



# SEXUAL HEALTH

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**Health Education and Training Institute  
NSW Hospital Skills Program  
Sexual Health module Version 1.1  
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## Sexual Health module

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## Background

The Hospital Skills Program (HSP) is a professional development program for doctors working in the NSW public health system. Doctors participating in the HSP have at least two years of clinical postgraduate experience and are not currently participating in a specialist vocational training program. The HSP curriculum has been developed by the Health Education and Training Institute (HETI), on behalf of NSW Health as part of the broader Hospital Skills Program.

The curriculum is underpinned by the principles of adult learning. It is outcomes-based, providing a strong foundation for workplace learning and assessment, and facilitating doctors to reflect on their current practice and take responsibility for their own learning. A holistic approach is adopted, focusing on integrated learning and assessment, identifying commonalities between different activities and delineating meaningful key clinical and professional activities. Within the HSP, feedback on current performance is encouraged, enabling ongoing development of skills in a supportive environment.

HSP curriculum modules have been developed with reference to the Australian Curriculum Framework for Junior Doctors (ACFJD), prepared by the Confederation of Postgraduate Medical Education Councils. The ACFJD is an educational framework which identifies learning outcomes and capabilities required of junior doctors. The ACFJD is structured around three learning areas: Clinical Management, Communication and Professionalism. The HSP curriculum framework has generally adopted a similar structure, with a major focus on communication and professionalism capabilities covered in the HSP Core module and clinical management learning outcomes covered in each of the ten HSP clinical modules (Hospital Medicine, Emergency Department, Mental Health, Aged Care, Children's Health, Women's Health, Sexual Health, Rural Health, Aboriginal Health, and Addiction Medicine).

HSP clinical management learning outcomes address common illness problems and conditions which are likely to be dealt with by HSP participants in the particular clinical context covered in the HSP module. The clinical modules also address specific skills and procedures that are expected to be achieved by HSP participants.

The HSP provides a pathway for self-directed medical professional development and education, using a range of educational resources and methods appropriate to the working environment of the HSP participant. Furthermore, the HSP

provides a mechanism to align clinical learning activities with the goals of the health system and to deliver high quality educational activities to hospital generalist doctors.

The HSP acknowledges the heterogeneous nature of the skills and circumstances of Career Medical Officers (CMOs) and equivalent generalist medical practitioners, their continuing value in the delivery of health services to the population of NSW, and their right to meaningful educational opportunities in a mode appropriate to their working lives and geographic locations.

## Formative assessment and entrustable professional activities

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The HSP provides a framework for workplace based, competency based formative assessment and the recognition of current competencies. The HSP framework for formative assessment is underpinned by core principles of authentic workplace based assessment. Assessment in the HSP is valid, reliable, feasible and fair.

Entrustable professional activities (EPAs) are sets of professional tasks that doctors perform in their clinical roles. The EPAs described in this module have been identified by the Sexual Health module development group through an analysis of clinical activities that are of central importance to the practice of Sexual Health.

Because the sum of what doctors do in medical practice is greater than the parts described by individual competencies, EPAs provide an approach that minimises the effects of atomisation of professional competencies, which is an undesirable side-effect of some competency based assessments (Van der Vleuten and Schuwirth, 2005).

Ten Cate (2006) identifies the following criteria for EPAs:

- part of essential professional work
- require specific knowledge, skill and attitude
- generally acquired through training
- lead to recognised output of professional labour
- usually confined to qualified staff
- independently executable within a time frame
- observable and measurable in their process and their outcome
- lead to a conclusion (done well or not done well)
- reflect the competencies to be acquired.

In this module each EPA covers a number of learning outcomes and is observable and measurable, and as such provides a sound basis for ongoing professional development and workplace based assessment. There are links between some EPAs and, where possible, integrated learning and assessment is encouraged.

