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**Viewer discretion is advised:** Some medical content is graphic and may not be suitable for all viewers.

## **Sociocultural Women's Health Standardized Patient Training Sample Agendas**

### **Training #1 (3-4 hours):**

- Welcome
  
- Sociocultural Medicine Refresher (or Introduction for any new SPs) and the SWH interview
  
- Role Exercises
  - Break into groups
  - Group role play exercises
  
- Checklist Discussion
  - Communication Skills Checklist
  - Content Checklists
  
- Video Review and Scoring Practice

### **Training #2 (3-4 hours):**

- Welcome
  
- Additional Video Review and Scoring Practice
  
- Feedback Refresher (or Introduction for new SPs) and Exercise(s)

### **Training #3 (2-3 hours):**

- **Practice Interviews (dress rehearsal)**

### **Training #4 (2-3 hours):**

- Review/discussion of role, scoring and feedback challenges
  
- Video Self Review and Performance Evaluation/Reflection assignment

## Sociocultural Women's Health Case Content Outline-Case A

<b>Case Name</b>	Angela Lee
<b>Age</b>	35-45
<b>Presenting Situation</b>	Irregular menses
<b>Reason for Visit</b>	Referred from Primary Care Physician. Pt. having a period every month, with spotting in between.
<b>Patient Symptoms</b>	<ul style="list-style-type: none"> <li>◆ Irregular periods beginning ~ 1 year ago.</li> <li>◆ Having a period every month (every 28-30 days, duration 4-5 days) with spotting in between (about halfway through cycle).</li> <li>◆ Flow of "regular" period: heavier at the beginning, lighter toward the end. Lasts 4-5 days. On heaviest day, may soak a pad/tampon every 3 hours.</li> <li>◆ Flow of spotting: inconsistent— <i>"sometimes heavy and sometimes light."</i> Typically lasts 1-2 days. When heavy, you might need to use a pad/tampon (change it approx. 2x that day), but when light, a liner is ample protection.</li> <li>◆ LMP (Last Menstrual Period) was 1 week ago</li> <li>◆ Are you having the spotting now?—No!</li> <li>◆ Any chance that you might be pregnant now?—No!</li> <li>◆ Experience cramps with your period, but usually no cramping associated with the spotting. Cramps are relieved with Motrin and are not excessively severe.</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>◆ Multivitamin daily</li> <li>◆ Motrin for menstrual cramps as needed</li> <li>◆ Drug Allergies: None</li> <li>◆ Other remedies: none tried.</li> </ul>
<b>Past Medical History</b>	<ul style="list-style-type: none"> <li>◆ Hospitalizations: once 10/15 (if you are 35, then 10; if 45, then 15) years ago for daughter's birth (normal spontaneous vaginal delivery, no complications)</li> <li>◆ Surgeries: none</li> <li>◆ Other medical diagnoses: 2 uterine fibroids diagnosed at post-partum visit (5 cm, 2 cm—size determined by ultrasound) when MD found a large uterus on exam. No symptoms associated with fibroids—nothing was ever done about them.</li> <li>◆ General state of health—you are typically very healthy and have no other conditions of which you are aware.</li> </ul>
<b>Family History</b>	<ul style="list-style-type: none"> <li>◆ <b>Mother died of cervical cancer at age 54/64, 1 ½ years after diagnosis (age 52-53/62-63 at diagnosis; died 3 years ago). You do not know if your mother received regular screenings prior to diagnosis, "My mother was fine until she had that Pap smear." Your mother went through chemotherapy and radiation,</b></li> </ul>

## Sociocultural Women's Health Case Content Outline-Case A

	<p><b>but cancer was diagnosed at an advanced stage and treatment was unsuccessful. <i>"Cervical cancer runs in my family."</i></b></p> <ul style="list-style-type: none"> <li>◆ Father is 65-70 years old. Has Type II diabetes mellitus. Trying to control his disease primarily with diet.</li> <li>◆ Siblings (brother and sister) both healthy. You don't know if your sister gets regular screenings.</li> </ul>
<p><b>Past OB/Gyn History</b></p>	<ul style="list-style-type: none"> <li>◆ Menses: began at age 12, regular monthly periods until last year.</li> <li>◆ STDs: None</li> <li>◆ Prior Pap smears and pelvic exams: last exam 10/15 years ago (post-partum)—found uterine fibroids. You have felt fine since and therefore felt no reason for regular exams (no regular exams prior to pregnancy). No abnormal Pap smears.</li> <li>◆ Pregnancies: G1P1 (1 pregnancy, 1 delivery), normal vaginal delivery w/ no complications.</li> <li>◆ Sexual History: 2 sexual partners over lifetime, used condoms for contraception/safety. Not currently sexually active since before divorce (about 2 years). First became sexually active in early 20s, your ex-husband was your second partner.</li> </ul>
<p><b>Social History</b></p>	<ul style="list-style-type: none"> <li>◆ Family/Primary Relationship situation: <ul style="list-style-type: none"> <li>● Marital Status: amicably divorced for 2 years (married about 12 years)</li> <li>● Children: one healthy 10/15 year old daughter (pt. can ad lib name (she would be either 4<sup>th</sup>-5<sup>th</sup>/9<sup>th</sup>-10<sup>th</sup> grades depending on her age)</li> </ul> </li> <li>◆ Home situation: <ul style="list-style-type: none"> <li>● lives in a 2 bedroom house in Ann Arbor</li> </ul> </li> <li>◆ Where originally from: <ul style="list-style-type: none"> <li>● use your own background</li> </ul> </li> <li>◆ Occupation: <ul style="list-style-type: none"> <li>● Head bank teller for 9/14 years—(can ad lib bank name/branch)</li> </ul> </li> <li>◆ Patient Support System: <ul style="list-style-type: none"> <li>● Sister</li> <li>● Friends from "church"—see community involvement below</li> <li>● Co-workers</li> <li>● You don't really discuss "female issues" with members of your support system, though.</li> </ul> </li> <li>◆ Community involvement: <ul style="list-style-type: none"> <li>● active in church or other religious group (use your own background here) and associated activities (volunteering, choir, etc...)</li> </ul> </li> <li>◆ Stressors:</li> </ul>

