

# **5 Ps Of Sexual History Taking**

## **The 5 Ps of Sexual History Taking: Challenges, Opportunities, and Best Practices**

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**Abstract:** This article provides a comprehensive overview of the "5 Ps" framework for taking a sexual history—Partners, Practices, Protection from STIs, Past history of STIs, and Pregnancy intentions. It explores the challenges healthcare providers face in implementing this framework effectively, including patient discomfort, cultural barriers, and time constraints. It also highlights the opportunities presented by skilled sexual history taking for improving patient care, promoting sexual health, and preventing sexually transmitted infections. Best practices for creating a safe and supportive environment for patients are discussed, along with strategies to overcome common obstacles.

### **Introduction: The Importance of the 5 Ps of Sexual History Taking**

The 5 Ps of sexual history taking—Partners, Practices, Protection from STIs, Past history of STIs, and Pregnancy intentions—provide a structured and comprehensive approach to gathering essential information about a patient's sexual health. This framework is crucial for clinicians across various specialties, including but not limited to obstetrics and gynecology, family medicine, internal medicine, and urology. Effectively utilizing the 5 Ps of sexual history taking facilitates early detection of sexually transmitted infections (STIs), risk assessment for unintended pregnancies, and the provision of appropriate health education and counseling. However, obtaining a complete and accurate sexual history can present significant challenges.

### **The Five Ps in Detail:**

1. **Partners:** This aspect focuses on the number of sexual partners a patient has had in a specified timeframe (e.g., past year, lifetime). Understanding the number of partners helps assess the risk of STIs and unintended pregnancies. Clinicians should inquire about the gender of partners to provide inclusive care and address the sexual health needs of diverse populations. This element also requires sensitivity to the patient's comfort level.
2. **Practices:** This section explores the types of sexual activities engaged in by the patient. It's important to use non-judgmental language and create a safe space for patients to openly discuss their sexual practices. This includes asking about vaginal, anal, and oral sex, as well as other forms of sexual activity. Understanding these practices helps assess risk factors for STIs and other health concerns.
3. **Protection from STIs:** This crucial element explores the methods used to protect against STIs during sexual encounters. This includes asking about condom use (consistent and correct use), dental dams, and other barrier methods. Understanding the patient's consistent use of protection is paramount in preventing STI transmission.
4. **Past history of STIs:** Inquiring about past STIs is essential for risk assessment and appropriate treatment. This involves asking about previous diagnoses, treatments, and any related complications. A history of STIs increases the risk of future infections.
5. **Pregnancy intentions:** This component assesses the patient's intentions regarding pregnancy. Understanding the patient's desire for pregnancy, use of contraception, and family planning goals allows for tailored advice and the provision of appropriate reproductive health services. This also opens the door for discussion on contraceptive options and their effectiveness.

## **Challenges in Implementing the 5 Ps of Sexual History Taking**

Several challenges hinder the effective implementation of the 5 Ps of sexual history taking:

**Patient Discomfort and Embarrassment:** Many patients feel uncomfortable discussing their sexual lives with healthcare providers. This discomfort can stem from cultural norms, personal beliefs, or past negative experiences.

**Cultural Barriers and Differences:** Cultural beliefs and values significantly influence attitudes towards sexuality and sexual health. Providers must be aware of cultural variations and adapt their approach accordingly to ensure culturally sensitive care.

**Time Constraints:** In busy clinical settings, healthcare providers often face limited time to conduct thorough sexual history taking. This can lead to incomplete assessments and missed opportunities for preventive interventions.

**Lack of Provider Training and Comfort:** Some healthcare providers lack adequate training and

experience in conducting sexual history taking. This can lead to awkward conversations, incomplete assessments, and missed opportunities to provide comprehensive care.

**LGBTQ+ Specific Challenges:** LGBTQ+ individuals often face additional barriers due to stigma, discrimination, and lack of appropriate language and understanding from healthcare providers. Using inclusive language and creating a safe space are particularly important for these individuals.

## **Opportunities Presented by the 5 Ps of Sexual History Taking**

Despite the challenges, the 5 Ps of sexual history taking present several significant opportunities:

**Early Detection and Prevention of STIs:** A thorough sexual history facilitates the early detection of STIs, allowing for prompt treatment and prevention of transmission.