Using the concept of EPAs and building formal entrustment decisions into the HSP helps with:

- providing guidance for professional development and progression
- supporting supervision and guiding workplace based assessment
- integrating professional competencies into broader capabilities reflecting real-world practice in hospital medicine
- fostering a developmental continuum of workplace based learning, formative assessment and workplace progression.

Through involvement in the module's educational experiences (including access to relevant resources) HSP participants will be able to engage in the entrustable professional activities relevant to their practice at the HSP level designated. This will support a career-long process of increasing depth of expertise and synthesis of clinical skills for doctors working in medical contexts supported by the HSP.

## Introduction to the Sexual Health module

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The Hospital Skills Program Sexual Health module identifies the capabilities required of doctors with more than two years of postgraduate experience who are not participating in a specialist vocational training program and who are working in clinical areas related to sexual health in NSW.

The HSP Sexual Health module has drawn on relevant work related to sexual health, medical education and training (see References).

The Sexual Health module is a key supporting document for implementing the HSP, which aims to improve the safety, efficiency and quality of healthcare in NSW hospitals. With regard to the presentation of the Sexual Health module, the intention is to recognise and reinforce a mode of practice that focuses on the continuity and quality of clinical care and patient safety (ACSQHC, 2011).

## HSP levels

An HSP level has been allocated for each learning outcome in the Sexual Health module. The three levels of the HSP (HSP 1, 2 and 3) reflect the developing knowledge and skills required for increasingly complex clinical management scenarios and increasing work role responsibility, entrustment and accountability. Each of the three levels broadly distinguishes doctors in terms of proficiency, experience and responsibility. Table 1 is a summary of the criteria on which the HSP levels have been determined.

It is assumed that doctors will practise medicine with the degree of autonomy that is consistent with their level of experience (E), clinical proficiency (CP) and responsibility (R) to ensure patients receive care which is appropriate, effective and safe. The levels are cross-referenced with those described for the patient competencies in the National Patient Safety Education Framework (see Appendix 1).

**Table 1: Defining the HSP levels**

Key	HSP 1	HSP 2	HSP 3
Level of Experience (E)	Has limited workplace experience in this discipline.	Has moderate to comprehensive workplace experience in this discipline.	Has substantial workplace experience in this discipline.
Clinical Proficiency (CP)	Reliably recognises familiar situations and key issues. Has a good working knowledge of the management of these. Decision-making is largely bound by protocol. Demonstrates effective clinical decision making and clinical proficiency in defined situations.	Recognises many atypical presentations, recognises case-specific nuances and their relational significance, thus reliably identifying key issues and risks. Decision making is increasingly intuitive. Fluent in most procedures and clinical management tasks.	Has an intuitive grasp of a situation based on linking understanding of a situation to appropriate action. Able to provide an extensive repertoire of management options. Has a comprehensive understanding of the rural service, referral networks and links to community services.
Responsibility (R)	Uses and applies integrated management approach for all cases; consults prior to disposition or definitive management and arranges senior review of the patient in numerous instances, especially serious, complex, unclear or uncommon cases.	Autonomously able to manage simple and common presentations and consults prior to disposition or definitive management for more complex cases.	Works autonomously, consults as required for expert advice and refers to relevant teams about patients who require particular attention.
Patient Safety (PS)	Level 2	Levels 2 - 3	Level 3

## Section 1: Patient assessment and management

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### **EPA SH 1** Take a focused sexual history and explore ideas with the patient about safe sexual behaviour

