Welcome to Sexual and Reproductive Health. We hope that you have a valuable experience here. Please read the following information, to ensure that you get the most out of your experience.

What are the goals of SRH clinics?

1. Preventing unintended pregnancy
2. Preventing and treating STIs
3. Options counseling for clients with an unintended pregnancy
4. Cervical cancer prevention and screening
5. Assessment and management of other sexual health issues
6. Management of sexual assault (non-forensic cases)

How do the clinics run?

- SRH clinics are multidisciplinary, team-based, drop-in clinics.
- We book appointments for IUDs only.
- We primarily see teens and young adults (<24), and clients with barriers to care (language, financial, psychosocial).
- Most clients see a nurse first; some clients only see a nurse; some clients are “fast-tracked” directly to a physician.

What experiences can I expect at an SRH clinic?

1. Observation of nurses providing counseling to clients presenting for contraception, STI testing and treatment, and other sexual health concerns.
2. Participation in physician consultations with clients.
3. Seeing clients on your own, appropriate to your level of training, and reviewing them with the supervising physician. This might include history taking, physical examination, counseling, formulating a differential diagnosis, selecting appropriate investigations, and producing a management plan.
4. Reading resources in the resident binder, policy and procedure manual and on-line resources to address your specific learning needs and/or clinical questions that arise with specific clients. Links are provided below.

Contraception
The SOGC guidelines are lengthy, but a good overview can be obtained by reading the “Recommendations” sections of each chapter.

STIs
Pregnancy options in Calgary
- Adoption
  - http://www.adoptionoptions.com/
  - http://www.adoptionbychoice.ca/
- Abortion
  - http://www.kensingtonclinic.com/
  - http://www.calgaryhealthregion.ca/programs/abortion/about.htm
- Parenting
  - http://www.calgaryhealthregion.ca/programs/maternalnewborn/bestbeginning.htm
  - http://schools.cbe.ab.ca/b418/default.htm

How can I maximize my experience at an SRH clinic?
- ask for a brief 5 minute orientation when you arrive
- choose 1-3 key core competences (see attached) to focus on
- inform the nurse(s) and physician(s) which core competencies you would like to focus on so that they can direct you towards appropriate clients and resources
- please remember to review all cases with a physician before the client leaves, and to ask for a chaperone for intimate examinations

What do I do if a client declines having a resident in the room?
- approach a nurse to ask if you can observe or participate in a counseling session
- spend time reading resources (Resident Binder, text books, on-line), and researching clinical questions

What do I do if a clinic is exceptionally busy?
- It is important that our clinics finish on time (staff are paid until 45 minutes after the doors close); our clinics are drop-in so we have little control over how many clients we see
- If a clinic is very busy, you may need to revert to shadowing towards the end of clinic so that we can see all our clients
- We will do our best try our best to incorporate teaching related to clients you have seen, but may be less able to answer other questions in a busy clinic

What do I do if my personal values conflict with the values of the clinic?
- Many of our residents appreciate and value the opportunity to observe pregnancy options counseling, regardless of their personal values
- Our clients appreciate a non-judgmental approach, and such an approach is key to the success of our program

  WHAT IF THEY CANNOT REMAIN NON-JUDGEMENTAL??? Do they have the option of sitting out?

The CPSA Standards of Practice are provided for your reference:

(1) A physician must communicate clearly and promptly about any treatments or procedures the physician chooses not to provide because of his or her moral or religious beliefs.

(2) A physician must not withhold information about the existence of a procedure or treatment because providing that procedure or giving advice about it conflicts with their moral or religious beliefs.

(3) A physician must not promote their own moral or religious beliefs when interacting with patients.
(4) When moral or religious beliefs prevent a physician from providing or offering access to information about a legally available medical or surgical treatment or service, that physician must ensure that the patient who seeks such advice or medical care is offered timely access to another physician or resource that will provide accurate information about all available medical options.

