

INTRODUCTION

The Lowcountry Pregnancy Center (LPC) in Charleston South Carolina recently added screening for sexually-transmitted infections (STI) to their list of services offered to women of the Lowcountry. Due to this new service, the staff wished to have an educational refresher course on the important information regarding diagnosis and treatment of common STIs in an effort to better able to provide adequate patient education. The purpose of our project was to provide an educational program teaching the core points of common STIs. We will measure the effectiveness of such a program by administering pre and post program tests.

METHODS

Presentation:

We led a 30-40 minute interactive educational presentation on STIs. The diseases covered included: gonorrhea, chlamydia, pelvic inflammatory disease (PID), syphilis, hepatitis B, HIV, herpes simplex virus (HSV), human papilloma virus (HPV), bacterial vaginosis, and trichomonas. For each disease we focused on the method of infection, screening guidelines (particularly in pregnancy), diagnostic criteria, and common complications for both the mother and fetus. The presentations were a mix of lecture and Q&A format.

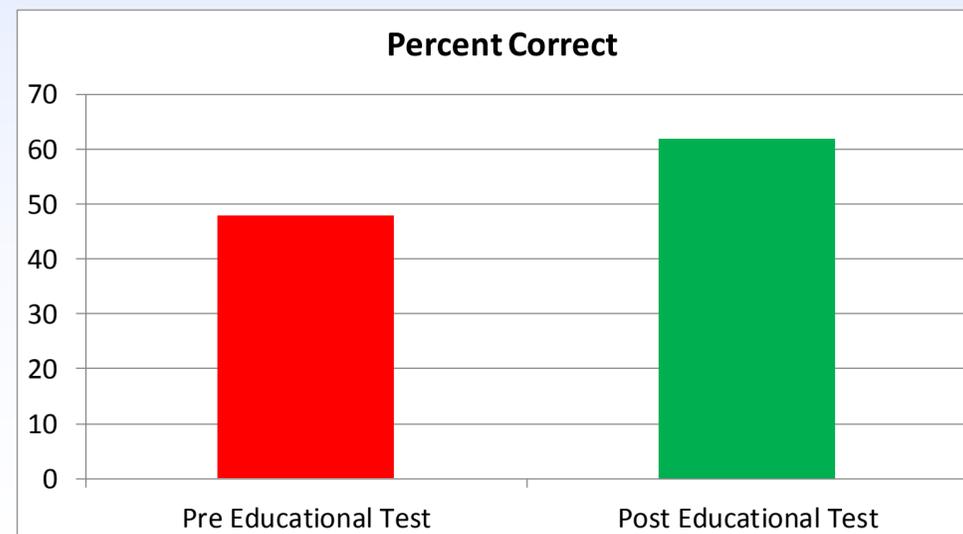
Survey:

To assess our performance we administered 10 anonymous pre and post-presentation tests on the signs, symptoms, and treatment of sexually-transmitted infections to employees at the Lowcountry Pregnancy Center.

RESULTS

In order to best quantify the results of our study, we recorded the results in the form of questions missed on both the pre and post test examination.

- The pre test assessment had an average of 7.82 questions missed, or 47.9% correct.
- The post test assessment had an average of 5.71, or 61.9% correct.
- The median for pre test assessment was 7.5 missed questions.
- The median of post test assessment was 6 missed questions.
- The modes of pre test assessment were 6 and 7 questions missed.
- The mode of post test assessment was 6 missed questions.



DISCUSSION

Our data collection suggests that educational programs for community partners increase their testable knowledge. By providing the staff with a better knowledge foundation, we can hope that they will be better equipped to provide education to the women of the Lowcountry that they serve.

Our project suggests that developing an educational program as well as an assessment could benefit the healthcare providers with a better understanding of the diseases and conditions that they see in their patient populations.

Future Directions

We evaluated the immediate recall of staff workers at LPC with our initial pre and post surveys. A follow-up study in 6 months would be useful to see if our short interactive presentation had any effect on the staff retention of the material overtime.

In addition, evaluating LPC rates of re-infection or number of pregnancy complications secondary to STIs would serve as a useful marker to see if our education of LPC staff has an effect on their patient population.