THE SEXUAL HISTORY (OB/GYN CLERKSHIP)

Aims of the sexual history session:

Aims of the OB/GYN CLERKSHIP:

1. to provide an opportunity for students to have safe, observed practice in taking the sexual history
2. to enable students to explore the content areas of:
    a. vaginal discharge
    b. vulval irritation /soreness.
3. to enable students to communicate in a non-judgmental way about sexual matters and exhibit non-judgmental attitudes to the spectrum of sexual behaviour
4. to raise awareness that effective communication is essential in discussing and managing Genito-Urinary problems

Aims of the CCS course:

1. helical reiteration of the students' communication skills learning in the introductory course: initiating the session, gathering information, structuring the interview and building the relationship
2. exploration of the specific communication issue of the sexual history, with further emphasis on the core skills of gathering information and of building the relationship and exploration of the specific components of the sexual history

At this stage in the students' development, we are concentrating more on information gathering than information giving skills. The two scenarios chosen will provide a history-taking interview format and provide students with an opportunity for helical reiteration of the skills learnt in the Foundations of Clinical practice course. Setting the scenario within the OB/GYN Clerkship will allow us to highlight some of the specific communication challenges of taking the sexual history and emphasise the importance of the core skills of gathering information and building the relationship. The sexual history enables us to explore the need for sensitivity with regard to personal and sexual questions, the need to utilize both closed and open questions to enter this arena successfully (and how the normal open to closed cone may need reversing here) and the need to explore the feelings, ideas, beliefs and expectations of each individual patient.

Objectives of the sexual history session:

Helical review and refinement from FCP courses
At the end of the session, you will be able to:

initiate an interview by:

- establishing a supportive environment and initial rapport
- developing an awareness of the patient's emotional state
- identifying as far as possible all the problems or issues that the patient has come to discuss
- establishing with the patient a mutually agreed agenda or plan for the consultation
- developing a partnership with patient, enabling the patient to become part of a collaborative process

gather information by:

- exploring the disease perspective so as to obtain an adequate "medical" history
- exploring and understanding the patient's perspective so as to understand the meaning of the

illness for the patient
- ensuring information gathered about both frameworks is accurate, complete and mutually understood
- ensuring that the patient feels listened to, that their information and views are welcomed and valued

structure the consultation by:
- summarizing, signposting, sequencing and timing

build the relationship by:
- developing rapport to enable the patient to feel understood, valued and supported
- ensuring reduction in potential conflict between doctor and patient
- encouraging an environment that maximizes accurate and efficient initiation, information gathering and explanation and planning
- ensuring the development and maintenance of a continuing relationship over time
- involving the patient so that she understands and is comfortable with the process of the consultation

New skill acquisition
At the end of the session, you will have:

identified and practiced the core skills of gathering information and building the relationship that need particular emphasis in discussing sexual matters e.g.:
- eye-contact
- use of language
- the balance and timing of open and closed questioning (reversal)
- signposting the need for difficult questions
- non-judgmental acceptance
- not making assumptions

explored and practiced specific components of the sexual history e.g.:
- discussing sexual practice explicitly
- discussing sexual orientation
- discussing infidelity
- the embarrassed student and the unembarrassed patient
- the embarrassed patient and the unembarrassed student
- both student and patient attitudes and feelings
- the sexual history outside the GYN medicine clinic e.g. in general practice or rheumatology – potentially even more difficult
- age differences
- patient concerns re examination
- psychosexual issues

Incorporating the specialist systems review into the structure of the medical interview (the Calgary-Cambridge guide) using appropriate skills and timing

One aim for this session is to enable students to practice the genito-urinary medicine systems review as laid out below, within the context of a collaborative medical interview – how and when to discover the information below are as important as what questions to ask. Students should recognise that not all this information is appropriate to each individual patient.

The information below is relevant for each of the cases.

1. **Vaginal discharge**
    a. normal for her or not
    b. how long
    c. improving or worsening
    d. colour (yellow suggests chlamydia, gonococcus, TV, white suggests bacterial vaginosis, candida or physiological)
    e. associated mal-odour (suggests bacterial vaginosis or possibly TV)
    f. irritation (suggests candida or possibly TV)
    g. pelvic pain (suggests possible pelvic infection e.g. chlamydia or gonococcus)
    h. dyspareunia
    i. sores or ulcers
    j. abnormal pv bleeding (possible endometritis)
    k. history of previous genital infections
    l. current medications
    m. LMP
    n. ? pregnant
    o. last cervical smear, abnormalities?

