P135 FACTORS THAT INFLUENCE LEARNING OF SEXUAL HISTORY TAKING FOR MEDICAL STUDENTS

doi:10.1136/sextrans-2012-050601c.135

J Davies.* *Royal Sussex County Hospital, Brighton, UK*

Background Training for medical students in the UK now incorporates formalised training in sexual health and HIV. While research has assessed knowledge and skills in medical graduates around sexual history taking, this has been largely approached from a quantitative paradigm rather than students own experience It was decided by the author to carry out a qualitative study to inform content and delivery of the current sexual and HIV module.
Aim To explore the experiences of fourth year medical students in their learning of sexual history taking.
Methods Semi-structured interviews were undertaken with six fourth year medical students. Framework analysis was used to identify emerging categories and themes from the data.
Results Four distinct categories were acknowledged: prior experience, classroom based learning, clinic based learning, and future confidence. Themes identified included patient and student embarrassment, acquisition of key phrases, the use of proformas and patient consent. Factors influencing the learning of sexual history taking were often interwoven and stemmed from both the classroom and clinical setting. One common expectation was that another healthcare professional would take over while being observed with a patient. The issue regarding confidence appeared to be intrinsically built up from the start of their overall training. Students recommended that classroom based scenarios should include non-genito-urinary medicine settings. Student confidence was improved by the recognition that classroom teaching matched the clinical consultations, with no preference to designation of the health care professional teaching.
Conclusion Acknowledgement of the influences experienced by medical students while undertaking classroom and clinic based learning of sexual history taking provides useful guidance for future curriculum development.

P136 SEXUAL HEALTH SERVICES HAVE A KEY ROLE IN THE DIAGNOSIS AND INITIAL ASSESSMENT OF HEPATITIS C

doi:10.1136/sextrans-2012-050601c.136

H Donson,* K E Rogstad, L Campbell, M Raza, A Cope. *Sheffield Teaching Hospitals NHS Trust, Sheffield, UK*

Background Hepatitis C is a major cause of liver disease, cirrhosis and liver cancer but is increasingly amenable to treatment. Sexual health services often have unique access to test patients within risk groups.
Aim To assess the role of sexual health services in diagnosis and initial assessment of Hepatitis C (HCV).
Method Patients diagnosed with HCV at a large inner city sexual health service from 1 July 2009 to 30 June 2011 were identified along with a control group of negative patients.
Results 4430 HCV tests were performed on 3395 patients. 53 (1.56%) were HCV antibody positive of which 26 (49%) were PCR positive with a detectable viral load. Where genotyping was performed the majority were 3A (50%), 1A (22%) or 1B (22%). The most common reasons for testing were intravenous drug use (64%), men who have sex with men (15%) and sexual intercourse with a known IVDU (9%). 27 patients were referred to HCV services of which only 18 (67%) attended. The main reasons documented for testing within the control group were related to the patient's country of origin (32%), country of origin of a sexual partner (24%) or for men who have sex with men (19%). 34 countries were given as potential sources of increased risk, however only nine patients or sexual partners of patients originated from the three countries of highest HCV prevalence.
Conclusion Sexual health services provide a unique opportunity for HCV screening in those who may otherwise not be tested. Standardisation is required to clarify who constitutes high risk particularly related to country of origin of patient or sexual partner. Initial assessment of patients diagnosed with HCV in genitourinary medicine clinics may lead to more efficient and cost effective patient care.

