WHO/GPA/TCO/PMT/95.18 D

STD
CASE
MANAGEMENT
WORKBOOK 3

HISTORY-TAKING

AND EXAMINATION

WORLD HEALTH ORGANIZATION

WORKBOOK 3

HISTORY-TAKING AND EXAMINATION

Contents

Workbook 3: History-Taking and Examination

History-Taking and Examination

Introduction

This workbook is about two very important skills in syndromic diagnosis: history-taking and examination. It will help you to take a useful history from a patient and also to carry out a physical examination.

By now you know that, in order to manage patients with any kind of illness, we need to know what symptoms and signs they have. We learn their symptoms by taking a history and identify any signs by examining them. This enables us to decide which flow-chart to use – and so treat the patient appropriately.

It is important to understand from the start that, even if you have a good deal of experience in interviewing patients, interviewing someone with symptoms of an STD is unique. Why is it unique? Because these symptoms occur in the genital area, causing the patient some degree of embarrassment: he or she may withhold such sensitive information or have difficulty answering your questions accurately.

So, in addition to questioning the patient effectively, you need quickly to win their trust and confidence if you are to take an accurate history in the short time you have available.

This workbook will therefore help you to refine your skills in communication and examination.

Take history  **Examine the patient**

In order to use any flow-chart effectively, you must first acquire or refine your interviewing and examination skills.

Your learning objectives

By the end of this workbook you should be able to take a history from a patient who has STD and carry out a physical examination. You will be able to:

- help the patient feel at ease;
- question the patient effectively, so that you gain their confidence and obtain a complete history;
- handle the patient's emotions appropriately;
- identify the information you need to collect to help you make a syndromic diagnosis;
- examine a patient with STD.

Your action plan

History-taking and examination cannot be learned simply by studying a workbook. To reach an appropriate standard in these skills – and to feel confident in what you are doing – you need to practise the skills.

If you are studying on your own, the action plans in the workbook will help you to do this. They ask you to practise with one or two other service providers, taking turns to be the patient and interviewer. When interviewing and examining a patient, you may have as little as ten minutes, or even five – so you need both experience and confidence!

Section 1

The principles of effective communication

History-taking and examination are only two of the steps that take place in a typical encounter between service provider and patient with STD. The other steps include diagnosis and treatment, education and counselling and partner management – we will explore each of these steps in later workbooks. However, right now we want to stress that the skills you will refine with this workbook are ones you will need during most of the encounter.

By the end of this section you will be better able to:

- identify the aims of history-taking and examination;
- explain why it is so important to communicate effectively with an STD patient;
- offer patients privacy and confidentiality;
- identify the essential features of positive non-verbal communication.

First, let's establish the aims of the interview. In common with any medical interview, one aim is to make a diagnosis that is both accurate, based on the history and examination, and efficient, given the time available for your task.

In STD case management, there are two further aims:

- to establish the patient's risk of contracting or transmitting STD;
- to find out about partners who may have been infected.

To explore the issues this raises, please answer the questions on the next page, and then read our comments on page 37.

1. Given that some people may already be nervous about attending a health centre, consider how they might feel if they had any symptoms in their genital area – for example, an ulcer or unusual discharge. It might help to think how YOU would feel if you were to present such symptoms. As honestly as you can, note down those feelings.

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2. As a service provider faced with interviewing someone with an STD, how do you feel about asking very personal questions – such as about their symptoms and their sexual partners? Imagine a person older then you or a member of the opposite sex and, once again, make notes as honestly as you can.

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Please turn to page 37 and read our comments on these questions.

So far, we have illustrated some of the difficulties connected with interviewing a patient with STD symptoms. We have also suggested three aims for these steps in the interview.

To meet these aims, your primary task is to establish a good rapport with the patient. Working with STD patients, the successful service provider will be positive, friendly and able to empathise with the patient (identify with their feelings).

Establishing a good rapport with the patient

How can we establish a good rapport with a patient? This is where communication skills come in:

- our verbal skills: the way we talk to the patient and ask questions;
- our non-verbal skills: how we behave towards the patient.

We will explore verbal skills in the next section and concentrate now on the non-verbal skills. Please read the case study below, and then answer the questions that follow it.

Amina is a nurse at a local clinic. She has had a very busy morning. She is still writing notes for a colleague who is standing beside her table, when the next patient enters the room. Amina glances briefly at the patient and says “Just a moment”. The young woman shuffles her feet and stares at the floor. When Amina finishes writing, she leans back in her chair, sighs and puts her hands on the desk. Then she looks up sharply at the patient and asks: “What’s your problem?”.

The patient stands still, looking at the ground and shuffling her feet nervously. Amina’s colleague picks up her note and leaves the room.

Amina repeats her question impatiently. “Well miss” responds the young woman, “I er... I haven’t been feeling very well... er... it’s my tummy, it’s...”

“Goodness me! I haven’t got all day!” says Amina. The patient begins to cry.

---

3. If YOU were Amina’s patient, how would you FEEL?

_____

_____

4. What is WRONG with the way this young woman has been treated? Note

down everything you can think of.

_____

_____

_____

_____

_____

_____

_____

Please turn to page 37 for our comments on Amina's behaviour.

The service provider in our case study made a lot of mistakes, so what should we do to establish rapport? Obviously, the first step should be to greet the patient in an appropriately friendly manner and introduce yourself, as you would like anyone else to do to you.

The key to effective non-verbal behaviour is to treat the patient with respect, and give him or her your full attention:

- provide the patient with privacy. Clearly, privacy and confidentiality are essential, so the interview must take place somewhere quiet where you won't be disturbed;

- establish eye contact with the patient. Look directly at him or her; in this way you can watch for key feelings that will help you to respond appropriately. The only time to avoid eye contact is when a patient seems very angry, since a direct gaze could be interpreted as aggressive. (In some parts of the world looking at people directly in the eye is considered rude and should be avoided.)

