



PEACE

Pregnancy Early Access Center

The Patient-Centered Gynecologic Visit

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Context

Trauma-informed care

- “Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being”
- Trauma-informed care practices seek to create physical and emotional safety for survivors and rebuild their sense of control and empowerment during interactions.

Adverse childhood experiences

- Adverse childhood experiences (ACEs): potentially traumatic experiences that occur in childhood. Examples:
 - Experiencing violence, abuse, or neglect
 - Witnessing violence in the home or community
 - Having a family member attempt or die by suicide
- Prevalence:
 - 64-83% of people have experienced at least one ACE
 - 12-37% have experienced 4 or more
- Spans all races, ages, and SES, but some populations have higher incidence

ACOG CO 825: Caring for Patients Who Have Experienced Trauma.
Committee on Health Care for Underserved Women

Effects of trauma

- Effects on brain and body are real: neurobehavioral, cognitive, social, emotional
- Induces powerlessness, fear, and hopelessness, feelings of shame, guilt, rage, isolation, and disconnection
- Re-traumatization: reminder of past trauma that results in re-experiencing the initial event
- Benefit of trainee education should be balanced with possible negative effect of multiple interviews and exams

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Prevalence of sexual violence in women

	Lifetime %	12-month %
Rape	19.3%	1.6%
Completed forced penetration	11.5%	-
Attempted forced penetration	6.4%	-
Completed alcohol- or drug-facilitated penetration	9.3%	1%
Other sexual violence	43.9%	5.5%
Made to penetrate	0.6%	-
Sexual coercion	12.5%	2%
Unwanted sexual contact	27.3%	2.2%
Noncontact unwanted sexual experiences	32.1%	3.4%



Creating a safe space in the office

Four Cs of Trauma-informed care

Calm	Pay attention to how you are feeling while caring for the patient. Breathe and calm yourself to help model and promote calmness for the patient and care for yourself.
Contain	Ask the level of detail of trauma history that will allow patient to maintain emotional and physical safety, respect the time frame of your interaction, and will allow you to offer patients further treatment.
Care	Remember to emphasize, for patient and yourself, good self-care and compassion.
Cope	Remember to emphasize, for patient and yourself, coping skills to build upon strength, resiliency, and hope.

Entering a Room



Consider the exam room the patient's home – you are asking to enter it.

Entering a Room

**Draw the
curtain when
rooming a
patient**

**Draw every
time you leave
a room**

History taking: open-ended initial questions

- Be wide open with initial questions
 - Tried and true : “What brings you in today?”
 - But also...
 - “Is there anything in particular on your mind right now?”
 - “What are your biggest concerns today?”
 - “What else?” (try this twice)
- For detail: “Can you tell me more about that?”

History taking: Tone and mood

- How you say it is more important than what you say.
 - Eye contact
 - Lean in, gestures of comprehension
 - Mirror their mood – (e.g., don't be sad if they are not sad)
 - Be present

