How would patient care improve if we trained health professionals differently?

In 2011, the St. Louis STD/HIV Prevention Training Center was looking for new ways to reduce transmissions. They engaged Act3 to help providers engage more effectively with patients, and take more complete, accurate, and useful sexual health histories.

Obstacles

Providers may have:

- Personal discomfort talking about sexual issues
- Reluctance to refer patients to other providers more comfortable talking about sexual issues, or better equipped to deal with them
- Limited time (or perceived limited time) to take complete history
- Belief that taking sexual history is not their job

Patients may have:

- Shame talking about sex or their personal sexual history
- Fear of being judged by doctors and/or distrust of authority
- Fear of discovering they have an STD, and confronting that reality
- Fear that reported sexual behavior will go in their permanent file or be reported to their insurer
- Fear that their partner or others in the community will find out about their sexual behavior
- Belief in a "normal" sexual behavior, and that they should present themselves as "normal"

Our Challenge

- Think differently about the problem
- Distill difficult subject matter into something people can understand and remember
- Develop strategies and tools to engage practitioners, reframe the conversation, remove barriers to provider-patient engagement, and encourage better sexual history taking

Research

To meet this challenge, we needed to go after the real story. We wanted to understand what providers and patients struggle to understand about sexual history taking, where the current training fell short, and what really mattered in discussions about sexual health and sexual history.

To gain new insight into the story, we interviewed the following people:

- **Bradley Stoner, MD, PhD**, Medical Director, St. Louis STD/HIV Prevention Training Center, and Associate Professor of Medicine & Anthropology, Division of Infectious Diseases, Washington University School of Medicine
- **Dodie Rother, MPH**, Program Director, St. Louis STD/HIV Prevention Training Center
- **J. Don Conner, PA**, Research Patient Coordinator, Washington University School of Medicine
- **Mark Levine, MD**, Emergency Medicine, Barnes-Jewish Hospital
- **Gene Lincoln**, Manager for Clinical Education for Corizon Correctional Healthcare
- **Katherine J. Mathews, MD**, Director of Clinical Services, Casa de Salud
- **Lisa Biagiotti**, Director, deepsouth, a film about HIV in the rural American South
- **Emily Corcoran**, Medical Student, University of Missouri School of Medicine
- **Parker Gregg**, Medical Student, Vanderbilt University School of Medicine
- **Sarika Talve-Goodman**, PhD student in Narrative Medicine, University of California, San Diego

Modules

Talking with such a wide range of subjects, with such broad-reaching perspectives, gave us the ability to get an elevated view of the subject.

With the insight we now had, we had a new question: how can we interpret this knowledge for our target audience, and present it to them so that they engage with it, understand it, and remember it?

In other words, how can we reframe the story that providers tell themselves about taking sexual history?

We believed reframing this story would make these providers more effective, but also have the cascading effect of impacting the patients served by these providers, and thus the communities in which those patients live.

To reframe that story, we designed a new opening session to the day-long training session delivered by the STD/HIV Prevention Training Center. The session featured 3 modules, each one targeted to address one of the insight areas we identified through our framing of the story.

The New Normal

Insights

- "Normal" gets in the way for providers and patients alike.
- People believe there is a sexual normal—and there isn't.
- Patients fearing their behavior is not normal may withhold information from the provider.
- Patient behavior contradicting provider perceptions of normal may alter the interaction, causing patients to feel judged and withhold important information.
- If patients withhold information, they may not get screened or receive appropriate treatment.

  Which means:
  - Patient suffers (not getting appropriate treatment)
  - Community suffers (patient may spread disease)

> "My job is to treat that person and help them do whatever they're doing in a manner that is safe to themselves and others. People [hear about a certain sexual behavior and say], 'Why would you do such a thing?' We do things for all kinds of reasons—ego, esteem, etc. My job isn't really to judge, to figure out the pathology or the psychopathology of it, it's to help people be safe in the things that they're doing.
>
> —**J. Don Conner, PA**, Research Patient Coordinator, Washington University School of Medicine

Solution

Objectives:

- Remind providers that everyone is sexual
- Illustrate the wide range of human sexuality
- Challenge the assumption that there is a sexual "normal"

Strategy:

- Invert expectations of the traditional PowerPoint by delivering a PowerPoint with graphic sexual imagery, illustrating that wide range of human sexuality
- Emphasize throughout that normal is always in the eye of the beholder
- Make clear that the only true sexual normal is sexual diversity

