STIF Sexual Health Advising Competency

TRAINER Guide

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1. Introduction to the STIF Sexual Health Advising Competency training package

There are approximately 500 Sexual Health Advisers (SHA) in the UK (Department of Health, 2008); with the integration of services and the continuation of the National Chlamydia Screening Programme many other Health Care Professionals have health advising duties within their roles.

Until now there have been limited options for acquiring Health Adviser specific qualifications or competencies so in recognition of the need for a clearly defined training pathway, the Society for Sexual Health Advisers (SSHA) has developed a work-based assessment programme. The development of the STIF Intermediate Competency module has given an opportunity for Sexual Health nurses to undertake relevant competencies pertinent to their practice and this model has now been adapted to the specific needs of SHAs.

STIF Sexual Health Advising Competency is a clinical training package to train and assess the knowledge and competence of healthcare professionals working as Sexual Health Advisers in Level 3 GUM services or in Integrated GUM/CASH services. It culminates in accreditation and certification with BASHH through 'The STI Foundation'. The trainee will be registered on the STIF SHA Competency database.

There is an upper limit of 12 months from starting the training and assessment elements to completion.

A revalidation process is required every 5 years for the trainee to maintain registration.

Assessment methods

Most STIF Intermediate and STIF Advanced Competency assessments are carried out in real clinical situations with real patients using mini-CEX forms and many of the SHA competencies are amenable to similar assessment methods. In some circumstances, it may be possible for certain competencies to be assessed in a role play situation, OSCE (Objective Structured Clinical Examination) or by a case-based discussion (CBD).

Trainers

Criteria for being a Named or Lead Trainer for SHAs are on the SHA Trainer registration form which can be downloaded from the STIF SHA Trainer web pages. It is the responsibility of the Named Trainer for a particular SHA Trainee to ensure that the relevant professionals are available and competent to assess the trainee.

Who is STIF SHA Competency training for?
Health Advisers working in a Specialist Sexual Health/Genito-Urinary Medicine setting or an Integrated GUM/CASH setting, or other professionals who are performing these roles.
Which competencies will be assessed?

- Assessment and management of a woman including giving appropriate advice on safer sex, preventing STIs & unplanned pregnancy
- Assessment and management of a heterosexual man including giving appropriate advice on safer sex, preventing STIs
- Assessment and management of a man who has sex with other men (MSM) including giving appropriate advice on safer sex, preventing STIs
- Assessment and management of young people (under 16) including giving appropriate advice on safer sex, preventing STIs and assessment for indicators of exploitation
- Partner Notification: Conducting partner notification for relevant STIs and HIV including negotiating plan, PN resolution and completing a Provider Referral
- Risk Reduction including Safer Sex Advice, using MI skills in practice and the role of alcohol, recreational/club drugs in risk-taking behaviour
- Assessment of need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately
- Managing an appropriate HIV pre & post-test discussion, including giving results to a patient at "High Risk"

A minimum number of clinical presentations in these areas must be seen and recorded in the Log Book

Which knowledge areas will be assessed?

- Assessment and management of people at higher risk who are especially vulnerable to STIs and other sex-related areas
- Psychological support in key areas such as sexual assault, health anxiety, a new HIV diagnosis and herpes simplex infection
- Legal and Ethical Issues in clinical practice including partner notification issues, pregnancy choices, criminalisation of STI/HIV transmission and non-disclosure
- The Public Health role and responsibilities associated with working as a Sexual Health Adviser
- The ability to conduct an audit of practice in an area relevant to health advising

In addition, we expect each trainee to have completed ‘Level 3’ Safeguarding training (or equivalent) within the past 3 years.
Knowledge, skills and experience required for STIF SHA Competency training

1) STIF Core and STIF Plus theory course (or equivalent) is highly recommended

2) GUM clinical experience – having undertaken at least 25 clinics in the last 12 months in a Level 3 GUM service or fully integrated SRH service seeing both male and female patients and managing them independently as a Sexual Health Adviser; at least 25% of the patients seen must be male.