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- SH 1.1 Recognise that trust and effective communication, assuring confidentiality and having a non-judgemental approach, are essential to the doctor's relationship with the patient, especially in consultations about sexual behaviours and sexually transmissible infections (STIs) (HSP 1).
- SH 1.2 Recognise that patient rapport and effective communication will encourage patients to participate as partners in illness management (HSP 1).
- SH 1.3 Recognise that a major purpose for conducting a sexual history is to assess and to limit the patient's risk of acquiring an infection with an STI (HSP 1).
- SH 1.4 Conduct a detailed behavioural history which will help make an accurate assessment of the likely risk of sexually transmissible infection and guide appropriate testing (HSP 2).
- SH 1.5 Check the patient's knowledge about STI and sexual behaviour and correct misconceptions if necessary (HSP 2).
- SH 1.6 Explore ideas about safe sexual behaviour with the patient, specifically tailored to the individual patient's needs (HSP 2).
- SH 1.7 Involve patients from particular social groups in messages related to positive sexual health and convey preventive and harm management messages relevant for their particular needs (HSP 2).
- SH 1.8 Recognise that engaging patients in the implementation of care can result in improved safety, quality and efficiency (see ACSQHC, 2011) (HSP 2).

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### **EPA SH 2** Conduct assessment and provide management of the patient's general health in the context of sexual health care settings

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- SH 2.1 Provide assessment and management of general health issues (HSP 2).
- SH 2.2 Conduct a general bio-psycho-social assessment including medical history, family history, psychological health, drug and alcohol history, smoking history and sexual history (HSP 2).
- SH 2.3 Elicit vaccination history and discuss future vaccinations as required (HSP 2).
- SH 2.4 Implement National Health and Medical Research Council treatment guidelines to prevent and control infection in a healthcare facility (HSP 1).
- SH 2.5 Implement recommendations from the *Australian Immunisation Handbook* and complete NSW Health Sexual Health Services Vaccine Order forms as required (HSP 1).

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### **EPA SH 3** Develop and maintain a positive therapeutic relationship

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- SH 3.1 Maintain an effective, collaborative and therapeutic relationship with the patient (HSP 1).
- SH 3.2 Conduct thorough and ongoing assessment of patient problems (HSP 1).
- SH 3.3 Provide information, referral and education to the patient with regard to the natural history of STIs and the effects of therapy (HSP 1).

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**EPA**    **Provide supportive**  
**SH 4**    **management specific to**  
          **patients' needs and manage**  
          **patient complications**

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**Specific and supportive management**

- SH 4.1    Recognise the need to implement treatment, concurrent with the assessment of the patient, aimed at controlling symptoms (eg, analgesia), correcting abnormal physiological parameters and preventing complications (eg, prophylactic antibiotics) (HSP 1).
- SH 4.2    Implement therapies for presenting conditions which reflect best practice and which are appropriately individualised (HSP 1).
- SH 4.3    Define the impact of the presenting illness or injury on pre-existing illnesses (co-morbidities) and incorporate appropriate responses and modifications in the management plan (HSP 2).
- SH 4.4    Consult appropriately to formulate the most appropriate management plan (HSP 1).
- SH 4.5    Identify environmental and lifestyle risks and make recommendations to the patient to mitigate or avoid these risks (HSP 2).

**Complications**

- SH 4.6    Disclose, report, monitor and treat any complications appropriately (HSP 1).
- SH 4.7    Recognise changing clinical parameters that reveal complications or adverse outcomes (HSP 1).
- SH 4.8    Intervene to minimise the consequences of complications (HSP 1).
- SH 4.9    Practise open disclosure with patients and relatives (HSP 1).
- SH 4.10   Enter adverse incidents into incident management systems and notify appropriate authorities in the case of notifiable diseases and drug reactions (HSP 1).

- SH 4.11   Describe how to deal with the personal emotional issues surrounding critical incidents, breaking bad news and post-incident stress (HSP 1).
- SH 4.12   Recognise when to coordinate and participate in the debriefing of team members following an error, complication or bad outcome (HSP 2).
- SH 4.13   Sensitive convey information to bereaved or distressed relatives (eg, breaking bad news) (HSP 1).

