

# In-Hospital Clinical Assessment (WBA): Colposcopy



The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists  
*Excellence in Women's Health*

## In Hospital Clinical Assessment WBA (IHCA)

All trainees are required to satisfactorily complete this In-hospital Clinical Assessment WBA (IHCA) before the end of core training. To achieve the required skill level, trainees must be assessed and signed off as competent to perform the tasks independently.

## Requirements of Colposcopy and the Treatment of Cervical Diseases IHCA

This Colposcopy IHCA consists of **2 compulsory** Competency assessment sections:

- Colposcopic assessment
- Ablative or excisional treatment of cervical disease using diathermy, laser, loop, cryosurgery or cone biopsy

A Trainee **must** achieve a ranking of **four or above** in **all ten** listed skill areas, to achieve an overall summative assessment of 'competent'.

## Format

The assessment consists of two components: colposcopic assessment and treatment of cervical disease. A single assessor will observe the candidate making a colposcopic assessment of at least three patients and treating another three patients. The patients who are assessed must be new cases, and will normally be seen in a scheduled clinic session.

Using the standard rating form, the assessor will rate the candidate's performance in a number of defined skill areas. The role of the assessor is mainly that of an observer, but he/she may also examine the patients to check the accuracy of the candidate's assessment. The candidate is encouraged to explain to the assessor and to the patient, when appropriate, what he/she is doing during both colposcopic assessment and treatment, and to comment on findings as they occur. After each patient, the assessor will ask the candidate to summarise the results of the colposcopic assessment and/or treatment.

**Before being assessed for a summative assessment, trainees are strongly encouraged to complete a minimum of 3 formative assessments, including feedback. Only the summative assessment has to be submitted to the College.**

## Setting

The assessment will normally be conducted in the hospital in which the trainee is currently employed. The colposcopic assessment component will normally take place in a scheduled clinic session using colposcopy equipment with which the candidate is familiar. The treatment component will normally take place in a clinic, day surgery or operating theatre, depending on the normal practice of the hospital.

## Number of patients

A single assessor must observe the candidate making a colposcopic assessment of at least three patients, all of whom must be new cases. In addition, a single assessor must observe the candidate performing ablative or excisional treatment of cervical disease in at least three patients. The treatment modality used may be diathermy, laser, loop, cryosurgery or cone biopsy. It is preferable that the same assessor carry out the entire assessment. The same 3 patients can be used for both the colposcopic assessment and treatment if appropriate.

## Assessor

All Assessors for a summative assessment must be RANZCOG-approved. A list of approved assessors is available on the RANZCOG website (under Education and Training/Specialist Training/Assessment and workshop forms <https://www.ranzcog.edu.au/Training/Specialist-Training/Online-portfolio-assessments/In-Hospital-Clinical-Assessments>). Within Australia and New Zealand, the assessor must be a Fellow of the College with expertise in colposcopy and the treatment of cervical disease. The assessor should preferably be a member of ASCCP, be C-QuIP certified or have similar evidence of ongoing certification in the subject.

Training Supervisors can be an assessor if they are a RANZCOG-approved Colposcopy Assessor. Outside Australia and New Zealand, the assessor must be a specialist obstetrician/gynaecologist of consultant status with expertise in colposcopy and the treatment of cervical disease, and has been approved for the purpose by the Chair of the Education & Assessment Committee. A formative assessment may be assessed by a RANZCOG Fellow.

## Administration

- Assessors should be given ONE MONTH notice that they are requested to assess this module.
- The completed Colposcopy IHCA consists of a summative assessment of the two components on the one criteria form. For FRANZCOG trainees, a copy of the completed assessment form should be uploaded into your online training portfolio. SIMGs should submit the form by email to [simg@ranzcog.edu.au](mailto:simg@ranzcog.edu.au).
- In the event of a repeat summative attempt, the Trainee must be assessed by two assessors from the College list of authorised assessors of IHCA modules. In the event of conflict or recurrent failure, the relevant Regional Training Accreditation Committee Chair may assist the candidate in the selection of assessors and/or a mentor.
- The original form must be kept by the Trainee.
- A record of satisfactory completion of the Colposcopy IHCA will only be made upon review of the Assessment form by College House.

