STIF \textit{Integrated} Competency

STIF\textit{ Integrated} Competency

\textbf{Trainer Guide}

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Introduction

This document is intended as a comprehensive guide to STIF\textit{Integrated} Competency training for Registered STIF\textit{Competency} Clinical Trainers. It duplicates some of the information available on the STIF website. A Flow Chart outlines key steps in STIF\textit{Integrated} Competency training (Appendix 1).

Each STIF\textit{Integrated} Competency trainee must have a Registered STIF Competency Clinical Trainer (RSCT) who has ultimate responsibility for signing them off as competent but other suitably senior GUM staff (doctors or nurses) can be involved in training and assessing the trainee. The trainee will have already completed STIF\textit{Intermediate} Competency in most cases (or be undertaking this at the same time). In some circumstances the trainee may therefore have two separate STIF Competency Clinical Trainers – one for the STIF\textit{Intermediate} Competency element and the other for the contraceptive element.

All Registered STIF\textit{Competency} Clinical Trainers must have had training in the correct use of the assessment tools (i.e. mini-CEx forms and Case-based Discussion) and must ensure that others involved in this training and assessment in their centres are also competent to use the assessment tools.

\textit{NB: If you are sharing the training with a colleague, who is not a Registered STIF Competency Clinical Trainer, please provide a copy of this document and other relevant paperwork for their use as they will not be able to access it on the STIF website.}

Trainee revalidation
In order to maintain registration on the STIF\textit{Integrated} Competency database, your trainee will require revalidation five years after certification. Your trainee may approach you to confirm their participation in appropriate CME activities and case reviews as part of the revalidation process.

Trainer revalidation
You will also require to revalidate as a Registered STIF Competency Clinical Trainer by attending the STIF Competency Train the Trainer workshop every 5 years. The workshop is held twice a year. More information is here: http://www.stif.org.uk/STIF/Home/STIF_Competency_Trainers/STIF_Train_the_Trainer_Workshop/STIF/STIF_Competency_Train_the_Trainer_Workshop.aspx?hkey=d8f00c76-0a08-487e-a953-ae46d943bb23
The **STIFIntegrated** Competency training package

In response to feedback from trainers and trainees, **STIFIntermediate** has been extended to include a ‘bolt on’ for clinicians (especially GUM nurses) working in fully integrated sexual health services. Led by a dual trained medical consultant working in and leading a fully integrated service, 14 additional contraceptive competencies have been created which, in addition to **STIFIntermediate**, provide the training necessary for clinicians working in fully integrated sexual health services. **STIFIntegrated** is NOT a standalone contraceptive qualification. Trainees predominantly interested in contraceptive qualification are signposted to the nDFSRH.

**STIFIntegrated** Competency is a clinical training package to train and assess the knowledge and competence of healthcare professionals in the management of contraception in Integrated GUM/CASH clinic settings and has therefore been designed for those working in services where they also require training in the management of symptomatic STIs. The aim is to create a streamlined, cost-effective and fit-for-purpose training pathway in the new era of integrated sexual health provision.

**STIFIntegrated** Competency can be completed at the same time as **STIFIntermediate** or can follow on from successful **STIFIntermediate** qualification.

**STIFIntegrated** Competency can also be applicable for those working in a Primary Care setting. It is specifically designed for those who wish to provide both STI and contraceptive care and aims to provide a framework to ensure sufficient experience is gained to fulfil this role. It is also appropriate for Specialist Sexual Health/Genito-Urinary Medicine nurses who are working towards independent practice as well as Trust Grade or Specialty Doctors.

It culminates in accreditation and certification with BASHH through ‘The STI Foundation’. The trainee will be registered on the **STIFIntegrated** Competency database. **A revalidation process is required every 5 years to maintain registration.**

**Who is **STIFIntegrated** Competency training for?**

1. Specialist Sexual Health/Genito-Urinary Medicine nurses working in Level 3 Integrated GUM/CASH services who are working towards independent practice and providing contraception as part of their role. It may also be useful for Trust Grade and Specialty Doctors.
2. Non-GUM clinical staff (doctors and nurses) who will be working in Level 2 Integrated sexual health and contraceptive services based in:
   - General practice
   - Alternative provider settings (e.g. Third sector, private companies)
Which competencies will be assessed?

- Assessment, treatment and management of a Woman Wishing to Start Contraception
- Assessment, treatment and management of a woman starting Combined Hormonal Contraception
- Assessment, treatment and management of a woman starting Oral Progesterone-only Contraception
- Assessment, treatment and management of a woman starting Injectable Progesterone Contraception
- Assessment and discussion prior to insertion of contraceptive implant
- Assessment and discussion prior to insertion of IUD/IUS
- Assessment, treatment and management of a woman with Break Through Bleeding from Hormonal Method
- Managing non-bleeding side effects from hormonal contraception
- Assessment and management of a woman needing a routine check of IUD/IUS
- Assessment and management of a woman requesting Emergency Contraception
- Assessment and discussion of a woman seeking advice on planning a pregnancy
- Counselling women who present with Unwanted/Unplanned Pregnancy

A minimum number of each condition must be seen and recorded in the Log Book.

