Practice nurses and sexual health care - enhancing team care within general practice

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Abstract

Aims & rationale/Objectives Despite a high prevalence of sexually transmissible infections (STIs) and evidenced shortfalls in Australian general practice STI screening, practice nurse (PN) roles in sexual healthcare appear underdeveloped. The evaluation of the NSW STI Programs Unit (STIPU) GP Project provided opportunity to canvass the views of general practitioners (GPs) and PNs regarding PN roles in sexual healthcare. Methods As part of a broader evaluation of resources developed through the STIPU GP project, survey respondents were invited to participate in interviews exploring their views on how to support and increase the delivery of sexual health care in general practice. Semi structured interviews were held with 10 PNs and 9 GPs. Interviews were audiotaped, transcribed verbatim and analysed thematically. Findings A wide range of PN roles in sexual health care delivery within general practice were reported. Factors which impacted on successful PN-GP teamwork were respective workloads, recognition of the PN role in sexual health and practice organisational systems. This study provided evidence that the PN role in sexual health within general practice is underdeveloped and PNs would welcome an expanded role in sexual healthcare. Implications Increased recognition, marketing and support of an enhanced PN role in sexual healthcare delivery in general practice may increase the services provided, reduce GP time pressure and increase PN professional satisfaction.

Keywords
practice, nurses, sexual, general, within, health, team, enhancing, care

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Background

- Public sexual health clinics have limited reach into the general population and most STI care is delivered in general practice\(^1\)\(^2\).

- Acceptability to patients of general practice-based sexual healthcare is high\(^3\).

- STI screening and management is suboptimal in Australia\(^4\)\(^5\).

- The role of PNs is underdeveloped in sexual healthcare\(^6\).
‘The GP Project’ – NSW Sexually Transmissible Infections Programs Unit (STIPU)

Aim:

to enhance evidence-based sexual healthcare within NSW general practice through increasing GP and PN access to STI education and resources.
GP Project Items
Methods

- Evaluation GP Project undertaken in 2011–12:
  - Online survey 217 PNs & 214 GPs – indicated interest in a subsequent interview.

- Purposely sampled for maximal diversity

- Telephone interviews (25–70 mins)

- Thematic analysis
  - Resource usage
  - Team work in general practice
## Results

<table>
<thead>
<tr>
<th>Participant characteristics</th>
<th>Practice Nurse (n=10)</th>
<th>GP (n=9)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>Age Range</td>
<td>25-60</td>
<td>31-60</td>
</tr>
<tr>
<td>International Graduate</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Rural Practice</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Practice profile:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aboriginal patients</td>
<td>&lt; 5% 3</td>
<td>&lt; 5% 6</td>
</tr>
<tr>
<td>5-20%</td>
<td>7</td>
<td>5-20% 2</td>
</tr>
<tr>
<td>&gt; 20%</td>
<td>0</td>
<td>&gt; 20% 1</td>
</tr>
<tr>
<td>Patients under 25</td>
<td>10-50% 5</td>
<td>10-50% 9</td>
</tr>
<tr>
<td>&gt; 50%</td>
<td>5</td>
<td>&gt; 50% 0</td>
</tr>
<tr>
<td>Patients from culturally and linguistically</td>
<td>&lt; 10% 3</td>
<td>&lt; 10% 6</td>
</tr>
<tr>
<td>diverse background</td>
<td>10-50% 6</td>
<td>10-50% 2</td>
</tr>
<tr>
<td></td>
<td>&gt; 50% 1</td>
<td>&gt; 50% 1</td>
</tr>
</tbody>
</table>
1. Practice nurse activities

- Wide range of activities
- Care usually delivered opportunistically
- Perceived importance variable
2. Organisational factors

- Respective workloads
  - Affected by gender and rurality

- Practice systems
  - Giving PNs acknowledged role e.g. contact tracing
  - Medicare support
  - Incorporating sexual health into routine care e.g. triage systems, care planning, Aboriginal health checks

- Confidential space
3. Recognition of Practice nurse role

“The main problem is that I don’t necessarily feel heard with the knowledge that I have actually got in an area where I have a great deal of interest” (PN)

“I haven't had any teamwork happening in STI management; we do have a practice nurse but I don't know in what way she would be involved in that” (GP)
For PRACTICE NURSES

Pap Smears (with health check)

MBS items 10994 & 10995 (metro, urban, regional rural and remote divisions)

10994 - require taking of a pap smear and at least one preventive check
10995 - require taking of a Pap Smear from a woman between the ages of 20 and 69 inclusive (who has not had a cervical smear in the last 4 years) and at least one preventive check

Eligibility
Items 10994 and 10995 include a Pap Smear and preventive check associated with women’s sexual and reproductive health, which could be routinely undertaken in conjunction with a Pap Smear.

A preventive check is a service which is reasonably necessary and appropriate for preventive care based on evidence of effectiveness and efficacy appropriate to the age of the patient.

Examples of a preventive check are:

- Checks for sexually transmitted infections (including Chlamydia)
- Taking of a sexual and reproductive history
- Advice on contraception
- Breast awareness education
- Advice on postnatal issues
- Contraception advice and education

Medicare Benefit: 100%
Reference: adapted from MedicareAustralia website
What is Chlamydia?

Chlamydia is the most common notifiable sexually transmitted bacterial infection in Australia. Many people who are infected do not have symptoms but can still spread it. Chlamydia can lead to infertility, and other complications if not treated.

Who do I test for Chlamydia?
Both male and female sexually active patients < 25 years old should be tested, particularly if they:
* have inconsistent or no condom use
* have had recent change in sexual partner
* have had partners diagnosed with Chlamydia
* are asymptomatic and request ‘STI check up’

As outlined in RACGP Red Book, 7th edition, 2009

How do I test for Chlamydia?
Undertake a Chlamydia urine PCR. Ask the patient to void the first part of the urine stream into a specimen jar. It is preferable that the patient has not passed urine at least one hour prior to collection.

How is Chlamydia treated?
Treat with 1g Azithromycin as a single oral dose. After the treatment begins, advise patient not to have sex for at least 7 days because the infection can still be spread.

What else do I need to consider?
Treatment of all sexual partners within the last 6 months. All patients who test positive for Chlamydia must be retested in 3 months and re-treat if the test is positive.

Discuss prevention of Chlamydia and other STIs by reinforcing condom use and regular STI testing.
Discussion

- The most crucial facilitator of PN involvement in sexual healthcare was GP recognition of a PN role
- Role advocacy in general is needed
- Increased teamwork may allow increased sexual health care delivery in general practice
Conclusion

- General Practice—ideally situated to deliver sexual healthcare.

- The role played by PNs and a team approach to sexual healthcare in Australian general practice is underdeveloped.

- Increased recognition and support of enhanced PN roles in sexual health is needed, including access to training and supportive practice systems.
References


Further details: