



Incorporation of Pap Smears and a Sexually Transmitted Infection Screening Program in a Student-Run Free Clinic

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Abstract

Grace House is a non-profit long-term residential substance abuse treatment facility in New Orleans, Louisiana. The students of the Tulane University School of Medicine host a free clinic at Grace House offering physical exams and women's healthcare to residents. The Pap test and sexually transmitted infection (STI) screening is offered to all women who enter Grace House as part of their intake physical exam after a patient education session covering an overview of the well woman visit. Specimen collection, delivery to laboratory, interpretation of results, and delivery of results to the patient are coordinated through one of the student leaders, in association with the clinic's faculty advisor, Grace House Staff, and laboratory. Key aspects of the pap smear and STI program include: a contact person coordinating every step, an online HIPAA secure spreadsheet tracking results, patient education, student professionalism, and a direct referral system for abnormal Pap smear results. This program requires a significant commitment of time and effort, but it provides women with important preventative gynecologic care.

Grace House is an independent non-profit long-term residential substance abuse treatment facility for women located in New Orleans, Louisiana. The residents either voluntarily decide or are court mandated to receive substance abuse treatment. Grace House offers addiction treatment regardless of the patient's ability to pay. The clinic is funded through various grants, primarily from local community organizations. A study of women at Grace House demonstrated a vulnerable patient population with an increased risk of cervical cancer, as evidenced by a rate of abnormal Pap smears almost twice that of the general population (39% vs. 20%).¹

In Louisiana, clients at residential facilities like Grace House are legally required to receive intake physicals to ensure that they are physically able to complete rehabilitation and safely reside in a community residence. The Grace House Clinic, a Tulane School of Medicine student-run free clinic,

matches this need with the desire of Tulane medical students to give back to the New Orleans community while developing their clinical skills and awareness of underserved patient populations.

The Grace House Clinic also functions as a women's health clinic, providing patient education, gonorrhea and chlamydia testing, and pap smears, with direct referrals to the local colposcopy clinic as needed. In addition, the clinic also offers yearly flu shots, pregnancy testing and urinalysis, and referrals to obstetrics-gynecology (OB/GYN) and psychiatry services. The students receive empathy training and develop clinical skills appropriate to their level of study. Grace House Clinic meets weekly and is run by four student leaders, each with different responsibilities. Rotating clinic coordinators supervise the clinic. One of the clinic coordinators is tasked with overseeing the Pap smear protocol. A Tulane gynecologist-oncologist oversees clinical operations and acts as a faculty

advisor to the students. Tulane physicians and students volunteer their time and staff the clinic.

Providing Pap smears to this patient population requires a rigorous protocol. At Grace House, the protocol begins with patient education on women's health topics and Pap smears at the start of the clinic visit. The patient meets with a volunteer student who works as a patient educator to discuss Pap smears and human papillomavirus (HPV). Patient educators communicate the purpose of the Pap test and the meaning of the results, emphasizing that a positive result is not definitive for cancer. If the patient opts to receive a Pap smear, the physician or the upper level medical student, working under the supervision of the physician, completes the exam in a private patient room along with the intake physical. Gonorrhea and chlamydia tests can be done at the same time.

At the time of the exam, the pertinent patient information is collected and a medical records release authorization is obtained. The release includes a back-up address in case the patient leaves Grace House treatment before the results are processed. From this point, the specimens are labeled, stored properly (either refrigerated or at room temperature as per the lab), and picked up by a medical courier. The courier delivers the specimens to a lab affiliated with the faculty advisor's clinical office. After the lab processes the specimens, they are uploaded into the clinic or hospital system. The clinic coordinator on duty delivers the patient forms to the faculty advisor's clinical office. The nurse can then access the lab results and ensure that the faculty advisor reviews all results and makes recommendations for treatment in a timely manner.

