



# Thursday 22 October 6.45 am...

**MATIU BUSH, MPH**  
Sexual Health Nurse Practitioner Candidate

## **Thursday 22 October 6.45 am ... get up, two espressos, run with dog; already that's three things achieved on the list of things to do today.**

I WORK AT Melbourne Sexual Health Centre which is one of Australia's largest sexual health clinics. Today, the clinic will see over 100 clients including those attending the Korean sex worker clinic, a colposcopy clinic and the HIV clinic. Screening for sexually transmitted infections (STIs) is a major part of our work. Today the clinic is open for extended hours and runs a designated service for men who have sex with men in order to encourage STI screening and improve access for this client group.

For this sexual health nurse practitioner candidate (NPC) the past month has been busy preparing a professional portfolio and several case studies for the endorsement interview. The endorsement brings to a close three years of educational and clinical preparation for the role of nurse practitioner in sexual health.

During the morning clinic session, the nurse practitioners will see a combination of symptomatic and asymptomatic clients. The symptomatic cases are reviewed with my medical mentor prior to ending the consultation to discuss and review the diagnosis, treatment and management options. There is a great working relationship between the doctors and

nurse practitioners at Melbourne Sexual Health Centre which promotes a positive learning culture.

Its 12:45pm and I've seen seven clients. One client was treated for urethral gonorrhoea. With a laboratory onsite, I'm able to confirm the presence of gonorrhoea from a urethral smear within five minutes. This client contracted gonorrhoea through oral sex with another male. Gonorrhoea can survive without symptoms for some time in the throat. Encouraging regular screening and getting his sexual partners treated are essential public health components to the consultation.

One female client is treated bacterial vaginosis. This was a subsequent finding on examination and microscopy. This client's main concern was dyspareunia which is pain during sex and we start with a detailed history, assessment and examination. The client is greatly relieved to find out that there are various causes and treatments available for this condition and is referred to the centre's vulval clinic. Thankfully she has a supportive partner which often makes all the difference in managing dyspareunia.

The next male client has balanitis, a common condition causing inflammation of the glans and foreskin, and only requires hydrozole and genital skin care advice. Two men get presumptive chlamydia treatment and are diagnosed with non specific urethritis due to sexual risks and symptoms of pain on urination. A urethral microscopy is done and the result demonstrates the presence of an inflammatory process. I'm mindful of letting them know about contacting their partners, otherwise reinfection is very likely and the negative consequence of chlamydia infection for women include Pelvic Inflammatory Disease and infertility. The centre has developed a great website with the option of sending anonymous SMS phone messages to sexual partners letting them know they have an STI, which makes contact tracing much easier.

One client is a male sex worker attending for a certificate for work and an STI screen. The sex work industry is regulated in Victoria and all legal brothel-based sex workers require a monthly certificate stating that they have been screened for STIs.


The last client requires follow up serology to exclude HIV infection after being prescribed Post Exposure Prophylaxis (PEP) for a high risk exposure to HIV in Thailand over three months ago.

Lunchtime fast approaches and there's a chance to prepare for a conference presentation on PEP to be given at the Australian Nurse Practitioner conference in Sydney next week. At the same conference I'm also presenting a poster on HIV results by telephone. The poster requires a final proof read prior to printing.

Another part of my role is the membership secretary for the Australian Sexual Health Nurse Association (ASHHNA) and there have been four membership enquiries this afternoon.

I send off information to nurses in Sydney about the benefits of joining ASHHNA and add them to an email list of sexual health nurses through out Australia.

Research is an important part of life at the centre. I have the privilege of working with Dr Catronia Bradshaw in co-supervising a medical student who is conducting research on Azithromycin resistance Mycoplasma genitalium (MG). The file audit involves reviewing the medical records of clients diagnosed with MG since 1997 in order to determine rates of Azithromycin resistance with the aim of developing an assay that will detect resistance in the MG prior to treatment.

It's now 5:17 pm and I'm running late for a nurse practitioner clinical discussion group at the Women's Hospital. The topic is polycystic ovarian syndrome and the catering is always fantastic. After this it will be time to head home to the dog who will be waiting with his lead in situ.  SP0904