


Practical Ways to Elicit an
Honest, Inclusive History Related
to Difficult Subjects

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This presenter has no
disclosures associated
with this presentation



Learning Objectives

At the conclusion of this program, participants
will be able to:


- Recognize common barriers to an adequate
sexual history.
- Assess how personal experience and
background can impact objective evaluation.
- Employ strategies for creating a climate
conducive to an open, honest interview
regarding difficult subjects.




Clinician Body Language

- Relaxed nature
 - Practice using sexual terminology
- Proper therapeutic distance
- Active listening
 - Eye contact
 - Gesturing with open arms


Tomlinson J. *BMJ*. 1998;317:1573-1576.



Set A Specific Agenda



**Confidentiality
and
Privacy**




Recognize Developmental Level



Individualize the Approach


- Age
 - Younger patients more likely to use slang
 - Older patients may not be comfortable with medical terms
- Socio-cultural differences
- Do not assume that patient is heterosexual
- Pay attention to patient body language and emotional cues



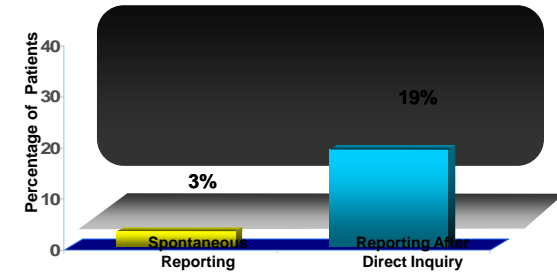
What Made It Easier for Women to Talk About Sexual Concerns?

- Patient had seen physician before
- Physician knows patient
- Physician seems concerned about sexual wellness
- Physician has professional demeanor
- Physician seems comfortable
- Physician seems kind/understanding

Nusbaum MR, et al. *J Am Geriatr Soc.* 2004;52:117-122.




Physician Questioning Increases Patient Reporting of Sexual Dysfunction



Reporting Method	Percentage of Patients
Spontaneous Reporting	3%
Reporting After Direct Inquiry	19%


N=887
Bachmann GA, et al. *Obstet Gynecol.* 1989;73:425-427



Ideal Setting for Discussing Sexual Behaviors


- Private setting
 - No desk separating patient and clinician
- Once a conversation has been established
 - after review of systems
- Patient is clothed and comfortable

Tomlinson J. *BMJ.* 1998;317:1573-1576.



Obstacles to Routine Sexual History Taking

- Clinician time constraints
- Discomfort with the topic
- Limited training in sexual function
- Lack of treatment options



Sexuality Issues

- Orientation
 - Age of debut
 - Number of partners
 - Protection
 - Pregnancies
 - STD's
-



Types of Sexual Intimacy

- Physical touch
 - Oral contact
 - Vaginal
 - Anal
-



History of Physical, Emotional or Sexual Abuse



Listening

- Posture
 - Body language
 - Non verbal behavior
 - Don't interrupt!
-



Interviewing

- Non-judgmental
 - Non-threatening
 - Open-ended questions
 - Elementary language
 - “I” messages
-



Objective Bridging

- I noticed you looked away...
 - I noticed you hesitated...
 - I get a sense that you appear...
 - frightened
 - uncomfortable
 - concerned
 - embarrassed
-



Subjective Bridging

- Medical studies tell us...
 - people who use chemicals
 - people with a history of abuse
 - people with older partners



Bridging Solicitations

- Many patients tell me...
- Many patients have questions
- Many women/men have concerns...
- I have seen many cases of...
- The media is suggesting...



Responding - Don't

- Lecture
 - 1 minute rule
- Use accusatory statements
- Patronize



Responding - Do

- Be honest
- Be specific
 - basic language
 - examples



Cultural competence is a state in which a person, agency, or organization becomes effective in working with people from different racial, ethnic, and cultural backgrounds.

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Culture is a learned pattern of customs, beliefs, values, and behaviors which are:

- Socially acquired and transmitted through symbols, rituals, and events; and
- Convey widely shared meanings among its members.
- Culture includes food, traditions, celebrations, relationships, ideas, and lifestyle choices.

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Culturally Sensitive Questions

- What do you think caused your problem?
- Why do you think it started when it did?
- How long do you think it will last?
- What have you done about your problem?
- With whom did you discuss your problem?
- What kind of help and from who would you like to receive help for your problem?
- How will you know when your problem is better?



Additional Questions

- What do you call your problem?
- What worries you most about having this problem?
- How did you come to know you had this problem?

Community as Partner; Elizabeth T. Anderson,
Judith McFarlane; Lippincott, 2003



Cultural Recognition

- Use formal titles
- Use formal demeanor and be respectful of cultural customs
- Avoid conversation that suggests familiarity or lack of respect
- Be aware of personal limitations regarding cultural characteristics
- Ask for clarification of cultural issues when necessary



Cultural Recognition

- Remember that some people are distrustful of other cultures
- Conduct interview at slower pace and begin with polite social interaction
- Accept the person's perspective and avoid challenging the customs specific to his or her culture



Cultural Recognition

- Communicate clearly, avoiding idioms, slang, acronyms and professional jargons
- Stay alert for nonverbal signs of discomfort or embarrassment and redirect the interview as appropriate
- Stay alert for need for professional interpreter
- Be aware that personal knowledge of and experience with a specific client group are not always applicable to all people from that group



References

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