

Trauma-Informed Physical Assessment

TRAUMA-INFORMED, RESILIENCE-ORIENTED AND EQUITABLE SCREENING AND
ASSESSMENT TRAINING SERIES



NATIONAL
COUNCIL
for Mental
Wellbeing

Today's Presenter

Amelia Roeschlein DSW, MA, LMFT

Pronouns: She/Her/Hers

Consultant, Trauma Informed, Resilience-Oriented Services

National Council for Mental Wellbeing



One Person talks at a time
do not interrupt
what happens in group
stays in group



Wellbeing



Moment to arrive

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Overview

- Understand the components of a trauma-informed physical exam
- Manifest safety through prioritization of conversation and attunement
- Explore the elements of collaborative documentation



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Trauma-Informed Care

A trauma-informed program, organization, or system:

Realizes

- **Realizes** the widespread impact of trauma and understands potential paths for recovery

Recognizes

- **Recognizes** signs and symptoms of trauma in patients, families, staff, and others involved in the system

Responds

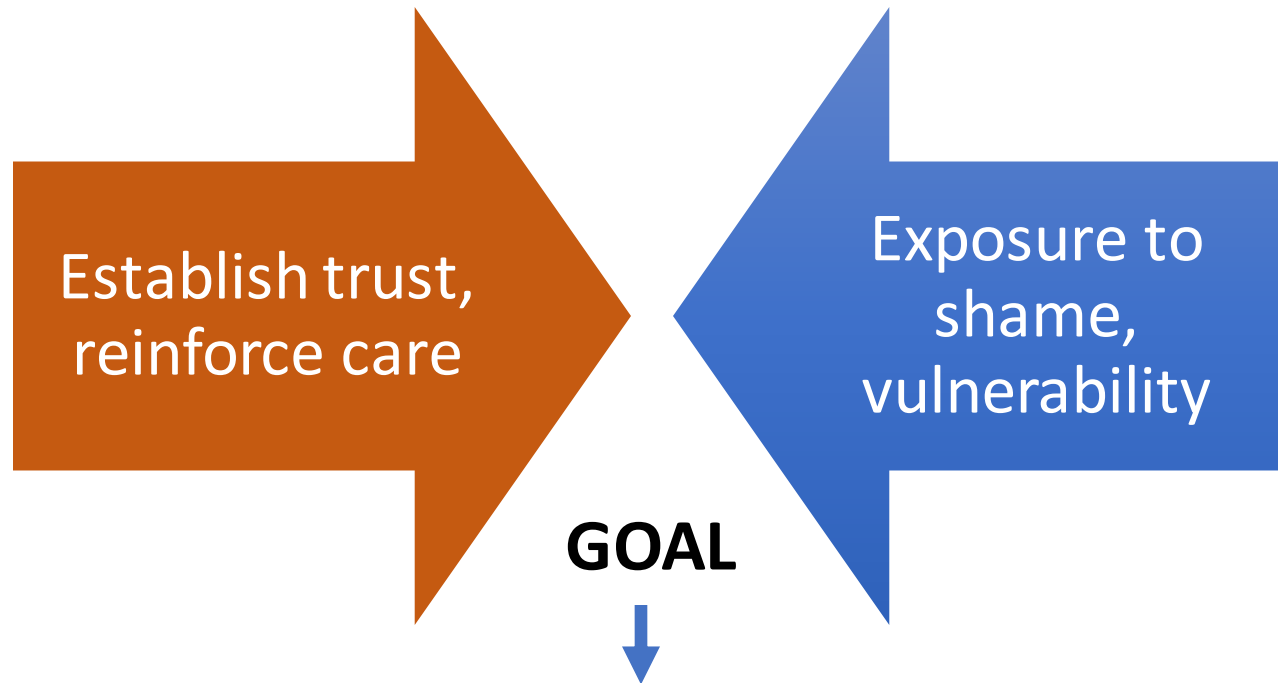
- **Responds** by fully integrating knowledge about trauma into policies, procedures and practices

Resists

- Seeks to actively **resist** re-traumatization



Physical Examination



Safe, comfortable experience for all clients, including those with a history of trauma



Patient Quotes

I blanked out during the exam. I don't know what happened. I'm not sure what the doctor did or didn't do.

