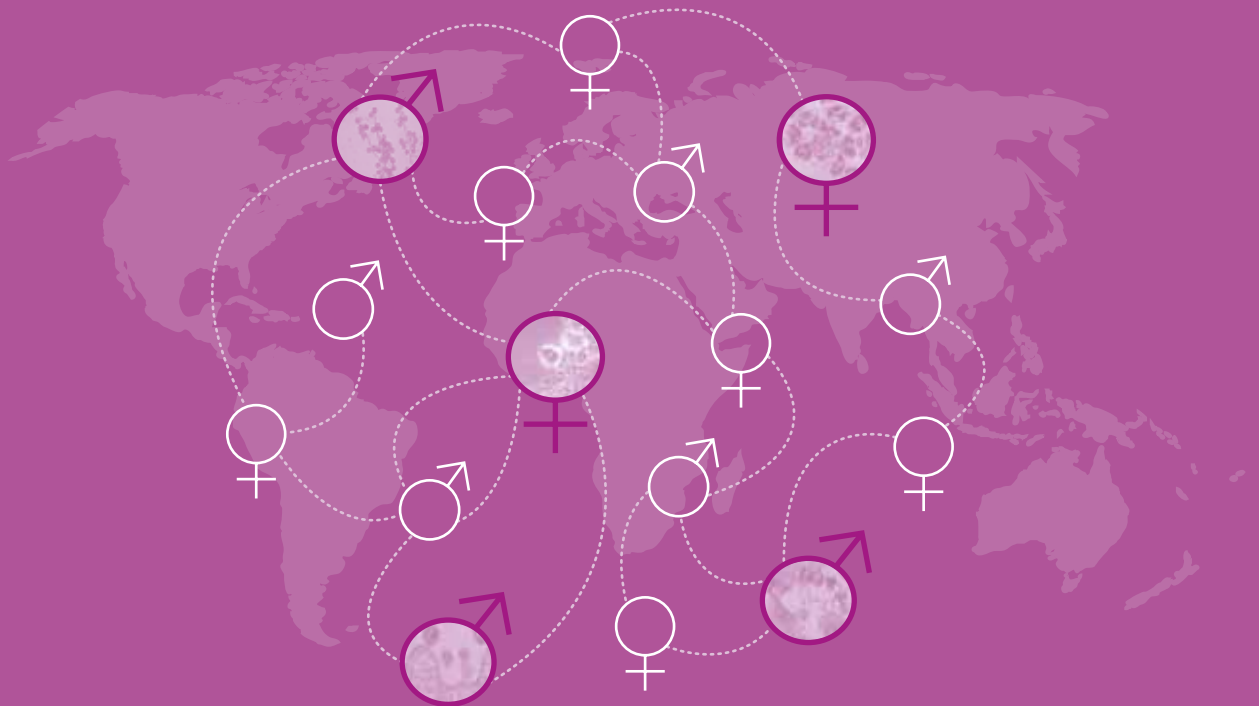


Training Modules for the Syndromic Management of Sexually Transmitted Infections 2nd Edition

Module 3 History-taking and Examination

Breaking the chain of transmission

Breaking the chain of transmission



Module 3

History-taking and Examination

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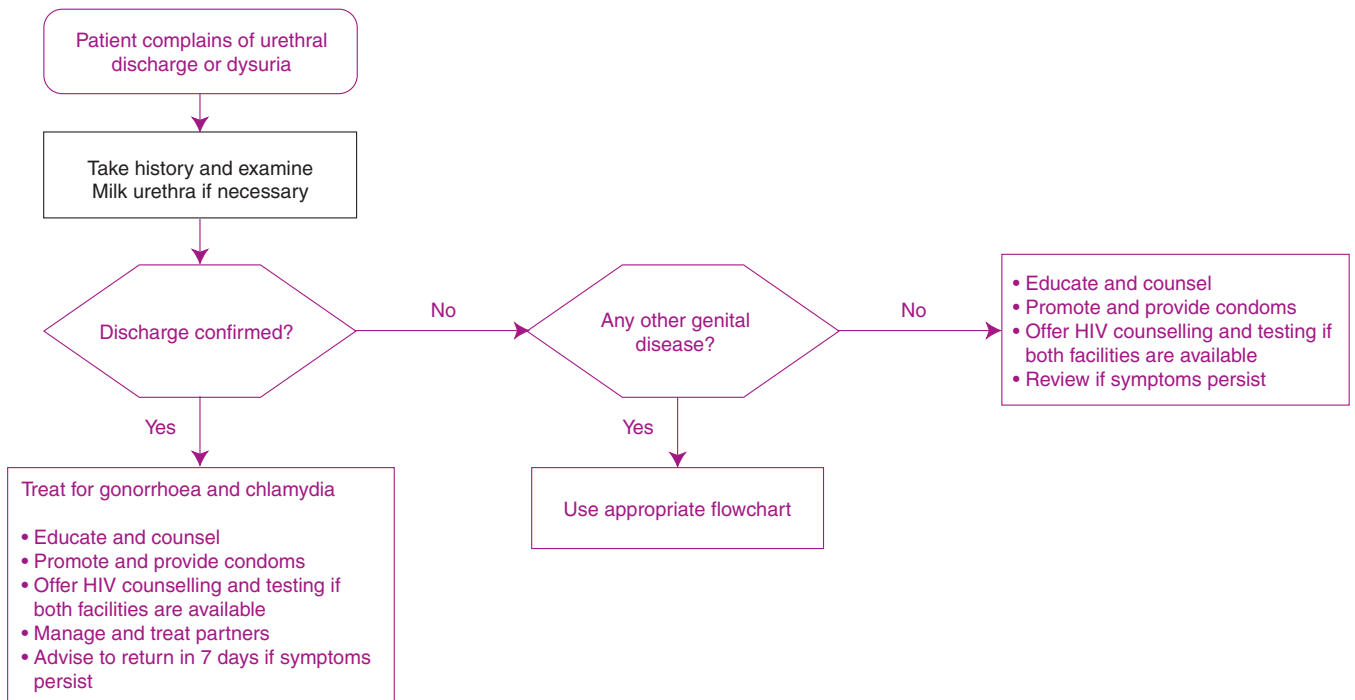
Introduction

This module is about two very important skills in syndromic case management of sexually transmitted infections (STIs): taking the medical history from a patient with STIs and conducting the physical examination.

Even if you have a good deal of experience of interviewing patients, interviewing someone with symptoms of an STI can be difficult. Their symptoms occur in the genital area and patients must describe their sexual behaviour, so embarrassment can make the encounter challenging. Such feelings can prompt patients to withhold sensitive information or have difficulty answering questions accurately.

You will need to win the patient’s trust and confidence quickly in order to take an accurate history in the short time available.

This module will, therefore, help you to refine your knowledge so that you can successfully take a history and carry out a physical examination.



Your learning objectives

By completing this module and doing the practical activities we suggest, you should be able to take a history from a patient who has STIs and carry out a physical examination. You will be able to:

- describe the challenges of interviewing a patient with a suspected STI and the need to offer confidentiality and privacy;
- explain the importance of demonstrating your respect for each patient;
- list a range of verbal and non-verbal communication skills you can use to gather information effectively and ensure patient compliance;
- practise using the verbal and non-verbal skills;
- identify the four areas of information to cover during the interview so that you can go on to make an accurate syndromic diagnosis;
- recall the steps in conducting a clinical examination for men and women so that you can conduct an efficient examination.

