



OSCE



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Dealing with *Embarrassing Topics*

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Learning Objectives

- Identifying the issue and cultural elements
- What is professionalism?
- Consultation skills in taking a sexual history

Topics that may be embarrassing culturally and between the sexes

- Male doctors asking female patients about their periods, vaginal symptoms and sexual history
- Female or male doctors enquiring about erectile dysfunction in males
- Enquiring about anal symptoms
- Patient or doctor is overfamiliar e.g. inappropriate eye contact, touch or revealing personal details inappropriately

What is professionalism?

“A set of values, behaviours, and relationships that underpins the trust the public has in doctors.”

- Expertise – competent in practised knowledge and skills
- Standards – keeps up to date, high standards for any new medical issue , or thing that related to medical
- Respectability – personal appearance and dress, manner with others
- Responsibility and reliability – time keeping, completes work tasks as if need more test or investigation
- Probity – good, honest, upright as in financial or when interactions with high authorities
- Conduct – good and open behaviour nothing hidden , every thing should be clear and open
- Respect – for patients (courteous & maintain patient dignity), the law and maintains patient confidentiality and privacy

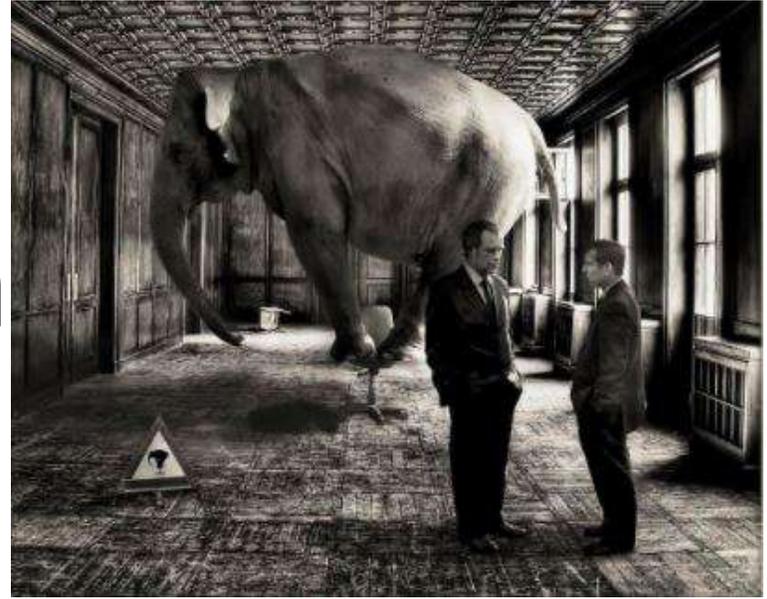
The context of professionalism when asking a sexual history

professional meaning you almost keep a facade a masquerade and that you don't pass any judgment

Remember you are a professional:

- so you don't pass on any judgement and your questions are asked in a matter of fact and routine way
- maintain patient confidentiality (all the information the patient gives you is confidential *unless* with their *consent* you need to share that information with another health professional involved in their care)
- you need to maintain a professional manner when asking these questions – showing respect and dignity to the patient
- being a professional is like an *act* where you hide your own judgements, emotions and feelings

The elephant in the room



- Often patients may not feel comfortable talking about their sexual history, sexual partners or sexual practices
- In a more conservative Islamic society these topics *may be* taboo amongst strangers **even the family**
- Doctors themselves may be embarrassed to ask these personal questions

Consultation skills in asking a sexual history

How to introduce the topic?



Warning shot – ‘I am going to ask you a few questions about your sexual health and practices. I understand that these questions are very personal, but they are important for your overall health.’

- Asking their permission - ‘Are you OK if I proceed?’ Do you have any questions before I ask these questions?’ ‘Is that OK with you?’
- Normalising - ‘As part of your medical history I need to ask you...’, ‘Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status.’
as in dermatology diseases, that need to ask about infection in vagina or penis
- Framing the topic / question - ‘Because of the symptoms (e.g. vaginal discharge) you describe I need to ask you some questions to know how best to help you. Is that OK?’
- Building patient trust and maintaining patient confidentiality – ‘Like the rest of your information, this information is kept in strict confidence.’



Specific questions in asking a sexual history

matter of fact and non-judgemental

- Do you have a regular sexual partner at the moment?
- Is your partner male or female?
- Can I ask if you have had any (other) sexual partners in the last 12 months?
- How many were male? How many female? for sexual transmitted disease
- Do you use barrier contraception (condoms) – sometimes, always or never (particularly ask this if they have had more than 1 partner in the last 12 months)?
- Can I ask what kind of sexual contact you have had? (genital, anal or oral?) may cause infection by HIV or herpes simplex
- Have you ever had a sexually transmitted infection? (when, how treated, any recurrence, ask specifically about HIV testing)

Douglas G, Nicol F, and Robertson C. Macleod's Clinical examination, 16-

Resources

Douglas G, Nicol F, and Robertson C. Macleod's Clinical examination, p16-17.

www.cdc.gov/std/treatment/sexualhistory.pdf