

Clinical Examination Coaching Tool  
for  
STD Enhanced Role Registered Nurses  
(STD ERRN)

as

Health Care Providers in North Carolina Public Health Clinics

Communicable Disease Branch  
Medical Consultation Unit  
Technical Assistance and Training Program

The Clinical Examination Coaching Tool assists the STD ERRN student and the Clinical Advisor to assure that STD examinations in North Carolina Public Health Clinics are comprehensive and based upon guidelines from the Centers for Disease Control and Prevention and the North Carolina Sexually Transmitted Diseases Public Health Program Manual.

## Clinical Examination Coaching Tool

STD ERRN Student: \_\_\_\_\_ Clinical Advisor: \_\_\_\_\_

Date: \_\_\_\_\_ Performance Legend: 1 = Satisfactory 2 = Unsatisfactory

<b>COMMUNICATION SKILLS</b>	<b>1</b>	<b>2</b>	<b>ADVISOR COMMENTS</b>
Greets client by name			
Introduces self and clinical advisor			
Explains confidentiality to client			
Uses non-judgmental verbal and nonverbal language while being sensitive to client's concerns			
Asks open ended questions			
Informs client that: <ul style="list-style-type: none"> <li>• questions are very personal</li> <li>• no one judges your answers or sexual practices</li> <li>• all clients are asked the same questions</li> <li>• complete answers help assure correct that screening &amp; treatment</li> </ul>			
Uses DHHS form 2080, LHD STD flow sheet, or EMR for interview, documentation of examination, lab orders and interpretation, treatment, counseling, referral and documentation of units of service time			
<b>HISTORY TAKING</b> Critical Assessment Items	<b>1</b>	<b>2</b>	<b>ADVISOR COMMENTS</b>
Reason(s) for Visit			
Signs and Symptoms			

Prior STD history and treatment			
Vaccine history			
Sexual risk assessment: <ul style="list-style-type: none"> <li>• uses terms client understands for sites of exposure</li> <li>• ask questions regarding client's partners without assuming gender</li> <li>• uses gender response from client to ask other questions regarding risk</li> <li>• ask client what they feel puts them most at risk for STI's</li> </ul>			
Obtains from client: <ul style="list-style-type: none"> <li>• date of last menstrual period</li> <li>• date of last Pap and counsels regarding appropriate screening timeframes</li> <li>• use of douche and provides educations as needed</li> <li>• contraceptive history &amp; offers referral if needed</li> </ul>			
Medication history: <ul style="list-style-type: none"> <li>• antibiotics</li> <li>• OTC - especially creams (topical or vaginal), ointments, etc.</li> <li>• routine medications</li> <li>• based on medication history informs client of possible interference with testing and possible treatment choices</li> </ul>			
<b>PHYSICAL EXAMINATION</b> Male & Female Above the Waist	<b>1</b>	<b>2</b>	<b>ADVISOR COMMENTS</b>
Instructs client to disrobe and provide privacy Asks the male client: <ul style="list-style-type: none"> <li>• remove shirt,</li> <li>• sit on table,</li> <li>• time of last voiding (wait at least 1 hr.)</li> </ul> Asks the female client: <ul style="list-style-type: none"> <li>• about need to void (collect PT or urinalysis as indicated)</li> <li>• remove outer shirt &amp; all clothing below waist (provide drape)</li> <li>• sit on exam table</li> </ul>			

