nswsti
PROGRAMS UNIT

1ST EDITION

→ **SEXUAL HEALTH COMPETENCY STANDARDS**

→ **ASSESSOR GUIDELINES**

INTERACTIVE
SEXUAL HEALTH
COMPETENCY STANDARDS FOR PRIMARY HEALTH CARE NURSES

ashm
Supporting the HIV,
Viral Hepatitis and
Sexual Health Workforce

ASHHNA
AUSTRALASIAN SEXUAL HEALTH & HIV NURSES ASSOCIATION INC.

apna
Australian Practice Nurses Association

Sexual Health &
Family Planning
Australia

WANT2
TALK
ABOUT
SEXUAL
HEALTH?
1800 451 624

SEXUAL HEALTH COMPETENCY STANDARDS

→ **BACKGROUND**

→ **PRIMARY HEALTH CARE NURSING SCOPE OF PRACTICE**

→ **FOLLOW UP FOR PATIENTS DIAGNOSED WITH A SEXUALLY TRANSMISSABLE INFECTION**

→ **SEXUAL HEALTH COMPETENCY STANDARDS FOR PRIMARY HEALTH**

→ **ASSESSING COMPETENCE**

→ **KEY PRACTICE SKILLS**

→ **PROFESSIONAL DEVELOPMENT**

→ **COMPETENCY FORM FOR COMPLETION**

→ **ASSESSOR GUIDELINES**

→ **QUICK LINK:** To download a complete print-ready version of the booklet please <u>click here</u>.

→ **QUICK LINK:** To identify how you can complete the standards please <u>click here</u>.

SEXUAL HEALTH
COMPETENCY STANDARDS FOR PRIMARY HEALTH CARE NURSES

BACKGROUND

General practice is the main provider of sexual health care in NSW. Fifty-five percent of Australians diagnosed with a sexually transmissible infection (STI) or blood borne virus (BBV) access treatment through general practice while eight percent access treatment through publicly funded sexual health services.[1]

The presence of symptoms is one of the main reasons people seek sexual health services. However, the asymptomatic nature of most STIs means that most people are not likely to be tested nor seek testing. To address this, opportunistic STI screening should be a routine part of any medical consultation in general practice.[2]

The NSW Sexually Transmissible Infections Programs Unit (NSW STIPU), in partnership with the Australian Practice Nurses Association (APNA), the Australasian Society for HIV Medicine (ASHM), Family Planning NSW and the Australasian Sexual Health and HIV Nurses Association (ASHHNA) surveyed primary healthcare nurses on experiences with sexual health care in general practice. These survey responses indicated a high level of interest in sexual health and highlighted the value of developing sexual health competency standards for primary care nurses.

PRIMARY HEALTH CARE NURSING SCOPE OF PRACTICE

Primary Health Care nurses can provide screening for asymptomatic STI patients. Nurses are accountable for making professional judgments when activities are beyond their own capacity or scope of practice and for initiating consultations with, or referral to, other members of the health care team.[3]

Patients who present with:

- Clinical signs of disease or infection (symptoms);
- An issue that is outside the scope of the Primary healthcare Nurse OR
- Have an abnormality detected on a screening test

must be referred to an appropriate practitioner or service.

In the majority of instances the referral will be to a General Practitioner.

The Primary Health Care Nurse should explain the nature of the consultation, the questions that will be asked, and the tests that are likely to be taken to the patient to ensure voluntary and informed consent.

STI testing should form part of a routine health assessment. A nurse who adopts an open attitude and consults in a supportive environment can enhance patient comfort to discuss sexual health. Taking a sexual history is important for assessment and management of STIs, however it should not be a barrier to offering STI testing. Testing can be offered without a full sexual history, with the aim of increasing testing.[4]

Young people are a priority group for STI testing in primary healthcare. When working with children and young people it is the responsibility of the nurse to be aware of the laws relating to consent to healthcare, particularly for those aged less than 14 years. Australian state and territory laws also vary relating to age of sexual consent and laws relating to child protection.[5] In some circumstances, 'adolescent consensual peer sex' or the acquisition/diagnosis of a STI or pregnancy does not necessarily indicate risk of significant harm and require reporting to child protection services.[6] Prior to commencing STI testing of a young person or child this should be discussed with the primary health care team to define the scope of practice and considerations when offering STI testing.[7]

FOLLOW UP FOR PATIENTS DIAGNOSED WITH A SEXUALLY TRANSMISSABLE INFECTION

A Medical Officer must be involved in the management and care planning of all patients diagnosed with an STI; this includes reviewing results, ordering of treatments and developing a follow up plan.