I'm just a little jumpy when people come close to me.

The doctor was lingering way too long when touching me.

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What Does Trauma Look Like?

Cannot assume who has experienced traumatic stress. The best way to identify trauma exposure is to ask!

Signs of trauma may include:

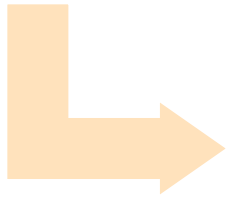
- Avoidance of procedures (Pap smear, colonoscopy, dental care)
- Vague, generalized symptoms (chronic headache, pelvic pain)
- Appearing nervous or distracted during visit
- Non-adherence to treatment



Trauma-Informed Physical Exam

Before

- Set the stage for a sensitive exam



During

- Perform a sensitive exam



After

- Provide sensitive closure



Before the Exam

Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone



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Non-Verbals

Speak clearly, slowly, and at an appropriate volume

Appear engaged, pleasant and calm

Maintain appropriate eye contact

Sit/stand at eye level with the patient

Avoid sudden movements

Keep hands outside of pockets

Pay attention to patient cues (i.e. tensing muscles, fidgeting, breathing quickly, flushing, crying, trembling, appearing distracted or spaced out)



What Should I Do If...

If the patient exhibits or vocalizes discomfort, pause the exam

Speak in a calm, caring manner

Avoid sudden movements

Reassure patient that they are safe

Remind patient where they are

Explain what you are doing and why

Offer water, a washcloth, and/or an additional drape

Consider changing environment (e.g. move to a different room)



What Should I Do If...

You seem anxious. Is there something you are uncomfortable with?

Do you have difficulty when someone touches your knees?

I'm noticing that you are tensing up. Is there something I should know?

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Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone

I'd like to transition to the physical exam. We will be doing a pulmonary exam today, so I will be listening to the lungs. This exam should take about 5 minutes.



Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone

**This is something that I
do with all of my
patients who come in
with symptoms of a
cold.**



Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone

Are there questions or concerns we should address before the exam?



Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone

**Is there anything I can
do to make you more
comfortable?**



Before the Exam

Check non-verbals

Set an agenda

Make it standard

Identify concerns

Ask about comfort

Offer chaperone

**Would you like anyone
else to be present for
the exam?**



During the Exam

During the Exam

Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

Respect personal space

Use simple, clinical language

Check in

Use professional touch

Be efficient



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In order for me to do an accurate exam of the lungs, I'll need to listen with my stethoscope directly on the skin.

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During the Exam

Attend to draping and modesty

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Explain why

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Check in

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Be efficient

I'm going to leave the room and allow you to change. Please remove the shirt, and you can keep the bra on. Here's a gown for you to wear; it opens in the back. I'll be back in a few minutes. I'll knock before I come in.

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Draping and Modesty

Give clear, specific instructions

Refer to the “gown” (what the patient wears) and the “drape” (the sheet over their lap)

If possible, provide fabric gowns in a variety of sizes, as patients feel this preserves their dignity more than paper gowns

Patient moves their own gown and/or drape when possible

Allow patients to wear clothing on body parts that are not being examined (e.g. keep pants on for an ankle exam)

For a limited exam, consider asking patient to move their clothing rather than disrobing (e.g. patient lifts back of shirt up to reveal a skin lesion on the lower back)



Draping and Modesty

Privacy when undressing (may use curtain and/or door)

Expose only the minimum body surface area required at any given time

Do not assume that all men are comfortable baring a full chest

Provide tissues as needed following a pelvic or rectal examination where lubrication is used

Patient re-dresses privately once exam is finished

Knock before re-entering the room, ensuring an affirmative patient response before opening the door (e.g. “all set”)



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Attend to draping and modesty

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**I am now going to listen
to the lungs, using my
stethoscope.**

