

# (PBL) Well Woman Exam: The New Well Woman Visit

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## Heather Paladine, MD, MEd, FAAFP

Residency Director/Director of Women's Health, New York-Presbyterian/Columbia University Medical Center Family Medicine Residency Program, New York, New York; Assistant Professor of Medicine, Center for Family and Community Medicine, Columbia University Medical Center, New York, New York

Dr. Paladine lives and practices full-spectrum family medicine in Manhattan, New York, where she supervises residents and medical students, and treats a predominantly Latino, low-income patient population. She focuses on women's health, including maternity care and reproductive health. In addition to her work as a physician, Dr. Paladine mentors residents and medical students as a preceptor in clinic and hospital environments. She is a member of the board of directors of the New York State Academy of Family Physicians and chair of its Education Commission. She believes that the United States needs a health care system based on primary care and that the public must learn more about family medicine to pave the way.

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# Emily Holt, DO

Family physician, St. Thomas Community Health Center, New Orleans, Louisiana

Dr. Holt is a board-certified family physician who works with an underserved, largely Spanish-speaking patient population at the St. Thomas Community Health Center, one of six federally qualified health center (FQHC) sites that St. Thomas maintains in New Orleans. She earned a medical degree from the Edward Via Virginia College of Osteopathic Medicine in Blacksburg and completed a family medicine residency at NewYork-Presbyterian/Columbia University Medical Center, where she received the residency program's advocacy award. She earned a Master of Public Health (MPH) degree in epidemiology and maternal and child health from Tulane School of Public Health and Tropical Medicine, New Orleans, Louisiana. Following this training, she completed a yearlong health policy fellowship with the Wounded Warrior Project in Washington, DC. The analysis she performed with her colleagues was a basis for U.S. Public Law 111-163. In addition, she served on the Public Health Commission of the New York State Academy of Family Physicians.

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## Learning Objectives

1. Practice applying new knowledge and skills gained from Well Woman Exam sessions, through collaborative learning with peers and expert faculty.
2. Identify strategies that foster optimal management of well-woman examinations, within the context of professional practice.
3. Formulate an action plan to implement practice changes, aimed at improving patient care.

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# Associated Session

- Well Woman Exam: The New Well Woman Visit



# Audience Engagement System

Step 1

Step 2

Step 3

CME041 (PBL) Arrhythmias and Dysrhythmias

Location: Room 217  
Date: Friday, Oct 12 3:00 PM  
Duration: 1 hour  
Credit Hrs: 1  
REPEATS: Saturday at 7:30 AM

**Audience Engagement System**

CME Report / Evaluation

1. Practice applying new knowledge and skills gained from Arrhythmias and Dysrhythmias sessions, through collaborative learning with peers and expert faculty. 2. Identify strategies that foster optimal management of arrhythmias and dysrhythmias, within the context of

[Show more](#)

Faculty



# The New Well Woman Visit

Lecture: Wednesday 10:30, 1:45

PBL: Wednesday 12:30, Thursday 7am

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Emily Holt: [emily.elder.bruce@gmail.com](mailto:emily.elder.bruce@gmail.com)

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## Key Concepts

Grade A - Folic acid, HIV, syphilis, BP, smoking, cervical cancer, colon cancer

Grade B - Gonorrhea, Chlamydia, diabetes, diet, obesity, statin, aspirin, mammography age 50- 75, depression, alcohol, IPV, osteoporosis

Grade C - mammography age 40-49

Grade I - pelvic exam, mammography age 75+, clinical breast exam, suicide, drug use

Grade D - teaching breast self exam

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## List of useful apps

USPSTF: AHRQ ePSS\*

Contraception: CDC Contraception\*

Cervical cancer: ASCCP mobile app

ACC cardiac risk: ASCVD plus

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## Case 1:

AA is a 32yo woman who comes in for a well-woman visit. She is previously healthy, but her last Pap test was five years ago.



