Introduction To The Sensitive Examination Session

Fall 2026 Centralized Orientation

September 22, 2026

Ms. Nicole Pasquino & Dr. Junella Lee

PRA-BC
Practice Ready Assessment - Physicians for BC

UBC CPD
Continuing Professional Development
Faculty of Medicine

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 Sḵwx̱wú7mesh (Squamish), xʷməθkwəy̓əm (Musqueam), and Səl̓ílwətaʔ/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

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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 2026

Group	Block 1 (12:00 – 1:30 PM)	Block 2 (1:30 – 3:00 PM)	Break (3:00 – 3:15 PM)	Block 3 (3:15 – 4:45 PM)	Block 4 (4:45 – 6:15 PM)
A	Chest Exam (Room 2123)	GU Exam (Room 2125)		Pelvic Exam (Room 2114)	Debriefing (Room 2263)
B	Chest Exam (Room 2122)	Pelvic Exam (Room 2116)		Debriefing (Room 2263)	**END**
C	Debriefing (Room 2263)	GU Exam (Room 2128)		**END**	**END**
D	GU Exam (Room 2128)	Debriefing (Room 2263)		**END**	**END**
E	Debriefing (Room 2263)	GU Exam (Room 2124)		Pelvic Exam (Room 2121)	Chest Exam (Room 2114)
F	GU Exam (Room 2125)	Pelvic Exam (Room 2123)		Debriefing (Room 2263)	Chest Exam (Room 2116)
G	GU Exam (Room 2126)	Debriefing (Room 2263)		**END**	**END**
H	Debriefing (Room 2263)	GU Exam (Room 2127)		**END**	**END**
I	Chest Exam (Room 2121)	GU Exam (Room 2126)		Pelvic Exam (Room 2116)	Debriefing (Room 2263)
J	GU Exam (Room 2124)	Pelvic Exam (Room 2121)		Debriefing (Room 2263)	Chest Exam (Room 2121)
K	Chest Exam (Room 2114)	Pelvic Exam (Room 2122)		GU Exam (Room 2127)	Debriefing (Room 2263)
L	Chest Exam (Room 2116)	Pelvic Exam (Room 2114)		Debriefing (Room 2263)	**END**

