

Trauma-Informed Care – Abdominal Pain

This is a **Large Group Simulation** that will be performed in front of the whole class. There are **2 Standardized Client** roles:

- **Rei** (Patient)
- **Family Physician** (Name may vary to match recruitment of SC)

The large group will be presented in **two parts**:

PART 1:

This encounter will be an example of a **negative** patient interaction between Rei and the Family Physician. There will be a pause midway in the interaction for a **large group discussion**. The interaction will then resume from where they left off until the end of the scripted scene. This will be followed by another large group discussion with the lecturer.

SCs may be asked to give feedback in role.

PART 2:

This will be an example of a **positive** patient interaction between Rei and the Family Physician. Again, there will be pause midway in the interaction for a **large group discussion**. The interaction will then resume from where they left off until the end of the scripted scene. This will be followed by another large group discussion with the lecturer.

SCs may be asked to give feedback in role.

PART 1:

Instructions to Simulated Clients

You are Rei Remy (they/them), a transmasculine individual who was assigned female at birth. You are seeing a new family physician for an intake appointment, but your main concern is long-standing abdominal pain that has been on and off for a year; importantly, your abdominal pain seems to have worsened over the past few hours.

The “clinician” in the first part of the scene (**negative** patient interaction) will start off by using your dead name (Rachel). They will act in a dismissive manner towards your concerns and will ask questions that are inappropriate for the clinical encounter. While you are respectful in your responses to the clinician, you are visibly upset and uncomfortable by the way that the clinician approaches the interview.

While a script is provided, you do NOT need to follow the script word-for-word. However, it does provide guidance on how to respond to questions and ensures that some key teachable moments are covered.

AIM FOR LEARNERS – to understand that:

- Respectful communication includes asking about and using correct names and pronouns. When appropriate, use gender-neutral language and open-ended questions to tailor discussions without making assumptions.
- Trauma-informed care requires active listening, acknowledgement of past negative healthcare and other experiences (if volunteered by the patient), and validation of the patient's concerns. It also emphasizes the patient as an active participant in their care.
- Patient-centered care is a crucial component of trauma-informed care. Prioritize the patient's immediate health concerns rather than imposing a clinician's agenda, provide clear explanations, and incorporate patient education.

OVERVIEW - REI

- Name: Goes by Rei
- Dead name: Rachel
- Pronouns: they/them
- Rei has had intermittent abdominal pain for over a year that seems to have been dismissed by multiple healthcare providers in the past, making them weary of seeing healthcare providers. Rei wants their concerns to be taken seriously and not overshadowed by unrelated topics.

OVERVIEW – FAMILY PHYSICIAN

- Family physician is well-intentioned but dismissive and unaware of biases. They lack sensitivity in correctly using terminology corresponding to the patient's gender identity and pronouns. They focus on their own agenda/assumptions (e.g. that the visit is related to Rei's gender identity and desire for medical transition) rather than the patient's chief concern (abdominal pain). They are rushed, inattentive, and does not foster a comfortable environment for the patient.
- (See sample script for more information)

BACKGROUND

Behaviour, Demeanour and Appearance

- **REI (Patient)**
- Rei is polite, particularly initially, but grows increasingly frustrated and visibly uncomfortable when dismissed and feeling invalidated by assumptions about their gender identity, transition status, mental health, etc. They are willing to share information but uncomfortable with intrusive or irrelevant questioning.

- **FAMILY PHYSICIAN**

- Family physician conducting the **negative** interaction:
 - Comes across as detached and clinical, rather than warm and supportive. Poor eye contact, with most of the interaction spent looking at the chart in front of them. Dismissive body language (e.g., waving hand when Rei corrects their name). Interrupts the patient instead of letting them explain symptoms fully.
 - Misses opportunities to build rapport or acknowledge Rei's emotions; fails to address the patient's concerns adequately, making Rei feel unheard and invalidated
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- Family physician conducting the **positive** interaction:
 - Comes across as warm and supportive. Good eye contact and body language. Allows the patient to express their concerns without interruption and recognizes the importance of building rapport, including by making Rei feel heard and validated.

