination

**Indications: for a Midwife SSE:**

The woman is 37 weeks or more gestation, there is a history consistent with spontaneous ruptured membranes and the woman is not in established labour

**Indications: when to refer to Obstetric Medical Officer for a SSE:**

Preterm labour, cervical dilatation ≥ 3cms, vaginal bleeding, ? PPROM (remove cervical stitch, Fetal Fibronectin, Actim Partus testing)

**Purpose**

To diagnose ruptured membranes and collect specimens from the vagina.

Clinicians use the results gathered from analysing these specimens to make a clinical diagnosis. For example; when trying to determine if the membranes are ruptured, the midwife will try and:

- view liquor in the vagina
- collect a liquor swab to test nitrazine swab for increase alkaline
- collect a vaginal swab to determine if presence of an infection

**Contraindications**

- No benefit for the exam
- The woman declines and does not give informed verbal consent for the SSE
- Established labour
- Heavy vaginal bleeding / known Placenta Previa
- Active herpes
- Female Genital Mutilation (FGM) Infibulation Type 3
Possible adverse effects
The exam may cause:

- rupture of the membranes
- trauma to the tissues
- the introduction of contaminants, such as bacteria, into the vagina

Education and consent
It is important to educate the woman why this procedure is necessary, what specimens will be collected, and how they will be processed. For example, you might say; “I would like to do a sterile speculum exam to collect some specimens from the vagina to make sure that you have broken the waters around your baby (this is also called ruptured membranes). During this exam, I will collect a small sample with a cotton swap and then send it to the pathology lab for analysis.” Show the woman to small end of the speculum and explain that this is the same piece of equipment that is used to the cervical screening test (previously called Papp test). Explain the procedure including the potential adverse effects. Give the woman the opportunity to ask questions. Then ask her if she’s ready for you to proceed.

Informed cooperation
In addition to education and consent, informed cooperation is important. A woman must understand, completely agree to, and be an active participant for the Sterile
Speculum Exam procedure to be successful. Offer a chaperone and/or chosen support person. Minimize distractions in the environment as much as possible. If the woman is having mild contractions, do the exam in between them. Respect the woman and her body at all times. Talk to the woman throughout the speculum exam, explaining what you are doing and what she will feel at every step. If you anticipate that the procedure will be uncomfortable, say so. If the woman experiences discomfort during the exam, acknowledge it. “That seemed uncomfortable for you, we will be finished with the exam in just one minute.”

Hints to help her relax:
- Give clear explanations in non-patronising way using lay language
- Listen to and discuss her concerns
- Check she understands the rationale and alternative options
- Suggest she can stop the examination at any stage by verbally communicating with the clinician to stop
- Position her comfortably
- Maintain her dignity / privacy – secure the door, draw a curtain
- Use a privacy sheet over her legs to minimise exposure
- Make time for her to prepare – ask her to let you know when she is ready to begin
- Ensure she is in control, if she says stop, stop!
- Ask for her feedback

Clinical History
Take a clinical history from the woman and perform base line admission observations. Is the woman’s history consistent with SROM or urinary incontinence or other vaginal discharge?

- When?
- How much?
- Colour?
- Odour?
- Does she have a pad if so inspect it?
- Anything else remarkable?
Obstetric history, abdominal palpation- can you palpate liquor?
Fetal Movements Felt,? Electronic Fetal Monitoring(EFM),
perform a full set of observations and document on the Standard
Maternity Observations Chart (SMOC), if an inpatient, and in the
Antenatal Short Stay Assessment folder in eMaternity if not
admitted

- If there is good history/evidence of SROM→ NO NEED FOR SPECULUM

- If unsure and there is no evidence of liquor → Offer a speculum

Tests

Nitrazine tests (Amnicator)

- Normal pH for vaginal fluid 4.5 - 5.5 (acidic)
- Normal pH of amniotic fluid 7.0 - 7.5 (alkaline)
- False positive ~17% test result effected
  by:
  o Blood
  o Semen
  o Vaginitis (bacterial vaginosis)
  o Urine with an increased pH
  o Antiseptics

- **Amnisure®** - Detects *placental alpha microglobulin-1 protein* in vaginal fluid
  (PAMG-1) - 92-98% (no speculum required, left in situ for 1 minute)

- **Actim® PROM** – detects *insulin-like growth factor binding protein-1* (IGFBP-1)
  – 82-89% (no speculum required, left in situ for 10-15 seconds).