CORE COMPETENCIES

**Vaginitis**  
**Key Feature**

1. In patients with recurrent symptoms of vaginal discharge and/or perineal itching, have a broad differential diagnosis (e.g., lichen sclerosus et atrophicus, vulvar cancer, contact dermatitis, colovaginal fistula), take a detailed history, and perform a careful physical examination to ensure appropriate investigation or treatment. (Do not assume that the symptoms indicate just a yeast infection.)

2. In patients with recurrent vaginal discharge, no worrisome features on history or physical examination, and negative tests, make a positive diagnosis of physiologic discharge and communicate it to the patient to avoid recurrent consultation, inappropriate treatment, and investigation in the future.

3. When bacterial vaginosis and candidal infections are identified through routine vaginal swab or Pap testing, ask about symptoms and provide treatment only when it is appropriate.

4. In a child with a vaginal discharge, rule out sexually transmitted infections and foreign bodies. (Do not assume that the child has a yeast infection.)

5. In a child with a candidal infection, look for underlying illness (e.g., immunocompromise, diabetes).
Contraception Key Feature

1. With all patients, especially adolescents, young men, postpartum women, and perimenopausal women, advise about adequate contraception when opportunities arise.

2. In patients using specific contraceptives, advise of specific factors that may reduce efficacy (e.g., delayed initiation of method, illness, medications, specific lubricants).

3. In aiding decision-making to ensure adequate contraception:
   a) Look for and identify risks (relative and absolute contraindications).
   b) Assess (look for) sexually transmitted disease exposure.
   c) Identify barriers to specific methods (e.g., cost, cultural concerns).
   d) Advise of efficacy and side effects, especially short-term side effects that may result in discontinuation.

4. In patients using hormonal contraceptives, manage side effects appropriately (i.e., recommend an appropriate length of trial, discuss estrogens in medroxyprogesterone acetate [Depo-Provera]).

5. In all patients, especially those using barrier methods or when efficacy of hormonal methods is decreased, advise about post-coital contraception.

6. In a patient who has had unprotected sex or a failure of the chosen contraceptive method, inform about time limits in post-coital contraception (emergency contraceptive pill, intrauterine device).
**Sexually Transmitted Infections**

**Key Feature**

1. In a patient who is sexually active or considering sexual activity, take advantage of opportunities to advise her or him about prevention, screening, and complications of sexually transmitted diseases (STIs).

2. In a patient with symptoms that are atypical or non-specific for STIs (e.g., dysuria, recurrent vaginal infections):
   a) Consider STIs in the differential diagnosis.
   b) Investigate appropriately.

3. In high-risk patients who are asymptomatic for STIs, screen and advise them about preventive measures.

4. In high-risk patients who are symptomatic for STIs, provide treatment before confirmation by laboratory results.

5. In a patient requesting STI testing:
   a) Identify the reason(s) for requesting testing.
   b) Assess the patient’s risk.
   c) Provide counselling appropriate to the risk (i.e., human immunodeficiency virus [HIV] infection risk, non-HIV risk).

6. In a patient with a confirmed STI, initiate:
   - treatment of partner(s).
   - contact tracing through a public health or community agency.

7. Use appropriate techniques for collecting specimens.

8. Given a clinical scenario that is strongly suspicious for an STI and a negative test result, do not exclude the diagnosis of an STI (i.e., because of sensitivity and specificity problems or other test limitations).

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<td><strong>Cancer Key Feature</strong></td>
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<td>1. In all patients, be opportunistic in giving cancer prevention advice (e.g., stop smoking, reduce unprotected sexual intercourse, prevent human papillomavirus infection), even when it is not the primary reason for the encounter.</td>
<td>Patient Centered Communication</td>
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<td>2. In all patients, provide the indicated evidence-based screening (according to age group, risk factors, etc.) to detect cancer at an early stage (e.g., with Pap tests)</td>
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