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**EPA**    **Use effective consultation**  
**SH 5**    **skills and openly discuss**  
          **clinical decisions with**  
          **patients and carers**

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- SH 5.1    Describe the available human resources to assist with patient care both in and out of hours in your sexual health facility (HSP 2).
- SH 5.2    Communicate effectively with the patient and the family, being aware of confidentiality responsibilities and providing appropriate information and consultation regarding choice of and consent for treatment (HSP 1).
- SH 5.3    Involve patients and carers in clinical decision making (HSP 1).
- SH 5.4    Obtain verbal and formal consent appropriate to the circumstance (HSP 1).
- SH 5.5    Consult appropriately with colleagues and team members as required to support decisions and management plans (HSP 1).
- SH 5.6    Recognise the risk involved with different levels of support and describe measures to mitigate it (HSP 2).
- SH 5.7    Recognise when to call for additional support or advice (HSP 1).

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**EPA**    **Maintain effective clinical**  
**SH 6**    **documentation and**  
          **legislative compliance**

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**Documentation**

- SH 6.1    Describe the importance of comprehensive, clear and contemporary medical records for direct patient care, assessment of quality and medicolegal inquiry (HSP 1).
- SH 6.2    Document patient management legibly, using the appropriate and required forms for use in coronial, medicolegal, judicial, quality and safety matters (HSP 1).

**Legislative compliance**

- SH 6.3    Implement compliance rules for Medicare and the Pharmaceutical Benefits Scheme (PBS), including use of provider and prescriber numbers and appropriate referral documentation (HSP 1).
- SH 6.4    Comply with the provisions of the Medical Practitioners Act, Coroners Act, NSW Health Codes of Conduct, NSW Mental Health Act, NSW Public Health Act, NSW Guardianship Act and other legislative and policy instruments applicable to the practice of medicine (HSP 1).
- SH 6.5    Comply with medication management techniques to reduce error (HSP 1).
- SH 6.6    Comply with rules for correct and legal prescribing (HSP 1).
- SH 6.7    Comply with guidelines and standard operating procedures for contact tracing (HSP 1).

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**Section 2: Common**  
**problems and conditions**

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**EPA**    **Recognise and manage**  
**SH 7**    **specific women’s health**  
          **problems**

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- SH 7.1    Recognise and manage gynaecological problems including:
- vulvovaginal disease
  - genital pain
  - breast health
  - pelvic inflammatory disease
  - anorectal symptoms
  - menstrual disorders
  - menopause (HSP 2).
- SH 7.2    Manage genital conditions such as candidiasis and bacterial vaginosis (HSP 2).
- SH 7.3    Conduct pregnancy testing and provide referral as required (HSP 1).

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**EPA**    **Recognise and manage**  
**SH 8**    **specific men’s health**  
          **problems**

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- SH 8.1    Assess and manage men’s sexual health problems including:
- urethral symptoms
  - genital lumps and bumps
  - anorectal symptoms
  - penile, epididymal, and testicular infections (HSP 2).
- SH 8.2    Recognise that infertility and male sexual dysfunction will have serious medical and psychosocial consequences for patients (HSP 2).
- SH 8.3    Recognise that men with sexual dysfunction problems will frequently have significant concomitant psychosocial issues (HSP 2).

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**EPA SH 9** **Discuss, provide advice about and manage aspects of reproductive and sexual health**

- SH 9.1 Discuss with the patient signs, symptoms, mechanisms of and remedies for:
- reproductive pathophysiology
  - subfertility
  - problems related to preconception care
  - early pregnancy related problems
  - pelvic floor disorders (HSP 2).
- SH 9.2 Manage common reproductive and sexual health problems in the sexual health care setting (HSP 2).
- SH 9.3 Prescribe appropriately for patients in special circumstances (eg, women post-partum), recognising any new practice guidelines and communicating essential drug interaction information with the patient (HSP 2).
- SH 9.4 Appraise the bio-psycho-social impacts of sexual and reproductive health (HSP 2).