2. **Sexual history and orientation**
    a. last sexual intercourse
    b. with a regular partner
    c. someone known or a casual acquaintance
    d. male or female
    e. has partner mentioned any genital symptoms
    f. contraception used - what
    g. condom used, ? split
    h. when last sex with someone other than this partner
    i. any other sexual partners in last three months, how many
    j. heterosexual, gay or bisexual
    k. any sexual contact with partners abroad, which countries

3. **Sexual practice**
    a. vaginal intercourse - relevant to cases one and three
    b. anal intercourse: which way round or both ('passive' intercourse more risky; therefore important to ask) - relevant to case two
    c. oral sex: which way round or both - relevant to case two
    d. use of condoms or dental dam - relevant to case one and two

4. **HIV exposure concern**
    a. previous partners HIV positive - relevant to case one
    b. high risk groups - relevant to case one

c. previous HIV test - relevant to case one

Patient roles and commentaries

1. Young sexually active woman with vaginal discharge, probably sexually acquired (one regular partner, one indiscretion) – a straightforward case of sexually transmitted disease in a young woman in which to practice open and closed questions

2. 70 year old woman, with vulval irritation, not sexually acquired -an embarrassed patient where relationship building is all-important and where the student needs to be able to discuss that she is not now sexually active because it is too sore, concern that husband may have had sex outside of marriage

CASE 1

Chlamydial pelvic inflammatory disease

Indications:	Yellow discharge Pelvic discomfort Deep dyspareunia (Gonococcal PID usually causes more severe symptoms)	
Essential questions:	How long discharge present? Colour of discharge? Associated mal-odour? Any irritation or soreness? Any pelvic pain? Intermenstrual bleeding? Sexual history - as previously described: important for students to practise asking if patient is having sex with a male or female partner to prevent assumptions been made	(also see original check list)
Management:	Perform full screen for genital infection Vaginal swabs for candida, bacterial vaginosis and trichomonas vaginalis Cervical and urethral swabs for chlamydia and gonorrhoea Treat with Ofloxacin plus metronidazole for 14 days Sexual partner must be seen and treated	

CASE 3

Vulval lichen sclerosus

How long symptoms present?
Keeping awake at night?
Any bleeding from the vulval skin?
Any other skin problems?
What treatment have you used to date?
Interfering with sex?
Little need to ask about sexual practice or orientation here
May need to perform a vulval biopsy if uncertain about diagnosis on clinical examination

Treat with Dermovate (Clobetasol propionate). Keep under regular review because of risk (1 - 4%) of developing vulval squamous cell carcinoma

Special care in facilitation in this sexual history session:

the need for support of participants:

When facilitating your sessions please take time to consider how best to meet the possible emotional needs of the participants. Take care with normal ground rules and ensure that learners are not pressurised to contribute or respond in a way that makes them feel uncomfortable. Think about:

- how are 'sexual minority' participants likely to feel during the session?
- how can you make sure that 'sexual minority' participants are able to voice their responses and opinions and reactions and are able to intervene if derogatory remarks are made?
- in what way will you be able to reinforce positive things about people with differing sexual orientations to reduce stereotyping?
- how can you support participants if others are hostile either personally or in general
- will you have a closer relationship to people in your own sexual orientation group to others – will this be difficult for you?
- how to deal with conflict, anger, general discomfort, silence: emotional reactions are likely to occur as prejudices and discomfort appear

However, this teaching session is too short and rushed to enable us to explore attitudinal issues in any depth. Our main aim is to develop non-judgemental acceptance of sexual behaviour which we ourselves are uncomfortable with. This is a skill which will be of use in many other situations in interviewing patients.

Plan

Two hour session
The timings are tight but very important – **we must start each role on time to allow the actors to rotate.**
We will not have time to explore the students' attitudes to sexuality in this session to any great extent. This session follows preclinical sessions during the Foundations of Clinical Practice courses focusing on attitudes and skills.

:05 Introduction:	**5 mins**

The general introductions are really important - they may start quietly and may need a lot of help from us in settling them in. So we need to gain their confidence. We also need to move at quite a pace: this is a very fast session.

- Welcome, introduce your self, explain how this session fits in with their overall learning
- Round of names
- Outline a temporal plan for the session and signpost methods of the session.
  Really helpful to have the plan of the session on a flipchart so that they can keep a structure in their heads and what happens when
- Emphasize equally the sexual history, general communication and GU content areas of the session

:10 Difficulties in taking the sexual history	**10 mins**

1. **What experiences have you had with GU issues in your clinical learning so far?**
2. **Brainstorm problems that they might have themselves in taking the sexual history – difficulties they have had or could anticipate experiencing in communicating with patients in the GU clinic if they were the doctor. Do as a round**
3. **Look at handout of functional enquiry questions. What questions would be difficult to ask? Tick those which they would personally find difficult**
4. **What questions would they like to practice?**

Explain that this is a chance to practice something difficult before they have to in real life. It is not a judgmental exercise in any way but a golden opportunity.

