

# Nurses on Placement

## Primary Health Care Nurses undertaking Clinical Placements at Publicly Funded Sexual Health Services; Can it be done? Is it worthwhile?

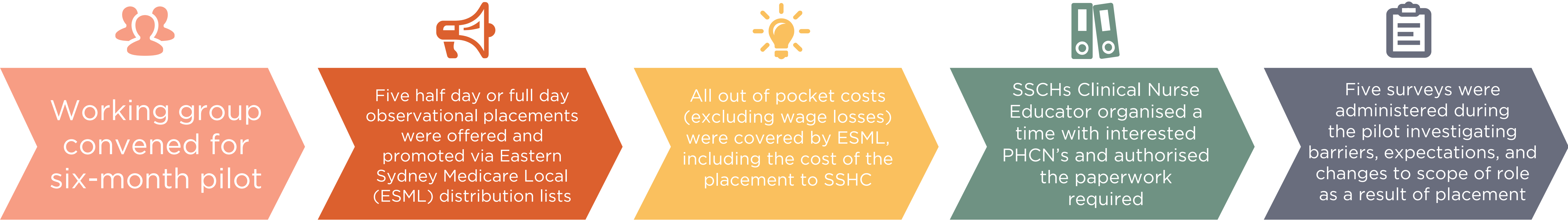
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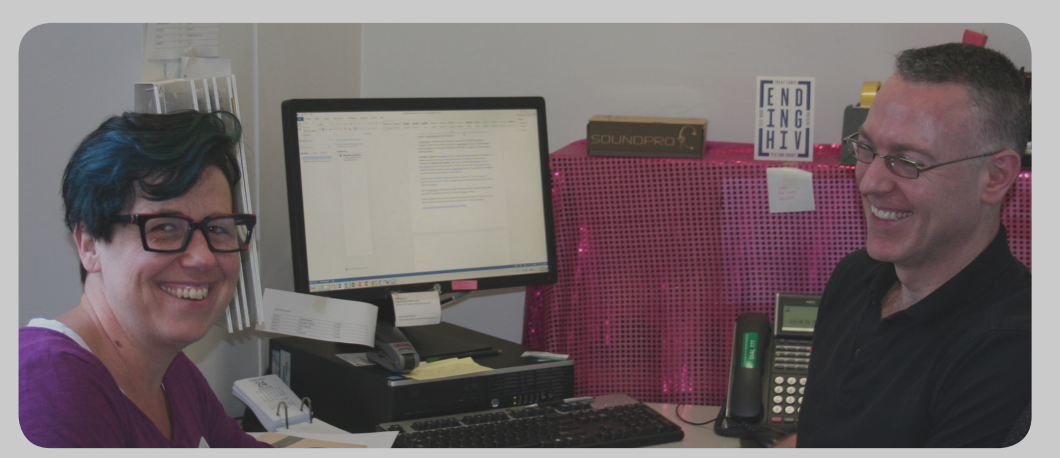
In Australia, most sexually transmissible infection (STI) care is delivered in general practice<sup>1</sup>. The eastern suburbs of Sydney have a particularly high prevalence of STI's<sup>2</sup>. Publicly Funded Sexual Health Services (PFSHS) such as Sydney Sexual Health Centre (SSHC) are valuable in STI testing and management, however they have limited reach into the general population<sup>3</sup>.

Enhancing team care in general practice through utilising Primary Health Care Nurses (PHCN) may help to overcome barriers to sexual health care in the GP setting<sup>4,5</sup>. While the role of PHCN's in chronic disease management and immunisation is established<sup>6</sup>, their role in sexual health care is underdeveloped. To realise the full potential of primary health care nurses' skills, they need to be supported to expand their roles<sup>4</sup>.

Training for PHCN's via clinical placements in PFSHS is one way to improve knowledge and skills of PHCN in undertaking sexual health care. The placements were offered as a practical opportunity to gain experience in the Sexual Health Competency Standards for Primary Health Care Nurses.



