

Recommendations for Trauma- and Violence-Informed Care (TVIC) Physical Examinations for Patients

Introduction to Trauma- and Violence-Informed Care (TVIC)

Many, if not most people, have had exposure to trauma, which includes, but is not limited to, experiences of abuse, neglect, and violence, such as human trafficking. Keep in mind, as a clinician, you do not need to know the exact nature of a patient's trauma history in order to care for that person. Focusing on the reason for the visit, and making plans to address other needs in the future, allows you the opportunity to build rapport with the patient.

Using a trauma- and violence-informed approach throughout the care encounter can help to establish a safe and trusting relationship with the patient. Remember, for some people, their exposure to trauma was instigated or facilitated by public institutions and systems. To implement TVIC, physicians, advanced practice providers, and staff should:

- Understand trauma, violence, and its impact on people's lives and behaviors,
- Create emotionally and physically safe spaces for patients and providers,
- Use a strengths-based and capacity-building approach to support patients, and
- Foster opportunities for choice, collaboration, and connection.

Learn more: equiphealthcare.ca/files/2021/05/GTV-EQUIP-Tool-TVIC-Spring2021.pdf.

Note: Patient care settings vary considerably and can impact a clinician's ability to adopt these recommendations. We suggest using these recommendations as a guide and consider adopting tenets from each of the categories below into your practice.

Strengths-Based Approach

A strengths-based and capacity-building approach to patient support is critical to fostering a sense of agency, self-trust, and self-reliance in people whose traumatic experiences have led to self-doubt and fear or difficulty in making decisions.

This approach shifts the conversation away from "what is wrong?" to "what is right?" This shift can help patients identify where they can find strengths and resources to help them through a tough situation. An understanding of a person's strengths can be incorporated into any care plan. This does not mean that you should ignore the challenges. Instead, focus on using and maximizing the patient's strengths and resources to overcome challenges.

Sample questions regarding hobbies, abilities, and wishes include:

- What are you good at? What do you enjoy doing?
- What would you like to be better at? What do you think you can do more of?
- What do you think you can do to improve yourself or your well-being?
- What do you think will help to prevent things from getting worse?

Sample questions regarding needs, challenges, and risks include:

- What is preventing you from doing what you would like to do, or from seeing who you would like to see? What do you think you can do to change this?
- Who do you think can help to change it?

Sample questions regarding a patient's support network, such as friends, family members, colleagues, other professionals, and neighbors include:

- Who is there for you? Who is cheering for you when something good happens? (Remember, we all define family in different ways. A patient's network could include their co-worker, a teacher, or another person who is staying at the homeless shelter.)
- Are there any other people helping you? Any staff or other professionals?
- Is there anything that could help you increase your network of support, either in quantity or quality? Do you want it to increase it?
- What has been working for you until now, and how have things changed?

It's important to acknowledge progress and accomplishments. For example, say, "It's great that you have been smoking less" or "have been exercising once a week." Too often, we get stuck in an "all or nothing" approach to behavior changes. Little steps are just as important.

Language Matters

Some of the language that we commonly use during a physical examination can be problematic, especially for people who have experienced abuse, neglect, or violence, such as human trafficking. Some small adjustments can make an exam feel safer, for example

SAY THIS:

- "I am going to examine..."
- "Please move your shirt up so I can examine your abdomen."
- "Please sit on the table."
- "Please bend your elbows."
- "Please swallow."

NOT THAT:

- "I want to look at, feel, or touch..."
- "Pull your shirt up for me."
- "Hop onto the bed."
- "Put up your arms like you're going to fight."
- "Swallow for me."

TVIC Physical Examinations

Preparing for the Visit:

- Find time to review the patient's chart to
 - Identify concerns or red flags (i.e., risk factors or indicators) of any type of abuse, neglect, or violence, including labor trafficking or sex trafficking,
 - Identify any previous trauma so that the patient does not need to recount it, and
 - Determine any resources that might be helpful during the visit.
- Have everything you need in the room to avoid leaving or calling for assistance.
- Try to minimize interruptions from staff during the visit. Don't rush the visit.
- Work with staff to prepare so that you can be as effective and efficient as possible.

Communicating Throughout the Visit:

- Meet the patient prior to having them change into a gown.
- Knock on the patient's door and wait to be invited in.
- Introduce yourself, your pronouns, and your role.
- Sit at eye level with the patient, if possible.
- Practice active listening.
- Confirm the patient's name, how they want to be addressed, and the pronouns they use.
- Maintain appropriate eye contact and open body posture. Be aware of what your resting face looks like (e.g., grumpy or angry) and adjust to be warm and welcoming.
- If a language interpreter is needed, then ask if the patient has a gender or cultural preference. Let them know that it may not be possible to meet this preference.
- Observe the patient for any signs of stress (e.g., tensing muscles, fidgeting, rapid breathing, trembling, or signs of distraction). Stop and check in with the patient before proceeding. You can say, "You seem anxious, is there something I should know or do?"
- Explain to the patient that they are in charge of what we do and what they answer.
- If you work at a teaching facility, then ask the patient if they agree to have a student or resident as part of the visit, and respect their choice.
- If a patient is accompanied by another person, then encourage (but do not insist that) this person go to the waiting room for a portion of the visit. This will give the patient an opportunity to disclose any concerns in private. Note: If you have concerns of abuse, neglect, or violence, such as human trafficking, then refer to your facility's Abuse, Neglect, and Violence policy/procedure, which includes the PEARR Tool.
- Explain provider-patient confidentiality and its limits, and ensure the patient understands.
- Let the patient know you will be taking notes during the visit.