P137 THE EFFECT OF A DEDICATED SYPHILIS CLINIC ON SYPHILIS MANAGEMENT OUTCOMES

doi:10.1136/sextrans-2012-050601c.137

K Fernando,* K Hall, J D C Ross. *Whittall Street Clinic, Birmingham, UK*

Background Patients with syphilis are frequently managed within general sexual health clinics. Although the incidence of syphilis has recently increased, it remains a relatively uncommon STI and individual clinic staff may see only a small number of cases. It is not known to what extent the use of a dedicated "syphilis clinic," where expertise is concentrated, can lead to an improvement in management. A dedicated specialist trainee/health advisor delivered syphilis clinic was introduced in April 2011 to optimise the care of patients with syphilis.
Aim To assess, using outcomes from the UK syphilis management guidelines, the effect on patient care of introducing a dedicated "syphilis clinic."
Methods A case record review of patients with syphilis before (control arm) and after (intervention arm) the introduction of a dedicated syphilis clinic between October 2010 and September 2011.
Results 101 patients were analysed, 30 in the intervention, and 71 in the control arm. Repeat testing prior to treatment was undertaken in 19 (63.3%) of the intervention arm and 45 (63.4%) of controls [p=0.99]. Receipt of appropriate antibiotic treatment was observed in 28 (93.3%) of the intervention arm and 65 (91.5%) of controls [p=0.73]. The mean number of follow-up visits required was 1.23 (intervention arm) and 3.3 (controls) [p=0.334]. Of significance, however, was consultation length, being shorter in the intervention vs the control arm—mean duration of 49.7 min cf. 61.8 min (p=0.034).
Discussion In addition to reduced consultation duration, continuity of physician involvement and optimisation of patient care are key potential benefits of a dedicated syphilis clinic.

P138 I DON'T KNOW, LET'S TRY SOME CANESTAN: AN AUDIT OF NON-SPECIFIC BALANITIS TREATMENT AND OUTCOMES

doi:10.1136/sextrans-2012-050601c.138

E Powles,* R Marsden, N K Gupta, T Green. *Royal Hallamshire Hospital, Sheffield, UK*

Background Balanoposthitis commonly presents to Genitourinary Medicine and may be caused by a wide variety of unrelated conditions. The 2008 UK National Guideline on the Management of Balanoposthitis recommends biopsy to exclude malignant disease where clinical diagnosis is uncertain and balanitis persists for more than 6 weeks despite simple treatment.
Method A retrospective audit of case notes with KC60 code C6c presenting between January and June 2011.
Results 90 patients were diagnosed with balanitis (age range 16–71 years, mean 30, mode 22, median 25). 68 cases were treated as presumed candidal balanitis with either Clotrimazole cream,

Fluconazole or Daktacort. In the remaining cases no presumptive diagnosis was made but 10 patients were given empirical Trimovate cream, three had Metronidazole tablets, one had Dermovate cream and one had Betnovate cream. Seven patients did not receive any medication. In all but one case the balanitis had fully resolved within 6 weeks. In the persistent case, initial treatment was with Clotrimazole cream for presumed Candida; when the lesions persisted this was changed to Daktacort but a clear diagnosis was not made. However, he failed to attend for further follow-up so it is not known if the balanitis resolved with the change of treatment. No cases were referred for biopsy.

Conclusion The rate of persistent balanitis was extremely low in this cohort and all except one case resolved with treatment. This patient did not return for further review and was not referred for biopsy. Penile biopsy is recommended where the balanitis persists and the diagnosis remains unclear as in this case. A robust system of recall management is needed to ensure that appropriate action is taken in such cases.

P139 EVALUATION OF A DEDICATED MULTI-DISCIPLINARY YOUNG PERSON'S INTEGRATED SEXUAL HEALTH CLINIC

doi:10.1136/sextrans-2012-050601c.139

T Davis, S L Allstaff, C Cunningham.* *NHS Tayside, Dundee, UK*

Background Our local authority has the highest teenage pregnancy rate in Scotland. A needs assessment was undertaken and a dedicated young persons (YP) clinic was introduced for people aged 18 and under in partnership with the local youth health and information centre and the child protection team.

Aim To evaluate the 6-month pilot of a dedicated YP multi-disciplinary integrated sexual health clinic.

Methods All patients attending the YP clinic between January and June 2011 were included. Data collected included demographics, sexual orientation, STI diagnoses and the uptake of contraceptives. Data were also collected from an evaluation form offered to all patients.

