

Elective report

I first got interested in sexual health when I started volunteering with UNISEX with my university. In third year we were taught sexual health but I felt it was too short so I wanted to carry out a placement in the area to gain more experience. I also wanted to see whether it was a career I would consider. I was very excited to start my placement in Eastbourne and I was extremely impressed once I found out that not only did it specialise in GUM but also family planning and HIV. I wanted to take away from this experience how to take a sexual health history confidently, familiarise myself with the most common STI's and learn to recognise PID symptoms.

Going to Uckfield and Crowborough clinics allowed me to see how a more rural sexual health clinic runs. On my first afternoon at Uckfield, I met a lovely nurse who explained that she helps young girls who come from troubled backgrounds get contraception. It was great to hear that teenagers who may be vulnerable or don't have any role models can still seek advice and help. The nurse came in with a 14 year old girl who was in foster care. She was a very beautiful young girl who clearly had behavioural problems so in the consultation she was quite challenging. She had come in for an implant. I felt sad for her as she said she couldn't tell her foster parents about getting contraception and she wasn't in contact very often with her parents so all she had was the nurse to support her.

I was lucky enough to sit in with most of the staff; I could see how important every role was to allow the clinic to run smoothly. I had a really interesting afternoon with the health advisor. I didn't realise what her role entailed. I thought she would be educating people about safe sex so I didn't expect I would have a varied afternoon. When the first patient came in, I realised straight away that the health advisor's role was much more complex than I thought. A girl came in and burst into tears, she had just found out that her husband was having sex with sex workers and was in a significant amount of debt due to a gambling and cocaine addiction. She came in to get a sexual health screen but also she thought she might be pregnant. I felt so sorry for her; it was very emotional the consultation and I felt quite teary-eyed. I knew that I couldn't show how I felt but all I wanted to do is give her a hug. The health advisor was incredibly calm and non judgmental. She was approachable and allowed the patient to get everything out. I could tell the patient was comfortable and trusted the health advisor. After the patient left, I felt quite low and wondered if we had done enough to help her. But on reflection, she said she had lots of support and at the end of the day we can't solve everyone's problems, we can only do what we can. I began to see a pattern in the way the health visitor worked. She never actually gave advice. She always asked the patients what did they want to do and what they understand about a certain condition. I asked her about her technique and she said that very rarely have patients thought in depth about their situation or spoken to other people about their issue until they come into the clinic. Once in the clinic she wants the patient to think for themselves and make their own decisions without any influences. I thought that was a great way to get people to feel more in control about their situation. I will definitely use that technique when I am working.

When I sat in with my consultant, I was very pleased to see so much general medicine. A lot of the HIV patients had co-morbidities such as heart disease and kidney failure so it was interesting to hear their medical history as well as their HIV history. I saw many HIV positive patients who were very well and healthy and have undetectable viral loads. However, I also saw HIV positive patients who

Stephanie Johnson

were sick and were struggling to control their HIV. It was very interesting to see how varied the patients were and how complex their management can be if they are not well. One challenge my consultant had was getting other departments to communicate with the clinic. A patient was under the kidney team in Brighton but there was limited communication between their department and my consultant. This made it more difficult to provide the best care for the patient. I found it frustrating because it is so important that all departments work together but it seems that because GUM/HIV is separate from the hospital they seem to be forgotten.

During my time in the clinic, I got to sit in with many of the nurses. They ask a number of questions during their consultations and it was really interesting to see that they ask whether patients feel safe in their relationship. I thought this was a really good question to ask as domestic abuse is common and it seems patients are more open during their consultations at the clinic than in other health care areas. I expressed to one of the nurses how good I thought it was to ask that question and she definitely agreed but also said it can open a can of worms. She said that it's not difficult to ask the question, the challenge is when a patient does disclose that they are being abused. The nurses are really stretched for time and if a patient does mention they are being abused, the consultation can end up being very long and the nurse is in a more difficult situation as they may not be sure where to go with the news. She mentioned there was a form they can fill in and advice was available for them but it's always more difficult when it actually happens. So even though it's a very important question to ask, in practise it could make the nurses' job harder.

I really enjoyed my placement and learnt so much. I took away some great advice and tips to make me a better doctor. GUM is now definitely one of my interests and a strong contender for my future career.