Notes from some of these sessions should be reviewed with the trainer prior to starting training alongside the Learning Needs Assessment Questionnaire

What does STIF SHA Competency training involve?

STIF SHA Competency training and assessment is structured as a clinical attachment within a Level 3 Integrated service and comprises:

- Initial meeting between the Trainee and the Named Clinical Trainer to plan the clinical attachment based on a Learning Needs Assessment Questionnaire completed by the Trainee as well as reviewing notes from recent consultations (see above)
- Designated e-Learning for Healthcare (eLfH) sessions in the e-HIVSTI project
- Minimum of two initial training sessions
- Trainee fills in log book as training proceeds
- Formal assessment of competence every 1-2 weeks using assessment tools (mini-CEX forms and case-based discussion forms)
- Undertaking an audit of practice in an area relevant to health advising
- Final summative assessment

In addition, we expect each trainee to have completed ‘Level 3’ Safeguarding training (or equivalent) within the past 3 years.

Evaluation of the training

Both Trainers and Trainees will need to complete the on line Evaluation Questionnaire at the end of the training. This is particularly important.

A proportion of trainees will be required to submit the entire portfolio for quality assurance purposes prior to the award of the final certificate, particularly if they are the first trainee for an individual trainer. We prefer this to be scanned paperwork sent by e-mail.

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Jonathan Roberts
Nick Theobald

January 2017
2. Process Flow Chart for STIF SHA Competency

BASHH STIF administration:
1. Logs details of Trainee and Clinical Trainer on BASHH STIF SHA Competency database.
2. Arranges for passwords and web link to be emailed to both Trainee and Clinical Trainer so training materials can be downloaded.

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

STIF SHA Competency training commences

At the end of training, Named Clinical Trainer fills in sign-off sheets and submits completed ‘Confirmation of Knowledge and Competence’ to BASHH STIF Secretariat with audit report, e-learning summary activity.

STIF SHA TRAINER Guide
3. Setting up the training

If someone approaches you to be their Clinical Trainer, it is your responsibility to check that the trainee meets the pre-course knowledge and skills requirements below. You should also ensure that you meet the requirements specified by the STIF Competency programme to act as Clinical Trainer.

You will need the support of a Senior Medical Physician who is on the register of approved ‘Named Clinical Trainers’ for the STIF Competency programme. This list is available on the STIF website www.stif.org.uk if you are unsure who to approach in your clinic/department to act in this role. They will need to agree to countersign the confirmation of training and competency documentation at the end of the process.

Knowledge, skills and experience required for STIF SSHA Competency training

1) STIF Core and STIF Plus theory course (or equivalent)

2) GUM clinical experience – at least 25 clinics in the last 12 months in a Level 3 GUM service (or fully integrated SRH service) seeing both male and female patients.

Advice and clarification can also be sought from the STIF secretariat, STIF@suebird.biz

If you share the training with a colleague, they can be responsible for some 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.

You may wish to consider designating 1 or 2 specific clinical sessions each week for STIF SHA Competency training to make co-ordinating the sessions between you and your trainee easier.

The programme is designed for one-to-one training and assessment and ideally, as a Registered Clinical Trainer, you (or a designated colleague) would be supernumerary during the training and assessment sessions. However, we recognise that in smaller clinics this may not always be possible. 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/bank cover to ‘backfill’ the clinical session or reducing the number of patients you or your colleague are expected to see.

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, STIF SHA 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.

There is an upper limit of 12 months from starting the training and assessment elements to completion.
Feedback from the pilot indicated this was a suitable timeframe for a well-motivated trainee with a supportive trainer. You should plan your time accordingly from the outset.

**Step 2: Complete Learning Needs Assessment Questionnaire**

Your trainee should complete this as accurately as possible and send it directly to you.