Your action plan

To reach an appropriate standard in these skills – and to feel confident in what you are doing – you need to practise them.

If you are studying with a group of any sort, your tutor or trainer will arrange practical sessions for you such as case-studies and role-playing.

If you are studying on your own, the action plan in the module asks you to practise with one or two other service providers, taking turns to be the patient and interviewer. Please make appropriate arrangements with colleagues. (If colleagues require persuasion, this might be an opportunity to make a presentation on the frequency or complications of STIs and the problems of controlling them.)

1: The needs of the patient with STIs

This section will enable you to:

- describe the possible needs of a patient with STIs when visiting a health centre, including needs of the centre environment and the service provider;
- consider the varying needs of patients of either sex and of different ages.

The three aims of history-taking and examination are to:

1. make an accurate and efficient syndromic STI diagnosis;
2. establish the patient's risk of transmitting or contracting STIs;
3. find out about partners who may have been infected.

Because so much of the information you need is personal and sensitive, the patient may feel embarrassed or ashamed. Indeed, many people are already nervous about attending the health centre. Such feelings will be much stronger when the symptoms are in the genital area.



Activity 1

Think for a moment about the following questions:

How might you feel if you went to a health centre with such symptoms?

How might you have felt if you were younger or older?

Discuss these questions with colleagues: how might they have felt?

There are no right or wrong answers to those questions. The range of feelings possible runs from mild embarrassment, through nervousness and anxiety, to shame and horror. The strength of such feelings might depend on the person's awareness of STIs and beliefs about what causes them, his or her age, sex and social status and even whether or not he/she knows the service provider.

An important outcome of these feelings is that people rarely present with the symptom causing them most concern. For instance, a patient with a genital ulcer might complain, at first, of a sore throat or headache. Discovering the real symptoms depends on the service provider's skills, attitude and encouragement.



Activity 2

Given the feelings you might have had if you had symptoms of an STI, what might have helped you to relax and feel more confident?

Again, there are no right or wrong answers because each patient may have different needs. But several factors might be common to all patients.

The patient's basic needs

The patient may be concerned or embarrassed, so it is important that the service provider and the environment set him or her at ease.

The environment

Confidentiality and privacy are crucial: somewhere to talk where others cannot see or hear – and a particular need for patient confidentiality.

The service provider

Perhaps most important of all: patients need to feel that the service provider understands and respects them and wants to listen. To do this, you need to develop a rapport with the patient and be non-judgemental.



Activity 3

As a service provider faced with interviewing someone with an STI, how might **you** feel about asking personal questions about his/her symptoms and sexual partners?

What if the patient was older or younger than you? What if he/she was the opposite sex to you?

The point of that question is that patients are not the only ones who may be embarrassed or anxious. The service provider might be embarrassed too, because sexuality is private and personal to each individual. It is important that you acknowledge your own feelings about asking such questions, so that you can begin to work positively and sympathetically with all your patients.

So far, we have reviewed some potential difficulties in interviewing a patient with STI symptoms and considered some basic patient needs. We have also suggested the importance of establishing good rapport and of showing respect. How can we do that?

2: Establishing a good rapport with the patient

This section will enable you to:

- identify a number of skills, both verbal and non-verbal, that you can use to establish good rapport with a patient;
- list four non-verbal techniques you can use to demonstrate respect and attention.

How can we establish a good rapport with a patient? Communication skills are the first ones we need. These include:

- verbal skills: the way we talk to the patient and ask questions;
- non-verbal skills: how we behave towards the patient.

In this section, we concentrate on what we can do to help the patient relax at the start of the interview and how to use supportive non-verbal behaviour.

Please read the case-study below and then answer the two questions that follow it.

Mrs Gida is a nurse at the local health centre in Swati's home town. Nurse Gida has had a very busy morning. She is still writing notes for a medical record and a records assistant is standing nearby, waiting for her to finish, when Swati enters the room. Nurse Gida glances briefly at the patient and says "Just a moment". Swati shuffles her feet and stares at the floor.

When Nurse Gida finishes writing, she leans back in her chair, sighs and puts her hands on the desk. Then she looks up sharply at Swati and asks: "What's your problem?"

Swati stands still, looking at the ground and shuffling her feet nervously. Nurse Gida's colleague picks up her note and leaves the room.

Nurse Gida repeats her question impatiently.

"Well ... miss," stammers Swati, "I ... er ... I haven't been feeling very well ... er ... it's my tummy, it's ..."

"Goodness me! I haven't got all day!" says Nurse Gida. Swati begins to cry.



Questions

1. If YOU were Swati, how might you feel?

2. What is wrong with the way Nurse Gida behaved?

Please turn to page 43 for our comments.

The service provider in our case-study made many mistakes. So what *can* we do to establish rapport and to show respect?

A first step should be to *greet* the patient in an appropriately friendly manner and introduce yourself – as you would like anyone to do who interviewed you. For example:

- smile and use a welcoming tone of voice;
- introduce yourself;
- use the patient's name if you have it;
- offer the patient a seat;
- begin the history-taking only when you have privacy;
- make eye contact if culturally appropriate;
- be respectful and understanding – especially when the patient, like Swati, stammers and hesitates.

The key to effective non-verbal behaviour is to treat each patient with respect and give him or her your full attention.

- *Maintain appropriate eye contact.* Where culturally appropriate, eye contact shows that you are interested in the patient's issues. We transmit a considerable amount of information by non-verbal communication, such as facial expression and eye movements. Watch and listen and pay attention to feelings as well as facts.
- *Listen carefully to what the patient says.* Active listening is a function of what we pay attention to in the person we are trying to help. Real communication occurs when we listen with understanding. Listening intelligently, understandingly and skilfully to another person is not that easy. For example, it is believed that the brain can process about 500 words per minute. An average person talks at the rate of 150 words per minute. This leaves the brain the capacity to process 350 words per minute. The trick is to use this capacity to actively listen and not to let it wander to "what's for dinner tonight" and "I wonder what I should say to this person at the end of this".

Listening involves the use of both verbal and non-verbal gestures and signals. For example, is your facial expression relaxed rather than tense? What are your hands and feet doing during the session? If your hands are waving about too much, your client may find this distracting. Fingers tapping on the table are a sure sign of impatience or nervousness. If your legs and feet are swinging, dancing and tapping, this can be a sign of agitation and can be off-putting to the client.

These gestures are sometimes done subconsciously, but training and role-playing can help us observe and control them. Body posture is also important. Slumping gives the impression of boredom, fatigue or lack of interest. Counsellors need to understand the situation, themselves and their reactions and prejudices in order to act appropriately on them. To show that you are listening, lean slightly towards the patient; nod your head or comment occasionally to encourage him/her. Avoid fidgeting or writing while the patient is talking and do not interrupt unless it is necessary to clarify a point.