**Improved Reproductive Health Outcomes:** Assessing pregnancy intentions and contraceptive practices helps prevent unintended pregnancies and promotes positive reproductive health outcomes.

**Enhanced Patient-Provider Communication:** Open and honest communication about sexuality fosters trust and strengthens the patient-provider relationship.

**Reduced Health Disparities:** Culturally sensitive and inclusive sexual history taking can help reduce health disparities among diverse populations.

**Improved Patient Satisfaction and Engagement:** Patients who feel comfortable discussing their sexual health are more likely to be engaged in their care and adhere to treatment recommendations.

## **Best Practices for Effective Sexual History Taking**

**Create a Safe and Supportive Environment:** Establish a non-judgmental and confidential atmosphere to encourage open communication.

**Use Clear and Non-Judgmental Language:** Avoid using jargon or stigmatizing language. Use inclusive and respectful language that avoids making assumptions about the patient's sexual orientation or gender identity.

**Employ Empathy and Active Listening:** Show genuine interest in the patient's experiences and actively listen to their responses.

**Normalize Sexual Health Discussions:** Frame the sexual history taking as a routine part of comprehensive healthcare.

**Provide Education and Counseling:** Use the opportunity to provide education on STIs, contraception, and other sexual health topics.

**Maintain Confidentiality:** Assure patients of the confidentiality of their information, and explain the legal limitations to confidentiality.

**Document Findings Accurately and Completely:** Maintain accurate and detailed documentation of the sexual history in the patient's medical record.

## **Conclusion**

The 5 Ps of sexual history taking remain a cornerstone of comprehensive sexual health assessment. While challenges exist in implementing this framework, the potential benefits, including early STI detection, prevention of unintended pregnancies, and improved patient-provider communication, are significant. By adopting best practices, healthcare providers can overcome obstacles and effectively utilize the 5 Ps to promote the sexual health and overall well-being of their patients. Continuous education and training for healthcare professionals are essential to ensure the skillful and sensitive implementation of this crucial assessment tool. Ultimately, proactive and empathetic approaches to sexual history taking contribute significantly to improved health outcomes for all patients.

## **FAQs**

1. What should I do if a patient is uncomfortable answering questions about their sexual history? Respect the patient's boundaries and only ask questions they are comfortable answering. You can reassure them that this information is important for their health and is confidential.
2. How can I adapt the 5 Ps for transgender and gender non-conforming individuals? Use gender-neutral language and avoid making assumptions about a patient's gender identity or sexual orientation. Ask about their partners and sexual practices in a way that is inclusive and respectful.
3. What are some resources available for healthcare providers to improve their skills in sexual history taking? Numerous professional organizations, such as the American College of Obstetricians and Gynecologists (ACOG) and the American Sexual Health Association (ASHA), offer training and resources on sexual health and communication skills.
4. How can I address cultural differences when taking a sexual history? Be aware of the cultural beliefs and values that might affect a patient's comfort level and adapt your approach accordingly. Consider seeking cultural interpreters or other resources if needed.
5. What if a patient discloses a history of sexual abuse or trauma? Provide a safe and supportive environment, and connect them with appropriate resources for support and treatment.
6. Is it mandatory to document the entire sexual history in the patient's chart? Yes, relevant details of the sexual history should be documented appropriately and confidentially in accordance with HIPAA regulations.

7. How often should a sexual health history be taken? The frequency depends on the patient's individual risk factors and healthcare needs, but it's generally recommended at least annually for sexually active individuals.
8. How do I approach the topic of sexual history with adolescents? Consider the adolescent's developmental stage and use age-appropriate language. Involve parents or guardians as appropriate and emphasize confidentiality.
9. What legal and ethical considerations are involved in obtaining a sexual history? Maintaining patient confidentiality, obtaining informed consent, and respecting patient autonomy are crucial ethical and legal considerations.

