

SAMPLE AGENDA DAY 2
STD and VIRAL HEPATITIS B WORKSHOPS

8:30 am – 12 noon

1:00 pm – 4:30 pm

Workshops are offered on two consecutive days in nine locations. The agenda is the same for all locations, but we reverse the order of the workshops on the second day to create maximum opportunity for local participation. You may elect to attend one or both workshops; you do not have to attend both. You may split attendance between the two days opting to attend STD on one day and Hepatitis on the second day. Continuing education credit will be given for each workshop that is fully attended. You must be pre-registered to attend.

TIME	OBJECTIVES	CONTENT
8:30 am	VIRAL HEPATITIS B WORKSHOP	Check-in
9:00 am	Demonstrate a general knowledge of Hepatitis B by: <ul style="list-style-type: none"> • Correctly recalling 5 symptoms of Hepatitis B. • Correctly recalling 5 risk factors for Hepatitis B. • Correctly describing the relative infectivity of Hepatitis B compared to other blood borne pathogens. • Correctly recalling the efficacy of Hepatitis B vaccination. 	A. Hepatitis B Symptoms B. Hepatitis B Epidemiology <ul style="list-style-type: none"> • World Distribution • Genomes • Demographic Distribution C. Hepatitis B Risk Factors <ul style="list-style-type: none"> • Sex • Needle Sharing • Birth • Blood Products • Occupation • House Hold Contact D. Hepatitis B Treatment E. Hepatitis B Vaccination
9:40 am	Correctly apply clinical, laboratory and demographic data to determine if a case meets the Hepatitis B Chronic, Hepatitis B Acute or Peri-natal Hepatitis B Case Definition.	A. Acute Hepatitis B Case Definition <ul style="list-style-type: none"> • Clinical and Laboratory Elements B. Chronic Hepatitis B Case Definition <ul style="list-style-type: none"> • Clinical and Laboratory Elements C. Perinatal Hepatitis B Case Definition <ul style="list-style-type: none"> • Geographic and Laboratory Elements
10:00 am	Break	
10:10 am	Correctly analyze Hepatitis B laboratory results in determination of case definition or the need for follow up laboratory investigation.	A. Hepatitis B Virus Morphology <ul style="list-style-type: none"> • Outer Shell • Inner Shell • DNA B. Hepatitis B Serology Testing <ul style="list-style-type: none"> • HB surface antigen • HB core antibody IgM • HB core antibody total • HB surface antibody • HB e antigen C. Hepatitis B DNA Testing <ul style="list-style-type: none"> • Qualitative • Quantitative

		D. Hepatitis B Serology Time Line Acute Case Chronic Case
10:55 am	Issue Control Measures appropriate to a case with given clinical and laboratory data and plan contact investigation to prevent spread of Hepatitis B.	A. North Carolina Administrative Code Requirement for control measures. B. Determination of who needs control measures C. What types of control measures should be given D. Delivery of control measures to patient E. Documentation of control measures
11:20 am	Correctly name the first step in reporting a Hepatitis B case.	A. Determining if person has been previously reported B. Subsequent Reports for previously reported cases
11:30 am	The learner will relate the single most important information to obtain during the reporting of women between the ages of 14 and 50.	A. Recording information during investigation of initial cases B. Choosing correct disease code C. Submission of reports to state D. Reports for Pregnancies
11:50 am	Evaluation	
12:00	Lunch (on your own)	
1:00 pm	STD WORKSHOP	Check-in
1:30 pm	Discuss the findings of the 2013 100 County Statewide Assessment of STD Clinical Services in Local Health Departments.	<ul style="list-style-type: none"> • Summary of Findings from the 2013 100 County Statewide Assessment of STD Clinical Services in Local Health Departments • Persuasive Perspective: Public Health Makes the Difference
1:45 pm	List the required components of a local health department STD Program.	<ul style="list-style-type: none"> • AA 536/541/510/894 • LHD Policies • Overview of County STD Morbidity • Presentation: Why Policies?
2:00 pm	Correctly match scope of practice for all providers that practice in LHD Clinics: the registered nurse, the STD ERRN, the mid-level practitioner, and the physician.	Brief review of selected components: <ul style="list-style-type: none"> • NC Nurse Practice Act • NC Medical Practice Act • NC Pharmacy Act
2:15 pm	Identify criteria for correct coding and billing of STD visits by STD clinicians and other LHD staff.	<ul style="list-style-type: none"> • Services free to Client • Services Billable to Client • Medicaid and 3rd Party Insurance Billing & Documentation • Coding (CPT, ICD 9 & 10, T, EM and LU)
2:30 pm	Break	
2:40 pm	Identify both the required and discretionary components of the STD Clinical Examination	<ul style="list-style-type: none"> • Interview • Physical Examination • Testing • Treatment • Counseling • Referral • Follow up evaluation
3:20 pm	Recognize the role of the local health department in reducing community STD morbidity through direct service and through community engagement.	<ul style="list-style-type: none"> • Clinical Evaluation of the Client with Multiple Sexual Partners w/o Protection • Clinical Evaluation of the MSM Client • Clinical Care of the Client with Syphilis and HIV/AIDS co-morbidity • Ask the Expert • Share your Experience
4:20 pm	Evaluation	