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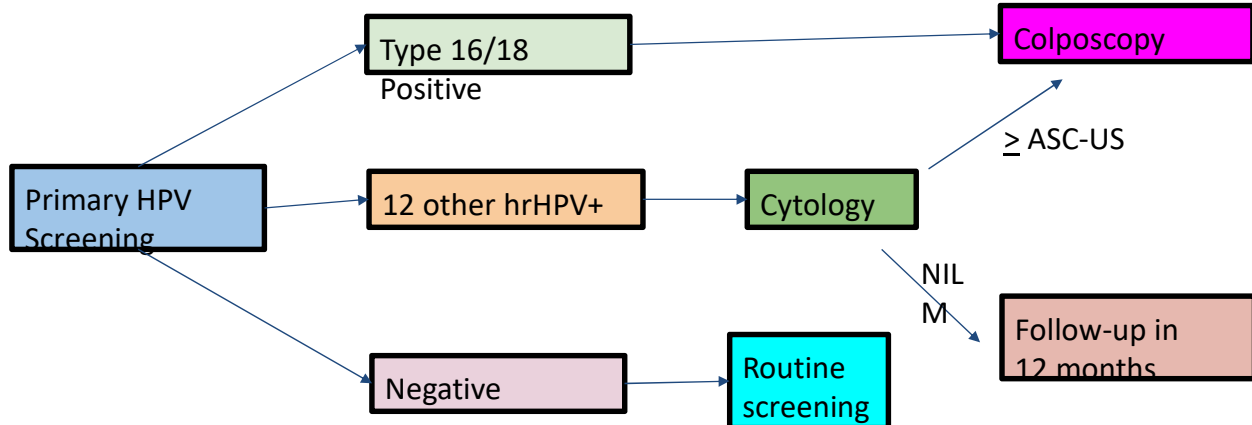
## Decision Point / Question

- What are her options for cervical cancer screening?
- Would you do a screening pelvic exam?

Hint: download the AHRQ ePSS app

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## Primary HPV Screening



Warner K. Huh et al. Use of Primary High-Risk Human Papillomavirus Testing for Cervical Cancer Screening: Interim Clinical Guidance. *Journal of Lower Genital Tract Disease*. 2015; 19 (2).

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## Decision Point / Question

AA asks about STI screening. She has been monogamous with one sexual partner for the past six years.

What are your recommendations based on the USPSTF guidelines?

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## Decision Point / Question

AA is interested in hormonal contraception. She has a history of SLE.

What key questions do you need to know about her medical history?