## **Related Articles:**

1. "Addressing Sexual Health Concerns in Adolescent Patients": This article discusses the unique challenges of taking sexual histories from adolescents and providing age-appropriate care.
2. "Cultural Competence in Sexual Health Care": This article explores the importance of cultural sensitivity in providing inclusive sexual health services and conducting effective sexual history taking across diverse populations.
3. "The Impact of Stigma on Sexual Health": This article examines the impact of stigma on patients' willingness to disclose their sexual history and seek sexual health services.
4. "Integrating Sexual History Taking into Routine Clinical Practice": This article provides practical tips and strategies for seamlessly integrating sexual history taking into routine clinical encounters.
5. "Effective Communication Techniques for Sexual Health Discussions": This article focuses on developing effective communication skills to create a safe and comfortable environment for discussing sexual health.
6. "Legal and Ethical Considerations in Sexual Health Care": This article explores the legal and ethical aspects of providing sexual health services, including confidentiality and informed consent.
7. "Sexual Health in the LGBTQ+ Community": This article explores the specific sexual health concerns and challenges faced by members of the LGBTQ+ community.
8. "The Role of Technology in Improving Sexual Health Care": This article examines the potential use of telehealth and other technologies to improve access to sexual health services.
9. "Addressing Sexual Dysfunction in Primary Care": This article discusses the role of primary care providers in identifying and managing sexual dysfunction and the importance of taking a thorough sexual history in this context.

**5 ps of sexual history taking: The Hidden Epidemic** Institute of Medicine, Committee on Prevention and Control of Sexually Transmitted Diseases, 1997-03-28 The United States has the dubious distinction of leading the industrialized world in overall rates of sexually transmitted diseases (STDs), with 12 million new cases annually. About 3 million teenagers contract an STD each year, and many will have long-term health problems as a result. Women and adolescents are particularly vulnerable to these diseases and their health consequences. In addition, STDs increase the risk of HIV transmission. The Hidden Epidemic examines the scope of sexually transmitted infections in the United States and provides a critical assessment of the nation's response to this public health crisis. The book identifies the components of an effective national STD prevention and control strategy and provides direction for an appropriate response to the epidemic. Recommendations for improving public awareness and education, reaching women and adolescents, integrating public health programs, training health care professionals, modifying messages from the mass media, and supporting future research are included. The book documents the epidemiological dimensions and the economic and social costs of STDs, describing them as a secret epidemic with tremendous consequences. The committee frankly discusses the confusing and often hypocritical nature of how Americans deal with issues regarding sexuality—the conflicting messages conveyed in the mass media, the reluctance to promote condom use, the controversy over sex education for teenagers, and the issue of personal blame. The Hidden Epidemic identifies key elements of effective, culturally appropriate programs to promote healthy behavior by adolescents and adults. It examines the problem of fragmentation in STD services and provides examples of communities that have formed partnerships between stakeholders to develop integrated approaches. The committee's recommendations provide a practical foundation on which to build an integrated national program to help young people and adults develop habits of healthy sexuality. The Hidden Epidemic was written for both health care professionals and people without a medical background and will be indispensable to anyone concerned about preventing and controlling STDs.

**5 ps of sexual history taking: Sexually Transmitted Infections** National Academies of Sciences, Engineering, and Medicine, National Academies Of Sciences Engineeri, Health and Medicine Division, Board On Population Health And Public He, Board on Population Health and Public Health Practice, Committee on Prevention and Control of Sexually Transmitted Infections in the United States, 2021-12-24 One in five people in the United States had a sexually transmitted infection (STI) on any given day in 2018, totaling nearly 68 million estimated infections. STIs are often asymptomatic (especially in women) and are therefore often undiagnosed and unreported. Untreated STIs can have severe health consequences, including chronic pelvic pain, infertility, miscarriage or newborn death, and increased risk of HIV infection, genital and oral cancers, neurological and rheumatological effects. In light of this, the Centers for Disease Control and Prevention, through the National Association of County and City Health Officials, commissioned the National Academies of Sciences, Engineering, and Medicine to convene a committee to examine the prevention and control of sexually transmitted infections in the United States and provide recommendations for action. In 1997, the Institute of Medicine released a report, The Hidden Epidemic: Confronting Sexually Transmitted Diseases. Although significant scientific advances have been made since that time, many of the problems and barriers described in that report persist today; STIs remain an underfunded and comparatively neglected field of public health practice and research. The committee reviewed the current state of STIs in the United States, and the resulting report, Sexually Transmitted Infections: Advancing a Sexual Health Paradigm, provides advice on future public health programs, policy, and research.