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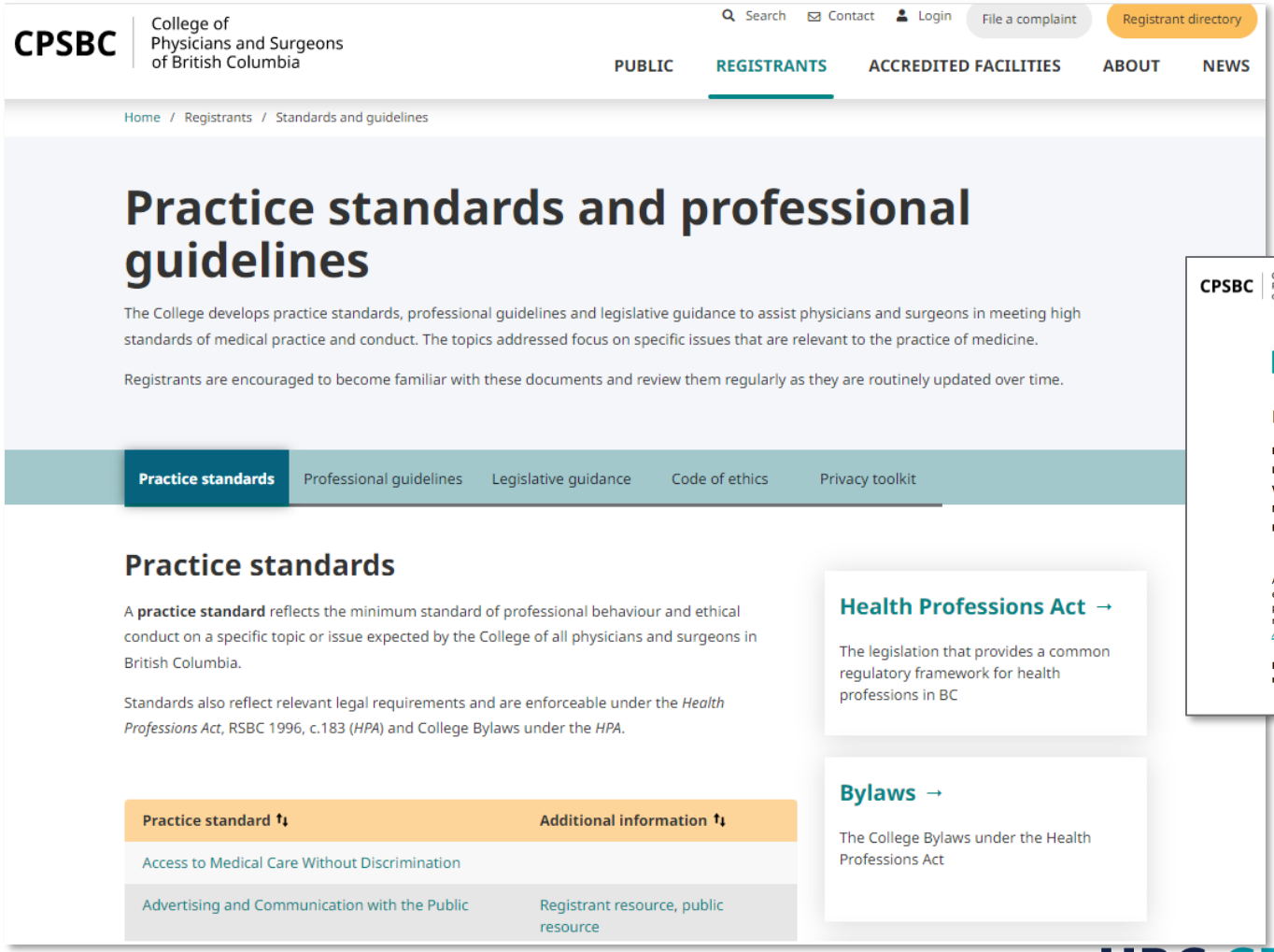
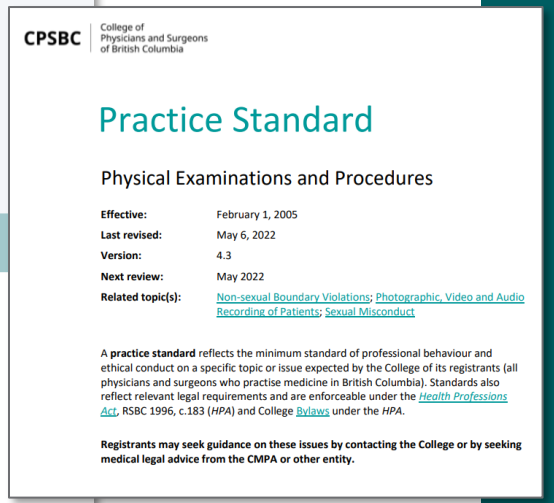
CPSBC Practice Standard: Physical Examinations and Procedures





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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 prostate 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 cervix 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_____**	Pregnancy **may occur** without contraception. Hair loss **can begin** at any age after puberty. **You may experience** cramps 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

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?

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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?

DEBRIEF

- How did your exams go – feedback? Questions?
- Commonly used equipment
- Questions about practice

Standard Screening for STIs in asymptomatic patients

- ✓ Urine or multi test swab – GC & CT
- ✓ Serology – HIV & Syphilis

What about Hepatitis?