<p>Inspects the throat and oral mucosa, using a light source.</p> <ul style="list-style-type: none"> <li>• Oral infections are among the most common clinical manifestations of HIV disease.</li> <li>• Looks for sores, pustules or inflammation.</li> <li>• Checks the gum lines, the palate, and the top and bottom of the tongue area for lesions or patches suggestive of syphilis, herpes or HIV.</li> </ul>			
<p>Pharyngeal specimen collection:</p> <p><b>All</b> - Collects a pharyngeal specimen for gonorrhea culture or pharyngeal NAAT when available when history includes oral exposure within the past sixty (60) days.</p> <p>To collect a pharyngeal specimen:</p> <ul style="list-style-type: none"> <li>• Use a sterile swab, swab the back of the throat and tonsillar crypts</li> <li>• Roll the swab in a Z pattern on the culture plate and cross streak</li> <li>• If <b>pharyngeal</b> specimen is to be tested with <u>NAAT</u>, follow vendor instructions</li> </ul>			
<p>Inspects the scalp, brows, and lashes.</p> <ul style="list-style-type: none"> <li>• Look for nits associated with pubic lice</li> <li>• Look for hair loss suggestive of syphilis</li> </ul> <p>Palpates lymph nodes.</p> <ul style="list-style-type: none"> <li>• cervical</li> <li>• supraclavicular</li> <li>• axillary</li> <li>• epitrochlear</li> </ul>			
<p>Inspects the skin for rashes, discoloration, or lesions:</p> <ul style="list-style-type: none"> <li>• face</li> <li>• arms</li> <li>• hands</li> <li>• chest</li> <li>• back</li> <li>• soles of the feet, if syphilis suspected</li> </ul>			

<b>MALE EXAMINATION</b> Below the Waist	1	2	Advisor Comments
Preparation: <ul style="list-style-type: none"> <li>• Have the client prepare for the genital exam by putting back on shirt</li> <li>• Male genital exam is performed with the male in a standing position or lying supine on the exam table</li> <li>• Instructs the client to lower pants and underwear and lean back against the exam table or lie on the exam table</li> </ul>			
Visual Inspection: <ul style="list-style-type: none"> <li>• Inspects the skin and hair around the base of the penis for nits, lice, or lesions</li> <li>• Inspects the top and bottom of the penis, retracting the foreskin if present</li> <li>• Looks for redness or sores, warts or other lesions, and discharge from the meatal opening</li> <li>• Inspects the skin of the scrotum for lesions or rashes, making sure to lift to see the posterior surface</li> </ul>			
Palpation: <ul style="list-style-type: none"> <li>• Palpates the groin lymph nodes for swelling or tenderness</li> <li>• Palpates the scrotal contents. <ul style="list-style-type: none"> <li>○ Gently compresses scrotal contents between your thumb and first two fingers, noting any swelling, tenderness, shape and size of any mass as you palpate the testes and the spermatic cords</li> <li>○ Teach TSE if time allows but not required.</li> </ul> </li> </ul>			

<p>Specimen Collection: Only collect gram stain on symptomatic males (See “Evaluation of Symptomatic Males in STD Clinics” algorithm)</p> <p>To collect the specimen for <u>urethral gram stain</u> and <u>gonorrhea culture</u>:</p> <ul style="list-style-type: none"> <li>• The swab may be moistened with sterile non-bacteriostatic saline to reduce discomfort</li> <li>• Use a calgiswab to collect a sample of the discharge</li> <li>• If discharge is not apparent, penis should be milked from base to tip to express discharge for collection</li> <li>• Insert the tip of the swab 1-2cm into the meatal opening and gently rotate for 3-5 seconds</li> <li>• For <u>gram stain</u>, roll the swab along the glass slide</li> <li>• For gonorrhea <u>culture</u>, roll the same swab in Z pattern on the gonorrhea culture plate and cross streak</li> </ul> <p><b>Caution:</b></p> <ol style="list-style-type: none"> <li>1. <i>Culture plates should be brought to room temperature prior to use.</i></li> <li>2. <i>The culture plate should be placed in a CO2 enriched candle jar within 15 minutes of collection.</i></li> <li>3. <i>The culture plate should be placed in an incubator set at 36° C + 1° within one hour of collection.</i></li> </ol>			
<p>To collect the <u>urine</u> specimen for <u>NAAT gonorrhea/chlamydia</u> testing (Where available)</p> <ul style="list-style-type: none"> <li>• Use supplies provided by the vendor</li> <li>• Wait at least one hour after client has urinated to collect specimen and follow vendor’s instructions for specimen collection</li> <li>• Assure proper labeling of specimen</li> <li>• Assure completion of lab acquisition form</li> </ul>			

