

Organisation: Barts and the London School of Medicine and Dentistry, Queen Mary University of London

Session: Difficult Conversations in Women's Health

Audience: 4th year medical students

Learning outcomes for training

By the end of the training students should be able to:

- ❑ Identify clinical situations where it is appropriate to take a sexual history
- ❑ Identify the reasons for taking a sexual history
- ❑ Describe the type of information needed in different clinical situations
- ❑ Discuss difficulties in taking a history and strategies that help:
 - Take a history to gain accurate and relevant information without making assumptions about sexual relations and behaviours
 - **Conduct a consultation via a trained interpreter**

This workshop looks at some of the challenges associated with women's health and strategies in dealing with difficult consultations. Some challenges are around sexual functioning, some around language difficulties and cultural issues. We want students to recognise that sexual functioning is affected by many conditions, other than those directly involving the reproductive system.

The experiences of people whose first language is not English show that some suffer from inequalities in health care (Fazil and Kai 2004). The General Medical Council (1993) stipulates that undergraduate medical education should address issues related to diversity, to ensure that patients receive equitable care irrespective of their background. Best practice is to arrange a professionally trained interpreter for the consultation. However, these consultations require the use of specific skills which many health care professionals feel they lack (Kai et al 2011).

In a recent study comparing diabetic review consultations with English speaking and non-English speaking patients using interpreters, Seale, Rivas and Kelly (2013) talk of a 'social distance' between the health care professional and the patients being consulted with via an interpreter. There was less discussion of the patient's feelings, ideas and personal circumstances. The health care professional tended to talk through the interpreters using 3rd person rather than talking directly to the patient and some speech was mistranslated, not translated or the meaning changed.

Format

A plenary session involves discussion of when it may be important to discuss a patient's sexual history and the barriers to this. The issue around patients who do not speak English will be discussed and best practice demonstrated regarding consultations through an interpreter. Following this students are split into 4 groups of about 12 students. A selection of case studies have been chosen for students to learn about these issues through role play with actors. Actors rotate around each group every 35 minutes.

Evaluation: Subjective evaluation only. The session was very well received.

Comments:

The interactive role plays were especially useful as an opportunity. Although students learn by observation only 4 students in each group get a chance at role playing.

