



Speculum Exam Validation and Evaluation Form

| Name | License Number | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|----|
| | | | | | | | | | | |
| Skill Scale: 1 = Demonstrates Competence 2 = Needs More Practice | | | | | | | | | | |
| Skill | Please indicate using the skill scale for each exam | | | | | | | | | |
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Introduce Self and Role | | | | | | | | | | |
| Explain Procedure | | | | | | | | | | |
| Confirm Consent for Exam | | | | | | | | | | |
| Offer Patient to Empty Bladder (collect urine when appropriate) | | | | | | | | | | |
| Wear Gloves | | | | | | | | | | |
| Select Appropriate Sized Speculum and Moisten with H2O | | | | | | | | | | |
| Maintains Patient Dignity – Drapes | | | | | | | | | | |
| Inspects and Identifies: <ul style="list-style-type: none"> ● Tanner Stages ● Labia Majora ● Labia Minora ● General Appearance ● Injury Assessment | | | | | | | | | | |
| Avoids Startling Patients; Explains and Instructs Patient to Relax and Touches Appropriately | | | | | | | | | | |
| Retracts Labia Majora and Identifies: <ul style="list-style-type: none"> ● Clitoris ● Urethral Meatus ● Anterior Vaginal Wall ● Hymen ● Fossa Navicularis ● Posterior Forchette ● Perineal Body | | | | | | | | | | |
| Inserts Speculum | | | | | | | | | | |
| Rotates and Opens Speculum and Assures Proper Placement | | | | | | | | | | |
| Visualizes Cervix and Describes Findings <ul style="list-style-type: none"> ● Fornix ● Anterior Cervix | | | | | | | | | | |
| Identifies Techniques for Collecting Culture Swabs | | | | | | | | | | |

| Skill | Please indicate using the skill scale for each exam | | | | | | | | | |
|---|---|-------|---|---|---|------------------|---|-------|---|----|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| Removes Speculum | | | | | | | | | | |
| Removes Gloves & Washes Hands | | | | | | | | | | |
| Document Observations | | | | | | | | | | |
| Observe Clean Technique Throughout Procedure | | | | | | | | | | |
| Note to Instructor: Each exam should be observed and evaluated individually. Please sign and date each of the exams that you personally observe. | | | | | | | | | | |
| Evaluator Name | | Title | | | | Medical Facility | | | | |
| 1. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 2. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 3. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 4. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 5. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 6. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 7. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 8. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 9. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |
| 10. | | | | | | | | | | |
| Comments: | | | | | | | | Date: | | |