

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:

obgyn@greenjournal.org.

Date: Aug 05, 2019
To: "Maya M Hammoud" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1275

RE: Manuscript Number ONG-19-1275

Teaching Pelvic Exams to Medical Students: Recommendations by the Association of Professors of Gynecology and Obstetrics

Dear Dr. Hammoud:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 26, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This paper is a commentary on informed consent for pelvic examinations by learners.

1. Are there references for the statements in lines 91-92 and 92-93?
2. The potential harms listed in lines 98-101 could be made clearer as to the recipient of the harm, student or patient.
3. The phrase in lines 124-125: "to more accurately represent..." could be better explained.
4. Lines 153-157 report state laws do not offer guidance in how informed consent be obtained. Is this a typical feature on laws about consent? This could be explained more.
5. Lines 162-165 discuss typical practices for obtaining consent on non-anesthetized patients. How is this information known?
6. In lines 212-214 discussion about why student perception may not be a valid surrogate could be examined further.
7. Lines 220-224 talk about improving the process. Lines 193-194 mention that many institutions already have standard processes. It could be clearer as to where improvement is needed.
8. The APGO statement in lines 233-239 does not appear to mention informed consent nor EUA specifically, only that pelvic examination proficiency is an important aspect of medical student training. Should this statement be moved to the section Value of the Pelvic Examination?
9. There are several areas that could be more direct or "tightened up":
 - a. The sentence beginning on line 74 is not necessary.
 - b. The sentence in lines 82-84 is not necessary.
 - c. The phrase "in order to ensure..." in lines 85-87 is not necessary.
 - d. The sentence in lines 90-91 is not necessary.
 - e. The phrase "typically during the OBGYN clerkship" is not needed in lines 95-96.
 - f. The paragraph in lines 104-114 could be reworded: "Patient consent for pelvic...for nearly a decade. All professional societies...consensus to the degree...documented, and discussed with the learner varies. 1,9-11 "
 - g. The beginning of the sentence in lines 116-118: "Unlike...contemporaneously" is not necessary.
 - h. Line 120-121 "rather via" might read better with "rather than via".

- i. The sentence in lines 128-132 could be shortened to end "...was a gynecological one."
- j. The sentence in lines 138-141 could start with "Case law does not..."
- k. The sentence in lines 182-184 could be clearer: "In studies, the majority of patients reported wanting to know if a learner would be performing a pelvic examination".
- l. The sentence in lines 191-192 is not necessary.
- m. The sentence in lines 216-219 could be reworded: "Even if a patient and her surgeon have discussed EUA in advance of the procedure and consent given, a student unaware of this may experience distress."

Reviewer #2:

Overview: This manuscript addresses an important issue; that of patient consent for and student learning of the pelvic examination.

Although an important topic, the manuscript is rather repetitive, lacking new information. There are some inaccuracies, e.g. the reasonable patient and the reasonable provider rule regarding informed consent. It requires the addition of some important concepts to strengthen the article.

Comments

Abstract:

- 1. Line 45. It may be better to state "lay literature," rather than popular literature.
- 2. Lines 56-57. Did you release the statement, or did APGO release the statement? APGO released the statement. Thus, this statement should be corrected.
- 3. Lines 56-59. This should be referenced.

Introduction:

- 4. Lines 84-87. Patients should not be scheduled without having undergone a complete examination, including a pelvic examination. Your statement implies that the patient has not had pelvic exam prior to surgery.
- 5. Line 86. A pelvic examination is important for far more than device or dilator insertion. One should broaden the application of the pelvic examination.

Body of Manuscript:

- 6. Line 141. "in front of them" is a comment that is not necessary.
- 7. Line 146. "on the books" is an unnecessary comment.
- 8. Line 169. This should be "assent" not "asset."
- 9. Lines 177-179. Requires revision and addition of punctuation.
- 10. Lines 179-180. This is not the only standard that exists. There is also the reasonable physician/provider standard. Each state has laws that establish which standard should be used.
- 11. Lines 188-190. Patient consent for EUA should be confirmed on the day of the procedure, to confirm the patient has not had a change in opinion.
- 12. Line 199. This does not specifically address EUA performed by students. Thus, such an inclusion in the routine consent is arguably lacking in obtaining a patient's consent for a student's exam under anesthesia.
- 13. Lines 225-239. This is essentially a quote from APGO's website. This is unnecessary and cumbersome. One should give a brief overview of APGO and then quote the APGO statement. One needs to quote the APGO statement more extensively. Lines 225-247 is essentially a word-for-word quote from the APGO statement.
- 14. Lines 243-247. Need to add punctuation.
- 15. Lines 256-257. Again, this is a very limited view of the value of EUA. Evaluation of the ovaries and adnexa are a critical finding of EUA.