Hint: Download the CDC Contraception app

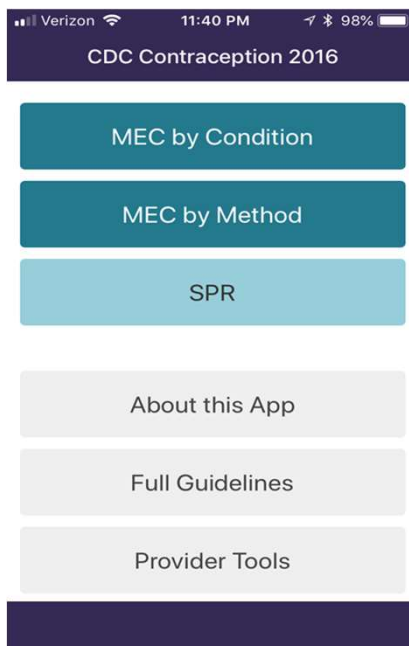
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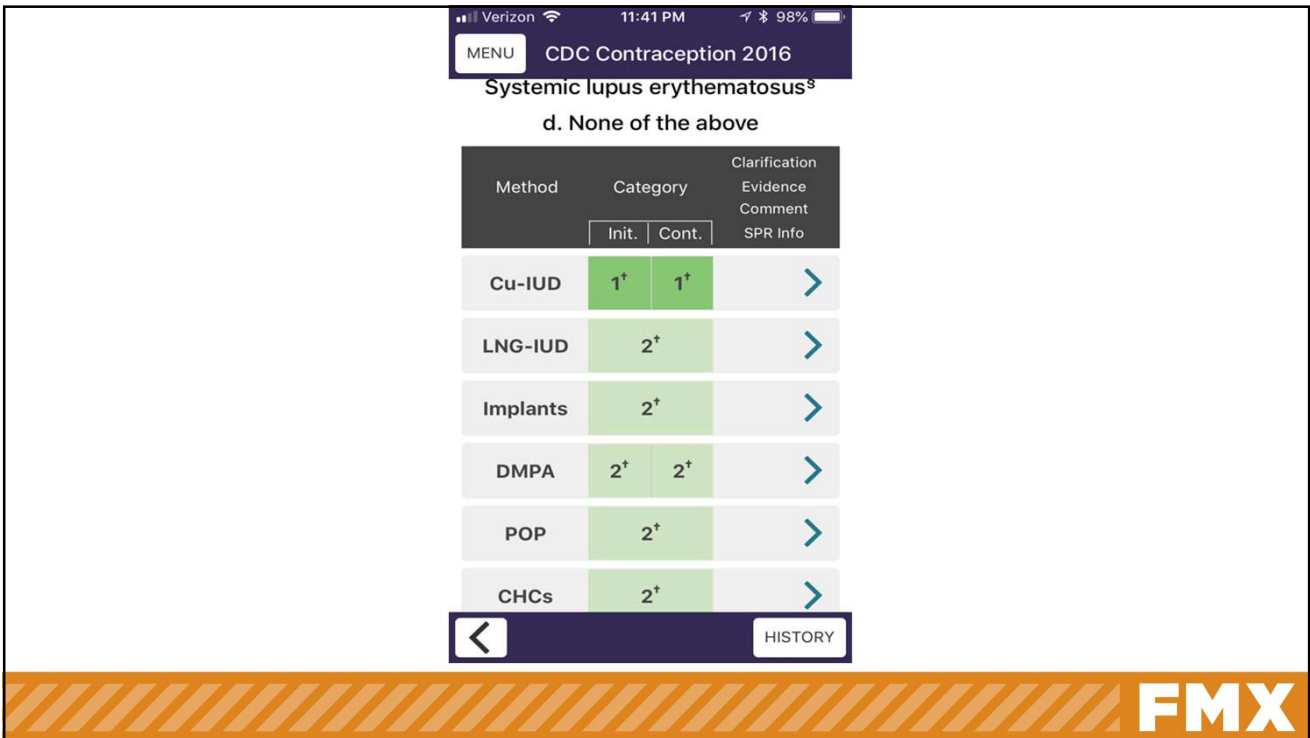
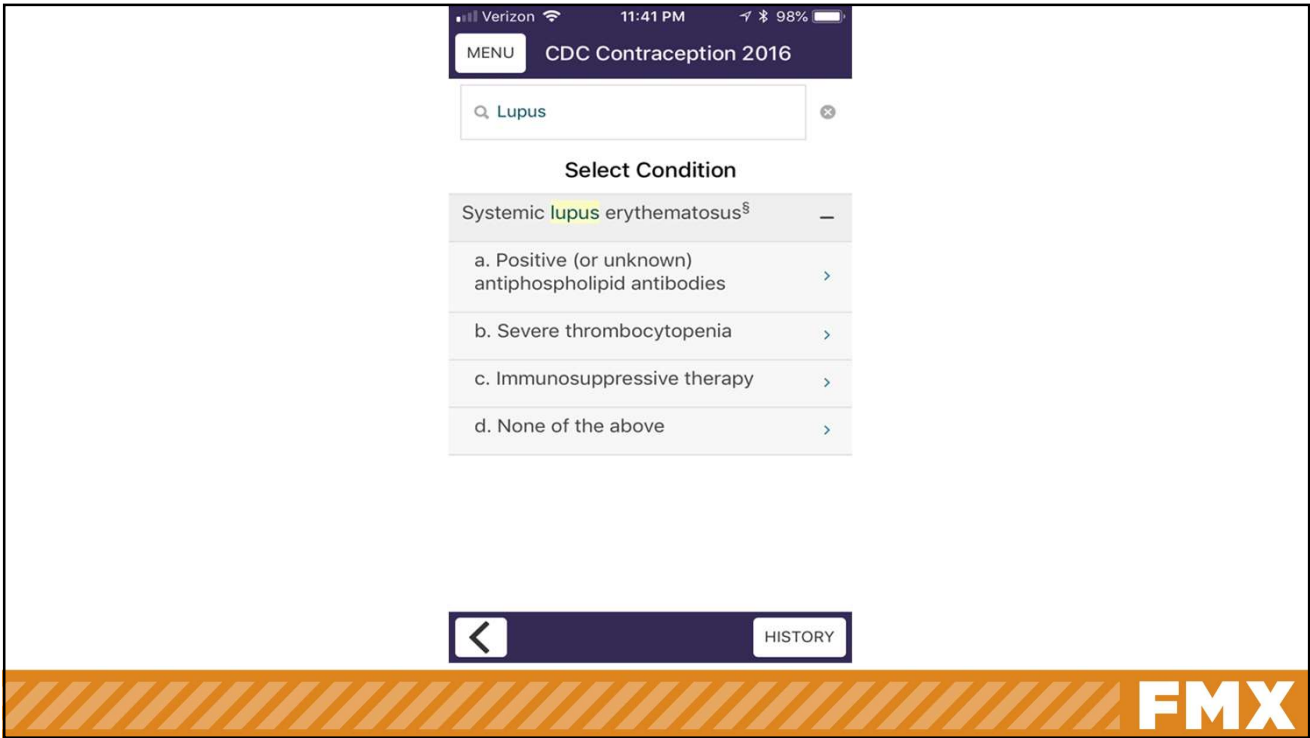
## Decision Point / Question

If she is negative for antiphospholipid antibodies and no severe thrombocytopenia, which methods of contraception would be category 1 or 2 for her?