Contact tracing is a key aspect of follow up where the Primary Healthcare nurse can provide information and support for patients. Contact tracing is important for the management of most STIs as it interrupts ongoing transmission of infections, minimises complications of those infected and prevents re-infection from an untreated partner. It is the responsibility of the diagnosing clinician to facilitate the process of notifying current and past partners; however this may be delegated to the Primary Healthcare nurse by the Medical Officer. Contact tracing may be undertaken by the patient or their health professional.[8] If a patient elects to do their own contact tracing, using an online partner notification service

may improve the numbers of contacts who are notified.[9] Online services include:

- www.letthemknow.org.au
- www.thedramadownunder.info/notify (for males with male partners)
- www.bettertoknow.org.au (for Aboriginal youth)

If the patient needs provider contact tracing, refer to the Australasian Contact Tracing Manual[10] or contact your local sexual health centre[11] for information and support.

SEXUAL HEALTH COMPETENCY STANDARDS FOR PRIMARY HEALTH

The Sexual Health Competency Standards for Primary Health Care Nurses have been adapted from the ASHHNA Competency Standards for sexual and reproductive health and HIV nurses (2nd Edition)[12]. The competency standards support nursing practice in sexual and reproductive health care, including STI testing within the general practice setting and have been reviewed for appropriateness and acceptability by primary health care nurses who have formed a Sexual Health Special Interest Group.

The Sexual Health Competency Standards for Primary Health Care Nurses should be read in conjunction with:

- Expanding Your Practice: A learning module for nurses in general practice (Australian Medicare Local Alliance)[13]

- The Competency Standards for Nurses in General Practice[14],

- Australasian Sexual Health & HIV Nurses Association Competency Standards for sexual and reproductive health and HIV nurses (2nd Edition).

ASSESSING COMPETENCE

The principles for assessing competent practice is to adopt a multifaceted approach that includes:[12]

- Direct observation of practice (peer assessment)
- Self assessment of performance in current role
- Reflecting on practice
- Setting professional goals.
- Participation in continuing professional development activities

KEY PRACTICE SKILLS

The key practice skills that the sexual health competencies will focus on include:

- Sexual History taking
- Specimen collection
- Information provision
- Contact Tracing
- Advocating sexual health nursing practice

→ **CLICK HERE** TO VIEW ASSESSOR GUIDELINES INCLUDING SKILL EXAMPLES

PROFESSIONAL DEVELOPMENT

Requires a commitment by the individual nurse and their employer to provide an environment that supports continuous learning and ongoing evaluation. Self assessment and peer assessment against these competency standards contributes to professional development in sexual healthcare for primary healthcare nurses.

The Standards may also be used to:

- Advocate for sexual health care to be included within the role of nurses in primary care
- Provide guidelines of best practice for RNs
- Assist in identifying areas of practice where further training and ongoing professional development are required
- Assist in the documentation of professional development achievements and plans
- Inform employers, such as General Practitioners, of the level of sexual healthcare expertise that primary healthcare nurses can provide to patients attending general practice

Professional development opportunities in sexual healthcare include but are not limited to:

- APNA Online Learning – STI & Blood Borne Viruses
- One Day Sexual Health Nursing Course for Practice Nurses (ASHM)
- FPNSW Well Women's Screening Course
- FPNSW Sexual & Reproductive Health Course
- The Australian College of Nursing Sexual Health Nursing: Principles & Practice
- The Australian College of Nursing Sexual Health Nursing: Clinical Practice
- ASHM Emerging Issues in Sexual Health Nursing
- ASHM Short Course in HIV Nursing
- ASHM Hepatitis C Nursing Education
- ASHM Hepatitis B Nursing: Advanced Nursing Management and Care
- Women's Health NSW Training Course
- Edith Cowan University STI e-Learning Module

SEXUAL HEALTH COMPETENCY STANDARDS
FOR PRIMARY HEALTH CARE NURSES – FORM

CLICK HERE to download | **TO COMPLETE ELECTRONICALLY** ensure you save this pdf to your computer
FOR MORE DETAILS ABOUT TO ACCESS AND COMPLETE THIS FORM PLEASE CLICK HERE

✱ denotes mandatory domain assessments (signature required)

Domain 1 – Effective Communication ⌖ EXAMPLES	Self assessment	Peer assessment
Establishes rapport that enhances the patient's ability to express concerns and feelings		
Explains confidentiality and privacy policies relevant to patient care		✱
Communicates effectively to the patient and significant others where appropriate, regarding care and the nurses role in the provision of that care		
Demonstrates sensitivity, awareness and respect for cultural identity of patient		✱
Ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations used		✱
Establishes and maintains effective and collaborative communication with the multidisciplinary team		✱