Which knowledge areas will be assessed?

- Assessment of the patient who reports a Sexual Assault
- Psychosexual Medicine
Step 1: Setting up the training

If you are approached by someone to be their Registered STIF Competency Clinical Trainer, it is your responsibility to check that the trainee meets the pre-course knowledge and skills requirements shown in Table 1 below.

Table 1 - Knowledge and skills required for STIFIntegrated Competency training

<table>
<thead>
<tr>
<th>Knowledge/skill</th>
<th>Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>STIF Core theory course or equivalent*</td>
<td>essential</td>
</tr>
<tr>
<td>STIF Plus theory course*</td>
<td>desirable</td>
</tr>
<tr>
<td>e-Learning for Healthcare (eLfH) sessions in the Sexual Health and HIV (eHIV-STI) project and e-SRH project</td>
<td>It is strongly recommended to complete most (ideally all) before commencement of training; it is required that all sessions are completed before trainee can be signed off as competent. Trainees could also be supported in undertaking the Faculty eKA <a href="https://www.fsrh.org/careers-and-training/e-knowledge-assessment-eka/">https://www.fsrh.org/careers-and-training/e-knowledge-assessment-eka/</a> although this would require e-learning over and above what is stipulated for the STIFIntegrated pathway.</td>
</tr>
<tr>
<td>STIFIntermediate Competency</td>
<td>The trainee should either already be registered on the STIFIntermediate Competency database or be undertaking this in parallel.</td>
</tr>
</tbody>
</table>

* Must have completed STIF Core one-day theory course in last 3 years. The STIF Plus day forms the optional second day of the current format STIF theory course and would be accepted (for the purposes of registration) as evidence of continued professional development for anyone who attended a STIF course more than 3 years ago.

The necessary knowledge may also be achieved through attendance at a departmental induction programme and on-going CPD as long as all the elements of the STIF Core day are covered. Other theory based STI courses may be considered by the Registered STIF Competency Clinical Trainer for suitable equivalence to the STIF courses. The STIF Foundation Course Learning Objectives are listed on the STIF web site to check equivalency. Advice and clarification for trainers can also be sought from the STIF secretariat, contact STIF@suebird.biz

We recommend a couple of ‘fly on the wall’ observation sessions before formally starting if this is possible. This was reported as being very popular with trainees in the pilot stage, especially those with less contraceptive experience. We also suggest the use of the CEx forms as a template for formative assessment. It is optional as to whether the trainee wishes to keep these in the portfolio. The full summative assessment CEx is, of course, mandatory.

If you share the training with a senior nurse, the nurse can be responsible for most of the day-to-day work of organising and carrying out the training and assessment of the trainee. The ultimate responsibility however for signing the trainee off as competent will rest with you.
The senior nurse or other colleague who you nominate must be competent in all the areas covered by the STIFIntegrated Competency training and assessment. To ensure competence, the senior nurse may want to go through the training and assessment package themselves with you. Alternatively, they should be working independently in your unit and be able to carry out competently all the tasks assessed in the training package.

**Training External Trainees**

Funding for the training needs to be identified in advance of training arrangements being made. The BASHH central registration fee applies to all candidates. Local training fees may be charged to external candidates unless reciprocal training arrangements for staff can be agreed.

This must be decided and negotiated locally as it will depend on local commissioning arrangements. It should reflect the high intensity of the ‘in clinic’ training, local administrative costs and additional trainer preparation. During a training clinic you may expect to see 40-50% fewer patients than in a normal clinical session. Fees may be calculated in several different ways:

- Income lost (if using Payment by Activity)
- Costs to cover other staff seeing the additional patients
- Costs of trainer’s time if running a supernumerary training clinic.

When undertaking the training of external trainees, the most difficult and time consuming part of the process can be setting up the training and co-ordination of the training sessions between trainer and trainee.

The process of setting up the training may include arranging an honorary contract, Disclosure and Barring Service check and Occupational Health clearance according to your own Trust’s procedures.

