

Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening: Training Activity for Clinic Staff



How to Use This Training Activity Guide	<p>This training activity is designed to build the confidence of clinic staff to use normalizing and opt-out language for chlamydia and gonorrhea (CT/GC) screening. Using normalizing and opt-out language is an evidence-based approach to increasing screening rates, as described in the Chlamydia Screening Change Package.</p>
Learning Objectives	<p>By the end of the training activity, participants should be able to:</p> <ul style="list-style-type: none"> » Use normalizing language when discussing CT/GC screening with clients. » Offer CT/GC screening to clients using an “opt-out” approach.
Length	<p>At least 60 minutes, with more time for discussion as schedules allow.</p>
Materials	<ul style="list-style-type: none"> » Handout 1. Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening: Sample Script » Handout 2. Chlamydia and Gonorrhea Screening Case Scenarios » Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening: Palm Card (optional) » Markers and something to write on that all participants can see (e.g., flip chart paper, white board, or black board)
Format	<p>This activity should be conducted in person.</p>
Suggested Participants	<p>Clinic staff who discuss CT/GC screening with clients, including clinical staff (physicians, nurse practitioners, physician assistants, nurses), medical assistants, health educators, family planning counselors, etc.</p>
Before You Conduct the Training Activity...	<ul style="list-style-type: none"> » Review the Chlamydia Screening Change Package and Chlamydia Screening Toolkit to become familiar with the best practice recommendations to increase CT/GC screening. » Introduce the concepts of normalizing and opt-out language with clinic staff. The Use Normalizing and Opt-Out Language to Explain Chlamydia Screening (Best Practice 2) Training Guide can be used to facilitate a discussion with staff about the rationale, benefits, recommendations, and strategies for implementation of normalizing and opt-out language. » Calculate and share CT/GC screening rates of the clinic and individual providers. Discuss with staff how the clinic’s rate compares with Title X national rate. Consider using the Chlamydia Screening Calculator and Family Planning Dashboard to calculate and visualize the data.

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Introduction



INSTRUCTIONS FOR FACILITATORS:

1. Introduce the training:

“Chlamydia (CT) and gonorrhea (GC) are the two most common notifiable diseases in the United States, and rates have increased in recent years. Finding and treating infections in a timely manner is an effective way to limit the spread of infection, as well as to prevent the serious long-term consequences of untreated infections in women (like pelvic inflammatory disease, ectopic pregnancy and tubal infertility). This training is designed to help clinic staff use normalizing and opt-out language to screen for CT/GC.”

2. Review the training objectives:

“By the end of the training activity, participants should be able to:

- a. Use normalizing language when discussing CT/GC screening with clients.
- b. Offer CT/GC screening to clients using an ‘opt-out’ approach.”

ACTIVITY 1:

Defining Normalizing and Opt-Out Language



INSTRUCTIONS FOR FACILITATORS:

1. Pass out **Handout 1: Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening: Sample Script** for participants to read.
2. Discuss the following questions with participants.



GROUP DISCUSSION QUESTIONS

- » How do you currently introduce and offer CT/GC screening to clients? Which clients get routinely screened for CT/GC and which do not?
- » How does your current approach feel different from normalizing and opt-out scripts we just read? What are some opportunities for improving how we present CT/GC screening to clients?
- » Which of the examples of normalizing and opt-out language do you think would work best with our clients?

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SAMPLE SCRIPT

RHNTC
REPRODUCTIVE HEALTH
NATIONAL TRAINING CENTER

Chlamydia (CT) and gonorrhea (GC) are the two most common notifiable diseases in the United States, and rates have increased in recent years. Finding and treating infections in a timely manner is an effective way to limit the spread of infection and to prevent the long-term consequences of untreated infections in women (like pelvic inflammatory disease, ectopic pregnancy and tubal infertility). This sample script is designed to help clinic staff use normalizing and opt-out language to screen for CT/GC.