**5 ps of sexual history taking: Contraceptive Technology** , 2011 Accompanying single user CD-ROM, Contraceptive Technology, has been removed.

**5 ps of sexual history taking: Bates' Guide To Physical Examination and History Taking** Lynn S. Bickley, Peter G. Szilagyi, Richard M. Hoffman, Rainier P. Soriano, 2023-03-27 Selected as a Doody's Core Title for 2022! Confidently Perform Accurate, Efficient, and Effective Physical Examinations. Master the techniques for successful physical examinations with the #1 choice for

complete, authoritative guidance. This highly regarded text includes fully-illustrated, step-by-step techniques that outline the correct performance of the physical examination and an easy-to-follow two-column format that correlates examination techniques on the left and abnormalities (clearly indicated in red) with differential diagnoses on the right.

**5 ps of sexual history taking: Sexually Transmitted Infections in Adolescence and Young Adulthood** Sophia A. Hussen, 2020-06-24 This book is designed to present a comprehensive and state-of-the-art update that covers the pathophysiology, epidemiology, and clinical presentation of the most frequently encountered STIs in adolescence and young adulthood. The introductory sections discuss more general themes including approaches to obtaining a sexual history and exam, concerns of sexual minority youth, ethical and legal considerations, and health disparities in STIs in this population. Subsequent chapters are organized by pathogen such as herpes simplex virus, and human immunodeficiency virus, or clinical syndrome including pelvic inflammatory disease, and vaginitis. Each chapter begins with a case study to illustrate key characteristics of the disease process in question and includes rich illustrations, resources, and guidelines. Written by experts in the field, the text includes a review of epidemiology, pathophysiology, treatment, prevention, and adolescent-specific considerations that is vital to working with this important population. With its transdisciplinary perspective, Sexually Transmitted Infections in Adolescence and Young Adulthood is a unique text that is valuable to infectious disease specialists, adolescent medicine specialists, gynecologists, primary care physicians, advanced practice providers, medical administrative staff, school nurses, sexual health educators, social workers, and public health officials.

**5 ps of sexual history taking: Disease Control Priorities, Third Edition (Volume 6)** King K. Holmes, Stefano Bertozzi, Barry R. Bloom, Prabhat Jha, 2017-11-06 Infectious diseases are the leading cause of death globally, particularly among children and young adults. The spread of new pathogens and the threat of antimicrobial resistance pose particular challenges in combating these diseases. Major Infectious Diseases identifies feasible, cost-effective packages of interventions and strategies across delivery platforms to prevent and treat HIV/AIDS, other sexually transmitted infections, tuberculosis, malaria, adult febrile illness, viral hepatitis, and neglected tropical diseases. The volume emphasizes the need to effectively address emerging antimicrobial resistance, strengthen health systems, and increase access to care. The attainable goals are to reduce incidence, develop innovative approaches, and optimize existing tools in resource-constrained settings.

**5 ps of sexual history taking: Bates' Pocket Guide to Physical Examination and History Taking** Lynn S. Bickley, Peter G. Szilagy, Richard M. Hoffman, Rainier P. Soriano, 2020-09-10 This updated ninth edition of the leading medical physical examination pocket guide available today provides concise, authoritative guidance on how to perform the patient interview, physical examination, and other core assessments. This trusted pocket-sized reference includes fully illustrated, step-by-step techniques, retaining the easy-to-follow two-column format that correlates examination techniques on the left and abnormalities (clearly indicated in red) with differential diagnoses on the right. Now featuring an enhanced design, new content, and new student-friendly learning aids, Bates' Pocket Guide to Physical Examination and History Taking, Ninth Edition, is the ideal quick-reference resource for today's medical, PA, pharmacy, and nursing students.