**Step 3: STIF SHA Competency training begins**

Initial assessment by Clinical Trainer to check trainee’s current level of competence

At this initial meeting you should:

- **Review the Learning Needs Assessment and plan the clinical attachment:** you should have identified areas where your trainee may need additional training in the Learning Needs Assessment Questionnaire and you should arrange when and how this will happen; confirm the timetable of clinical sessions when your trainee will see patients under indirect supervision (see below); set up at least the first session for the formal assessment of your trainee’s knowledge and competence (see below) about 1-2 weeks into the attachment. If you are not familiar with your trainee’s level of competence, we suggest that you observe them carrying out a few clinical consultations and assessing their competence using the relevant mini-CEX forms.

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 more 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.

You should also review a selection of notes from recent patient consultations – the trainee should provide these for you.

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.
The clinical attachment

- The attachment must include a minimum of 15 four-hour clinical sessions (we suggest a minimum of 1 session and maximum of 3 sessions per week) over a period of 6-12 months. Your trainee needs to see a good mixture of unselected patients in these sessions. How this is arranged will depend on how your service is organised. For some competencies it may be necessary for your trainee to attend, and assist as appropriate, booked or specialist (rather than walk-in) clinics where such presentations may be more commonly seen.

- Initially (we suggest a maximum of 2 sessions) it may be necessary for you to be observed by your trainee carrying out some consultations in the areas you identified in the Learning Needs Assessment Questionnaire where they appear to require further training. Your trainee should then be closely supervised carrying out similar consultations. If practical, the formal assessment in these particular skills using the assessment tools (see below) can be undertaken and these assessments can count towards the demonstration of competence.

- For most of the 15 sessions, your trainee should see a full list of patients under indirect supervision. You, or a nominated and appropriately senior colleague, must be available in the clinic for advice. In addition, if any suitable patients present to you, or another colleague, your trainee should be given the opportunity to observe and/or be involved in the assessment and management of such patients as appropriate.

The trainee should download all the assessment paperwork they need from the STIF website using the weblink and passwords provided on registration. A list of the mini-CEX forms is at Appendix 1.

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 checklist 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.

A few CEX topics/forms are duplicated in the STIF Intermediate Competency pathway. If your trainee has already done these in the previous three years, there is no need to repeat these but the date of prior completion should be annotated on the CEX.

Role plays, OSCEs and Case-based discussions (CBD) 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. Where we feel CBD/OSCE/Role-play is more appropriate we have indicated this.
4. How to use a mini-CEX form

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 (e.g.: 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 that 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 your trainee needs 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 Appendix 3 - Marking Criteria for Mini Clinical Exercises.

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 should write any additional comments in the box on the back of the form, particularly where you have concerns about the trainee, but also including any agreed development aims or general comments.

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 and this should be clearly indicated in the far right column on the mini-CEX form. For some topics/areas we have indicated where we feel CBD is likely to be more appropriate.

You should describe relevant scenarios for discussion and ask questions to ascertain the trainee’s level of knowledge.

Please score the trainee and complete the forms as described in the above section.

3: Role play or OSCE assessment

It may be possible only to simulate a consultation in certain situations. For example, some centres may have a policy of only having one HCP in the consulting room when delivering a positive HIV result. In such situations please indicate in the comments field how this assessment was undertaken.

A list of the mini-CEX forms is at Appendix 1.
E-learning (e-HIVSTI)

The list of e-learning sessions required is available in the trainee’s pack. Please try to give your trainee protected time to allow them to undertake this.

We advise that around 50% is completed before clinical assessments are commenced.

5. Other useful learning resources


https://www.fgmelearning.co.uk/

http://www.safeguardingchildrenea.co.uk/resources/home-office-intensifies-fight-fgm-online-training/

The following services/organisations/links have been suggested in relation to the Public Health topic assessment (30.11):