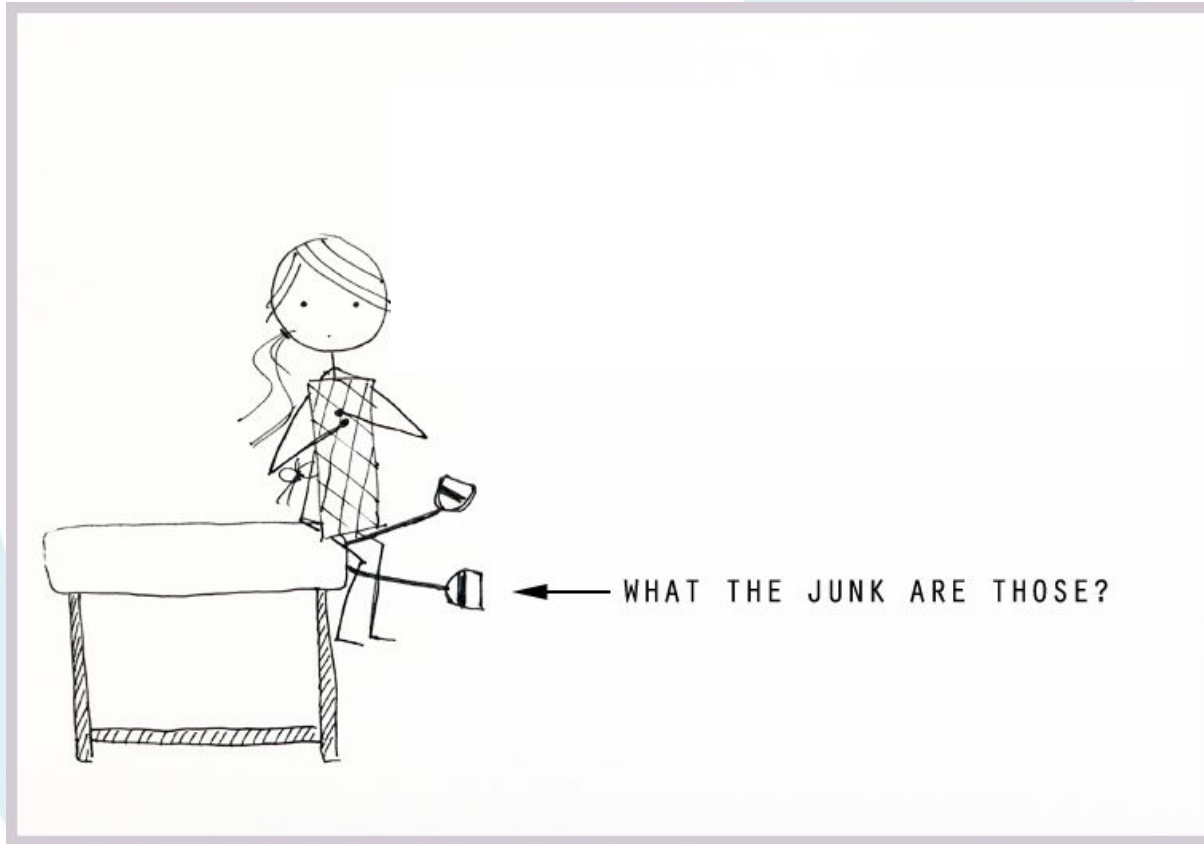
History taking and transition to physical exam

- Clarify and ask for details when gaps are evident
- Do not be afraid to ask about sensitive topics, in a nonjudgmental way.
 - React verbally to sensitive topics sensitively – express curiosity and empathy.
 - “What was that like for you?” “That must have been difficult.”
“I am so sorry for your loss.”
- Explain why you are asking sensitive screening questions.

Transition to physical exam/next steps

- Summarize and seek feedback:
 - “So far we have _____. Based on this, it looks like we need to _____.”
 - Does that sound okay?
 - What questions do you have right now?”
 - (Avoid: “do you have any questions?”)

The Pelvic exam



Trauma-informed care in the gynecologic exam

- Assume that each patient has been a victim of assault
- Prevalence is high
- Reporting is low
- Just because they have come to their exam, do not assume they are familiar with the procedures, or comfortable with them.

Patient empowerment before the exam

- Have you ever had a pelvic exam? (for adolescents)
- What is a pelvic exam usually like for you?
- What are your concerns?
- What do you think might help/what has helped in the past?
- Are there any words you prefer I not use?
- Tell me when you are ready to begin.
- Please let me know if you are uncomfortable.
- You are in control. If you need me to stop, please say “stop.”

Trauma-informed care: Language for the gyn exam

Situation	Safe language	PLEASE DO NOT...
Addressing the patient	Use preferred name	Say "dear," "honey" or "sweetie"
Explaining an exam	"I would like to do a pelvic exam to make sure your _____ is normal and healthy"	Neglect to explain why you are examining
Positioning the feet	"Place your heels in the footrests"	Say "stirrups"
Positioning the hips	"Hold the end of the table and bring your hips to meet your hands"	Say "scoot"
Positioning the knees	"Let your knees fall to the side to meet my hands" (mark the location)	Push legs open from the inside

Trauma-informed care: Language for the gyn exam

Situation	Safe language	PLEASE DO NOT...
Beginning the exam	“Take a long breath. Relax the muscles in your belly and back.” (show your hand) “You will feel my touch as I start the exam”	Start an exam on a tense patient Start an exam without a notification
Explaining the bimanual	“I’m going to place 2 fingers into your vagina to examine your uterus and ovaries”	Neglect to explain why you are examining
Doing a procedure	“I am starting the _____. You may feel a pinch or cramp.”	Ask the patient to cough
Exam is normal	“normal and healthy”	Say “everything looks great”

Ending the encounter

- Summarize: Today we have done _____.
- Clearly outline follow-up: “Next steps are ____.” or “Call us for an appointment in about a year.”
- End the visit with a wide open question: “What else I can do for you today?”
- “It was wonderful to meet you. Have a great day.” SMILE!

