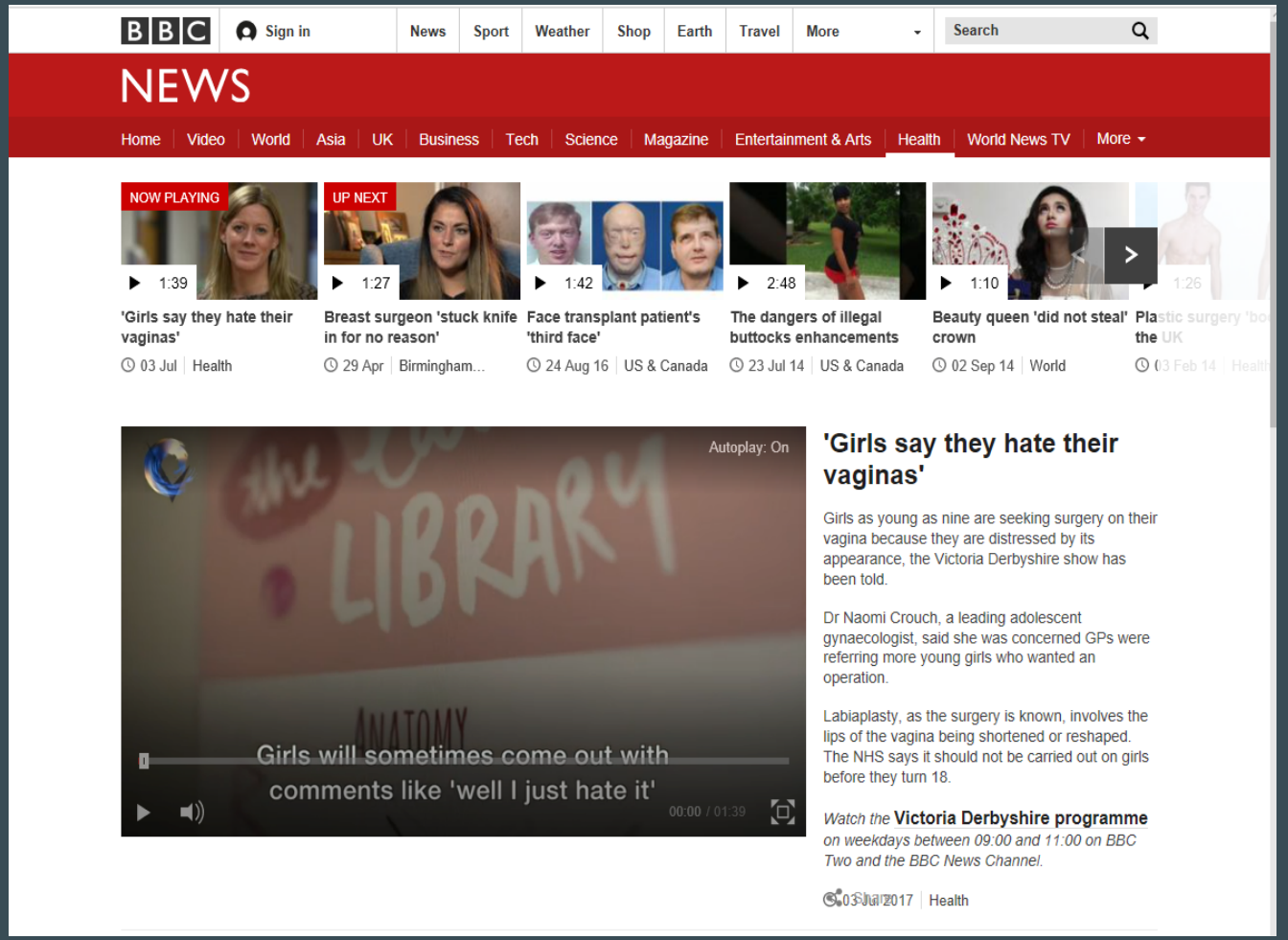
Vaginal Examinations - NO Strings Attached