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	<ul style="list-style-type: none"> <li>• The bleeding is more of an inconvenience for you rather than a stressor (that is, until you make a connection between your mother's experience and what you're experiencing)</li> <li>• Later in the interview...stress of trying to figure out what to do (whether to have the exam or not, changing ingrained beliefs, etc...)</li> <li>◆ Substance History:             <ul style="list-style-type: none"> <li>• No alcohol (occasional is OK)</li> <li>• no drug use</li> <li>• no tobacco</li> </ul> </li> <li>◆ Beliefs surrounding health issues:             <ul style="list-style-type: none"> <li>• Feeling that good health is in your mind and <b><i>"if it isn't broken, don't fix it."</i></b></li> </ul> </li> <li>◆ Fears/understanding of health related issue (irregular bleeding):             <ul style="list-style-type: none"> <li>• Strong mistrust of the medical establishment— <b><i>"my mom was fine until she had a Pap smear."</i></b></li> <li>• You feel that cervical cancer is hereditary and you are afraid that you may have it, too.</li> </ul> </li> <li>◆ How you try to manage your health:             <ul style="list-style-type: none"> <li>• Exercise: 30 min. walking 4 times/week</li> <li>• Diet: Attempting a healthier diet (more fruits and vegetables)</li> <li>• Healthy state of mind—if you feel healthy, you are healthy</li> </ul> </li> </ul>
<b>Health Education/Literacy</b>	<ul style="list-style-type: none"> <li>◆ Patient's understanding of physical exams/tests:             <ul style="list-style-type: none"> <li>• You vaguely remember what the exams entail, but encourage the student to explain it to you if asked.</li> <li>• You don't specifically know what the tests (Pap/pelvic) are for...</li> </ul> </li> </ul>
<b>Student Objectives</b>	<ul style="list-style-type: none"> <li>◆ To obtain a thorough OB/Gyn health history,</li> <li>◆ To elicit the patient's cultural/social situation creating barriers to routine OB/Gyn health screenings,</li> <li>◆ To educate the patient regarding Pap/pelvic exams</li> <li>◆ To negotiate an appropriate treatment plan with the patient by incorporating her preferences</li> <li>◆ To avoid projecting their own cultural values to the patient             <ul style="list-style-type: none"> <li>• Culture of medicine: dictating to the patient the treatment plan, etc...</li> <li>• Personal culture: the student relies too heavily on their own cultural beliefs to determine what the plan "should be."</li> </ul> </li> </ul>
<b>Problem</b>	Student:

## Sociocultural Women's Health Case Content Outline-Case A

<b>Challenge(s)</b>	<ul style="list-style-type: none"> <li>◆ To sensitively elicit cultural/social information from the patient regarding her reluctance to have a Pap/Pelvic.</li> <li>◆ To negotiate a treatment plan that incorporates the patient's beliefs and preferences.</li> </ul>
<b>Flow of Conversation</b>	<ul style="list-style-type: none"> <li>◆ "Cervical cancer runs in my family."</li> <li>◆ "My mother was fine until she had that Pap smear."</li> <li>◆ "Good health is all in your mind. My mother wasn't sick until the doctor told her she was sick."</li> <li>◆ "After she found out she was sick, it was like she just gave up."</li> <li>◆ "I don't ever want to have another one of those tests again!"</li> <li>◆ "I feel fine, but having a period every two weeks is getting pretty annoying."</li> </ul>
<b>Appropriate Alternatives</b>	<ul style="list-style-type: none"> <li>◆ Literature for pt. to take home.</li> <li>◆ Time to think about having an exam—still recommend that pt. has a Pap/pelvic (after adequate pt. education).</li> <li>◆ A clear follow-up plan (i.e. setting up another appointment before you leave today, offering phone support, etc...)</li> <li>◆ Ultrasound, blood tests (in the meantime)</li> </ul>
<b>Methods for observing &amp; recording performance</b>	<ul style="list-style-type: none"> <li>◆ SP Communication Skills Evaluation</li> <li>◆ SP Content Checklist</li> <li>◆ Concern/Commendation Note</li> </ul>
<b>Level Designed for</b>	M3 year