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**EPA SH 10** **Recognise and manage contraceptive issues**

- SH 10.1 Provide effective and accurate advice for:
- contraception and contraceptive methods, including advantages and contraindications
  - unplanned pregnancy options
  - natural family planning and barrier methods (HSP 2).
- SH 10.2 Provide advice with regard to the patient's own requirements and choices for contraception (HSP 2).
- SH 10.3 Comply with contraceptive guidelines in managing patients with complex medical conditions (eg, thromboembolism, diabetes, HIV) (HSP 2).

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**EPA SH 11** **Diagnose and manage sexually transmissible infections and provide referral if unable to manage the condition**

- SH 11.1 Recognise that early diagnosis is important for all treatable sexually transmissible infections (HSP 1).
- SH 11.2 Describe the microbiology, pathogenesis, clinical spectrum, epidemiology, specimen collection, laboratory diagnosis and clinical management of the following viral micro-organisms relevant to sexual health practice:
- herpes simplex virus (types 1 and 2), human herpes virus (type 6 and 8)
  - recognise that herpes simplex virus is sometimes manifest in the eye
  - cytomegalovirus (and recognise that CMV sometimes manifest in the eye)
  - Epstein-Barr virus
  - varicella zoster virus
  - hepatitis viruses (A,B,C, delta)
  - human immunodeficiency virus (HIV)
  - papillomaviruses
  - molluscum contagiosum virus (HSP 2).
- SH 11.3 Describe the microbiology, pathogenesis, clinical spectrum, epidemiology, specimen collection, laboratory diagnosis and clinical management of the following bacterial micro-organisms relevant to sexual health practice:
- Beta-haemolytic *Streptococcus* (groups A and B)
  - *Klebsiella granulomatis*
  - *Chlamydia trachomatis* (all serovars) – and recognise that chlamydia sometimes manifests in the eye
  - *Lymphogranuloma venereum*
  - *Gardnerella vaginalis*
  - *Haemophilus ducreyi*
  - *Lactobacillus* species
  - *Mobiluncus* species

- *Mycobacterium* species
  - *Mycobacterium tuberculosis* and atypical *Mycobacterium* species as they relate to HIV
  - *Mycoplasma genitalium* and other genital mycoplasmas
  - *Neisseria* species, including gonorrhoea
  - *Salmonella*, *Campylobacter* and *Shigella* species
  - *Treponema pallidum*, including endemic treponematoses
  - *Ureaplasma urealyticum* (HSP 2).
- SH 11.4 Describe the microbiology, pathogenesis, clinical spectrum, epidemiology, specimen collection, laboratory diagnosis and clinical management of the following fungal micro-organisms relevant to sexual health practice:
- *Candida* species
  - *Cryptococcus neoformans*
  - dermatophytes (HSP 2).
- SH 11.5 Describe the microbiology, pathogenesis, clinical spectrum, epidemiology, specimen collection, laboratory diagnosis and clinical management of the following protozoal micro-organisms relevant to sexual health practice:
- *Cryptosporidium* species
  - *Entamoeba histolytica*
  - *Giardia lamblia*
  - *Microsporidium* species
  - *Schistosoma mansoni*
  - *Toxoplasma gondii*
  - *Trichomonas vaginalis* (HSP 2).
- SH 11.6 Describe the microbiology, pathogenesis, clinical spectrum, epidemiology, specimen collection, laboratory diagnosis and clinical management of the following ectoparasites and nematodes relevant to sexual health practice:
- *Phthirus pubis*
  - *Sarcoptes scabiei*
  - *Enterobius vermicularis* (HSP 2).

## Section 3: Skills and procedures

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### **EPA SH 12 Use effective professional interaction skills and establish an effective multidisciplinary patient management team**

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- SH 12.1 Implement the principles of effective communication (HSP 1).
- SH 12.2 Actively contribute to positive patient outcomes as an effective multiprofessional team member during assessment and management phases (HSP 1).
- SH 12.3 Recognise situations where calling for additional or more senior help and marshalling human resources with appropriate expertise is required (HSP 1).
- SH 12.4 Lead a multidisciplinary team for the management of a patient with a complex problem or set of problems (HSP 3).

