

HIV/STD PREVENTION AND CARE BRANCH

STD ENHANCED ROLE GUIDANCE

BACKGROUND

Historically, registered nurses have been the designated primary providers of STD services in most North Carolina health departments. A statewide shortage of adequately trained nurses for provision of STD services prompted a series of focus groups to assess needs and develop strategies. A collaborative effort with DPH partners to assure accessibility, availability, and standardization of training established the first STD Enhanced Role course in North Carolina in 1994. Based on local feedback, the course has continually evolved to its current format. Efforts are continuing to offer the didactic component of this course online.

In the spring of 2006 North Carolina was designated as a training site for the CDC-STD Prevention Training Centers. The STD Enhanced Role course is recognized by CDC along with the STD Intensive courses for meeting the training needs of providers of STD services in North Carolina.

POLICY

Per Agreement Addenda, *“all local health departments will ensure the STD Enhanced Role training course is completed by all nurses who provide clinical assessment and management of clients with STD concerns and that up-to-date standing orders and protocols are signed and available to guide practice”*. The STD course is offered annually in a three day didactic and six month practicum format. The Adult Health Assessment course is a pre-requisite for this course. The HIV Counseling and Testing training must be completed prior to being certified. Nurses with STD clinical experience may challenge the course and the practicum.

In the interest of public health, STD services that meet standards of care must be available while health department nurses are awaiting entry into the STD Enhanced Role training. The North Carolina Board of Nursing has advised that potential STD Nurse Clinicians can provide STD services within practice parameters if they receive onsite training that includes a didactic component, as well as a “hands on” clinical component with a skills check-off list. This onsite training is not intended to be a long-term substitute for meeting the agreement addenda, but only as an interim solution to maintain service provision while registered nurses are waiting to attend the next available training. In order for onsite training to take place, it is essential that up-to-date standing orders and protocols are signed and available to guide practice.

Newly designated RN providers should be prepared as follows pending official training:

- Prior to on-site training, trainers will verify that up-to-date standing orders and protocols are signed and available.
- For the didactic training component, trainees will view the current STD Update video (updated yearly), available from the HIV/STD Prevention and Care Branch.
- All trainees will completely review the Sexually Transmitted Disease Assessment, Prevention, and Treatment Protocols manual distributed by the Branch.
- All trainees will complete hands on clinical training conducted by appropriately trained physician and/or midlevel providers.
- Trainers will evaluate the trainees developing skill by using the clinician skills check off list provided by the Branch (see *PART IV: Clinician Evaluation*, attached).
- Upon successful completion of the on site training, registered nurses can conduct STD evaluations according to standing orders, but the health department **can not apply for third party reimbursement** for these patients until the nurse completes the Adult Assessment and STD Nurse Clinician courses.

Training

RNs eligible for enrollment in the STD course may register online at http://www.sph.unc.edu/nciph/std_nurse_clinician_training_1051_1675.html. Registration questions may be addressed to Tavia Flanagan at tavflan@email.unc.edu or 919-966-9135.

The manager/supervisor for the STD Enhanced Role trainee must assure availability of time and resources for preceptorship within the agency for the period of the practicum. This is officially documented via sign-off on the “*Required Joint Planning Agreement – STD Nurse Clinician Training*” by the following parties: RN participant, preceptor, supervisor/manager, HIV/STD nurse consultant (see attachment).

The joint planning document will be forwarded by the course coordinator to the Director of Nursing and the participant along with other course information upon receipt of registration for the course. Once this document is signed within the agency, a copy should be forwarded to the course coordinator at UNC-SPH OCE and to the HIV/STD Nurse Consultant for the county. The original should be retained on file in the agency.

The HIV/STD Nurse Consultant for the county will follow-up for clarification of process and any questions to be addressed once a list of participants is received from UNC-SPH OCE. Where there are patient volume issues which may delay completion of the practicum, the nurse consultant will assist in partnering with other counties to support completion of the practicum.