- *Reflect the patient's behaviour.* For example, sit if the patient is sitting and stand when the patient stands; lean forwards or back when the patient does. This is a useful way to show that you share the patient's feelings. It also shows that you are equal – standing over someone can sometimes seem threatening.
- *Stay as close to the patient as is culturally acceptable.* A desk or table forms a barrier between patient and service provider, so it is better to sit at the corner of the desk or table if you can.



Activity 5

Refining your non-verbal skills

Non-verbal behaviour takes place all the time in daily life, so you have lots of opportunity to develop or refine your interpersonal skills. Here are some suggestions.

- a) Often, non-verbal and verbal behaviour conflict, as when a colleague who LOOKS tired or harassed tells you that he or she is “fine”. Pay close attention to other people’s non-verbal behaviour over the next few days. How often does it confirm what someone is saying? How often does it tell you something extra or different about the person’s feelings?

- b) Because non-verbal behaviour is often unconscious, we are not always aware of all the "messages" we give to other people. It is important to develop your own awareness: when you are talking to someone, check your hands, facial expression and body posture. What do they tell other people about your own feelings?

- c) With a group of colleagues, discuss questions like these:

How do we convey feelings such as tiredness, frustration, impatience, anger, joy and depression, for example?

What examples can each of you share about observing non-verbal behaviour? Does anyone have a good example of non-verbal behaviour conflicting or confirming what someone says?

3: Verbal skills in history-taking

Having looked at ways in which we can effectively communicate non-verbally, in this section we consider questioning skills for history-taking and a range of other verbal skills.

This section will enable you to:

- use "open" and "closed" questions effectively during the interview;
- identify a number of extra verbal skills that will help you gather information effectively and deal with the patient's emotions;
- summarize the characteristics of good interviewing practice.

Asking questions

As Section 3 will confirm, you need to gather a lot of information from each patient with STI symptoms. You will need to ask questions not only about the patient's symptoms and medical history, but also about his/her sexual history. You need to gather this information in a short time, so how can you best do this?

To draw on your own experience, please try these questions.



Question

3. There is something wrong with each of the six questions below and on the next page. Consider how you would feel answering each one and then note how you think it could be improved.
- a) (At the start of the interview) "*Name?*"

 - b) "*Tell me your medical history.*"

- c) *“How many sexual partners have you had, when and who are they?”*

- d) *“Have you had sex with people other than your husband?”*

- e) *“The symptoms only recur during your periods, don’t they?”*

- f) *“Are your menses normal?”*

For our comments, please turn to pages 43–44.

Question 3 helps us raise useful general tips for questioning patients with STIs:

- Always phrase your questions politely and respectfully, however busy or rushed you may be;
- Use words that the patient understands. Avoid using medical terms that he/she may not understand;
- Make your questions specific, so that the patient knows exactly how to answer you;
- Ask one question at a time: double questions confuse;
- Keep your questions free of moral judgements;
- Avoid "leading" questions that ask the patient to agree with you: let people answer in their own words;
- Ask the patient’s permission before asking about his/her STI or sexual behaviour.



Activity 6

List as many local language or popular terms as you can for these biomedical terms. Also think about other words or phrases that people use to describe how each one looks, feels or smells.

Biomedical term	Local language terms
Vaginal discharge in women	
Urethral discharge in men	
Pain on urination	
Vaginal irritation	
Lower abdominal pain in women	
Pain during sexual intercourse	
Itching in the genital area	

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Biomedical term	Local language terms
Genital ulcers or open sores	
Failure to pass urine	
Glandular swelling or buboes in the genital area	
Pain and swelling of the testicles	
(To a man) Will you please milk your urethra?	
(To a woman) Will you please spread your labia with your fingers?	

Note the words people use to describe sex workers, casual sex and other kinds of sexual activity.

To what extent could you use any of the language you have written down in your practice? Why or why not?

Open and closed questions

When gathering information, we can ask two main sorts of question: open questions and closed questions.

Open questions enable the patient to give a detailed reply or to keep talking:

“What is troubling you?”

“What kind of medicines are you taking at the moment?”

Closed questions ask a patient to answer in one word or short phrase, often with "yes" or "no".

“Is the swelling painful?”

“Is your period late?”

“Do you have a regular partner?”

“What is your age?”

Open-ended questions enable patients to explain something in their own words, and to say everything they think is important. This means that it is possible to gather much more information from one open question than from several closed ones. Also, because patients often have trouble talking about their own sexuality, open questions can help them to feel more in control and comfortable.

Closed questions, on the other hand, ask the patient to answer a precise question based on the service provider's words. Closed questions are normally better saved for later in the interview, when you have won the patient's confidence and are checking particular details.

To illustrate the difference between open and closed questions, contrast the two examples on the next page. Note how much information the service provider collects in each one.

Example 1: An interview with closed questions

Patient: *"I have a pain in my tummy."*

Service provider: *"I'm sorry to hear that. Where is the pain?"*

Patient: *"Here."*

Service provider: *"Is the pain constant?"*

Patient: *"No."*

Service provider: *"Does it feel tender?"*

Patient: *"Yes."*

Service provider: *"When did the pain begin?"*

Patient: *"Last week."*

Example 2: An interview with open questions

Patient: *"I have a pain in my tummy."*

Service provider: *"I'm sorry to hear that. Tell me about this pain."*

Patient: *"Well, it started a week ago. At first I just felt tender down here, but sometimes it begins to hurt a lot. It hurts when I sit down or stand up – it isn't like my monthly pain at all."*

Service provider: *"What else is troubling you?"*

Patient: *"Well, there is one other thing. There's a funny kind of water that I don't usually get. It doesn't hurt but it's embarrassing."*

In the second example, the service provider gathers much more information, simply by using open questions: *"Tell me about this pain"* and *"What else is troubling you?"*. You might also agree that the patient seems more comfortable than in the first example: perhaps she feels in control of the interview.

Experts in interviewing patients with STIs suggest that it is important to ask the second question, “*Anything else?*”, several times. This is because some patients are so embarrassed about STI symptoms that they describe other, unrelated symptoms, such as a headache, before they are comfortable enough to describe an STI-related problem. Giving them a chance to describe a range of complaints often reveals useful information.

Once you are sure that you have a complete understanding of the patient’s problem as he or she sees it, closed questions may be very helpful to draw out specific details that you need to know.

If you are learning about open and closed questions for the first time, use the following questions to review your understanding.



Questions

4.	Which of these are open questions?	Open?
	<i>Do you have a discharge?</i>	<input type="checkbox"/>
	<i>Are you married?</i>	<input type="checkbox"/>
	<i>What is troubling you?</i>	<input type="checkbox"/>
	<i>Is it painful?</i>	<input type="checkbox"/>
	<i>Did you use a condom last time you had sex?</i>	<input type="checkbox"/>
	<i>Is the discharge milky or clear?</i>	<input type="checkbox"/>
	<i>What does the pain feel like?</i>	<input type="checkbox"/>
	<i>Tell me about your periods.</i>	<input type="checkbox"/>
5.	Below are four statements. Tick the appropriate box to decide which are TRUE and which are FALSE.	TRUE FALSE
	a) Closed questions are very useful at the start of the interview.	<input type="checkbox"/> <input type="checkbox"/>
	b) Open questions enable the patient to respond with his or her own words and ideas – so enabling the service provider to better understand the patient.	<input type="checkbox"/> <input type="checkbox"/>

	TRUE	FALSE
c) A good medical interview starts with open questions and moves towards closed ones.	<input type="checkbox"/>	<input type="checkbox"/>
d) Closed questions enable you to rule out specific symptoms.	<input type="checkbox"/>	<input type="checkbox"/>
6. What kind of open question might it be worth asking the patient several times, and why?		

Please turn to pages 44–45 for the answers.

Specific verbal skills

In addition to positive non-verbal behaviour and appropriate, respectful questioning, some specific techniques and skills can be extremely useful when interviewing patients with STIs. They can help you to deal supportively with the patient's emotions as well as to gather information effectively.

These are the six skills:

- facilitation;
- direction;
- summarizing and checking;
- empathy;
- reassurance;
- expressing partnership.

Facilitation

This is about using words, sounds or gestures to encourage patients to keep on talking. Nodding the head and raising the eyebrows are two examples of non-verbal facilitation. Its aim is gently to encourage the patient to continue. Here is an example of spoken facilitation in practice:

Patient: *"I'm not sure ... it's embarrassing."*

Service provider: *"That's all right, I'm listening."*

Patient: *"Well, it's that ..."*

Service provider: *"Yes?"*

Patient: *"There's this sore ..."*

Direction

This approach is useful when a patient is confused and does not know where to begin, or when they are talking quickly and mixing up issues of concern. It helps people to sort out ideas and give information in a sequence:

Patient: *"I don't know, it's been there for three weeks. What am I going to tell my husband? Will anyone get to know? I mean, it is curable isn't it?"*

Service provider: *"Let's find out what the problem is first. We can deal with that, and then we can discuss what to say to your husband."*

Direction also allows the patient to share concerns and worries more easily.

Summarizing and checking

Summarizing and checking enable you to check that you have understood the patient correctly. The patient is also able to correct any misunderstanding. To do this, you paraphrase what the patient has said, then ask if your summary is correct. Use this skill when the patient has mentioned a number of things that you want to confirm:

Service provider: (Summarizing) *"So you're worried what to say to your husband, and you feel very embarrassed about this infection. You want to know whether we can cure it."*

(Checking) *"Have I got that right?"*

Patient: *"That's right. What IS wrong with me?"*

Empathy

This may be the most important skill of all when dealing with the patient's feelings. If you notice that a patient is anxious or tense, for example, you can express your empathy by commenting on what you have noticed. This shows that you allow the patient to express his or her fears, and establishes more open communication between you. Like facilitation, it encourages the patient to continue speaking:

Service provider: (Gently) *"I can see that this is worrying you a good deal."*

Patient: *"Yes, it's been bothering me for over a week now. I'm worried sick."*

Reassurance

Reassurance is a useful way to show that you accept the patient's feelings and that the problem need not last forever. You indicate with words or gestures that the patient's anxiety can be addressed:

Service provider: *"I can understand that you feel worried about symptoms like these. As soon as I confirm what's wrong with you, we can try to begin treatment that will make you better."*

Patient: *"That's good. So what else do you need to know?"*

Expressing partnership

Expressing partnership confirms a commitment to help the patient. This commitment could be with the service provider personally, as in the example below, or on behalf of the health centre team:

Service provider: *"You've done the right thing to come here for treatment. Before you leave I'll make quite sure you know everything you need to about preventing further infection. And we'll also find the best way to discuss this with your husband."*

Patient: *"Oh thank you. I don't want this to happen again."*

Most experienced service providers use some of these interviewing skills some of the time. The key to interviewing patients who may have an STI is to use all six skills most of the time. The next question will help you familiarize yourself with each of these skills.



Question

7. Please try to identify the different communication skills that the service provider uses in the case study below. Underline each example you identify, and say which skill it is in the column on the right. The first one is underlined and identified for you.

Nurse Patel:	<i>“Good morning. Please sit down ... I’m Nurse Patel. <u>And your name is ...?</u>”</i>	A friendly introduction and open question
John:	<i>“John Smith.”</i>	
Nurse Patel:	<i>“How can I help you Mr Smith?”</i>	
John:	<i>“Well, I cut my arm yesterday while I was pulling out an old tree stump. Look, the cut’s quite deep.”</i>	
Nurse Patel:	<i>“Oh, it’s not too bad, but you did the right thing to come and get it cleaned up, Mr Smith. I can clean and dress it for you easily ... Have you come far to have this dressed?”</i>	
John:	<i>“Oh, I live 5 miles away, near (mentions a village).”</i>	
Nurse Patel:	<i>“Fine.” (Cleans and dresses the wound.) “Is there anything else bothering you Mr Smith?”</i>	
John:	<i>“Well ... there is something else ...” (he laughs nervously).</i>	
Nurse Patel:	<i>“Perhaps you feel a little embarrassed about this ...”</i>	
John:	<i>“Yes I do ... you see, it’s my (leans forward and whispers) ... it’s my penis.”</i>	
Nurse Patel:	<i>“Yes?”</i>	
John:	<i>“Well (hesitates), there’s a ... (hesitates), there’s a sort of ... sore on it.”</i>	
Nurse Patel:	<i>“And you’re worried about this sore.”</i>	

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John:	<i>“Yes I am. You see, it doesn’t hurt but it doesn’t look good. It’s worrying me a bit. I mean, one of my girlfriends said it’s ... well, it’s a bad thing and she wouldn’t go with me ... I think it might have come from a bar girl, or maybe even one of my girlfriends.”</i>	
Nurse Patel:	<i>“Tell me about this sore.”</i>	
John:	<i>“What’s to tell? It doesn’t hurt ...”</i> (shrugs).	
Nurse Patel:	<i>“How long have you had it?”</i>	
John:	<i>“Oh, a month or so I suppose. My uncle says it’s nothing to worry about but I think it’s from a woman ... if I find out which one ...”</i>	
Nurse Patel:	<i>“You’re clearly anxious about where you got this sore, Mr Smith, but I think we need to decide what it is first. I think we’ll also need to talk about how to prevent it happening again ... But first I’ll need to examine the sore ...”</i>	
John:	(Looks surprised).	
Nurse Patel:	<i>“I know this can be embarrassing but I need to do that in order to decide what’s wrong. Is that all right with you?”</i>	
John:	<i>“Yes, I suppose so ...”</i> (reluctantly).	
Nurse Patel:	<i>“I must be sure before I can give you any treatment ...”</i>	
John:	<i>“It’s going to be OK isn’t it?”</i>	
Nurse Patel:	<i>“Oh yes, and with your help we can cure it completely. You need to make sure it can’t happen again, but I’ll tell you what you need to know and help you decide what you’re going to do about it. Is that OK?”</i>	
John:	(Relieved) <i>“Oh yes.”</i>	
Our comments are on page 45–47.		

Summary

In this section, we have explored useful interviewing skills in some detail. We have suggested when and how you might use open and closed questions during the interview, and we have suggested six additional skills and offered some general tips. These will enable you to meet the interview's objectives: to gather information effectively in the time available and to deal supportively with the patient's feelings.

