



Kenneth J. Ryan Residency Training Program

Adolescent Peer Educator & Resident Cross Training-Collaborative





Overview of the Collaborative Relationship

UofL Department of OB/GYN, Pediatrics & PPINK

Our presentation will focus on outcomes resulting from a partnership initiative between the University of Louisville Department of OBGYN Ryan Residency Training Program, the Department of Pediatrics and Planned Parenthood of Indiana and Kentucky (PPINK)'s Youth Peer Educator Project (high school students). Designed as a cross-training educational exchange program, residents engage Youth Peer Educators by providing clinically-based interactive presentations about comprehensive reproductive health didactic curriculum provided as part of the Ryan Program rotation.

Peer Educators also receive training to function as Standardized Patients (SP) that includes providing appropriate feedback for residents. They participate in mock clinical cases that allow the residents to practice skills needed to engage adolescents and their parents in discussions like sexual health and reproduction. They receive training from Dr. Franklin, Capric Walker - Ryan Program Manager, and the UofL SP program staff. This component of the program helps to build clinical knowledge for the Peer Educators to strengthen the service work they currently provide in the community to educate their peers. This component also provides residents cultural competency in adolescent patient care.

This partnership provides a unique opportunity to expand the programs of both departments and fills a gap by providing comprehensive reproductive health and adolescent gynecology training to Pediatric Residents that was previously unavailable. It provides real life experiences with actual adolescent SPs instead of the Adult SPs which were the standard at UofL prior to this project. Peer Educators have a unique opportunity to engage with residents for reproductive care education previously absent from PPINK's Peer curriculum.

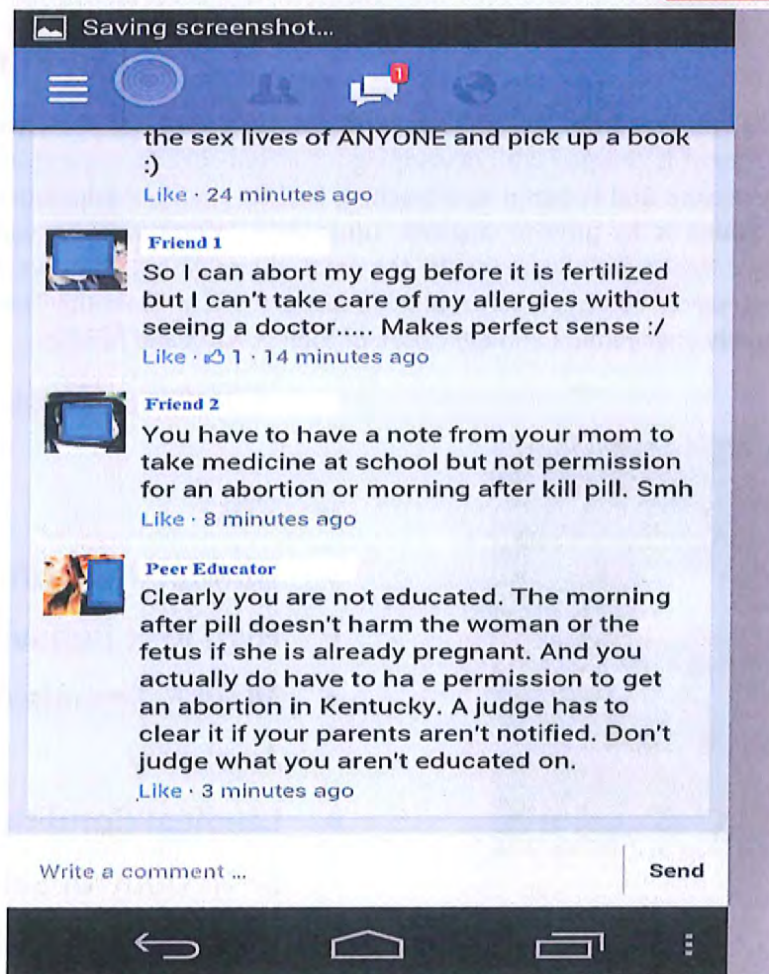
Clinical Education Presentations: Adolescent Education.