## Sociocultural Women's Health Case Content Outline-Case B

<b>Case Name</b>	Leila Makki
<b>Age</b>	23 years old
<b>Presenting Situation</b>	Irregular menses
<b>Reason for Visit</b>	Referred from Primary Care Physician. Pt. has been having a period every 2-3 months.
<b>Patient Symptoms</b>	<ul style="list-style-type: none"> <li>◆ Irregular periods beginning last year.</li> <li>◆ Having a period every 2-3 months.</li> <li>◆ Flow of period inconsistent, <b>“sometimes heavy, sometimes light.”</b> <ul style="list-style-type: none"> <li>● When heavy, may soak a pad every 3 hours</li> <li>● When light, a liner is sufficient protection</li> </ul> </li> <li>◆ Duration of period is 3-7 days.</li> <li>◆ Experiences some menstrual cramping, but not severe. Motrin alleviates them.</li> <li>◆ No PCOS (polycystic ovarian syndrome) symptoms such as: weight gain, unusual hair growth, deepening of voice, unusual acne, etc...</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>◆ Multivitamin daily</li> <li>◆ Motrin for menstrual cramps as needed</li> <li>◆ Drug Allergies: None</li> <li>◆ Other remedies: none tried</li> </ul>
<b>Past Medical History</b>	<ul style="list-style-type: none"> <li>◆ Hospitalizations: once at age 5 for tonsillectomy</li> <li>◆ Surgeries: tonsillectomy, age 5</li> <li>◆ Other medical diagnoses/surgeries: none</li> </ul>
<b>Family History</b>	<ul style="list-style-type: none"> <li>◆ Grandmother died of breast cancer at age 70.</li> <li>◆ Mother has type II diabetes mellitus.</li> <li>◆ Father recently diagnosed with prostate cancer, but is doing OK right now.</li> <li>◆ Cousin having problems with infertility.</li> </ul>
<b>Past OB/Gyn History</b>	<ul style="list-style-type: none"> <li>◆ Menses: began at age 12, regular monthly periods until last year.</li> <li>◆ Pap smears and pelvic exams: never had a Pap/Pelvic.</li> <li>◆ Sexual History: None—never sexually active (including oral/anal sexual activity).</li> <li>◆ STDs: None</li> <li>◆ Pregnancies: none</li> </ul>
<b>Social History</b>	<ul style="list-style-type: none"> <li>◆ Family/Primary Relationship Situation: <ul style="list-style-type: none"> <li>● Marital Status: Single, engaged (introduced to fiancé by family)</li> <li>● Live with brother</li> </ul> </li> <li>◆ Home situation: <ul style="list-style-type: none"> <li>● live in a 2 bedroom apartment w/brother</li> </ul> </li> </ul>

## Sociocultural Women's Health Case Content Outline-Case B

	<ul style="list-style-type: none"><li>◆ Where originally from:<ul style="list-style-type: none"><li>● Use your own background to state where you are originally from (living away from family, though).</li><li>● Visit family/fiancé during summers and holidays.</li></ul></li><li>◆ Occupation:<ul style="list-style-type: none"><li>● Graduate student in engineering (your choice of engineering field).</li><li>● Brother is a graduate student in comparative literature.</li></ul></li><li>◆ Religion:<ul style="list-style-type: none"><li>● practicing Muslim</li></ul></li><li>◆ Patient Support System:<ul style="list-style-type: none"><li>● Family</li><li>● Fiancé (but you would not discuss these issues directly with him prior to talking with your family).</li><li>● Friends through masjid, school</li><li>● "Female issues" are not discussed at length, but you have talked with friends lately, would be willing to speak with an older woman through masjid regarding concerns. Ultimately, decisions made after discussion with family.</li></ul></li><li>◆ Stressors/impact of health issue on pt's life:<ul style="list-style-type: none"><li>● Concern regarding infertility—its impact on impending marriage, desire for a family</li></ul></li><li>◆ Substance History:<ul style="list-style-type: none"><li>● No alcohol</li><li>● no drug use</li><li>● no tobacco</li></ul></li><li>◆ Beliefs surrounding health issue:<ul style="list-style-type: none"><li>● Consider gynecological exams to be too invasive—while you know that the exam would not disrupt your virginity, you are concerned about the perception that your virginity is compromised. HOWEVER, you would be willing to consider the exams if they were deemed medically necessary (after exhausting other options).</li></ul></li><li>◆ Understanding/fears surrounding health issue:<ul style="list-style-type: none"><li>● Your biggest fear is that you are going to be unable to bear children and the impact that could have on your upcoming wedding.</li><li>● Perception of sexual activity is not acceptable.</li></ul></li><li>◆ How you try to manage your health:<ul style="list-style-type: none"><li>● Exercise: 30 min. walking 4 times/week</li><li>● Diet: You do not consume pork/pork products, but other meats OK (NOT a vegetarian). You eat a fairly balanced diet.</li></ul></li></ul>
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## Sociocultural Women's Health Case Content Outline-Case B