- Testing indicated only in those who are at risk…
  - ✓ Symptoms of hepatitis
  - ✓ From a HBV endemic country
  - ✓ Contacts of acute or chronic HBV/HCV infection
  - ✓ HBsAg prenatal screening in first trimester (must identify as ‘prenatal’ on the lab requisition)
  - ✓ Injection drug use

Testing Equipment Review - NAAT

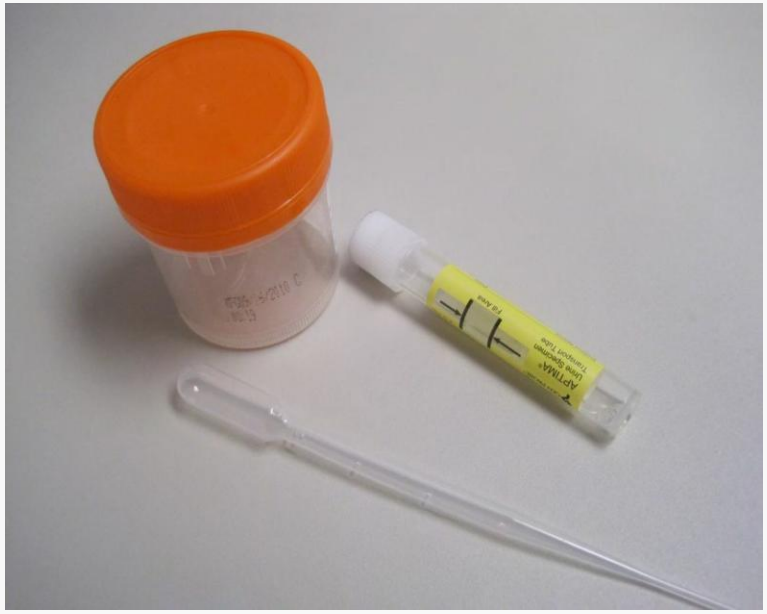
Multitest Aptima (orange swab) – vaginal, rectal, throat swab…

- ✓ GC/CT (vaginal, rectal, throat)
- ✓ LGV – if suspected, write on req, “if positive for CT, check for LGV”
- ✓ Trich – symptomatic only, not on penises
- ✓ Syphilis lesion – if suspected, write on req “syphilis PCR,” send only to BCCDC

Testing Equipment Review - Urine

Urine – container or sample, ensure patient has not urinated in last hour

- ✓ GC/CT
- ✓ Trich



Testing Equipment Review – Slides

- ✓ Bacterial Vaginosis
- ✓ Vulvovaginal Candidiasis

Vaginal Smear

Testing Equipment Review - Culture

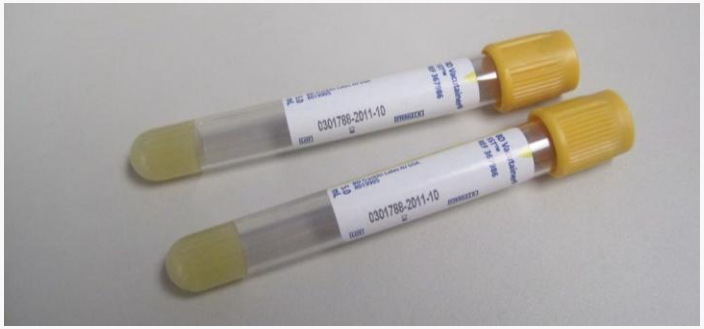
Green Top Collection & Preservation of Aerobic, Anaerobic & Fastidious Bacteria (check with your site)