Each month, the rotating resident from the, University of Louisville OB/GYN, Pediatrics, or the University of Kentucky OB/GYN Department is charged with developing a content specific presentation that is both relevant to the Ryan Program curriculum and is useful as a teaching tool for the Peer Educators. The purpose of these clinically based presentations is to provide ongoing, up-to-date information on various aspects of Family Planning and Reproductive Health including sexually transmitted infection (STI) prevention and contraception. These presentations are designed to dispel myths, provide resources in a "Train-the-Trainer" style of content. It is preparation for community engagement and education of their cohorts and families.

Lecture Topics Include

- STIs
- Human Papillomavirus (HPV)
- High Risk Behaviors
- Male & Female Reproductive Anatomy
- Medical Conditions Affecting Birth Control Selection
- Adolescent Healthcare Confidentiality: A Resource Guide for Clinical Options & Patient Rights
- Sexual Response Cycle: Understanding Sexual Physiology





Peer Education - Direct Impact on Community

The Peer Educator Project is designed to provide youth with tools necessary to turn them into resources for their peers within the community in the area of Family Planning and Reproductive health education. These skills are put into action through organized events and activities that help to foster knowledge sharing. Many events are student facilitated events where they lead discussion on the various health topics learned as a result of the clinical presentations provided by residents.

Students also apply the knowledge directly in informal environments, as pictured above, in this general communication with friends.



Standardized Patient Training: Resident Education.

The University of Louisville has a very effective Standardized Patient Program (SPP) that has been in existence for more than ten years. This program has served as a standardized teaching and assessment tool for medical students. Standardized Patients typically are hired adult actors that facilitate scripted mock cases to provide various clinical case scenarios. Through the Ryan Adolescent Collaborative, our residents and students have the opportunity to engage with Adolescent Standardized Patients. Residents and medical students are responsible for determining a diagnosis, making a plan for treatment, but most importantly are evaluated on their bedside manner and their ability to maneuver difficult discussion topics. As part of the Adolescent Collaborative, we have established for the first time within the University of Louisville structure, the use of Actual Adolescents to serve as the Standardized Patients in our cases. This provides a unique learning opportunity of residents and medical students.



Peer Educators as Standardized Patients.

In addition to their community outreach responsibilities, Peer Educators are responsible for providing education as SPs for the residents and medical students at the School of Medicine who rotate through the Ryan Residency Training Program in Family Planning.

Prior to beginning their case work, each Peer Educator is provided with comprehensive training led by Capric Walker, Ryan Program Manager and the Director of the UofL Standardized Patient Center. This training is a four part training:

- **Basic Overview of what it is to be a Standardized Patient**
- **Observation of Clinical SP Case**
- **Drafting of Clinical SP Case**
- **Resident Practice Walk-Through of SP Case**
- **Case in Action**



During the case presentations, Adolescent SPs present symptoms as in any actual patient and the resident is required to follow appropriate protocols for evaluating the patient to establish the correct diagnosis. Upon completion, Residents receive direct feedback from Adolescent SPs, Adult SP Parent and Program staff member (either SP Clinic Director or Ryan Program Manager). Each Case is recorded, reviewed, and discussed with residents for inclusion in overall rotation performance evaluation completed by Dr. Franklin.



Resident Training – SP Case Topics

- **Pelvic Inflammatory Disease**
- **Intimate Partner Violence**
- **Pregnancy Options Counseling**
- **Contraception Options Counseling**
- **LGBTQ Case Counseling**
- **Adolescent Sexual Risk Taking Behaviors**



Adolescent Peer Educator & Resident Cross-Training Collaborative

Implementation Challenges

List early challenges:

- **Establishing Protocols for working with Actual Adolescents within the University**
 - Worked with University Departments to determine legal boundaries that existed
 - Parental Consent that would be required related to Video Taping and Mock-Patient Scenarios, etc.
 - Limited in type of procedures we can simulate, etc.
- **Developing the Curriculum and Schedule**
 - Coordinating Calendars for both departments and negotiating the contractual agreements with GME office prior to scheduling.
- **Coordinating Timeline for SP cases especially during Summer Months 2013**
 - SP Clinic schedules vs. Adolescent Summer Schedules
- **Dealing with Graduating Peer Educators**
 - Each one, Reach one Strategy
- **Identifying Innovative Presentation Topics each Month for Peer Educator Meetings/Cases**
 - Ways to overcome this has been to use current Research
 - Peer Educators and Resident Interest (Recommendations)



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Implementation Outcomes

List Basic Outcomes from this Project

- a. Resident/Student Feedback (See Summary Sheets)
- b. Adolescent Benefits and utilization of skills
 1. **Formal Event Education and Presentations:** ACLU Rally at State Capitol, Local Church Groups, Local Organizations for Women and families, and Health fairs
 2. **Informal Education:** source of knowledge and expertise for other teens, Examples of Facebook post and separate interactions with people at school to educate their peers
 3. **Unexpected Outcomes:** New Found confidence, greater interest in sciences, Job-offers in SP clinic upon graduation



Adolescent Peer Education & Resident Cross-Training Collaborative

Plans for the Future

What's Next?

- Goal is to develop this initiative in to a formal Training Model for other institutions
- Expand relationship and implementation within Department of Pediatrics, not just Department of OBGYN
- Expand Curriculum to the entire School of Medicine student body
- Expand adolescent SP program to include School of Nursing and School of Public Health in Epidemiology as next logical Collaborative connection
- Considering Research Projects
 - Adults vs. Adolescents as SPs – Effectiveness of Learning in these Scenarios
 - Resident level impact study
 - Adolescent and community level impact study



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YOUTH PEER-EDUCATOR - RESIDENT PRESENTATIONS EVALUATION WORKSHEET

	Teens STD Presentation	Resident Presentation to Peer Educators
Presentation Topic:		
Date:	2013	

REVIEW GUIDELINES

Complete this peer review, using the following scale:

- 1 = *Not Helpful*
- 2 = *Somewhat Helpful*
- 3 = *Fair*
- 4 = *Very Good*
- 5 = *Extremely Well*

	(5) = Extremely	(4) = Very Good	(3) = Fair	(2) Somewhat Helpful	(1) = Not Helpful
1. How Interested were you in the Topic and Ideas Presented?	25%	67%	8%		
2. How applicable and Useful was the information presented to you as a Peer Educator?	58%	34%	8%		
3. How would you rate the Presenter's Skill?		42%	58%		
4. Can you See the Information Presented being Helpful with your Outreach Efforts?	58%	42%			
5. Were Questions answered accurately, clearly, effectively?	58%	42%			
6. Did you Feel the Length of the Session was	Too Long	Just Right 67%		Too Short 34%	

7. What did you like most about the presentation?

- The Helpful Information about HPV
- The Pictures helpful because I had no IDEA what viruses looked like, it was enlightening.
- How real and thorough the information was.
- Learned some things I didn't know about some of the diseases.
- The content was applicable to my job.
- That it went into great detail about the STDs and how they affect you biologically.
- The "Pop Quiz" Encouraged Participation

8. What did you like Least about the Presentation?

- Seemed like a lot of medical wording.
- Wish she would have stopped for more questions so we didn't have to interrupt to ask.

-
- Too Many Facts, Not Enough Interaction, Didn't Catch My Attention
 - Did not Like that she used so many words some of us did not understand and wouldn't explain
 - Presenter talked really fast and seemed like she was in a rush which was not effective for this presentation.
 - Appreciated that she gave her history first so we could get to know her some, continue that.

Suggestions to Improve:

- Be More Enthusiastic regardless of the content of the presentations.
 - Don't be judgmental or rude. Be generally more kind and enthusiastic. If you don't seem interested in what you're talking about, neither are we.
 - Don't respond with "What" when someone asks a question
 - Do not seem impatient or annoyed by questions or things that are asked about you as a doctor.
-

**PID/Abdominal Pain (Mary Taliferro)
Ryan Residency Program – OB/GYN Rotation**

Case Scenario

Note: This information will be given to students in the “patient chart” prior to entering the room.

