

ELECTIVE (SSC5a) REPORT (1200 words)

A report that addresses the above four objectives should be written below. Your Elective supervisor will assess this.

Our elective placement in Sexual Health and HIV medicine has been a fantastic opportunity to gain an understanding of the common cases and challenges that are seen in this field of medicine. Through this experience, I have learnt how varied and complex the speciality is and have more of a feel for how the department operates. Unfortunately, we did not have an in-person placement for Sexual Health and HIV last year due to COVID, and so I was very keen to experience the specialty and am grateful that this placement was organised for us.

Our timetable provided us with a large variety of clinics to see. Each clinic included patients with a range of presentations, some more complex than others, and it was really interesting to see the management options available. I particularly enjoyed taking sexual histories from patients once I had shadowed the doctors and feel as though I have improved in my sexual history taking skills. Prior to this placement I did not feel very comfortable or confident in asking intimate questions, however, being able to observe the way clinicians approach patients and build rapport has helped me in phrasing sensitive questions.

Another aspect of the sexual health clinics that I enjoyed was the examination and investigations that could be done in clinic. In many specialties, it takes time for further investigations such as imaging to be carried out, so I found it surprising how quickly results could be obtained from microscopy and a diagnosis given. This in turn meant that many patients were given antibiotics at their clinic appointment and so their symptoms could be managed very quickly. For example, some of the common conditions seen in women were Bacterial Vaginosis or Candida, and hence they were prescribed Metronidazole or Fluconazole/Clotrimazole. Many of the women were very relieved when they were given their medication and had their treatment explained to them; quite often they had tried over the counter medications and had still suffered from symptoms and so they were frustrated and embarrassed by their symptoms continuing. I also feel more confident with using speculums and am very grateful that many women allowed me to examine them during clinic.

A challenge that I found in one of the integrated sexual health clinics was in breaking bad news of an STI diagnosis to a patient who had a regular partner of 2 years, where her and her partner's sexual health screens were previously negative. The doctor who I was shadowing explained the situation to the patient, and answered her questions in a sensitive manner, but I found the situation difficult as the diagnosis was likely to have an impact on a patient's relationship with her partner. I feel that I am still not very comfortable in breaking bad news, however, I have been able to observe different techniques for explaining things to patients, and hope that I can become more confident in this skill in the future.

Despite the excellent sexual health services in the UK, I noticed that there is still a stigma surrounding sexual health and sexually transmitted infections. One of the patients in the sexual health clinic at the Sir Ludwig Guttman Centre highlighted this when she raised a concern about confidentiality when being called to her appointment. She felt that having her name called out in the waiting area by the clinician was a source of anxiety and told us that she used to travel to a sexual health clinic in Barking to avoid being recognised by anyone in Stratford, where she resides. She suggested that a number or ticket system could be used at the clinic, to avoid full names being called out and reduce the risk of being recognised by anyone nearby. Unfortunately, the stigma associated with sexual and reproductive health can lead to negative consequences for the health and wellbeing of individuals by restricting an individuals' ability to access resources. I am glad that this patient was still able to attend her appointment, but I am sure that there are many who would not, in fear of the stigma and discrimination around sexual health.

In the HIV SOS clinic, I saw many challenging cases, one of which was for a patient who didn't speak English and required the language line translation service. From reading the patient's notes it seemed that they needed more anti-retroviral medication and that the appointment would be quite straightforward. However, through the translator, we were able to understand that the patient had many psychosocial issues including experiencing homophobia from his family, a relationship breakdown, financial problems and visa issues. The patient was very upset during the appointment and I found it so difficult to try to reassure the patient and show empathy as we were unable to communicate with each other due to the language barrier. The consultation highlighted many issues which the registrar made a plan for, and when the translator informed the patient he seemed more hopeful. There

are many difficult conversations that are had in these clinics, and with a language barrier it can be made even more difficult. However, the registrar was able to gain a lot of information and suggested Positive East for peer support and a referral to psychology, which the patient agreed to and was keen to try.

The LARC clinics were also interesting to see how different contraceptive options are explained to women, and how the procedures work. The complex LARC clinic was particularly interesting as transvaginal ultrasounds were used to locate IUS coils and to remove them. I was also able to see a male psychosexual clinic and learnt about the link between the body and the mind, and the many factors that can impact on an individual's sexual wellbeing. Through psychoeducation, changing medications that can contribute to erectile dysfunction and exploring a patient's anxiety, there is a huge impact that these clinics can make.

Overall, I really enjoyed my elective placement in Sexual Health and HIV medicine as I was able to learn new skills in history taking and examinations, as well as observe a wide range of clinics and ward rounds. The clinicians I met were very welcoming and keen to teach, and thus I was able to immerse myself in the multidisciplinary team and had a very positive experience.