Conclusion:

- 16. Lines 259-265. Although a correct statement, this editorial is unrelated to the focus of this article.
- 17. Lines 267-268. This includes, or exemplifies, patient autonomy.

18. Lines 271-273. This is a rather weak statement. I would rephrase it to better reflect the intended content.

Reviewer #3: I read your current commentary on teaching pelvic exams to medical students with great interest. As a medical educator for over 30 years, the issues of EUA has always been problematic. As stated in your commentary, the needs to receive patient's informed consent and to ensure students /supervising practitioners understand institutional policy is a must. Furthermore, a need to document such informed consent should also be required and your suggestions are on point.

However, I feel that your title is somewhat misleading. The main thrust of your paper is concerns and issues related to the performance of bimanual exam in the anesthetized patient. This is not a new discussion and I feel that many of your points could have made in a shortened and abbreviated form, bullet points. I was hoping to see recommendations on how to "Teach Pelvic Exams to Medical Students" This would include techniques in simulation, development of ways to incorporate students in one's office, the use of volunteers etc.

In addition:

Ln 66-67: The reason some (ref 2) are calling for stopping EUA is that is not a worthwhile learning experience. The pelvic exam is much more than a bimanual exam, in fact, visual inspection of the external genitalia, vagina, and cervix may be the more important part of the pelvic exam, even in the asymptomatic individual. In a woman with irregular bleeding or lower abdominal pain ultrasounds are being ordered or performed in greater than 90% of the time, thus further limiting the value of the bimanual exam (PID, Sexual dysfunction). The use of non-patient volunteers is the ideal venue for learning the complete pelvic exam.

Ln 72-88: A very weak argument for the need for pelvic exam.

Ln 80: The ultrasound (whether you agree or not) has taken the place of the bimanual exam. Although the pelvic exam may be considered a critical part of the evaluation in these patients, any real evidence based data is lacking.

Ln 84: I do feel the bimanual exam may play a role in preoperative assessment (D&C, D&E , especially when we use to do vaginal hysterectomy etc) but this is above the level needed for medical students.

Ln 127: Has there been any litigation based on failure to get consent for an EUA?

Ln 153: Are you saying that if a pelvic exam is necessary (for surgical procedure) than consent is not needed and trainees may perform EUA?

Reviewer #4: This is a current commentary manuscript that discusses the need for new physicians to perform pelvic exams, the obstacles to learning how to perform a pelvic exam for patients under general anesthesia, medical students' qualms to performing EUA, and how to adequately obtain consent for learner's to perform EUA.

1. Line 63. Would be helpful to include short blurb about why pelvic exams are important skill to master in introduction

2. Line 68. Would be helpful to include short blurb about student concerns in introduction

3. Lines 75-80. Unsure if discussion of why pelvic exams are not required is helpful to this manuscript

EDITOR COMMENTS:

1. Maya, I hope you're well. As I read the reviewer comments and your paper, I do agree that its important for you and your co-authors to specifically decide the focus for your paper. Is this specifically about the issue of student learning how to perform a pelvic examination by performing an EUA OR is this a paper more generally about the importance of teaching the medical students how to perform a pelvic examination? The paper feels more like you are focusing on the former but there is a lot about the general topic of pelvic examinations which as written seems out of place. I think the reviewers have given you some good suggestions for how to revise, once you've made this fundamental decision.

2. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These

comments should be included in your point-by-point response cover letter.

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- I agree with one of the reviewers that "we" should be deleted here--as APGO leadership you shepherded this statement along, but the statement is APGO's statement.

- not just planning purposes. One has to do a pelvic examination, for instance, in order to insert an IUD. If you can't find the cervix, you can't put in the IUD.

- Lines 74-80 could be condensed. From an educator's perspective, perhaps you could introduce this concept of lack of clear value for screening purposes for the pelvic exam and include some commentary about the importance of teaching this to students--this being the lack of evidence. Students need to learn not only how to do procedures, but when.

- Another argument I've read about performance of EUA by students is the potential harm due to distrust that develops in the OR team if the nursing staff, for instance, feel that the patient is being violated or if the nursing staff becomes the "police" of EUA and consent documentation.

- if she discovers such an examination was performed without her consent.

- and the surgical team

- give the year

- State the year to be unambiguous here, rather than "currently".