Domain 2 – Assessment, Care Planning and Clinical Management ⌖ EXAMPLES	Self assessment	Peer assessment
Obtains a clear and concise patient history to enable identification of risks and priorities for health screening and education. This may include sexual and reproductive health, medical, psychosocial and lifestyle history		✱
Demonstrates knowledge and understanding of priority population groups and the issues relating to their sexual and reproductive health and HIV needs		
Provides education and support to patient to modify lifestyle and behavioural factors in order to minimise risk for sexually transmissible infections (STIs), blood-borne viruses (BBVs) and unintended pregnancy		
Ensures informed consent for tests ordered by a Medical Officer has been obtained and prepares appropriate equipment for examination and/or specimen collection		✱
Accurately obtains specimens (including self collected samples) with minimal discomfort for the patient		✱
Accurately documents all findings and outcomes of the patient consultation		✱
Ensures patient is aware of follow-up care, treatment and health plans		✱
Explains results of tests, once reviewed through standard organisational procedures, providing appropriate psychological support and refers where appropriate		
Provides information and assistance for contact tracing and seeks advice when appropriate		✱

Domain 3 – Health Promotion and Patient Education 🖱 EXAMPLES	Self assessment	Peer assessment
Demonstrates the ability to initiate discussion about sexually transmissible infection and blood borne virus transmission and prevention.		✱
Demonstrates the ability to initiate discussion about implications of a positive test result and contact tracing requirements		✱
Utilises appropriate patient resources to support preventative health decision making including contact tracing		
Initiates discussion about preventive health checks and screening		

Domain 4 – Research 🖱 EXAMPLES	Self assessment	Peer assessment
Demonstrates ability to access and evaluate health information and research evidence		✱
Participates in quality improvement programs and incorporates outcomes of quality improvement programmes within the general practice		

Domain 5 – Legal and Ethical Nursing Practice 🖱 EXAMPLES	Self assessment	Peer assessment
Articulates and practises within own scope of practice		
Advocates for privacy and confidentiality when providing care		
Complies with nursing standards, codes, guidelines, legislation and regulations		
Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups		

Domain 6 – Collaborative Care and Partnerships 🖱 EXAMPLES	Self assessment	Peer assessment
Seeks guidance and leadership from senior members of the multidisciplinary team to provide best practice nursing care		
Utilises referral pathways to external services where appropriate		✱
Identifies and disseminates knowledge to colleagues and other health professionals eg. in-service and case presentations		

Domain 7 – Leadership and Development of the Role 🖱 EXAMPLES	Self assessment	Peer assessment
Applies current evidence based practice to clinical care		✱
Contributes to the development of nursing knowledge through reflection on practice		✱
Participates in professional development activities eg. seminar attendance, conference attendance, professional readings and disseminates information to colleagues		
Advocates for the role of the primary healthcare nurse in sexual health within the general practice setting		
Acts as a mentor and/or preceptor for peers undertaking education in sexual healthcare		

Peer assessment completed

SIGNATURE   POSITION   DATE

Self assessment completed

SIGNATURE   POSITION   DATE

COMPETENCY STANDARDS – FURTHER INFORMATION

STI TESTING TOOL
http://www.stipu.nsw.gov.au/icms_
docs/147045_GP_STI_Testing_Tool_2012.pdf

STI FACTSHEETS
http://www.stipu.nsw.gov.au/page/General_
Practice_Resources/STI_Fact_Sheets/

STI SELF TESTING TOOL
http://www.stipu.nsw.gov.au//content/
Document/SELF_TESTING_CARD.pdf

CONTACT TRACING TOOL
http://www.stipu.nsw.gov.au/content/Image/
May_2011_Contact_tracing_tool_final_version.pdf

**STI TESTING PROCEDURES – STANDARD OPERATING
PROCEDURES 2011**
http://www.stipu.nsw.gov.au/page/Public_Sector_
Resources/STI_Clinical_Management/

HIV, VIRAL HEPATITIS & STIS: A GUIDE FOR PRIMARY CARE
http://www.ashm.org.au/images/publications/
monographs/HIV_viral_hepatitis_and_STIs_a_guide_for_
primary_care/hiv_viral_hepatitis_and_stis_whole.pdf

**AUSTRALASIAN CONTACT TRACING MANUAL
(ASHM 4TH EDITION 2010)**
http://ctm.ashm.org.au/

**NSW HEALTH POLICY DIRECTIVE 2005.
PRIVACY MANUAL (VERSION 2)**
http://www.health.nsw.gov.au/policies/pd/2005/pdf/
PD2005_593.pdf