- Alcoholics Anonymous
- BASHH
- Local Drug & Alcohol Advisory Services
- www.fpa.org.uk/
- www.talktofrank.com
- Live well – NHS Choices advice http://www.nhs.uk/livewell/Pages/Livewellhub.aspx
- www.mind.org.uk mental health charity providing national information, legal service and local support groups
- My Health My Way http://dhult.myhealthdorset.org.uk Self-referral long term health conditions support
- NICE www.nice.org.uk NICE independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.
- NICE Evidence pages www.evidence.nhs.uk access to full text NHS related documents and access to the national databases, electronic journals and electronic books.
- NHS Choices www.nhs.uk A-Z of health, Health news, services available
- NHS Direct www.nhsdirect.nhs.uk
- Obsessive Compulsive Disorder Action www.ocdaction.org.uk
• Sexual Health NHS Choices sexual health pages offer comprehensive information and advice on all issues relating to sexual health [www.nhs.uk/sexualhealth](http://www.nhs.uk/sexualhealth)
• Sexual Health Network [www.sexualhealth.com/](http://www.sexualhealth.com/) dedicated to providing easy access to sexuality information, education, support, and other resources
• HSCIOC – Health and Social Care Information Centre
• Contraceptive service
• Social services
• Sexual Assault Referral Centres
• Community Alcohol and Drug Advisory Service
• Psychosexual clinic
• Child Protection
• Termination of pregnancy services
• Domestic abuse service
• Community Mental Health Team
• Rape Crisis Support
• Victim Support
• IAPT (Improving access to psychological therapies)
• Crisis Response team
• Homeless prevention service
• CAMHS
• Steps 2 Wellbeing [www.steps2wellbeing.co.uk](http://www.steps2wellbeing.co.uk) A website about common mental health problems including depression and anxiety disorders – self referral
The Samaritans [www.samaritans.org](http://www.samaritans.org)
6. The Audit

The choice of topic should be related to the clinical practice of health advising. In most instances this will probably be related to partner notification but other topics are permissible. The trainee could use the auditable outcome measures stated in the relevant BASHH guidelines (a list of suggested topics is included in the training course materials).

Ideally this audit should be an individual piece of work. If your trainee undertakes it as part of a larger group they must be the lead for the audit and be personally involved in the majority of the analysis, presentation and report writing.

The audit should be written up and presented at a departmental (or similar) audit meeting. A summary of the audit should be included in the paperwork which is reviewed in the final session. This should be structured as follows:

- Background
- Objectives
- Standards
- Sample
- Data source(s)
- Key findings
- Results
- Conclusions
- Recommendations (including recommendations for re-audit)

7. Reflective Writing

We feel that reflective written accounts of consultations and/or specific issues are greatly beneficial as part of this training. They will also be useful for revalidation. We would strongly encourage this – and discussion of the accounts with your trainee - but they are not mandatory and are not assessed formally in this pathway.
8. Completion of training

Once your trainee has completed all the tasks, including the audit, please arrange a final meeting with him or her to confirm completion. This meeting should include the Senior Medical Physician who will be countersigning the documents confirming the completion of training and the competency and knowledge assessments.

At this meeting you will both need to fill in the final sign-off sheets. Your trainee will present the audit report and discuss the results and recommendations. Your trainee must also provide evidence to you of satisfactory completion of the required e-learning. The trainee should have printed off e-learning activity certificates for each e-learning session completed or a summary of the full list of sessions.

Now you can complete the ‘Confirmation of Competence Form’. Please ask your trainee to scan and e-mail this form to Sue Bird, BASHH STIF Administrator at the e-mail address on the form. She will send a Certificate of Competence to the trainee and log the successful completion of their training and assessment on the STIF SHA Competency database assuming the paperwork is in order.

Trainees are also selected at random to submit the full certification documentation, including CEX forms, task sign off sheets, audit reports, logbooks and e-learning activity report. The documentation is audited for quality assurance purposes. This will apply in particular to those trainees who have a trainer who is new to the scheme.

The future:

Please advise your trainee that they should keep all the paperwork associated with the STIF SHA 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 STIF SHA Competency database.

Finally, please complete the Evaluation Questionnaire for Clinical Trainer – this can be found in the SHA Trainer materials on the STIF Web site accessed using your Trainer passwords. Your feedback is very important to us and is used to inform the updating of the SHA programme.
9. 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 and CBD 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 (for example the nominated Senior Medical Physician) who has 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 you feels the trainee 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 the Competency Assessment:

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).