You now know that you need to:

- appreciate the importance of demonstrating respect for each patient with STIs, by your welcome, the privacy and confidentiality you offer and your respect for his/her opinions and views;
- keep questions free of moral judgement;
- use the patient's terms, or words that he or she understands easily;
- request permission to ask personal questions or examine the patient;
- distinguish between open and closed questions and use them appropriately;
- recognize six additional verbal skills that will help you gather information and support the patient effectively:
 - facilitation;
 - direction;
 - summarizing and checking;
 - empathy;
 - reassurance;
 - expressing partnership.

The next section turns to the information you need when taking the history of a patient with an STI.

4: Gathering information

In this section we explain the kind of information you need to gather when taking the patient's history. We hope that you will use the communication skills covered in the last section because, as we have shown, they are indispensable to history-taking with patients with STIs.

The section will enable you to:

- identify general information that you need to gather;
- explain why this information is necessary;
- match the information you need to the questioning skills you have learned.

Improving your ability to gather information about a patient is useful because it will help you to make an accurate diagnosis of STIs in the time available. The information collected will be the starting point for understanding the patient's behavioural risks of transmitting or contracting STIs in the future, as well as for partner referral and treatment.

First, it is worth reminding ourselves of why we are taking the patient's history. It is to:

1. make an accurate syndromic STI diagnosis;
2. establish the patient's risk of transmitting or contracting STIs;
3. find out about partners who may have been infected.

This is the information you need to collect, in more or less this order:

1. The patient's general details.
2. The patient's present illness.
3. His or her medical history.
4. His or her sexual history.

Guide for history-taking

1. General details

- Age
- Number of children
- Locality or address
- Employment

2. Present illness

- Presenting complaints and duration:

Men:

- If an inguinal bubo – is it painful? Associated with genital ulcer? Swellings elsewhere in the body?
- If a urethral discharge – pain while passing urine? Frequency?
- If scrotal swelling – history of trauma?

Women:

- If a vaginal discharge – pain while passing urine? Frequency? Risk assessment positive?*
- Lower abdominal pain – vaginal bleeding or discharge?
- Painful or difficult pregnancy or childbirth?
- Painful or difficult or irregular menstruation?
- Missed or overdue period?

Men and women:

- If a genital ulcer – is it painful? Recurrent? Appearance? Spontaneous onset?
- Other symptoms, such as itching or discomfort?

3. Medical history

- Any past STI – type? Dates? Any treatment and response? Results of tests?
- Other illness – type? Dates? Any treatment and response? Results of tests?
- Medications being taken currently.
- Drug allergies.

4. Sexual history

- Currently active sexually?
- New partner in the last three months?
- Risk assessment.*

* **Note:** Risk assessment is a specific set of questions to ask female patients who complain of vaginal discharge. The questions were devised to help service providers decide on the etiology; they should be adapted for local social and behavioural situations. Module 4 will discuss the possible questions.

It is possible to adjust this guide to include other information that may be valuable. For example, in some settings it may also be important to know whether or not male patients are circumcised or how many pregnancies female patients have had.



Activity 7

Please note down any questions you have about the guide to history-taking and discuss them with your supervisor or colleagues.

How to ask questions

Next, consider how you will ask questions to obtain the information you need. It would be easy to convert the history-taking questions to closed questions, but that means a lot of questions to ask. For example, just to gather information relating to a female patient's abdominal pain, you could convert the history-taking into closed questions like these:

- Do you have pain in the lower abdomen?
- Do you have pain when you have sexual intercourse?
- Do you have an unusual vaginal discharge?
- When did you last have your monthly period?
- Was the period unusual in any way?
- Are your periods regular?
- Are they painful?
- Have you missed a period?
- Are you late for a period?

Instead of closed questions, you might be able to obtain most of the information with one or two open questions, as below:

Service provider: *“Tell me about this pain in your tummy.”*

Patient: *“Well, it started a week ago. At first I just felt tender down here, but sometimes it begins to hurt a lot. It hurts when I sit down or stand up – it isn’t like my monthly pain at all.”*

Service provider: *“What else is troubling you?”*

Patient: *“Well, there is one other thing. There’s a funny kind of discharge that I don’t usually get (hesitates). It doesn’t hurt but it’s ... well ... it smells.”*

Service provider: *“How are your periods?”*

Patient: *“OK, I think. I mean I’m regular, and they give me a little pain. But this is different.”*

Here is another example, illustrating taking the patient’s history. Note when the service provider uses open and closed questions as well as facilitation, direction and any of the other verbal skills.

Service provider: *“I need to ask you a few very personal questions now ... about your sexuality. I know this is difficult to talk about, but I assure you no-one else will know.”*

Patient: *“Why does information about my sexuality matter to you?”*

Service provider: *“That’s a good question. It’s partly to help me make sure I’m giving you the right treatment, and partly to help us know how many people might have the same infection. Is that OK?”*

Patient: *“... Yes ... all right.”*

Service provider: *“Have you been sexually active over the last three months or so?”*

Patient: *“Well, yes, I suppose so.”*

History-taking and Examination

- Service provider: *"Tell me about that."*
- Patient: *"What do you want to know?"*
- Service provider: *"Oh, how often, that sort of thing."*
- Patient: *"Well ... I've got two boyfriends ... Well, there's another friend I sleep with sometimes but he's usually away ..."*
- Service provider: *"When did you last sleep with the friend who's away a lot?"*
- Patient: *"I can't remember ... Sometime last month I suppose."*
- Service provider: *"And what about your other boyfriends?"*
- Patient: *"Well, Ro is my proper boyfriend. We spent the night together two nights ago. Well ... we often do."*
- Service provider: *"What about your other boyfriends?"*
- Patient: *"Ro doesn't know about the others."*
- Service provider: *"That's all right. Let us come back to this issue later. You're being very brave about all this."*
- Patient: *"Well ... I see him every Tuesday. Usually ... but I didn't see him last Tuesday because I was with my parents."*
- Service provider: *"Do you know if any of your boyfriends has a discharge at the moment?"*
- Patient: *"No ... I mean, I'm not sure ... I don't know."*
- Service provider: *"That's OK. Any other boyfriends in the last three months?"*
- Patient: *"No."*
- Service provider: *"That's fine. You've done very well, so now I can tell you what this discharge is ..."*



Questions

8. Devise some questions you might ask a man of 25 about his sexual history. He has a genital ulcer and says he was treated for the same thing four years ago.
 - a) First write two or three OPEN questions.
 - b) Next, write some CLOSED questions you might ask if the patient did not provide you with sufficient information in answer to the open questions. Remember the principles of supportive questioning that we explored in Section 2.

9. At this point, it's worth looking again at the difficulty of discussing questions like these.
- a) Would you feel uncomfortable asking any of the questions you have just written down? If so, why do you think this is?

 - b) How would you feel if the patient was older or younger than you? Why do you think you would feel differently?

 - c) What if the patient is an adolescent male or female of, say, 16 years?

 - d) Why do you think the sexual history is the last of the four areas on which you would question the patient?

Our comments on these questions are on page 48.

Summary

In this third section, we have listed the history-taking information you may need to collect in order to diagnose an STI and, later, to educate patients and manage their partner or partners. We have also suggested how open and closed questions and other verbal skills will help you gather this information.