- **Fetal fibronectin®** (fFN) is a “glue-like” protein that is detectable in vaginal
  secretions. After the 35th week of pregnancy, it begins to break down
  naturally, and is detectable. fFN may be detected before week 35. Registered
  Midwives do not perform this procedure.
• **Infection screen**, Low vaginal swab and or high vaginal swab, sexually transmitted Infections, Group B strep, micro culture and sensitivity

**Anatomy & Physiology**

It is important that you are familiar with the anatomy of the female vulva prior to inserting a speculum. Please especially note the mons pubis, the clitoral hood, the clitoris, the labia majora, the labia minora, the opening of the vagina, the opening of the urethra, the perineum and the anus.
PART2

Procedure for Speculum Examination

Equipment
Organize all of your equipment before you begin. Remember to use universal precautions at all times and perform hand hygiene.

- Correct size sterile speculum – appropriate type / size
- Sterile water -based lubricant
- Sterile gloves
- Absorbent sheet
- Drape to cover woman
- Moveable exam light or speculum with light source
- Swabs (if required) and pre labelled specimen containers
- Stool

Types of Speculums (Check what is available in your maternity unit)

Non Disposable

Disposable
Sterile speculums come in several sizes. When you are trying to decide what size to use, take into account if the vagina is that of a petite woman, a large woman, a woman who has never had a baby, a woman who has had one baby or one who has had many babies. Use the smallest speculum when possible.
Familiarize yourself with the mechanics of the speculum.

- Can you identify the thumb pad in the pictures on the left hand side of this slide? It looks like an upside down metal thumb. This thumb pad has a small round nut located just above the pad.
- Can you turn on the LED light in the LED vaginal speculum?

Speculums open by squeezing the thumb pad and handle grip together.

The position of the person’s thumb, the position of the thumb pad and the position of the thumb pad nut are all very different. When the speculum is closed, the thumb pad is away from the handle, the thumb is off the pad and the nut is loose. (Upper right photo)

The speculum on the bottom right is open. The thumb is on the thumb pad and it is squeezing the thumb pad and handle together to open the speculum. The small nut is screwed tight to secure the speculum in the open position.
If you want to increase the circumference or opening of the speculum, you may unscrew the large lower nut located on the handle and slide the speculum blades up and down. This is seldom, if ever necessary.

**Preparation**

- Ask woman to empty her bladder
- Position woman comfortably
  - Pillow(s) under hips to elevate her pelvis (do not use a closed fist)
  - Draw sheet over her lap (privacy)
  - Absorbent sheet underneath
- Elevate the bed for your comfort to maintain back care
- Position the light so that the cervix will be easily visualized, if using external light source.
- If using LED speculum, remove light source activation tape to turn on light prior to insertion.
- Double check your equipment to be sure you have everything that you need, and that you can reach it easily. Remember that once you don your gloves you won’t be able to touch non-sterile equipment.
- Wash hands in front of the woman if possible, don sterile gloves
- Warm the speculum in your sterile gloved hand
- Seat yourself comfortably

Reassure the woman, reconfirming consent and explain what you are about to do.

**Inserting the speculum**

- Ask the woman to put her feet together, relax her legs and open her knees as far as possible.
- Do not push her legs apart or lean on her under any circumstances.
- Lubricate speculum. **DO NOT LUBRICATE SPECULUM FOR FETAL FIBRONECTIN.**
- When you are doing the exam, use a gentle, smooth and steady touch. Do this exam as quickly and efficiently as possible. Do not hesitate. Do not use nervous, repetitive or jerky motions.
o Inspect the vulva. Using your smallest finger and thumb, open the labia and inspect the perineum. Continue to hold the labia open to avoid catching the skin or pubic hair when you are inserting the speculum.

o If you see anything of concern such as: lesions, frank bleeding, trauma or if you are uncomfortable for any reason, do not proceed with this exam. Report findings to the doctor on call.

o Place your index finger and your second finger just at the edge of the introitus on the vaginal floor. Apply gentle downward pressure and spread your fingers to slightly open the vagina.

o Ask the woman to let her bottom drop into the bed/table. You’ll see and feel the pelvic floor muscle relax. Place the speculum just above your fingers at the opening of the introitus.

