



## The other side of the speculum

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I know women hate Pap smears. I wouldn't enjoy a complete stranger shoving foreign objects into my body either. But here's a little known fact: men, especially young men, hate performing them. I know the first thing that pops into a woman's mind as she spreads her legs is not going to be "I wonder if *he's* uncomfortable," but please hear out the guy on the other side of the speculum—I detest this procedure more than you do.

Put yourself in my shoes for a second. You're a 24-year-old male medical student in your second week at the clinic. It's been a great day—low back pain, otitis media, pharyngitis; you're really getting the hang of this family med thing. And then you get to the next room and face your worst nightmare: [Women's name]—Complete.

Your first instinct is to be professional: pretend you didn't notice the chart and hope someone else sees the patient while you're hiding in the bathroom. Unfortunately, today your luck fails and it's all up to you.

So, you enter the room and note the inevitable inaudible groan from the hapless female. There are a number of variations on this groan, depending on the patient's age:

The young teenager: "Aghh!! A *boy!*?!?!!" followed by immediately looking at the ground. In the meantime, you thank God that she doesn't need a Pap smear.

The old teenager: "Omigod. I, like, totally can't believe that this, like, totally random dude is going to see my vajayjay! I've *got* to text [best friend]. Wait ... he's kind of cute."

The 20- to 30-year-old woman: "AWKWARD."

The 30- to 45-year-old woman: "Ugh, a student ... and a *male* student! Just my luck, he probably hasn't even *found* a vagina yet."

The >45-year-old woman: "Hahaha, oh, a young buck!"

If this isn't bad enough, it gets even more awkward if they came in for a physical only because they didn't want to tell the nurse that they have "something" going on "down there." Suffice to say, herpetic lesions, warts, yeast infections, and week-old tampons are not what get me up in the morning.

All is not lost yet, however. You still have the interview to "build rapport." Personally, I have yet to build enough "rapport" with a woman after knowing her for 10 minutes to stick anything in her vagina. And yet, you do your best to build this mythical "rapport" anyway. By the time you're done the interview, you've drawn a complete pedigree, discussed what psychiatric ailments might be more likely to affect her as a middle child, taken her blood pressure (regular and orthostatic), and inquired about the health of her ex-husband. You know more about her than

her mother, yet you still don't feel ready. So, on the way to get your preceptor you frantically search through your PDA to find an evidence-based reason why this woman simply doesn't need a Pap smear.

Inevitably, you end up back in the room with your preceptor, who has a 2-minute chat with the patient (to build rapport, you know) before getting out the speculum. The next trick is to stand quietly in the corner of the exam room, writing frantically while he gets things ready. This technique relies on the attending's kindness: if he is merciful, your presence will be forgotten and you'll escape the perils of the vagina once again. If not ... it's show time.

Finally, the moment you've managed to avoid for the entirety of medical school arrives. Apparently the trick is to keep the patient comfortable by explaining the procedure to them as you do it. This provides an unfortunate opportunity for your voice to crack while saying, "Just let your legs fall apart." The attendings seem to have mastered saying these things with the tone used in those Philadelphia Cream Cheese heaven commercials. Unfortunately for me, I just can't say "Now I'm going to insert the speculum into your vagina" in that tone—no matter how many times I practise in front of the mirror.

You'd think that from there, things would get easier. Unfortunately, there is a huge variety of female anatomy. There are women of all shapes, sizes, and grooming preferences. This presents one final problem: what if you can't find the cervix? If you've avoided feeling awkward up to this point, imagine yourself frantically moving the speculum around like a searchlight while hoping to God you don't have to say, "Uhhh, I can't find it."

So there you have it—what's going on in the head of the person on the other side of the speculum. For anyone who will soon learn to perform this horrid ritual, I recommend that you talk yourself through it before you try to talk a patient through it (trust me, you don't want to say "it" instead of "speculum"); learn to give instructions in the Philadelphia-cheese-lady voice; never, *ever* compliment anything down there; and pretend you see vaginas every day.

And for all the women out there who are lucky enough to be the subject for someone's first Pap smear, try to remember that we're just as uncomfortable as you are. My first attempt actually laughed through the procedure because I was so "cute and awkward."

I'm now contemplating a career in ophthalmology. 🌟

Mr Thoma is a third-year medical student at the University of Saskatchewan.

**Competing interests**  
None declared