A failed candidate who also raises concerns about their fitness to practice

If a candidate demonstrates unsafe practice in any respect then this information should be addressed. The action will depend on the individual and the areas of concern. Please see relevant GMC and/or NMC guidance.

This issue is not just specific to STIF Competency training but should be the same for any trainee with whom there are concerns around their fitness to practice.

It would be advisable for the named trainer to contact their professional organisation and senior colleagues/line managers for support and guidance. 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: List of mini-CEX Assessment Forms

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>30.1A</td>
<td>Female Sexual Health: Taking an appropriate sexual history from a woman</td>
</tr>
<tr>
<td>30.1B</td>
<td>Female Sexual Health: To provide appropriate advice to women on safer sex, preventing STIs &amp; unplanned pregnancy</td>
</tr>
<tr>
<td>30.2A</td>
<td>Male Sexual Health: Taking an appropriate sexual history from a heterosexual man</td>
</tr>
<tr>
<td>30.2B</td>
<td>Male Sexual Health: To provide appropriate advice to heterosexual men on safer sex &amp; preventing STIs</td>
</tr>
<tr>
<td>30.3A</td>
<td>MSM Sexual Health: Taking an appropriate sexual history from an MSM</td>
</tr>
<tr>
<td>30.3B</td>
<td>MSM Sexual Health: Providing appropriate advice to MSMs on safer sex &amp; preventing STIs</td>
</tr>
<tr>
<td>30.4A</td>
<td>Young people: Taking an appropriate sexual history from a patient under 16</td>
</tr>
<tr>
<td>30.4B</td>
<td>Young people: Sexual Exploitation and Safeguarding Issues</td>
</tr>
<tr>
<td>30.5A</td>
<td>Vulnerable Groups: Commercial Sex Workers (CBD)</td>
</tr>
<tr>
<td>30.5B</td>
<td>Vulnerable Groups: Prisoners, Vulnerable Adults, People with Learning Difficulties</td>
</tr>
<tr>
<td>30.6A</td>
<td>Partner Notification: Conducting partner notification for relevant STIs including negotiating plan/PN resolution</td>
</tr>
<tr>
<td>30.6B</td>
<td>Partner Notification: Completing a Provider Referral</td>
</tr>
<tr>
<td>30.6C</td>
<td>Partner Notification: Conducting partner notification for HIV infection including negotiating plan/PN resolution</td>
</tr>
<tr>
<td>30.7A</td>
<td>Risk Reduction: Using MI skills in practice</td>
</tr>
<tr>
<td>30.7B</td>
<td>Risk Reduction: Safer sex advice</td>
</tr>
<tr>
<td>30.7C</td>
<td>Assessment of need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately</td>
</tr>
<tr>
<td>30.7D</td>
<td>Risk Reduction: Alcohol and Unsafe Sex</td>
</tr>
<tr>
<td>30.7E</td>
<td>Risk Reduction: Recreational/Club Drugs and ChemSex</td>
</tr>
<tr>
<td>30.8A</td>
<td>Psychological support: Sexual Assault</td>
</tr>
<tr>
<td>30.8B</td>
<td>Psychological Support: Health Anxiety</td>
</tr>
<tr>
<td>30.8C</td>
<td>Psychological Support: New HIV Diagnosis</td>
</tr>
<tr>
<td>30.8D</td>
<td>Psychological Support: Herpes Simplex Infection</td>
</tr>
<tr>
<td>30.8E</td>
<td>Psychological Support: Trans awareness</td>
</tr>
<tr>
<td>30.9A</td>
<td>Legal and Ethical Issues: PN issues including HIV</td>
</tr>
<tr>
<td>30.9B</td>
<td>Legal and Ethical Issues: Pregnancy choices</td>
</tr>
<tr>
<td>30.9C</td>
<td>Legal and Ethical Issues: Criminalisation of transmission</td>
</tr>
<tr>
<td>30.10</td>
<td>To conduct appropriate HIV pre &amp; post-test discussion, including giving results</td>
</tr>
<tr>
<td>30.11</td>
<td>PUBLIC HEALTH ROLE AND RESPONSIBILITIES</td>
</tr>
</tbody>
</table>
## APPENDIX 2: Marking Criteria for STIF SHA Competency 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 &amp; contemporary issues No awareness of reasons for action Unable to recognise limitations or to devise a plan for development</td>
<td>Very limited knowledge or awareness of current debates &amp; contemporary issues Unable to discuss decisions or justify reasons for actions based on current evidence Unable to recognise limitations or to devise a plan for development</td>
<td>Limited knowledge or awareness of current debates &amp; contemporary issues Limited ability to discuss decisions or justify reasons for actions based on current evidence Limited ability to recognise limitations &amp; to devise a plan to develop practice</td>
<td>Satisfactory knowledge &amp; critical awareness of current debates &amp; contemporary issues. Justifies decisions &amp; 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>
<td>Satisfactory and sometimes good knowledge &amp; critical awareness of current debates &amp; contemporary issues.</td>
</tr>
</tbody>
</table>
### Marking Criteria for STIF SHA Mini Clinical Exercises