Dr Jackie Stacy FRANZCOG FRCOG

ASPOG 2017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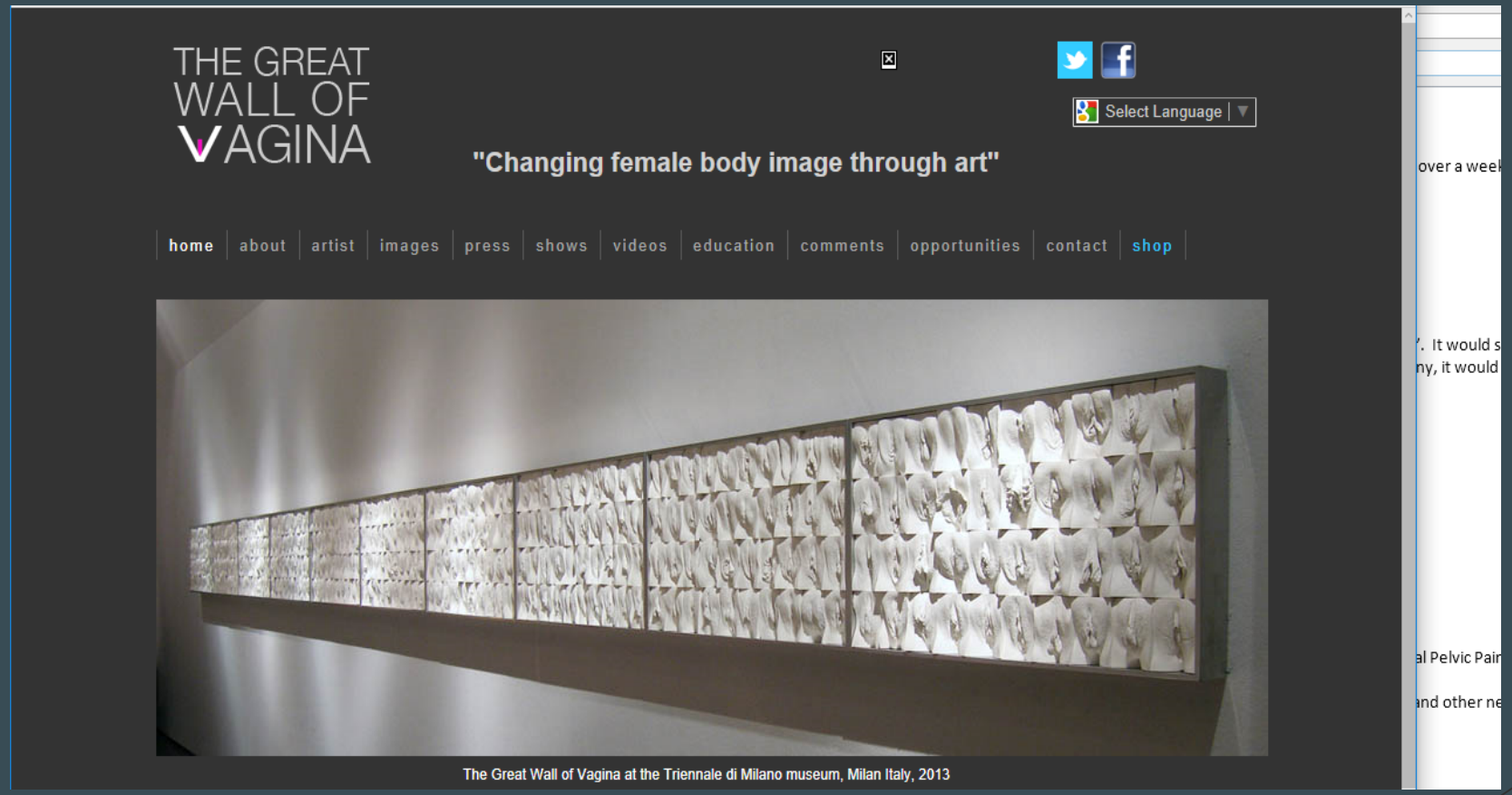
'Girls say they hate their vaginas'
03 Jul | Health
UP NEXT
1:27
Breast surgeon 'stuck knife in for no reason'
29 Apr | Birmingham...
1:42
Face transplant patient's 'third face'
24 Aug 16 | US & Canada
2:48
The dangers of illegal buttocks enhancements
23 Jul 14 | US & Canada
1:10
Beauty queen 'did not steal' crown
02 Sep 14 | World
1:26
Autoplay: On
LIBRARY
ANATOMY
Girls will sometimes come out with comments like 'well I just hate it'
00:00 / 01:39
'Girls say they hate their vaginas'
Girls as young as nine are seeking surgery on their vagina because they are distressed by its appearance, the Victoria Derbyshire show has been told.
Dr Naomi Crouch, a leading adolescent gynaecologist, said she was concerned GPs were referring more young girls who wanted an operation.
Labiaplasty, as the surgery is known, involves the lips of the vagina being shortened or reshaped. The NHS says it should not be carried out on girls before they turn 18.
Watch the Victoria Derbyshire programme on weekdays between 09:00 and 11:00 on BBC Two and the BBC News Channel.
03 Jul 2017 | Health