**SECOND NATIONAL SEXUALLY TRANSMISSIBLE INFECTION
STRATEGY 2010-2013**
http://www.health.gov.au/internet/main/publishing.nsf/
Content/ohp-national-strategies-2010-sti/$File/sti.pdf

All website links throughout document correct as of 16th January 2013

REFERENCES

Regan DG, Wilson DP, Hocking JS, 2008. Coverage Is the Key for Effective Screening of Chlamydia trachomatis in Australia, *Journal of Infectious Disease* 198(3):349-358

Royal Australian College of General Practitioners, 2012. *Guidelines for preventative activities in general practice, 8th Edition.*

Australian Nursing and Midwifery Council, 2007. *National framework for the development of decision making tools for nursing and midwifery practice.* pg 7

Pavlin, N. L., Parker, R., Fairley C. K, Gunn, J.M., Hocking, J, 2008. Take the sex out of STI screening! Views of young women on implementing chlamydia screening in General Practice BMC Infectious Diseases 8:62

Australian Institute of Family Studies 2012, *Age of consent laws, 2012* Australian Institute of Family Studies, Australian Government)

NSW Health, 2011. Fact sheet Health Adolescent Consensual Peer Sex-The Reporting Obligations of Health Workers-October 2011 http://www.yaa.com.au/files/News/SCHN11%206325%20Joint%20Investigation%20Response%20Team%20State%20Management%20Group%20New%20Adolescent%20Peer%20Sex%20Guideline.pdf

NSW Department of Family and Community Services, 2012. *NSW mandatory reporter Guide,* www.community.nsw.gov.au/kts/guidelines/documents/mandatory_reporter_guide.pdf

NSW Lawlink Attorney General & Justice Law Reform Commission, 2008. *Report 119 (2008) - Young people and consent to health care* http://www.lawlink.nsw.gov.au/lawlink/lrc/ll_lrc.nsf/pages/LRC_r119chp1

Australasian Society for HIV Medicine, 2010. *Australasian Contact Tracing Manual, 4th Edition.*

Bilardi, J. E., Fairley, C. K., Hopkins, C. A.;, Hocking, J. S., Temple-Smith, M. J., Bowden, Francis J., Russell, D. B., Pitts, M, Tomnay, J. E., Parker, R. M., Pavlin, N. L, Chen, M. Y.,2010. Experiences and Outcomes of Partner Notification Among Men and Women Recently Diagnosed With Chlamydia and Their Views on Innovative Resources Aimed at Improving Notification Rates, *Sexually Transmitted Diseases* 37 (4):253-258.

Australasian Society of HIV medicine, 2010, Australasian Contact Tracing manual, 4th Edition. http://www.ashm.org.au//images/Publications/Monographs/ctm/ctm_2010.pdf

Royal Australian College of Physicians, Australasian Chapter of sexual health medicine, 2012. *Register of public sexual health clinics in Australia and New Zealand* http://www.racp.edu.au/page/sexual-health-publications

Australasian Sexual Health & HIV Nurses Association, 2011. *Competency Standards for sexual and reproductive health and HIV nurses, 2nd Edition.* www.ashhna.org.au

Australian Medicare Local Alliance, 2012. *Expanding your practice, a learning module for nurses working in general practice* http://amlalliance.com.au/medicare-local-support/nigp/resources/?a=45281#Expanding%20your%20practice

Australian Nursing federation, 2005. *Competency standards for nurses in General Practice.* http://anf.org.au/documents/reports/compstandards_nursesingp.pdf

ASSESSOR GUIDELINES
SEXUAL HEALTH
COMPETENCY STANDARDS FOR PRIMARY HEALTH CARE NURSES

INTRODUCTION

The *Sexual Health Nursing Competency Standards for Primary Health Care Nurses* (Appendix 1) are national standards endorsed by ASHM, ASHHNA, APNA, FPNSW, SHIL and STIPU.

These Competency Standards have been developed to support primary healthcare nurses' (PHCN's) practice in sexual health care; as a professional development resource to increase scope of practice; and to use as an advocacy tool.

The Competency Standards are intended for use as self directed learning tool for PHCN's who have identified they want to further develop and enhance their skills in sexual health. Each Domain includes a number of practice skills. Measurement of competency against the standards is by self and peer assessment. There are several practice skills marked with an asterisk that must be assessed by a peer.

PHCN's must demonstrate their competency for each practice skill and there should not be an expectation from the Assessor or PHCN that everyone will be assessed as competent.

It should be remembered that competence develops over time. If the PHCN is assessed as not yet competent they can negotiate and coordinate a future time with the Assessor for another assessment. To assist in this process the PHCN may undertake additional self directed learning.