- listen carefully to what the patient says. Show that you are listening by leaning forward slightly towards the patient; nod your head or comment occasionally to encourage them. Don't fidget or write while the patient is talking, and don't interrupt him or her;

- sit if the patient is sitting and stand when the patient stands; stay as close to the patient as is culturally acceptable – much better to be beside a table or desk than behind one!

These four points are very simple and they can make the difference between gaining or losing the patient's trust or confidence. Can any of us be sure that we practise such behaviours with all patients?

Summary

In this section we have explored the non-verbal aspects of good communication, suggesting four key behaviours that help the service provider establish rapport. We have also stressed that any service provider who hopes to gain the patient's trust must use appropriate non-verbal language – behaving attentively and showing respect for the patient.

Next, you will learn or review a number of questioning techniques that will help you achieve your objectives in taking a history.

To complete this first section on the principles of good communication, please work on the activities on the next page.

Ensuring privacy and confidentiality

a) Consider your own working environment: to what extent can you interview patients in privacy?

b) If you foresee difficulties in providing somewhere private for the interview, please discuss this important issue with your colleagues or supervisor.

Refining your non-verbal skills

Non-verbal behaviour takes place in every face-to-face communication between two or more people so, if you would like to develop or refine your interpersonal skills and awareness, you will have ample opportunity! Here are some suggestions.

a) Often, non-verbal and verbal behaviour conflict, as when a colleague who LOOKS tired or harassed tells you that he or she "is fine". Pay close attention to other people's non-verbal behaviour over the next few days. How often does it confirm what someone is saying? How often does it tell you something extra or different about the person's feelings?

b) Because non-verbal behaviour is often unconscious, we are not always aware of the messages that we are giving to other people. It's important to develop your own awareness: when you are talking to colleagues or friends, check your hands, facial expression and body posture. What are they telling other people about your own feelings?

c) With a group of colleagues, discuss non-verbal communication questions like these:

- How do we convey feelings such as tiredness, frustration, impatience, anger, joy and depression, for example?
- What examples can each of you share about observing non-verbal behaviour?
- Does anyone have a good example of non-verbal behaviour conflicting or confirming what someone says?

Section 2

Verbal skills in history-taking

Having looked at ways in which we can effectively communicate non-verbally, in this section we focus on how we question the patient and relieve their anxiety. We will also explore some characteristics of good interviewing practice which draw together both non-verbal and spoken skills.

This section will enable you to:

- use ‘open’ and ‘closed’ questions effectively during the interview;
- identify a number of extra verbal skills that will help you gather information effectively and to deal with the patient’s emotions;
- summarise the characteristics of good interviewing practice.

Asking questions

As Section 3 will illustrate, you need to gather a lot of information from each STD patient: questions not only about their symptoms and their medical history, but about their sexual history also. You need to gather this information in a short time, so how can you best do this?

To draw on your own experience, please try these questions.

5. There is something wrong with each of the six questions below and on the next page. Consider how you would feel answering each one, and then note how you think it could be improved.

   a) (At the start of the interview) “Name?”

   _____

   b) “Tell me your medical history.”

   _____

   c) “How many sexual partners have you had, when and who are they?”

   _____

   d) “Have you had sex with people other than your husband?”

   _____

e) “The symptoms only recur during your periods, don’t they?”

_____

f) “Are your menses normal?”

_____

For our comments, please turn to page 38.

This exercise raised some useful tips for questioning patients:

- always phrase your questions politely and respectfully, however busy or rushed you may be;
- use words that the patient understands. Avoid using medical terms they may not understand;
- make your questions specific, so that the patient knows exactly how to answer you;
- ask one question at a time: double questions confuse;
- keep your questions free of moral judgements;
- avoid ‘leading’ questions that ask the patient to agree with you: let people answer in their own words;
- ask the patient’s permission to question them about their STD or their sexual behaviour.

Open and closed questions

When talking to anyone, there are broadly two sorts of questions we can ask closed questions and open questions.

Closed questions are ones that ask a patient to answer in one word or a short phrase, often with "yes" or "no":

"Is the swelling painful?"
"Is your period late?"
"Do you have a regular partner?"
"What is your age?"
"Where do you live?"

Open questions enable the patient to give a longer reply:

"What is troubling you?"
"What kind of medicines are you taking at the moment?"

Open-ended questions allow the patient to explain what's wrong or how they feel in their own words, and to tell you everything they think is important. Closed questions, on the other hand, ask the patient to answer a precise question in the service provider's words.

How can we best use the two types of question? Patients often have trouble revealing information about their own sexuality, so open questions will help them to be more comfortable when you begin the questions. Generally, you will also gather much more information from one open question than you can from a closed one.

There is another difficulty with using closed questions early in the interview – this is the danger of missing important information. Contrast this example of closed questions with the example that follows it.

Example 1

Patient:	I have a pain in my tummy.
Service provider:	I'm sorry to hear that. Where is the pain?
Patient:	Here.
Service provider:	Is it the pain constant?
Patient:	No.
Service provider:	Does it feel tender?
Patient:	Yes.
Service provider:	When did the pain begin?
Patient:	Last week.

Example 2

Patient:	I have a pain in my tummy.
Service provider:	I'm sorry to hear that. Tell me about this pain.
Patient:	Well, it started a week ago. At first I just felt tender down here, but sometimes it begins to hurt a lot. It hurts when I sit down or stand up – it isn't like my monthly pain at all.
Service provider:	What else is troubling you?
Patient:	Well, there is one other thing. There's a funny kind of water that I don't usually get. It doesn't hurt but it's embarrassing.