- are any of the states' laws the currently exist more helpful?

- not every institution (including my own) use such stickers. Could you describe them further?

- complete the quotation punctuation

- "the" educator or "an" educator? Who is "The" educator? Isn't the point that the supervising educator should be providing some sort of instructional benefit to the student?

3. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

A. OPT-IN: Yes, please publish my point-by-point response letter.

B. OPT-OUT: No, please do not publish my point-by-point response letter.

4. As of December 17, 2018, Obstetrics & Gynecology has implemented an "electronic Copyright Transfer Agreement" (eCTA) and will no longer be collecting author agreement forms. When you are ready to revise your manuscript, you will be prompted in Editorial Manager (EM) to click on "Revise Submission." Doing so will launch the resubmission process, and you will be walked through the various questions that comprise the eCTA. Each of your coauthors will receive an email from the system requesting that they review and electronically sign the eCTA.

Please check with your coauthors to confirm that the disclosures listed in their eCTA forms are correctly disclosed on the manuscript's title page.

5. Standard obstetric and gynecology data definitions have been developed through the reVITALize initiative, which was convened by the American College of Obstetricians and Gynecologists and the members of the Women's Health Registry Alliance. Obstetrics & Gynecology has adopted the use of the reVITALize definitions. Please access the obstetric and gynecology data definitions at <https://www.acog.org/About-ACOG/ACOG-Departments/Patient-Safety-and-Quality-Improvement/reVITALize>. If use of the reVITALize definitions is problematic, please discuss this in your point-by-point response to this letter.

6. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Current Commentary articles should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

7. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

8. The most common deficiency in revised manuscripts involves the abstract. Be sure there are no inconsistencies between the Abstract and the manuscript, and that the Abstract has a clear conclusion statement based on the results found in the paper. Make sure that the abstract does not contain information that does not appear in the body text. If you submit a revision, please check the abstract carefully.

In addition, the abstract length should follow journal guidelines. The word limits for different article types are as follows: Current Commentary articles, 250 words. Please provide a word count.

9. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

10. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

11. The American College of Obstetricians and Gynecologists' (ACOG) documents are frequently updated. These documents may be withdrawn and replaced with newer, revised versions. If you cite ACOG documents in your manuscript, be sure the reference you are citing is still current and available. If the reference you are citing has been updated (ie, replaced by a newer version), please ensure that the new version supports whatever statement you are making in your manuscript and then update your reference list accordingly (exceptions could include manuscripts that address items of historical interest). If the reference you are citing has been withdrawn with no clear replacement, please contact the editorial office for assistance (obgyn@greenjournal.org). In most cases, if an ACOG document has been withdrawn, it should not be referenced in your manuscript (exceptions could include manuscripts that address items of historical interest). All ACOG documents (eg, Committee Opinions and Practice Bulletins) may be found via the Clinical Guidance & Publications page at <https://www.acog.org/Clinical-Guidance-and-Publications/Search-Clinical-Guidance>.

12. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

13. If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Aug 26, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

August 20, 2019

Nancy C. Chescheir, MD
Editor-in-Chief
Obstetrics & Gynecology

Dear Dr. Chescheir,

Thank you for giving us the opportunity to revise our manuscript titled "Teaching Pelvic Exams to Medical Students: Recommendations by the Association of Professors of Gynecology and Obstetrics" to be considered for publication in *Obstetrics & Gynecology* as a Current Commentary. I confirm that I have read the Instructions for Authors and I am including a point-by-point response to each of the received comments in this letter.

All individuals listed as authors have agreed to these revisions. Please note that we changed the title of the manuscript to "Consent for the Pelvic Examination Under Anesthesia by Medical Students: Recommendations by the Association of Professors of Gynecology and Obstetrics" to reflect the changes recommended by the reviewers and the editor.

Thank you for considering our manuscript.

Sincerely,

A handwritten signature in cursive script that reads "Maya Hammoud".

Maya M. Hammoud, MD, MBA

REVIEWER COMMENTS:

Reviewer #1: This paper is a commentary on informed consent for pelvic examinations by learners.

1. Are there references for the statements in lines 91-92 and 92-93?

Lines 91-92 have been deleted; lines 92-93 are now referenced.

2. The potential harms listed in lines 98-101 could be made clearer as to the recipient of the harm, student or patient.

Both students and patients are intended which is explained in more detail in the subsequent sentence. Since both students and patients are intended, the sentence was left as-is.

3. The phrase in lines 124-125: "to more accurately represent..." could be better explained.

This sentence was rephrased to be more clear.