On the next few pages we offer some questions to discuss with colleagues and a role-play activity to help you practise what you have learned so far in this module.



Activity 8

Discussion questions

With your colleagues:

- If you have not already done so, please discuss your answers to questions 8 and 9.
- Discuss the culturally acceptable ways of addressing men or women of different ages.
- Look again at the history-taking guide on page 25, and discuss the language and terminology that patients might use to express such terms.

Skills practice: role-play exercise

The only way to refine your communication skills is to practise them, so this activity is a very important one. If you are studying as part of a course, then your tutor will organize the activity for you. If you are studying on your own or with an informal group, please ask two colleagues to practise with you.

The idea is that one person takes the part of a patient with an STI, while a second person plays the role of service provider. A third person observes the interaction and provides feedback to the service provider. You can rotate the roles, so that each of you has the opportunity to take on all three roles.

The objectives of the exercise are to:

- practise communication skills for interviewing patients, so that you can interview genuine patients with more confidence;
- practise gathering the relevant information listed on page 25;
- become more aware of your strengths in communication and clarify any areas you want to improve.

THE THREE ROLES

The patient's role

Your role is to take the part of a patient with STIs who has attended the health facility for treatment. Please decide who you are and what your character is. The questions below may help you. Do not let your "interviewer" see your notes in advance. Make your role-play patient as realistic as you can: try to BE this person, responding honestly to the person interviewing you. Do not try to make it easy or difficult for your interviewer.

- What is your name?
- Your sex and age?
- Describe your personality: outgoing or shy, and so on.
- Describe your beliefs, religion, education and occupation.
- What STI symptoms do you have? Anything else?
- How many sexual partners do you have?
- If you have just one sexual partner, do you know whether he/she has any other sexual partners?
- How do you feel about the health facility you are visiting?
- How do you feel about your symptoms, and about discussing them with someone else?

After the role-play, give your interviewer feedback on how well he or she has done:

- Concentrate especially on how you FELT as the patient: did the interviewer make you feel comfortable or put you at ease? How did he or she do this?
- Did you say what you wanted to say? Has the service provider found out all the information you noted down?
- What questioning techniques did you respond to positively and which ones seemed negative? If some seemed negative, why?

The observer

The observer's role is a very important one because you are going to give the "interviewer" objective feedback on the skills they have demonstrated during the role-play. As you observe, use the checklist below to make notes on what the interviewer does.

In giving feedback to the interviewer, try to be as objective and helpful as you can. Be clear about what he or she has done well and explain why. Also, be willing to criticize the interviewer, but in a positive way – in terms of what he or she needs to practise or refine.

Observation checklist

<i>Does the interviewer ...</i>	<i>Use this side for your notes</i>
Treat the patient with respect?	
Show he/she is listening by using appropriate non-verbal behaviour?	
Obtain the patient's permission to ask awkward, embarrassing questions?	
Deal effectively with the patient's emotions?	
Use mainly open questions, limiting the number of closed questions?	
Use these six verbal skills effectively? <ul style="list-style-type: none"> ■ Facilitation ■ Direction ■ Summarizing and checking ■ Empathy ■ Reassurance ■ Partnership 	
Ask questions relating to the four areas of information required? <ul style="list-style-type: none"> ■ General details ■ Present illness ■ Medical history ■ Sexual history 	

The service provider

The role-play should last about five minutes. During the exercise, try to use all the verbal and non-verbal skills explored in the module, while remaining aware of the patient's feelings and responding to these emotions. Try also to obtain as much appropriate information about the patient as you can in the time available.

While the "patient" is defining who he/she is, you might want to look over the observer's checklist to see the sort of skills you are expected to practise.

During the interview, you might find it helpful to have the module open at page 25 to remind you of the information you need.

After the interview, you will receive feedback from the patient and then from the observer. The observer will concentrate on your skills as listed on his or her checklist, while the patient will describe how he/she felt during the interview. He/she will also tell you if you missed anything important about him/her.

5: Examination

The purpose of a physical examination is to confirm any STI symptoms the patient has described by checking for signs of STIs. This section explains what to do when examining male and female patients.

Examining the most private parts of a person's body requires tact, sensitivity and respect on the part of the service provider. Patients may be embarrassed or uncomfortable. We suggest ways to help the patient understand the importance of the examination and overcome his or her embarrassment.

This section will help you to:

- behave professionally with the patient before and during the examination;
- reassure the patient who is reluctant to be examined and gain his/her confidence and cooperation;
- conduct an efficient examination of both male and female patients.



Questions

10. What resources do you think are needed to conduct an examination?

11. What fears do people have about being examined?

12. What could you do in order to reassure patients before an examination?

Please turn to our comments on page 48–49.

These questions raise a number of important points. Because people may be shy and even reluctant to have their genitals examined, you must be professional in your behaviour. Be sure to:

- ensure privacy;
- explain what you are going to do and why an examination is important;
- ask the patient for his or her permission to make an examination;
- be patient, even though you may have little time to examine the patient;
- approach the examination in a confident way yet sensitive to the patient's needs.

For most syndromes, the examination is important in order to arrive at a diagnosis. However, we must never force someone to be examined. So what can you say to a patient who is unwilling to be examined?



Question

13. Consider these situations. What might you do or say to persuade the patient to be examined?
- a) A patient of the same sex as the service provider refuses to be examined, saying that he or she has clearly explained what is wrong already.

 - b) A young woman is afraid to say anything, but communicates non-verbally that she is unhappy about being examined.

 - c) A male patient is reluctant to be examined by a female service provider or vice versa.

Please compare your ideas with ours on page 49.

So, in addition to our professional yet sympathetic behaviour and the patient's need for privacy, it is a good idea to offer patients the opportunity to have someone else present if they prefer.

Three general principles for syndromic examination

Before discussing the steps for examining male and then female patients, please remember:

1. **Syndromic diagnosis requires good history-taking and inspection of the external genitalia.**
2. **We recommend the use of gloves.**
3. **As elsewhere in the STI case management programme, this section focuses on examination for seven STI syndromes only. It does not take account of STIs such as scabies or lice, treatment of which should be a normal part of your responsibilities.**

When examining the abdomen, take care not to cause the patient any undue pain. Palpate the abdomen gently making sure you observe for any signs of pain or tenderness in the patient. Take note that the differential diagnoses of pelvic inflammatory disease (PID) are acute appendicitis, pelvic abscesses or intestinal obstruction.

Examining male patients for STI syndromes

1. We recommend that you ask both male and female patients to lie down comfortably on a couch for a genital examination. Ask male patients to remove their shirt first, then to lie down on the couch and pull their lower garment down to expose the area from the hip to knees. The patient should be covered with a sheet to maintain dignity and respect.

Where a couch is not available a male patient may be examined standing up, but this is not ideal. In such a case an explanation should be given. The patient should be asked to expose the area from the chest to knees for examination.

2. Palpate the inguinal region in order to detect the presence or absence of enlarged lymph nodes and buboes.
3. Palpate the scrotum, feeling for individual parts of the anatomy:
 - testes;
 - spermatic cord;
 - epididymis.