In the second example, the service provider has gathered more information by using open questions: "Tell me about this pain" and "What else is troubling you?". Experts in interviewing STD patients suggests that we need to ask "Anything else?" several times, because some patients are so embarrassed about STD symptoms that they present first with other, quite unrelated symptoms – such as a headache!

Once you are sure that you have a complete understanding of the patient's problem as he or she sees it, closed questions may be very helpful to draw out specific details that you need to know.

If you are learning about open and closed questions for the first time, the questions that follow will help you to check your understanding of them.

6. **Which of these are open questions?**

Do you have a discharge?
Are you married?
What is troubling you?
Is it painful?
Did you use a condom last time you had sex?
Is the discharge milky or clear?
What does the pain feel like?
Tell me about your periods.

7. Below are four statements. Tick the appropriate box to decide which are TRUE and which are FALSE.

	TRUE	FALSE
a) Closed questions are very useful at the start of the interview.		
b) Open questions enable the patient to respond with his or her own words and ideas. This enables the service provider to better understand the patient.		
c) A good medical interview starts with open questions and moves towards closed questions.		
d) Closed questions enable you to rule out specific symptoms.		

8. What kind of open question might be worth asking the patient several times, and why?

_____

_____

_____

Please turn to pages 38-39 for the answers.

Other verbal skills

In addition to positive non-verbal behaviour and appropriate, respectful questioning, there are a number of additional skills which can be extremely useful when interviewing patients with STD. They can help you to deal supportively with the patient's emotions as well as to gather information effectively.

These are the six skills:

- facilitation
- summarising and checking
- reassurance
- direction
- empathy
- partnership.

Facilitation

Nodding the head and raising the eyebrows are two examples of non-verbal facilitation. Here is an example of spoken facilitation in practice:

Patient:	I'm not sure... it's embarrassing.
Service provider:	That's all right, I'm listening.
Patient:	Well, it's that...
Service provider:	Yes?
Patient:	There's this sore...

The service provider can use words, phrases or other sounds to encourage the patient to continue speaking.

Direction

This is a useful approach when a patient is confused and doesn't know where to begin, or when they are talking quickly and mixing up issues of concern.

Patient:	I don't know, it's been there for three weeks. What am I going to tell my husband? Will anyone get to know? I mean, it is curable isn't it?
Service provider:	Let's find out what the problem is first. We can deal with that, and then we can talk about your husband.

Direction relieves the frustration of the service provider and allows the patient to share concerns and worries more easily.

Summarising and checking

Summarising and checking allow you to ensure you have understood the patient correctly. The patient is also able to correct any misunderstanding.

Service provider:	(Summarising) So, you're worried what to say to your husband, and you feel very embarrassed about this condition. You want to know whether we can cure it. (Checking) Have I got that right?
Patient:	That's right. What IS wrong with me?

Use this skill when the patient has mentioned a number of things that you want to confirm.

Empathy

This may be the most important skill of all when dealing with the patient's feelings. Upon noticing that a patient is tense or anxious, for example, you can express your empathy by commenting on what you have noticed:

Service provider: I can see that this is worrying you a good deal.

Patient: Yes, it's been bothering me for over a week now. I'm worried sick.

By showing empathy, you allow the patient to express his or her fears, and establish more open communication between you. Like facilitation, it encourages the patient to continue speaking.

Reassurance

While no-one likes to be patronised with expressions like "Don't worry, it will be all right", reassurance is important to show that you accept the patient's feelings and that the problem need not last forever:

Service provider: I can understand that you feel worried about symptoms like these. As soon as I confirm what's wrong with you, we can try to begin treatment that will make you better.

Patient: That's good. So what else do you need to know?

Partnership

This skill enables you to offer the patient a commitment – with you personally or the team of people you work with:

Service provider: You've done the right thing to come here for treatment. Before you leave I'll make quite sure you know everything you need to about preventing further infection. And we'll also find the best way to discuss this with your husband.

Patient: Oh thank you. I don't want this to happen again.

Most good service providers use some of these interviewing skills some of the time. The key to interviewing patients who may have an STD is to use all six skills most of the time. To help you become more familiar with them, try identifying each skill in the interview on the next page. Our comments are on page 39-40.

9. Try to identify the different skills that the service provider is using in the case study below. Underline each example you identify, and say which skill it is in the column on the right.

Service provider:	Good morning. Please sit down... My name's Lynn Solent. You are?	
Patient:	John Smith.	
Service provider:	How can I help you Mr. Smith?	
Patient:	Well, I cut my arm yesterday while I was pulling out an old tree stump. Look, the cut's quite deep.	
Service provider:	Oh, it's not too bad, but you did the right thing to come and get it cleaned up, Mr. Smith. I can clean and dress it for you easily... Have you come far to have this dressed?	
Patient:	Oh, I live 5 miles away, near (mentions a village).	
Service provider:	Fine. (Cleans and dresses the wound.)	
Service provider:	Now, is there anything else bothering you Mr. Smith?	
Patient:	Well... there is something else (he laughs nervously).	
Service provider:	I can see you feel a little embarrassed about this...	
Patient:	Yes I do... you see, it's my (leans forward and whispers)... it's my penis.	
Service provider:	Yes?	
Patient:	Well, there's a... there's a sort of... sore on it.	
Service provider:	And you're worried about this sore.	
Patient:	Yes I am. You see, I didn't cut myself or anything. It doesn't hurt but it doesn't look good. It's worrying me a bit. I mean, one of my girlfriends said it's... well, it's a bad thing and she wouldn't go with me... I think it might have come from a bar girl, or maybe even one of my girlfriends.	
Service provider:	Tell me about this sore.	
Patient:	What's to tell? It doesn't hurt... (shrugs).	
Service provider:	How long have you had it?	
Patient:	Oh, a month or so I suppose. My uncle says it's nothing to worry about but I think it's from a woman... if I find out which one...	
Service provider:	You're clearly anxious about where you got this sore, Mr. Smith, but I think we need to decide what it is first. I think we'll also need to talk about how to prevent it happening again... But first I'll need to examine the sore...	
Patient:	(Looks surprised).	
Service provider:	I know this can be embarrassing but I need to do that in order to decide what's wrong. Is that all right with you?	
Patient:	Yes, I suppose so (reluctantly).	
Service provider:	Before I can give you any treatment I must be sure...	
Patient:	It's going to be OK isn't it?	
Service provider:	Oh yes, and I know we can help you to cure it completely. You need to prevent it happening again, but I'll tell you everything you need to know and help you decide what you're going to do about it. Is that OK?	
Patient:	Oh yes.	