The "Right" Answer

> "Look, I know what you're thinking. I should have said something about what I'm doing on the road, right? I don't know, maybe that makes a difference, maybe it doesn't. But I'm not going to tell that guy. He's right, I am married. But he doesn't need to know that I'm getting little something on the downlow when I travel for work. I'll tell you who else doesn't need to know—my insurance company doesn't need to know, either. I don't need them telling my wife, and I don't need them telling the HR department, either. That's not exactly the kind of thing you want in your file if you want to be a vice president someday.
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> And I don't need his judgment. "Wait, you're married, but you're screwing men?" Look, I'm not gay. I just like to get a little taste when I'm on the road. I don't need that look, okay? I can hear that judgment in his voice. Yes, I know, when it burns when I take a leak, I should come see the doctor right away. I've had this before. The pain's not really an eight. It's probably a five or a six, maybe. But I know if I tell him it's an eight, then he'll take it seriously, and he'll give me something to clear it up, and I can be on my way. I mean, am I wrong? These guys in their lab coats, they give you five minutes, and it's obviously not their favorite five minutes of the day.
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> He doesn't care about my real story, and frankly, I don't care to give it to him. He just needs to write me a prescription and check off the box that he saw me. The whole reason I come to this clinic is becausehere. I'm just another dude with burning when he takes a leak. I don't want to see my doctor, because I don't want him to know it burns, and I don't want him to know what I'm doing either. Just give me something to stop the burning, and I'll be on my way, all right?

> "I know he's a doctor, but who does that man think he is? Talking to me that way. He don't know me from a can of paint. He didn't sound like he wanted to listen to me for a minute, he sounded like he wanted to get out of here. And he makes it sound like it's no big deal to come back in two weeks if it doesn't clear up. Maybe not for him, he's here every day. But for me … I had to take the day off of work to come here, take two buses … I can't be taking a day off of work every week, or I'll get myself fired.
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> And then my boyfriend … (SIGH) … I don't know, he's never actually hit me, but he's very rough with me, and sometimes he just talks to me like … and he says he's not cheating on me, but some nights, he doesn't come over when he's supposed to come over, and he won't answer his phone, and he doesn't text back when I text. I want to believe him when he says I'm his only girl, but you know… And he hates wearing a condom. He's gonna be so pissed when I tell him he's gotta wear one. I don't know, maybe I can just avoid having sex with him until this clears up …

Insights

- Patients who believe there is a sexual normal also think there is a "right answer" they should provide to a physician when asked sexual health history questions.
- Belief that there is a "right answer" to questions about sexual behavior or history can lead to flawed history taking, incomplete information, and an inability to properly screen and treat patients.

Solution

Objectives:

- Remind providers that patients are not always truthful with their answers
- Encourage providers to think of ways they can put the patient at ease to draw out true information
- Help providers empathize with the story that every patient brings into the room

Strategy:

- Present a one-act play, performed by live actors, that shows two patients being untruthful
- Show how the patients can so easily lie to the provider in the patient-provider interaction
- Show through patient monologues the real stories that may stay hidden behind the lies patients tell

Stories vs. Symptoms

Insights

- Physicians often view a patient as a set of symptoms—as a specific problem to be solved.
- All patients have a story that led them to see the physician:
  - May be their sexual history
  - May be their financial or employment history—they feel they can't afford health care, they had to take 3 buses just to see the doctor, etc.
  - May have negative associations with doctors and/or with authority
  - May have history of abuse, drug use, etc.
- Physicians who understand the patient as the sum of multiple narratives will be more effective at establishing rapport and taking effective sexual health histories.

Scan here to view the film, 'Lessons from Behind the Lens', and learn how the techniques of portrait photography can benefit patient care.

> "The degree to which we can get someone to allow us into their lives quickly has to do with a very genuine, honest approach. I am genuinely interested in people. I am genuinely interested in you, and I want to know some things about you.
>
> —**Scott Smith**, Photographer

Solution

Objectives:

- Get providers thinking about the person in front of them when taking a sexual history, not the behavior or the symptoms
- Help providers think about new ways they can (and should) make a personal connection with a patient
- Help providers see how making a personal connection with a patient can help them gather more honest and more complete sexual histories

Strategy:

- Introduce providers to the metaphor of portrait photographers as similar to health care providers
- Show the surprising ways portrait photographers capturing a portrait are like providers gathering information on a patient
- Let the audience hear actual portrait photographers discuss their approach and process, and make the connections for themselves

Conclusion

By using multiple storytelling modalities—lecture with PowerPoint, film, and a play—we can tap into multiple learning styles, and create multiple entry points. While all three modules complement each other, we do not expect all participants to connect equally well with all three modules—but creating multiple entry points increases the chance we can make a connection, and thus reframe the story those providers tell themselves. We also give them something memorable that they can continue to think about and discuss after they have finished the training.

Putting the Patient-Provider Interaction On Stage

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