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Attend to draping and modesty

Introduce exam components

Explain why

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Be efficient

**This is important
because we need to see
if you have pneumonia,
which is an infection of
the lungs.**

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**May I open the gown
from the back slightly,
in order to get a better
listen to the lungs?**

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**I'm going to stand at
your side.**



Stay Within Eyesight



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Stay Within Eyesight



Stay Within Eyesight



Stay Within Eyesight



During the Exam

Attend to draping and modesty

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Respect Personal Space



Respect Personal Space



Respect Personal Space



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Respect Personal Space



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Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

Respect personal space

Use simple, clinical language

Check in

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Be efficient

**With the mouth open,
take some deep breaths
in and out.**

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Simple, Clinical Language

Easy to understand

Avoids medical jargon

Cautious with imagery; you never know what might be triggering

Avoids all possible sexual connotation

Minimizes power differential between patient and provider

Accommodates patients who speak other languages

Word choice is professional, not personal



Simple, Clinical Language



“Your”

“Butt”

“Bed”

“Provocative tests”



“The”

“Bottom”

“Exam table”

“Additional tests”



Simple, Clinical Language



“Normal”
“Stirrups”
“That looks good”



“Healthy”
“Foot rests”
“That looks healthy”



Simple, Clinical Language



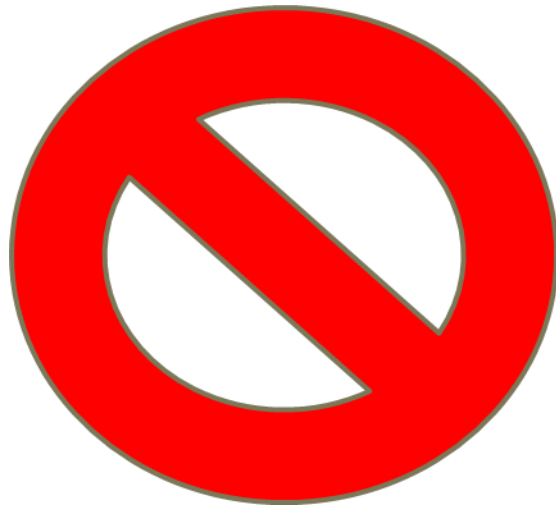
“I want to”
“Look at”
“Feel”, “Touch”



“I am going to”
“Inspect”
“Examine”, “Evaluate”



Simple, Clinical Language



“Don’t let me”

“Push me away”

“Push my finger out”

*“Put up your arms like
you’re going to fight”*



“Resist this motion”

“Push forward”

“Bear down”

“Bend the elbows”



Simple, Clinical Language



“Pretend you’re at the beach”

“Relax. Relax. Relax!”

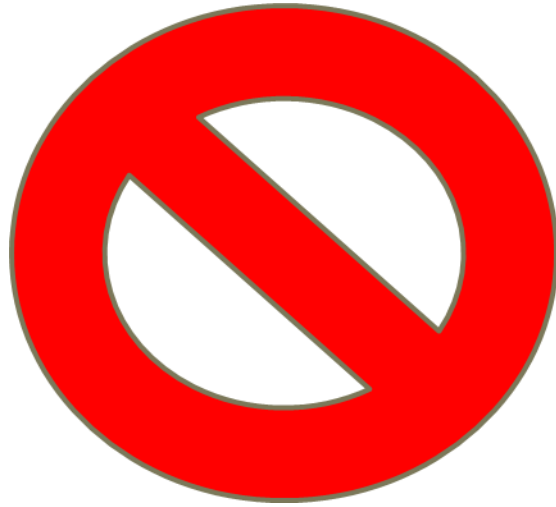


“Some find it helpful to a deep, relaxing breath”

“Allow the knees to relax”



Simple, Clinical Language



*“For me”
“Swallow for me”*



*(nothing)
“I’m going to place my
hands on the neck to
examine the thyroid.
When you can, please
swallow.”*



During the Exam

Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

Respect personal space

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How are you doing?