Summary

In this section, we have explored good interviewing skills in some detail. We have suggested when and how you might use open and closed questions during the interview, and we have suggested six additional skills and a number of tips to help you meet the interview's objectives: to gather information effectively in the time available and to deal supportively with the patient's feelings.

By now, you should be able to:

- appreciate the importance of demonstrating your respect for each STD patient, by your welcome, the privacy and confidentiality you offer and your respect for their opinions and views;
- keep your questions free of moral judgement;
- use the patient's terms, or words that he or she understands easily;
- request permission to ask personal questions or examine the patient;
- distinguish between open and closed questions;
- identify when to use an open or closed question;
- recognise six additional verbal skills that will help you gather information and support the patient effectively:
  - facilitation
  - direction
  - summarising and checking
  - empathy
  - reassurance
  - partnership.

In the next section, you will learn what information you need to obtain when taking a patient's history. The activity at the end of the section will enable you to put everything you have learned together by practising taking someone's history.

SECTION 3

STD INFORMATION GATHERING

Having explored the communication skills we need when interviewing a patient with STD, in this short section we will outline the information that we need to gather when taking the patient's history.

You will learn:

- what general information you need to gather, and why it is necessary;
- how to match the information you need to the questioning skills you have learned about.

First, why do we need to take a patient's history? At the start of Section 1, we mentioned three aims:

1. To make a syndromic diagnosis of STD that is accurate and efficient, given the time available.
2. To establish the patient's risk of contracting or transmitting STD.
3. To find out about partners who may have been infected.

Information gathering

To meet these three aims when taking the history of an STD patient, we need to gather information about four areas:

1. General details about the patient.
2. The patient's present illness.
3. His or her medical history.
4. His or her sexual history.

On the next page is a list of the key information you need in each of these areas.

History-taking information

1. **General details**
   - Age
   - Number of children
   - Locality or address
   - Employment

2. **Present illness**
   - Presenting complaints and duration

   Men:
   - If an inguinal bubo – Is it painful? Associated with genital ulcer? Swellings elsewhere in the body?
   - If a urethral discharge –Pain while passing urine? Frequency?
   - If scrotal swelling – History of trauma?

   Women:
   - If a vaginal discharge – Pain while passing urine? Frequency? Risk assessment positive?*
   - Lower abdominal pain – Vaginal bleeding or discharge?
     Painful or difficult pregnancy or childbirth?
     Painful or difficult or irregular menstruation?
     Missed or overdue period?

   Men and women:
   - If a genital ulcer – Is it painful? Recurrent? Appearance? Spontaneous onset?
   - Other symptoms, such as itching or discomfort

3. **Medical history**
   - Any past STD – Type? Dates? Any treatment and response? Results of tests?
   - Other illness – Type? Dates? Any treatment and response? Results of tests?
   - Medications
   - Drug allergies

4. **Sexual history**
   - Currently active sexually?
   - New partner in the last three months?
   - Risk assessment*

Note: Risk assessment is a specific set of questions used for women patients who complain of vaginal discharge. It was devised to help providers decide where the infection is localised.

How do you ask questions to obtain this information?

Next, you need to consider how you will ask questions to obtain this information. It would be easy to convert the information on page 20 into closed questions – but, as you know, that means a lot of questions to ask! For example, just to gather information relating to a female patient's abdominal pain, you would have to ask all these closed questions:

- Do you have pain in the lower abdomen?
- Do you have pain when you have sexual intercourse?
- Do you have an unusual vaginal discharge?
- When did you last have your monthly period?
- Was the period unusual in any way?
- Are your periods regular?
- Are they painful?
- Have you missed a period?
- Are you late for a period?

On the other hand, one or two open questions might encourage the patient to provide most of the information you need, as we illustrated in the last section:

Service provider:	Tell me about this pain in your tummy.
Patient:	Well, it started a week ago. At first I just felt tender down here, but sometimes it begins to hurt a lot. It hurts when I sit down or stand up – it isn't like my monthly pain at all.
Service provider:	What else is troubling you?
Patient:	Well, there is one other thing. There's a funny kind of discharge that I don't usually get. It doesn't hurt but it's ... well ... it smells.
Service provider:	How are your periods?
Patient:	OK I think. I mean I'm regular, and they give me a little pain. But this is different.

10. Now try devising a few questions that you might ask to obtain information about a patient's sexual behaviour.

a) First write two or three OPEN questions.

_____

_____

_____

b) Next, write some CLOSED questions you could ask if the patient did not provide you with sufficient information in answer to the open questions. Remember the principles of supportive questioning that we explored in Section 2.

_____

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_____

11. At this point, it's worth looking again at the difficulty of discussing questions like these.

a) Would you feel uncomfortable asking any of the questions you have just written down? If so, why?