WHO SHOULD BE SCREENED?
Screening Recommendations for Chlamydia and Gonorrhea¹

Population	Screening Recommendations
Women	<ul style="list-style-type: none"> Sexually active women under 25 years of age Sexually active women aged 25 years and older if at increased risk (i.e., a new sex partner, more than one partner, one partner with concurrent partners, or one partner with a STI) Rates approximately 2 months after treatment All pregnant women under 25 years of age Pregnant women aged 25 and older if at increased risk Rates during the 3rd trimester for women under 25 years of age at risk Pregnant women with chlamydial infection should have a test of cure 3-6 weeks after treatment and be retested within 3 months
Men	<ul style="list-style-type: none"> Consider screening young men in high prevalence clinical settings or in populations with high burden of infection (e.g., MSM) for chlamydia
Men Who Sex With Men	<ul style="list-style-type: none"> At least annually for sexually active MSM at sites of contact (rectum, mouth) regardless of condom use, every 3 to 6 months if at increased risk
Persons with HIV	<ul style="list-style-type: none"> For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter, more frequent screening if at risk

¹CDC Sexually Transmitted Infection Surveillance, National Overview of STDs, 2017
²CDC Screening Recommendations and Considerations Memorandum to SMM 1/19
Treatment Guidelines

NORMALIZING LANGUAGE
Use normalizing language when offering CT/GC screening to present screening as a routine part of a visit. When clinic staff use normalizing language, it helps clients feel that they are not being judged or singled out. Below are examples of how to offer CT/GC screening using normalizing language:

I talk to all of my patients about chlamydia screening. Untreated chlamydia can lead to infertility or the inability to have children. The test is simple and if we need it, we'll take some.

To keep you healthy, I recommend testing for chlamydia and gonorrhea, which are common infections that usually have no symptoms, and which you can get from sexual contact.

OPT-OUT LANGUAGE
Opt-out screening is an approach that presents CT/GC screening as something that will happen by default, unless the client actively declines. Sexually active women under 25 years of age can be offered opt-out CT/GC screening based on their age and sex alone, regardless of reason for visit. If there is not a recent CT/GC test result in the medical record, instead of saying “Do you want testing?” or “Do you need testing?” clinic staff might say one of the following:

We recommend a test for chlamydia and gonorrhea to everyone under 25. Unless you've had those tests recently, I'd like to do that today. Do you have questions or concerns?

We test everyone your age for chlamydia and gonorrhea. These are infections you can get from sexual contact which are common in people your age and usually have no symptoms. Do you have questions or concerns?

We ask all of our patients your age if they've been tested for chlamydia and gonorrhea recently since those tests should be done regularly and we don't want to miss a chance to keep you healthy. I'd like to do that today. Do you have questions or concerns?

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ACTIVITY 2:

Role Play



INSTRUCTIONS FOR FACILITATORS:

1. Pass around **Handout 2: Chlamydia and Gonorrhea Case Scenarios** to participants. If available, pass around **Using Normalizing and Opt-out Language for Chlamydia and Gonorrhea Screening (Palm Card)** to participants.
2. Ask participants to work in pairs, taking turns acting as the client and health care provider for one or more scenarios (depending on time). Remind participants that the provider's goal is always to offer CT/GC screening using normalizing and opt-out language. Encourage "clients" to respond by acting out challenging situations that staff have encountered and want to practice handling. Encourage pairs to provide each other feedback. (When participants seem stuck, offer help and be ready to respond with model language.)
3. After all participants seem more comfortable using the language, ask one pair to volunteer to role play a scenario in front of the entire group.

HANDOUT 2

Chlamydia and Gonorrhea Screening Case Scenarios



INSTRUCTIONS:

- » Working in pairs, take turns acting as the client and health care provider.
- » Providers should try to offer chlamydia (CT) and gonorrhea (GC) screening using normalizing and opt-out language. Clients should try to respond with challenging situations.
- » Provide feedback to each other.

Scenario 1

A 20-year-old woman comes in for a routine Depo shot. She has been seen once before at the clinic to get her first Depo shot but does not have a previous record of STD screening at the clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 2

A 24-year-old male comes in complaining of burning during urination. He received treatment for chlamydia four months ago. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 3

A 22-year-old woman comes to the clinic and asks for a walk-in pregnancy test. She says she has a new partner and "the condom broke." She used over-the-counter emergency contraception but wants to "make sure it worked." She says she always uses condoms. This is her first time visiting your clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 4

A 35-year-old woman comes in for a well-visit and a refill on the oral contraceptives she has been on for nine years. She has one partner, her boyfriend of eight years, and does not have reason to believe her partner has other partners. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?



