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

Barbara Malat, CNP, PA-C
September 19, 2008

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

Confidentiality and Privacy

Set A Specific Agenda
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

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

Obstacles to Routine Sexual History Taking
- Clinician time constraints
- Discomfort with the topic
- Limited training in sexual function
- Lack of treatment options
Practical Ways to Elicit an Honest, Inclusive History Related to Difficult Subjects

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

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.

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.
**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**

- Communicating With Patients: A Quick Reference Guide for Clinicians; ARHP


References

- Smith, Robert C; Patient-Centered Interviewing: An Evidence-Based Method, Lippincott, 2002


- Field Guide to the Difficult Patient Interview: Conigliaro and Arnold, JAMA 2001; 285; 2257