These guidelines set out the process for Assessors.

PROCESS FOR ASSESSMENT

BEFORE BEING ASSESSED

The Assessor should explain
to the PHCN:

- How the assessment is being
  undertaken i.e. role play or observation
- What resources are available for the
  PHCN to utilise
- Any preparation the PHCN should
  undertake prior to the assessment
- The length of time of the assessment
- Which practice skills the Assessor
  is assessing i.e. all practice skills or
  only those marked with an asterix
  which require peer assessment
- What happens if the candidate is
  assessed as not yet competent

WHO CAN BE AN ASSESSOR?

Ideally the Assessor would be a PHCN
experienced in sexual health or trained
in assessment such as in Certificate IV
in Training and Assessment.

If such an Assessor is not available,
other options include:

- Nurse experienced in sexual health
  or based in a sexual health clinic
- Medical practitioner
- PHCN

WHICH PRACTICE SKILLS AND/OR
STANDARDS DO I ASSESS?

An Assessor can assess a PHCN for
all the practice skills. Peer assessment
must be undertaken however for those
practice skills marked with an asterix.

PROCESS FOR ASSESSMENT

WHAT IS THE ASSESSORS' ROLE?

The Assessor's role is to assess the competency of the PHCN in meeting the practice skills in each Domain.

For example: assessing the PHCNs' competency in *Domain 1 – Effective Communication* would involve assessment of each of the following practice skills:

- Establishes rapport that enhances the patient's ability to express concerns and feelings

- Explains confidentiality and privacy policies relevant to patient care

- Communicates effectively to the patient and significant others where appropriate, regarding care and the nurses role in the provision of that care

- Demonstrates sensitivity, awareness and respect for cultural identity of patient

- Ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations used

- Establishes and maintains effective and collaborative communication with the multidisciplinary team.

The peer assessment must be undertaken in person and preferably when the PHCN is undertaking a sexual health assessment and history recording. If this is not possible, demonstrating competency through the use of a role play is an alternative.

It is not expected that all 7 Domains will be assessed in one sitting. PHCNs may find it helpful to develop one Domain at a time, using the set of practice skills within that Domain as the basis of their assessment.

PROCESS FOR ASSESSMENT

HOW DOES THE ASSESSOR KNOW IF THE PHCN HAS MET THE PRACTICE SKILL?

Each practice skill has 3–4 suggestions as to what the Assessor should be looking for and the PHCN should be demonstrating (Appendix 1). These are a **guide only** – there may be additional abilities the PHCN can demonstrate for each practice skill.

The Assessor can ask additional questions once their observation is finished to ascertain the candidate's competency in that area and/or to clarify any issues.

The time taken for a peer assessment will be dependent on the competency being assessed.

SOME TIPS FOR ASSESSING ROLE PLAYS

It is well known that an individual's practice can change when they are being observed or assessed. It is important to remember that people can become nervous undertaking role plays.

If the role play is written ensure the PHCN has read it beforehand and understands it. You may like to run through the role play first and clarify any questions.

Ensure there is space or room away from other people to role play and that all the necessary tools for STI testing are available (i.e. STI testing tool, contact tracing tool, swabs, urine jars etc).

To enable a PHCN to adequately demonstrate all the peer assessed competencies, will require a role play of at least 10–15 minutes. However the time taken for an assessment will be dependent on the competency being assessed.

Remember, during role plays, it is the PHCN's competence rather than their acting skills that are being assessed.

ASSESSOR GUIDELINES

PROCESS FOR ASSESSMENT

SOME TIPS FOR DIRECT OBSERVATION

Ensure the patient consent is obtained and documented before the assessment begins. This includes ensuring the patient has consented to the Assessor sitting in on the session and they understand who is being assessed.

The Assessor should never give feedback to the PHCN on their performance in front of the patient.

WHAT HAPPENS IF THE PRIMARY HEALTH CARE NURSE IS ASSESSED AS COMPETENT?

The candidate is considered competent in the *Sexual Health Competency Standards for Primary Health Care Nurses* when all the practice skills and therefore the 7 Domains are signed off.

Once this is achieved, the *Sexual Health Competency Standards for Primary Health Care Nurses* should be signed and dated by both the Assessor and PHCN.

WHAT HAPPENS IF THE PHCN IS ASSESSED AS NOT YET COMPETENT?

The Assessor will determine if the PHCN is competent or not yet competent for each practice skill being assessed.

The PHCN must be assessed for each practice skill to be considered competent for the overall Domain. This may be achieved through a combination of peer and self assessment.