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Verizon 11:41 PM 98%

MENU CDC Contraception 2016

Systemic lupus erythematosus<sup>S</sup>

d. None of the above

Clarifications

Persons with SLE are at increased risk for ischemic heart disease, stroke, and VTE. Categories assigned to such conditions in the U.S. MEC should be the same for women with SLE who have these conditions. For all subconditions of SLE, classifications are based on the assumption that no other risk factors for cardiovascular disease are present; these classifications must be modified in the presence of such risk factors. Many women with SLE can be considered good candidates for most contraceptive methods, including hormonal contraceptives.

< HISTORY

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## Case 2

BB is a 54yo woman with no family history of breast or colon cancer.



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## Decision Point / Question

- What are her options/your recommendations for breast cancer screening?
- Would you do a clinical breast exam?

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## Decision Point / Question

- What are BB's options for colon cancer screening?

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# Decision Point / Question

- If she is postmenopausal, should she have osteoporosis screening?

<https://www.sheffield.ac.uk/FRAX/tool.aspx?country=9>

Key facts:

- weight 59kg
- height 167cm
- Non-smoker, drinks alcohol only occasionally
- No previous fractures, but mother did have a hip fracture
- No RA, steroid use

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## Calculation Tool

Please answer the questions below to calculate the ten year probability of fracture with BMD.

Country: **US (Caucasian)** Name/ID:  [About the risk factors](#)

**Questionnaire:**

1. Age (between 40 and 90 years) or Date of Birth  
Age:  Date of Birth: Y:  M:  D:

2. Sex  Male  Female

3. Weight (kg)

4. Height (cm)

5. Previous Fracture  No  Yes

6. Parent Fractured Hip  No  Yes

7. Current Smoking  No  Yes

8. Glucocorticoids  No  Yes

9. Rheumatoid arthritis  No  Yes

10. Secondary osteoporosis  No  Yes

11. Alcohol 3 or more units/day  No  Yes

12. Femoral neck BMD (g/cm<sup>2</sup>)  
Select BMD:

**BMI: 21.2**  
The ten year probability of fracture (%)

without BMD	
Major osteoporotic	<b>5.0</b>
Hip Fracture	<b>0.4</b>

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Male  Female
 Select BMD

No  Yes

No  Yes

No  Yes

No  Yes

No  Yes

**BMI: 21.2**

The ten year probability of fracture (%)

**without BMD**

Major osteoporotic	<b>5.0</b>
Hip Fracture	<b>0.4</b>

[Print tool and information](#)

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## For USA use only

Consider FDA-approved medical therapies in postmenopausal women and men aged 50 years and older, based on the following:

- A hip or vertebral (clinical or morphometric) fracture
- T-score  $\leq -2.5$  at the femoral neck or spine after appropriate evaluation to exclude secondary causes
- Low bone mass (T-score between  $-1.0$  and  $-2.5$  at the femoral neck or spine) and a 10-year probability of a hip fracture  $\geq 3\%$  or a 10-year probability of a major osteoporosis-related fracture  $\geq 20\%$  based on the US-adapted WHO algorithm
- Clinicians judgment and/or patient preferences may indicate treatment for people with 10-year fracture probabilities above or below these levels

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## Case 3

CC is a 76yo woman with type 2 diabetes and HTN who comes in for a health maintenance visit.



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## Decision Point / Question

- Should she take aspirin for CVD and colon cancer prevention?

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## Decision Point / Question

- Should she be screened for colon cancer, cervical cancer, or breast cancer? What questions would you need to ask to decide whether she needs screening?

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## Questions



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## Contact Information

Heather Paladine: [hlp222@gmail.com](mailto:hlp222@gmail.com)

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The logo for FMX, consisting of the letters 'FMX' in a bold, white, sans-serif font, positioned on the right side of a horizontal orange bar with diagonal white stripes.