### **EPA SH 13 Effectively use infection control measures and implement workplace health and safety**

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- SH 13.1 Comply with infection control measures and relevant legislation including hand washing before and after patient contact (HSP 1).
- SH 13.2 Comply with safe handling and disposal of sharps and clinical waste including protection of patients and colleagues (HSP 1).
- SH 13.3 Use the correct procedures for wearing of personal protective equipment (PPE) (eg, mask, gown and gloves) (HSP 1).

- SH 13.4 Describe the indications for public health notification of disease and use the systems in place (HSP 1).
- SH 13.5 Describe the principles of disease pandemic management and demonstrate the procedures for implementation in the local workplace (HSP 2).

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**EPA**   **Effectively use laboratory**  
**SH 14**   **and other diagnostic tests**  
          **and critically appraise**  
          **evidence**

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- SH 14.1 Implement principles of rational test and investigation ordering as defined by evidence-based guidelines and clinical protocols (HSP 1).
- SH 14.2 Explain the meaning of test specificity and sensitivity and the effect of pre-test probability (HSP 1).
- SH 14.3 Explain the relevance of ethical risk management and cost-effective health economics to the limiting and tailoring of diagnostic tests, including listing the potential adverse outcomes arising from diagnostic tests (HSP 1).
- SH 14.4 Identify relevant medical studies that critically appraise the research literature, using the evidence in sexual health practice as required (HSP 2).
- SH 14.5 Access and comply with relevant clinical guidelines (eg, NSW Sexually Transmissible Infections Programs Unit [2011] *Standard Operating Procedures Manual*) for diagnosis and management of sexual health problems (HSP 2).

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**EPA**   **Conduct a comprehensive**  
**SH 15**   **sexual health service**

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- SH 15.1 Provide a confidential and comprehensive service that encourages patients to be in control of their sexual health (HSP 2).
- SH 15.2 Provide crisis and ongoing counselling for psychological and emotional issues associated with sexual health issues (HSP 3).
- SH 15.3 Provide medical services including the development of patient support plans and education, where dual or multiple diagnoses are likely (HSP 3).
- SH 15.4 Assist the multidisciplinary team in the provision of social welfare (eg, housing, income, education information) and legal information for patients with sexual health issues (HSP 2).

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**EPA**   **Manage contact tracing**  
**SH 16**   **in a sexual health service**

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- SH 16.1 Recognise that the aims of contract tracing include:
- interrupting the ongoing transmission of infection
  - identifying people with an infection who may benefit from treatment
  - preventing re-infection from an untreated partner (HSP 1).
- SH 16.2 Recognise that contact tracing is a priority for some sexually transmissible infections such as HIV, chlamydia, syphilis and gonorrhoea, but not for others such as herpes and genital warts (HSP 2).
- SH 16.3 Gain patient cooperation through communicating sensitively and empathically (HSP 2).
- SH 16.4 Identify the most appropriate methods for notifying contacts (HSP 3).

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**EPA**  
**SH 17** **Conduct specific sexual health screening and other skills and procedures**

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- SH 17.1 Provide hepatitis A and B screening and vaccination (HSP 1).
- SH 17.2 Provide screening for sexually transmissible infections, collect appropriate specimens and provide treatment and post-test discussion for sexually transmissible infections as appropriate (HSP 2).
- SH 17.3 Provide hepatitis C screening, management and monitoring of liver function as required (HSP 2).
- SH 17.4 Conduct sex worker check-ups (HSP 2).
- SH 17.5 Conduct women's health checks including Pap smears, breast, vulval, vaginal and pelvic examinations (HSP 2).
- SH 17.6 Conduct men's health checks (HSP 2).
- SH 17.7 Conduct a targeted physical examination including cardiovascular status, eye, oral and dental health, skin, and pelvic/anogenital examination as required (eg, ophthalmic examination is of value in patients recently diagnosed with HIV) (HSP 2).

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**EPA**  
**SH 18** **Provide sexual health counselling services**

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- SH 18.1 Provide preconception counselling (HSP 3).
- SH 18.2 Provide drug and alcohol counselling, referral to drug detoxification, treatment and rehabilitation programs as required (HSP 2).
- SH 18.3 Provide family planning advice, contraception, pregnancy testing, counselling and referral (HSP 2).
- SH 18.4 Respond effectively to people at potentially increased risk of STI and HIV, including:
- people living with HIV/AIDS
  - men who have sex with men (MSM)

- sex workers and their clients
- young people (aged 24 years or less)
- Aboriginal patients and injecting drug users
- international travellers (HSP 2).

- SH 18.5 Provide counselling and medical assistance for patients who have had sex with someone with an STI (HSP 2).
- SH 18.6 Provide telephone information and advice as required by the clinical facility (HSP 2).

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**EPA**  
**SH 19** **Conduct special sexual health clinics/services for patients with transgender issues and refer if unable to manage the patient's problem(s)**

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- SH 19.1 Recognise that sexual orientation is distinct from other components of sex and gender, including biological sex, the anatomical, physiological, and genetic characteristics associated with being male or female; gender identity, the psychological sense of being male or female; and social gender role (HSP 1).
- SH 19.2 Recognise that transgendered patients may experience suboptimal medical care including bias, discrimination and delay (HSP 1).
- SH 19.3 Provide medical and psychosocial assessment of transgender issues and specialist referral (HSP 3).
- SH 19.4 Provide relationship, sexuality and gender counselling (HSP 3).

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**EPA**    **Conduct assessment,  
SH 20**    **management and referral  
for sexual assault**

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- SH 20.1    Recognise that sexual assault is a violation of human rights and is a crime against the individual and the community (HSP 1).
- SH 20.2    Recognise that sexual assault has far reaching emotional, social, legal, health and political consequences (HSP 1).
- SH 20.3    Respond to victims of sexual assault with dignity, sensitivity and understanding (HSP 1).
- SH 20.4    Provide victims of sexual assault with relevant and accurate information about options and maintaining confidentiality and privacy (HSP 3).

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## Appendix 1 Patient Safety Framework

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Four levels of knowledge and performance elements have been defined in the Patient Safety Framework. The level of knowledge and performance required by an individual is determined by their level of patient safety responsibility:

- Level 1:** Foundation knowledge and performance elements are required by all Categories of health care workers (as defined below).
- Level 2:** Knowledge and performance elements are required by health care workers in Categories 2 and 3.
- Level 3:** Knowledge and performance elements are required by health care workers in Category 3.
- Level 4:** Organisational knowledge and performance elements are required by health care workers in Category 4.

Some knowledge and performance elements in levels 2 and 3 may not be relevant for all non-clinical managers.

Four categories of health care workers have been defined in the Patient Safety Framework.

- Category 1:** Health care workers who provide support services (eg, personal care workers, volunteers, transport, catering, cleaning and reception staff).
- Category 2:** Health care workers who provide direct clinical care to patients and work under supervision (eg, ambulance officers, nurses, interns, resident medical officers and allied health workers).
- Category 3:** Health care workers with managerial, team leader and/or advanced clinical responsibilities (eg, nurse unit managers, catering managers, department heads, registrars, allied health managers and senior clinicians).
- Category 4:** Clinical and administrative leaders with organisational responsibilities (eg, Chief Executive Officers, Board members, Directors of services and senior health department staff).

Health care workers can move through the Patient Safety Framework as they develop personally and professionally.





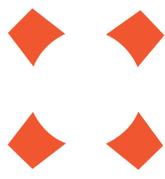
## Health Education and Training Institute

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# HSP

HOSPITAL SKILLS PROGRAM