

Appendix 3: Assessment Tools

A. Pre and Post Module Test 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 HCP is required to get (85%) to attain the module requirements for competency.

1. CervixCheck is needed because (4):

- a. organized cervical cancer screening programs reduce the cervical cancer incidence and mortality
- b. Having regular Pap tests can prevent most cervical cancers
- d. the majority of patients who develop cervical cancer in Manitoba have not had regular Pap tests
- e. the program will remind clients and physicians when Pap tests or follow-up is overdue
(Chapter 2)

2. Which of the following is not a risk factor for cervical cancer (1)?

- c. A first degree relative diagnosed with cervical cancer (Chapter 2)

3. Name four higher risk groups who may be less likely to be screened (4).

- a. Clients over the age of 40
- b. Clients of low socioeconomic status
- c. Newcomer clients
- d. First Nation clients over the age of 40
(Chapter 3)

4. List five reasons why an eligible client may be reluctant to have a Pap test (5).

- Lack of information and understanding of the Pap test
- Fear of test
- Fear of cancer
- Fear of pain
- Embarrassment
- Modesty
- Religious and social factors

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- Inability to understand an invitation to participate in cervical screening because of language barriers
 - Difficulty in communicating with some HCPs
 - Lack of childcare facilities
 - Other peoples' attitudes to the Pap test (i.e. husband, family, religious leaders)
 - Accessibility issues
(Chapter 4)

5. List six populations that may have special learning, counseling and educational needs (6).

- Lesbians, WSW, Transgender People
- Clients with history of sexual abuse
- Clients with disabilities
- Clients from different cultures
- Clients whose preferred language is not English
- Clients with barriers to access
(Chapter 5)

6. Infection with Human Papillomavirus (HPV) is recognized as the main risk factor for cervical cancer (1).

- a. True (Chapter 2)

7. If a client appears apprehensive before the exam, it is best to (1):

- c. Ask open-ended questions about their apprehension (Chapter 4)

8. List three things that you can do to increase a clients's physical and emotional comfort during the exam (3).

- Position the client so that you have eye contact with her and talk to them and give them reassurance throughout the exam
- Tell them what you are going to do before you do it
- Reinforce to the client that at any time they feel uncomfortable, you will stop until they tell you that you can proceed
- Give the client a mirror so that they can visualize what you are doing and so they can learn about their anatomy
- Normalize the client's feelings and experience
(Chapter 4)

9. According to the post-hysterectomy screening guidelines, screening of the vaginal vault is not necessary if the hysterectomy was performed for a malignant condition. (1)

- b. False (Chapter 3)

10. Which of the following clients is at risk for infection with HPV (3)?

- a. Mary who has only had sex once in her lifetime over 20 years ago
- b. Eve who has worked as a sex trade worker for the last 15 years
- c. Sally who started having sex at 14 and has smoked a pack of cigarettes every day for the past 5 years
(Chapter 2)

11. List five abnormal findings of the ectocervix (5).

- Abnormal exudates or masses upon the ectocervix
- Asymmetrical circumoral erythema with irregular borders
- Blood of unknown origin
- Cyanosis in a nonpregnant woman
- Diffuse erythema
- Excavations or ulcerations
- Nodularity or roughness is usually abnormal, but may be attributable nabothian cysts which are common
- Hemorrhagic lesions
- Leukoplakia
(Chapter 6)

12. Which of the following are abnormal findings on the cervix that should be investigated appropriately or referred to a specialist (5)?

- a. Friable tissue (soft, eroded)
- b. Red patchy areas
- c. Abnormal bleeding, and inflammation
- d. Granular areas, white patches
- f. Lesions
(Chapter 6)

13. Name the three sampling areas of the cervix (3)

- a. Ectocervix
- b. Endocervix
- c. Transformation zone
(Chapter 6)

14. What are the ideal client conditions for cervical screening (4)?

- 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
(Chapter 9)

15. A smaller and narrower speculum should be used with (4):

- a. Clients with vaginismus
- b. Nulliparous clients
- c. Circumcised clients
- d. Clients whose vaginal orifices have contracted post-menopausally
(Chapter 8)

16. It is acceptable to lubricate the speculum with (1):

- b. warm water (Chapter 8)

17. An acceptable way to insert the speculum is (3):

- b. At an oblique angle
- c. With the speculum closed
- e. The speculum is angled 45° downward toward the small of the client's back
(Chapter 8)

18. The best way to reposition a speculum for a client with a cervix with posterior orientation is (1):

- b. to 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.
(Chapter 8)

19. The correct way to obtain a broom specimen is by rotating the broom in the endocervical canal (1):

- a. Clockwise, 360° five times. (Chapter 9)

20. When using the dual sampling technique with a liquid medium, a plastic spatula and plastic cytobrush with perforated ends should be used in order to break off into the liquid medium (1).

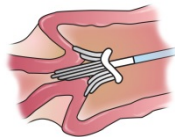
- a. True (Chapter 9)

21. If sexually transmitted infections specimens need to be collected, they should be taken prior to the cervical specimen (1).

- a. True (Chapter 9)

22. The broom-like device collects cells from the ectocervix and endocervix simultaneously (1).

- a. True (Chapter 9)

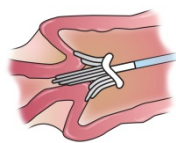


23. If a clinician uses the Rovers Cervex Brush, they should select 'Cytobrush' when completing the cytology requisition form instrument section (1).

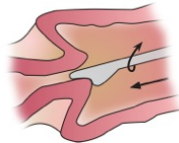
- b. False – Even though the trademark name for the broom is the “Cervex Rovers Brush” it is actually the broom instrument that should be selected in the instrument section of the cytology requisition form.

