

DEPARTMENT OF VETERANS AFFAIRS (VA)
SALT LAKE CITY HEALTH CARE SYSTEM
Salt Lake City, Utah

MEMORANDUM 11.79

December 5, 2016

PHYSICAL EXAMINATIONS FOR FEMALE VETERANS

1. PURPOSE:

To outline policy and procedure for providing VA physical examinations to eligible female veteran

2. POLICY:

It is the policy of the VA Salt Lake City Health Care System to provide comprehensive, high quality health care services to eligible veteran beneficiaries and to ensure that these services are provided equitably, appropriately, and privately for all patients regardless of gender.

3. RESPONSIBILITIES:

a. Providers (physicians, nurse practitioners, physician assistants) will be knowledgeable and professionally capable of providing general medical care and gender specific screening examinations for women veterans. Regardless of the service line, providers interfacing with women veterans should document a detailed history of the female veteran including current and past medical and surgical history, a gynecologic and obstetric history, history of allergies, family history of disease, and a psycho-social history including military service (include branch, length, location period of deployment and injuries or trauma experienced) and an occupational history. The initial intake history must include screening for military sexual trauma and must be done prior to the physical exam while the patient is fully dressed.

b. The primary care provider must also perform a complete physical exam which should include the head and neck, cardiovascular, respiratory, abdominal, musculoskeletal and neurological systems. A complete primary care examination for women will also include a breast and pelvic examination according to National Standards of care, unless medically contraindicated or refused by the patient. If a pelvic, breast examination, and/or Pap smear are not included as a part of a complete physical examination, the reason(s) for deferring the examinations must be clearly documented in the medical record.

c. Women veterans are able to have routine pap smears, breast exams, mammograms, or evaluation related to menopausal problems done by their primary care provider. If the patient prefers to have her gender-specific care done at the Women's Clinic, she can make that request. Patients requesting gender-specific care in the Women's Clinic and those patients with gynecological problems requiring expedited or specialized evaluation should be referred to the Women's Clinic by an OB/GYN Consult (referrals for both routine and OB/GYN care are in the CPRS Consults Menu). All women veterans will be enrolled in one of the primary care clinics (e.g. Women's Clinic or Primary Care).

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d. Patient dignity and privacy must be maintained during the course of a physical examination at all times. The female patient should never be asked to disrobe/redress in the provider's immediate presence. A female third party **must** be readily available at all times during a physical examination or procedure. The third party **must** be present in the room when the provider performs an examination or a procedure of the sexual or reproductive organs or rectum. The patient has the option of having a third party present for any other type of examination. The provider must inform the patient of this option regardless of the provider and/or patient gender.

e. Privacy curtains should shield the actual examination area. Placement of the examination table should minimize inadvertent exposure of the patient during a physical examination. Exam room doors must have locks. Gowns, sheets and/or other appropriate apparel should be available to protect the patient's dignity and decrease embarrassment. Appropriate draping techniques must be used during the breast and pelvic exam or during examinations or procedures when these areas are exposed (e.g., EKG, chest auscultation).

f. The provider must explain the necessity of a complete physical examination or the components being performed during the examination and the purpose of disrobing in order to minimize the patient's anxiety and possible misunderstandings.

g. Following the physical examination, the provider should discuss any positive findings with the patient and provide the opportunity for questions. The patient should be fully dressed during this discussion.

h. The VHA has experienced increase use of camera and computer-based video technology for tele-health, resident training, security observation, etc. When establishing and reviewing these services, attention must be given to the privacy needs of veterans. Veterans must be informed that the cameras are in use before entering an active camera area. Consideration must be given to balancing the clinical activity with maintaining privacy and dignity. Active cameras should not be utilized while the veteran is dressing or undressing for exams, bathing, and toileting or engaging in similar activities. Installed cameras must be covered or shielded when not in use, even when turned off.

i. When medical residents, interns, medical students, NP students, or PA students provide comprehensive primary care or gender-specific specialty care to women veterans, they must be properly supervised at all times.

Note: A same-gender clinical chaperone **must** be in the examination room during examinations or procedures involving the breast and genitalia, regardless of the gender of the provider.

4. REFERENCES: VHA Handbook 1330.01, VHA Services for Women Veterans

5. RECISSION: Center Policy Memorandum 118.17, "Physical Examinations for Female Veterans", dated May 21, 2013.

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6. RECERTIFICATION DATE: This policy is scheduled for recertification on or before the last working day of November 2019.

7. FOLLOW-UP RESPONSIBILITY: Women Veterans Program Manager (011)

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SHELLA STOVALL

Acting Director