# In-Hospital Clinical Assessment (WBA): Colposcopy



The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists  
*Excellence in Women's Health*

## Trainee details

(please print)

FAMILY NAME		GIVEN NAME(S)		TRAINEE ID no.	
HOSPITAL				YEAR LEVEL	

## Competency being assessed

(please tick)

Colposcopy and the Treatment of Cervical Diseases. Includes:

- Colposcopic assessment
- Ablative or excisional treatment of cervical disease using diathermy, laser, loop cryosurgery or cone biopsy.

## Assessment

<input type="checkbox"/> Formative		<input type="checkbox"/> Summative (must be assessed by a RANZCOG approved assessor)	
This assessment is based on observation with	_____ Patients (min 3)	over a period of	_____ Hours
<b>This trainee is competent to perform these procedures independently</b> (a Trainee <b>must</b> achieve a ranking of <b>four or above</b> in <b>all ten</b> listed skill areas, to achieve an overall assessment of "competent" for this assessment).			<input type="checkbox"/> Tick if competency achieved

## Assessor\*

Full Name (please print)		Approved Assessor*
Signature		Y <input type="checkbox"/> N <input type="checkbox"/>

\* A **summative** assessment for this IHCA must be performed by a RANZCOG-approved assessor.

## Trainee signature

--

## Training Supervisor

Full Name (please print)	
Signature	

FRANZCOG trainees please upload all pages of this form into your online portfolio.

SIMG assessment forms can be emailed to [simg@ranzocg.edu.au](mailto:simg@ranzocg.edu.au).

You are advised to retain the original.

# In-Hospital Clinical Assessment (WBA): Colposcopy



## Criteria for a Colposcopy Assessment

<b>Taking a history</b>	<b>1</b> Obtained information in a haphazard fashion, resulting in omission of pertinent data	<b>2</b> Obtained most of the relevant information, but failed to collect some key data	<b>3</b> Obtained most of the pertinent information, but not always in a logical, systematic and efficient manner	<b>4</b> Obtained all the relevant information but not always in a logical, systematic and efficient manner	<b>5</b> Obtained all of the pertinent information in a logical, systematic and orderly manner
<b>Explanation of colposcopy procedure</b>	<b>1</b> Omitted explanation of the procedure before colposcopy in all patients	<b>2</b> Omitted explanation of the procedure before colposcopy in some patients	<b>3</b> Explanation provided to all patients before colposcopy but the quality of explanation was inadequate for most patients	<b>4</b> Explanation provided to all patients before colposcopy but the quality of explanation was inadequate for some patients	<b>5</b> Before colposcopy, effectively explained the actual procedure to all patients
<b>Positioning the patient</b>	<b>1</b> Positioning of patient and speculum was ineffective for all patients	<b>2</b> Positioning of patient and speculum was ineffective for some patients	<b>3</b> Positioning of patient and speculum was skilful and effective for all patients but was clumsy for at least two patients	<b>4</b> Positioning of patient and speculum was skilful and effective for all patients but was clumsy for one patient	<b>5</b> Positioning of patient and speculum was skilful and effective for all patients
<b>Use of the Colposcope</b>	<b>1</b> Did not obtain a clear, focused view of the cervix in any patients	<b>2</b> Did not obtain a clear, focused view of the cervix in most patients	<b>3</b> Obtained clear, focused view of the cervix in all but two of the patients	<b>4</b> Obtained clear, focused view of the cervix in all but one of the patients	<b>5</b> Obtained clear, focused view of the cervix in all patients