<b>FEMALE EXAM</b> Below the Waist	1	2	Advisor Comments
Preparation: <ul style="list-style-type: none"> <li>Asks the client to lie supine on the exam table</li> <li>Assists her into the lithotomy position with feet in foot holders</li> <li>Assists her to slide down to the edge of the table</li> </ul>			
Palpation: <ul style="list-style-type: none"> <li>Palpates groin lymph nodes for swelling or tenderness</li> <li>Palpates lower abdomen</li> <li>Checks for rebound tenderness</li> </ul>			
Visual Inspection: <ul style="list-style-type: none"> <li>Inspects the mons pubis for nits, lice or lesions</li> <li>Examines the vulva for redness, sores, warts or other lesions</li> <li>Inspects the clitoris; retract the prepuce to look for hidden lesions or warts</li> <li>Inspects the perineum, anus, intercrural folds, and buttocks for redness or lesions</li> <li>Change gloves to avoid cross contamination</li> <li>Checks the urethral meatus and Skene's glands by milking the glands against the urethra; collect and culture any discharge using a sterile swab</li> <li>Inspects the introitus and Bartholin's glands; noting tenderness, swelling, or discharge</li> </ul>			
Insertion of Speculum: Speculum exam is appropriate for non-pregnant females. <u>Pregnant females should have a blind vaginal swab for CT/GC NAAT and wet prep</u> (See "Evaluation of Pregnant or Unknown Pregnant Status Females in STD Clinics" algorithm)  <b>Note:</b> <i>The speculum should be warmed and lubricated with warm water.</i> <ol style="list-style-type: none"> <li>Places two fingers just inside the introitus and gently press down toward the perineum while asking the client to relax her muscles.</li> <li>With the other hand inserts the speculum at a 45 degree angle downward.</li> </ol>			

<ol style="list-style-type: none"> <li>3. Aims toward the small of the back and maintain downward pressure at the introitus to avoid sensitive anterior structures.</li> <li>4. Once the speculum is inside the vagina, removes the fingers and rotate speculum blades into a horizontal position maintaining downward pressure.</li> <li>5. Slowly opens the blades maneuvering the speculum so that the cervix comes into view</li> <li>6. Secures the speculum in place</li> </ol>			
<p>Specimen Collection: Internal specimen collection order:</p> <ol style="list-style-type: none"> <li>1. NAAT for GC/Chlamydia –Vaginal</li> <li>2. GC culture – endocervical</li> <li>3. Wet mount – vaginal</li> <li>4. Swab vaginal walls avoiding cervical secretion</li> <li>5. Vaginal Swab to remove excessive discharge</li> <li>6. Pap Smear (conventional or ThinPrep) ectocervical then endocervical</li> </ol>			
<p>To collect a <u>wet mount</u> specimen:</p> <ul style="list-style-type: none"> <li>• Use a non-bacteriostatic, sterile swab</li> <li>• Gently rotate the swab over the vaginal wall or area of inflammation.</li> <li>• With a narrow range (3-6) pH paper, obtain the pH of the vaginal wall secretions avoiding cervical secretions</li> <li>• Insert discharge-moistened swab into a labeled test tube containing approximately 1 ml of warm saline</li> <li>• Send test tube directly to lab for microscopic evaluation</li> </ul>			
<p>To collect the <b>vaginal</b> swab for Gonorrhea/Chlamydia testing with <u>NAAT</u>:</p> <ul style="list-style-type: none"> <li>• Partially peel open the swab package; avoid touching the soft tip or laying the swab down. <i>(if swab is contaminated use new kit)</i></li> <li>• Hold the swab, placing your thumb and forefinger in the middle of the swab shaft</li> <li>• Carefully insert the swab into the vagina about 2 inches past the</li> </ul>			