“Okay, please let your bottom drop into the table and soften those muscles. Good.”

o Before introducing the speculum, turn it to a slightly oblique angle to avoid trauma to the urethra and peri-urethral structures.

o Gently introduce the speculum into the vagina. Point the tip of the blades toward the tailbone. Keep the tension of the entire instrument down toward the vaginal rectal floor to avoid trauma to the urethral structures on the top of the vaginal wall. Do not force the speculum. Let the walls of the vagina guide the speculum.

o When in place, the speculum slants downward toward the tailbone.

o As you insert the speculum, rotate the handle down to 6 o’clock.

o Once the speculum is fully inserted, let the woman know that you are going to opening it. Slowly open the speculum by holding it steady and squeezing the handle & thumb pad together.

“Okay, the speculum is all the way in. Are you doing alright? Okay? I’m going to open the speculum a little, secure the nut in place & then gather the sample.”

o Open the speculum as wide as necessary to visualize the vagina and the cervix. Once the speculum is in place, tighten the thumb pad nut, or engage the ratchet mechanism to secure the blades of the speculum in the open position.
Visualizing the Cervix

- If you can’t visualize the cervix, close the bills slightly and adjust (if not fully advanced - ? vaginal wall, If fully advanced and uncomfortable - ? Posterior fornix). If the cervix is not visible consider asking the woman to “bear down” during insertion, which may assist relaxation of the vaginal muscles.
- Once the Cx is seen, advance the open bills to above and below the cervix (anterior and posterior fornices)
- Note if amniotic fluid in vagina or escaping from the cervix /pooling on the speculum (ask the woman to cough)
- Consult if unsure
- Collect any samples according to package directions. Use your dominant sterile hand to handle the sterile equipment. Be aware of sterile technique at all times to prevent contaminating results.

Removing the speculum

When you are finished collecting your samples, tell the woman that you are going to remove the speculum.

- Place your fingers back on the handle and thumb pad to hold the blades open initially.
- Unscrew the thumb pad nut, or unclip the ratchet mechanism to loosen the speculum blades.
- Keep the speculum open as you begin to remove it in order to avoid the possibility of compressing the cervix.
- Once away from the cervix, release the thumb pad and allow the blades to close on their own as you slowly withdraw the speculum. Be careful not to pinch the skin or catch the pubic hair. Deposit the used speculum in the correct containers
- Ensure woman is comfortable
- Clean up equipment and dispose of rubbish
- Remove gloves and perform hand hygiene
- Communicate finding to woman and document in medical record as below.

Remember that a speculum exam can be stressful for some women. Every woman
brings her history and her fears (previous sexual abuse or loss of control during medical procedures). She'll take away the experience and knowledge that you give to her. Your approach is extremely important. The woman is acutely aware of your attitude of respect, or lack of respect, for her body. Your verbal approach should be gentle and professional. Your physical approach should be gentle and steady. Take the necessary time to make sure she feels comfortable and that you do the job correctly.

Documentation

- History; including time of ? SROM on Partogram
- Verbal consent obtained / presence of chaperone
- Abdominal palpation, maternal observations and fetal assessment (EFM)
- GBS status
- Any vaginal swabs or tests taken
- External genitalia – Normal or not
- If fluid confirmed in vagina on speculum examination, the description of vaginal discharge, colour, amount,
- With speculum - condition of vaginal mucosa
- Cervical Os visualised – normal / healthy / open / closed
- Presence of liquor confirmed or not
- Management Plan in consultation with woman and O&G team

PART3

QUIZ

Content

Q1. Which of the following responses demonstrates the best reason for the midwife to perform a sterile speculum exam?