You may wish to consider designating 1 or 2 specific clinical sessions each week for STIFIntegrated Competency training to make co-ordinating the sessions between you and your trainee easier. You will need to consider the practical arrangements you will need to make when you or your colleagues are with the trainee. This might include organising locum cover to ‘backfill’ the clinical session or significantly reducing the number of patients you or your colleague are expected to see.
Step 2: Accessing the STIF\textit{Integrated} Competency training package

With your username, password and web link provided to you when you registered as a STIF Competency Trainer, you can access the following documents in the STIF\textit{Integrated Competency} Clinical Trainer section of the STIF website

- Trainee Learning Needs Questionnaire
- Mini-CEx forms and sign-off sheets for each of the Tasks to be assessed
- Confirmation of Competence Form

\textit{We suggest the trainee should be responsible for downloading and safe keeping the above forms but they are available to you in case you want to look at them.}

- Link to the Clinical Trainer on line Evaluation.

Step 3: STIF\textit{Integrated} Competency training begins

Trainee registration is effected when their registration fees have been paid at which point they are provided with passwords to access the training materials. Trainees should not be given access to the materials beforehand. The trainee should complete a Learning Needs Assessment Questionnaire and return this directly to you so you can use it to plan their training. \textbf{There is an upper limit of 12 months from starting the training and assessment elements to completion}. If this timescale is going to be exceeded the trainee needs to submit an extension request form, countersigned by the Registered Clinical Trainer.

Step 4: Planning guidance for STIF\textit{Integrated} Competency training

The programme is designed for one-to-one training and assessment and ideally, as a Registered STIF Competency Clinical Trainer, you (or a designated colleague) need to be supernumerary during the training and assessment sessions. However, we recognise that in smaller clinics this may not always be possible. If this is not possible, you should reduce the number of patients booked into your clinic. \textbf{It is very important that your trainee does not do any unsupervised ‘service’ work during the sessions.}

It will be up to individual units to determine precisely how the training is organised. This may also vary depending on the grade and experience of the trainee. For example, if the trainee is already experienced in SRH and contraception it may be possible to proceed straight to the assessment stage and complete this fairly quickly (4-5 clinical sessions). For those who are less experienced, \textit{STIFIntegrated} Competency should be used to both train and assess them, although we suggest that they should have been in post for a minimum of 6 months before commencing the programme.

Learning needs and previous clinical experience of individual trainees will mean that you will need to approach the training flexibly and the proportion of time needed for teaching and assessing will vary. Experienced trainees will need little practice before they are ready to be assessed while those with less experience may need considerably more training before you feel they are ready to be assessed. In either situation, it is often useful to start with an area in which the trainee has some experience (based on the individual's Learning Needs Assessment Questionnaire) as you may find that one or more competencies can be signed-off relatively early in training. This will help to build confidence for more challenging skills.
If you are unable to assess the trainee as competent within 15 sessions it will not be possible to issue them with a certificate of accreditation through BASHH. A maximum session number has been set in order to prevent trainers having to deal with trainees who may require an excessive number of clinical sessions in order to attain satisfactory competence.

Essentially you can use each clinical encounter during the designated sessions for either
- **training** - in the early stages depending on their prior experience the trainee may observe you carrying out a consultation or be closely supervised carrying out a consultation or
- **assessment** - trainee carries out a consultation which you assess using the mini-Clinical Exercise (mini-CEx) forms; see Step 5 below on how to use these.

You should plan and arrange times with your trainee when she or he can be assessed carrying out the tasks which need to be completed, using the mini-CEx forms.

If you are using specifically allocated clinical sessions over a number of weeks or months, we suggest you plan three or four sessions initially, at least one per week over the first month and then schedule the remainder as you and any colleagues also involved in training and assessing become familiar with the trainee’s needs after the first few sessions.

**If you are a medical consultant sharing the training with a senior nurse,** it is suggested that the senior nurse may do the first few sessions with the trainee but you should aim to see the trainee in the middle of their training to gauge their progress in order to ensure they achieve the final ‘sign off’ with you at the last session.

**For external trainees,** you should plan four or five sessions initially, at least one per week over the first month and then schedule the remainder as you become familiar with the trainee’s needs after the first few sessions. You should aim to complete all the sessions within 6-9 months. In addition, aim for a mix of assessors but the named Registered STIF Competency Clinical Trainer should do the first, middle and last sessions.

The suggested session content guidance (see Table 3 overleaf) is a starting point only. At the beginning of each session, try to have a plan of which tasks you aim to sign-off in that session. You may find that availability of clinical cases enables you to complete objectives at different times and so a flexible approach is needed.

The trainee should download all the assessment paperwork they need from the STIF website using their passwords and web link provided on registration. *A list of the mini-CEx forms is at Appendix 2.*

**Case-based discussions should only be used to fill in the gaps, mainly to cover those areas which are knowledge-based and / or when a suitable patient is not available (see later).*

The mini-CEx forms are designed as far as possible to reflect the natural flow of a consultation, tailored to a patient attending a clinic rather than as a check list of what a clinician should know. For this reason, there is some duplication of items across the training package such that some competencies are found on more than one mini-CEx form. This reflects the different contexts in which the same issues can arise.
Step 5: How to use a mini-CEx form

A list of the mini-CEx forms is at Appendix 2.