If the Assessor believes the PHCN is not yet competent for a practice skill, this should be discussed with them in private.

It is important to highlight to the PHCN their strengths and not use words such as fail, instead use words such as they are **not yet competent**.

The Assessor should assist the PHCN by detailing what specific areas (e.g. communications skills, use of tools, sample collection, information provision) they need to focus on and further develop in order to be assessed as competent for that practice skill in the future. Based on this feedback, the PHCN should undertake self directed learning.

It is important the Assessor discusses and establishes a mutually agreeable plan with the PHCN, which includes a timeline for the reassessment, regarding their development towards meeting the Sexual Health Competency Standards for PHCN's.

FINAL COMPLETION/SIGN OFF OF THE SEXUAL HEALTH COMPETENCY STANDARDS FOR PHCN'S

Once a PHCN has met all the practice skills through a combination of peer and self assessment then final sign off should be undertaken by the PHCN and Assessor. This formally documents that all the practice skills have been met and the PHCN is now competent in sexual health nursing standards.

Being assessed as competent in the *Sexual Health Competency Standards for Primary Health Care Nurses does* not negate the need for further learning and training on the part of the PHCN.

Sexual Health Competency Standards for Primary Health Care Nurses
PRACTICE SKILL EXAMPLES

Domain 1 – Effective Communication	

Establishes rapport that enhances the patient's ability to express concerns and feelings

- Makes eye contact, where appropriate
- Maintains an open posture
- Uses open ended questions
- Allows for a period of silence after asking a question to enable the patient time to answer

Explains confidentiality and privacy policies relevant to patient care

- Discusses issues of limited confidentiality in relation to risk of harm/child abuse/under 16 years
- Explains to the patient who in the service is able to access/see their file
- Explains to the patient privacy in relation to partners/parents/significant others seeing their health information

Communicates effectively to the patient and significant others where appropriate, regarding care and the nurses role in the provision of that care

- Uses language that is understandable to the patient i.e. no jargon
- Ensures the patient has understood what has been explained to them by asking them to reflect back the information
- Uses a variety of communication methods; verbal, demonstration, written, visual, to explain the health issue and/or treatment

Demonstrates sensitivity, awareness and respect for cultural identity of patient

- Clarifies with the patient how they would like to be addressed
- Offers an interpreter if required
- Does not make assumptions about the patients' culture and/or the impact on their sexual health and relationships

Ensures that written communication is comprehensive, logical, legible, clear and concise, spelling is accurate and only acceptable abbreviations used

- Provides a concise summary of issues discussed with the patient
- Clearly documents a follow up plan
- Ensures all written documentation is legible

Establishes and maintains effective and collaborative communication with the multidisciplinary team

- ~ Consults or seeks advice with team members when required
- ~ Communicates test results to team members as appropriate
- Accurately documents the provision of nursing care

Domain 2 – Assessment, Care Planning and Clinical Management

Obtains a clear and concise patient history to enable identification of risks and priorities for health screening and education. This may include sexual and reproductive health, medical, psychosocial and lifestyle history

- Asks key questions about a person's sexual health history
- Seeks elaboration from the patient to ensure assumptions are not made or where more detailed information is required
- Takes time in asking questions and allowing the patient time to answer

Demonstrates knowledge and understanding of priority population groups and the issues relating to their sexual and reproductive health and HIV needs

- Articulates who are the priority population groups and why
- Is knowledgeable about which STI tests should be requested for each priority population group and why
- Refers to the STI testing tool when required

Provides education and support to patient to modify lifestyle and behavioural factors in order to minimise risk for sexually transmissible infections (STIs), blood-borne viruses (BBVs) and unintended pregnancy

- Promotes condom use and discusses with the patient how they may negotiate this with their partners(s)
- Encourages testing/screening and partner notification
- Discusses reducing risky behaviour such as rate of partner change, delaying onset of sex activity, unsafe sex
- Discusses the benefits of immunisation

Ensures informed consent for tests ordered by a Medical Officer has been obtained and prepares appropriate equipment for examination and/or specimen collection

- Ensures patient consent for testing is verbally confirmed
- Prepares appropriate equipment for urine sample and/or self collection swab

Accurately obtains specimens (including self collected samples) with minimal discomfort for the patient

- Checks if the patient has any questions about specimen collection
- Ensures the patient understands how specimens will be obtained including self collection
- Ensures specimens are obtained according to the appropriate procedure to ensure accurate collection

Accurately documents all findings and outcomes of the patient consultation

- Ensures sexual history taking and treatment is accurately documented
- Documents discussions and any information provided in medical records/notes