**5 ps of sexual history taking: Sexually Transmitted Diseases** National Center for Prevention Services (U.S.). Division of STD/HIV Prevention, 2002

**5 ps of sexual history taking: Guide to Clinical Documentation** Debra D Sullivan, 2018-07-25 Understand the when, why, and how! Here's your guide to developing the skills you need to master the increasing complex challenges of documenting patient care. Step by step, a straightforward 'how-to' approach teaches you how to write SOAP notes, document patient care in office and hospital settings, and write prescriptions. You'll find a wealth of examples, exercises, and instructions that make every point clear and easy to understand.

**5 ps of sexual history taking: Guide to Clinical Documentation** Debra Sullivan, 2011-12-22 Develop the skills you need to effectively and efficiently document patient care for children and

adults in clinical and hospital settings. This handy guide uses sample notes, writing exercises, and EMR activities to make each concept crystal clear, including how to document history and physical exams and write SOAP notes and prescriptions.

**5 ps of sexual history taking: Lange's Practical Guide to History Taking, Physical Exam, and Functioning in the Hospital and Clinic** Charles Goldberg, 2024-12-13 By approaching clinical medicine in a practical and demystified fashion, this engaging, focused guide helps you master your most important everyday tasks The clinical exam is a tangible way of truly being with another person while collecting key information. Humans are delightfully quirky, such that the way in which they describe symptoms often requires an open and tuned-in human ear to truly understand and contextualize their stories. Physical connection, providing comfort and healing through touch, can only be delivered when you are next to another living soul. Helping others through medicine is an immensely rewarding activity and being connected to someone, hearing their stories, and guiding their care in a hands-on manner, is a unique privilege that we should all hold onto tightly. With its pragmatic approach, Lange's History Taking Handbook, Physical Exam, and Functioning in the Hospital and Clinic helps make the learning process both fun and rewarding. Core behaviors are described which have diagnostic utility and prolonged applicability, even in a technology driven world. There are always new techniques to learn and unusual findings to incorporate into your personal libraries of medical experience. However, unless you take the time to build a solid foundation, you will never have confidence in the accuracy and value of what you can uncover with a sharp mind, attentive ear, agile fingers, and a few simple tools! Every section is constructed to answer the question: What do I really need to know about this area? The material is presented in a concise, bulleted fashion that is easy to read and follow. The focus is on skills and approaches, which should be readily applicable during clinical encounters. Exam techniques are described in step-by-step detail. Special maneuvers that are occasionally utilized are also described, as well as when they should be implemented. Photos and illustrations are incorporated to make the descriptions and techniques easier to understand and apply. There are chapters dedicated to every major organ system. In addition, care of specific patient groups are covered, including three chapters dedicated to pediatrics (Newborn, Toddler/Child and Adolescence), LGBTQ+ Health, and Geriatrics. Every chapter contains Pearls to draw attention to particularly noteworthy elements. Findings and their Meanings are provided, which highlight common abnormalities that might be identified as well as their clinical significance. Tables and charts are used throughout, to allow the reader to more easily identify key points and make connections and comparisons. Clinical Connection illustrations further highlight the link between historical information, exam findings, and common disorders. Diagnoses at a Glance are provided in tables that emphasize the symptoms, findings and pathology associated with common disorders within an organ system. Each section has Telehealth Tips highlighting the ways in which this growing modality might be utilized to evaluate specific organ systems and symptoms. There is also a chapter dedicated to Telehealth which provides core information that is broadly applicable to typical telehealth visits. Checklists at the end of each chapter highlight the core aspects of each organ system exam. Detailed descriptions of how to function in clinical settings are provided, including Oral Presentations and Documentation (e.g., note writing) in the Hos