_____

b) How would you feel if the patient was older or younger than you? Why?

_____

c) Why do you think the information about sexual history is last on the list on page 22?

_____

Our comments on these questions are on pages 40.

Summary

In this third section, we have listed the information you may need to collect in order to diagnose an STD and also to educate the patient and manage their partner or partners. We have also suggested how you could use open and closed questions to gather this information.

On the next page are some questions for discussion and an activity to help you practise everything you've learned in Sections 2 and 3.

With your colleagues:

- if you have not already done so, please discuss your answers to questions 8 and 9.
- discuss all the culturally acceptable ways of addressing a man or a woman of different ages.
- look again at the list of required information on page 20, and discuss the language and terminology that patients might use to express such terms.
- consider the words people use to describe sexual activity, casual sex and sex workers.

Skills practice: role-play exercise

The only way to refine your communication skills is to practise them, so this activity is a very important one. If you are studying as part of a course, then your tutor will organise the activity for you. If you are studying on your own or with an informal group, please ask two colleagues to practise with you.

The idea is that one person takes the part of an STD patient, while a second person practises the role of service provider. A third person can observe the interaction and provide feedback to the service provider. There should be at least three 'interviews' in all, so that each of you has the opportunity to take on all three roles.

The objectives of the exercise are to:

- practise communication skills for interviewing patients, so that you can interview real STD patients with more confidence;
- practise gathering the relevant information listed on page 20;
- become more aware of your strengths in communication, and have a clear idea of any areas you want to work on further.

If you are studying with a group and tutor, then your tutor will manage this role-play exercise. Please ask for his or her guidance on what to do.

This role-play will have three roles

1. The patient's role

Your role is to take the part of a patient with STD who has attended the health facility for treatment. Please decide who you are and what your character is: the questions below may help you. Don't let your interviewer see these notes in advance! Make the patient as realistic as you can: try to BE this person, responding honestly to the person interviewing you. Try not to make it easy or difficult for your interviewer.

- What is your name?
- What is your sex and age?
- Describe your personality: outgoing or shy, and so on?
- Describe your beliefs, religion, education, and occupation.
- What STD symptoms do you have? Anything else?
- How many sexual partners do you have?
- If you have just one sexual partner, do you know whether he/she has any other sexual partners?
- How do you feel about the health facility you are visiting?
- How do you feel about your symptoms, and about discussing them with someone else?

After the role-play, give your interviewer feedback on how well they have done. Concentrate especially on how you felt as the patient: to what extent did the interviewer make you feel comfortable, or put you at ease? Did they gain all the information about you that you had noted down?

2. The observer's role

The observer's role is a very important one because you are going to give the 'interviewer' objective feedback on the skills they have demonstrated during the role-play. As you observe, use the checklist below to make notes on what the interviewer does.

In giving feedback to the interviewer, try to be as objective and helpful as you can. Be clear about what he or she has done well, and explain why. Also, be willing to criticise the interviewer, but in a positive way: in terms of what he or she needs to practise or refine.

Observation checklist – Does the interviewer …

- Treat the patient with respect?
- Show he/she is listening by appropriate non-verbal behaviour?
- Obtain the patient's permission to ask awkward, embarrassing questions?
- Deal effectively with the patient's emotions?
- Use mainly open questions, limiting the number of closed questions?
- Use these six verbal skills effectively?
    - facilitation
    - direction
    - summarising and checking
    - empathy
    - reassurance
    - partnership.
- Ask questions relating to the four areas of information required?

3. The service provider's role

During the role-play, be yourself. Try to use all the verbal and non-verbal skills explored in the workbook, keeping in touch with what the patient is feeling and responding to these emotions. Try also to obtain as much appropriate information about the patient as you can in about five minutes.

While the 'patient' is defining who he/she is, you might to look over the observer's checklist to see the sort of skills you are expected to practise.

During the interview, you might find it helpful to have the workbook open at page 20 to remind you what information you need.

After the interview, you will receive feedback from the patient and then from the observer. The observer will concentrate on your skills as listed on his or her checklist, while the patient will describe how he/she felt during the interview. He/she will also tell you if you missed anything important about him or her!

Section 4

Examination

The purpose of a physical examination is to confirm any STD symptoms the patient has described by checking for signs of STD.

This section explains what to do when examining male and female patients. Examining the most private parts of a person's body requires tact, sensitivity and respect on the part of the service provider. Patients may be embarrassed or uncomfortable: this section also suggests ways to help the patient understand the importance of an examination and overcome his or her embarrassment.

This final section will help you to:

- behave professionally with the patient before and during the examination;
- reassure the patient who is reluctant to be examined and gain their confidence and co-operation;
- conduct an efficient examination of both male and female patients.

To get started, please spend a few minutes on these questions.

12. What resources do you need to conduct an examination?

13. What fears do people have about being examined?

14. What must you do in order to reassure all patients before an examination?

Please turn to our comments on page 41.

These questions raised a number of important points. People may be shy and even reluctant to have their genitals examined, so we must be very professional in our behaviour:

- ensure privacy;
- explain what you are going to do, and why an examination is important;
- even though you may have little time to examine the patient, never be rough with him or her;
- approach the examination in a confident and professional way;
- use all the communication skills you have refined with Sections 2 and 3.

For most syndromes, the examination is important in order to arrive at a diagnosis. However, we must never force someone to be examined. So what can you say to a patient who is unwilling to be examined?

15. Consider these situations: what might you do or say to persuade the patient to be examined?

a) A patient of the same sex as the service provider refuses to be examined, saying that he or she has clearly explained what is wrong already.

b) A young woman is afraid to say anything, but communicates non-verbally that she is unhappy about being examined.

c) A male patient is reluctant to be examined by a female service provider.