4. Lines 153-157 report state laws do not offer guidance in how informed consent be obtained. Is this a typical feature on laws about consent? This could be explained more.

This is not a typical feature of state laws regarding clinical informed consent which are often much more detailed.

5. Lines 162-165 discuss typical practices for obtaining consent on non-anesthetized patients. How is this information known?

The reference added to address the 1st point – van den Einden et al – also supports this information and this sentence now shares the same reference.

6. In lines 212-214 discussion about why student perception may not be a valid surrogate could be examined further.

This is expanded upon in the third paragraph under the Pelvic Exam Under Anesthesia by Students section.

7. Lines 220-224 talk about improving the process. Lines 193-194 mention that many institutions already have standard processes. It could be clearer as to where improvement is needed.

This has been clarified by edits throughout the manuscript in general, and more specifically in the 2nd paragraph of the Pelvic Exam Under Anesthesia by Students section.

8. The APGO statement in lines 233-239 does not appear to mention informed consent nor EUA specifically, only that pelvic examination proficiency is an important aspect of medical student training. Should this statement be moved to the section Value of the Pelvic Examination?

This section has been substantially edited/eliminated in the revised manuscript.

9. There are several areas that could be more direct or "tightened up":
- a. The sentence beginning on line 74 is not necessary. *Eliminated.*
 - b. The sentence in lines 82-84 is not necessary. *Eliminated.*
 - c. The phrase "in order to ensure..." in lines 85-87 is not necessary. *Eliminated.*
 - d. The sentence in lines 90-91 is not necessary. *Eliminated.*
 - e. The phrase "typically during the OBGYN clerkship" is not needed in lines 95-96. *Eliminated.*
 - f. The paragraph in lines 104-114 could be reworded: "Patient consent for pelvic...for nearly a decade. All professional societies...consensus to the degree....documented, and discussed with the learner varies. 1,9-11", *This paragraph was rephrased/edited substantially.*
 - g. The beginning of the sentence in lines 116-118: "Unlike...contemporaneously" is not necessary. *Eliminated.*
 - h. Line 120-121 "rather via" might read better with "rather than via". *Edited.*
 - i. The sentence in lines 128-132 could be shortened to end "....was a gynecological one." *Eliminated/shortened as suggested.*
 - j. The sentence in lines 138-141 could start with "Case law does not...". *Edited as suggested.*
 - k. The sentence in lines 182-184 could be clearer: " In studies, the majority of patients reported wanting to know if a learner would be performing a pelvic examination". *This paragraph was rephrased/edited substantially.*
 - l. The sentence in lines 191-192 is not necessary. *Eliminated.*
 - m. The sentence in lines 216-219 could be reworded: "Even is a patient and her surgeon have discussed EUA in advance of the procedure and consent given, a student unaware of this may experience distress." *This section was rephrased/edited substantially.*

Reviewer #2:

Overview: This manuscript addresses an important issue; that of patient consent for and student learning of the pelvic examination.

Although an important topic, the manuscript is rather repetitive, lacking new information. There are some inaccuracies, e.g. the reasonable patient and the reasonable provider rule regarding informed consent. It requires the addition of some important concepts to strengthen the article.

Comments

Abstract:

1. Line 45. It may be better to state "lay literature," rather than popular literature. *Edited as suggested.*

2. Lines 56-57. Did you release the statement, or did APGO release the statement? APGO released the statement. Thus, this statement should be corrected. *This section was dramatically restructured; APGO – and not “we” – are now appropriately referenced.*

3. Lines 56-59. This should be referenced. *This sentence was deleted, referencing is moot.*

Introduction:

4. Lines 84-87. Patients should not be scheduled without having undergone a complete examination, including a pelvic examination. Your statement implies that the patient has not had pelvic exam prior to surgery. *Added the phrase “– both in the office and while under anesthesia –” to help clarify this.*

5. Line 86. A pelvic examination is important for far more than device or dilator insertion. One should broaden the application of the pelvic examination. *This line was deleted in the revised manuscript, therefore, broadening the line is moot.*

Body of Manuscript:

6. Line 141. "in front of them" is a comment that is not necessary. *Eliminated.*

7. Line 146. "on the books" is an unnecessary comment. *Eliminated.*

8. Line 169. This should be "assent" not "asset." *Edited as suggested.*

9. Lines 177-179. Requires revision and addition of punctuation. *Edited as suggested.*

10. Lines 179-180. This is not the only standard that exists. There is also the reasonable physician/provider standard. Each state has laws that establish which standard should be used.

