



Faculty of Forensic & Legal Medicine

Sexual Offence Medicine

Fear of HIV (low risk)

This is a 10-minute station

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You are the Forensic Practitioner on call at the Sexual Assault Referral Centre (SARC). You have just met 19-year-old Rebecca(Bex) Rubens, a trainee accountant, who has reported being sexually assaulted 12 hours previously.

The attending officer was not able to provide you with a complete picture of the sexual assault. Bex is very anxious because she is afraid that she may have caught HIV during the assault.

You have already introduced yourself and have obtained informed consent for the examination from Bex. She has already told you that she has an in date implant fitted.

Tasks

- Please assess whether Bex requires prophylactic HIV medication
- Explain your decision to her and answer any questions she may have
- Discuss briefly the immediate and follow-up management for Bex in relation to her HIV risk

The candidate has been given the following instructions:

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Additional notes to examiner:

Construct: This station assesses the candidate's ability to deal sympathetically and professionally with a distressed young woman who is terrified of having contracted HIV during a sexual assault that took place 8 hours prior to attendance at the SARC, to assess her (low) risk of HIV infection that does not need PEP medication. To discuss this and to reassure Bex that as she is at low risk of contracting HIV, PEP medication is not indicated. The candidate needs to discuss any immediate aftercare and referral to Sexual Health with Bex.

Please give a prompt at 8 minutes IF the candidate has not already started discussing management?

'Please can you discuss your immediate and follow-up management with Bex?'

A = Outstanding, B = Good, C = Adequate, D = Marginal, E = Inadequate

1. Initial approach	A	B	C	D	E
2. Information gathering: clinical content	A	B	C	D	E
3. Information gathering: communication	A	B	C	D	E
4. Explanation: of PEP and reassurance about low risk	A	B	C	D	E
5. Management: Immediate and follow-up	A	B	C	D	E
6. Rapport and professionalism	A	B	C	D	E
7. SP to mark	A	B	C	D	E

GLOBAL RATING	1	2	3	4	5	6
	CLEAR FAIL	BORDERLINE FAIL	BORDERLINE PASS	CLEAR PASS	VERY GOOD	EXCELLENT

Examiner feedback to candidate:

Information for examiner under domain headings (1 of 2)

1. Initial approach

- Candidates should initiate the conversation sensitively acknowledging Bex's distress and anxiety.
- They should check how she is feeling now, establishing some rapport as soon as possible. Candidates should acknowledge distress if appropriate.
- They should start with an open question and listen without interruption.

2. Information gathering: clinical content

- Candidates should gather the information needed to come to a decision about the level of risk in relation to the sexual assault.
- Candidates should establish briefly what happened - what type/types of sexual assault took place and when.
- They should find out what is known about the alleged offender (e.g. race/age/language/where from/UK born).
- Candidates should establish whether Bex is taking any medication or has any contraindication to PEP.
- A good candidate would also determine if Bex received any acute bleeding injury to the face allowing the semen to enter the blood stream.

3. Information gathering: communication

- Candidates should use an appropriate mix of open and closed questions and avoid asking leading questions (assuming the answer) and multiple questions. Language should be clear and jargon either avoided or explained.
- They should demonstrate active listening, picking up cues, responding appropriately to the patient's replies and not repeating questions.
- Good candidates should be organized and systematic in their approach, demonstrating skills such as signposting and summarizing.

4. Explanation: of PEP and reassurance about low risk

- Candidates should explain the rationale for PEP treatment and its limitations. They should also explain routes of HIV transmission.
- They should explain when it is appropriate to offer PEP medication and what constitutes high and low risk and the time frame of opportunity for treatment.
- Candidates are expected to assess, based on the history taken, Bex's (low) risk of having contracted HIV during the sexual assault.
- They should support their clinical decision and may refer to national and regional guidelines on post exposure prophylaxis for HIV. (BASHH guidelines.) Good candidates will be able to reassure Bex that prophylaxis is not indicated.