**5 ps of sexual history taking: The Health of Lesbian, Gay, Bisexual, and Transgender People** Institute of Medicine, Board on the Health of Select Populations, Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2011-06-24 At a time when lesbian, gay, bisexual, and transgender individuals-often referred to under the umbrella acronym LGBT-are becoming more visible in society and more socially acknowledged, clinicians and researchers are faced with incomplete information about their health status. While LGBT populations often are combined as a single entity for research and advocacy purposes, each is a distinct population group with its own specific health needs. Furthermore, the experiences of LGBT individuals are not uniform and are shaped by factors of race, ethnicity, socioeconomic status, geographical location, and age, any of which can have an effect on health-related concerns and



needs. The Health of Lesbian, Gay, Bisexual, and Transgender People assesses the state of science on the health status of LGBT populations, identifies research gaps and opportunities, and outlines a research agenda for the National Institute of Health. The report examines the health status of these populations in three life stages: childhood and adolescence, early/middle adulthood, and later adulthood. At each life stage, the committee studied mental health, physical health, risks and protective factors, health services, and contextual influences. To advance understanding of the health needs of all LGBT individuals, the report finds that researchers need more data about the demographics of these populations, improved methods for collecting and analyzing data, and an increased participation of sexual and gender minorities in research. The Health of Lesbian, Gay, Bisexual, and Transgender People is a valuable resource for policymakers, federal agencies including the National Institute of Health (NIH), LGBT advocacy groups, clinicians, and service providers.

**5 ps of sexual history taking: Physical Disability and Sexuality** Xanthe Hunt, Stine Hellum Braathen, Mussa Chiwaula, Mark T. Carew, Poul Rohleder, Leslie Swartz, 2021-02-08 This open access edited volume explores physical disability and sexuality in South Africa, drawing on past studies, new research conducted by the editors, and first-person narratives from people with physical disabilities in the country. Sexuality has long been a site of oppression and discrimination for people with disabilities based on myths and misconceptions, and this book explores how these play out for people with physical disabilities in the South African setting. One myth with which the book is centrally concerned, is that people with disabilities are unable to have sex, or are seen as lacking sexuality by society at large. Societal understandings of masculinity, femininity, bodies and attractiveness, often lead people with physical disabilities to be seen as being undesirable romantic or sexual partners. The contributions in this volume explore how these prevailing social conditions impact on the access to sexual and reproductive healthcare, involvement in romantic relationships, childbearing, and sexual citizenship as a whole, of people with physical disabilities in the Western Cape of the country. The authors' research, and first person contributions by people with physical disabilities themselves, suggest that education and public health policy must change, if the sexual and reproductive health rights and full inclusion of people with disabilities are to be achieved.

**5 ps of sexual history taking: The Hidden Affliction** Simon Szreter, 2019 Multidisciplinary collection of essays on the relationship of infertility and the historic STIs--gonorrhea, chlamydia, and syphilis--producing surprising new insights in studies from across the globe and spanning millennia.

**5 ps of sexual history taking: The Evolution of Human Sexuality** Donald Symons, 1979-08-30 Anthropology, Sexual Studies, Psychology, Sociology, Gender and Cultural Studies

**5 ps of sexual history taking: Clinician's Guide to LGBTQIA+ Care** Ronica Mukerjee, DNP, MSN, FNP-BC, MsA, LAc., Linda Wesp, PhD, MSN, FNP-C, RN, Randi Singer, PhD, MSN, MEd, CNM, RN, Dane Menkin, MSN, CRNP, 2021-02-24 Strive for health equity and surmount institutional oppression when treating marginalized populations with this distinct resource! This unique text provides a framework for delivering culturally safe clinical care to LGBTQIA+ populations filtered through the lens of racial, economic, and reproductive justice. It focuses strongly on the social context in which we live, one where multiple historical processes of oppression continue to manifest as injustices in the health care setting and beyond. Encompassing the shared experiences of a diverse group of expert health care practitioners, this book offers abundant examples, case studies, recommendations, and the most up-to-date guidelines available for treating LGBTQIA+ patient populations. Rich in clinical scenarios that describe best practices for safely treating patients, this text features varied healthcare frameworks encompassing patient-centered and community-centered care that considers the intersecting and ongoing processes of oppression that impact LGBTQIA+ people every day--particularly people of color. This text helps health providers incorporate safe and culturally appropriate language into their care, understand the roots and impact of stigma, address issues of health disparities, and recognize and avoid racial or LGBTQIA+ microaggressions. Specific approaches to care include chapters on sexual health care, perinatal care, and information about pregnancy and postpartum care for transgender and

gender-expansive people. Key Features: Emphasizes patient-centered care incorporating an understanding of patient histories, safety needs, and power imbalances Provides tools for clinician self-reflection to understand and alleviate implicit bias Fosters culturally safe language and communication skills Presents abundant patient scenarios including specific dos and don'ts in patient treatment Includes concrete objectives, conclusions, terminology, and references in each chapter and discussion questions to promote critical thought Offers charts and information boxes to illuminate key information