Going into the reasonable patient versus reasonable practitioner standards of informed consent seems out of scope for this paper. We rephrased to say something more general.

11. Lines 188-190. Patient consent for EUA should be confirmed on the day of the procedure, to confirm the patient has not had a change in opinion.

The phrase "should be initiated prior to the day of surgery" was added to these lines to clarify.

12. Line 199. This does not specifically address EUA performed by students. Thus, such an inclusion in the routine consent is arguably lacking in obtaining a patient's consent for a student's exam under anesthesia.

Added the phrase "to complement language already common to surgical consent forms regarding student involvement" in this revised manuscript to clarify the student performance of the EUA.

13. Lines 225-239. This is essentially a quote from APGO's website. This is unnecessary and cumbersome. One should give a brief overview of APGO and then quote the APGO statement. One needs to quote the APGO statement more extensively. Lines 225-247 is essentially a word-for-word quote from the APGO statement.

This section was dramatically restructured; the APGO mission etc has been deleted and the focus recast on the essence of the statement rather than the actual statement itself.

14. Lines 243-247. Need to add punctuation. *These lines were dramatically revised, punctuation in the new section is appropriate.*

15. Lines 256-257. Again, this is a very limited view of the value of EUA. Evaluation of the ovaries and adnexa are a critical finding of EUA. *This*

section was dramatically revised; the importance of pelvic exams and EUA emphasized in the revised manuscript.

Conclusion:

16. Lines 259-265. Although a correct statement, this editorial is unrelated to the focus of this article. *The conclusion has been substantially edited to focus on the primary intent and conclusions of this manuscript.*

17. Lines 267-268. This includes, or exemplifies, patient autonomy. *We agree.*

18. Lines 271-273. This is a rather weak statement. I would rephrase it to better reflect the intended content. *As above, the conclusion has been substantially edited to focus on the primary intent and conclusions of this manuscript.*

Reviewer #3: I read your current commentary on teaching pelvic exams to medical students with great interest. As a medical educator for over 30 years, the issues of EUA has always been problematic. As stated in your commentary, the needs to receive patient's informed consent and to ensure students /supervising practitioners understand institutional policy is a must. Furthermore, a need to document such informed consent should also be required and your suggestions are on point.

However, I feel that your title is somewhat misleading. The main thrust of your paper is concerns and issues related to the performance of bimanual exam in the anesthetized patient. This is not a new discussion and I feel that many of your points could have made in a shortened and abbreviated form, bullet points. I was hoping to see recommendations on how to "Teach Pelvic Exams to Medical Students" This would include techniques in simulation, development of ways to incorporate students in one's office, the use of volunteers etc. *We changed the title of our manuscript to better reflect the renewed focus of the revised manuscript – legal and clinical considerations of consent surrounding EUA – rather than a more generalized paper about teaching the pelvic exam.*

In addition:

Ln 66-67: The reason some (ref 2) are calling for stopping EUA is that is

not a worthwhile learning experience. The pelvic exam is much more than a bimanual exam, in fact, visual inspection of the external genitalia, vagina, and cervix may be the more important part of the pelvic exam, even in the asymptomatic individual. In a woman with irregular bleeding or lower abdominal pain ultrasounds are being ordered or performed in greater than 90% of the time, thus further limiting the value of the bimanual exam (PID, Sexual dysfunction). The use of non-patient volunteers is the ideal venue for learning the complete pelvic exam.

We agree that non-patient volunteers as well as simulation and didactic teaching are ideal for pre-clinical students to learn how to do a pelvic exam. However, we feel that pelvic exams on actual patients remain crucial to student education and an important part of the ObGyn Clerkship. In addition, we disagree that ultrasound supplants the utility of the pelvic exam. Pelvic exam findings range from helpful to crucial in the diagnosis of many women's health disorders including abnormal pregnancy and PID.

Ln 72-88: A very weak argument for the need for pelvic exam. *This section was substantially revised in the Value of the Pelvic Examination section to strengthen the argument regarding the value of the pelvic examination.*

Ln 80: The ultrasound (whether you agree or not) has taken the place of the bimanual exam. Although the pelvic exam may be considered a critical part of the evaluation in these patients, any real evidence based data is lacking.

As above, we disagree that ultrasound supplants the utility of the pelvic exam. Pelvic exam findings range from helpful to crucial in the diagnosis of many women's health disorders including abnormal pregnancy and PID.