<b>Universal Precautions</b>	<b>1</b> Total disregard for universal precautions; technique and handling caused cross-contamination between colposcope handle and patients	<b>2</b> Disregard for universal precautions; technique and handling caused cross-contamination between colposcope handle and some patients	<b>3</b> Regard for universal precautions; however, technique and handling for cross contamination was not consistent across patients	<b>4</b> Demonstrated sound technique and universal precautions that did not contaminate the colposcope in all but one patient	<b>5</b> Demonstrated sound technique that did not contaminate the colposcope during the procedure in all patients
<b>Colposcope assessment</b>	<b>1</b> Colposcopic assessment in more than one patient had major inaccuracies or omissions	<b>2</b> Colposcopic assessment in at least one patient had major inaccuracies or omissions	<b>3</b> Colposcopic assessment in two patients had a minor inaccuracy or omission	<b>4</b> Colposcopic assessment in one patient had a minor inaccuracy or omission	<b>5</b> Colposcopic assessment in all patients was accurate and complete
<b>Colposcopically directed biopsy</b>	<b>1</b> Performed an ineffective biopsy in more than one patient	<b>2</b> Performed an ineffective biopsy in one patient and/or had difficulty in obtaining haemostasis in some patients	<b>3</b> Performed an effective biopsy in all relevant patients but failed to obtain haemostasis in at least one patient	<b>4</b> Performed an effective but sometimes clumsy biopsy in all patients and obtained haemostasis	<b>5</b> Performed a skilful effective biopsy in all relevant patients and obtained haemostasis
<b>Explanation of Management Plan</b>	<b>1</b> Failed to provide a clear explanation of colposcopic assessment and/or future management options for any patients	<b>2</b> Failed to provide a clear explanation of colposcopic assessment and/or future management options for some patients	<b>3</b> Provided a clear explanation of colposcopic assessment and outlined future management options in at least one patient	<b>4</b> Provided a clear explanation of colposcopic assessment and outlined future management plans for most patients	<b>5</b> Provided a clear and succinct explanation of colposcopic assessment and discussed future management options with all patients
<b>Patient record</b>	<b>1</b> Record of clinical findings for at least one patient had major inaccuracies or omissions	<b>2</b> Record of clinical findings in at least two patients had minor inaccuracies or omissions	<b>3</b> Record of clinical findings for one patient had minor inaccuracies or omissions	<b>4</b> Record of clinical findings complete for all patients but not always concise	<b>5</b> Record of clinical findings complete and concise for all patients
<b>Interaction with patient</b>	<b>1</b> Apparently unaware of the concerns and anxieties of patients	<b>2</b> Occasionally failed to detect the concerns and anxieties of patients	<b>3</b> Consistently detected the concerns and anxieties of patients but often failed to respond effectively to them	<b>4</b> Consistently detected the concerns and anxieties of patients but occasionally failed to respond effectively to them	<b>5</b> Consistently detected and was responsive to concerns and anxieties of patients