<table>
<thead>
<tr>
<th>Items within the domain of...</th>
<th>Good performance</th>
<th>Very good Performance</th>
<th>Excellent Performance</th>
<th>Outstanding Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge and Reasoning</strong></td>
<td>Good knowledge &amp; critical awareness of current debates &amp; contemporary issues Justifies decisions &amp; reasons for actions based on critical evaluation of a range of current evidence Recognises limitations; able to devise &amp; begin to implement a realistic plan to enhance and develop practice</td>
<td>Very good knowledge &amp; critical awareness of current debates &amp; contemporary issues Justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence Recognises limitations; able to devise &amp; implement a realistic plan to enhance and develop practice</td>
<td>Excellent knowledge &amp; critical awareness of current debates &amp; contemporary issues Justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence Recognises limitations; able to devise &amp; implement a realistic plan to enhance and develop practice</td>
<td>Outstanding level of knowledge &amp; awareness of evidence base, current debates &amp; contemporary issues Comprehensively justifies decisions &amp; reasons for actions based on critical evaluation of a wide range of current evidence Recognises limitations; able to devise &amp; 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 &amp; complex situations; able to undertake appropriate referrals</td>
<td>Safe practice Confident, effective autonomous performance of basic &amp; complex skills Very good awareness of priorities in routine &amp; complex situations; able to undertake appropriate referrals</td>
<td>Safe practice Confident, effective autonomous performance of basic &amp; complex skills Excellent awareness of priorities in routine &amp; complex situations; able to undertake appropriate referrals</td>
<td>Safe practice Confident, effective autonomous performance of basic &amp; complex skills Outstanding awareness of priorities in routine &amp; 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 &amp; complex situations Approach &amp; behaviour adapted to meet the needs of the client &amp;/or situation Good insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
<td>Interacts effectively with others in routine &amp; complex situations Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation Very good insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
<td>Interacts effectively with others in routine &amp; complex situations Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation Excellent insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
<td>Interacts highly effectively with others in routine &amp; very complex situations Approach &amp; behaviour modified to actively meet the needs of the client &amp;/or situation Outstanding insight &amp; awareness of the impact of own actions &amp;/or behaviours</td>
</tr>
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**STIF Sexual Health Advising Competency**
APPENDIX 3: Specifications for STIF Sexual Health Advising Competency Assessor

You can download a STIF SHA Trainer registration form from the STIF SHA Trainer web pages.

Senior Sexual Health Advisors/ Senior Nurses with a HA remit within their job description (Band 6 or above) who have been working the field of HIV/GUM for greater than 4 years

- Have worked in a Level 3 GUM service for whole time equivalent of 4 years (seeing male and female patients).
- Currently working in a Level 3 GUM service
- Formal training in teaching, assessment and mentoring skills*
- Attendance at the STIF Competency ‘Train the trainers’ workshop
- Member of BASHH and/or SSHA (desirable)

* must have completed an NMC approved educational course or equivalent and be able to show evidence of recent updates.