**5 ps of sexual history taking:** Clinical Case Studies for the Family Nurse Practitioner Leslie Neal-Boylan, 2011-11-28 Clinical Case Studies for the Family Nurse Practitioner is a key resource for advanced practice nurses and graduate students seeking to test their skills in assessing, diagnosing, and managing cases in family and primary care. Composed of more than 70 cases ranging from common to unique, the book compiles years of experience from experts in the field. It is organized chronologically, presenting cases from neonatal to geriatric care in a standard approach built on the SOAP format. This includes differential diagnosis and a series of critical thinking questions ideal for self-assessment or classroom use.

**5 ps of sexual history taking:** Essentials of Clinical Examination Sabrina Campbell, Jeanette Hui, Imaan Zera Kherani, 2021-09-04 Revised edition of widely acclaimed medical training resource features extensive and invaluable additions Performing clinical examinations is an important skill developed throughout medical training and vocational experience. For nearly a quarter century, this learner-friendly handbook has filled a gap in the literature by providing an affordable and portable resource on clinical examination best practices. Essentials of Clinical Examination, 9th Edition reflects contributions from 119 medical students, 44 residents, 16 artists, 6 layout editors, and 38 esteemed faculty members at the University of Toronto. Supported by Toronto Medical Student Publications, each chapter has been thoroughly reviewed by expert residents and faculty members in their respective specialties to ensure the highest caliber content. Created by health learners for health learners, this highly accessible, evidence-informed reference is indispensable for clinical rotations and OSCE preparation. All 24 chapters underwent extensive revisions to reflect the most pertinent, up-to-date information. Section one provides overviews of major anatomy and body systems, while section two is organized by subspecialty. Each of the subspecialty chapters is consistently formatted with detailed and clear explanations covering clinical history, common presentations, differential diagnoses with distinguishing clinical features, and physical examination maneuvers. Key Highlights The addition of new summary tables, detailed diagrams, and improved graphics enhance understanding and retention of knowledge New social, pediatric, and geriatric awareness pearls help learners better contextualize concepts through a culturally and socially sensitive lens Integrated clinical questions at the end of each chapter enable readers to consolidate knowledge and apply it to real-life situations encountered during rotations The latest edition of this long heralded guide is must-have reading for residents, clerks, and medical students to inform and practice core clinical examination skills that are essential to effective patient management.

**5 ps of sexual history taking:** Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States National Research Council, Institute of Medicine, Committee on Law and Justice, Board on Children, Youth, and Families, Committee on the Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States, 2013-11-12 Every day in the United States, children and adolescents are victims of commercial sexual exploitation and sex trafficking. Despite the serious and long-term consequences for victims as well as their families, communities, and society, efforts to prevent, identify, and respond to these crimes are largely under supported, inefficient, uncoordinated, and unevaluated. Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States examines commercial sexual exploitation and sex trafficking of U.S. citizens and lawful permanent residents of the United States under age 18. According to this report, efforts to prevent, identify, and respond to these crimes require better collaborative approaches that build upon the capabilities of people and entities from a range of

sectors. In addition, such efforts need to confront demand and the individuals who commit and benefit from these crimes. The report recommends increased awareness and understanding, strengthening of the law's response, strengthening of research to advance understanding and to support the development of prevention and intervention strategies, support for multi-sector and interagency collaboration, and creation of a digital information-sharing platform. A nation that is unaware of these problems or disengaged from solutions unwittingly contributes to the ongoing abuse of minors. If acted upon in a coordinated and comprehensive manner, the recommendations of *Confronting Commercial Sexual Exploitation and Sex Trafficking of Minors in the United States* can help advance and strengthen the nation's emerging efforts to prevent, identify, and respond to commercial sexual exploitation and sex trafficking of minors in the United States.

