

Introduction To The Sensitive Examination Session

Fall 2025 Centralized Orientation

September 23, 2025

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Land Acknowledgement

We are on the unceded homelands of the Indigenous People of Canada, and here in Vancouver, we are on the traditional territories of the Coast Salish People, including the Skwxwú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səlílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.

Source: Beadwork by Amanda Laliberte, Ashley Copage, Ashley McKenzie-Dion, Didi Grandjambe, Jennelle Doyle, Joelle Charlie, Kyla Woodward, Lenore Augustine, Marissa Magneson, Mellz Compton, Monique Jolly, and Rena Laboucan. Graphic design by Justin Romero. (Kooteen Creations/Facebook)



Conflict of Interest/Disclosure

- All facilitators have no conflicts to declare.
- Clinical Teaching Assistants (CTA) are paid trained professionals to support clinical skills training for various health professionals. They are not volunteer patients.

Acknowledgements

- UBC Faculty of Medicine Year 1 and 2 Clinical Skills Program for providing the learning materials and support for this session.
- CTAs

Learning Objectives

By the end of this session, participants will be able to:

- Demonstrate a trauma-informed approach to sensitive examinations.
- Understand the indications for breast/chest and genitourinary (GU) exams
- Demonstrate appropriate breast examination techniques on the CTA and/or prosthetic model.
- Demonstrate appropriate pelvic examination techniques on CTA and/or prosthetic model.
- Review cervical cancer screening options in BC
- Demonstrate appropriate examination techniques of the penis, scrotum, testes, spermatic cord, inguinal canal, rectal and prostate exam (i.e. digital rectal exam, or DRE) on the CTA.

Purpose of this session

- Some of you may have lots of experience conducting some or all types of sensitive exams.
- Others may have limited or remote experience.
- Like all other components of this orientation, it is designed to act as a refresher and provide opportunities for you to practice in a safe learning environment.
- There will be no formal evaluation, but expect feedback to help you improve!
- Abilities to perform physical examinations in a sensitive (patient-centred and trauma-informed) manner will be a part of your Clinical Field Assessment (CFA)

****Remember, intra-partum care/deliveries is not.**

Schedule: September 23rd & 24th

Tuesday, September 23 rd						
10:30 - 11:15AM: Lecture, Room 2267						
11:15 - 12:00PM: Lunch, Room 2267						
12:00 AM - 6:15 PM: Exams	Group	Exam Block 1a 12:00 PM - 1:30PM	Exam Block 2a 1:30 PM - 3:00 PM	3:00 PM - 3:15 PM: Break	Exam Block 3 3:15 PM - 4:45 PM	Exam Block 4 4:45 PM - 6:15 PM
	A	Pelvic Exam Room 2125	Chest Exam Room 2128		GU Exam Room 2132	Debriefing Room 1020
	B	Pelvic Exam Room 2126	Debriefing Room 1020		Chest Exam Room 2127	GU Exam Room 2132
	C	GU Exam Room 2134	Pelvic Exam Room 2127		Debriefing Room 1020	Chest Exam Room 2127
	D ★	Debriefing Room 1020	GU Exam Room 2136		Pelvic Exam Room 2128	Pelvic Exam Room 2128
	E	Pelvic Exam Room 2127	GU Exam Room 2132		Chest Exam Room 2126	Debriefing Room 1020
	F ★	Pelvic Exam Room 2128	GU Exam Room 2134		Chest Exam Room 2125	Debriefing Room 1020
	G	GU Exam Room 2138	Pelvic Exam Room 2125		Debriefing Room 1020	Chest Exam Room 2126

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	H	Debriefing Room 1020	Pelvic Exam Room 2127		GU Exam Room 2136	Chest Exam Room 2125
	I	GU Exam Room 2136	Debriefing Room 1020		Chest Exam Room 2121	Pelvic Exam Room 2121
	J	GU Exam Room 2132	Debriefing Room 1020		Chest Exam Room 2122	Pelvic Exam Room 2122
					*Sept 24 @ 6:15 PM	*Sept 24 @ 7:45 PM



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CPSBC Practice Standard: Physical Examinations and Procedures

CPSBC College of Physicians and Surgeons of British Columbia

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Practice standards and professional guidelines

The College develops practice standards, professional guidelines and legislative guidance to assist physicians and surgeons in meeting high standards of medical practice and conduct. The topics addressed focus on specific issues that are relevant to the practice of medicine.

Registrants are encouraged to become familiar with these documents and review them regularly as they are routinely updated over time.

Practice standards Professional guidelines Legislative guidance Code of ethics Privacy toolkit

Practice standards

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of all physicians and surgeons in British Columbia.

Standards also reflect relevant legal requirements and are enforceable under the *Health Professions Act*, RSBC 1996, c.183 (HPA) and College Bylaws under the HPA.