1: Direct observation of clinical practice (Observed)
This is an observation of a trainee’s encounter with a patient in a normal clinical environment. Each mini-CEx form is labelled as a ‘Task’ with a number and title (eg: Task 1.1: To raise or respond to sexual health issues in all women and/or offer Chlamydia screening to women under 25). Each task is made up of several items which should be scored individually. If it is not possible to assess all the items on the form by direct observation in a particular patient encounter, those omitted can be observed on another occasion or discussed with the trainee after the patient has left.

At the beginning you need to ensure the patient knows that the assessment is happening. You should then observe the trainee carrying out the task in question. You may explore the trainee’s knowledge by further questioning where appropriate after the patient has left.

Using the nine-point scale for each item you should score your trainee’s competency. The scale ranges from one (extremely poor) to 9 (extremely good). A score of 1-3 would be unsatisfactory, 4-6 satisfactory and 7-9 above expected for a trainee at their particular stage of training and level of experience. If you require more detailed guidance on how to score your trainee please refer to Marking Criteria for Mini Clinical Exercises at Appendix 3.

At the end of the assessment, you should ensure you have circled the scores on the form for each item you have assessed and then indicate how you rate the trainee overall by circling either ‘UNSATISFACTORY’, ‘SATISFACTORY’ or ‘ABOVE EXPECTED’ which you will find towards the bottom of the form. It is possible for the trainee to be scored as ‘SATISFACTORY’ OR ‘ABOVE EXPECTED’ overall if it has not been possible to assess them on one or two of the items on a particular CEx at that time. However, if the trainee is ‘UNSATISFACTORY’ on any of the items they cannot be scored as ‘SATISFACTORY’ OR ‘ABOVE EXPECTED’ overall.

The column on the far right of the CEx needs to be completed to indicate how the item was assessed - direct observation of clinical practice (Observed), case-based discussion (CBD; see below) or not observed (n/o) if appropriate.

You should then give feedback to the trainee and both of you should sign and date the form. You may write any additional comments in the box on the back of the form, particularly where you have concerns about the trainee.

A task is only completed when all the items for that task have been completed to the level of ‘SATISFACTORY’ OR ‘ABOVE EXPECTED’. Some tasks may need to be performed several times, necessitating the completion or partial completion of more than one mini-CEx form for each task. You need to be happy that the trainee is competent to do this task in the setting where they normally work or will be working in the future and the trainee should feel confident that this is the case too.

2: Case-Based Discussion (CBD)
Some of the areas covered in this training programme are knowledge-based and are not amenable to being assessed by direct observation of your trainee’s clinical practice. In addition, suitable patients may not be available to assess all the clinical tasks. In these instances, the items may be assessed using CBDs.
The following areas may be assessed by CBD:

- Managing non-bleeding side effects from hormonal contraception (20.8)
- Assessment and discussion of a woman seeking advice on planning a pregnancy (20.12)
- Assessment of the patient who reports a Sexual Assault (20.13)
- Psychosexual Medicine (20.14)

You should describe relevant scenarios for discussion and ask questions to ascertain the trainee’s level of knowledge. You could also use patients the trainee may have encountered but where direct observation was not possible. In some cases, role play might be appropriate.

You can choose either to use the regular CEx form to record this CBD or you could use the new CBD-specific form available to download from the Trainer materials section of the STIF website.

**Step 6: Completion of training - certification**

Once your trainee has completed all the tasks, please arrange a final meeting with him or her to confirm completion. This can be incorporated into the final training and assessment session.

At this meeting you will both need to fill in the sign-off sheets (one for each section). Your trainee must also provide evidence of completion of the required e-learning. The trainee can print off e-learning activity report as a pdf from the e-learning portal showing the sessions completed and dates and times of completion.

Now you can complete the ‘Confirmation of Competence Form’ at Appendix 4. Please send it to Sue Bird, BASHH STIF Administrator at the address on the bottom of the form. A Certificate of Competence will be sent to the trainee and successful completion of their training and assessment will be recorded on the **STIFIntegrated Competency** database.

**Please note**, trainees are also selected at random to submit the full certification documentation, including CEx forms, task sign off sheets and e-learning activity certificates. This documentation is audited for quality assurance purposes. *The documentation should not be sent to the STIF Secretariat unless specifically requested.*

**The future:**

Please advise your trainees that they should keep all the paperwork associated with the **STIFIntegrated Competency** training and assessment programme (mini-CEx forms, final sign-off sheets etc) for at least 5 years at which point they will be required to revalidate if they wish to remain on the **STIFIntegrated Competency** database.