ATTIRE

- **Rei:** Casual
- **Family Physician:** (Optional) Lab coat, stethoscope

HISTORY OF PRESENT ILLNESS/ PROBLEM - REI

History of Present Illness

You present with "stomach pain" (abdominal pain)

- **Onset:** On and off for over a year now, but it's been getting worse over the last few hours
- **Location:** Mostly in your right lower abdomen, but sometimes it radiates to your groin and to the lower left part of your abdomen
- **Quality:** Crampy
- **Alleviating factors:** Tylenol sometimes helps
- **Aggravating factors:** Walking or any movement

PERSONAL/SOCIAL HISTORY FOR REI

- Born and raised in Canada
- Has a past diagnosis of depression, but symptoms have been well-managed for years with therapy strategies; otherwise has no diagnosed medical conditions.
- Sexually active only with their partner
- In a relationship with a partner who is non-binary, assigned male at birth; but although they produce sperm, there is no concern for pregnancy because Rei has previously had a hysterectomy (removal of the uterus).

CURRENT SC CONCERNS

REI'S Concerns:

- You are concerned about your chronic, intermittent abdominal pain, particularly because it has gotten worse in the last few hours
- You have brought this concern about abdominal pain up several times before, but other healthcare providers seem to always dismiss it.

PART 1: Negative Interaction (Sample Script)

REI is at a family clinic and is being seen by a **FAMILY PHYSICIAN**.

FAMILY PHYSICIAN: *[Looking at chart]* Rachel?

REI: Uh, actually, I go by Rei.

FAMILY PHYSICIAN: *[Waving hand dismissively]* Right, okay. I'm Dr. [Last Name]. What are you here for?

REI: So, I booked this intake appointment, but the main reason I wanted to see someone today is this crampy pain in my stomach.

FAMILY PHYSICIAN: No, I meant, what brings you to Canada?

REI: *[Taken aback]* Um... I live here?

FAMILY PHYSICIAN: When did you move here?

REI: I was born in Canada actually.

FAMILY PHYSICIAN: Oh. *[Awkward silence]* Sorry, just give me a second here... *[Looks at chart]* Oh I see you're, umm, "transmasculine" ... but it looks like you're not on testosterone. Do you want us to get that started?

REI: No, actually, I really need help with this stomach pain. It's been getting worse over the last few hours, though I've had it on and off for over a year now.

FAMILY PHYSICIAN: *[Interrupting]* Sounds like chronic abdominal pain. A lot of the time, this can be secondary to depression or anxiety, which we see more often in trans or gender diverse individuals. Have you ever been diagnosed with either of these?

REI: *[Frustrated]* I mean, sure, I did experience depression in the past, but it's been well-managed for years with strategies that I learned in therapy.

[PAUSE FOR LARGE GROUP DISCUSSION]

INTERACTION #1 CONTINUES

REI: *[Sighs]* Doctor, I really need to talk about this pain. I've seen other doctors about it before, but no one takes it seriously.

FAMILY PHYSICIAN: *[Pauses]* Fine. Where exactly is the pain located? Does anything make it worse or better?

REI: It's mostly in my right lower abdomen. Tylenol sometimes helps, but not always. I think there was something else you asked ...

FAMILY PHYSICIAN: Have you noticed any other symptoms? Nausea, vomiting, changes in your bowel movements?

REI: I get nauseous sometimes, but no vomiting. My digestion has been kind of off, though.

FAMILY PHYSICIAN: *[Ignoring discomfort]* So, tell me about your menstrual cycles. When was your last period?

REI: *[Visibly uncomfortable]* I ... I don't get periods anymore.

FAMILY PHYSICIAN: Oh, strange, well we'll talk about that later. Are you sexually active — with women I'm guessing?

REI: Uh ... my partner is nonbinary.

FAMILY PHYSICIAN: *[Writing in chart]* Okay, well, are you using contraception?

REI: *[Confused]* I ... don't need to?

FAMILY PHYSICIAN: *[Shrugging]* Why not?

REI: I've had a hysterectomy.

