

NAME OF ROTATION: Adolescent and Young Adult Medicine Sexual Transmitted Diseases

COURSE DIRECTOR: Yolanda Wimberly, MD, MSc

PRECEPTORS:

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Pradnya Tambe, MD
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Communicable Disease Prevention Branch
99 Jessie Hill Jr, Dr
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(404) 730-1412 (o), (404) 756- 1499 (f)
Email: tbtambe@dhr.state.ga.us
Role in course: Preceptor, educational support

LOCATION:

Primary Site at which the Elective will be located
Fulton County Department of Health and Wellness
Communicable Disease Prevention Branch
99 Jessie Hill Jr, Dr
Atlanta, GA 30303
(404) 730-1412 (o), (404) 756- 1499 (f)

Other sites that will be used for this Elective
Grady Health Systems, Otis Smith Health Center
2600 MLK Jr., Dr
Atlanta, Ga 30310
(404) 616-0506

TRAINING LEVEL:

PGY-2 and PGY-3

LENGTH OF ROTATION:

1 month

COURSE DISCRIPTION:

Atlanta has one of the highest rates of chlamydia, gonorrhea, and syphilis in the United States. Approximately 20% of all reported Chlamydia and gonorrhea cases and 50% of syphilis cases in Georgia occur in Fulton County. There is a great need in the Atlanta community to focus more on STD treatment, prevention and research. Part of the solution includes the need to train physicians in prevention and management of STDs to effectively reduce the burden of STDs. The majority of clients that present for testing and treatment for STDs are young adults and adolescents.

The residents in training at Morehouse School of Medicine will have the opportunity to have an elective experience on prevention, diagnosis and management of STDs at the Fulton County Department of Health and Wellness. The volume and diversity of patients seeking diagnosis and treatment of STDs at Fulton County Department of Health and Wellness provides an excellent learning opportunity for the medical resident. Knowledge and skills developed during the elective will be valuable to the resident during resident training and in clinical practice.

GOAL, OBJECTIVES, AND CORE COMPETENCIES:**GOAL 1:** To allow the residents the opportunity to:

Objective 1.1: increase their knowledge in evaluation, diagnosis and treatment of sexually transmitted diseases

Objective 1.2: To allow residents the opportunity to learn various counseling techniques on STD prevention, including individual counseling and contact tracing

Objective 1.3: To allow residents to become more knowledgeable about community organizations that provide STD prevention and intervention services

GOAL 2: Describe the evaluation, natural history, complications, diagnosis and management of patients with the following presentations:

- Vaginal/penile discharge
- Dysuria
- Abdominal and/or pelvic pain
- Testicular pain
- Genital (and other skin) lesions
- Genital ulcerations and lymphadenopathy
- Request for STD screen
- Exposure to STDs

GOAL 3: Describe the various screening protocols for asymptomatic STDs in males and females, including newer technologies that are emerging.

GOAL 4: Describe the alterations in strategies for the following risk groups:

- Men having sex with men
- Adolescents
- HIV positive patients
- Chemically dependent patients

GOAL 5: Describe the possible vertical transmission of the different STDs from pregnant women to their infants in the perinatal period and screening and management of both mothers and infants.

GOAL 6: Describe the role of the public health department in the identification and follow-up of STDs.

GOAL 7: Recognize the signs and symptoms of acute or chronic HIV/AIDS infection.

GOAL 8: Understand the various screening strategies for HIV infection.

GOAL 9: Recognize how culture and language differences can intersect with the diagnosis and management of STDs.

GOAL 10: Demonstrate the ability to obtain a complete sexual history.

GOAL 11: Demonstrate how to obtain consent to do screening evaluation for HIV and STDs.

GOAL 12: Identify physical signs of an STD when performing a pelvic examination in a female or genital exam in a male.

GOAL 13: Demonstrate how to obtain a pap smear or other screening test for HPV and/or cervical dysplasia/cancer. Demonstrate how to collecting urethral, vaginal, cervical, and rectal specimens to evaluate for various STDs.