Ln 84: I do feel the bimanual exam may play a role in preoperative assessment (D&C, D&E , especially when we use to do vaginal hysterectomy etc) but this is above the level needed for medical students.

EUA immediately prior to surgery is not for pre-operative assessment and decision-making re route of hysterectomy, however, is important to ensure that cervical dilators and/or uterine manipulators are properly inserted. These may be aspects of the procedure that students are involved with, therefore, understanding the patient's anatomy is also important for the student to understand.

Ln 127: Has there been any litigation based on failure to get consent for an EUA?

Not to our knowledge.

Ln 153: Are you saying that if a pelvic exam is necessary (for surgical procedure) than consent is not needed and trainees may perform EUA?

Yes, that is the correct interpretation of that sentence (and California state law).

Reviewer #4: This is a current commentary manuscript that discusses the need for new physicians to perform pelvic exams, the obstacles to learning how to perform a pelvic exam for patients under general anesthesia, medical students' qualms to performing EUA, and how to adequately obtain consent for learner's to perform EUA.

1. Line 63. Would be helpful to include short blurb about why pelvic exams are important skill to master in introduction

The first sentence of the Introduction was revised to emphasize the importance of the pelvic exam in medical education.

2. Line 68. Would be helpful to include short blurb about student concerns in introduction. *A phrase regarding student concerns regarding EUA has been added to the Introduction.*

3. Lines 75-80. Unsure if discussion of why pelvic exams are not required is helpful to this manuscript. *We agree and have deleted the sentences regarding the lack of utility of pelvic examination as a screening tool.*

EDITOR COMMENTS:

1. Maya, I hope you're well. As I read the reviewer comments and your paper, I do agree that its important for you and your co-authors to specifically decide the focus for your paper. Is this specifically about the issue of student learning how to perform a pelvic examination by performing an EUA OR is this a paper more generally about the importance of teaching the medical students how to perform a pelvic

examination? The paper feels more like you are focusing on the former but there is a lot about the general topic of pelvic examinations which as written seems out of place. I think the reviewers have given you some good suggestions for how to revise, once you've made this fundamental decision.

We appreciate the Reviewers' and your pointing out that our manuscript was unfocused in this regard. Our intention with this manuscript is to review the educational and legal aspects of the pelvic EUA, and provide strategies that individuals and/or institutions can use to improve EUA processes. We worked to ensure this focus in clear and consistent throughout our revised manuscript.

2. In addition to the comments from the reviewers above, you are being sent a notated PDF that contains the Editor's specific comments. Please review and consider the comments in this file prior to submitting your revised manuscript. These comments should be included in your point-by-point response cover letter.

These were all addressed as below

The notated PDF is uploaded to this submission's record in Editorial Manager. If you cannot locate the file, contact Randi Zung and she will send it by email - rzung@greenjournal.org.

- I agree with one of the reviewers that "we" should be deleted here-- as APGO leadership you shepherded this statement along, but the statement is APGO's statement.

This section was dramatically restructured; APGO – and not “we” – are now appropriately referenced.

- not just planning purposes. One has to do a pelvic examination, for instance, in order to insert an IUD. If you can't find the cervix, you can't put in the IUD.

This section was revised and now reflects the importance of all procedures in the office or OR.

- Lines 74-80 could be condensed. From an educator's perspective, perhaps you could introduce this concept of lack of clear value for screening purposes for the pelvic exam and include some commentary about the importance of teaching this to students--this being the lack of evidence. Students need to learn not only how to do procedures, but when.

We have substantially edited this section and eliminated the material regarding the poor performance of the pelvic exam as a screening tool.

- Another argument I've read about performance of EUA by students is the potential harm due to distrust that develops in the OR team if the nursing staff, for instance, feel that the patient is being violated or if the nursing staff becomes the "police" of EUA and consent documentation.

This was added.

- if she discovers such an examination was performed without her consent.

this was added.

- and the surgical team

this was revised

- give the year

this was added.

- State the year to be unambiguous here, rather than "currently".

this was revised with the year.

- are any of the states' laws the currently exist more helpful? (line 153)

No, we used an example that was standard.

- not every institution (including my own) use such stickers. Could you describe them further?

We described the suggestion of using stickers – similar to "time out" stickers – to indicate whether or not a patient has agreed to pelvic EUA by learners.

- complete the quotation punctuation

This was revised as suggested by one of the reviewers so it is no longer a quotation

- "the" educator or "an" educator? Who is "The" educator? Isn't the point that the supervising educator should be providing some sort of instructional benefit to the student?

This was revised