Ensures patient is aware of follow-up care, treatment and health plans

- Asks patient to reflect back the next steps in their treatment and follow up care
- Clarifies if there are any issues in the patient being able to undertake any of the treatment or follow up
- Provides written information, books appointments etc to assist the patient in follow up and treatment
- Asks patients if there is anything else they would like to discuss
- Encourages patient to make a follow up appointments for continuing care

Explains results of tests, once reviewed through standard organisational procedures, providing appropriate psychological support and refers where appropriate

- Discusses with the patient the test undertaken, result and what this means for future treatment
- Check that the patients has understood the results and implications for their health and future treatment
- Has appropriate and current referral information available for patients

Provides information and assistance for contact tracing and seeks advice when appropriate

- Introduces the reasons for contact tracing
- Helps identify with the patient which partners need to be informed
- Explains the methods and offers choice between:
  - ~ Patient-Initiated Contact Tracing
  - ~ Provider-Initiated Contact Tracing
- Documents discussions in medical records/notes

Domain 3 – Health Promotion and Patient Education

BACK TO FORM ▶

Demonstrates the ability to initiate discussion about sexually transmissible infection and blood borne virus transmission and prevention

- Asks the patient if they have any concerns about future risk from STIs and BBVs.
- Discusses the benefits of immunisation
- Is open and honest about any concerns for the patient and potential future risk
- Discusses with the patient what strategies together can be utilised to reduce that risk

Demonstrates the ability to initiate discussion about implications of a positive test result and contact tracing requirements

- Discusses how a patient can collect a positive test results (in person, phoning the practice)
- Discusses how partner(s) might react and problem solves this
- Highlights different options for telling a partner (in person, telephone, SMS, email)
- Schedules a follow up visit or phone call with the patient
- Knows where to get support

Utilises appropriate patient resources to support preventative health decision making including contact tracing

- Provides appropriate written STI information
- Provides and promotes condom use
- Provides and promotes immunisation
- Facilities discussion around contact tracing using available resources and websites
- Knows where to get support

Initiates discussion about preventive health checks and screening

- Raises the importance of re-testing for chlyamdia after a positive diagnosis and books an appointment
- Discusses with the patient at what stages re-testing or screening should occur e.g. regular HIV test for men who have sex with me (MSM) with any recent partner change.
- Makes appointments for future re testing/screening if appropriate

Domain 4 – Research

BACK TO FORM ▶

Demonstrates ability to access and evaluate health information and research evidence

- Uses a range of skills and networks to access information on current research, evidence and/or guidelines for practice
- Is able to provide a rationale for any care given

Participates in quality improvement programs and incorporates outcomes of quality improvement programmes within the general practice

- Identifies issues/problems in nursing practice as the basis for a quality improvement (QI) program
- Actively seeks involvement in current QI activities in the practice

Domain 5 – Legal and Ethical Nursing Practice

Articulates and practises within own scope of practice

- Explains the role of the nurse to the patient and how it relates to other members of the general practice team
- Seeks advice /consults when the needs of patients are beyond own scope of practice

Advocates for privacy and confidentiality when providing care

- Ensures the patient has time alone, if appropriate, in the consult with the nurse
- Ensures the nurse has a space/room to see patients privately
- Ensures any discussion about the patients treatment occurs in a professional context with colleagues

Complies with nursing standards, codes, guidelines, legislation and regulations

- Uses the Australian Nursing and Midwifery Council codes and competency standards for registered and enrolled nurses and other relevant standards
- Uses general practice specific standards and guidelines such as the Royal Australian College of General Practitioners' Standards for General Practices, Red Book and the Medicare requirements
- Ensures the organisations Professional Indemnity insurance is adequate for the practice

Practises in a way that acknowledges the dignity, culture, values, beliefs and rights of individuals/groups

- Does not make assumptions about any patient as a result of culture, religion, gender or sexuality
- Ensures the patient understands the tests and treatment being undertaken and consents to these
- Allows time for the patient to ask questions

Domain 6 – Collaborative Care and Partnerships

Seeks guidance and leadership from senior members of the multidisciplinary team to provide best practice nursing care

- Consults with the GP or other colleagues to discuss holistic patient care
- Understands the roles the multidisciplinary team hold and what each role they can offer
- Can explain when they would consult/refer to team members

Utilises referral pathways to external services where appropriate

- Is aware of the range of referral pathways and what these services can provide for their patient
- Has resources or information readily available to make referrals
- Encourages the patient to take information or be aware of resources available

Identifies and disseminates knowledge to colleagues and other health professionals eg. in-service and case presentations

