

OUTREACH CHLAMYDIA TESTING: UPSKILLING A MULTIDISCIPLINARY WORKFORCE



Tilley DM^{1,2}, Dailey BR³, Sharp NC¹, House D³



¹ Sexual Health Service, Community Health, Sydney Local Health District, Sydney, Australia

² Women's Health Service, Community Health, Sydney Local Health District, Sydney, Australia

³ HIV and Related Programs Health Promotion, Community Health, Sydney Local Health District, Sydney, Australia

Background

Chlamydia is the most common notifiable Sexually Transmitted Infection in Australia with more than 80% of infections occurring in young people aged 29 years and under¹. Offering testing in an outreach setting is an effective strategy for engaging young people, reducing barriers to accessing services and reducing the number of undiagnosed infections^{2,3}.

The National Sexually Transmissible Infection Strategy¹ identifies Aboriginal and Torres Strait Islander people and young people as priority populations. The aim of this project was to increase the opportunities for chlamydia testing in these populations by addressing structural barriers to service access. This was achieved by building the capacity of non-clinical sexual health and youth health service staff to offer information about and urine testing for chlamydia and gonorrhoea* at targeted community events. Engaging the community in an outreach setting builds rapport with the community, increases awareness of and enables access to comprehensive sexual health services³.

Model of Outreach Service Delivery

Pre-requisites

- Managers checklist to ensure completion of organisational occupational health and mandatory training requirements
- Includes: Category A staff vaccination, one day Child Protection Training, 7C's of Chlamydia learning module

Outreach Screening Clinical Operations Manual

- Manual provides framework and resources, adapted from NSW Sexual Health Standard Operating Procedures Manual⁴
- Includes: assessing suitability and safety of outreach testing locations, resources and equipment checklist, testing flow chart, client registration forms, risk assessment forms and referral numbers
- Outreach specimen collection checklist developed to address learning, literacy and numeracy needs of staff

Training - Outreach STI Testing

- Objectives: Provide overview of chlamydia and gonorrhoea transmission, testing and treatment, describe privacy, consent and infection control principles for outreach testing, Competency assessment for outreach testing
- Lesson plan, presentation by Sexual Health Clinical Nurse Consultant, Knowledge quiz
- Liaised with Local Health District Child Protection and Infection Control units

Competency Assessment

- Role play scenarios (male and female clients) within the training session
- Competency assessment checklist: interpersonal skills and risk assessment, specimen collection, transportation and storage and follow up

Clinical governance and support

- RPA Sexual Health nursing unit review all medical records and provide results
- Ongoing clinical support provided by Clinical Nurse Consultant and Nursing Unit Manager

Evaluation Methods

Participants completed a pre and post training evaluation survey to measure self-reported knowledge and confidence in undertaking urine chlamydia and gonorrhoea testing in an outreach setting. The survey asked for responses to six statements on a scale of 1 (not at all) to 5 (completely). The average scores for each statement pre and post were calculated. Participants were also observed completing the skills of client registration, risk assessment, specimen collection, transportation and storage. All participants were successful in meeting the criteria in the competency assessment checklist following the role play scenarios.

Questions:

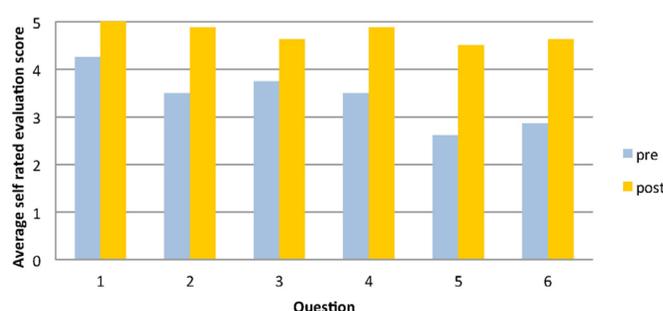
- I understand how chlamydia and gonorrhoea can be transmitted and prevented
- I will know if a client has given informed consent to have a test
- I feel confident about asking clients questions about their sexual health
- I am aware of how to ensure client privacy in an outreach setting
- I understand the key issues for assessing a person under 16 years for risk of harm
- I feel confident to use standard precautions when getting a urine specimen back from the client

Results

A total of nine staff completed the training between August 2014 and January 2015. The staff were from varying disciplines including Aboriginal Health Education Officers, Health Promotion Officers, Social Workers and a Nursing student.

Eight pre and post surveys were completed. For all statements there was an increase in the average score in the post survey compared with the pre survey. The greatest differences were in the statements relating to assessing risk of harm in a young person and use of standard precautions.

Pre and post training knowledge and confidence



"The training made it easy to gain knowledge. I feel more confident to talk to young people about chlamydia and helping them to come to the clinic. At first I was nervous about doing the testing but with practice I keep getting better and better." – Damien House, Aboriginal Health Education Officer



Recommendations

- The outreach testing model of service delivery can be scaled up to services across the state and implemented in a diversity of outreach settings
- The multidisciplinary focus enables a variety of non-clinical staff to be trained in outreach chlamydia and gonorrhoea testing
- The model of service delivery and training can be adapted to the needs of different services and the learning, literacy and numeracy needs of diverse staff
- Ongoing support from a clinical team is essential for clinical governance and sustainability

Conclusion

Participation in the comprehensive training demonstrated an increase in knowledge, confidence and skills of non-clinical health workers to undertake urine chlamydia and gonorrhoea testing in an outreach setting. The training and ongoing support has further enhanced a strong collaboration between the sexual health service clinical and non-clinical teams.

*NAAT multiplex chlamydia and gonorrhoea

References:

- Australian Government Department of Health, 2014. Third National Sexually Transmissible Infections Strategy 2014-2017.
- Ward J, Bryant J, Worth H, Hull P, Solar S and Bailey S, 2013. Use of health services for sexually transmitted and blood-borne viral infections by young Aboriginal people in New South Wales, Australian Journal of Primary Health, vol. 19, p. 81 -86.
- Kang M, Skinner R, Usherwood T, 2010. Interventions for young people in Australia to reduce HIV and sexually transmitted infections: a systemic review, Sexual Health, vol. 7, p. 1 – 22
- NSW Sexually Transmissible Infections Programs Unit, 2013. NSW Sexual Health Standard Operating Procedures Manual. Accessed at: <http://stipu.nsw.gov.au/wp-content/uploads/NSW-Sexual-Health-Standards-of-Practice-Manual.pdf>

- CHECK THE FORMS AND WRITE CLIENT DETAILS ON URINE JAR**
- Client gives you the completed registration form (white form) and risk assessment form (pink for a woman or blue for a man)
 - Check information on all forms is complete
 - Write client's name and date of birth on yellow top urine specimen jar and on the pink or blue form.



- Give client their labelled urine specimen jar in a specimen bag and paper bag



Example outreach testing checklist