- [ ] a. You are concerned that there may be meconium stained fluid
- [ ] b. You are evaluating for suspected rupture of membranes
Q 2. A midwife should not perform a sterile speculum examination if (more than one answer is correct)

- a. There is no benefit in doing the exam
- b. The woman declines
- c. The woman is in established labour
- d. Female Genital Mutilation (FGM type III) is suspected

Q 3. When preparing for a sterile speculum exam, the following steps should be taken:

- a. Assist the woman to the proper position by gently pressing her knees apart
- b. Lubricate the speculum with sterile gel for easier insertion in the vagina
- c. Have the woman position herself so that her buttocks are slightly over the edge of the exam table
- d. Encourage the woman to drink water prior to the speculum exam so that her bladder is full

Q 4. Before inserting the speculum, the practitioner should:
Q 5. Which of the following is a possible adverse effect of performing a sterile speculum examination?

- a. Rupture of membranes
- b. Premature Birth
- c. Heavy vaginal bleeding
- d. Fetal heart rate decelerations

Q 6. When introducing the speculum, the correct technique is to:

- a. Push the speculum in as fast as possible
- b. Point the tip of the speculum blades up toward the bladder
- c. Open the blades before insertion
- d. Point the tip of the speculum blades down toward the sacrum

Q 7.

Label the following anatomical structures
Q 8. Label the following in the diagram below
a. lower blade
b. upper blade
c. handle
d. thumb plate
e. Lever screw (adjustment screw)
f. Handle nut (screw)
g. tip
Q 9. What would you examine the cervix for when performing a speculum examination?
   a. Fluid
   b. Dilation
   c. Signs of infection
   d. Abnormalities

References
1. American College of Nurse-Midwives: Intrapartum Sterile Speculum Examination for Registered Nurses. Available at www.midwife.org
Evaluation / Feedback Mechanism

Please take some time to complete the attached evaluation/ feedback tool and return to your Educator. Your feedback will allow for the ongoing improvement of this learning activity package into the future. We appreciate your honesty and input. Thank you
Speculum Examination for Midwives
(Diagnosis of Ruptured Membranes in women > 37 weeks and who are not in established labour)

Descriptor: Knowledge and ability to effectively and safely perform ...

Competency related to: NSQHS 1, 2, 3, 5 & 6...

Assessment Codes: I = Independent S = Supervised A = Assisted M = Marginal D = Dependent

National Competency Standards for the Registered Midwife:
- Standard 4: Undertakes comprehensive assessments
- Standard 5: Develops plans for midwifery practice
- Standard 6: Provides safety and quality in midwifery practice

Prior Learning:
(please state if not applicable)

Candidate Name: Designation:
Payroll Number Unit/Facility: Date:
Assessor Name: Designation:

Confirmation of assessment details by participant.

I confirm that:
- The purpose of this assessment has been clearly explained to me
- I am aware of the underpinning education and requirements as documented above
- The performance criteria to be used in this assessment has been discussed with me and I am aware that I will be assessed against these criteria
- I have been given fair notice of the date, time and venue of this assessment
- I am aware of how the assessment will be completed and the requirements relating to this assessment

Candidates Signature: Date: / /

Assessment Matrix (Bondy 5 point)