Reciprocity

RNs who have received enhanced role training outside North Carolina may practice in this role in North Carolina local health departments after review and approval of the outside curriculum by OPHNPD and the HIV/STD nurse consultant for the county. This RN must meet NC STD ERRN re-rostering requirements

Re-rostering

Effective fiscal year 2007/2008, RNs designated as STD Enhanced Role providers will meet continuing education and practice requirements to function in this role. Per Agreement Addenda, “*local health departments will maintain a roster documenting at least 100 hours of clinical practice each year and 20 hours of continuing education every two years for STD Enhanced Role RNs. Documentation will include date of certification for the STD Enhanced role, number of hours for STD assessment and management, and number of continuing education contact hours*”. Continuing education contact hours must be from training topics relevant to assessment, management, and prevention of HIV and STDs per review and approval of the HIV/STD nurse consultant.

The HIV/STD QATD program will maintain a database of certification dates for STD Enhanced Role RNs and will assess compliance via agreement addenda reporting and/or review as part of onsite assessments. Those RNs currently certified as of July 2007 will need to have evidence of 200 hours of practice and 20 hours of continuing education by July 2009. Thereafter, annual requirements will be 100 hours of practice per year and 20 continuing education hours every two years.

It is the responsibility of the certified Enhanced Role RN and of the employing agency to assure that the individual meets re-rostering requirements in order to continue to bill Medicaid for the STD services provided by the RN. A form should be maintained, signed by the manager/supervisor, verifying accomplishment of practice and continuing education hours for each STD ER RN in the agency (see attachment). Sign-off verifying completion of requirements must occur by end of July for the previous fiscal year activities.

If practice hour requirements cannot be met, the agency must submit documentation of competency assurance activities and a plan for assuring the ongoing competency of the STD ERRN.

Billing

Per guidance from OPHNPD and Medicaid, Expanded Role RN services are billable in 15 minute increments using code T1002. Services provided by RNs who are **not Expanded Role certified cannot be billed to Medicaid but can be reported to HSIS** using the T1002 code. See attached memo from OPHNPD for guidance on STD billing for non-STD clients.

THE STD ENHANCED ROLE COURSE

Course Expectations

RNs will gain and enhance skills necessary for the provision of the continuum of STD services required to assess clients exposed to or symptomatic for sexually transmitted infections. The practicum assures skills which meet standards of care as outlined in standing orders for assessing clients with STD concerns, ordering and interpreting lab data, and treating/managing STDs.

Participants must:

- Complete a self-assessment utilizing *PART IV-Clinician Evaluation* prior to the course.
- Attend all sessions.
- Complete all reading assignments for the class.
- Pass a written final exam with 80% or better.
- Complete a course evaluation.
- Successfully complete the practicum using *PART IV – Clinician Evaluation* as a coaching tool.
- Complete the HIV Counseling, Testing, and Referral training.

STD Course Structure

Didactic – 3 days via teleconference at designated teleconference sites.

Practicum – six months with a preceptor in agency of choice with adequate patient volume to support the following requirements:

- Competency in assessing and managing at least 4 males with STD concerns
- Competency in assessing and managing at least 8 females with STD concerns
- Documentation on log form all exams performed competently in accordance with standing orders and *PART IV – Clinician Evaluation*.

Combined Physical Assessment of Adults (PAA)/STD Practicum – RNs may elect to take the PAA course and STD courses back-to-back and complete the PAA practicum in conjunction with the STD practicum.

Combined PAA/STD participants must meet the following requirements:

- Competency in assessing and managing at least 4 males with STD concerns
- Competency in assessing and managing at least 8 females with STD concerns
- Complete 10 adult physical exams including (3) male genital-rectal exams
- Complete 15 female genital-rectal exams including at least (1) nulliparous, (1) early pregnancy, (1) multiparous, (1) postpartum, (1) post menopausal.
- Documentation on PAA/STD log form all exams performed competently in accordance with standing orders and *PART IV – Clinician Evaluation*.

