RECIPE Small Group Discussions: Case 8 Video
(Video length 3:32)

OVERVIEW
This case involves a patient who has come to a teaching hospital for elective surgery. During prep for the operation, the healthcare providers discover she only wants to receive care from female providers. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving a Muslim patient insisting on care by only female providers that reveals at the end she is an assault victim. The video is presented with multiple issues for viewers to consider to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic, such as post traumatic stress disorder. This video also allows future healthcare providers to address their own personal biases, such as caring for culturally diverse patients, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters and not as a model to follow. Students need to be conscious of how encourage faculty to view this facilitator guide as suggestive but not all encompassing.

Learning Objectives
At the end of the session, the student should be able to:

1. Discuss how first impressions create bias.
2. Explore different religious and cultural beliefs about sexual assault trauma.
3. Discuss the religious and cultural beliefs pertaining to requesting a same sex provider.
4. Identify the different strategies for healthcare teams to manage patient requests for same sex providers from healthcare teams.

Facts to Initiate Discussion
- First impression fact: Healthcare providers with stereotypical biases and attitudes towards minority patients have been shown to have detrimental effects creating disparities in minority patients’ health care (Scheppers, Dongen, Dekker, Geertzen and Dekker, 2006; Smedley, Stith and Nelson, 2003).

- Rest of the Story Fact: Each year in the United States an average of 288,820 females, age 12 or older, are raped or sexually assaulted (Department of Justice, 2015).

Critical Points (Every Student Needs to Hear)
- Sexual violence increases the probability a woman will experience depression or suicidal thoughts. Findings have shown a majority of the sexually assaulted women suffer from post-traumatic stress disorder (PTSD) (Riggs, Murdock and Walsh, 1992).
- Sexual assault traumatizes victims causing emotional distress that may require long-term care (Reis, Lopes, Osis, 2016; Wellman, 2014). Providers should create a safe, trusting environment for these patients.
- In the United States, for the average victim, justice and productivity costs of a rape is $151,423 (Delsi, Kosloski, Sween, Hachmeister, Moore, & Drury, 2010).
- According to the National Sexual Violence Resource Center, 63% of the sexual assaults fail to be reported to the police (2015).
**Background Information First Impression:**
- Patients from minority backgrounds are more satisfied when care is provided by providers with similar characteristics (Padela, Schneider, He, Ali and Richardson, 2010). This was found true for Blacks, Hispanics and Asians in an emergency medicine setting.
- Female providers have been found to be significantly more sensitive to requests for same sex providers than male providers (Padela, 2010).

**Background Information First Impression Cont:**
- Muslim patients have been found to receive more accommodations for their religious beliefs than other groups (Padela, 2010).
- Muslim female patients value professionalism, level of knowledge and personal skills more than the sex of the provider when selecting their physician (Ar-ousell and Carlcom, 2016).

**Background Information, The Rest of the Story:**
- A physician should enter an examining room open minded and clear of assumptions about a patient or case (Waseem and Miller, 2008).
- Physicians tend to practice utilitarian ethics when deciding whether or not to accommodate a patient’s request for a same sex physician (Waseem and Miller, 2008). Physicians may decide to accommodate the patient based on the availability of a physician of the same sex, urgency of the patient’s need for care, the reason for the patient’s request, needs of other patients for whom the physician is caring, and assessment of the patient-physician rapport. There are legitimate situations in which requests may not be accommodated. Providers should be knowledgeable about their institution’s policies on this matter.
- From a labor law viewpoint, a physician deciding to accommodate a same sex physician request is different than a decision made by a hospital administrator or Certified Nursing Assistant hiring a same sex physician (http://www.ahcmedia.com/articles/136172-providers-must-tread-carefully-if-patient-objects-to-caregiver, 2015).

**Questions to Ask**
- How do you think the physician interprets the patient’s request at the beginning of the video?
- How should the healthcare team proceed?
- What are the pros and cons to honoring this patient’s request?
- What type of questions would you ask the patient to learn more about her health and social history?
- What members of the healthcare team would be essential to this case?

**Concluding the Session**
- Quality care should be provided to all patients regardless of sex, race or culture. This may require personal biases and stereotypical attitudes to be identified and managed so patient relationships start with an open mind.
- Communicating empathy to a patient can promote a trusting relationship.
- Accommodating a victim of sexual assault’s request for a same sex provider is a valid request that should be considered due to the trauma suffered by the majority of these victims.

Copyright © 2016 Association of Professors of Gynecology and Obstetrics, Inc. All rights reserved. Support for this project was made possible by the APGO Medical Education Endowment Fund.