FAMILY PHYSICIAN: Oh okay, well I was just making sure.

[END SCENE: PAUSE FOR LARGE GROUP DISCUSSION]

PART 2: Positive Interaction (Sample Script)

REI is at a family clinic and is being seen by a **FAMILY PHYSICIAN**.

FAMILY PHYSICIAN: *[Looking at chart]* Hi, welcome! My name is Dr. [Last Name], and I use [pronouns]. How would you like me to address you?

REI: Uh, I go by Rei. My pronouns are they/them.

FAMILY PHYSICIAN: Thanks for letting me know, Rei. What brings you in today?

REI: So, I booked this intake appointment, but the main reason I wanted to see someone today is this crampy pain in my stomach. It's been getting worse over the last few hours, and I've had it on and off for over a year now.

FAMILY PHYSICIAN: I'm sorry to hear that — it sounds really uncomfortable. Let's explore it a bit more, but before we do, were there other things you wished to discuss today?

REI: Nope.

FAMILY PHYSICIAN: Okay, and no worries — I'm always happy to see you if other concerns come up. Can you tell me more about where this pain is?

REI: *[Points to right lower quadrant]* Yeah, it's mostly in the right lower part of my abdomen.

FAMILY PHYSICIAN: Does it travel anywhere else?

REI: Sometimes to my groin and sometimes to the left lower part of my abdomen.

FAMILY PHYSICIAN: Have you noticed anything that makes this pain better?

REI: Tylenol sometimes helps, but not always.

FAMILY PHYSICIAN: How about anything that makes it worse?

REI: Walking or any movement makes it worse.

FAMILY PHYSICIAN: Got it, I'm sorry to hear that. Have you had any other symptoms?

[**PAUSE FOR LARGE GROUP DISCUSSION**; after discussion, the lecturer will tell the group to pretend most of the review of systems have been explored.]

ENCOUNTER #2 CONTINUES

REI: I've brought this concern up several times before, but other healthcare providers seem to always dismiss it.

FAMILY PHYSICIAN: I'm sorry to hear that. I want to make sure we take this seriously and get to the bottom of it.

REI: Thank you.

FAMILY PHYSICIAN: Chronic abdominal pain can have a variety of causes, so let's work together to find out what's going on. I'll need to ask a few more questions to make sure we consider all possible factors.

REI: Okay.

FAMILY PHYSICIAN: Reproductive health can be important since hormones and surgeries can sometimes play a role. I see you've had a hysterectomy — any related concerns I should be aware of?

REI: No, nothing specific.

FAMILY PHYSICIAN: Okay, thanks for sharing. Some causes of abdominal pain may be related to sexual activity. Are you currently sexually active?

REI: Yes, with my partner, who is non-binary as well.

FAMILY PHYSICIAN: Got it. What pronouns do they use?

REI: He or they interchangeably.

FAMILY PHYSICIAN: And what type(s) of sex do you and him engage in?

REI: He has a penis, and we engage in oral and vaginal sex.

FAMILY PHYSICIAN: Got it. And do either of you have any other sexual partners outside of this relationship?

REI: Not for a while.

FAMILY PHYSICIAN: Okay. Given that, would you still like to do any STI testing today, just as a routine check-in?

REI: Hmm, I hadn't really thought about it, but yeah, that might be a good idea.

FAMILY PHYSICIAN: Sounds good. We can include that as part of today's workup. Thank you for sharing that information. Based on what you've told me so far, I'd like to do a physical exam and possibly order some tests. We'll make sure to check for anything that could be causing your pain and come up with a plan together. Does that sound alright?

REI: Yeah, that sounds good. What do you think might be going on?

FAMILY PHYSICIAN: Well, it's possible that the pain you're having today is related to the pain you've been having over the past year. There are certain conditions, like irritable bowel syndrome or IBS, which may cause this. Although we don't know what causes IBS, we think about it like a gut nerve sensitivity, and we see that certain foods can trigger it. I'd be happy to talk about it in more detail if this is what we think it is.

[END SCENE: PAUSE FOR LARGE GROUP DISCUSSION]