THE GREAT WALL OF VAGINA
"Changing female body image through art"
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The Great Wall of Vagina at the Triennale di Milano museum, Milan Italy, 2013

A sculpture made from plaster casts of 400 women's vulvas. Spectacle & education together. Knowledge is power. Freedom from genital anxiety is the goal...

"Jamie's exhibition is controversial – there is no doubt about that. As a piece of art, it fulfils all the most basic criteria – a multi-layered experience, it informs, it questions and it provokes a reaction, both emotional and academic. Like Jeff Koons and Damien Hirst... the world will be talking about Jamie McCartney for a long time to come"

Art of England

Clinical Teaching Associates

Professional patients
Pseudo- patients

Clinical Teaching Associates

Lay members of the public, specially trained to teach students the technical, interpersonal and communication skills required in specific examinations, by undergoing the examination and providing constructive feedback.

Plauche WC, Baugniet-Nehrija W. 1985. Students' and physicians' evaluations of gynaecologic teaching associate program. Acad Med 60:870-875

Evolution of the Gynecology Teaching Associate: An education specialist☆

Robert M. Kretzschmar, M.D.
Department of Obstetrics and Gynecology, University of Iowa, Iowa City, Iowa, USA

DOI: http://dx.doi.org/10.1016/0002-9378(78)90409-X

Abstract | References

Abstract

The traditional pelvic examination instruction methods were reviewed and found to be deficient: the student learning experience was compromised by the triangular setting of patient, student, and instructor for early pelvic examination instruction. Over the past decade, a new education specialist, the Gynecology Teaching Associate (GTA), has evolved to help improve the initial gynecology teaching experience. The evolution of the GTA is described. The qualities she brings to the instructional system include sensitivity as a woman, educational skill in pelvic examination instruction, knowledge of female pelvic anatomy and physiology, and, most important, sophisticated interpersonal skills to help medical students learn in a nonthreatening environment. Reinforcement learning theory is the foundation of this educational system. Student acceptance of this system is documented.

medical education
www.mededuc.com

76 MEDICAL EDUCATION 1998, 32, 76–81

Gynaecological examination: a teaching package integrating assessment with learning

Suzanne Abraham

Department of Obstetrics and Gynaecology, University of Sydney, Sydney, Australia

Medical Teacher, Vol. 27, No. 2, 2005, pp. 130–135

Taylor & Francis
Taylor & Francis Group

Teaching medical students gynaecological examination using professional patients—evaluation of students' skills and feelings

KJELL WÅNGGREN, GUNILLA PETTERSSON, GYÖRGY CSEMICZKY & KRISTINA GEMZELL-DANIELSSON

Department of Woman and Child Health, Division of Obstetrics and Gynaecology, Karolinska Hospital/Institute, Stockholm, Sweden

Clinical Teaching Associates

ABOUT THE PROGRAM

What is the CTA program?