Patient’s Name: Mary Taliferro, age 16

Setting: Outpatient Clinic

Chief Complaint: Abdominal Pain

Vital signs: (from previous visit)

T: 100.2 HR: 68 R: 14 BP: 118/72

Student Tasks:

1. Obtain relevant medical, social, and sexual history
2. Perform pelvic exam on simulator
3. Provide appropriate counseling

**PID/Abdominal Pain (Mary Taliferro)
Ryan Residency Program – OB/GYN Rotation**

Checklist for Adolescent

Student Name: _____ SP Initials: _____ Date: _____

Resident asked about

What brings you here?	Yes	No
Onset of pain	Yes	No
Location of pain	Yes	No
Intensity of pain	Yes	No
Quality of pain	Yes	No
What makes the pain better	Yes	No
What makes the pain worse	Yes	No
What do you think brought this on?	Yes	No
Asked for a description of vaginal discharge	Yes	No
Past medical history	Yes	No
Family history	Yes	No
Family relationships/support	Yes	No
Social supports	Yes	No
Total number of sexual partners	Yes	No
Current number of sexual partners	Yes	No
How long have you been sexually active	Yes	No
Drug use	Yes	No
Alcohol use	Yes	No
Tobacco use	Yes	No

Resident counseled me about:

Confidentiality	Did well	Did OK	Did not do
Using condoms every time	Did well	Did OK	Did not do
Other forms of birth control	Did well	Did OK	Did not do
Correct condom usage	Did well	Did OK	Did not do
Marijuana use	Did well	Did OK	Did not do
Alcohol use	Did well	Did OK	Did not do
Support systems	Did well	Did OK	Did not do

COMMUNICATION SKILLS AND COMMENTS ON OTHER SIDE

PID/Abdominal Pain (Mary Taliferro)
Ryan Residency Program – OB/GYN Rotation

Communication Skills:

Earned my trust	Did well	Did OK	Did not do
Spoke respectfully (did not lecture)	Did well	Did OK	Did not do
Talked directly to me (not just to mom)	Did well	Did OK	Did not do
Answered all questions	Did well	Did OK	Did not do
Straightforward in counseling (no medical jargon, no euphemisms)	Did well	Did OK	Did not do
Showed empathy	Did well	Did OK	Did not do
Educated patient about cause of symptoms	Did well	Did OK	Did not do
Educated patient about prevention of future STIs	Did well	Did OK	Did not do
Didn't impose their personal beliefs on patient	Did well	Did OK	Did not do
Refrained from expressing judgment	Did well	Did OK	Did not do

Comments:

Adolescent SP - Re: Resident A: “she used too much medical jargon when explaining the cause. I felt that she was talking 100% seriously. She did not say anything when I shared how often I used Marijuana. She did not respond when I said “That’s Gross” regarding the Diagnosis she gave. I left Feeling Scared that I would not be able to have children.”

Adolescent SP - Re: Resident B: “She didn’t really answer my questions. She didn’t explain birth control option. She didn’t stress the importance of condoms. She seemed to stress the sense of urgency to make a decision about what I wanted to do about the pregnancy now. But she did not lecture me and made good eye contact.”

Adolescent SP - Re: Resident C: “Would have felt really scared at first point if you left diagnosis the way it was delivered. Could explore different ways of executing the main point of the seriousness of disease without making me feeling like I might never have kids again. Recommend positive feedback first then give importance of not being careless.”

Adolescent SP - Re: Resident D: “Educate on support systems and drug use and the importance of condoms to be used every time.”

Adolescent SP - Re: Resident E: “Really appreciated how he handled the patient/Dr. Confidentiality and how detailed the discussion was about birth control options. He made me feel comfortable and not judged when I talked about how many sexual partners I currently had, reaction remained professional.”