*Finally, please complete the On-line Evaluation for Registered STIF Competency Clinical Trainers Your feedback is very important to us and is used to inform the updating of this module.*
Failing trainees

Every candidate should have been assessed by more than one person (minimum of 2) including the named trainer. Problems with the trainee should have been identified early in the training (certainly by the mid-point assessment) in order to recognise areas of weakness and tailor the training programme accordingly. This should allow trainees the best opportunity of passing the assessments.

If a trainee has nearly completed the recommended maximum number of sessions but the named trainer continues to have concerns about their performance they should:

- Go through all completed mini-CEx forms to see if there is consistent evidence of unsatisfactory performance.
- Discuss with the other assessor/s keeping dated notes about the discussion.
- Discuss their concerns with the candidate.
- Consider organising a session with an additional senior assessor for further objective evidence (e.g. Consultant, senior SAS doctor, senior nurse) preferably who have attended the ‘Train the Trainers’ course. If working within a small unit where finding an additional assessor may be difficult and you have significant concerns, please contact the STIF Competency working group via STIF Secretariat STIF@suebird.biz.
- Consider allowing additional training sessions if the Registered STIF Competency trainer feels the candidate is capable of achieving a pass with a minimal amount of further input. This will be dependent on financial/departmental constraints and ability of trainee.

There may be an opportunity for the trainee to attend another centre for further assessment, or for an assessor to travel to the centre.

Failed candidate

If despite the above measures the trainee does not meet the appropriate requirements for passing STIF Intermediate:

- The Clinical Trainer must verbally inform the candidate of the fail and give constructive feedback. Dated written notes about this discussion should be kept along with copies of the assessment forms
- The Clinical Trainer must complete a written letter to give to the candidate verifying the fail (see overleaf)
- There is no obligation for the training centre or named trainer to offer a repeat opportunity for training and assessment (this will be dependent on individual trainee and centre)

Failed candidate raising concerns about fitness to practice

If a candidate demonstrates unsafe practice in any respect then the GMC requires that this information should be addressed. The action will depend on the individual and the areas of concern. Please see GMC guidance; http://www.gmc.uk.org/guidance/good_medical_practice/working_with_colleagues_conduct_and_performance.aspx

This issue is not just specific to STIF Competency training but should be the same for any external trainee with whom there are concerns around their fitness to practice. It would be advisable for the named trainer to contact their professional defence organisation for support and guidance.
be an obligation to inform the trainee’s line manager at their place of work. The Clinical Trainer may also wish to contact one of the STIF Competency working group via STIF Secretariat STIF@suebird.biz to discuss the case.
APPENDIX 1: Process Flow Chart for STIF Integrated Competency

1. Once the registration fee has been paid, details of Trainee and Trainer are logged on the BASHH STIF Integrated Competency database.
2. Passwords and web link are then provided to the Trainee to download the training materials.

STIF administration:
1. Sends STIF Integrated Competency Certificate to Trainee. NB. A random selection of trainees will be required to submit the entire portfolio for quality assurance purposes prior to the award of the final certificate.
2. Logs completion of successful training on BASHH STIF Integrated Competency database.

Registered STIF Competency Clinical Trainer arranges clinical attachment for Trainee

Trainee registers with BASHH STIF administration

STIF Competency Clinical Trainer meets with Trainee:
- plans clinical attachment
- explores learning needs
- notes review

STIF Integrated Competency training commences

At the end of training, Registered STIF Competency Clinical Trainer fills in sign-off sheets and submits completed ‘Confirmation of Knowledge and Competence’ to STIF Secretariat. The Integrated and Intermediate competencies can be submitted either at the same time or Integrated submitted after Intermediate.
APPENDIX 2: List of mini-CEx Assessment Forms

20.1 To correctly carry out assessment, treatment and management for a Woman Wishing to Start Contraception

20.2 To correctly carry out assessment, treatment and management for a woman starting Combined Hormonal Contraception

20.3 To correctly carry out assessment, treatment and management for a woman starting Oral Progesterone-only Contraception

20.4 To correctly carry out assessment, treatment and management for a woman starting Injectable Progesterone Contraception

20.5 To correctly carry out assessment and discussion for insertion of contraceptive implant

20.6 To correctly carry out assessment and discussion for insertion of IUD/IUS

20.7 To correctly carry out assessment, treatment and management for a woman with Break through Bleeding from Hormonal Method