The Clinical Teaching Associate (CTA) program is part of a comprehensive educational curriculum This award winning program has been developed to help make Pap tests and breast examination a positive experience and it is an important part of medical training.

Tutorials on breast examination are currently provided to all Victorian medical students, while tutorials on speculum and vaginal examination are provided to all University of Melbourne medical students. In addition, postgraduate training is provided to general practice vocational training registrars, practice nurses, preceptors, obstetrics and gynaecology residents and established general practitioners.

The CTA program enables participants:

- To gain confidence in both the fine technical skills and the sensitive communication skills required to undertake a Pap test; and
- To learn to perform Pap tests in a non-threatening environment with immediate feedback and guidance from a live experienced 'patient'
- To maximize their learning via a small group setting and standardized method of instruction.

FEEDBACK FROM PARTICIPANTS

From Participants

"This program is invaluable as these skills which are the core of any good practice are not otherwise taught."

"Get more opportunities to learn like this and we will all become better doctors and communicators."

"Excellent quality instruction on technique and ways to maximize comfort."

"I feel very privileged to have had this special opportunity."

"Intending to have this learning experience as a benchmark for my practice."

"Excellent, very beneficial. A must for doctors and nurses."

"Changed my view of the examination from a mechanical exercise to an overall experience for the woman – which can be a good one or a poor one."

"Is a really good way to learn because CTA's give honest feedback whereas patients in clinic don't."

"Deepened my understanding of the complexities and sensitivities of gynaecological examinations and pap tests."

"Excellent, enjoyable, down to earth, positive."

From CTAs

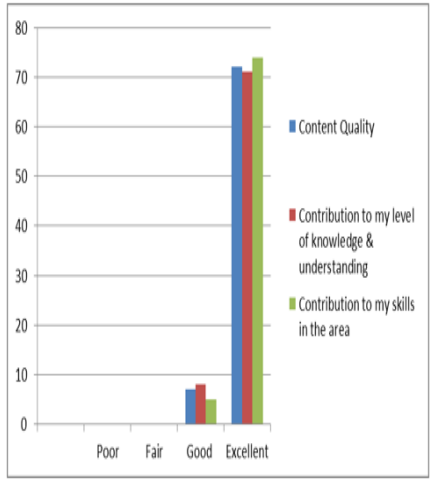
"I'm helping to make sensitive examinations a positive experience for thousands of women every time I teach. That is a wonderful feeling."

ASPOG Newsletter 2013

Clinical teaching associates/vaginal examination workshops to Notre Dame medical students, Sydney

This was introduced into the Notre Dame curriculum for 2nd year medical students in 2012 for the first time by Amanda McBride (ASPOG member).

A supervised introduction to "sensitive" vaginal examinations that is very much patient focused; the examinations carried out on real people under the beady eye of a medical practitioner "one on one.(I am aware this has been occurring at other medical schools.) What I particularly want to draw your attention to is the favorable response it received from the medical students as evidenced by the following histogram of student responses- approximately 100 in a compulsory end of year survey.



I remember a session run by Ray Hyslop (long time ASPOG member) at an ASPOG conference held at Cyprus Lakes Resort NSW in 2003 where he championed the need for education in the conduct of vaginal examinations. We must have listened, Ray!

Vaginal Examinations – Strings Attached

Dr Jackie Stacy FRANZCOG FRCOG

ASPOG 2017

JOURNAL OF WOMEN'S HEALTH
Volume 20, Number 1, 2011

DOI: 10.1089/jwh.2010.2349

Perspective

Do New Guidelines and Technology Make the Routine Pelvic Examination Obsolete?

Carolyn L. Westhoff, M.D., M.Sc., Heidi E. Jones, Ph.D., M.P.H.,* and Maryam Guiahi, M.D.

