**Preventive care strategies and controversies workshop – Guide for facilitators**

**Time outline:**

15 minutes - Students should be organized into six groups of 3-4 students and given a copy of the instructions for students, one of the cases and the preventive care choices. Briefly discuss using the USPSTF website and application. Explain that at the end of this time they will be asked to present their patient and their recommendations to the entire group.

30 minutes - each group should work together to formulate their recommendations for their patient.

90 minutes – allow each group 10 minutes to present with 5 additional minutes for discussion. Encourage discussion of the choices each group made and any areas where it was particularly difficult to achieve consensus. Discuss the vital information for making these decisions – the USPSTF includes age, gender, smoking history and sexual activity but what other factors might they weigh in their decision-making. This often leads to a discussion of shared decision-making.

45 minutes – presentation of controversies in screening and discussion

Total time – 180 minutes

**Key points:**

Students typically find this presentation engaging - it's what they would do in a real-life setting and it is very practical for their clinical time. Encourage students to download the ePSS app to their smartphones so they can use in during the clinical time. This allows them to learn about the importance of accessing information at the point of care.

Students learn about the important of shared decision-making. These are recommendations, not edicts. Although you can make recommendations to patients, ultimately they get to make the decision about what testing they get done.

The controversies discussion is always lively - opinions often differ about what screening should be offer and can be affected by previous rotations and personal experiences. It allows for a good reminder of what an ideal screening test should be and whether this is always carried out.

There were originally only 4 cases. Case 5 was added to facilitate discussion of when to stop screening and Case 6 was added to discuss adolescent care. Other cases could easily be formulated to highlight patient populations that may be under-represented in clinical experiences.

Consider reviewing the key points for each case and running each of the patient cases through the ePSS yourself as the students are working so that you are prepared for their questions. The USPSTF website also publishes a list of A and B Recommendations by Date which allows you to see what has most recently been updated (http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations-by-date/). I try to update it at least yearly or more often if a particularly controversial guideline has been changed.

Case 1: Stephanie Carter, 24 year old female

These are recommended interventions by the USPSTF based on her age and available information. Leading causes of death in order are MVA/unintentional injuries, homicide, suicide, cancer, heart disease.

Key points:

Discuss most recent cervical cancer screening recommendation/HPV testing. She is a woman in prime child-bearing years – folic acid supplementation, rubella status and protection against STDs and unintended pregnancy are important.

|  |  |  |
| --- | --- | --- |
| Cervical cancer – risk screen and pap | 10.5 | A |
| Hypertension –review office BP reading | 0.5 | A |
| Neural tube defect prevention – discuss and prescribe folic acid | 2 | A |
| Chlamydia | 5 | A |
| Problem drinking – CAGE | 1 | B |
| Obesity – calculate BMI and discuss avoiding obesity | 1.5 | B |
| Ask about high risk behaviors | 3 | B |
| Depression if resources are available | 3 | B |
| Skin cancer – risk screen | 0.5 | B |
| Unintended pregnancy – discuss sexual history and use of contraception and discuss contraception options | 12 |  |

Other possibilities:

|  |  |  |
| --- | --- | --- |
| Tobacco use – history of use | 1 |  |
| Dental and periodontal disease – dental history review | 1 |  |
| Healthy diet – discuss healthy diet | 3 |  |
| Physical activity – review of regular exercise program | 1 |  |
| Td booster – discuss and order immunization | 1 |  |
| Rubella – discuss and order serum test | 1 |  |

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Screening UA |  | D |
| Screening for illicit drug use |  | I |
| Family and intimate partner violence |  | I |
| Motor vehicle injuries – history of seatbelt use and discuss importance of use |  | I |
| Physical activity |  | I |
| Motor vehicle injuries |  | I |

Case2: David Smith, 42 year old male

These are recommended interventions by the USPSTF based on his age and available information. Leading causes of death in order are cancer, heart disease, MVA/unintentional injuries, HIV, homicide and suicide (this group goes up to 64, so may be a little skewed for a 42 year old)

Key points:

Preventing risk factors for vascular disease.

