

Sexual Health Made Easy

with Dr Hema Esh

Learn why exploring the sexual history of a patient is an essential part of YOUR success.

.....

The chance of addressing an STI risk could be missed and so could your chance of passing and how to avoid it!

.....

Learn why it's important to enquire about the patient's risk behaviour sensitively and then negotiate a plan forward.

General Tips

Ensure Privacy and Confidentiality.

Be Professional and Open minded.

Adopting a Non-judgemental, Frank Approach is the key.
Put the Patient at Absolute Ease.

An Embarrassed Doctor begets an Embarrassed Patient.

Be Aware of your Own Body Language and Gesturing.

Adopt an Open Posture.

Echo their Body Language, Maintain Eye Contact.

Explain Why Asking Sexual History is Relevant.

Keep your Questions Focused and Relevant.

Pick up on Subtle Non-verbal Cues from the Patient.

Promote Risk Reduction and Good Sexual Health.

Consider Child Protection Issues!

This is an absolute requirement when discussing sexual activity
(consensual or otherwise) in <13.

Refer to the relevant Child Protection/on-call team.

Consider Safeguarding issues in Vulnerable Adults.

Managing Victims of Sexual Assault requires
a sensitive and considered approach.

Example Structured Approach

Feel free to change the words You are comfortable with :-)

(1) When did you Last have sex/sexual intercourse?
As STIs have incubation and window period!

(2) Was it with a Man or a Woman?
For eg – TV is common in women, LGV in MSM.

(3) Was the person a Casual or Regular partner?
The risk varies with the exposure rate!

(4) Where was the partner from and what is their Ethnicity?
Afrocaribbean, Mexican etc have higher risk.

(5) In which Country did you have sex?
Countries like Africa, Mexico, Thailand have higher risk...

(6) What kind of sex did you have?
It guides which tests are needed- swabs etc.

(7) For each type – oral, vaginal, anal—did you use a condom?
For heterosexual sex: was any contraception used?

Relate to risk of pregnancy when asking about last menstrual period in gynaecology history.

Assess whether they were the active/insertive partner or passive/receptive partner, as appropriate.

Example Structured Approach

(8) Does/did your partner have any symptoms?

(9) When did you last have sex with someone different?

Return to question 2.

Repeat this for all sexual contacts in at least the preceding 12 weeks.

My Tip :-) Never assume the sex of previous partners.

For men who report recent sexual activity with women – It might be useful to ask if they have ever had sex with men in the past.

(10) Have you ever had any previous STIs?

Any previous Drug allergy, Drug resistance etc.

(11) Have you ever had a sexual health check up before?

(12) Have you, or have any of your sexual partners, ever injected drugs or shared needles?

For women, Have you ever had sex with a gay or bisexual man.
For men, Ask about any history of sex with men, as per point (9).

(13) Have you ever had an HIV, hepatitis, syphilis test before?

(Assess risk and offer tests as appropriate)

(14) Have you been vaccinated against hepatitis B, or have you ever had hepatitis?

(Assess risk and offer vaccination if appropriate).

Free Training Videos

Find out how I rocked my CSA enjoying every consultation and got awesome feedback!

Learn how to 'Think, Talk, Act' differently to create great impact on patients and examiners.

Learn what's working now so you can stop wasting your time and money.

It's totally FREE!

Click Here:

<http://www.csasmartgroup.tv/rockyourcsa/>

CSA Smart Success Online Programme

Get Your Free Membership Today!

Click Here:

<http://www.csasmartgroup.tv/freeoffer/>