<p>introitus and gently rotate the swab for 10 to 30 seconds. Make sure the swab touches the wall of the vagina so that moisture is absorbed by the swab</p> <ul style="list-style-type: none"> <li>• Withdraw the swab without touching the skin</li> <li>• While holding the swab in the same hand, unscrew the cap from the NAAT tube. Do not spill the contents of the tube (<i>if contents is spilled use a new kit</i>)</li> <li>• Immediately place the swab into the transport tube so that the tip of the swab is visible below the tube label</li> <li>• Carefully break the swab shaft at the score line against the side of the tube</li> <li>• Tightly screw the cap onto the tube</li> </ul>			
<p>To collect the <b>vaginal gonorrhea culture</b> specimen:</p> <ul style="list-style-type: none"> <li>• Culture plates must be brought to room temperature prior to use</li> <li>• Use Dacron or rayon swabs with plastic or metal shafts</li> <li>• Insert a sterile swab into the vaginal vault and allow 15-30 seconds to elapse to allow secretions to be absorbed</li> <li>• Remove swab and roll swab in a large “Z” pattern on the culture plate and cross streak</li> <li>• Place culture plate in a CO<sub>2</sub> enriched incubator or candle jar within 15 minutes</li> <li>• Incubate candle jar in an incubator set at 36<sup>0</sup>C + 1<sup>0</sup> within an hour</li> </ul>			
<p>To collect a Pap Smear: Do Not collect Pap on pregnant clients; refer them to their OB provider for Pap</p> <p><b>Note:</b></p> <ol style="list-style-type: none"> <li>1. <i>Pap Smears maybe collected during STD exams without regard to inflammation or discharge.</i></li> <li>2. <i>Obtain Pap smear according to current recommendation for Pap testing.</i></li> <li>3. <i>Cervix should be cleaned prior to collection to remove excess mucus.</i></li> <li>4. <i>It is most important that an adequate sample be taken from the squamocolumnar junction.</i> <ol style="list-style-type: none"> <li>a. <i>Squamous epithelium appears as pale pink, shiny and smooth.</i></li> <li>b. <i>Columnar epithelium appears reddish with a granular surface.</i></li> </ol> </li> </ol>			

<p>ThinPrep Pap testing:</p> <ul style="list-style-type: none"> <li>• Collect cells from the ectocervix first</li> <li>• Select contoured end of the plastic spatula and rotate 360° around entire ectocervix while maintaining tight contact with ectocervical surface</li> <li>• Remove spatula; immediately rinse contoured end of spatula in vial of PreservCyt (ThinPrep) solution by swirling vigorously ten times</li> <li>• Leave the spatula in the vial while collecting the endocervical sample.</li> <li>• Insert the cytobrush device into the endocervix until only the bottom-most bristles are exposed</li> <li>• Slowly rotate one-half to one full turn in one direction. DO NOT over-rotate</li> <li>• Remove brush; Rinse the cytobrush in the PreservCyt (ThinPrep) solution ten times while pushing it against the wall of the vial</li> <li>• Swirl the brush vigorously to further release material. Use the spatula to push material off the brush</li> <li>• Discard brush and spatula</li> <li>• Tighten the cap of the vial until the torque line on the cap passes the torque line on the vial</li> <li>• If the client has no cervix, use the regular tip of the plastic spatula to scrape the vaginal cuff area</li> </ul>			
<p>Conventional Pap test:</p> <ul style="list-style-type: none"> <li>• Collect samples from both the ectocervix and endocervix</li> <li>• Make a single composite Pap smear by using one half of the slide for ectocervical smear and the other half for the endocervical smear</li> <li>• Collect the ectocervix first</li> <li>• Using the contoured (rounded) end of the spatula, rotate 360 degrees around the entire ectocervix maintaining tight contact with ectocervix surface</li> <li>• Remove spatula, leave material on spatula while collecting endocervical sample</li> <li>• Insert the cytobrush into the endocervix until only the bottom-most bristles are exposed</li> <li>• Slowly rotate one-half to one full turn in one direction. DO NOT over-rotate</li> </ul>			