|  |  |  |
| --- | --- | --- |
| Tobacco use – history of use, stage of change and cessation | 12 | A |
| CV ROS for cardiac disease | 2 |  |
| Discuss and order serum cholesterol – total | 0.5 | A |
| Hypertension – review office BP reading | 0.5 | A |
| Ask about high risk behaviors (STD, including HIV) | 3 | B |
| Td booster – discuss and order immunization | 1 |  |
| Problem drinking – CAGE | 1 | B |
| Obesity – calculate BMI and discuss avoiding obesity | 1.5 | B |
| Dental and periodontal disease – dental history review | 2 |  |
| Healthy diet – discuss healthy diet (hyperlipidemia or CVD risk) | 3 | B |
| Diabetes screen (BP 135/80+) – Symptom and order fasting glucose | 1.5 | A |

Other possibilities:

|  |  |  |
| --- | --- | --- |
| Drug abuse history | 1 |  |
| Suicide risk history | 1 |  |
| Depression – ROS | 3 |  |

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Aspirin  | Not until 45 | D |
| Carotid artery stenosis |  | D |
| COPD |  | D |
| CAD -EKG |  | D/I |
| Prostate CA (PSA) |  | D |
| Testicular CA |  | D |
| Lung CA | Asymptomatic | I |
| Oral CA | Asymptomatic | I |
| Motor vehicle injuries – history of seatbelt use and discuss importance of use | 2 | I |
| Physical activity – review of exercise and discuss ways to start program | 6 | I |
| Skin cancer risk screening |  | I |

Case 3: Margaret Jones, 45 year old female

These are recommended interventions by the USPSTF based on her age and available information. Leading causes of death in order are heart disease, MVA/ unintentional injuries, HIV, homicide and suicide (goes up to age 64, so may be skewed for a 45yo)

Key points:

Breast cancer screening – are CBE/SBE useful. How often should mammograms be done. There are no appropriate screening tests for ovarian cancer. Also realize that women in this age range are at risk for vascular issues.

|  |  |  |
| --- | --- | --- |
| Discuss and order serum cholesterol – total | 0.5 | A |
| Hypertension – review office BP reading | 0.5 | A |
| Td booster – discuss and order immunization | 1 |  |
| Problem drinking – CAGE | 1 | A |
| Obesity – calculate BMI and discuss avoiding obesity | 0.5 | B |
| Breast cancer – risk screen, CBE and order mammogram | 4 |  |
| Cervical cancer – risk screen and pap | 10.5 | A |
| Tobacco use – history of use, stage of change and cessation | 12 | A |
| Healthy diet – discuss healthy diet | 3 | B |
| BRCA testing |  | B |

Other possibilities:

|  |  |  |
| --- | --- | --- |
| Dental and periodontal disease – dental history review | 2 |  |
| Motor vehicle injuries – history of seatbelt use and discuss importance of use | 2 |  |
| Folic acid – any woman capable of pregnancy |  | A |

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Teaching BSE |  | D |
| Ovarian CA |  | D |
| Screening mammogram – ages 40-49 |  | C |
| Physical activity – review of regular exercise program |  | C |
| CBE beyond screening mammogram |  | I |

Case 4: Mary Johnson, 65 year old female

These are recommended interventions by the USPSTF based on her age and available information. Leading causes of death in order are heart disease, cancer, cerebrovascular disease, COPD, pneumonia and influenza. This is probably the most difficult and will have the most variation.

Key points:

Make sure student recognize mammogram and colon screening and UTD and consider whether or not a pap is necessary. Hormone prophylaxis may be less important than bone strength. When should screening end.