Please compare your ideas with ours on pages 41.

Summary so far

So far, we have explored issues in preparing patients for the examination:

- privacy is essential;
- treat the patient with respect and behave in a calm, friendly and professional manner, as during the rest of the interview;
- avoid showing your own embarrassment or shyness;
- If the service provider is male, offer female patients the opportunity to have someone else present if they prefer;
- explain to reluctant patients why you need to examine them.

Next, we will provide you with clear steps on **how to examine male and female patients.** Your development activity at the end of the workbook will then enable you to put what you have learned into practice – essential to perform an effective examination in the short time you have available.

IMPORTANT POINTS:

1. Syndromic diagnosis of STD in female patients only requires inspection of the external genitals, so gloves are not essential. For signs such as inguinal buboes, gloves are optional.

2. As elsewhere in the STD case management programme, this section focuses on examination for seven STD syndromes only. It does not take account of STD such as scabies or lice, treatment of which should be a normal part of your responsibilities.

Examining male patients for STD syndromes

1. Ask the patient to stand up and lower his pants so that he is stripped from the chest down to the knees. It may be possible to examine him while he is standing up, though you will sometimes find it easier if the patient lies down.

2. Palpate the inguinal region in order to detect the presence or absence of enlarged lymph nodes and buboes.

3. Palpate the scrotum, feeling for individual parts of the anatomy:
   - testes
   - spermatic cord
   - epididymis

4. Examine the penis, noting any rashes or sores. Then ask the patient to retract the foreskin if present, and look at the:
   - glans penis
   - urethral meatus

   If you cannot see an obvious urethral discharge, ask the patient to milk the urethra in order to express any discharge.

5. Record the presence or absence of:
   - buboes
   - urethral discharge, noting the colour and amount
   - ulcers

Examining female patients for STD syndromes

1. Ask the patient to remove her clothing from the chest down, and then to lie on the couch. In order to save her embarrassment, use a sheet to cover the parts of the body that you are not examining.

2. Ask the patient to bend her knees and separate her legs, then examine the vulva, anus and perineum.

3. Palpate the inguinal region in order to detect the presence or absence of enlarged lymph nodes and buboes.

4. Palpate the abdomen for pelvic masses and tenderness, taking great care not to hurt the patient.

5. Record the presence or absence of:
   - buboes
   - ulcers
   - vaginal discharge, noting the type, colour and amount

   Gloves are required if you wish to conduct a vaginal or bimanual examination.

Where appropriate, Workbook 4 contains guidance on examining for specific STD syndromes.

Review

Now that you have completed Workbook 3, you should be able to:

- identify the resources and facilities required for questioning and examining patients;
- offer patients privacy and confidentiality for both the interview and the examination;
- appreciate the uniqueness of interviewing a patient with STD;
- anticipate patients' anxiety and embarrassment, and acknowledge your own feelings;
- list three aims of the interview;
- identify four essential features of positive non-verbal communication;
- use open questions to take the history of a patient with possible STD, following up with closed questions when you need to obtain specific detail;
- use six further verbal skills that enable you to work with the patient's feelings in order to gather information effectively;
- list four areas of information you need to cover during the interview;
- conduct an efficient examination of both male and female patients;
- reassure the patient who is reluctant to be examined and gain their compliance.

The next step is very important because you need to practise what you have learned. The action plan will help you to do this.

Workbook 3

Action Plan

You might like to discuss the questions below with colleagues.

1. If you have already examined patients with STD, please list any problems that you have faced in the left-hand column below. Then, in the right-hand column, note how you overcame the problem, or how you could overcome it in the future.

Problems you have faced	**How to overcome those problems**

2. If you have never examined a patient for STD, what problems do you foresee, and how might you overcome it?

Problems that you foresee	**How might you overcome those problems**

3. Discuss the facilities at your health centre: to what extent is it possible to offer STD patients privacy and confidentiality? If necessary, what can you do to improve this situation?

4. You can only learn or refine these skills by practising them. So, if you have practised role-plays with colleagues, over the next few weeks practise history-taking and examination on real patients. Aim to conduct about six of each, and make notes on how you are doing, using the space on the next page. Aim to feel confident in your skills by the time you have completed the action plan.

Action plan record: history-taking and examination

Name of clinic: _____

History taken on (date):	**Problems/successes** **(consider diagnostic and personal skills)**
1.	
2.	
3.	
4.	
5.	
6.	
Examination carried out on (date):	
1.	
2.	
3.	
4.	
5.	
6.	

Answers

1. There are no right or wrong answers to this question. Some people will feel nervous, embarrassed, anxious, ashamed or even horrified – as you might do yourself if you were a patient. The strength of such feelings might depend on the patient's awareness of STD or their beliefs about the cause of their symptoms, on their gender, age or social status, or even on whether or not they know the service provider. In fact, the answers to this question could be as many and varied as the people who attend the health centre.

   An important outcome of these anxious feelings is that people rarely present with the symptoms causing most concern. A patient with a genital ulcer or discharge will often complain of a headache or sore throat at first. Discovering the real symptoms depends on the skills, attitude and encouragement of the service provider!

2. Our reason for asking the second question was to look at the interview from a different perspective: the feelings of the service provider. It is not only patients who may be embarrassed or anxious, because the questions we have to ask are very personal ones. Sexuality is private and personal to the individual. It is important that you acknowledge your own feelings about asking such personal questions so that you can work positively and sympathetically with all your patients.

3. Amina's behaviour is likely to make anyone feel small and unimportant – like a child who's found doing something wrong. But how each individual would feel depends on their character. An assertive person might feel angry with Amina, whereas a more shy person might be scared. Given that this patient already seems embarrassed by her symptoms, there's little likelihood of a successful interview!