When the results are interpreted and ready to be delivered to the patients, the coordinator on duty picks up the results, brings them to the clinic, and directs how the patient will be notified. If the patients have 100% negative results, a personalized form letter is sent to the patient. If there is a positive result (either positive gonorrhea test, positive chlamydia test,

or abnormal Pap smear result), the patient will be scheduled for a follow-up visit at the next clinic. The attending physician for that night's clinic will read the results, counsel the patient, and write all necessary prescriptions. If there is an abnormal Pap smear result that suggests the need for a colposcopy, then the clinic coordinator emails the physician contact at the local colposcopy clinic to set a follow-up appointment that night. The coordinators ensure that the follow-up appointment is made and that the information has been given to the patient. Throughout the process, the coordinators log their actions in a spreadsheet stored in a HIPAA-secure online location, ensuring that the single clinic coordinator who is in charge of the overall Pap test and sexually transmitted infection (STI) testing, can monitor the entire protocol.

The Grace House Clinic has seen over 500 women since 2012. A total of 120 Pap smears have been performed. Of these, 43 have resulted in counseling, prescription, or referral.

There are five critical points to setting up a Pap smear protocol at a student-run free clinic. First, it is imperative that there be one contact person at each step in the protocol. One faculty advisor should receive and interpret all the results. One clinic coordinator should supervise the entire protocol, ultimately being responsible for the delivery of the test results to each patient. At Grace House Clinic, this coordinator must be in contact with the faculty advisor, the clinic nurse, the laboratory, the courier, and the Grace House staff to ensure that all steps of the protocol are completed. The coordinator needs to be able to follow-up immediately when problems arise. This allows specimens to be collected correctly, prevents specimens or results from getting lost, and ensures that results are received in a timely fashion.

Second, there should be a HIPAA-secure online tracking system to which the faculty advisor and student coordinators have access. The spreadsheet allows all coordinators to participate in the handling of results, while making it possible for the Pap smear

coordinator to oversee the process and track all Pap smears from start to finish. This system can minimize confusion in tracking of patients who have received Pap smears and support timely communication of test results.

Third, patient education and professionalism are important parts of the process. Pap smears are delicate and difficult for some patients to endure. When the patients are informed about what a Pap smear is and how it is done, they feel more confident in undergoing the procedure and in handling their results. Students and coordinators who have been sensitized to a patient's potential trepidation about Pap smears make patient comfort a priority.

Fourth, a direct referral system should be in place so that the patient can go for a follow-up for an abnormal Pap smear. When patients are referred directly to a colposcopy clinic in the area, medical records can be transferred with ease and the patient will not have to undergo a Pap smear again.

Fifth, short-term and long-term continuity on the part of the coordinators is necessary. At Grace House, the coordinators debrief weekly over email so that the Pap smear coordinator will be aware of any issues involving the protocol. A Pap smear continuity manual exists to facilitate the smooth turnover of the position at the end of the year. Because the Pap protocol involves many outside agencies who may be experiencing their own staff turnover, the Pap smear coordinator position is the critical source of continuity and knowledge for the protocol.

Pap tests and STI screens are critical preventative measures that are often inaccessible to many women. Adding these procedures to a free clinic represents a major investment of resources and requires ongoing funding for supplies and laboratory work, as well as a personal commitment to clinic operations. We suggest that anyone who wants to start a Pap or STI program at a student-run clinic consider the following five best practices: 1) one student coordinator responsible for overseeing the protocol, 2) a HIPAA secure data cloud to track each test, 3) enhanced patient education and student professionalism training, 4) direct referrals for patients with positive results, and 5) special attention to ensuring continuity as student leaders cycle through coordinator roles. Grace House Clinic's Pap smears and STI program has already helped many women receive treatment for precancerous conditions, including one woman who received treatment for stage three cervical dysplasia based on test results from this program. Thus, the incorporation of preventative women's healthcare programs, such as Pap smears and STI screening, in the free clinic setting may help prevent or delay significant morbidity and mortality.

References

1. Sirovich BE, Woloshin S, Schwartz LM. Screening for cervical cancer: will women accept less? *Am J Med*; 2005;118:151-158.