	<ul style="list-style-type: none"> <li>◆ <b>Physical contact (e.g. handshaking) with male students:</b> <ul style="list-style-type: none"> <li>• Your preference.</li> </ul> </li> </ul>
<b>Health Education/Literacy</b>	<ul style="list-style-type: none"> <li>◆ Patient's understanding of physical exams/tests: <ul style="list-style-type: none"> <li>• You have a basic understanding of the exams, but encourage the student to explain it to you if asked.</li> </ul> </li> <li>◆ Birth control/hormone therapy <ul style="list-style-type: none"> <li>• You have a basic understanding of birth control pills, but encourage the student to explain it to you if asked.</li> </ul> </li> </ul>
<b>Objectives</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To obtain a thorough OB/Gyn health history</li> <li>◆ To elicit the patient's cultural/social situation creating barriers to routine OB/Gyn health screenings</li> <li>◆ To appropriately educate the patient regarding Pap/pelvic exams</li> <li>◆ To negotiate an appropriate treatment plan with the patient incorporating her cultural beliefs.</li> <li>◆ To avoid projecting their own cultural values to the patient <ul style="list-style-type: none"> <li>• Culture of medicine: dictating to the patient the treatment plan, etc...</li> <li>• Personal culture: the student relies too heavily on their own cultural beliefs to determine what the plan "should be."</li> </ul> </li> </ul>
<b>Problem Challenge(s)</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To sensitively elicit cultural/social information from the patient regarding her reluctance to have a Pap/Pelvic.</li> <li>◆ To negotiate a treatment plan that incorporates the patient's beliefs and preferences.</li> </ul>
<b>Flow of Conversation</b>	<ul style="list-style-type: none"> <li>◆ "My cousin is having problems with infertility and it's causing a lot of problems in her marriage. I'm afraid that will happen to me, too."</li> <li>◆ "I have never been sexually active. I am not married."</li> <li>◆ "I understand that the test doesn't actually compromise my virginity, but others will question it."</li> <li>◆ "Are there any other tests you can do to find out if there's anything wrong with me?"</li> <li>◆ "I will need to talk with my family about this."</li> </ul>
<b>Appropriate Next-Steps</b>	<ul style="list-style-type: none"> <li>◆ Blood tests</li> <li>◆ Ultrasound</li> <li>◆ Discuss birth control (better as hormone therapy vs. birth control)</li> <li>◆ Encourage patient to talk with family, other supportive people and come back to follow up on exams.</li> <li>◆ Encourage patient to have exams after marriage.</li> </ul>

## Sociocultural Women's Health Case Content Outline-Case B

<b>Methods for observing &amp; recording performance</b>	<ul style="list-style-type: none"><li>◆ SP Communication Skills Checklist</li><li>◆ Medical Content Checklist</li><li>◆ Concern/Commendation Note</li></ul>
<b>Level Designed for</b>	M3 year

## Sociocultural Women's Health Case Content Outline-Case C

<b>Case Name</b>	Sandra McKenna
<b>Age</b>	37-45 years old
<b>Presenting Situation</b>	Irregular menses
<b>Reason for Visit</b>	Although pt. feels fine, she has been having irregular periods, which is concerning to her. Pt. obtained referral/recommendation to see a gynecologist from her family doctor.
<b>Patient Symptoms</b>	<ul style="list-style-type: none"> <li>◆ Irregular periods beginning 6 months ago.</li> <li>◆ Having a period every month (28-30 days) with "extra bleeding in between (about halfway through your cycle)—an extra period every month."</li> <li>◆ Flow of the extra bleeding is heaviest the first day (soaks a pad every 3 hours), then tapers off from there. Extra bleeding lasts 3-4 days and has happened every month for the past 6 months.</li> <li>◆ Not experiencing any pelvic pain or pressure or pain after sexual intercourse.</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>◆ Multivitamin daily</li> <li>◆ Motrin for menstrual cramps as needed</li> <li>◆ Drug Allergies: None</li> <li>◆ Other remedies: none tried</li> </ul>
<b>Past Medical History</b>	<ul style="list-style-type: none"> <li>◆ Hospitalizations: twice for daughters' births (both normal, vaginal deliveries w/ no complications).</li> <li>◆ Surgeries: none</li> <li>◆ Other medical diagnoses: 2 uterine fibroids (5 cm, 2 cm) diagnosed 12/15 years ago at last post-partum visit when physician found a large uterus on exam. No symptoms associated w/ fibroids—nothing done about them.</li> <li>◆ General state of health: you are typically very healthy and have no other conditions of which you are aware.</li> </ul>
<b>Family History</b>	<ul style="list-style-type: none"> <li>◆ Maternal grandmother died of ovarian cancer at age 75.</li> <li>◆ Father died of colon cancer at age 65.</li> <li>◆ Mother is healthy at 70.</li> <li>◆ 2 siblings (brother and sister) are both healthy.</li> </ul>
<b>Past OB/Gyn History</b>	<ul style="list-style-type: none"> <li>◆ Menses: began at age 12, regular monthly periods until 6 months ago.</li> <li>◆ Pap smears and pelvic exams: last exam 12/15 years ago at post-partum visit. MD found large uterus on exam, performed an ultrasound and diagnosed 2 fibroids.</li> <li>◆ Sexual History: Two sexual partners in lifetime. Currently sexually active w/ husband in a monogamous relationship. Use condoms for contraception.</li> <li>◆ STDs: None</li> </ul>