Role play



Role play instructions

- Groups of 4
- Three roles: Theresa, physician, and two observers
- 5 min: Patient-physician encounter
- 5 min: debrief as a group.
 - What worked well in developing trust and rapport?
 - What could have been done differently?
 - What can we learn from one another in how we build rapport?
- Report out by one member to group

Role play

- Theresa Winter, age 27. No notes in the system
- CC: “I just moved from NY and need a new doctor”
- PMH: states none
- PSH: states none
- Meds: Zoloft 25 mg daily
- All: none
- Gyn: Last pap 2018 in NY (no records),
- OB: 1 prior abortion, 2 years ago
- SH: No smoking, occ EtOH, occ MJ, no prior violence. Broke up with boyfriend 1 month ago. New job in Penn admin, considering applying for Penn’s MPH program
- FH: father died from cancer, mother living, in NY
- Previously on OCPs



Difficult encounters: Tools for patient-centered care

- Mindfulness: Recognize and identify negative emotions in the moment.
- **Empathy:** Try to put yourself in the patient's shoes. Hinges on how your own life experiences are similar to your patient's experience.
- **Compassion:** If you can't put yourself in her shoes, can you at least understand that they are suffering?
- **Acceptance:** If these fail, can you simply accept their behavior?
- **Referral:** If all of these fail, you may need to refer care. Use a warm handoff. This is a therapeutic and caring tool, too.
- **Above all, maintain humility:** You are a consultant, and the patient knows their life and body best.

Resources

- **Women Organized Against Rape (WOAR)** <https://www.woar.org/>
 - Hotline & in-person counseling
 - Court accompaniment
- **RAINN** <https://www.rainn.org/about-sexual-assault>
 - Hotline & chat-line for survivors
 - Resources for survivors and loved ones
- **FORGE**
<http://forge-forward.org/anti-violence/for-survivors/referrals-and-information/>
 - Information & resources for trans survivors
- **Love is Respect.org** <http://www.loveisrespect.org/>
 - Teen relationship abuse & violence
- **Pennsylvania Coalition Against Rape (PCAR)** <http://www.pcar.org/about-us/pcar>
 - Resources and training
 - National Sexual Violence Resource Center (NSVRC)

Philadelphia Sexual Assault Response Center: Immediately after assault

<http://drexel.edu/medicine/about/departments/emergency-medicine/forensic-emergency-medicine/#Center>

Your immediate safety is the first priority: call 911 if you are not safe.

When you are safe, seek medical attention right away. This is the first step of recovery. Call 911 and describe the assault or rape. **Do not shower or bathe:** this will interfere with the collection of important forensic evidence. For the same reason, **do not wash any clothing** – including underwear – that was worn during the assault or rape. It is ok to put the clothing in a paper bag (not a plastic bag). When the 911 operator receives your call, if you are uninjured, a police officer will transport you to the Philadelphia Safety Collaborative (300 E. Hunting Park Ave., Philadelphia; 215-425-1625); this is where PSARC (Philadelphia Sexual Assault Resource Center) and the police department's Special Victims Unit (SVU) are located. If you previously put your clothing in a paper bag, be sure to bring it.

As an alternative to calling 911, you may also call SVU (24/7: 215-685-3251) and go there without a police officer providing the transportation. Reports are not taken over the phone. SVU and PSARC operate 24/7; they help victim/survivors day and night.

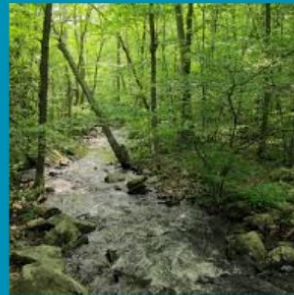
From www.woar.org

Self Care is Essential!



THANK YOU

- debrief with your coworkers
- journal
- exercise



FOR EVERYTHING

- spend time in nature
- meditation/yoga
- comedy



YOU DO!!!

- time with loved ones
- listen to music
- vacation



Thank you!

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