### Trainee details

(please print)

FULL NAME	SIGNATURE
-----------	-----------

### Assessor details

(please print)

FULL NAME	SIGNATURE:	DATE:
-----------	------------	-------

# In-Hospital Clinical Assessment (WBA): Colposcopy



## Criteria for a Colposcopy Treatment – with ablative or excisional treatment of cervical diathermy, laser, loop cryosurgery or cone biopsy

<b>Taking a history</b>	<b>1</b> Obtained information in a haphazard fashion, resulting in omission of pertinent data	<b>2</b> Obtained most of the relevant information, but failed to collect some key data	<b>3</b> Obtained most of the pertinent information, but not always in a logical, systematic and efficient manner	<b>4</b> Obtained all the relevant information but not always in a logical, systematic and efficient manner	<b>5</b> Obtained all of the pertinent information in a logical, systematic and orderly manner
<b>Explanation of colposcopy procedure</b>	<b>1</b> Omitted explanation of the procedure before colposcopy of all patients	<b>2</b> Omitted explanation of the procedure before colposcopy of some patients	<b>3</b> Explanation provided to all patients before colposcopy but the quality of explanation was inadequate for most patients	<b>4</b> Explanation provided to all patients before colposcopy but the quality of explanation was inadequate for some patients	<b>5</b> Before colposcopy, effectively explained the actual procedure to all patients
<b>Positioning the patient</b>	<b>1</b> Positioning of patient and speculum was ineffective for all patients	<b>2</b> Positioning of patient and speculum was ineffective for some patients	<b>3</b> Positioning of patient and speculum was skilful and effective for all patients but was clumsy for at least two patients	<b>4</b> Positioning of patient and speculum was skilful and effective for all patients but was clumsy for one patient	<b>5</b> Positioning of patient and speculum was skilful and effective for all patients
<b>Use of the Colposcope</b>	<b>1</b> Did not obtain a clear, focused view of the cervix in any patients	<b>2</b> Did not obtain a clear, focused view of the cervix in most patients	<b>3</b> Obtained clear, focused view of the cervix in all but two of the patients	<b>4</b> Obtained clear, focused view of the cervix in all but one of the patients	<b>5</b> Obtained clear, focused view of the cervix in all patients
<b>Universal Precautions</b>	<b>1</b> Total disregard for universal precautions; technique and handling caused cross-contamination between coploscope handle and patients	<b>2</b> Disregard for universal precautions; technique and handling caused cross-contamination between coploscope handle and some patients	<b>3</b> Regard for universal precautions; however, technique and handling for cross contamination was not consistent across patients	<b>4</b> Demonstrated sound technique and universal precautions that did not contaminate the colposcope in all but one patient	<b>5</b> Demonstrated sound technique that did not contaminate the coploscope during the procedure in all patients
<b>Colposcope assessment</b>	<b>1</b> Colposcopic assessment in more than one patient had major inaccuracies or omissions	<b>2</b> Colposcopic assessment in at least one patient had major inaccuracies or omissions	<b>3</b> Colposcopic assessment in two patients had a minor inaccuracy or omission	<b>4</b> Colposcopic assessment in one patient had a minor inaccuracy or omission	<b>5</b> Colposcopic assessment in all patients was accurate and complete
<b>Explanation of treatment</b>	<b>1</b> Omitted explanation of the procedure used before commencing treatment of all patients	<b>2</b> Omitted explanation of the procedure used before commencing treatment of some patients	<b>3</b> Before treatment, effectively explained the procedure used to all patients, but the explanation was often poor	<b>4</b> Before treatment, effectively explained the procedure used to all patients, but the explanation was occasionally poor	<b>5</b> Before treatment, effectively explained the procedure used to all patients, including likely patient experience
<b>Treatment technique</b>	<b>1</b> Treatment of most patients for cervical disease was of dubious effectiveness	<b>2</b> Treatment of more than one patient for cervical disease was of dubious effectiveness	<b>3</b> Treatment of one patient for cervical disease was of dubious effectiveness	<b>4</b> Treatment for all patients for cervical disease was apparently effective but not always skilful	<b>5</b> Technically skilled in the treatment of all those patients undergoing treatment for cervical disease
<b>Explanation of Management Plan</b>	<b>1</b> Failed to provide information to any patient regarding notification of results and follow-up plan	<b>2</b> Failed to provide information to some patients regarding notification of results and follow-up plan	<b>3</b> Provided insufficient information to most patients regarding notification of their results and follow-up plans	<b>4</b> Provided a clear plan to all but one patient regarding notification of results and follow-up plan	<b>5</b> Provided a clear plan to all patients regarding notification of results and follow-up plan
<b>Patient record</b>	<b>1</b> Record of clinical findings for at least one patient had major inaccuracies or omissions	<b>2</b> Record of clinical findings in at least two patients had minor inaccuracies or omissions	<b>3</b> Record of clinical findings for one patient had minor inaccuracies or omissions	<b>4</b> Record of clinical findings complete for all patients but not always concise	<b>5</b> Record of clinical findings complete and concise for all patients
<b>Interaction with patient</b>	<b>1</b> Apparently unaware of the concerns and anxieties of patients	<b>2</b> Occasionally failed to detect the concerns and anxieties of patients	<b>3</b> Consistently detected the concerns and anxieties of patients but often failed to respond effectively to them	<b>4</b> Consistently detected the concerns and anxieties of patients but occasionally failed to respond effectively to them	<b>5</b> Consistently detected and was responsive to concerns and anxieties of patients

### Trainee details

(please print)

FULL NAME	SIGNATURE
-----------	-----------

### Assessor details

(please print)

FULL NAME	SIGNATURE:	DATE:
-----------	------------	-------

# In-Hospital Clinical Assessment (WBA): Colposcopy



**The Royal Australian  
and New Zealand  
College of Obstetricians  
and Gynaecologists**

*Excellence in Women's Health*