20.8 To correctly carry out assessment and management for a woman needing a routine check of IUD/IUS

20.9 To correctly carry out assessment and management for a woman requesting Emergency Contraception

20.10 To correctly carry out assessment and discussion for a woman seeking advice on planning a pregnancy

20.11 Counsel Women with Unwanted/Unplanned Pregnancy

20.12 Assess Patient Reporting a Sexual Assault

20.13 Psychosexual Medicine
## APPENDIX 3: Marking Criteria for STIF Integrated Mini Clinical Exercise

### Marking Criteria for STIF Integrated Mini Clinical Exercises

<table>
<thead>
<tr>
<th>Items within the domain of...</th>
<th>Extremely unsatisfactory performance</th>
<th>Very unsatisfactory performance</th>
<th>Unsatisfactory performance</th>
<th>Satisfactory performance</th>
<th>Satisfactory/good performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge and Reasoning</td>
<td>Poor / inaccurate knowledge or awareness of current debates and contemporary issues</td>
<td>Very limited knowledge or awareness of current debates and contemporary issues</td>
<td>Limited knowledge or awareness of current debates and contemporary issues</td>
<td>Satisfactory knowledge and critical awareness of current debates and contemporary issues.</td>
<td>Satisfactory and sometimes good knowledge and critical awareness of current debates and contemporary issues. Justifies decisions and reasons for actions based on critical evaluation of a range of current evidence. Recognises limitations; able to devise a realistic plan to enhance and develop practice.</td>
</tr>
<tr>
<td></td>
<td>No awareness of reasons for action</td>
<td>Unable to discuss decisions or justify reasons for actions based on current evidence</td>
<td>Limited ability to discuss decisions or justify reasons for actions based on current evidence</td>
<td>Justifies decisions and reasons for actions based on critical evaluation of a range of current evidence.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unable to recognise limitations or to devise a plan for development</td>
<td>Unable to recognise limitations or to devise a plan for development</td>
<td>Limited ability to recognise limitations and to devise a plan to develop practice</td>
<td>Recognises limitations; able to devise a realistic plan to enhance and develop practice</td>
<td></td>
</tr>
<tr>
<td>Performance and Skills</td>
<td>Unsafe practice</td>
<td>Unsafe practice</td>
<td>Unsafe practice</td>
<td>Safe practice</td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills with minimal assistance.</td>
</tr>
<tr>
<td></td>
<td>Unsafe practice</td>
<td>Very limited acquisition of basic or complex skills; substantial guidance needed</td>
<td>Limited confidence and effectiveness in performance of basic skills; substantial support needed with complex skills.</td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills with minimal assistance.</td>
<td>Good awareness of priorities in routine and complex situations; able to initiate appropriate referrals.</td>
</tr>
<tr>
<td></td>
<td>No awareness of priorities; unable to recognise need for referral</td>
<td>Very limited awareness of priorities in routine or complex situations; does not recognise need for referral</td>
<td>Limited awareness of priorities in routine and unexpected situations; unable to initiate appropriate referrals</td>
<td>Satisfactory awareness of priorities in routine and complex situations; able to initiate appropriate referrals.</td>
<td></td>
</tr>
<tr>
<td>Professional approach / behaviour</td>
<td>Unable to interact appropriately with others.</td>
<td>Very limited ability to interact appropriately with others in routine or complex situations. Approach and behaviour not adapted to meet the needs of the client and/or situation.</td>
<td>Limited ability to interact appropriately with others in routine and complex situations. Approach and behaviour not adapted to meet the needs of the client and/or situation.</td>
<td>Interacts appropriately with others in routine and complex situations. Approach and behaviour adapted to meet the needs of the client and/or situation</td>
<td>Interacts appropriately with others, sometimes very effectively, in routine and complex situations. Approach and behaviour adapted to meet the needs of the client and/or situation. Good insight and awareness of the impact of own actions and/or behaviours.</td>
</tr>
<tr>
<td></td>
<td>Approach and behaviour not appropriate for or adapted to the client and/or situation</td>
<td>Minimal understanding of the impact of own actions and/or behaviour</td>
<td>Some understanding of the impact of own actions and/or behaviours</td>
<td>Appropriate insight and awareness of the impact of own actions and/or behaviours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No awareness of impact of own actions and/or behaviour</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>Items within the domain of...</th>
<th>Good performance 6</th>
<th>Very good Performance 7</th>
<th>Excellent Performance 8</th>
<th>Outstanding Performance 9</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge and Reasoning</strong></td>
<td>Good knowledge and critical awareness of current debates and contemporary issues. Justifies decisions and reasons for actions based on critical evaluation of a range of current evidence. Recognises limitations; able to devise and begin to implement a realistic plan to enhance and develop practice.</td>
<td>Very good knowledge and critical awareness of current debates and contemporary issues. Justifies decisions and reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise and implement a realistic plan to enhance and develop practice.</td>
<td>Excellent knowledge and critical awareness of current debates and contemporary issues. Justifies decisions and reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise and implement a realistic plan to enhance and develop practice.</td>
<td>Outstanding level of knowledge and awareness of evidence base, current debates and contemporary issues. Comprehensively justifies decisions and reasons for actions based on critical evaluation of a wide range of current evidence. Recognises limitations; able to devise and implement a comprehensive plan to enhance and develop practice.</td>
</tr>
<tr>
<td><strong>Performance and Skills</strong></td>
<td>Safe practice. Confident, effective autonomous performance of basic skills; accurate performance of complex skills. Good awareness of priorities in routine and complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic and complex skills. Very good awareness of priorities in routine and complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic and complex skills. Excellent awareness of priorities in routine and complex situations; able to undertake appropriate referrals.</td>
<td>Safe practice. Confident, effective autonomous performance of basic and complex skills. Outstanding awareness of priorities in routine and very complex situations; able to undertake appropriate referrals.</td>
</tr>
<tr>
<td><strong>Professional approach / behaviour</strong></td>
<td>Interacts effectively with others in routine and complex situations. Approach and behaviour adapted to meet the needs of the client and/or situation. Good insight and awareness of the impact of own actions and/or behaviours</td>
<td>Interacts effectively with others in routine and complex situations. Approach and behaviour modified to actively meet the needs of the client and/or situation. Very good insight and awareness of the impact of own actions and/or behaviours.</td>
<td>Interacts effectively with others in routine and complex situations. Approach and behaviour modified to actively meet the needs of the client and/or situation. Excellent insight and awareness of the impact of own actions and/or behaviours.</td>
<td>Interacts highly effectively with others in routine and very complex situations. Approach and behaviour modified to actively meet the needs of the client and/or situation. Outstanding insight and awareness of the impact of own actions and/or behaviours.</td>
</tr>
</tbody>
</table>
APPENDIX 4: Final sign-off sheets: Tasks, E-learning, Confirmation of Knowledge and Competence form