## Sociocultural Women's Health Case Content Outline-Case C

	<ul style="list-style-type: none"> <li>◆ Pregnancies: G2P2 (2 pregnancies/2 deliveries), normal vaginal deliveries with no complications.</li> </ul>
<b>Social History</b>	<ul style="list-style-type: none"> <li>◆ Family/Primary Relationship Status:             <ul style="list-style-type: none"> <li>• Marital Status: Married</li> <li>• Children: Two healthy daughters (ages 12/15 and 14/17). Pt. can ad lib names.</li> </ul> </li> <li>◆ Home situation:             <ul style="list-style-type: none"> <li>• lives in a 2 bedroom house in Ann Arbor.</li> </ul> </li> <li>◆ Where originally from:             <ul style="list-style-type: none"> <li>• Use your own background here.</li> </ul> </li> <li>◆ Occupation:             <ul style="list-style-type: none"> <li>• homemaker</li> <li>• Husband's Occupation: Works for a small construction company (no health insurance provided through his job)</li> </ul> </li> <li>◆ Community Involvement:             <ul style="list-style-type: none"> <li>• Active in church, choir</li> </ul> </li> <li>◆ Patient Support System:             <ul style="list-style-type: none"> <li>• Family</li> <li>• Church community</li> <li>• You don't typically discuss "female issues" with support system.</li> </ul> </li> <li>◆ Stressors:             <ul style="list-style-type: none"> <li>• Concerns regarding expense of tests—concerned that whatever is wrong will be very expensive as you do not have health insurance.</li> <li>• Your family is not poor, but cannot afford to purchase health insurance and therefore tend to seek medical care only when absolutely necessary.</li> </ul> </li> <li>◆ Exercise: 30 min. walking 4 times/week</li> <li>◆ Diet: Attempting a healthier diet including more fruits and vegetables.</li> <li>◆ Substance History:             <ul style="list-style-type: none"> <li>• no alcohol</li> <li>• no drug use</li> <li>• no tobacco</li> </ul> </li> <li>◆ Beliefs surrounding health issues:             <ul style="list-style-type: none"> <li>• Health care is important, but not always a priority (except for your daughters) due to cost.</li> </ul> </li> <li>◆ Fears/understanding of health related issue (irregular bleeding):             <ul style="list-style-type: none"> <li>• Concerned about expense of tests.</li> </ul> </li> </ul>

## Sociocultural Women's Health Case Content Outline-Case C

<b>Health Education/Literacy</b>	<ul style="list-style-type: none"> <li>◆ Health care is a priority, especially when it comes to your children, but not as much for yourselves due to cost.</li> <li>◆ You vaguely remember what the gynecological exams entail, but encourage the students to explain it to you if asked.</li> </ul>
<b>Objectives</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To obtain a thorough OB/Gyn health history</li> <li>◆ To elicit the patient's cultural/social situation creating barriers to routine OB/Gyn health screenings</li> <li>◆ To educate the patient regarding the importance of regular Pap/pelvic exams</li> <li>◆ To negotiate an appropriate treatment plan with the patient</li> <li>◆ To avoid projecting their own cultural values to the patient: <ul style="list-style-type: none"> <li>• Culture of medicine: dictating to the patient the treatment plan, etc...</li> <li>• Personal culture: the student relies too heavily on their own cultural beliefs to determine what the plan "should be."</li> </ul> </li> </ul>
<b>Problem Challenge(s)</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To sensitively elicit sociocultural information from the patient regarding reluctance to have a Pap/pelvic.</li> </ul>
<b>Flow of Conversation</b>	<ul style="list-style-type: none"> <li>◆ "Although I feel fine, I am concerned about this irregular bleeding."</li> <li>◆ "I'm concerned about how expensive this will be."</li> </ul>
<b>Appropriate Alternatives</b>	<ul style="list-style-type: none"> <li>◆ referral to a social worker</li> <li>◆ referral to a free or low cost clinic</li> <li>◆ offer payment plan/financial counselor</li> </ul>
<b>Methods for observing &amp; recording performance</b>	<ul style="list-style-type: none"> <li>◆ SP Communication Skills Evaluation</li> <li>◆ Content Checklist</li> <li>◆ Concern/Commendation Note</li> </ul>
<b>Level Designed for</b>	M3 year