Taking the Patient's History:

- Confirm the chief complaint and any other issues that the patient may want to address.
- Agree to a shared agenda and note issues that may need to be addressed in another visit.
- Screen the patient for trauma using general statements such as, "Many times stressful life events can affect a person's health and well-being. Are there any stressful events going on that would be helpful for me to know about?" Note: If you have concerns of abuse, neglect, or violence, such as human trafficking, then refer to your facility's Abuse, Neglect, and Violence policy/procedure, which includes the PEARR Tool.
- If you need to ask questions about safety, substance use, or sexual history, then explain the rationale and normalize the process for asking such questions.
- Let the patient know what comes next, in terms of the exam, labs, imaging, etc.
- Ask the patient if there are any procedures that make them anxious and, if there are, if there is anything you can do to help. Listen to what they say and agree to do it.

Performing the Exam:

- Allow the patient to change in private. If there is a shared bathroom, let them know they may hear the lock click. When you return, knock and wait to be invited back in.
- Ask the patient if they would like to have a support person in the room. If the support person is a staff member, then ask if the patient has a gender preference.
- Instruct the patient on how to wear the gown and where to put their clothes. If the patient is too vulnerable to change out of their clothes, then determine if you can work around their clothes. Sometimes you can do most of the exam in the patient's own clothes and only have them change when necessary. Involve the patient in these decisions.
- Instruct the patient on where to sit – e.g., on the exam table or on a chair – or provide them the choice if performing a focused exam for which either would be sufficient. Ensure they have no mobility issues if they need to get onto the exam table.
- Give an overview of what you will be doing and why, how long it might take, and respect their personal space until they have consented to the exam.
- Let the patient know that they can ask for a pause in the exam at any time, or they can ask you to stop. Don't try to finish the exam by rushing or telling them you are almost done.
- Ask permission to start the exam before touching the patient.
- During the exam, ask the patient to shift their clothing or gown as needed, as opposed to you moving their clothing or gown. If they are unable to do so, then ask their permission.
- Perform a skin exam and look for any visible concerns of abuse, neglect, or violence, (e.g., burns, cuts, homemade tattoos, sores, or signs of branding).
- Tell the patient what you are going to do before you do it, and how it might feel. Provide cues such as, "You will feel the stethoscope on your back; it might feel cold."
- Avoid keeping the blood pressure cuff inflated for longer than needed and avoid having the patient keep their mouth open for longer than needed as both are commonly recognized triggers that can bring back trauma.
- Stay where the patient can see you. Perform all exams from the front or the side. When you need to move to the back, let them know you will be moving there and why.
- Warn the patient about any procedures that may be triggering, especially if they have a history of trauma. If you are performing a speculum exam, advise the patient that you can make adjustments as needed to make them more comfortable. For example, you can raise the head of the exam table so that the patient can see what is happening. You can also provide a mirror if they would prefer to self-insert the speculum. Ask the patient to show you any genital lesion to reduce the time trying to find it yourself.
- If you think the patient is getting anxious, slow down and ask what you can do to make them feel more comfortable. Suggest that some people find that taking a deep breath in and out helps them feel less anxious. If the patient asks you to stop, then listen to them.
- Touch the patient only as needed; respect their personal space.
 - Be aware of where your body is in relationship to the patient during the exam.
 - Don't lean against the patient while doing the exam.
 - Don't drape your arm over the patient's legs during a pelvic exam.

- Don't touch the patient's knee or shoulder as a way of showing you care unless you have established that they are okay with that level of touch.
- Let them know when the exam is coming to an end. Try to be as efficient as possible.
- Ask them to get dressed before discussing next steps and step out of the room.

Wrapping Up:

- When you re-enter, knock and wait to be invited in. Sit at eye level.
- Share your findings and the next steps. Avoid jargon.
- Let the patient know if the exam was normal or if you have concerns about something.
- Ask the patient for questions in an open-ended way. For example, ask “What questions do you have for me?” instead of “Do you have any questions?”
- Answer any questions. Check for understanding.
- Provide clearly written after-care instructions. This is important in case the patient experienced any dissociation during the visit or were so focused on getting through visit that they were distracted.
- If any lab, imaging, or other procedures are needed, then explain these to the patient and explain what they might experience during those visits.
- If a patient is known to have a history of trauma and the patient agrees, then alert the referral agencies about the trauma history.
- Let the patient know that the visit coming to an end.
- Be sure the patient knows what to do next. Set up a follow-up visit, if needed.
- Avoid standing between the patient and the room exit.
- Be sure the patient understands that you are available to them should they need your assistance or have any new concerns before your next follow-up visit. If your work setting does not allow for continuity of care (e.g., an emergency department), then be sure the patient knows that you and your colleagues are always available to assist them should they require any further care.

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