GOAL 14: Following OSHA guidelines, perform a gram stain, wet prep, and KOH prep for evaluation for various STDs.

GOAL 15: Demonstrate the ability to apply the CDC STD Treatment guidelines (and other evidence-based resources) to specific clinical scenarios.

GOAL 16: Demonstrate the ability to make referrals to appropriate medical and social services.

GOAL 17: Demonstrate the ability to communicate effectively the screening and testing strategies, diagnosis, and management for STDs encountered, including culturally competent messages.

GOAL 18: Demonstrate how to effectively use an interpreter to obtain a sexual history and screening, diagnosis, and management of STDs.

COMPETENCIES:

Competency 1: Patient Care. Provide family-centered patient care that is development- and age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

1.1: Use a logical and appropriate clinical approach to the care of outpatients, applying principles of evidence-based decision-making and problem-solving.

1.2: Provide sensitive support to patients and their families in the outpatient setting.

1.3: Provide effective preventive health care and anticipatory guidance to patients and families in continuity and outpatient settings.

Competency 2: Medical Knowledge. Understand the scope of established and evolving biomedical, clinical, epidemiological and social-behavioral knowledge needed by a pediatrician; demonstrate the ability to acquire, critically interpret and apply this knowledge in patient care.

2.1: Demonstrate a commitment to acquiring the knowledge needed for care of children in the continuity and general ambulatory setting.

2.2: Know and/or access medical information efficiently, evaluate it critically, and apply it appropriately to outpatient care.

Competency 3: Interpersonal Skills and Communication. Demonstrate interpersonal and communication skills that result in information exchange and partnering with patients, their families and professional associates.

3.1: Provide effective patient education, including reassurance, for conditions common to the outpatient setting.

3.2: Communicate effectively with physicians, other health professionals, and health-related agencies to create and sustain information exchange and teamwork for patient care.

3.3: Develop effective strategies for teaching residents, colleagues and other professionals.

3.4: Maintain accurate, legible, timely, and legally appropriate medical records in this clinical setting.

Competency 4: Practice-based Learning and Improvement. Demonstrate knowledge, skills and attitudes needed for continuous self-assessment, using scientific methods and evidence to investigate, evaluate, and improve one's patient care practice.

4.1: Identify standardized guidelines for diagnosis and treatment of conditions common to outpatient care, and adapt them to the individual needs of specific patients.

4.2: Work with health care team members to assess, coordinate, and improve patient care in the outpatient setting.

4.3: Establish an individual learning plan, systematically organize relevant information resources for future reference, and plan for continuing acquisition of knowledge and skills.

Competency 5: Professionalism. Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to diversity.

5.1: Demonstrate personal accountability to the well being of patients (e.g., following-up lab results, writing comprehensive notes and seeking answers to patient care questions).

5.2: Demonstrate a commitment to professional behavior in interactions with staff and professional colleagues.

5.3: Adhere to ethical and legal principles and be sensitive to diversity.

Competency 6: Systems-Based Practice. Understand how to practice high quality health care and advocate for patients within the context of the health care system.

6.1: Identify key aspects of health care systems (e.g., public and private insurance) as they apply to the primary care provider, such as the role of the PCP in decision-making, referral, and coordination of care.

6.2: Demonstrate sensitivity to the costs of clinical care in the outpatient setting, and take steps to minimize costs without compromising quality.

6.3: Recognize and advocate for families who need assistance to deal with system complexities, such as lack of insurance, multiple medication refills, multiple appointments with long transport times, or inconvenient hours of service.

6.4: Recognize one's limits and those of the system; take steps to avoid medical errors.

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 07/21/2009]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

PROCEDURES:

Technical and therapeutic procedures. Describe the following procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- Genital wart treatment
- Gynecologic evaluation: postpubertal
- Urethral swab

Diagnostic and screening procedures. Describe the following tests or procedures, including how they work and when they should be used; competently perform those commonly used by the pediatrician in practice.