## Sociocultural Women's Health Case Content Outline-Case D

<b>Case Name</b>	Alicia Jacobs
<b>Age</b>	20 years old
<b>Presenting Situation</b>	Pt's last menstrual period was 5 weeks ago
<b>Reason for Visit</b>	Pt. is "late" and is concerned that she may be pregnant.
<b>Patient Symptoms</b>	<ul style="list-style-type: none"> <li>◆ LMP 5 weeks ago</li> <li>◆ Pt. normally has a period every month (duration 5-7 days)</li> <li>◆ Pt. took a home pregnancy test 3 days ago that was <b>negative</b>.</li> </ul>
<b>Medications</b>	<ul style="list-style-type: none"> <li>◆ Motrin for menstrual cramps as needed</li> <li>◆ Drug Allergies: None</li> </ul>
<b>Past Medical History</b>	<ul style="list-style-type: none"> <li>◆ Hospitalizations: none</li> <li>◆ Surgeries: none</li> <li>◆ General State of Health: Good—no other complaints.</li> </ul>
<b>Family History</b>	<ul style="list-style-type: none"> <li>◆ Maternal Grandmother died of ovarian cancer at age 60</li> <li>◆ Both Mother and Father have Type II diabetes mellitus</li> <li>◆ 2 siblings (sister and a brother)—both healthy to pt's knowledge</li> </ul>
<b>Past OB/Gyn History</b>	<ul style="list-style-type: none"> <li>◆ Menses: began at age 12, regular monthly periods until last month.</li> <li>◆ STDs: None to pt's knowledge</li> <li>◆ Pap smears and pelvic exams: Never has had one</li> <li>◆ Pregnancies: None</li> <li>◆ Sexual History: <ul style="list-style-type: none"> <li>• Has had 5 sexual partners (all male)</li> <li>• Became sexually active at age 16</li> <li>• Currently uses condoms sporadically (~50%) with present boyfriend (she has been monogamous with him during their 2 month relationship). She used condoms sporadically with her past partners as well.</li> <li>• Her last sexual encounter was 1-3 weeks ago.</li> </ul> </li> </ul>
<b>Social History</b>	<ul style="list-style-type: none"> <li>◆ Family/Primary Relationship Status: <ul style="list-style-type: none"> <li>• Marital Status: single with a boyfriend. They met at EMU and are the same age/class (sophomore/2<sup>nd</sup> year—your choice of major).</li> <li>• Children: none</li> </ul> </li> <li>◆ Home situation: <ul style="list-style-type: none"> <li>• lives in a 2 bedroom house with parents and younger sister</li> </ul> </li> <li>◆ Where originally from: <ul style="list-style-type: none"> <li>• Local (Ypsi/Ann Arbor area)</li> </ul> </li> <li>◆ Occupation: <ul style="list-style-type: none"> <li>• Full-time student at EMU, works part-time as a waitress. Has health insurance through her parents.</li> </ul> </li> <li>◆ Religion: <ul style="list-style-type: none"> <li>• attends mass weekly with family (Catholic), is moderately observant.</li> </ul> </li> </ul>

## Sociocultural Women's Health Case Content Outline-Case D

	<ul style="list-style-type: none"> <li>◆ Patient Support System: <ul style="list-style-type: none"> <li>• Family (close-knit family, but do not really discuss gynecological/sexual issues)</li> <li>• Friends from school</li> </ul> </li> <li>◆ Stressors: <ul style="list-style-type: none"> <li>• Concerned that you might be pregnant due to late period—you don't even want to think about the various options available to you until you find out for sure.</li> <li>• Very concerned about confidentiality—your family would not be supportive of your sexual practices</li> <li>• Family reaction to gynecological exam/pregnancy—not sure how they'd react, but wouldn't be good. Not overly concerned about your safety, though.</li> </ul> </li> <li>◆ Substance History: <ul style="list-style-type: none"> <li>• Occasional social alcohol</li> <li>• no drug use</li> <li>• no tobacco</li> </ul> </li> <li>◆ Beliefs surrounding health issues: <ul style="list-style-type: none"> <li>• Your mother always told you that there was no need to see a gynecologist prior to marriage.</li> <li>• Your family has strong beliefs against premarital sex, but you don't think it's a problem (the problem is the conflict you're experiencing now).</li> </ul> </li> <li>◆ Fears/understanding of the health related issue: <ul style="list-style-type: none"> <li>• Fear of family finding out you are sexually active (<b>will know/assume that you are sexually active if they see a pregnancy test/gynecologist visit on the insurance statement</b>) and losing their support</li> <li>• Fear of being pregnant and having to make some difficult decisions</li> <li>• Lack of knowledge regarding your risk for sexually transmitted diseases, need for safe sex practices.</li> </ul> </li> <li>◆ How you try to manage your health: <ul style="list-style-type: none"> <li>• Exercise: no regular exercise regimen</li> <li>• Diet: no dietary restrictions, not a vegetarian.</li> </ul> </li> </ul>
<b>Health Education/Literacy</b>	<ul style="list-style-type: none"> <li>◆ Patient's understanding of physical exams/tests: <ul style="list-style-type: none"> <li>• Lack of knowledge of regular health maintenance exams for all women who are sexually active (Pap/pelvic exam)—in your family, it is thought that you have no reason to see a gynecologist until you are married, <b><i>"My mom always told me that was something you did after you got married."</i></b></li> <li>• You do not know anything about what a Pap smear or a pelvic exam entail, so therefore you should be open to the student explaining it to you.</li> </ul> </li> <li>◆ Patient's understanding of safe sex practices</li> </ul>