Australian Family Physician 2008 (37) No 6:493-496

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Pelvic examination of asymptomatic women

Attitudes and clinical practice

Annals of Internal Medicine®

REVIEWS | 1 JULY 2014

Screening Pelvic Examinations in Asymptomatic, Average-Risk Adult Women: An Evidence Report for a Clinical Practice Guideline From the American College of Physicians FREE

Hanna E. Bloomfield, MD, MPH; Andrew Olson, MD; Nancy Greer, PhD; Amy Cantor, MD, MHS; Roderick MacDonald, MS; Indulis Rutks, BS; Timothy J. Wilt, MD, MPH

Conclusion: No data supporting the use of pelvic examination in asymptomatic, average-risk women were found. Low-quality data suggest that pelvic examinations may cause pain, discomfort, fear, anxiety, or embarrassment in about 30% of women.

Medscape Medical News from the
American Institute of Ultrasound in Medicine (AIUM) 2015 Annual Convention

Ultrasound First, Not CT, for Women's Pelvic Pain

Marcia Frellick

April 22, 2015

Dr. Evan Dussia Ob/Gyn & Women's Health Apr 25, 2015

Dr. Lane is correct. A physical examination of abdomen and pelvis should come before any thoughts of imaging.

Flag 1 like Unlike

Dr. richard lane Ob/Gyn & Women's Health Apr 24, 2015

A good examination should be first!

Flag 1 like Like

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doi.org/10.1016/j.ajog.2012.11.018

EDITORIAL www.AJOG.org

"Pelvic: deferred"—have nongynecologists been right all along?

Richard C. Bump, MD, Associate Editor

“Pelvic : deferred”

Before declaring the obsolescence of the pelvic examination for asymptomatic women, other aspects of the examination deserve study to assess their value and importance. At the same time we need to train students that the pelvic examination should be more than a Pap smear and bimanual examination.

2013

The Talking Vagina

Dr Jackie Stacy FRANZCOG FRCOG

ASPOG 2017

Vagina Monologues

" I bet you're worried I was worried about vaginas. I was worried about what we think about vaginas, and even more worried that we **don't** think about them"

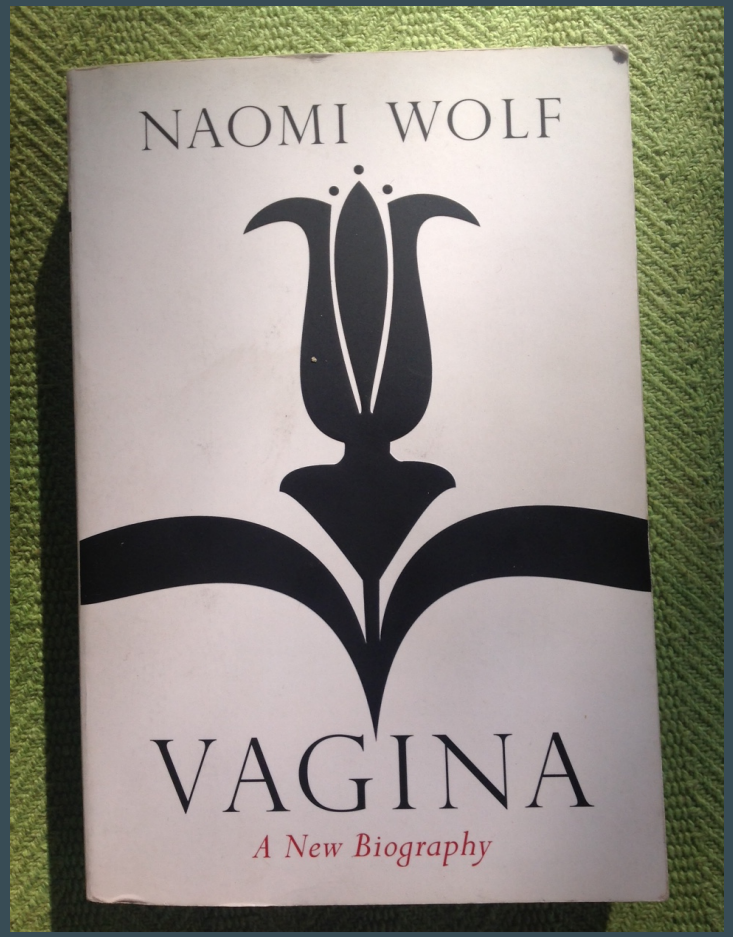
"I was worried about my vagina. It needed a context of other vaginas- a community, a culture of vaginas. There's so much darkness and secrecy surrounding them"