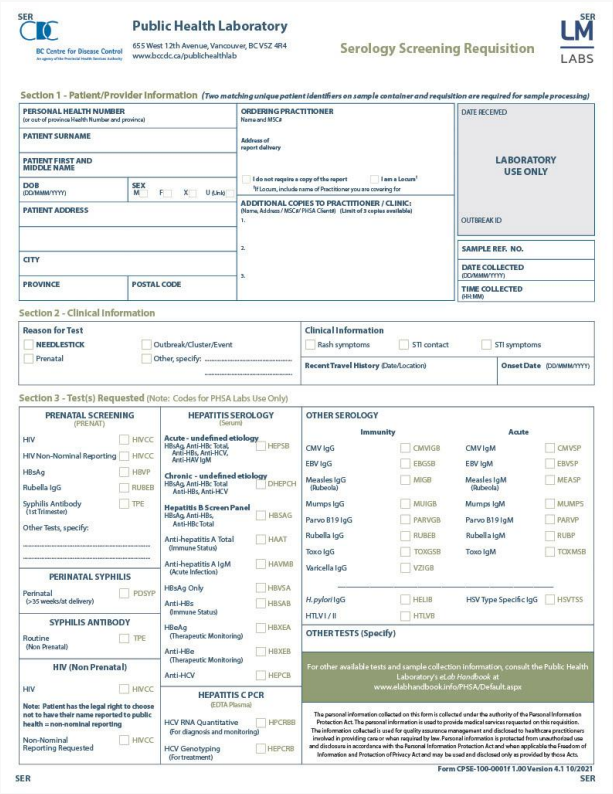
GC culture

- ✓ Cervix
- ✓ Rectum
- ✓ Penile Urethral
- ✓ Throat

Testing Equipment Review – Serology, lab req

- ✓ HIV (or POC)
- ✓ Syphilis EIA
- ✓ HAV/HBV/HCV





Public Health Laboratory

BC Centre for Disease Control

655 West 12th Avenue, Vancouver, BC V5Z 4R4
www.bccdc.ca/publichealthlab

Serology Screening Requisition

LABS

Section 1 - Patient/Provider Information *(Two matching unique patient identifiers on sample container and requisition are required for sample processing)*

PERSONAL HEALTH NUMBER (or out of province Health Number and province)

PATIENT SURNAME

PATIENT FIRST AND MIDDLE NAME

DOB (DD/MMM/YYYY)

SEX M F X U (Unk)

PATIENT ADDRESS

CITY

PROVINCE

POSTAL CODE

ORDERING PRACTITIONER Name and MSC#

Address of report delivery

I do not require a copy of the report

I am a Locum[1]

[1]Locum, include name of Practitioner you are covering for

ADDITIONAL COPIES TO PRACTITIONER / CLINIC: (None, Address / MSC# PHSA Clerk) (Limit of 3 copies available)

1.

2.

3.

DATE RECEIVED

LABORATORY USE ONLY

OUTBREAK ID

SAMPLE REF. NO.

DATE COLLECTED (DD/MMM/YYYY)

TIME COLLECTED (HH:MM)

Section 2 - Clinical Information

Reason for Test

NEEDLESTICK

Prenatal

Outbreak/Cluster/Event

Other, specify: ----------

Clinical Information

Rash symptoms

STI contact

STI symptoms

Recent Travel History (Date/Location)

Onset Date (DD/MMM/YYYY)

Section 3 - Test(s) Requested (Note: Codes for PHSA Labs Use Only)

PRENATAL SCREENING (PRENAT)

HIV HIVCC

HIV Non-Nominal Reporting HIVCC

HBsAg HBVP

Rubella IgG RUBEB

Syphilis Antibody (1st Trimester) TPE

Other Tests, specify:

PERINATAL SYPHILIS

Perinatal (>35 weeks/at delivery) POSYP

SYPHILIS ANTIBODY

Routine (Non Prenatal) TPE

HIV (Non Prenatal)

HIV HIVCC

Note: Patient has the legal right to choose not to have their name reported to public health = non-nominal reporting

Non-Nominal Reporting Requested HIVCC

HEPATITIS SEROLOGY (Serum)

Acute - undefined etiology HBsAg, Anti-HBc Total, Anti-HBs, Anti-HCV, Anti-HAV IgM HEPSB

Chronic - undefined etiology HBsAg, Anti-HBc Total Anti-HBs, Anti-HCV DHEPCH

Hepatitis B Screen Panel HBsAg, Anti-HBs, Anti-HBc Total HBSAG

Anti-hepatitis A Total (Immune Status) HAAT

Anti-hepatitis A IgM (Acute Infection) HAVMB

HBsAg Only HBVSA

Anti-HBs (Immune Status) HBSAB

HBeAg (Therapeutic Monitoring) HBXEA

Anti-HBe (Therapeutic Monitoring) HBXEB

Anti-HCV HEPCB

HEPATITIS C PCR (EDTA Plasma)

HCV RNA Quantitative (For diagnosis and monitoring) HPCRBB

HCV Genotyping (For treatment) HEPCRB

OTHER SEROLOGY

	Immunity		Acute	
CMV IgG	CMVIGB	CMV IgM	CMVSP
EBV IgG	EBGSB	EBV IgM	EBVSP
Measles IgG (Rubeola)	MIGB	Measles IgM (Rubeola)	MEASP
Mumps IgG	MUIGB	Mumps IgM	MUMPS
Parvo B19 IgG	PARVGB	Parvo B19 IgM	PARVP
Rubella IgG	RUBEB	Rubella IgM	RUBP
Toxo IgG	TOXGSB	Toxo IgM	TOXMSB
Varicella IgG	VZIGB		
H.pylori IgG	HELIB	HSV Type Specific IgG	HSVTSS
HTLV I / II	HTLVB		

OTHER TESTS (Specify)

For other available tests and sample collection information, consult the Public Health Laboratory's eLab Handbook at www.elabhandbook.info/PHSA/Default.aspx

The personal information collected on this form is collected under the authority of the Personal Information Protection Act. The personal information is used to provide medical services requested on this requisition. The information collected is used for quality assurance management and disclosed to healthcare practitioners involved in providing care or when required by law. Personal information is protected from unauthorized use and disclosure in accordance with the Personal Information Protection Act and when applicable the Freedom of Information and Protection of Privacy Act and may be used and disclosed only as provided by those Acts.

Form CPSE-100-0001f 1.00 Version 4.1 10/2021

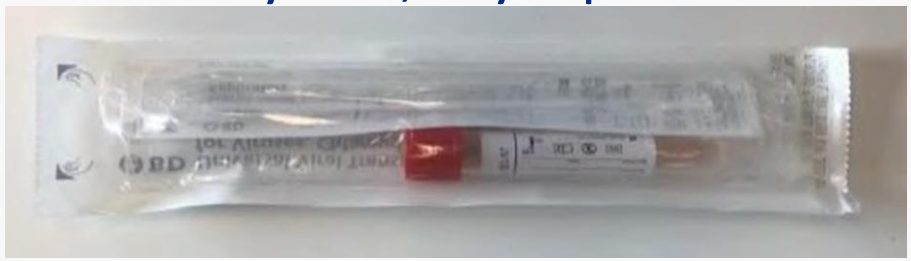
SER SER

OPTIONS FOR SEXUAL HEALTH

Testing Equipment Review – Viral NAAT/PCR

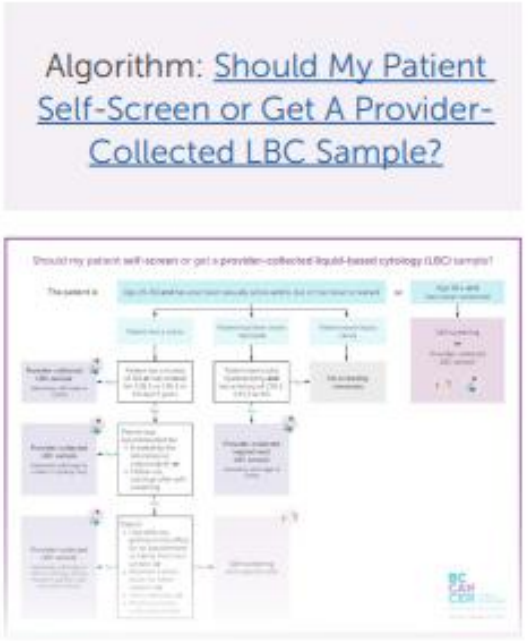
- ✓ HSV Lesion - (HSV PCR)

- ✓ Chlamydiae, Mycoplasmas and Ureaplasmas – Viral



BC CANCER CERVIX SCREENING
Provincial Health Services Authority

- 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.



http://www.bccancer.bc.ca/screening/cervix

LOPMENT

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Thank You

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