## Sociocultural Women's Health Case Content Outline-Case D

	<ul style="list-style-type: none"> <li>• The student should take the opportunity to provide education to you regarding safer sex practices—to avoid pregnancy and sexually transmitted diseases. You weren't aware that you are at such high risk and are open to the student's discussion about ways you can protect yourself.</li> </ul>
<b>Patient Affect</b>	<ul style="list-style-type: none"> <li>◆ You are <b>very</b> anxious that you might be pregnant. Your demeanor/body language should reflect that of someone who is scared rather than relaxed. You just want to find out for sure if you are pregnant or not and then you will think about where to go from there.</li> </ul>
<b>Objectives</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To obtain a thorough OB/Gyn health history</li> <li>◆ To elicit the patient's socio-cultural situation creating barriers to routine OB/Gyn health screenings</li> <li>◆ To educate the patient regarding the importance of regular Pap/pelvic exams and safe sex practices</li> <li>◆ To negotiate an appropriate treatment plan with the patient</li> <li>◆ To avoid projecting their own cultural values to the patient: <ul style="list-style-type: none"> <li>• Culture of medicine: dictating to the patient the treatment plan, etc...</li> <li>• Personal culture: the student relies too heavily on their own cultural beliefs to determine what the plan "should be."</li> </ul> </li> </ul>
<b>Problem Challenge(s)</b>	<p>Student:</p> <ul style="list-style-type: none"> <li>◆ To sensitively elicit cultural/social information from the patient regarding reluctance to have a Pap/Pelvic.</li> </ul>
<b>Flow of Conversation</b>	<ul style="list-style-type: none"> <li>◆ "I'm late and I'm usually very regular."</li> <li>◆ "Would a pregnancy test show up on my parents' insurance statement?"</li> <li>◆ "I can't have a pregnancy test if my parents are going to find out about it!"</li> <li>◆ "I'm really worried I might be pregnant!"</li> <li>◆ "I just want to find out for sure if I'm pregnant and then I can think about what I should do after that."</li> </ul>
<b>Appropriate Alternatives</b>	<ul style="list-style-type: none"> <li>◆ Education re: Pap/pelvic exams, preventative health care</li> <li>◆ Recommend Pap/Pelvic, blood tests (STD screen)</li> <li>◆ Referral to a free/confidential clinic in the area.</li> <li>◆ Offer for pt. to pay out of pocket</li> </ul>
<b>Methods for observing &amp; recording performance</b>	<ul style="list-style-type: none"> <li>◆ SP Communication Skills Evaluation</li> <li>◆ Medical Content Checklist</li> <li>◆ Concern/Commendation Note</li> </ul>
<b>Level Designed for</b>	M3 year



## Sociocultural Women's Health SP Feedback Worksheet

SP initials/code: \_\_\_\_\_

Student Name: \_\_\_\_\_

### Opening Feedback:

- Break role and introduce yourself
- Explanation of evaluation and feedback procedure
- Agenda setting



### Elicit Student's Perception of Performance:

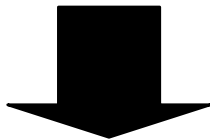
- +:
- -:



Content	Social History:	Communication Skills
<ul style="list-style-type: none"> <li>• History of Present Illness</li> <li>• Past Medical History</li> <li>• Family History</li> <li>• Past OB/Gyn History</li> <li>• Medications</li> <li>• Health Education</li> <li>• Negotiation of Treatment Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Family/Primary Relationship sit.</li> <li>• Pt's support system</li> <li>• Where pt. from</li> <li>• Support system manages female issues.</li> <li>• Stressors/impact on pt's life</li> <li>• Life-style risk factors</li> <li>• Assessed my beliefs surrounding my health issues</li> <li>• Assessed my understanding/fears of health issues</li> <li>• Acknowledges my ways of managing health issues</li> <li>• Avoided projecting cultural values</li> </ul>	<ul style="list-style-type: none"> <li>• Organization</li> <li>• Questioning Techniques</li> <li>• Rapport and Responding to the patient</li> <li>• Verbal Skills</li> <li>• Non-verbal skills</li> <li>• Closing the interview</li> </ul>
<p style="text-align: center;"><b>+ Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p style="text-align: center;"><b>+ Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p style="text-align: center;"><b>+ Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>
<p style="text-align: center;"><b>- Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p style="text-align: center;"><b>- Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>	<p style="text-align: center;"><b>- Observations:</b></p> <ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>