### Survey Results

Pre-placement survey	Post-placement survey	3 month post-placement survey	SSHC Clinical Staff post-placement Survey	PHCN's who expressed interest Survey
<p>Participating PHCN's who were not currently providing sexual health care to patients in their practice suggested that one of the reasons for this is that "doctors prefer to do their own" sexual health care provision. Additionally it was noted they</p> <p><i>"feel (the) need to boost knowledge and confidence with treatment and discussion techniques".</i></p> <p>Areas that the PHCN's were hoping to gain knowledge in include screening methods, discussion with patients and tips for education within their practice.</p> <p>All PHCN's were looking forward to work with experienced sexual health nurses and ask questions in a topic specific environment.</p>	<p>All PHCN's said the placement met their expectations, giving reasons such as:</p> <ul style="list-style-type: none"><li>• Greater links with the local sexual health service</li><li>• Updated knowledge about STI testing and treatment</li><li>• More confidence in undertaking a sexual health history</li><li>• Opportunity to meet with experienced sexual health clinicians</li></ul> <p><i>"I absolutely loved the placement, would recommend it to all GP nurses. The staff were fantastic and it seems like a lovely work environment"</i></p>	<p>PHCN's who participated in this survey expected to make changes within their practice based on what they'd learned during their placement. One of the PHCN's said:</p> <p><i>"I had more confidence to answer patient questions because I had a) memorised the questions that frequently came up with patients and b) made sure I discussed these with both mentors I had during the clinical placement"</i></p> <p>One PHCN was unable to make changes as intended. When asked what prevented them, they responded:</p> <p><i>"Reluctance to participate from GPs"</i></p> <p>Respondents recommended that there should be further opportunities for training and greater support for nurses undertaking these tasks.</p>	<p>SSHC Registered nurses who responded from the supervisor/mentor perspective all agreed that the placement was worthwhile and that a longer time spent at SSHC would be more beneficial.</p> <p>All respondents also concluded that the experience of being a mentor was a positive one and felt very confident in their role as a supervisor.</p> <p>The SSHC respondents also noted that clients were open to PHCN's being present during the consult</p> <p>All respondents agreed that the PHCN's were motivated to learn.</p>  <p>Supervising clinical staff at SSHC</p>	<p>PHCN's who expressed interest, but did not complete the placement commented that both the paperwork required and the application timeframe were barriers. One PHCN noted:</p> <p><i>"I [knew] early about the placement but I decided too late to partake and no positions were available, I was also overwhelmed with the paperwork needed"</i></p> <p>When asked if there was anything else that would assist PHCN's to take a greater role in sexual health care in general practice, respondents replied that further education and placements would be beneficial. One responded recommended:</p> <p><i>"Placements like the one that was on offer at SSHC"</i></p>

### Discussion

Each of the surveys administered were completed in small numbers. Despite this there was a general positive response to the clinical placement at SSHC by both the PHCN's and SSHC staff. The pilot has highlighted a need for ongoing education for PHCN's focussing on STI screening, treatment and advice for patients within the primary health care setting. Although the paperwork required for the clinical placement was reported as onerous by the PHCN who expressed an interest but did not undertake a clinical placement, the documents required for the placement are supported by both Ministry of Health policy directives and Local Health District verification processes to ensure the safety of staff, patients and visitors. It is not unreasonable to expect that all nursing staff public or privately employed will have completed similar documents in the past.

Despite the pilot timeframe not accommodating all applicants, the expressions of interest indicate a willingness from PHCN's to extend and enhance their existing roles within the primary care setting, to improve the health of patients they have contact with, and promote the importance of sexual health to a broader population. The pilot advocates for ongoing PHCN support from sexual health services as well as ongoing advocacy to GPs to change practice norms to increase the scope of their role.

### Conclusion

Primary Health Care Nurses are underutilised for testing and treatment of STI's in general practice. Observational Placements at Publicly Funded Sexual Health Services for PHCN's resulted in positive outcomes for both the supervising staff and PHCN professional development. More support is needed for PHCN's to undertake the placements and implement changes into the General Practice setting.

References  
<sup>1</sup> Grulich A, et al. Aust N Z J Public Health 2003;27:234-41.  
<sup>2</sup> Central and Eastern Sydney PHN Baseline Needs Assessment submitted to the Department of Health on 30 March 2016  
<sup>3</sup> Bourne C, et al. Sex Health 2013;10:19-23  
<sup>4</sup> Abbott P, et al. Australian Family Physician 2013;42(10):729-733.  
<sup>5</sup> Macdowall W, et al. Patient Educ Couns 2010;81:332-37.  
<sup>6</sup> Phillips CB, et al. Med J Aust 2009;191:92-97  
<sup>\*\*</sup> Ethics approval sought however not required based on type of work (Quality Improvement)