It is noted that competency in assessing and managing 12 STD patients as above may require more than 12 STD patient encounters in order to develop competency. If patient volume does not allow adequate opportunities to develop required competencies for managing male and female clients with STD issues, consult with the STD Nurse Consultant to develop strategies for assuring competence.

Preceptor Qualifications

- Acceptable preceptor credentials include family nurse practitioner certification, PA, MD, OB/GYN nurse practitioner with certification inclusive of male exam, STD Enhanced Role rostered PHN with at least 12 months experience in provision of HIV/STD services.
- STD training and familiarity with STD protocols and standing orders

Preceptor Responsibilities

- The preceptor will be present in the clinic with the trainee during the practicum period.
- The preceptor will assure current STD standing orders guide practice.
- *PART IV – Clinician Evaluation* should be utilized to assess trainee strengths and needs and guide coaching for competency.
- The preceptor will assure lab observation of stat lab procedures for STD specimens.
- The preceptor will assure appropriate documentation of STD visit.
- The preceptor will sign-off on STD client encounters conducted proficiently per standing orders and *PART IV – Clinician Evaluation*.

Final Sign-off

- Upon completion of the practicum with preceptor(s), the preceptor will sign off on a log sheet documenting proficiency on 4 male and 8 female STD encounters and will forward the log sheet to the course coordinator at UNC-SPH OCE. (see attachment)
- Arrangements will be made for an onsite visit by UNC-SPH OCE nurse practitioner to observe the trainee in provision of appropriate STD assessment and management for one female and one male client in accordance with HIV/STD standing orders.
- The final check-off tool (*Final Clinical Check-off for STD Assessment and Treatment Clinical Practicum*) (see attachment) will be used for scoring the following elements of the patient encounter:
 - Appropriate STD history
 - Appropriate STD exam
 - Appropriate labs and specimen collection
 - Appropriate plan for management
 - Consultation and referral as indicated
 - Client-centered Counseling
 - Documentation
- *PART III-Counseling, Testing, and Referral Skills* (see attachment) will be used to assess client-centered dialogue and planning skills for counseling patients regarding STD and HIV concerns.

Definitions

STD Patient - individuals presenting for the following reasons:

- Genital lesion(s) or other lesions suggestive of STD
- Genital discharge
- Partner with genital discharge, genital lesion(s) or other symptoms suggestive of STD
- Partner treatment for sexually transmitted disease
- Referral by Disease Intervention Specialist (local or state STD investigator)
- Positive test for sexually transmitted disease
- Individuals requesting testing or screening for STDs

STD services - secondary prevention activities (i.e. history, exam, testing, treatment, counseling, referral) needed to evaluate and manage individuals who have symptoms or history suggestive of STD or exposure to STD. STD services are designed to intervene in transmission of disease. In the public health setting this would include primary prevention such as STD screening in asymptomatic clients.

STD Exam - includes examination above as well as below the waist, i.e. oropharyngeal, lymph nodes, skin, genitalia (including bimanual for females), rectal as indicated. The temperature should be taken if there is history of fever or client is acutely ill.

Client-centered – counseling that is tailored to the behavior, circumstances, and special needs of the individual. This model de-emphasizes provider lecture and supports efficiency by promoting dialogue tailored to client's personal risks and development of a relevant action plan with the client.

Available Resources

- <http://www.epi.state.nc.us/epi/hiv/infocenter.html>
- Sexually Transmitted Diseases Assessment, Prevention, and Treatment Protocols manual, 2007
- North Carolina Pocket Reference Guide for Evaluation and Treatment of Clients with Sexually Transmitted Infections, 2007
- Memorandum: North Carolina 2006 STD Treatment Guidelines

Points-Of- Contact (attachment)

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Relevant Communicable Disease Rules and Regulations

- 10A NCAC 41A .0202
- 10A NCAC 41A .0204