**The treatment plan we developed:**



**Interactive Discussion/Role Play:**

- 
- 
- 



**Concluding Feedback:**

- Questions?
- What have they learned?
- Summary
- Online Evaluations

**Specific Overall Comments:**

+	-

## Sociocultural Women's Health

### Feedback Exercise #1

The following exercise will give you an opportunity to hone your feedback skills. One SP will portray the role of the student and the other as the SP. Please read the following scenario and then practice each component of the feedback session in your respective roles. The components of the feedback discussion that you use for this exercise are:

- Opening Feedback
- Eliciting Student's Perception of Performance
- Interactive Discussion

You have just completed a Sociocultural Women's Health Interview. During the exercise, you observed the following:

*The student presented herself to you appropriately. The interview lacked organization and was a bit rushed. She did not employ transition statements and the closing was abrupt. She responded to your emotional concerns with genuine empathy. However, she was quite insistent that you follow through with the pelvic exam (use the details of your specific case here) today as part of your visit.*

**Please practice the following:**

*Opening Feedback-* include

- Breaking role and introducing yourself
- Explanation of evaluation and feedback procedures
- Agenda Setting

*Elicit Student's Perception of Performance-*

(Student response: Well, I thought I asked the right questions but I am not sure that it was very organized.)

*Interactive Discussion:*

Deliver one feedback point related to the observations made above and incorporating the student's perception of their own performance into your discussion.

## **Sociocultural Women's Health**

### **Feedback Exercise #2**

The following exercise will give you an opportunity to hone your feedback skills. One SP will portray the role of the student and the other as the SP (switch roles from the first exercise, please!). Please read the following scenario and then practice each component of the feedback session in your respective roles. The components of the feedback discussion that you use for this exercise are:

- **Interactive Discussion**
- **Role Play**
- **Closing Feedback**

You have just completed a Sociocultural Women's Health Interview. During the exercise, you observed the following:

*The student opened the interview effectively by setting an agenda that allowed you to have a basic road map of the interview and you were not surprised by any of the questions you were asked. When you discussed your concerns about the exam to the student, he acknowledged that your concerns (based on your individual case) were understandable, but never elicited more information about them. The student discussed that you should have a pelvic and Pap smear, but did not explain to you what they are. The student summarized the interview and closed it appropriately.*

**Please practice the following:**

#### *Interactive Discussion:*

Deliver one feedback point related to the observations made above and incorporating the student's perception of their own performance into your discussion.

#### *Role Play:*

Use an aspect of your student's performance to encourage him to re-try an aspect of the interview.

#### *Closing Feedback:*

- Questions?
- What have they learned?
- Summary
- Online Evaluations

**Sociocultural Women's Health  
SP Self-Assessment Exercise**

**SPI:** \_\_\_\_\_

**Date:** \_\_\_\_\_

	1= Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5=Strongly Agree	Comments/Examples
1. I encouraged active participation in the feedback conversation through the use of open-ended questions.						
2. I encouraged the student to reflect on their performance during the feedback conversation.						
3. I incorporated praise into the feedback.						
4. I presented a balanced amount of criticism and praise in the feedback.						
5. I presented criticism constructively.						
6. I provided feedback that was specific to the student's performance.						
7. I asked the student to verify the feedback.						
8. I provided feedback that was consistent with the goals of the exercise.						
9. I presented the feedback discussion in an organized manner.						

**Role Details:** Comment on any areas of role portrayal that are particularly effective or that need improvement.

**Overall Impressions, Comments and Suggestions:**

**Sociocultural Women's Health  
SP Performance Evaluation**

**SPI:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Completed by:** \_\_\_\_\_

	1= Strongly Disagree	2= Disagree	3= Neutral	4= Agree	5=Strongly Agree	Comments/Examples
1. The SP encouraged active participation in the feedback conversation through the use of open-ended questions.						
2. The SP encouraged the student to reflect on their performance during the feedback conversation.						
3. The SP incorporated praise into their feedback.						
4. The SP presented a balanced amount of criticism and praise in their feedback.						
5. The SP presented criticism constructively.						
6. The SP provided feedback that was specific to the student's performance.						
7. The SP asked the student to verify the feedback.						
8. The SP provided feedback that was consistent with the goals of the exercise.						
9. The SP presented their feedback in an organized manner						

**Role Details:** Comment on any areas of role portrayal that are particularly effective or that need improvement.

**Overall Impressions, Comments and Suggestions:**