<ul style="list-style-type: none"> <li>• Remove brush</li> <li>• Transfer the cellular material from the spatula down one linear half of the slide</li> <li>• Turn the spatula over to superimpose any material on the side of the spatula in the same manner. Avoid zigzagging motions</li> <li>• Transfer the cellular material from the endocervical brush below the spatula sample on the slide by rolling the brush down the other half of the slide. Again, avoid zigzagging</li>   <li>• Spray slide with fixative immediately <ul style="list-style-type: none"> <li>○ Hold spray container at least 10 inches away to ensure coating and prevent dispersal and destruction of the cells.</li> <li>○ No more than five seconds should elapse between the beginning of the smearing the sample and spraying of the slide</li> <li>○ If fixative leaks off the slide while lying flat, too much fixative may have been used.</li> <li>○ Protect the frosted end of the slide with a thumb or paper while spraying, otherwise the lab number washes off during processing</li> <li>○ Proper fixing is vital since air-dried smears cannot be interpreted</li> <li>○ Allow fixative to dry before packaging slide for shipping to laboratory</li> </ul> </li> </ul>			
<p>Removal of speculum-</p> <ol style="list-style-type: none"> <li>1. After specimens are collected, removes the speculum by unlocking and slowly moving away from the cervix, closing blades and maintaining downward pressure</li> <li>2. Inspects the vaginal walls as the blades exit the vagina</li> </ol>			
<p><i>Collection of rectal specimen on female clients would be done at this time if participated in receptive anal intercourse in the last 60 days or if greater than 60 days during last sexual encounter. See instructions below for both males and females</i></p>			

<b>Bimanual Exam: (Non-Pregnant Clients Only)</b>			
<ul style="list-style-type: none"> <li>• Stands to perform this part of the exam</li> <li>• Explains the procedure to the client</li> <li>• Encourages her to relax her abdominal muscles</li> <li>• Lubricates index and middle finger</li> <li>• Gently palpates vaginal walls and the cervix to locate the position of the cervix</li> <li>• Puts one finger on each side of the cervix and move it from side to side, noting any cervical motion tenderness</li> <li>• Examines the tubes, ovaries, and adnexal structures noting tenderness</li> <li>• Places two fingers of the vaginal hand on one side of the cervix and press downward with the abdominal hand on the same side looking for tenderness, including rebound tenderness.</li> <li>• Slowly and gently draws hands together feeling for any abnormal masses</li> <li>• If pain is elicited on exam refer to medical provider</li> </ul>			
<b>MALE &amp; FEMALE EXAMS</b> Below the Waist	1	2	<b>Advisor Comments</b>
<p><b>Lesions: (evaluate for syphilis and herpes)</b>  Consult with a provider during clinic visit to identify lesions.</p> <p>To collect a <b>darkfield</b> specimen:</p> <ul style="list-style-type: none"> <li>• Clean slides with alcohol before using</li> <li>• Make two or more slides if enough fluid is available</li> <li>• Clean and soften the lesion with non-bacteriostatic saline on gauze</li> <li>• Gently abrade the lesion to cause oozing, applying gentle pressure at the base of the lesion, if necessary  Avoid making the lesion bleed</li> <li>• Allow serous fluid to accumulate and apply to slide by touching the slide to the lesion or by using a sterile bacteriologic loop</li> </ul>			

<ul style="list-style-type: none"> <li>• Cover slip the specimen.</li> <li>• Examine immediately using a darkfield microscope</li> <li>• If <b>not examined immediately</b>, slides must be placed in a moist chamber to prevent drying</li> </ul> <p><i>(Tip: A moist chamber may be created by placing sterile gauze in a petri dish and moistening with sterile saline. Place darkfield slides on top of the gauze and place cover on petri dish)</i></p>			
<p>To collect a specimen for <b>herpes</b> culture:</p> <p>Vesicular or pustular lesions:</p> <ul style="list-style-type: none"> <li>• Open the vesicle with an 18-gauge needle</li> <li>• Use a Dacron or rayon swab with a plastic or metal shaft to abrade the base of the lesion (this assures a good sample of cells and not just fluid)</li> <li>• Place the swab in the viral transport media immediately and refrigerate until transported</li> </ul> <p>Crusted lesions:</p> <ul style="list-style-type: none"> <li>• Remove the crust of the lesion with moistened gauze</li> <li>• Scrape the base of the lesion with a Dacron or rayon swab with a plastic or metal shaft swab Avoid making the lesion bleed</li> <li>• Place the swab in the viral transport media immediately and refrigerate until transported</li> </ul> <p><b>Caution:</b></p> <ol style="list-style-type: none"> <li>1. <i>The stage of the lesion and the quality of the specimen obtained from the lesion are critical to accuracy of results.</i></li> <li>2. <i>HSV is recovered more efficiently from vesicular lesions and infrequently from crusted lesions.</i></li> <li>3. <i>When collecting a herpes specimen, emphasis is on getting cells from the base of the lesion.</i></li> </ol>			