<table>
<thead>
<tr>
<th>Scale Label</th>
<th>Standard of Practice</th>
<th>Quality of Performance</th>
<th>Level of assistance required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent (Not Yet Competent)</td>
<td>Unsafe. Unable to demonstrate expected behaviour or skill. Lack of insight into behaviour appropriate to context.</td>
<td>Unskilled. Unable to demonstrate behaviour/procedure. Lacks confidence and understanding of provision of safe environment,</td>
<td>Required continuous verbal and/or physical directive cues</td>
</tr>
<tr>
<td>Marginal (Not Yet Competent)</td>
<td>Safe only with guidance. Not completely accurate. Incomplete achievement of objectives for intended outcome. Some insight into behaviour.</td>
<td>Very limited skills. Unable to demonstrate confidence, efficiency and/or co-ordination of activities.</td>
<td>Required continuous verbal and/or frequent physical directive cues.</td>
</tr>
<tr>
<td>Assisted (Not Yet Competent)</td>
<td>Safe. Accurate. Achievement of most objectives for intended outcome. Some insight into behaviour.</td>
<td>Proficient throughout most of performance when assisted</td>
<td>Required frequent verbal and/or occasional physical directives in addition to supportive cues.</td>
</tr>
<tr>
<td>Performance/Assessment Criteria</td>
<td>I</td>
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<tr>
<td>1. Demonstrates knowledge</td>
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<td>□ Completed Pre-Requisites</td>
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<tr>
<td>▪ Completes learning package part 1 and maintains 75% in Quiz in Part 3</td>
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<tr>
<td>▪ Identifies indications for procedure</td>
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<td>▪ Identifies contraindications for procedure</td>
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<td>□ Identifies and complies with relevant Policies and Guidelines</td>
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<td>□ Practices in an evidence based framework</td>
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<td>2. Provides evidence of therapeutic interaction</td>
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<td>□ Communicates effectively with woman and/or family.</td>
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<td>□ Communicates effectively with multidisciplinary team.</td>
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<td>□ Demonstrates sensitivity and respect for the woman’s cultural identity.</td>
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<td>□ Consults with relevant health care professionals to facilitate continuity of care.</td>
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<td>3. Demonstrates Safe Practice</td>
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<td>□ Adheres to relevant WHS guidelines</td>
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<td>▪ Maintains safety with equipment (e.g. sharps)</td>
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<td>▪ Utilises PPE where appropriate. Standard Precautions unless otherwise indicated</td>
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<tr>
<td>□ Seeks assistance when required</td>
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<td>□ Adheres to 5 moments of Hand Hygiene throughout the procedure</td>
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<td>4. Prepares for Procedure</td>
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<tr>
<td>□ Obtains verbal consent</td>
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<tr>
<td>□ Performs hand hygiene</td>
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<tr>
<td>□ Gathers equipment</td>
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<tr>
<td>□ Ask woman to empty her bladder</td>
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<tr>
<td>□ Position woman comfortably</td>
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<td>▪ Pillow(s) under hips to elevate her pelvis (do not use a closed fist)</td>
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<tr>
<td>▪ Drawsheet over her lap (privacy)</td>
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<tr>
<td>▪ Blue sheet underneath</td>
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<tr>
<td>□ Elevate the bed for your comfort maintaining back care</td>
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<tr>
<td>□ Position the light so that the cervix will be visualised</td>
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<tr>
<td>□ Performs hand hygiene in front of the woman if possible, dons sterile gloves</td>
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<tr>
<td>□ Warm the speculum in a sterile gloved hand</td>
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<tr>
<td>□ Uses aseptic technique to prepare and maintain sterile field through the procedure</td>
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<tr>
<td>□ Position/Seats themselves comfortably</td>
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<tr>
<td>5. Performs Procedure</td>
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<tr>
<td><strong>Provides evidence of therapeutic interaction</strong></td>
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<tr>
<td>✓ Informs woman and gains verbal consent for the procedure</td>
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<tr>
<td>✓ Performs hand hygiene</td>
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<tr>
<td><strong>Performs Procedure</strong></td>
<td></td>
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<tr>
<td>✓ Selects appropriate sized speculums and uses lubrication</td>
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<tr>
<td>✓ Separate the labia from below using the index and middle finger</td>
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<tr>
<td>✓ Gently inserts the speculum at a 45 degree angle and pointing slightly downward</td>
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<tr>
<td>✓ Gently rotates the speculum to a horizontal position and gently open the blades until the cervix is in view</td>
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<tr>
<td>✓ Secures the speculum by turning the thumb nut</td>
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<tr>
<td>✓ Visualise the cervix and vaginal walls for any abnormalities, such as ectopy, cysts or polyps</td>
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<tr>
<td>✓ Comments on whether the cervical os is open or closed?</td>
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<tr>
<td>✓ Performs any necessary tests, obtaining samples for culture and cytology</td>
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<tr>
<td>✓ Withdraws the speculum slightly to clear the cervix and gently loosen the speculum to close the blades</td>
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<tr>
<td>✓ Continues to withdraw whilst rotating the speculum to 45 degrees, avoiding contact with the vaginal walls</td>
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<tr>
<td>✓ Ensures that woman is comfortable</td>
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<tr>
<td>✓ Has explained the procedure throughout examination and encouraged woman to direct procedure at her own pace. Has stopped procedure at woman’s request.</td>
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<tr>
<td><strong>Completion of procedure</strong></td>
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<tr>
<td>✓ Removes gloves and PPE without contaminating self of the environment</td>
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<tr>
<td>✓ Performs hand hygiene</td>
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<tr>
<td>✓ Cleans equipment, replaces stock and discards waste appropriately</td>
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<tr>
<td>✓ Performs hand hygiene</td>
<td></td>
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<tr>
<td>✓ Informs woman when to expect test results</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>6. Completion of Procedure</th>
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</thead>
<tbody>
<tr>
<td><strong>Documents in eMR/eMaternity or downtime forms.</strong></td>
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<tr>
<td>✓ consent contained.</td>
</tr>
<tr>
<td>✓ Findings of examination including membranes, cervix and anything considered not normal</td>
</tr>
<tr>
<td>✓ Follow up plan including woman’s understanding of findings.</td>
</tr>
<tr>
<td>Outcome: Name of The Competency</td>
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<tr>
<td>---------------------------------</td>
</tr>
<tr>
<td>Recognition of Prior Learning (RPL) Evidence Supplied:</td>
</tr>
<tr>
<td>RPL Assessed and Authorised by:</td>
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</tbody>
</table>