During the Exam

Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

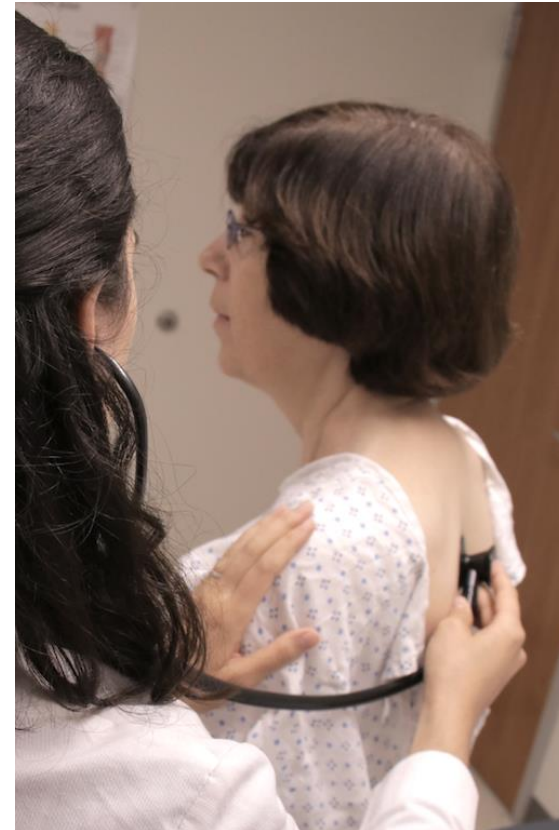
Respect personal space

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Professional Touch

Consider a firm touch on the shoulder when...

- reaching behind a patient (e.g. to grab an otoscope) so they still know where you are
- Auscultating the posterior lung fields, to avoid surprise of touch

Prior to an internal vaginal/rectal exam: “You’re going to feel my hand on the thigh/buttocks”

Prepare patients for different sensations:

- “This is a tuning fork that will feel like a vibration”
- “The speculum may feel cold”



During the Exam

Attend to draping and modesty

Introduce exam components

Explain why

Ask permission

Stay within eyesight

Respect personal space

Use simple, clinical language

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Be efficient

**That concludes the exam.
I'm going to step out now,
and you can get dressed. I'll
be back in a few minutes so
that we can discuss your
results and come up with a
plan together. I'll knock
before I come in.**

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Be Efficient

Inform patient how long an exam will take beforehand

Avoid keeping BP cuff inflated for too long, as it can resemble a restraint

Take breaks during any exam where mouth is in fixed, open position, to avoid triggering memories of prior abuse

Ask the patient to show you a genital lesion; taking time to find it yourself may take too long and can be uncomfortable for patient and provider



After the Exam

After the Exam

Express thanks

Discuss results

Ask for questions



After the Exam

Express thanks

Discuss results

Ask for questions

(Knock knock). All set?



After the Exam

Express thanks

Discuss results

Ask for questions

**Thanks very much for
coming to this
appointment and for
helping me perform a
thorough physical
exam.**

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After the Exam

Express thanks

Discuss results

Ask for questions

**The lungs sound clear,
which is good news. You
do not need a chest x-
ray, and you do not
have pneumonia.**



After the Exam

Express thanks

Discuss results

Ask for questions

(Alternatively). I did hear some crackling noises over the right side of the lungs. We sometimes hear this in patients with pneumonia. I'll discuss this with my mentor. We might get a chest x-ray, just to be sure.



After the Exam

Express thanks

Discuss results

Ask for questions

**What questions do you
have?**



BEFORE the exam:

- Check non-verbals
- Set an agenda
- Make it standard
- Identify concerns
- Ask about comfort
- Offer chaperone

DURING the exam:

- Attend to draping and modesty
- Introduce exam components
- Explain why
- Ask permission
- Stay within eyesight
- Respect personal space
- Use simple, clinical language
- Check in
- Use professional touch
- Be efficient

AFTER the exam:

- Express thanks
- Discuss results
- Ask for questions



Questions & Answers