We confirm that the tasks below have been completed:

<table>
<thead>
<tr>
<th>Trainee’s name and signature</th>
<th>Registered STIF Competency Clinical Trainer’s name and signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Date</td>
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</tbody>
</table>

Management of specific topics: sign-off sheet

<table>
<thead>
<tr>
<th>Competency</th>
<th>Date completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.1</td>
<td>Assessment, treatment and management of a Woman Wishing to Start Contraception</td>
</tr>
<tr>
<td>20.2</td>
<td>Assessment, treatment and management of a woman starting Combined Hormonal Contraception</td>
</tr>
<tr>
<td>20.3</td>
<td>Assessment, treatment and management of a woman starting Oral Progesterone-only Contraception</td>
</tr>
<tr>
<td>20.4</td>
<td>Assessment, treatment and management of a woman starting Injectable Progesterone Contraception</td>
</tr>
<tr>
<td>20.5</td>
<td>Assessment and discussion prior to insertion of contraceptive implant</td>
</tr>
<tr>
<td>20.6</td>
<td>Assessment and discussion prior to insertion of IUD/IUS</td>
</tr>
<tr>
<td>20.7</td>
<td>Assessment, treatment and management of a woman with Break Through Bleeding from Hormonal Method</td>
</tr>
<tr>
<td>20.8</td>
<td>Managing non bleeding side effects from hormonal contraception</td>
</tr>
<tr>
<td>20.9</td>
<td>Assessment and management of a woman needing a routine check of IUD/IUS</td>
</tr>
<tr>
<td>20.10</td>
<td>Assessment and management of a woman requesting Emergency Contraception</td>
</tr>
<tr>
<td>20.11</td>
<td>Assessment and discussion of a woman seeking advice on planning a pregnancy</td>
</tr>
<tr>
<td>20.12</td>
<td>Counselling women who present with Unwanted/Unplanned Pregnancy</td>
</tr>
<tr>
<td>20.13</td>
<td>Assessment of the patient who reports a Sexual Assault (CBD)</td>
</tr>
<tr>
<td>20.14</td>
<td>Psychosexual Medicine (CBD)</td>
</tr>
</tbody>
</table>
e-Learning for Healthcare sessions in Sexual and Reproductive Health (e-SRH) sign-off sheet

We confirm that the tasks below have been completed:

<table>
<thead>
<tr>
<th>Trainee’s name and signature</th>
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<td>Date</td>
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</tbody>
</table>

**e-SRH 02 Basic Anatomy and Physiology**
02_01 Anatomy and Physiology

**e-SRH 04 Pregnancy**
04_01 Planning Pregnancy
04_02 Unintended Pregnancy: Early Pregnancy Assessment, Abortion and Referral