INSTRUMENT(S):		
<input type="checkbox"/> Broom	<input type="checkbox"/> Spatula	<input type="checkbox"/> Cytobrush

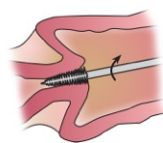
Broom



Spatula



Cytobrush



24. The HCP should avoid touching the head of the broom while detaching it into the liquid medium (1).

- a. True (Chapter 9)

25. The specimen and the cytology requisition should both be labeled with matching (3):

- a. First name
- b. Last name
- c. PHIN
(Chapter 9)

26. List four key things that should be discussed with the client after the examination (4).

- Exam findings
- How the client can receive their results
- Questions addressed by the client
- Education (CervixCheck library of resources)
(Chapter 4)

27. Name four scenarios in which the laboratory would reject a specimen (4)?

- The specimen is improperly labelled
- When the client is a non-Manitoba resident or, for any other reason, has not been issued a PHIN, the failure to identify the specimen with the client's name or alternate insurance HCP number
- Discrepancy of information between the specimen and the requisition form
- The specimen is received without accompanying requisition
(Chapter 9)

28. During a Pap test visit, when does the HCP seek to obtain informed verbal consent from the client (1)?

- b. After you have explained the external exam, speculum exam and the Pap test procedure and before you begin (Chapter 8)

29. Is the HCP legally responsible to protect confidentiality of the client's health information (1)?

- a. Yes

30. In order for nurses, clinical assistants and physician assistants to properly identify themselves as the specimen taker on the cytology requisition form, they should obtain a CervixCheck Provider Number from CervixCheck (1).

- a. True (Appendix 5)

31. A client had a colposcopy and was investigated and/or treated for a cervical abnormality. They completed their care with the colposcopist and the coloposcopist has discharged them back to the routine care of their regular HCP. The HCP has just done a follow-up Pap test and it shows ASC-US. What is the recommended management (5)?

If a client has completed their care with a colposcopist and has been discharged from colposcopy, they can be screened according to the CervixCheck Screening Guidelines. Subsequent to their discharge from colposcopy, if the Pap test result was ASC-US or LSIL, the Pap test should be repeated in 6 months. If the repeat Pap test is \geq ASC-US (ASC-US, LSIL, AGC, ASC-H, HSIL, AIS, carcinoma or unsatisfactory due to "obscuring blood" or "obscuring inflammation"), refer the client back to colposcopy. If the client has been discharged from colposcopy and any Pap test shows ASC-H, HSIL, AGC or carcinoma, they should be immediately referred (as any client should be) to colposcopy. Any visual abnormalities of the cervix and/or abnormal symptoms should be appropriately investigated regardless of the findings on cytology.

32. A healthcare provider has a client who had a Pap test four years ago and it showed ASC-US. The next Pap test has just been done and it has shown ASC-US. What is the recommended management (5)?

The CervixCheck Screening Guidelines recommend a referral to colposcopy if there has been 2 consecutive unsatisfactory due to obscuring blood or inflammation, ASC-US and/or LSIL Pap tests. However, the guidelines assume the two Pap tests will be taken within a reasonable time frame. Given the interval between the Pap tests, one does not know if this is the same disease or whether it is new disease after the disease self-resolved. If the HCP knows the client is non-compliant, they should consider referring them for colposcopy. However a reasonable option given that the Pap is not more severe, is to repeat the Pap test in 6 months as per the CervixCheck Screening Guidelines.

B. Performance Criteria Checklist for Preceptor

POLICY NOTE: CervixCheck encourages the preceptor to offer feedback to the HCP. It is recommended that a preceptor feedback process be set up in the region.

Once the HCP has indicated readiness for final assessment, the attached tool can be used to assess the HCPs performance during several Pap related visits. The HCP should attain 100% in all aspects of the skills checklist prior to being deemed competent.

External Genitalia, Speculum & Cervical Cancer Screening Examination¹

Performance Criteria Checklist for Preceptor

CRITICAL ELEMENTS	Date	Date	Date	Date
Performs examination according to clinic policies and procedure.				
1. Proceeds if health history indicates. Refers client if there are concerns identified in the health history				
2. Explains procedure correctly and validates plan with client (informed, verbal consent)				
3. Checks with client to determine if they need to empty their bladder				
4. Assembles necessary supplies				
5. Labels slide correctly				
6. Drapes client correctly				
7. Positions client correctly				
8. Discusses with client how they can take an active part in the examination				
9. Sits on stool at foot of examining table				
10. Dons examination gloves				
11. Explains each step in the examination before it is done				
12. Touches inner thigh with back of hand before touching vulva				
13. Selects the proper sized speculum				
14. Lubricates the speculum with warm water				
15. Inserts the speculum correctly so that the cervix is in full view				
16. Locks the speculum blades correctly				
17. Inspects the cervix for colour, position, size, shape of os, surface, and cervical secretions				
18. Obtains specimen with broom correctly <ul style="list-style-type: none"> • Inserts the broom deeply enough into the endocervical canal • Rotates the broom 5 times clockwise • Drops/rinses the broom into the vial without splashing 				
19. Removes the speculum correctly				
20. Inspects vaginal wall while removing speculum				
21. Prepares slide and completed requisition correctly for transport to laboratory				
22. Assists client out of lithotomy position				
23. Shares results of examination with client				
24. Provides health information and CervixCheck resources to client				
25. Informs client of how results will be shared				
26. Informs client of when next Pap test is due				
27. Documents results of examination correctly on client's Health Record				
28. Identifies abnormal findings and promptly follows up with client to arrange a repeat Pap test or colposcopy appointment				

Employee #: _____

Preceptor: _____

References

¹ Adapted from Calgary Health Region. (2001).