Practice standard ↕

Access to Medical Care Without Discrimination

Advertising and Communication with the Public

Additional information ↕

Registrant resource, public resource

Health Professions Act →
The legislation that provides a common regulatory framework for health professions in BC

Bylaws →
The College Bylaws under the Health Professions Act

CPSBC College of Physicians and Surgeons of British Columbia

Practice Standard

Physical Examinations and Procedures

Effective: February 1, 2005
Last revised: May 6, 2022
Version: 4.3
Next review: May 2022
Related topic(s): [Non-sexual Boundary Violations: Photographic, Video and Audio Recording of Patients](#); [Sexual Misconduct](#)

A **practice standard** reflects the minimum standard of professional behaviour and ethical conduct on a specific topic or issue expected by the College of its registrants (all physicians and surgeons who practise medicine in British Columbia). Standards also reflect relevant legal requirements and are enforceable under the [Health Professions Act](#), RSBC 1996, c.183 (HPA) and College [bylaws](#) under the HPA.

Registrants may seek guidance on these issues by contacting the College or by seeking medical legal advice from the CMPA or other entity.



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Clinical expectations in Canadian settings

- Family physicians are expected to provide care for patients of all ages, sexes, and gender identities
- Physicians should not defer patients of “opposite” sex to providers of the “same” sex
 - For example, a cisgender male clinician should **not** automatically direct a person with a cervix to see a cisgender female clinician for pelvic exam unless there is good clinical reasoning or the patient specifically requests this
- Standards should also apply to “same” sex examinations
- Patients should be consulted in this process and,
- Consent must be given before examination can proceed, unless there is an emergency

Typical Sensitive Examinations in Canada

These may include examinations of the:

- Vagina, Cervix, Uterus, Ovaries
 - Speculum
 - Bimanual
- Breasts
- Penis
- Scrotum
- Prostate
- Anus, Rectum

Please note there are more inclusive terms to describe these anatomical parts.

What's in a word?

- As we progress in society and medicine, physicians need to be aware of and sensitive to how word choice may impact the physician-patient interactions.
- What can we do as health care professionals to provide a safe, respectful and inclusive encounter for our patients during sensitive exams?
- We recognize that sensitive exams are often taught from the perspective of the dominant culture, and therefore correlate binary definitions of sex/gender with specific reproductive organs and genitalia. UBC CPD acknowledges that such correlation does not always accurately reflect a person's gender or sexual identity (i.e., for people who are Intersex, non-binary, etc.) and reinforces oppressive gender norms. Using gender neutral clinical language when discussing reproductive organs and genitalia can help create more inclusive, safer spaces for both patients and providers.

Inclusive Language Examples

Anatomy

Try	Instead of
Upper body	Breast / Chest
Erogenous or erectile tissue / External genitals / Genitals	Penis
Erogenous or erectile tissue	Clitoris
External genital area	Vulva
Opening of the genitals	Introitus / Opening of the Vagina
Internal genitals / Genitals	Vagina
External gonads	Testes / Testicles
Internal gonads	Ovaries
Internal reproductive organs	Female reproductive organs

http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf

Inclusive Language Examples

Focussing on anatomy, conditions & symptoms (Instead of gender)

Try	Example	Instead of
Person with _____ People with _____ Anyone with _____	If a person with a <u>prostate</u> has urinary symptoms, they should speak with their doctor.	man with... males with... male-bodied people...
Person who has _____ People who have _____ Anyone who has _____	We recommend that anyone who has a <u>cervix</u> consider having a pap test according to the recommended guidelines.	woman who has... females who have... female-bodied people...
_____ may occur _____ can begin You may experience _____	<u>Pregnancy</u> may occur without contraception. <u>Hair loss</u> can begin at any age after puberty. You may experience <u>cramps</u> as a side effect.	women may become... male pattern balding... women may experience...

www.transcarebc.ca

http://www.phsa.ca/transcarebc/Documents/HealthProf/Gender_Inclusive_Language_Clinical.pdf



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Let's hear from you!

- What is your experience with sensitive exams in your clinical practice?
- What are the similarities?
- What are the differences?
- What are potential barriers?
- What additional learnings, if any, do you think you need to improve?

CTA vs Instructor Roles

Clinical Teaching Associates (CTAs)

- Your primary instructors for teaching of sensitive examinations
- Trained professionals, NOT volunteer patients

Instructors

- Provide context during the introductory lecture
- Circulate to support teaching as necessary

Let's hear from our CTAs

- Your past experiences and expertise?
- What have you noticed in teaching learners on how to perform physical examinations sensitively?
- Your experience both as an instructor and as “patient”?
- Words of advice?
- Tips/pearls?
- Any general advice that can help IMG physicians adjust to medical practice in BC/Canada?



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Thank You



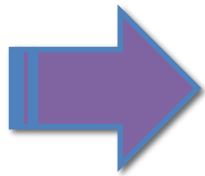
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- BC has transitioned from cytology (Pap test) to Human Papilloma Virus (HPV) testing as the primary screening method for cervical cancer.
- Cervix self-screening for HPV is recommended every five years for women and people with a cervix ages 25-69 (or every three years for those who are recommended to have a Pap test).
- You can allow the patient to perform the HPV swab themselves, or if they prefer, you can perform the test.



Algorithm: Should My Patient Self-Screen or Get A Provider-Collected LBC Sample?