Information for examiner under domain headings (2 of 2)

5. Management: immediate and follow-up

- Candidates should explain that, despite the low risk, Bex should attend the Sexual Health clinic in 2 weeks' time to be checked for a variety of STDs e.g. chlamydia, gonorrhoea and blood borne viral infections e.g. Hepatitis B and C, and for follow-up vaccination for Hep B vaccination as she has agreed to the first dose being given at the SARC.
- The candidate should reassure Bex that the Sexual Health clinic will deal with any queries that she has and that she will be fully investigated by them.
- An excellent candidate would also mention that the ISVA could help with any remaining worries about HIV by contacting Sexual Health on her behalf if Bex feels too anxious to do so.

6. Rapport and professionalism

- Candidates should show interest in and respect for Bex. They should demonstrate empathy and sensitivity. They should use appropriate non-verbal communication (eye contact, appropriate use of touch, maintains comfortable distance from the patient).

7. SP mark

- I thought the candidate understood how I was feeling. I felt in safe hands and was reassured by the end. I did not feel judged. I felt as comfortable talking to this candidate as was possible in the circumstances.

Background

- You are Bex Rubens, a 24-year-old trainee accountant. You live in Manchester but went to visit your sister Amy for the weekend in Leeds.
- You have an on and off boyfriend and you have an implant (fitted a year ago, no problems)
- You went out on Saturday night with Amy and a group of her friends. You all had a great time, visiting several bars, dancing and drinking several vodka and Red Bulls and some lager.

The assault

- Late at night you had to use the toilet in one of the bars.
- When you entered the cubicle, a man, who must have followed you into the women's toilet, pushed you into a cubical so that you sat facing him. You had seen him earlier on the dance floor. While he tried with one hand to remove your tights and underwear, he started to masturbate. (He was standing up)
- He ejaculated and the ejaculate hit your forehead and eye.
- You felt sick and vomited on his body. This prompted him to leave immediately, so no other sexual act took place.
- The man who assaulted you was white and appeared to be in his mid-twenties. You noticed a local accent when you talked to him before the assault on the dance floor, but you have no further information about him.
- You washed your face and use baby wipes to try and clean your eye.

Attending the SARC

- When you got home you cleaned your teeth and had a shower.
- After a few hours sleep, you reported the incident to the police and are now attending the SARC in Leeds. You have already met the Forensic Practitioner who has obtained consent for the examination and is to assess you (take a history) of the sexual assault. The Forensic Practitioner will ask about the male to determine the risk of becoming infected with HIV and if you need to be given prophylactic medication against an HIV infection.
- **When the candidate enters the station, pick up the conversation as though you had already met.**
- You are very frightened and worried that you might have been infected with HIV. **This very much preoccupies you and dominates your thoughts.**

Simulated Patient Instructions (2 of 2)

- If the candidate treats you with empathy and respect and is able to explain and convince you that your risk is low, despite semen having splashed into your eye, and that you do not need to be given the prophylactic medication against HIV, you accept this. You indicate to them that this reassures you and that you are happy with treatment consisting of a referral to your local Sexual Health clinic in two week's time and a referral to the ISVA (independent sexual violence adviser).
- If the candidate does not treat you in a caring manner and/or is not able to deal with your concerns or use language that you do not understand, you become more distressed and do not accept that you have only a low risk of HIV infection.
- If the candidate comes to the (incorrect) conclusion that you need the prophylaxis, they should exclude contraindications for the treatment. If asked, you have no allergies, do not take any regular medication and are a healthy woman who enjoys a variety of sports.
- You are particularly worried about HIV infection as you have recently seen a TV programme about a rape victim who contracted HIV after a sexual assault. You are worried because the semen entered your eye during the assault. You have no facial or any other injuries.

You will be asked to mark the following domain on the scale:

A=Outstanding, B=Good, C=Adequate, D= Marginal, E = Inadequate

- I thought the candidate understood how I was feeling. I felt in safe hands and was reassured by the end. I did not feel judged. I felt as comfortable talking to this candidate as was possible in the circumstances.

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Equipment List

Table
3 chairs
Stop clock
Pens
Rubber
Scrap paper
Tissues