Eve Ensler 1996

Vagina Monologues

“…..to speak of them out loud, to speak of their hunger and pain and loneliness and humour, to make them visible so that they cannot be ravaged in the dark without great consequence.”

Eve Ensler 1996


NAOMI WOLF
VAGINA
A New Biography

“Vagina” Pg 2

For personal as well as intellectual reasons, I began to realize that the real headline is one that is rarely talked about, outside of a small circle: that there is a profound brain - vagina connection that seemed to me to contain more of the truth of the matter than anything else I was exploring….. The more I learned, the more I understood the ways in which the vagina is part of the female brain, and thus part of female creativity, confidence and even character.

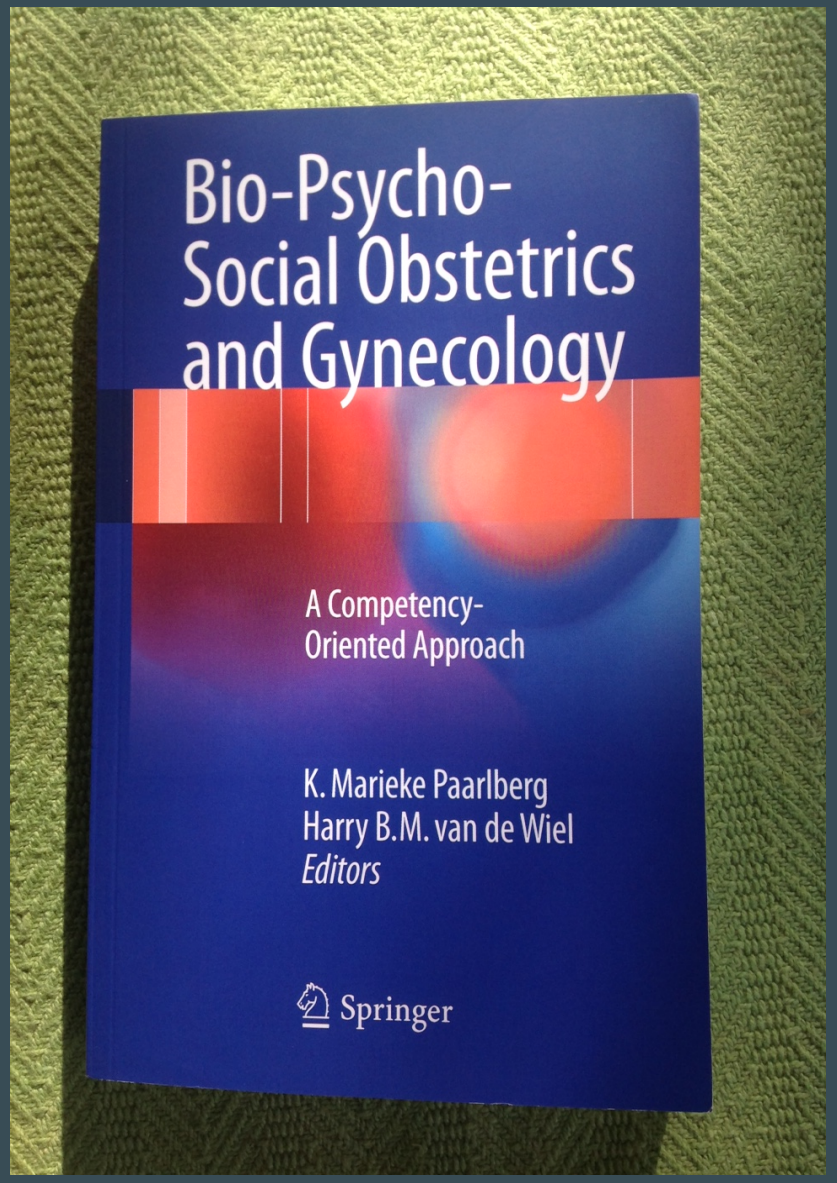
Physical Vaginal Speak

Vulvodynia, dyspareunia, apareunia, vaginismus, chronic vaginal discharge, low libido, anorgasmia, infertility, irregular vaginal bleeding, dysmenorrhea (a physical symptom often easier to express than an emotional one)

[dryness, pain, mourning, control issues, sexual image]

Secondary intrapersonal effects: low self esteem, depression, anxiety

Secondary interpersonal effects: anger, frustration, resentment, irritation, relationship breakdown


Bio-Psycho-
Social Obstetrics
and Gynecology
A Competency-
Oriented Approach
K. Marieke Paarlberg
Harry B.M. van de Wiel
Editors
Springer

Abridged quote p315

Although this is often forgotten in health care, the two main characteristics of syndromes such as provoked vestibulodynia, vaginismus- ie pain & fear- are extremely important aids to human survival. In the case of threat of actual danger, high levels of fear and/or pain are "healthy reactions to an unhealthy situation". With (the threat of) sexual harassment and violence, the vaginal sphincter should contract, and the genital area should become hypersensitive, including an inflammatory reaction, to protect against and inhibit hostile invasion or reduce the negative consequences should this occur. Problems arise when normal protective functions "overreact": when normal behavior or a psychophysiological state is *too extreme*, *too prolonged*, or *too intense*. This attention to contextual appropriateness is one of the key principles of psychosomatic obstetrics and gynaecology. It is therefore the main reason why symptoms should always be put into a biopsychosocial perspective.

Alessandra Graziottin
Sexual pain disorders: dyspareunia & vaginismus. Standard practice in sexual medicine. Blackwell. 2006 p342-350
“Vaginal Habitability”

Vaginal receptiveness is a prerequisite for intercourse, and requires anatomical and functional tissue integrity, both in resting and aroused states [16-19]. Normal trophism, both mucosal and cutaneous, adequate hormonal impregnation, lack of inflammation, particularly at the introitus, normal tonicity of the perivaginal muscles, vascular, connective and neurological integrity and normal immune response are all considered necessary to guarantee vaginal ‘habitability’ [6,7,15-17]. Vaginal receptiveness may be further modulated by psychosexual, mental and interpersonal factors, all of which may result in poor arousal with vaginal dryness [5,7, 8-11].

Fear of penetration, and a general muscular arousal secondary to anxiety, may cause a defensive contraction of the perivaginal muscles, leading to vaginismus [7,9,10]. This disorder may also be

Verbal Vaginal Speak

- “ It’s so dirty”
- “How can you do your job?”
- “It’s small and brittle” (sometimes small analogous to immature)
- “ It hurts”
- “It burns”
- “Yucky discharge”
- “Please go slowly”
- “It’s so big” (? Prolapse- but also too much capacity for sex)

Comments not made in the history but during the vaginal examination

Dr Prudence Tunnadine

Specialist in sexual problems

Monday 29 January 2007 00:00 GMT | 0 comments

Lesley Prudence Dundas Bellam, consultant in psychosexual medicine: born London 5 December 1928; staff, Institute of Psychosexual Medicine 1974-2000, Scientific Director 1990-2000; married 1952 Dr David Tunnadine (three sons, one daughter; marriage dissolved 1978); died Ditchling, East Sussex 15 December 2006.