- Scoliometer

Source. Kittredge, D., Baldwin, C. D., Bar-on, M. E., Beach, P. S., Trimm, R. F. (Eds.). (2004). APA Educational Guidelines for Pediatric Residency. Ambulatory Pediatric Association Website. Available online: www.ambpeds.org/egweb. [Accessed 04/13/2008]. Project to develop this website was funded by the Josiah Macy, Jr. Foundation 2002-2005.

SCHEDULE:

The resident will spend the majority of their time at the Fulton County Department of Health and Wellness (FCDHW) during the four- week elective. They will also rotate thru a Grady Health System neighborhood clinic one half day a week. The residents will be under the direct supervision of the attending physicians in all clinical settings. The duties will include evaluation, diagnosis, and treatment of STDs. A minimum of 6 patients will be examined per day but there is no upper limit on the number of patients' residents will evaluate. The capacity will be determined by the skills of the resident. In addition, they will have experience working with the epidemiologists in performing contact tracing. One day during the elective, the

resident/resident will be able to visit the STD division at the Centers for Disease Control and Prevention. Residents will also be able to spend one half day per week at a community agency that provides STD testing and counseling. The resident will attend their assigned weekly continuity clinic, weekly didactic lectures, and Grand Rounds.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	FCDHW STD clinic	CAU	FCDHW STD Clinic	Hermeyone Wilson	FCDHW STD clinic
PM	Residency Didactics	CAU	Teen Clinic	Hermeyone Wilson	FCDHW STD clinic

FCDHW—Fulton County Department of Health and Wellness

SWG—Southwest Grady (Otis Smith) Neighborhood Clinic

The elective hours will be from 8:30am- 5:00pm Monday thru Friday and promptness will be enforced.

DIDACTIC SESSIONS:

1st Week

- Sexual History Taking—Dr. Yolanda Wimberly
- Viral STDs- epidemiology, diagnosis, treatment—Dr. Yolanda Wimberly

2nd Week

- Bacterial STDs- epidemiology, diagnosis, treatment—Dr. Roxanne Barrow
- PID—Dr. Sandra Moore

3rd Week

- STD testing in a busy pediatric practice - Dr. Yasmin Tyler-Hill

4th Week

- HIV/AIDS- Dr. David Levine
- Community Prevention Strategies- Dr. David Levine

Reading Assignments

The resident will have the following textbooks given to them during the rotation to read and a notebook with supplemental reading materials in the form of journal articles.

- Holmes, K, Morse, S, Ballard, R, Moreland, A.(eds) *Atlas of Sexually Transmitted Diseases and AIDS 3rd ed.* 2003; Elsevier Science: Philadelphia.
- Ungvarski, P, Flaskerud J. *HIV/AIDS: A Guide To Primary Care Management 4th ed.* 1999; W.B. Saunders: Philadelphia.
- Holmes, K, Spalring P, Per-Anders M. *Sexually Transmitted Diseases 3rd ed.* 1999; McGraw Hill: New York.
- Wisdom, A, Hawkins, D. *Diagnosis in color: Sexually Transmitted Diseases 2nd ed.* 1999: Mosby: Philadelphia.

In addition, the resident will utilize the CDC STD website for more information. There is a website www.msmstdeducation.com and the resident will access the website and type in fourth year as the user id and msm as the password and complete the assignments. The resident will also be required to read “The Tuskegee Syphilis Experiment” during the elective and be prepared for a discussion at the end of the rotation.

EVALUATIONS:

Completed assignments: 30%

Clinical Performance: 50%

Oral Exam: 20%

Residents will be evaluated on the six core competencies via electronic evaluation form. Residents will be given verbal mid-elective feedback. Summative evaluations will be completed by all the preceptors of the elective and feedback will be given.

REFERENCES:

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