SMALL GROUP SESSION 8B
October 11 or October 13

Sexual History and Domestic Violence Role Plays and SPI discussion

Readings:
Eisenstat SA, Bancroft L. Domestic violence. *N Engl J Med* 1999; 341(12):886-892, Available at [http://content.nejm.org/cgi/content/full/341/12/886](http://content.nejm.org/cgi/content/full/341/12/886) (locate by navigating through UVA health sciences library, on-line journals, NEJM, direct from publisher. Log-in ID is uva1, password is Monticello)

Tomlinson, J. Taking a sexual history. *British Medical Journal*, 1998; 317:1573-1576 (December 5). Available at: [http://bmj.bmjjournals.com/cgi/content/full/317/7172/1573](http://bmj.bmjjournals.com/cgi/content/full/317/7172/1573)

Prepare by:
- being prepared to act your sexual history role play
- bringing your completed process interview self-evaluation from your videotaped standardized patient interview
- looking at your videotaped standardized patient interview and completing a second feedback form; bring this, too
- bringing your videotape, set at the section of interview you would like to show to the group

Mentors, bring TV and VCR

Brief Outline:

Section 1: Touch Base
Section 2: Discuss practice standardized patient interview
Section 3: Sexual History and Domestic Violence Role Plays
Section 4: Evaluate Session

Preparation for next session:
Readings: Excerpt from Kidder, *Old Friends*

*The Medical Interview*, Ch. 9 “A Different Silhouette: Interviewing the Geriatric Patient.”

AND:

Prepare by:
- Dressing professionally and wearing your white coat and name badge

Reminder: students should choose a topic by next week for their interviewing/communication research presentation after Thanksgiving.
SMALL GROUP SESSION 8B

Section 1: Touch base (5 minutes): What did you learn from today’s readings?

Section 2: Discuss practice videotaped standardized patient interviews: (50 minutes)
Each student should bring the videotaped standardized patient interview (SPI), set at
the beginning of the segment you plan to show. Show your group a segment of at most
2-3 minutes, illustrating a good part or a difficult part of the interview. Discuss as a
group what worked well and/or how you could have done better.

Also: bring both process interview feedback forms -- the one you completed
immediately after interviewing the standardized patient, and the second form completed
after viewing your videotaped interview. Tell others in your group what you learned
from your first videotaped standardized patient interview.

Hand in the completed forms to your mentors. **They are worth 1 point each.**

Section 3: Sexual History and Domestic Violence Role Plays (2 hours)

Objectives:
- to practice interviewing about the patient’s sexual history and domestic
  violence
- to learn specific interviewing techniques that work when asking about
  sensitive topics
- to become more comfortable asking about sexual and violence issues
- to reflect on your reactions to sexual histories and discussing sexuality with
  patients

Logistics:
Do this session together, not in separate groups. Each of you has a different role to
play; everyone should interview once and role-play a patient once. Others in the group
will observe the interview and give suggestions, ideas or reactions.

If it helps, your mentors can demonstrate this interview first, with one being the patient
and the other being the examiner.

This is a difficult part of the history; it can be uncomfortable, embarrassing or upsetting.
But you will need this skill – not only in your future standardized patient exams, but also
in your professional life. This is a good chance to practice it.

One idea on starting this session: each student brings or writes a question they always
had about sex. The questions all go into an anonymous pile, mentors read them aloud
and mentors and the group discuss them.
Another helpful idea: have mentors bring a “vocabulary list” of common names for sexual parts of the body, sexual acts, sexually transmitted diseases, etc. Pass this out and discuss it.

Instructions for each patient history: Address any concerns and obtain from the patient a History of Present Illness, sexual history and alcohol and drug history, and assess risk for STD exposure (including HIV).

Practice your interviewing techniques for sensitive topics. For instance:

1. Ask matter-of-factly.
2. Ask: do you have sex with men, women or both?
3. Ask about domestic violence. For instance: Has anyone hit or hurt you in the past year?

Discuss your reactions and techniques after each interview. Some potential things to think or comment about:

- How do you feel when asking about these issues?
- Which aspects make you particularly uncomfortable?
- What questions seemed best able to elicit a complete and accurate history?
- What techniques helped put the interviewer and/or the patient at ease?
Section 4: Evaluate Session (5 minutes) How did this session go?

Research presentation preparation: During sessions 13-15, each student will give a research presentation, which will be worth 15 points toward your mid-semester grade. The presentation will be a focused talk on some aspect of advanced interviewing and humanism – specifically, physician-patient relationships and/or communication. Examples include:

- patient-centered interviewing (evidence/ clinical application/ etc.)
- motivating behavior change
- complementary and alternative medicine
- cultural competency
- chronic illness
- narratives in medicine
- death and dying
- palliative care
- sexuality
- spirituality
- substance abuse

Please speak with your mentor in the next two weeks to choose and narrow down a topic.

Your presentation should last approximately ten minutes. It can be an oral presentation; you need not use power point or slides.

Your presentation should also:

- include specific objectives
- be clear and organized
- include a handout (1 or at most 2 pages) with a few references
## Practice of Medicine-1
### Process Interview Feedback Form

**Interviewer’s Name___________________________**

**Evaluators’ Name_______________________ Date________**

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>DONE WELL</th>
<th>OK, COULD BE BETTER</th>
<th>NOT DONE OR DONE POORLY</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduces self and explains purpose of interview.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>2. Attends to the patient’s comfort and privacy.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>3. Allows patient to describe the illness/chief complaint.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>4. Uses the following techniques effectively (Note: you don’t have to use them all!)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Open-ended questions</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Reflection/Repetition</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Clarification</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Silence</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Facilitators (nods, uh-huh, etc…)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Summation</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>OVERALL USE OF INTERVIEWING TECHNIQUES</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>5. Balances listening with structure.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>6. Follows up on cues and vague statements.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>7. Attends to patient’s nonverbal cues.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>8. Responds empathetically and supportively.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>9. Closes interview appropriately.</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>