

Influencers of pelvic examination performance in primary care: a qualitative investigation

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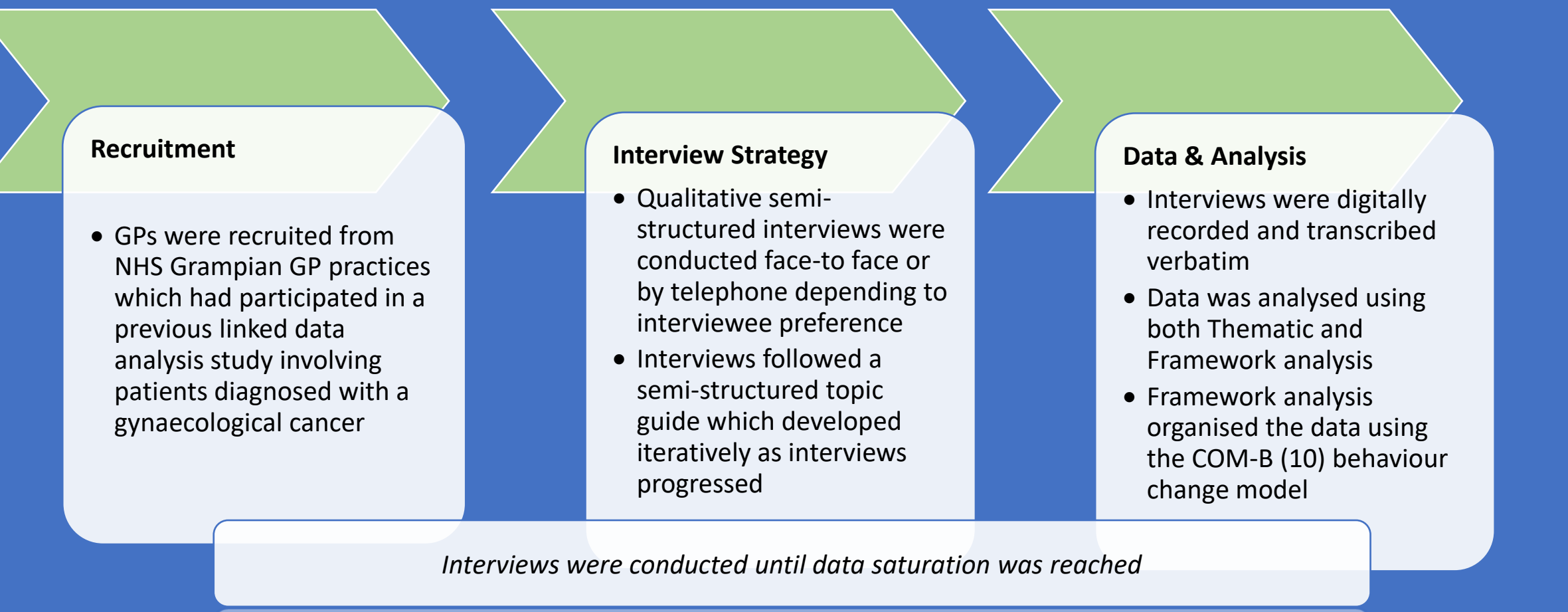
Aim

This study aimed to determine the perceptions and experiences of GPs on the role of primary care-based pelvic examination, and the barriers and facilitators to undertaking it.

Background

Omission of pelvic examination has been associated with diagnostic delay in women diagnosed with gynaecological cancer (1) (2) (3). However, pelvic examination (PE), consisting of bimanual examination with or without speculum examination is an intimate examination. PE challenges clinicians and patients and is often underperformed in primary care (4). PE can provoke feelings of awkwardness, discomfort, embarrassment around getting undressed and loss of dignity for patients (4) (5) (6), engendering a feeling of vulnerability and some women avoid PE altogether (7). However, if a clinician does not perform the examination frequently there may be an erosion of skill and ability to distinguish normal from abnormal findings, as well as a loss of willingness to undertake the procedure (8) (9).

Method



Results

...Scope and Learnings

- ✓ **15** GPs from 9 practices participated from urban & rural practices
- ✓ **10** themes were identified: 8 mapped to the components of the COM-B framework with 2 additional crosscutting themes:

Capability

- Experience
- Exposure
- Learning opportunities
- Type of abnormality e.g. subtle changes

Opportunity

- Barriers e.g. need for chaperones, inability to maintain skills
- Facilitators e.g. more time

Motivation

- Positive influencers
 - Examination is integral to diagnosis
 - Best practice
 - Potentially reduces misattribution of symptoms
- Negative influencers
 - Lack of confidence in performing PE
 - GP assumptions that doing a PE could delay referral or that PE has limited clinical value
 - Potential for further training

Crosscutting themes

- Perceived patient beliefs
 - They prefer to be examined by female clinicians evidenced by self selection of female clinicians
- Gender differences
 - Male GPs appearing to be less willing to perform PE as a result of perceived reductions in capability, exposure and confidence

Results

...What GP's said

I think it might very hard to get day to day experience with gynaecology and you could go weeks (...) where you wouldn't see anything (GP 15, female)

I suspect a lot of the reception girls now will channel patients to me, and so I can feel like some days are just real gynae days, where I do a lot of it (GP 10, female)

If you don't feel that you're doing it enough to be, to keep your skills up then maybe it should be someone else that's doing it (GP 8, female)

I'll do it on a post-menopausal lady (...) or I'll say if you've had your kids, and you're comfortable with me doing it, and quite often they'll say yes, so I suppose I am, I'm exposing myself to some risk, but I think it's pretty low, but anybody my age or younger certainly not (GP 13, male)

I think that it's [the need for a chaperone] one of these tick box sentences, that feels like, it feels so stupid to ask it, it's like do you want someone to come in with you, they look at you like, what, what? (GP interview 3, female)

You wouldn't put someone to cardiology, if you hadn't listened to their chest, they would laugh at you (GP 2, female)

As long as they've got the capacity, consent to why you're doing it, then I think that's what we should be doing, and I think they, I think they would expect that, I think it would embarrassing to miss something for the want of, of their embarrassment or our discomfort at having to do it (...) because if we miss that then, you know, they're on a completely different path (GP 6, female)

In the past couple of months, two women with post-menopausal bleeding, I didn't even bother to examine them (...) they need referred(...) I'm not going to find anything of value (...) I can see the utility of the, the rectal exam, in you know, for rectal cancer, because if you feel the tumour (...) that's going to potentially change the initial management (GP14, male)

Capability

- Able to perform pelvic examination and interpret examination findings correctly
- Adequate opportunity to gain skills and knowledge
- Adequate exposure to maintain these skills

Opportunity

- Adequate time to perform the examination
- Easy availability of chaperones

Motivation

- The expectation of being a doctor
- The need to manage patients' expectations and concerns
- Belief that the examination makes a difference
- Belief that they can perform the examination

Conclusion

GPs face barriers when performing PE; the motivation to overcome these is explained by the clinician's belief in the value of the examination. The polarised views expressed contribute to inconsistent performance of the examination in Primary Care. Whilst we have reported on GPs' perspective, we need to hear and understand women's thoughts on PE. Strategies to increase PE use will need to address capability, opportunities and motivation.

Further Contact

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