

TIPS

For Care Providers

Providing Quality Care to Young Women: Tips for Providers

When you open the door, engage your CORE

Caring
Open
Respectful
Empathetic

Communication through body language: SOLER

Squarely face your patient
Open posture
Lean toward them
Eye contact
Relaxed body position

Create a Welcoming Environment:

- Post a non-discrimination policy, for example: *"We do not discriminate on the basis of race, national origin, gender, gender identity, language, creed, income, age, physical appearance, education, sexual orientation, disability, or HIV status."*
- Colorful office walls
- Consider a fish tank
- Welcome greeting by staff at the front desk
- Be respectful of the word choices of your patients
- Be aware of the language young women may use to talk about romantic or sexual relationships
- Maintain and emphasize confidentiality



TIPS

For Care Providers

Providing Quality Care to Young Women

Taking a Sexual History

Remember to:

- Greet the young woman first.
- Make non-judgmental statements.
- Help the patient feel at ease. Use a relaxed, calm voice. Make eye contact, smile.
- Don't look surprised at answers.
- Provide positive affirmations (i.e., "Thank you for sharing that with me").
- Act professional, even if you do not accept the patient's sexual behavior.
- If you don't know the gender of your patient's sexual partners, use non-sex-typed pronouns or open-ended language until you find out (or simply ask!).
- Invite open conversation; let the patient give you information at her own pace.
- Be aware of your facial expressions.
- Explain your actions before giving an exam; be clear on what you're going to do and why.
- Explain why you need to ask sensitive questions, i.e., "In order to provide you with the best possible treatment, I need to ask you some questions about your sexual history."
- Explain the purpose of your intervention and why it is important.
- Discuss treatment options and medications with the patient. Inform her of any side effects, how often and how much she is to take, and validate what she is telling you about how her body feels (i.e., how she is experiencing symptoms or effects of the medications).

Example Questions for a Detailed Sexual Health History:

- In the last 6 months, have you been sexually active in any way with anyone?
- Are you currently sexually active?
- Are you dating or in a relationship with someone?
- You may or not be at risk, but in order to learn about your risk for any sexually transmitted infections or pregnancy, please tell me more about your sexual partners.
- Do you have a need for pregnancy prevention methods?
- Do you practice safe sex?



TIPS FOR YOUNG WOMEN

Get the Most Out of Your Health Exam

Sue M. LaVaccare, MA
Manager, Center for Young Women
Division of Adolescent Medicine
Children's Hospital Los Angeles
5000 Sunset Blvd., 4th
Floor Los Angeles, CA 90027
P: 323.361.5814
F: 323.913.3614
slavaccare@chla.usc.edu
www.CHLA.org/HER



Follow-up Preventative Sexual Health Questions:

- How do you protect yourself from HIV and other STIs?
- Do you have, or have you ever had, any risk factors for HIV? (List blood transfusions, needle stick injuries, IV drug use, STIs, sexual partners who may have put you at risk.)
- Have you ever been tested for HIV or STIs? Would you like to be?
- Have you ever been immunized against hepatitis? Would you like to be?
- Have you ever been immunized against HPV? Would you like to be?
- Is/Are your partner(s) male? female? transgender?
- Is/Are your partner(s) sexually active with other people?
- Have you ever had sex against your will?
- Are you concerned for your safety in your relationship?
- Have you ever exchanged drugs or money for sex?

Example Questions for Health History Forms

- What is your gender?
 Male Female Transgender
- Are you?
 married partnered single divorced widowed
or

Is there a significant person in your life, such as a spouse or partner? Yes No

- Do you have a need for birth control? Yes No
- If you are using birth control, what type are you are using?

- Are you sexually active with anyone in any way at this time?
• Yes No

- If yes, how many current partners do you have? _____
Have you been sexually active with anyone (else) in the last 6 months? Yes No

If yes, how many partners have you had in the last 6 months? _____

If you are, or have been, sexually active in the last 6 months, what is/are the gender(s) of your partner(s)?

- Male Female Transgender