Facilitator to summarize the following areas with the guides

1. Where the GU questions fit into the guide and the problems GU questions pose in general
2. The communication areas in the sexual history settings that you need to consider even more than usual: gathering information and building the relationship
3. The skills you can use to help in these situations: some hints (see objectives page – the importance of reversing the open to closed cone needs to be discussed here in particular)

Re-visit the **plan of stages of the interview** on the CC guide

:20 First simulated patient	**45 mins**

Then get started as soon as possible to maximally use the simulated patient (SP). Each SP will be waiting outside the room until you are ready for them.

Facilitator to set up communication session:

- describe the specific scenario in enough detail to orient the group (setting, information already known)

- specifically explain who the learners are and what their role is in the scenario (i.e. medical students in GYN clinic or in general practice)
- **it is a good idea in this session to guide the students about the difficulty of each role. For instance, with the young woman, it is reasonable to say that in this scenario you will able to practise asking the basic but difficult questions with a young woman.**
- **consider the group's needs and negotiate with the group and the simulated patient (SP) how difficult to make the task**
- try to get the group to explore what the difficulties might be for the doctor and patient and to look at the functional enquiry list and explore which questions they need and don't need to ask and which ones they would feel reluctant to do so
- it is helpful for the facilitator to have two or three objectives for each role clearly in his or her mind
- explain that the interviewer can stop and start and break for help whenever they would like
- when the learner rejoins the group, provide communication skills feedback on the interview so far

This interview should allow you to review beginnings, information gathering, structuring the session and building the relationship. It will be interesting to see how much learning from the introductory course has been undone by their clinical experiences so far.

Chunk this into small sections. Although the flow of the interview is truncated this way, you can get many more participants involved and the feedback on communication skills works much better. You can remember what happened in each small bit, give more focused feedback, use the actor's feedback better, use the tape more and do re-rehearsal of different approaches much more. This latter makes the students see the importance of working with the SP - instead of being on trial, they really discover how to do the stages of the interview and find different ways to do so.

Stop each person at a pre-determined point e.g. at the end of the introductions and establishing rapport. Again after taking an open history and before asking detailed questions. At each stage do good well paced communication skills teaching. It will be much easier to do revisiting the intro course stuff if we break it down into sections and get everyone involved - five minutes or so each rather than 40 minutes for one!

It will be essential to balance their exploration of the disease aspects within the interview with their exploration of the patient's perspective. Overall, we need to work with effective ways of gathering information about both disease and illness.

Remember to:

- look at the micro-skills of communication and the exact words used
- practice and rehearse new techniques after suggestions from the group
- make sure to balance positive and negative feedback
- bring out patient centred skills (both direct questions and picking up cues) as well as discovering facts
- utilize SP feedback

Encourage one of the students to start the process:

- What would be the particular issues for you here (try to get the participant to hone them down)
- What are your personal aims and objectives for the role-play
- What would you like to practice and refine and get feedback on

- How can the group help you best
- How and what would you like feedback on

Emphasise to the "doctor" that it is OK to stop and start whenever. Take time out or start again, as required. Re-play a section or re-play the whole lot, or just stop when help needed.

Feedback

- Start with the learner –
  how do you feel?
  can we go back to the objectives? Have they changed?
  how do you feel in general about the role-play in relation to your objectives?
  tell us what went well, specifically in relation to the objectives that you defined?
  what went less well in relation to your specific objectives?
  or "you obviously have a clear idea of what you would like to try."
  would you like to have another go?
  what do you want feedback on?
- Then you can either get descriptive feedback from the group or the SP, which ever seems appropriate to the learner's concerns.
- If participants make suggestions, ask prime learner if they would like to try this out or if they would like the other group member to have a go. If the prime learner has done especially badly you should encourage them to try it again so they can feel successful. Offer for someone else to role-play a section if they make a suggestion for doing it differently. "Would anyone else like to practice?"
- Move to further rehearsal as you move through the encounter in 3-5 minute chunks, asking each time what learner wants to try in the next section of the interview.

As the session proceeds, ensure that equal emphasis is given to the problem of communication and GYN history taking.

1:05 Second simulated patient (or possibly group discussion)	**45 mins**

In this section, you may elect not to use the SP if it would be preferable to discuss problems that have already arisen

1:50 Closure	**10 mins**

Rounds of what learnt

Summary from facilitator

Handouts