<p>Performs a visual <b>Anal exam:</b></p> <p><b>NOTE:</b> <i>Collect rectal cultures or NAATs if client has received anal intercourse in the last 60 days or if longer than 60 days during the last sexual encounter.</i></p> <p><b>NOTE:</b> <i>A prostate exam is not indicated for sexually transmitted disease screening and evaluation.</i></p>			
<p>Inspection:</p> <ul style="list-style-type: none"> <li>• Have client turn around and lean over the exam table</li> <li>• Examines the perianal area, anus, buttocks, and skin folds</li> <li>• Looks for inflammation, rashes, sores, warts or other lesions</li> </ul>			
<p>To collect a <b>rectal</b> specimen:</p> <ul style="list-style-type: none"> <li>• Insert sterile Dacron or rayon swab with a plastic or metal shaft. 2-3 cm into anal canal while pressing laterally to avoid fecal matter</li> <li>• Roll swab in Z pattern on culture plate and cross streak</li> <li>• If there is significant fecal matter on the swab, discard and collect another specimen, pressing laterally</li> <li>• If <b>rectal</b> specimen is to be tested with <u>NAAT</u>, follow vendor instructions</li> </ul>			
<p><b>Efficiency and technique:</b></p> <ul style="list-style-type: none"> <li>• Performs uncomplicated assessment for women within 30 minutes and men within 20 minutes</li> <li>• Uses appropriate techniques for handling clean and contaminated items</li> <li>• Collects appropriate specimens per client history and per standing orders of agency. (including TRUST, HIV, etc.)</li> <li>• Correctly labels all specimens.</li> <li>• Collects additional test as indicated by history</li> <li>• Correctly handles and transports all specimens</li> </ul>			

<p><b>Assessment, treatment and referrals:</b></p> <ul style="list-style-type: none"> <li>• Using client's clinical presentation, history, and correlation with lab results accurately determines treatment per standing orders</li> <li>• Consults appropriately with mid-level or physician medical provider as needed or for individualized orders.</li> <li>• Consults DIS/CDCS as needed</li> </ul>			
<p><b>Counseling/Education:</b></p>			
<ul style="list-style-type: none"> <li>• Provides counseling and education tailored to client's needs</li> <li>• Assesses and clarifies client understanding of: <ul style="list-style-type: none"> <li>○ names of diseases, transmission, incubation, symptoms</li> <li>○ complications</li> <li>○ results of tests</li> <li>○ name of medication and why it is used</li> <li>○ how to take the medication and what to expect as treatment outcome</li> <li>○ potential side effects of medication</li> </ul> </li> <li>• Stresses partner notification.</li> <li>• Uses EPT if appropriate via standing order or provider order</li> <li>• Facilitates client-identified risk reduction plan</li> <li>• Provides client with condoms and other barrier methods appropriate for client's preferred sexual activity if available</li> <li>• Provides client handouts as appropriate</li> <li>• Provides client with information regarding test results not available on day of visit</li> </ul>			
<p><b>Documentation:</b></p> <ul style="list-style-type: none"> <li>• Completes record in accordance to local policy with legal requirements and signatures</li> <li>• Manages all client information confidentially</li> </ul>			

References:

NC Department of Health and Human Services, Division of Public Health, Sexually Transmitted Diseases Public Health Program Manual/Clinical Assessment Male and Female Examination document updated 04/2011. Website: [epi.publichealth.nc.gov/cd/lhds/manuals/std/toc.html](http://epi.publichealth.nc.gov/cd/lhds/manuals/std/toc.html)

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