

Scenario One – Sexual History & Risk Assessment

Scenario: Patient is hesitant to answer sexual history questions as the topic makes them uncomfortable to talk about. CM is empathetic and professional.

Setting: A Medical Case Manager's private office

Case Management Backstory

Case Manager Alex has been working at the agency for the last 5 years and has dedicated the last 10 years of his life to ending the epidemic. Alex is the negative partner in a serodiscordant same-sex relationship. His dedication to the HIV field stems from his love for his partner.

Client Backstory

Sean a newly diagnosed MMSC in his early 20's enrolling in RW care for the first time. Sean comes from an extremely religious upbringing which impacts his views and beliefs on same-sex relations and coping with being newly diagnosed. Receiving services in a small town, Sean is extremely concerned with privacy out of fear that his friends, family and the church will find out about his diagnosis and sexual preferences.

Case Manager (Alex) "Alright, Sean, we've gone over some general health questions, and now I'd like to ask you a few questions about your sexual health. These questions are important for understanding your overall well-being and tailoring the care we provide. Is that okay?"

Patient (Sean) ::Looks down and begins to fidget nervously::

"Um, I guess. I just don't really feel comfortable talking about that kind of stuff. Why do you need to know, anyway?"

CM Alex "I completely understand that it can feel a bit personal, and it's okay to feel that way. Let me explain why these questions are important. Sexual health is a key part of overall health, and knowing this information helps us identify any potential risks, provide the best care, and ensure you're safe and health. Does that make sense?"

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Sean “Yeah I guess, but...what if someone finds out what I say? It’s kind of embarrassing.”

CM Alex “That’s a valid concern, and I want to reassure you that everything we discuss here is completely private. Your information is protected by strict confidentiality laws, like HIPPA, which means I can’t share anything we talk about without your consent. Your comfort and trust are my top priorities, so I want you to feel safe sharing only what you’re ready to.”

Sean ::Pauses, still hesitant::

“I mean, I get that, but...I don’t know. It’s just hard to talk about.”

CM Alex “That’s okay, Sean. Take your time – there’s no rush. If it helps, I can ask these questions in a yes or no format or focus only on what you feel comfortable sharing today. Remember, I’m here to support you, not judge you.”

Sean ::Relaxes slightly::

CM Alex “Alright, I’ll try, but can we keep it simple?”
“Of course, thank you for trusting me . Let’s take it one step at a time, and if you need a break or want to skip a question, just let me know.”

Sean “Okay...I think I can do that”

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Key Techniques Used by the Case Manager

1. **Empathy and Validation:** Acknowledging the patient's discomfort without dismissing it.
2. **Clear Explanation:** Explaining why the questions are necessary for care.
3. **Reassurance:** Emphasizing privacy and confidentiality.
4. **Flexibility:** Offering alternative ways to discuss the topic.
5. **Building Trust:** Encouraging open communication at the patient's pace.