**e-SRH 05 Psychosexual Medicine**
05_01 Psychosexual Medicine

**e-SRH 06 Sexual Assault**
06_01 Sexual Assault

**e-SRH 08 Contraceptive Choices**
08_01 Mechanism of Action and Contraceptive Effectiveness
08_02 Assessment of Risk and Medical Eligibility
08_03 Fertility Awareness Methods
08_04 Starting and Using Estrogen Containing Hormonal Contraceptives 1
08_05 Starting and Using Estrogen containing hormonal contraceptives 2
08_06 Starting and Using Oral and Injectable Progestogen only Hormonal Contraceptives
08_07 Starting and Using Barrier Contraceptives
08_08 Assessment and Referral for IUD or IUS Fitting
08_09 Assessment and Referral for SDI Fitting
08_10 Assessment and Referral for Sterilisation
08_11 Choosing and Using a Method: Young People
08_12 Choosing and Using a Method: In the Perimenopause
08_13 Choosing and Using a Method: After Pregnancy

**e-SRH 09 - Contraception: Managing Side-effects and Complications of Use**
09_01 Managing Bleeding Problems in Hormonal Contraceptive Users
09_02 Managing Hormonal Side-effects

**e-SRH 10 - Emergency Contraception**
10_01 Emergency Contraception
10_02 Emergency Contraception - Cases
Log book sign-off

**We confirm that the log book has been completed:**

<table>
<thead>
<tr>
<th>Trainee’s name and signature</th>
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Confirmation of Knowledge and Competence

**STIF Integrated Competency**

<table>
<thead>
<tr>
<th>Name of Trainee:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Trainee email address:</td>
<td></td>
</tr>
<tr>
<td>Name of Registered STIF Competency Clinical Trainer:</td>
<td></td>
</tr>
<tr>
<td>Trainer email address:</td>
<td></td>
</tr>
<tr>
<td>Clinical Centre:</td>
<td></td>
</tr>
<tr>
<td>Address to which the Certificate of Competence is to be sent:</td>
<td></td>
</tr>
</tbody>
</table>

As Registered STIF Competency Clinical Trainer, I confirm that the above healthcare professional has been assessed as competent in the following 14 sexual and reproductive health competencies.

**STIF Integrated competencies**
- Assessment, treatment and management of a Woman Wishing to Start Contraception
- Assessment, treatment and management of a woman starting Combined Hormonal Contraception
- Assessment, treatment and management of a woman starting Oral Progesterone-only Contraception
- Assessment, treatment and management of a woman starting Injectable Progesterone Contraception
- Assessment and discussion prior to insertion of contraceptive implant
- Assessment and discussion prior to insertion of IUD/IUS
- Assessment, treatment and management of a woman with Break-through Bleeding from Hormonal Methods
- Managing non bleeding side effects from hormonal contraception
- Assessment and management of a woman needing a routine check of IUD/IUS
- Assessment and management of a woman requesting Emergency Contraception
- Assessment and discussion of a woman seeking advice on planning a pregnancy
- Counselling women who present with Unwanted/Unplanned Pregnancy

**STIF Integrated knowledge areas**
- Assessment of the patient who reports a Sexual Assault (CBD)
- Psychosexual Medicine (CBD)

**e-learning and logbook**

- [ ] All specified eLfH sessions completed
- [ ] Log book completed
Please give some comments about your trainee justifying this overall judgement that they are competent.

**Date of first assessment:**

**Date of completion of training:**

**Registered STIF Competency Clinical Trainer signature:**

**Date:**

---

**Extract: GMC Guidance “Good Medical Practice”**

*Maintaining Trust: Communicating information*

71. You must be honest and trustworthy when writing reports, and when completing or signing forms, reports and other documents. You must make sure that any documents you write or sign are not false or misleading.

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**Extract: NMC Code 2015 for Registered Nurses**

*In relation to assessments, registered nurses must ‘complete all records at the time or as soon as possible after the event’ (10.1: p9) ensuring that they ‘complete all records accurately and without any falsification, taking immediate and appropriate action if (they) become aware that someone has not kept to these requirements’ (10.3: p9).*

---

**Please note:**

The trainee should keep ALL paperwork associated with this module (mini-CEx forms, record of e-learning, log book and final sign-off sheets) for at least 5 years at which point the trainee will be required to revalidate.

From time to time the STIF Competency Working Group audits the final sign-off documentation, supporting the Confirmation of Competency and certification. *The trainee may therefore be requested to send photocopies (or scans) of entire completed paperwork for checking for quality assurance purposes.*

**PLEASE SEND THE COMPLETED FORM TO THE STIF ADMINISTRATOR retaining a copy for your records**

Sue Bird, STIF Secretariat, PO Box 77, East Horsley KT24 5YP

Email: STIF@suebird.biz