4. Examine the penis, noting any rashes or sores. Then retract the foreskin if present, and look at the:

- glans penis;
- urethral meatus.

If you cannot see an obvious urethral discharge, milk the urethra or ask the patient to milk the urethra gently in order to express any discharge. If a discharge is present, wipe it with a swab and dispose of it in a leak-proof container, ready for incineration.

5. Record the presence or absence of:

- buboes;
- ulcers;
- urethral discharge, noting the colour and amount.

Examining female patients for STI syndromes

1. We recommend that you ask both male and female patients to lie down comfortably on a couch for genital examination. Ask female patients to expose the area from the chest to knees for examination. The patient should be covered with a sheet to maintain dignity and respect.
2. Palpate the abdomen for pelvic masses and tenderness, taking great care not to hurt the patient.
3. Palpate the inguinal region in order to detect the presence or absence of enlarged lymph nodes and buboes.
4. Ask the patient to bend her knees and separate her legs, then examine the vulva, anus and perineum.
5. The physical examination may include, where possible, an internal pelvic examination involving (a) bimanual examination to check for active PID; shape, size and position of uterus for uterine masses, for example, pregnancy and (b) speculum examination to check for the nature of the vaginal discharge, purulent cervicitis and/or erosions. If a microscope or laboratory facilities are available, obtain specimens of cervical and vaginal secretions for diagnostic studies.
6. Record the presence or absence of:
 - buboes;
 - ulcers;
 - vaginal discharge, noting the type, colour and amount.

Module 4 offers guidance on examining for specific STI syndromes.

Review

Now that you have completed Module 3, you should be able to:

- identify the resources (a consulting room that provides privacy, time and human resources) and facilities (couch, light, gloves, etc.) required for questioning and examining patients;
- offer patients privacy and confidentiality for both the interview and the examination;
- appreciate the unique challenge of interviewing a patient with STIs;
- anticipate patients' possible anxiety and embarrassment, and acknowledge your own feelings;
- establish rapport with the patient and gain his or her trust;
- identify four essential features of positive non-verbal communication;
- use open questions to take the history of a patient with possible STIs, following up with closed questions when you need to obtain specific detail;
- use six further verbal skills that enable you to work with the patient's feelings in order to gather information effectively;
- list four areas of information you need to discover during the interview;
- explain how to conduct an efficient examination of both male and female patients;
- reassure the patient who is reluctant to be examined and gain his/her compliance.

We have also provided you with examination checklists for male and female patients.

The next step is very important in that you need to practise what you have learned. The action plan will enable you to do this.

Action plan

You might like to discuss the questions below with colleagues.

1. If you have already examined patients with STIs, please list any problems that you have had in the left-hand column below. Then, in the right-hand column, note how you overcame the problem, or how you could overcome it in the future.

If you have never examined a patient for STIs, what problems do you foresee (left column), and how might you overcome them (right column)?

Problem	How to overcome it

2. Discuss the environment (human resources and facilities) at your health centre: to what extent is it possible to offer STI patients privacy, confidentiality and time? If necessary, what can you do to improve this situation?
3. You can only learn or refine these skills by practising them. So, if you have practised role-playing with colleagues, we suggest you make notes on at least six history-taking encounters and examinations. The form on the next page will help you record your experience in a systematic way so that you can review it yourself or with someone else. Your goal is to become confident in your skills so that your interaction with patients is more efficient and useful.

Action plan record: history-taking and examination

Name of clinic:	
History taken on (date):	Problems/successes (consider diagnostic and personal skills)
1.	
2.	
3.	
4.	
5.	
6.	
Examination carried out on (date):	Problems/successes
1.	
2.	
3.	
4.	
5.	
6.	

Answers

1. Nurse Gida's behaviour demonstrates that she thinks Swati is insignificant or unimportant. The problem is that the person treated in this way often takes such a message to heart, as Swati does. Other patients' response would depend on their character and experience; for example, an assertive person might feel angry with Nurse Gida. Given that Swati already seems embarrassed and upset, there is little likelihood of a successful interview.

2. What did Nurse Gida do wrong? It is not difficult to criticize her. You may have found even more points than in this list:
 - she does not greet Swati at all, or introduce herself;
 - she barely looks at Swati for the first few minutes;
 - she begins talking while someone else is still in the room;
 - she speaks and behaves in an impatient, unfriendly manner;
 - she shows no sympathy for Swati's embarrassment – indeed, she concludes with irritation: "Goodness me! I haven't got all day!"

Unfortunately, most of us can remember the odd occasion when we've been treated like that by someone ...

3. Do not worry if you found this activity difficult, especially if you have not had any previous training in interviewing. We wanted to raise the following points:
 - a) At the start of the interview: "*Name?*"
This is not a friendly way to begin any interview. We should always be polite: "What is your name?" or "Please tell me your name". And what about introducing yourself to the client?

 - b) "*Tell me your medical history.*"
This question is too vague. Patients may not know where to begin, what a medical history is or what aspects of their history you need to know. The question needs to be more precise.

 - c) "*How many sexual partners have you had, when, and who are they?*"
A difficult question to ask in most situations, but particularly problematic here because there are three separate questions.

Ask only one question at a time. Better still, it would seem less judgemental to ask about their current partner or partners first, with an open question such as “Can you tell me about your current partner?” Another tip – when you begin asking deeply personal questions, begin by asking the patient’s permission. Acknowledge that the question will be hard to answer: the patient will feel you understand his or her feelings better.

- d) “Have you had sex with people other than your husband?”

This question suggests a moral judgement on the part of the service provider. We need to make our questions free of such judgements whenever possible.

- e) “The symptoms only recur during your periods, don’t they?”

This question puts words in the patient’s mouth. It is known as a “leading” question. Avoid such questions. “When do you get this problem?” or “What makes the problem worse?” would be better.

- f) “Are your menses normal?”

The tip here is to avoid using medical expressions that the patient might not know or might misinterpret. Better to ask the patient what is troubling her or how you can help.

4. If you remember that closed questions can be answered in one short phrase or with “yes” and “no”, then this question should be easy. There are only three open questions, to which the patient is free to answer in her own way:

■ Do you have a discharge?	Closed
■ Are you married?	Closed
■ What is troubling you?	Open
■ Is it painful?	Closed
■ Did you use a condom last time you had sex?	Closed
■ Is the discharge milky or clear?	Closed
■ What does the pain feel like?	Open
■ Tell me about your periods.	Open

5. a) Closed questions are very useful at the start of the interview.
FALSE: although closed questions require specific answers, it is not true that they are useful at the start of the interview: on the contrary, it is best to avoid them until later in the interview.
- b) Open questions enable the patient to respond with his or her own words and ideas, so enabling the service provider to better understand the patient.
TRUE: this is one of the benefits of using open questions at the start of the interview. They enable you to gather information quickly and efficiently, to collect important information you might otherwise have missed, and to learn about the patient's perceptions, concerns and language – all of which will be important later if you need to educate the patient about STIs.
- c) A good medical interview starts with open questions and moves towards closed questions.
TRUE: remember the interview process and the benefits of open and closed questions? The value of closed questions lies in checking or obtaining specific details later in the interview.
- d) Closed questions enable you to rule out specific symptoms.
TRUE: by asking closed questions you can rule out specific symptoms – but remember to start with open questions in the early stages of the interview.
6. The kind of open question that is worth repeating several times during the interview is “Anything else?” or “Is anything more troubling you?”. Such questions allow patients to work towards their main or most private concerns in their own way. Remember that many patients with STI symptoms may feel so embarrassed that they are initially reluctant to admit to them: you must demonstrate patience, respect and encouragement.
7. We have underscored the main skills that Nurse Patel is using on the next page. Please discuss your findings with a colleague or tutor if you are not sure about anything in this exercise.
You might also like to discuss anything else that Nurse Patel could have said or done for this patient ...

History-taking and Examination

Nurse Patel:	<i>"Good morning. Please sit down ... I'm Nurse Patel. <u>And your name is ...?</u>"</i>	A friendly introduction and open question
John:	<i>"John Smith."</i>	
Nurse Patel:	<i>"How can I help you Mr Smith?"</i>	Open facilitation
John:	<i>"Well, I cut my arm yesterday while I was pulling out an old tree stump. Look, the cut's quite deep."</i>	
Nurse Patel:	<i><u>"Oh, it's not too bad, but you did the right thing to come and get it cleaned up, Mr Smith. I can clean and dress it for you easily ... Have you come far to have this dressed?"</u></i>	Reassurance
John:	<i>"Oh, I live 5 miles away, near (mentions a village)."</i>	
Nurse Patel:	<i>"Fine. (Cleans and dresses the wound.) <u>Is there anything else bothering you Mr Smith?"</u></i>	Open, facilitation
John:	<i>"Well ... there is something else ..." (he laughs nervously).</i>	
Nurse Patel:	<i><u>"Perhaps you feel a little embarrassed about this ..."</u></i>	Empathy
John:	<i>"Yes I do ... you see, it's my (leans forward and whispers) ... it's my penis."</i>	
Nurse Patel:	<i><u>"Yes?"</u></i>	Facilitation
John:	<i>"Well (hesitates), there's a ... (hesitates), there's a sort of ... sore on it."</i>	
Nurse Patel:	<i><u>"And you're worried about this sore."</u></i>	Empathy/checking
John:	<i>"Yes I am. You see, it doesn't hurt but it doesn't look good. It's worrying me a bit. I mean, one of my girlfriends said it's ... well, it's a bad thing and she wouldn't go with me ... I think it might have come from a bar girl, or maybe even one of my girlfriends."</i>	

Nurse Patel:	<u>"Tell me about this sore."</u>	Open, direction
John:	"What's to tell? It doesn't hurt ..." (shrugs).	
Nurse Patel:	<u>"How long have you had it?"</u>	Closed, used to draw information.
John:	"Oh, a month or so I suppose. My uncle says it's nothing to worry about but I think it's from a woman ... if I find out which one ..."	
Nurse Patel:	<u>"You're clearly anxious about where you got this sore, Mr Smith, but I think we need to decide what it is first. I think we'll also need to talk about how to prevent it happening again ... But first I'll need to examine the sore ..."</u>	Empathy, direction
John:	(Looks surprised).	
Nurse Patel:	<u>"I know this can be embarrassing but I need to do that in order to decide what's wrong. Is that all right with you?"</u>	Empathy, reassurance, partnership
John:	"Yes, I suppose so ..." (reluctantly).	
Nurse Patel:	<u>"I must be sure before I can give you any treatment ..."</u>	
John:	"It's going to be OK isn't it?"	
Nurse Patel:	<u>"Oh yes, and with your help we can cure it completely. You need to make sure it can't happen again, but I'll tell you what you need to know and help you decide what you're going to do about it. Is that OK?"</u>	Reassurance, partnership
John:	(Relieved) "Oh yes."	

8. Please discuss your own questions with colleagues: do they agree that the questions might elicit information quickly? What else could you do or say?
9. If possible, please share your thoughts with colleagues.
 - a) Most people find it uncomfortable asking such personal questions at first. It is quite normal to feel that way. With experience, many service providers lose their embarrassment – but few patients do.
 - b) The answer to this question depends on cultural and social values as well as individual ones.
 - c) This question also depends on cultural and social values. It can be particularly difficult to demonstrate respect if you feel judgemental about a young person's behaviour. Yet it is very important that the adolescent patient feels he or she can trust you: polite and respectful behaviour is the key.
 - d) Because sexuality is difficult to discuss, it is a good idea to start by asking less difficult questions and using effective communication skills. This means that you have time to win patients' trust before going on to ask about their sexual history.
10. To conduct an examination, you need:
 - a well-lit, private room;
 - an examination table for the patient to lie on for the examination, and a chair;
 - observe universal precautions – although syndromic diagnosis of STIs in women does not necessarily require internal examination, WHO recommends you use gloves wherever available;
 - time!

This last requirement may limit the extent of the physical examination. Managing a patient with STIs can take anything from five to 15 minutes. In one African country, for example, service providers spend five or six minutes with each patient. In another, 20 health centres averaged 15 minutes for women and 10 minutes for men, not including waiting time.

11. Most patients feel very shy about showing their genitals to another person, especially a member of the opposite sex. Some people may also feel ashamed of their symptoms, even though anxiety about the symptoms has brought them to the health centre. Young women may be put off by internal genital examination, especially if you do not properly explain it to them.
12. The two most important factors in reassuring patients before examination are that you will ensure them privacy and confidentiality.
13. The point of all these questions was to stress that, wherever possible, we should respect the wishes of the patient.
 - a) In the first situation, both service provider and patient are the same sex and the patient refuses to be examined. It is important to persuade the patient, if you can:
 - explain why the examination is so important, namely that you need to be sure that you give the right treatment – and the examination will help you be sure;
 - emphasize that the examination will be brief and as painless as possible;
 - probe to find out why the patient feels so strongly.
 - b) and c)

These illustrate two more patients who are reluctant to be examined. One seems nervous or shy, the other prefers to be examined by someone of his/her own sex. In both cases, good practice suggests that the patient be examined by someone of the same sex, if at all possible. Failing that, you could arrange for a member of staff of the same sex as the patient to be present.

Glossary

Bubo	Swelling in the groin; usually a sign of lymphogranuloma venereum (LGV) or chancroid
Closed questions	Questions that only encourage one or two word answers, for example 'Are you married?' (compare with open questions)
Empathy	The recognition of, and entering into, another person's feelings
Epididymis	An elongated cord-like duct, along the posterior border of the testis, which provides for storage, transit and maturation of spermatozoa
Facilitation	Using words, phrases or sounds to encourage or to make it easier for someone to perform a function
Glans penis	The head of the penis
Inguinal region	Groin
Lymph nodes	Small mass of tissue that is part of the lymphatic system
Menses	The monthly flow of blood from the female genital tract
Open questions	Questions that invite detailed answers, usually beginning How? What? Where? or Why? (see also closed questions)
Palpate	To examine or feel with the hand
Pelvic masses	Any growth/lump within the pelvic region
Perineum	The area between the anus and scrotum or vulva
Ulcer	A sore or local defect of an organ or tissue
Urethral meatus	Opening of the urethra
Vulva	External female genitalia