Results 131 young people attended the YP clinic during the pilot period. 108 (81%) were female and 23 were male of which 4 (17%) were men who have sex with men. The mean age was 16 for both males and females (range 12–18). 61 (47%) were under the age of 16. Chlamydia infection rates were high (24.4%). Sub-dermal implants were fitted in 22.2% of eligible females. 75 young people completed evaluation forms (57.3%). The majority found the clinic times suitable (95%) and travelled to the clinic by public transport or on foot (76%). Young people most frequently heard about the clinic from the local youth centre or from friends. Service users frequently commented positively on the partnership working with other agencies.

Conclusions The introduction of a YP clinic has been popular with service users. Due to the success of this service, a second clinic will be launched at the same site.

P140 SETTING UP A YOUNG PERSON'S CONTRACEPTION AND SEXUAL HEALTH (CASH) SERVICE IN A SEMI-RURAL GP PRACTICE—THE FIRST YEAR

doi:10.1136/sextrans-2012-050601c.140

O Hum.* *School Hill Surgery, Lewes, UK*

Background The National Strategy for Sexual Health and HIV talks about improving access to genito-urinary medicine (GUM) services by providing Level 2 services in other settings, including primary care. Rural teenagers often find it hard to access GUM services due to distance and time constraints. They may also dislike consulting their own General Practitioners (GPs) due to concerns about confidentiality.

Aims/Objectives Poor access to sexual health and family planning services was noticed in our rural area. A small Level 2 service was set up within a GP practice in January 2011. It was designed in conjunction with, and widely promoted at, local schools and colleges. A walk in service, running once a week; it offers diagnosis and treatment of most STIs, registration for C card, and all forms of contraception including long acting reversible contraception (LARC). It also offers pregnancy testing, HIV testing, signposting and advice. Emergency contraception is offered at any time of the week. There are three members of staff, a GP, practice nurse and health care assistant.

Results 432 patients were seen, with a median age of 17, drawn from a large geographical area. 75% were female and 20% under 16. New to follow-up ratio was 3:1. 261 chlamydia tests were offered with an 11% positivity rate. 137 young people have been registered for the C card, with a short education session, and LARC was discussed with 216 patients. 102 prescriptions for oral contraceptives were given and 23 injections of Depo Provera. 17 contraceptive implants and two coils were inserted. A patient satisfaction survey with a sample size of 38 showed high satisfaction ratings. Offering a service within the non-threatening environment of a GP surgery was approved highly, and most felt that their right to confidentiality had been upheld.

Conclusions In a semi-rural area, primary care can provide an effective, accessible and popular alternative to traditional CaSH services.

P141 MARKETING SEXUAL HEALTH IN A BRAND CONSCIOUS WORLD: CAN WE MAKE SERVICES MORE ACCESSIBLE TO YOUNG PEOPLE?

doi:10.1136/sextrans-2012-050601c.141

[1]O Hum,* [2]R L Lee. [1]*School Hill Surgery, Lewes, UK;* [2]*Rachel Lee Design, Brighton, UK*

Background Adolescents are media-savvy and extremely brand conscious. Much promotional material for sexual health services is poorly designed. Little has been written about how this may influence their acceptability among young people.

Objectives A new CaSH service was set up in primary care. In order to make the service appealing and accessible to adolescents, a graphic designer was recruited to create concepts and ideas for the look of the new service.

Methods Following a broad search of current CaSH websites and leaflets nationally, many were found to be poorly designed and configured, using cliched teenage imagery and language. Focus groups were set up with local young people. Six possible logos were presented, first using the suggested service name in words only, then gradually introducing each of the logo options in colour. Opinions were sought at each stage.

Results/Discussion There were widely differing views about most of the designs. Any perceived use of teenage slang, or reference to sexual health or the NHS, was rejected. Leaflets were also seen as irrelevant and boring, and leading to possible breaks in confidentiality. One logo was favoured unanimously. A poster and website were designed based on this logo to develop the brand further. In place of a leaflet, a business style card was designed, bearing only a logo and website address, enhancing the services' confidentiality. The website is the key portal for adolescents to gain information in both a confidential and informative way. Promotion in schools and pubs has led to high brand recognition. Informal feedback from service users has shown a high acceptability of the cards and the logo is perceived as contemporary and relevant.