To achieve competency, each relevant performance criteria must be performed and observed as being correct by the assessor and/or have been recognised as credit for prior learning.

<table>
<thead>
<tr>
<th>Competent:</th>
<th>Independent</th>
<th>Supervised</th>
<th>Not yet competent:</th>
<th>Assisted</th>
<th>Marginal</th>
<th>Dependent</th>
</tr>
</thead>
</table>

**Comments:**

**Assessor:** (synopsis of performance)

**Candidate:** (reflect on your performance, the assessment process etc.)

**Candidate signature**

**Assessor signature:**

**Action:** Further Training Required

**Further Training Required to be completed by:**

<table>
<thead>
<tr>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Day 3:</td>
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<td>Day 4:</td>
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</table>

**Reassessment Decision.**

<table>
<thead>
<tr>
<th>Competent:</th>
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<th>Not yet competent:</th>
<th>Assisted</th>
<th>Marginal</th>
<th>Dependent</th>
</tr>
</thead>
</table>

**Comments**

**Candidate signature**

**Assessor signature:**
EVALUATION / FEEDBACK FORM

Please take some time to complete the attached evaluation/feedback tool and return to your Educator. Your feedback will allow for the ongoing improvement of this learning activity package into the future. We appreciate your honesty and input. Thank you.

Please read the following statements. Using the scale please place a tick in the column that best represents your opinion. Add comments where you believe these are warranted.

<table>
<thead>
<tr>
<th>Strongly agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not applicable</th>
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</thead>
<tbody>
<tr>
<td>SA</td>
<td>A</td>
<td>D</td>
<td>SD</td>
<td>N/A</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Statement</th>
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<th>A</th>
<th>D</th>
<th>SD</th>
<th>N/A</th>
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</thead>
<tbody>
<tr>
<td>This package was an effective learning activity</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>The package content was easy to work through</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>The information I required to complete the activities was easily available.</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>I completed the package in the time specified</td>
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<tr>
<td>Comments:</td>
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<tr>
<td>I had access to a computer to complete the sections of the package that required such access.</td>
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<tr>
<td>Comments:</td>
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Please add any further comments:  
.....................................................................................................................................................................................
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Thank you for taking the time to complete the evaluation and feedback form.

Date: …./……/20….