Adolescent SP - Re: Resident F: “He stayed focused on me as the patient despite the mom being overbearing.”

Adolescent SP - Re: Resident B: “she made me feel kind of uncomfortable and a little judged for not using protection. Some reassurance would have been better instead to ease my concerns.”

Adolescent SP - Re: Resident B: “Did a great job of not telling mom about my condition or putting me on the spot without making it seem as if she was lying about my diagnosis.”

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RYAN TRAINING PROGRAM EVALUATION Summary Sheet

Name: **ALL Residents Comments/Feedback Summary** PGY: _____ Date: **2013**

I. Please evaluate the following aspects of your rotation training experience by circling the appropriate response:

		Needs Improvement	Satisfactory	Excellent	Did not experience/ cannot evaluate
a	Didactic teaching		15%	77%	15%
b	Syllabus		54%	46%	
c	Clinic orientation		54%	46%	
d	Counseling experience		15%	77%	8%
e	Medical screening and management		30%	62%	15%
f	Pelvic examination and sizing technique		15%	70%	15%
g	Online Curriculum				
	- LEARN OB/GYN Modules Overall		23%	77%	
	- ARSH Male Reproductive/Sexual Health Modules		30%	70%	
	- ARSH Contraceptive Modules		30%	70%	
	- ARSH LGBTQ Modules		30%	62%	8%
H	Opportunities to interact with clinic staff		8%	77%	15%
	Opportunities to interact with PPKY Adolescents		15%	62%	15%
	Standardized Patient Training		23%	54%	23%

Other comments:

- **A. W. :** "The SP experience was great. I thought the case was well-designed and gave us a chance to use skills in history-taking, digging deep to find out more about your patient, as well as interpersonal skills and working on how to correctly show a parent from the room to speak privately with an adolescent. On a broader note, I don't recall having worked with an adolescent SP patient, and I thought she did a great job and that this was a good experience for a pediatrics resident rotating through."
- **A. W. :** "I thought the modules were very well designed and thorough. I especially liked getting to see different aspects of the Ryan Residency program: LARC & PPKY."
- **L. W. :** "I thought my experience provided excellent feedback and allowed me to practice a minor's confidentiality from a patient. I've never had that experience before and it is certainly difficult to do at times"
- **L. W. :** "I learned quite a bit during this program and I look forward to putting to use my skills and experiences in my future practice"
- **C.E. :** "Will be better prepared to counsel patients on STIs and contraceptives"
- **C.T. :** "I Feel comfortable discussing taboo topics with adolescent, Teens and young adults"
- **S.S. :** "The training helped me gain a better understanding of long-term contraception options for adolescents, especially since this will be a group that I will interact with in the future."



**RYAN RESIDENCY TRAINING PROGRAM,
ADOLESCENT PEER EDUCATOR & RESIDENT CROSS-TRAINING COLLABORATIVE**
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- **S.S.:** "The training has increased my preparedness for future adolescent patients by allowing me to see certain things that I need to improve on when dealing with adolescents. Also, the Scenario presented during the SP training will definitely occur as I go through my residency and beyond."
- **W.G.:** "It was helpful to get an adolescent's feedback on my interaction with them and their parental counter-parts. I feel more comfortable talking to this age group now and know to be open with the conversation."
- **Y. T.:** "It's nice to get feedback from adolescents on how they would want me to interact with them. Makes me more aware of what they care about in a doctor."
- **C. B.:** "Appreciated learning exposure to topics not usually covered during general pediatric residency training."
- **C. B.:** "Peer Educators provided a good baseline of knowledge for dealing with adolescent patients in actual practice that was good to have."
- **A. S.:** "Appreciated exposure to LARC and contraceptive counseling techniques otherwise not available"
- **J.B.:** "It made me more aware of what teenagers know and what they do not know about certain aspects of their own medical health".
- **S. J.:** "I am more aware that while adolescents know the basics some information they hear from friends is unreliable and absolutely false. It is obvious that most are engaging in some type of sexual activity and not only need but want to know how to do this safely."