**5 ps of sexual history taking: Sambia Sexual Culture** Gilbert Herdt, 1999-06 This collection of essays on the sexual culture of the Sambia of Papua New Guinea examines: fetish and fantasy; ritual nose-bleeding; the role of homoerotic insemination; the role of the father and mother in the process of identity formation.

**5 ps of sexual history taking: Sexually Transmitted Diseases** Richard H. Beigi, 2012-06-25 Sexually Transmitted Diseases present a major public health challenge. Over 25 diseases can be transmitted through sexual activity, and effective treatment, especially where long term infection can lead to further health problems, and in women infertility, requires good diagnostic skills and understanding of the best treatment methods. This book aims to give a practical guide to diagnosis and treatment in a patient-centred framework, with care at the heart of the book. The aim of the *Gynecology in Practice Series* is to provide a clinical 'in the office' or 'at the bedside' guide to effective patient care for gynecologists. The tone will be practical, not academic. The working assumption is that readers want to know what (and what not) might or should be done, without over emphasis on the why. That said, it is important to review the crucial basic science necessary for effective diagnosis and management, and to provide reminders in the context of the practical chapters. The books will not be heavily referenced, in line with a more practical approach. This allows for smoother reading (and also relieves the burden of comprehensive citing from authors). Key evidence (clinical trials, Cochrane or other meta analyses) should be summarized in 'Evidence at a Glance' boxes and key references such as reviews, major papers can be provided in the 'selected bibliography' at the end of each chapter. Practical guidance will be provided through: the use of algorithms and guidelines where they are appropriate 'Tips and Tricks' boxes – hints on improving outcomes perhaps via practical technique, patient questioning etc 'Caution' warning boxes – hints on avoiding problems, perhaps via contraindications 'Science Revisited' – quick reminder of the basic science principles necessary for understanding

**5 ps of sexual history taking: Female Sexual Pain Disorders** Andrew T. Goldstein, Caroline F. Pukall, Irwin Goldstein, 2011-09-23 First book devoted to the diagnosis and treatment of sexual pain in women *Female Sexual Pain Disorders* is a remarkable fusion of clinical and scientific knowledge that will empower women's healthcare professionals to help their patients in overcoming this common debilitating disorder. Based on the highest level research, it provides state-of-the-art practical guidance that will help you to: Evaluate and distinguish the causes of sexual pain in women Differentiate the many forms of sexual pain Implement multidisciplinary treatments Distilling the experience of world leaders across many clinical, therapeutic and scientific disciplines, with an array of algorithms and diagnostic tools, *Female Sexual Pain Disorders* is your ideal companion for treating the many millions of women who suffer from this disorder worldwide. All proceeds from this book are being donated to the International Society for the Study of Women's Sexual Health (ISSWSH).

**5 ps of sexual history taking: The Ultimate Guide to Sex and Disability** Cory Silverberg, Miriam Kaufman, 2016-09-06 *The Ultimate Guide to Sex and Disability* is the first complete sex guide for people who live with disabilities, pain, illness, or chronic conditions. Useful for absolutely everyone, regardless of age, gender, or sexual orientation, the book addresses a wide range of disabilities — from chronic fatigue, back pain, and asthma to spinal cord injury, hearing and visual

impairment, multiple sclerosis, and more. Expertly written by a medical doctor, a sex educator, and a disability activist, *The Ultimate Guide* provides readers with encouragement, support, and all the information they need to create a sex life that works for them. The authors cover all aspects of sex and disability, including building a positive sexual self-image; positions to minimize stress and maximize pleasure; dealing with fatigue or pain during sex; finding partners and talking with partners about sex and disability; adapting sex toys; and more.

**5 ps of sexual history taking: Essentials of Family Medicine** Mindy A. Smith, 2018-03-08 A staple of family medicine training for 30 years, *Essentials of Family Medicine* offers a comprehensive introduction to this specialty designed just for clerkship students. Covering principles of family medicine, preventive care, and a full range of common ambulatory care problems, it provides all the guidance you need to succeed on a clinical rotation in family medicine.

**5 ps of sexual history taking: Passionate Marriage** David Morris Schnarch, 1997 A respectful, erotic, uplifting, and spiritual guide to sexual and emotional fulfillment.

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