- Joins a key agency mailing list e.g. in NSW STIPU and shares information and new tools with the practice
- Presents at a practice meeting on an interesting sexual health history taking/assessment
- Joins email lists that keeps them update to with new research evidence e.g. APNA, ASHHNA and shares this with colleagues

Domain 7 – Leadership and Development of the Role

Applies current evidence based practice to clinical care

- Demonstrates that sexual history taking is based on current guidelines
- Utilises up to date resources to plan STI testing

Contributes to the development of nursing knowledge through reflection on practice

- Uses reflective practice identify areas where practice could be improved or enhanced
- Documents in continuing professional development plan opportunities/areas where the practice could increase their response to sexual health care and how they might do this

Participates in professional development activities eg. seminar attendance, conference attendance, professional readings and disseminates information to colleagues

- Attends sexual health education at a local level such as from the Medicare Local or Local Health District
- Takes up opportunities to become involved in sexual health with the local sexual health service
- Is a member of a professional nursing organisation such as APNA, CAN or ANF
- Uses a range of skills and networks to access information on current research, evidence and/or guidelines for practice
- Seeks out a mentor

Advocates for the role of the primary healthcare nurse in sexual health within the general practice setting

- Sets up recalls/remainder systems in the general practice
- Manages resources on chlamydia for the staff and patients including in the waiting room
- Contributes to team meetings
- Facilitates a practice information session on STIs

Acts as a mentor and/or preceptor for peers undertaking education in sexual healthcare

- Assists other nurses to become competent in the sexual health nursing competency standards
- Shares information from APNA, ASHM and the Medicare Local on sexual health courses/education to peers

ASSESSOR GUIDELINES

ACRONYMS

Australasian Sexual Health and HIV Nurses Association	ASHHNA
Australasian Society for HIV Medicine	ASHM
Australian College of Nursing	ACN
Australian Nursing Federation	ANF
Australian Practice Nurse Association	APNA
Family Planning NSW	FPNSW
Medicare Local	ML
Primary Health Care Nurse	PHCN
NSW Sexual Health Infoline	SHIL
NSW STI Programs Unit	STIPU

ASSESSOR GUIDELINES –
FURTHER INFORMATION

The *Sexual Health Competency Standards for Primary Health Care Nurses* can be found on the NSW STI Programs Unit website at **www.stipu.nsw.gov.au** Hard copies are available by phoning Ph: 02 9382 7525 or email: nswstipu@gmail.com

Additional resources are available free from NSW STIPU including the **STI Testing Tool**, **Contact Tracing Tool**, **Self Collection of STI Samples Tool** as well as the online training resource The 7 C's of Chlamydia.

Further training and education is available through:

- **APNA On-Line Training**
  http://apna.e3learning.com.au/
  ~ STI and Blood Borne Virus
- **ASHM**
  www.ashm.org.au
  ~ Introductory one day sexual
    health workshop for PHCNs
  ~ Sexual Health Nursing
    – Principles and Practice
  ~ Sexual Health Nursing
    – Clinical Practice
  ~ Talking to young people and
    sexual health and Hep C
  ~ Sexual Health Webinars

- **Family Planning NSW**
  www.fpnsw.org.au
  ~ Cervical Screening and chlamydia
    e-learning update
  ~ Certificate in Reproductive and
    Sexual Health (Nursing) – face to
    face and distance mode workshops

- **Think GP On-Line Training**
  thinkgp.com.au/
  ~ Sexual Health, history taking,
    testing and contact tracing
  ~ STI Testing in General Practice
  ~ STI Contact Tracing for General
    Practice
  ~ The Key Features in Managing
    STIs – STI Testing Tool
  ~ Review the current Features
    in STI Management

In NSW, the Sexual Health Infoline can be contacted for clinical support for STI management: Telephone 1800 451 624 or visit their website **www.shil.nsw.gov.au**

Publicly Funded Sexual Health Services in NSW are also available and can be found on the NSW Health Sexual Plus website at: **http://www.health.nsw.gov.au/sexualhealth/Pages/related-services.aspx**

HOW DO I COMPLETE THE COMPETENCY STANDARDS?

1. DOWNLOAD, PRINT AND COMPLETE A HARD COPY

Click here to download a copy of the form that you can print and complete.

2. DOWNLOAD AND COMPLETE ELECTRONICALLY

Click here to download a copy of the form that you can save to your computer and complete electronically.

(Please ensure you **Save As** the file you download, this will ensure you can complete the form electronically simply by clicking in the areas on the form and that these additions will be saved).

3. COMPLETE ELECTRONICALLY WITHIN THIS E-BOOK

Simply **Save As** this downloaded e-book to your personal computer then you will be able to complete within this e-book and save your personal copy accordingly.