A GUM Consultant (Medical or Nurse) who is a registered STIF Competency trainer will act as a mentor and a co-signature on the certificates.

Criteria for being a co-signatory
Co-signatories must satisfy the criteria for being a STIF Intermediate/STIF Advanced named clinical trainer.

Responsibilities of STIF-SHA Competency Assessor

It is the responsibility of the STIF-SHA Assessor and the Co-signatory Consultant to ensure that other staff who are involved in training and assessing within their course/units are competent to use the assessment tools. It is advisable that all members of the training and assessment team attend the STIF Competency ‘Train the trainers’ workshop. This event is run annually and should be attended at least once every 5 years.

The STIF Competency programmes will be updated regularly and it is the responsibility of the STIF-SHA Assessor and the Co-signatory Consultant to ensure that they keep up to date with any changes via regular review of the relevant pages of the BASHH website and reading information sent to them directly by the STIF Competency team.
APPENDIX 4: Confirmation of Knowledge and Competence

<table>
<thead>
<tr>
<th>Name of Trainee</th>
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<tbody>
<tr>
<td>Trainee email address:</td>
</tr>
<tr>
<td>Name of Clinical Trainer:</td>
</tr>
<tr>
<td>Trainer email address</td>
</tr>
<tr>
<td>Name of Supervising Consultant:</td>
</tr>
<tr>
<td>Clinical Centre:</td>
</tr>
</tbody>
</table>

| Address to which the Certificate of Competence is to be sent: |

We, in the capacity of Clinical Trainer and Supervising Consultant, confirm that the above healthcare professional has been assessed as competent in the following areas of competency:

- Assessment and management of a woman including giving appropriate advice on safer sex, preventing STIs & unplanned pregnancy
- Assessment and management of a heterosexual man including giving appropriate advice on safer sex, preventing STIs
- Assessment and management of a man who has sex with other men (MSM) including giving appropriate advice on safer sex, preventing STIs
- Assessment and management of young people (under 16) including giving appropriate advice on safer sex, preventing STIs and assessment for indicators of exploitation
- Partner Notification: Conducting partner notification for relevant STIs and HIV including negotiating plan, PN resolution and completing a Provider Referral
- Risk Reduction including Safer Sex Advice, using MI skills in practice and the role of alcohol, recreational/club drugs in risk-taking behaviour
- Assessment of need for Post Exposure Prophylaxis following Sexual Exposure to prevent HIV acquisition and refer / manage appropriately
- Managing an appropriate HIV pre & post-test discussion, including giving results to a patient at "High Risk"
We also confirm that the above healthcare professional has been assessed as having sufficient knowledge in the following areas:

- Assessment and management of people at higher risk who are especially vulnerable to STIs and other sex-related areas
- Psychological support in key areas such as sexual assault, health anxiety, a new HIV diagnosis and herpes simplex infection.
- Legal and Ethical Issues in clinical practice including partner notification issues, pregnancy choices, criminalisation of STI/HIV transmission and non-disclosure
- The Public Health role and responsibilities associated with working as a Sexual Health Adviser
- Performing an audit in an area relevant to health adviser clinical practice

**e-learning, audit and logbook**

- All specified eLfH sessions completed
- Audit completed and presented to clinic/department meeting
- Log book completed

Please give some comments about your trainee justifying this overall judgement that they are competent.

CLINICAL TRAINER NAME

signature

*Continued*........
We confirm that the above healthcare professional has been assessed as competent in the competencies listed above.

Date of first assessment:  
Date of completion of training:

Clinical Trainer signature:  
Date:

Supervising consultant 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.

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 SEND THE COMPLETED FORM TO THE STIF ADMINISTRATOR
Sue Bird, STIF Secretariat, PO Box 77, East Horsley KT24 5YP
Email: STIF@suebird.biz

The trainee and trainer need to retain a copy of this form.

Please note:
The trainee may be asked to submit a full set of documentation to support the Confirmation of Competence Form.

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

STIF Sexual Health Advising Competency

STIF SHA TRAINER Guide