RECIPE Small Group Discussions: Case 3 Video
(Video length 2:42)

OVERVIEW
This case involves a young married woman who is waiting in the examining room for news of her test results. She learns from her gynecologist her tests indicate she has a sexually transmitted infection (STI). This is obviously a common OB/Gyn patient encounter. Multiple religious, ethical and cultural issues underlie this scene so the case is relevant for use in undergraduate and graduate medical education. The video highlights a situation involving STIs, patients and state laws addressing notification of sexual partners but is presented to allow faculty the opportunity to discuss other issues not uncommon to the reproductive clinic. This video also allows future healthcare providers to address personal biases, such as advising a patient’s spouse who has had an extramarital affair, that should not influence patient interactions. The physician’s handling of the situation is also portrayed to allow discussion of professionally managing patient encounters. Students need to be conscious of how to professionally handle these sensitive situations so we encourage faculty to view this facilitator guide as suggestive but not all inclusive.

Learning Objectives
At the end of the session, the student should be able to:

1. Explore their own personal biases of patients presenting with sexually transmitted infections.
2. Discuss religious and disparity issues impacting patients with sexually transmitted infections.
3. Identify healthcare concerns when a sexually transmitted infection is identified in a patient.
4. Develop strategies for managing patients with sexually transmitted infections.

Facts to Initiate Discussion
- The CDC estimates there are 20 million new sexually transmitted infections (STIs) a year in the United States (CDC, 2013).
- STIs cost the American healthcare system approximately $16 billion in direct medical costs each year (CDC, 2013).

Critical Points (Every Student Needs to Hear)
- Empathy can help the healthcare team understand the patient’s reactions to healthcare diagnoses (ACOG Committee Opinion No. 480, 2011).
- Acknowledging the patient’s concerns and reactions during a clinical encounter can impact the length of a patient’s visit (ACOG Committee Opinion No. 480, 2011).
- STI counseling should be delivered in a nonjudgmental and empathetic manner that is appropriate to the culture, language, gender, sexual orientation, age, and developmental level of the patient (CDC MMWR, June 5, 2015).
- Adolescents 15-24 years old account for more than half of the new STI cases each year in the United States (CDC, 2014).
- Women with STIs can suffer long-term health and reproductive problems, such as infertility and ectopic pregnancies (CDC, November 2015).
**Background Information**
- Expedited partner therapy enables providers to treat patient partners without examining them (ACOG Committee Opinion No. 125, 2015). The legal status of using this therapy varies among states so healthcare providers need to check state guidelines on the CDC website.
- One study found chlamydia to be higher among Latinas born in the U.S. than Latinas born outside the U.S. (Minnis and Padian, 2001).
- The CDC 2014 survey found chlamydia and gonorrhea to be highest among non-White Black men and women (CDC, 2015).
- One model examining the high STI rate among Blacks in the Southeast States defined social disparities influencing STIs as long-term unemployment, drug/alcohol marketing, social disorganization (loss of social capital), and male incarceration (Farley, 2006).

**Questions to Ask**
- Will counseling vary depending on the couple’s faith tradition (e.g., devout Orthodox Jews, Roman Catholics, Muslims, Baptists, Jehovah Witnesses, Mormons) or other sociocultural factors (e.g., undocumented status, political affiliations, profession, education)?
- Should the healthcare team ask the husband to join the discussion?
- Should expedited partner therapy be considered in this case?
- What is the physician’s best strategy for handling this case within the time limit of the patient’s appointment?
- In the situation in which an unexpected positive STI result is returned on a patient and no followup visit is scheduled, should an appointment be scheduled for the patient? Should the test results be shared with the patient over the phone? Shared by an email message?
- For whom does the CDC recommend routine annual STI screening?
- What other tests should be recommended? [compleltion STI panel, uPT]

**Concluding the Session**
- A patient’s long-term health is a healthcare provider’s primary concern. Care should be delivered with empathy in a non-judgmental manner.
- Involving the patient’s significant other in the encounter should be a shared decision between the provider and patient. The provider should be sensitive to the patient's perspective which may be informed by religious, cultural, or other factors. Screening for Domestic Partner Violence may be indicated.
- Treating a patient for an STI requires treating his/her partner/s.

**Reading Resources**