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.

**Conclusion**

In tapping into these training modules, providers can:

- **Increase their comfort level asking about sexual history**
- **Reduce the number of patients who withhold information**
- **Engage patients in conversations about their sexual health**
- **Increase the number of patients who receive appropriate treatment**

**Objectives**

- **Present a one-act play, performed by live actors, that shows two patients being untruthful**
- **Encourage providers to think of ways they can put the patient at ease to draw out true information**

**Strategy:**

- **Distribute the modules**
- **Combine the modules in a variety of ways**

**Obstacles**

- **Research**
  - Need for new insights into the story of sexual health and history
  - Patients may have:
    - Fear of being judged by doctors and trusting their authority
    - Belief that taking sexual history is not their job
    - Personal discomfort talking about sexual issues
    - Reluctance to refer patients to other providers more comfortable talking about sexual issues

- **The New Normal**

  **Insights**
  - Patients need more than a prescription, but each needs something different.
  - Physicians need more than a referral, but each needs something different.

  **Solution**
  - Physicians need tools to communicate effectively.
  - Physicians need tools to learn from their mistakes.

- **The “Right” Answer**

  **Insights**
  - Physicians need to know what patients are thinking.
  - Physicians need to learn from their mistakes.

  **Solution**
  - Physicians need to participate in learning groups.
  - Physicians need to learn from their mistakes.

- **Stories vs. Symptoms**

  **Insights**
  - Physicians often view a patient as a set of symptoms—sexually transmitted infections, medical history, etc.
  - Physicians often view a patient as a set of symptoms—sexually transmitted infections, medical history, etc.

  **Solution**
  - Physicians need to learn from their mistakes.
  - Physicians need to learn from their mistakes.

**Authors:**

- **Benjamin Kaplan**
- **Scott Smith**
- **Mark Levine, MD**
- **Thomas Stoner, MD, PhD**
- **Dodie Rother, MPH**
- **Corizon Correctional Healthcare**
- **Barnes-Jewish Hospital**
- **Washington University School of Medicine**
- **University of California, San Diego**
- **US Department of Health and Human Services**
- **New York City Department of Health and Mental Hygiene**
- **Rural Health Innovations, Inc.**
- **Lexus Ringo, RN, BSN, CPHQ**
- **Elaine N. K. Scott, MD, FACP, FASRM**
- **Hollis Brown, MD, MPH, FACP**

**Conclusion**

- **Belief in a “normal” sexual behavior, and that they should present themselves as “normal”**
- **Fear that their partner or others in the community will find out about their sexual behavior**
- **Fear that reported sexual behavior will go in their permanent file or be reported to their insurer**
- **Fear of being judged by doctors and distrust of authority**
- **Belief that taking sexual history is not their job**
- **Reluctance to refer patients to other providers more comfortable talking about sexual issues**
- **Personal discomfort talking about sexual issues**

**Conclusion:**

- **The degree to which we can get someone to allow us into their lives is what has to do with some genuine, honest approach**
- **I am genuinely interested in people. I am genuinely interested in you, and I want to know some things about you.**

**Conclusion:**

- **Talking with such a wide range of subjects, with such diverse backgrounds, we can gain new insight into the story of sexual health and sexual history.**
- **We believed reframing this story would make these insights more relevant**