Prudence Tunnadine played a pivotal role in the formation in 1974 of the Institute of Psychosexual Medicine, and was widely known as a specialist in the treatment of sexual problems.

unique training enlightened approach

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Welcome to the Institute of Psychosexual Medicine

You are here: Home › About IPM › The Practice of Psychosexual Medicine

- Overview
- **The Practice of Psychosexual Medicine**
- Prospectus
- How to Complain
- Useful Links

The Practice of Psychosexual Medicine

The Practice of Psychosexual Medicine

Psychosexual Medicine is psychosomatic medicine applied to sexual disorders. It offers a type of brief therapy, based on psychoanalytic skills introduced by Drs Michael Balint and Tom Main and developed by Institute Members.

It is practised by doctors who understand how emotional factors, not always experienced at conscious level, interfere with sexual performance and enjoyment.

The underlying causes of a problem may be physical or psychological in varying proportions, but are rarely limited to one or the other. The attitudes, anxieties and fantasies revealed during the consultation and the physical examination are particularly relevant to the understanding of the sexual problem.

A trained doctor uses these skills briefly in a single consultation or over a longer period. This may be in primary or secondary care, in hospital, specialist clinics or General Practice.

For a patient, engaging with an Institute trained doctor is the beginning of a special therapeutic relationship.

For further details follow this ***link the Prospectus***

Psychosexual Medicine Series 4 1992

Foreword page x : Examination of the genitalia is an opportunity not only for a special sort of professional intimacy, but can be the moment for the unveiling of many sorts of secrets, fantasies, perhaps hidden even from the owner.

Page 5:The genital examination is far more than just an examination: it can be an opportunity for patients to get in touch with important feelings they did not know they had.

Page 74:During an examination many patients show signs of extreme anxiety, clenching the knees together and arching the back. Comforting reassurance is useless, but an enabling remark such as “This makes you very frightened” may help them share the reasons for their fears.

Don’t reassure- explore

Example Pg 76
Apareunia- wanting pregnancy

The doctor suggested an examination might help in understanding the difficulty. Mrs G took a long time to undress, then lay on the couch with her knees drawn together looking very apprehensive. When the doctor remarked on her anxiety, she replied that she thought it would hurt… " I will stop as soon as you say".. Mrs G looked relieved and was surprised that it did not hurt when the doctor was able to insert a finger. Then she talked of her fear of pain, and as she did so the doctor was able to feel the tightening of the vagina. It gripped his finger and he could show her how fear had caused the pain…she then talked about the image of her vagina; that it was a narrow, rigid tube which would split and burst on penetration with severe pain and bleeding. With such an unacknowledged thought no wonder she had not had penetration.

Example Pg 77
Sexual touch phobia

Offered a vaginal examination she showed the doctor her thoughts by saying " I don't know how you can bear to do that." When this had been discussed she agreed to have an examination although she lay on the couch with her nose wrinkled in disgust. There was no vaginismus; just an air of profound distaste. During a number of visits, the vaginal examination was used to enable her to express her feelings that the vagina was unnatural, dirty, and that sperm was nasty and smelled. Sharing these thoughts with the doctor helped to make them less prohibitive.

Example Pg 151
Pelvic pain

- Miss P had been under a gynaecologist for 8 months for pelvic pain and dyspareunia. She had been told she had dilated pelvic veins and she had been given large doses of a hormone which she said had made her feel fat and irritable. The pain was no better. Miss P was plump and pretty and looked much younger than her 24 years. When a pelvic examination was suggested Miss P agreed but hoped the doctor would be gentle as she was rather small inside. During the examination , which revealed a completely normal vagina, the doctor encouraged Miss P to talk about what being 'small' meant to her.
- Baby of the family, too soon to leave home, not an adult enough to live away from home
- By the second interview Miss P had had intercourse on two occasions without pain. By hearing, understanding and interpreting Miss P's feelings about herself, she had been able to relax and enjoy pain free intercourse.

So does the vagina speak…

“Yes, yes, the vagina speaks and please, please, please continue to perform vaginal examinations and continue to listen to it”