DEBRIEF

- » What worked well?
- » What could have gone better?
- » Discuss the interaction using the key points on the next page and provide feedback as a group.

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Discuss the interactions from Handout 2 using the key points below provide feedback as a group.



Scenario 1

A 20-year-old woman comes in for a routine Depo shot. She has been seen once before at the clinic to get her first Depo shot but does not have a previous record of STD screening at the clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

KEY POINTS

- » Use normalizing and opt-out language all visits not just annuals.
- » CDC recommends screening all sexually active women under 25 years of age for CT/GC.

Scenario 2

A 24-year-old male comes in complaining of burning during urination. He received treatment for chlamydia four months ago. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

KEY POINTS

- » Use normalizing and opt-out language.
- » Providers should always test a client with symptoms.
- » CDC recommends retesting everyone approximately 3 months after treatment.

Scenario 3

A 22-year-old woman comes to the clinic and asks for a walk-in pregnancy test. She says she has a new partner and “the condom broke.” She used over-the-counter emergency contraception but wants to “make sure it worked.” She says she always uses condoms. This is her first time visiting your clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

KEY POINTS

- » Use normalizing and opt-out language.
- » CDC recommends screening sexually active women under 25 years of age, regardless of risk; she also has a new partner.
- » Pregnancy test visit screening yields higher positivity compared to the general population.

Scenario 4

A 35-year-old woman comes in for a well-visit and a refill on the oral contraceptives she has been on for nine years. She has one partner, her boyfriend of eight years, and does not have reason to believe her partner has other partners. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

KEY POINTS

- » Based on the information presented here, CDC does not recommend screening this client.

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ACTIVITY 3:

Reflection & Addressing Potential Challenges



INSTRUCTIONS FOR FACILITATORS:

- » Encourage participants to reflect on the role-plays they just experienced.
- » Discuss the questions below as a group. Write barriers to and strategies for using normalizing language and an opt-out approach on flip charts or board where all can see.



GROUP DISCUSSION QUESTIONS

- » What was challenging about using normalizing language and an opt-out approach to CT/GC testing or screening? What worked well?
- » What would it take to overcome these challenges?

ACTIVITY 4:

Action Planning



INSTRUCTIONS FOR FACILITATORS:

- » Introduce the activity: “The goal of this activity is to identify ideas for increasing the use of opt-out approach and normalizing language in our clinic.”
- » Write the table below where all can see (e.g., on a flip chart, white board, or black board. You do not need to write in the examples).
- » Fill in the table as a group. Refer back to the challenges and strategies that worked well discussed previously. If conversation stalls, encourage participants to think back to their role-plays and what would have helped them use opt-out language in that moment.
- » Consider posting the completed action plan (or image of it) in a location that all staff see.

Idea for Increasing Use of Opt-Out Approach and Normalizing Language	Who is Responsible	When the Change will Happen
Example: Add reminder to use opt-out approach and normalizing language during daily shift huddle agenda.	Clinic Manager	Tomorrow
Example: Print and laminate copies of the palm cards and place in each exam room.	Clinic Manager	By the end of next week

Chlamydia and Gonorrhea Screening Case Scenarios



INSTRUCTIONS:

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- » Provide feedback to each other.

Scenario 1

A 20-year-old woman comes in for a routine Depo shot. She has been seen once before at the clinic to get her first Depo shot but does not have a previous record of STD screening at the clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 2

A 24-year-old male comes in complaining of burning during urination. He received treatment for chlamydia four months ago. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 3

A 22-year-old woman comes to the clinic and asks for a walk-in pregnancy test. She says she has a new partner and “the condom broke.” She used over-the-counter emergency contraception but wants to “make sure it worked.” She says she always uses condoms. This is her first time visiting your clinic. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?

Scenario 4

A 35-year-old woman comes in for a well-visit and a refill on the oral contraceptives she has been on for nine years. She has one partner, her boyfriend of eight years, and does not have reason to believe her partner has other partners. How would you (in your role) talk about the visit? How might you bring up CT/GC screening?