4. So what did Amina do? It is not difficult to criticise her. You may have found even more points than in this list:
   - Amina doesn't greet the patient at all, or introduce herself;
   - she barely looks at the patient for the first few minutes;
   - she begins talking while someone else is still in the room;
   - she speaks and behaves in an impatient, unfriendly manner;
   - she shows no sympathy for the patient's embarrassment – indeed, she becomes more irritated: "Goodness me! I haven't got all day!"

   Unfortunately, most of us can remember occasions when we've been treated like that by someone ...

5. Don't worry if you found this activity difficult, especially if you have not had any previous training in interviewing. We wanted to raise these points:

   a) At the start of the interview: "Name?"
      This is not a friendly way to begin questioning anyone. We should always be polite: "What is your name?" or "Tell me your name please". And why not introduce yourself to the client?

   b) "Tell me your medical history."
      This question is too vague. The patient does not know where to begin, what a medical history is or what aspects of their history you want to know about. We need to make our questions more precise.

   c) "How many sexual partners have you had, when, and who are they?"
      A difficult question to ask in any event, but in this case it is very difficult to answer because there are three questions! Ask only one question at a time. Another tip – when you begin asking deeply personal questions, begin by asking the patient's permission. Acknowledge that the question will be hard to answer: the patient will feel you understand his or her feelings better.
   d) "Have you had sex with people other than your husband?"
      This question suggests a moral judgement on the part of the service provider. We need to make our questions free of such judgements whenever possible.

   e) "The symptoms only recur during your periods, don't they?"

This question puts words in the patient's mouth! It is known as a 'leading' question. Avoid it. "When do you get this problem?" or "What makes the problem worse?" would be better.

f) "Are your menses normal?"
The tip here is to avoid using medical expressions that the patient might not know. Better to ask the patient what is troubling them or how you can help them.

6. If you remember that closed questions can be answered in one short phrase or with 'yes' and 'no', then this question should be easy. There are only three open questions:

Do you have a discharge? – Closed
Are you married? – Closed
What is troubling you? – Open
Is it painful? – Closed
Did you use a condom last time you had sex? – Closed
Is the discharge milky or clear? – Closed
What does the pain feel like? – Open
Tell me about your periods. – Open

7.a) Closed questions are very useful at the start of the interview.
FALSE: although closed questions require a specific answer, it is not true that they are useful at the start of the interview: on the contrary, avoid them!

b) Open questions enable the patient to respond with their own words and ideas, and give the service provider a good understanding of their perceptions.
TRUE: this is one of the benefits of using open questions at the start of the interview. They enable you to gather information quickly and efficiently, to collect important information you might otherwise have missed, and to learn about the patient's perceptions, concerns and language – all of which will be important later if you need to educate the patient about STD.

c) A good medical interview starts with open questions and moves towards closed questions.
TRUE: remember the open-close triangle. Back on page 12 we discussed the benefits of open questions early in the interview. The value of closed questions lies in checking or obtaining specific details later in the interview.

d) Closed questions enable you to rule out specific symptoms.
TRUE: by asking closed questions you can rule out specific symptoms – but remember to start with open questions at the beginning of the interview.

8. Don't worry if you forgot this one: we were thinking of asking the patient "Is anything more troubling you?", or a question to that effect. The reason why such questions are so important is that they allow the patient who feels nervous or anxious to work towards their main and most private concerns in their own way. Remember that many patients with STD symptoms will feel so embarrassed by them that they will feel reluctant to admit to such symptoms until you have demonstrated your willingness to listen and treat them with respect.

9. We have marked the main skills that Lynn is using on the next page. Please discuss your findings with a colleague or tutor if you are not sure about anything in this exercise.

   You might also like to discuss anything else that Lynn could have said or done for this patient ...

Service provider:	Good morning. Please sit down ... My name's Lynn Solent. You are?
Patient:	John Smith.
Service provider:	How can I help you Mr. Smith?
Patient:	Well, I cut my arm yesterday while I was pulling out an old tree stump. Look, the cut's quite deep.
Service provider:	Oh, it's not too bad, but you did the right thing to come and get it cleaned up, Mr. Smith. I can clean and dress it for you easily... Have you come far to have this dressed?
Patient:	Oh, I live 5 miles away, near (mentions a village).
Service provider:	Fine. (Cleans and dresses the wound.)
Service provider:	Now, is there anything else bothering you Mr. Smith?
Patient:	Well... there is something else (he laughs nervously).
Service provider:	I can see you feel a little embarrassed about this...
Patient:	Yes I do... you see, it's my (leans forward and whispers)... it's my penis.
Service provider:	Yes?
Patient:	Well, there's a... there's a sort of... sore on it.
Service provider:	And you're worried about this sore.
Patient:	Yes I am. You see, I didn't cut myself or anything. It doesn't hurt but it doesn't look good. It's worrying me a bit. I mean, one of my girlfriends said it's... well, it's a bad thing and she wouldn't go with me... I think it might have come from a bar girl, or maybe even one of my girlfriends.
Service provider:	Tell me about this sore.
Patient:	What's to tell? It doesn't hurt... (shrugs).
Service provider:	How long have you had it?
Patient:	Oh, a month or so I suppose. My uncle says it's nothing to worry about but I think it's from a woman... if I find out which one...
Service provider:	You're clearly anxious about where you got this sore, Mr. Smith, but I think we need to decide what it is first. I think we'll also need to talk about how to prevent it happening again... But first I'll need to examine the sore...
Patient:	(Looks surprised).
Service provider:	I know this can be embarrassing but I need to do that in order to decide what's wrong. Is that all right with you?
Patient:	Yes, I suppose so (reluctantly).
Service provider:	A sore might mean a very dangerous disease, so I must be sure...
Patient:	It's going to be OK isn't it?
Service provider:	Oh yes, and I know we can help you to cure it completely. You need to prevent it happening again, but I'll tell you everything you need to know and help you decide what you're going to do about it. Is that OK?
Patient:	Oh yes.