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| --- | --- | --- |
| ASA to prevent CVD (women 55-79) |  | A |
| CV ROS for cardiac disease | 2 |  |
| Discuss and order serum cholesterol – total | 0.5 | A |
| Hypertension – review office BP reading | 0.5 | A |
| Td booster – discuss and order immunization | 1 |  |
| Pneumococcal disease – history of immunization, discuss and order | 1.5 |  |
| Influenza – history, risk screen, discuss and order | 1.5 |  |
| Obesity – calculate BMI and discuss avoiding obesity | 0.5 | B |
| Postmenopausal osteoporosis – risk, bone density, calcium | 3 | B |
| Healthy diet – discuss healthy diet | 3 | B |
| Fall prevention – risk assessment and exercise/vitamin D | 3 | B |
|  |  |  |

Other possibilities:

|  |  |  |
| --- | --- | --- |
| Breast cancer – risk screen, CBE and order mammogram | 4 |  |
| Cervical cancer – risk screen and pap | 10.5 | A |
| Colorectal cancer –risk screen, discuss and order colonoscopy | 2.5 | A |
| Dental and periodontal disease – dental history review | 2 |  |
| Problem drinking – CAGE | 1 | A |
| Tobacco use – history of use, stage of change and cessation | 12 | A |
| Physical activity – review of regular exercise program | 6 | C |
| Postmenopausal hormone prophylaxis – discuss risk/benefit | 6 |  |

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Teaching BSE |  | D |
| Ovarian CA |  | D |
| Physical activity – review of regular exercise program |  | C |
| Hearing impairment – history, order audiology | 2 | I |
| Vision impairment – history, eye chart exam | 5 | I |
| Motor vehicle injuries – history of seatbelt use and discuss importance of use | 2 | I |
| CBE beyond screening mammogram |  | I |

Case 5: William King, 75yo male

These are recommended interventions by the USPSTF based on his age and available information. Leading causes of death are heart disease, malignancy, chronic low respiratory disease, cerebrovascular disease.

Key points:

Life expectancy and morbidity vs. mortality. Do these recommendations have end points?

|  |  |  |
| --- | --- | --- |
| ASA to prevent MI | 3 | A |
| Hypertension – review office BP reading | 0.5 | A |
| Discuss and order serum cholesterol – total | 0.5 | A |
| AAA – discuss and order ultrasound | 3 | A |
| Tobacco use | 12 | A |
| Healthy diet – discuss healthy diet | 3 | B |
| Obesity – calculate BMI and discuss avoiding obesity | 1.5 | B |
| Diabetes screen (BP 135/80+) – Symptom and order fasting glucose | 1.5 | A |
| Discuss and order serum cholesterol – total | 0.5 | A |
| Problem drinking – CAGE | 1 | A |
| Fall prevention | 3 | B |
| Discuss and order colonoscopy | 2.5 | A |

Other possibilities:

|  |  |  |
| --- | --- | --- |
| Depression – if resources are available | 3 | B |

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Hearing impairment – history, order audiology | 2 | I |
| Vision impairment – history, eye chart exam | 5 | I |
| Bladder CA |  | I |
| Lung Ca |  | I |
| Oral CA |  | I |
| Skin CA |  | I |

Case 6: John Adams, 13 year old male

These are recommended interventions by the USPSTF based on his age and available information. Leading causes of death are unintentional injury, malignant neoplasm, suicide and homicide, although at age 15 the neoplasms drop to 4th.

Key points:

Teenagers are known for their risky behaviors so target those. Be sure to give them an opportunity to speak to you without a parent in the room (if the parent is OK with that),

|  |  |  |
| --- | --- | --- |
| Obesity – calculate BMI and discuss avoiding obesity | 1.5 | B |
| Healthy diet – discuss healthy diet | 3 | B |
| Household, recreational injuries |  |  |
| Youth violence | 2 |  |
| Review immunization status, discuss and order those needed | 3 |  |
| Skin cancer | 0.5 | B |
| STI counseling in sexually active adolescents  |  | B |
|  Ask about high risk behaviors | 3 |  |
| Collect cultures for gonorrhea/chlamydia | 5 |  |
| Depression – if system of care is in place | 3 | B |

Other possibilities:

NOT recommended/not enough evidence:

|  |  |  |
| --- | --- | --- |
| Alcohol misuse in adolescents | 1 | I |
| Illicit drug use in adolescents | 1 | I |
| Motor vehicle injuries – history of seatbelt use and discuss importance of use | 2 | I |
| Physical activity – review activity and discuss ways to start program | 5 | I |
| Discuss and order serum cholesterol – total | 0.5 | Ictivity n of in non-sexually active adolescentsbased on patient age. Each of the recommendations is given a  |