10. There can't be any right or wrong answers to this question – just slightly better or worse ones, so please discuss your own questions with colleagues. The case study listed below is only intended as a rough guide to how an interview on sexual history might go. Notice how the service provider starts this part of the interview, and how closed questions are used only to get specific information. The patient is also reassured and praised for her openness.

Service provider:	I need to ask you a few very personal questions now... about your sexuality. I know this is difficult to talk about, but I assure you no-one else will know.
Patient:	Why does that matter to you?
Service provider:	That's a good question. It's partly to help me make sure I'm giving you the right treatment, and partly to help us know how many people might have the same infection. Is that OK?
Patient:	... Yes ... all right.
Service provider:	Have you been sexually active over the last 3 months or so?
Patient:	Well, yes, I suppose so.
Service provider:	Tell me about that.
Patient:	What do you want to know?
Service provider:	Oh, how often, who with, that sort of thing.
Patient:	Well... I've got two boyfriends... Well, there's another friend who I sleep with sometimes but he's usually away...
Service provider:	When did you last sleep with the friend who's away a lot?
Patient:	I can't remember... sometimes last month I suppose.
Service provider:	And what about your other boyfriends?
Patient:	Well, Ro is my proper boyfriend. We spent the night together two nights ago... well, we often do...
Service provider:	What about your other boyfriend?
Patient:	Well... Ro doesn't know about the others.
Service provider:	That's all right. I promise he needn't know... you're being very brave about all this.
Patient:	Well... I see him every Tuesday. Usually... but I didn't see him last Tuesday because I was with my parents then.
Service provider:	What do you think of condoms?
Patient:	I don't like them ... wouldn't use one.
Service provider:	Do you know if any of your boyfriends has a discharge at the moment?
Patient:	No... I mean I'm not sure, I don't know.
Service provider:	That's OK. Any other boyfriends in the last 3 months?
Patient:	Oh no.
Service provider:	That's fine. You've done very well, so now I can tell you what this discharge is...

11

a) Most people find it uncomfortable asking such personal questions at first. It is quite normal to feel that way. With experience, many service providers lose their embarrassment – but few patients do!

b) The answer to this question depends on cultural and social values as well as individual ones. Please compare your answer with those of colleagues if you can.

c) We've commented before that sexuality is difficult to discuss. By asking less difficult questions first, and using effective communication skills, you make time to win the patient's trust before asking questions about their sexual history.

12. To conduct an examination, you need:

- a well-lit, private room;

- an examination table for the patient to lie on for the examination, and a chair;

- time! This may also limit the extent of the physical examination. Managing an STD patient can take anything from 5 to 15 minutes. In one African country, for example, service providers spend only 5 or 6 minutes with each patient. In another country, STD visits in 20 health centres averaged 15 minutes for women and 10 minutes for men – not including waiting time.

13. Most patients will feel very shy about showing their genitals to another person, especially a member of the opposite sex. Some people may also feel ashamed of their symptoms, even though anxiety about the symptoms has brought them to the clinic.

14. The one most important factor in reassuring patients before examination is that you will ensure them privacy and confidentiality.

15. Remember that you cannot force any person to be examined.

a) In the first situation, both service provider and patient are the same sex.

· explain why you want to do the examination, namely that you need to check his/her condition to make sure you give the right treatment;

· emphasize that the examination will be brief and not painful.

b) Whenever a female patient is being examined by a male service provider, it is a good idea that someone else – a friend or female service provider – is present. This will almost certainly make the situation more comfortable for the woman.

c) In this circumstance, try persuading the patient with the suggestions listed in 15a above. You can also offer to have a male member of staff present in the room while you examine. If this does not work (and perhaps there are strong cultural reasons why a male patient should refuse to be examined by a female service provider), your only alternative is that a male service provider should make the examination.

GLOSSARY

Bubo	Painful inguinal swelling
Closed questions	Questions that only encourage one or two word answers, for example ‘Are you married?’ (compare with open questions)
Direction	One of the six verbal skills – asking patient to focus on one point at a time
Empathy	One of the six verbal skills – commenting on patient’s behaviour, so encouraging him/her to express concerns
Epididymis	A duct behind the testis, along which sperm passes to the vas deferens
Facilitation	One of the six verbal skills – using words, phrases or sounds to encourage the patient to continue talking
Glans penis	The rounded part forming the end of the penis
Inguinal region	Groin
Lymph nodes	Small mass of tissue that is part of the lymphatic system
Menses	Menstruation or the blood and other materials discharged from the uterus at menstruation
Open questions	Questions that invite detailed answers, usually beginning How? What? Where? or Why? (see also closed questions)
Palpate	To examine by touch
Partnership	One of the six verbal skills – offering the Patient a commitment, with you or the health team
Pelvic masses	Tumorous growths in the pelvic region
Perineum	The area between the anus and scrotum or vulva
Reassurance	One of the six verbal skills – persuading the patient that you accept his or her feelings and that the problem will pass in time
Summarising and checking	Two of the six verbal skills – summarising what patient has said to check that you have understood correctly
Testes	The medical name for testicles
Ulcer	Open sore
Urethral meatus	Opening/passage of the urethra
Vas deferens	Duct that carries sperm from the testicle to the urethra (also called spermatic cord)
Vulva	External female genitals