

## **FELLOWSHIP TRAINING PROGRAM**

### **THE GU CLINIC AT MATER DEI HOSPITAL**

The fellowship holder will be assigned to a teaching faculty supervisor on rotation.

The teaching will be in the form of case discussion and direct observation of the fellow in the form of bedside teaching.

The fellow holder will acquire competence/skills on the following:

1. Demonstrate patient interactions that are compassionate, appropriate, and effective for the treatment of STI-related health problems and the promotion of health.
2. Demonstrate proficiency in sexual health history taking and anogenital examination.
3. Demonstrate knowledge on clinical diagnoses, management and treatment of sexually transmitted diseases and genitourinary disorders including:
  - HIV infection and its complications
  - HPV-related lower genital tract malignancies, including diagnosis and management of cellular abnormalities of the uterine cervix
  - Common gynecological, proctal and andrological disorders
  - STIs in pregnancy and neonates
4. Demonstrate knowledge on the appropriate therapy for these conditions and when to refer to other healthcare providers.
5. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, public health treatment guidelines, and clinical judgment
6. Active participation to individualized patient management plans
7. Awareness on a multidisciplinary team approach in the diagnosis and management of STIs e.g. public health, infectious disease, gynaecologists, urologists.
8. Recognize stigmas associated with STIs so that a patient's unspoken concerns and fears can be addressed.
9. Develop awareness of the intersections of sexual health and sexual and gender-based violence particularly among key populations

### **INTERPERSONAL AND COMMUNICATION SKILLS**

1. To learn and develop their interpersonal and communication skills that will result in the effective exchange of information and collaboration with patients, their families, and health professionals. During this exchange the importance of good record keeping whilst maintaining confidentiality will be emphasized.

2. To understand adopting a multidisciplinary team approach whilst keeping the patient at the centre of holistic care
3. To learn the appropriate approach to a broad range of socioeconomic and cultural backgrounds.
4. To become proficient in effectively communicating with public health staff, physicians, and other health professionals and health related agencies.
5. To acquire knowledge on how to inform patients about a diagnosis and outline proposed treatment strategies.
6. To learn the best method of delivering a diagnosis/information about potential life-threatening infection to a patient in an empathetic and caring manner.
7. To gain an understanding of communicating effectively, with care and a non-judgemental approach when interacting with patients, especially regarding sexual behaviours.
8. To acquire some knowledge on how to educate patients about the need for partner notification and evaluation for STI exposures.
9. To assimilate on how to participate in the education of patients, families, public health staff and other health professionals.

#### **SYSTEMS BASED PRACTICE**

1. Demonstrate an awareness of and responsiveness to the larger context and system of public health, as well as the ability to call effectively on other resources in the system to provide optimal health care.
2. Advocate for quality patient care and optimal patient care systems.
3. Work in multidisciplinary teams to enhance patient safety and improve patient care quality.
4. Demonstrate an ability to utilize public health resources when providing advice and counselling.
5. Know how to report and manage communicable diseases.
6. Exhibit an understanding as to which infections require sexual abstinence or isolation to minimize risk of transmissibility.

#### **PROFESSIONALISM**

1. Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.
2. Learn how to inform patients about an STI diagnosis without being judgmental.
3. Demonstrate willingness to evaluate patients with illnesses such as syphilis that may pose some element of risk to the provider.
4. Demonstrate knowledge about appropriate infection control measures that need to be established when patients have suspected or proven infections that can be readily transmitted to others.

## **THE PROJECT REACH OUT**

The project REACH-OUT will undertake a number of actions aimed at improving outreach efforts directed at the migrant and refugee population - with a particular focus on at-risk nationalities based on country of origin - in order to ensure early testing and access to services and to guarantee that outreach and awareness raising efforts are consistent and standardized across Europe and based on tried-and-tested methodologies. The methodologies applied includes the active inclusion and engagement of all key social actors involved: end users (migrants, refugees and other disadvantaged individuals, including locals), institutions (health and local authorities), and the NGOs involved at field level. In addition, the project will foresee dedicated actions to raise awareness and promote prevention of HIV/AIDS and TB spreading the information to the larger possible audiences (general public, migrants, professionals, institutions and organizations working in this sector), in order to maximize the project impact. The project will adopt a holistic approach to providing services for migrants through the use of internet technology via the development of a targeted communication campaign through the main social media used by the migrant population.

The **Specific Objectives** intended to be reached through the work performed during the project's implementation are:

- Increase testing and access to care for migrants, refugees and local disadvantaged population groups, particularly third-country nationals (TCNs), MSM, transgender people and sex workers;
- Enhance awareness about prevention and healthy behaviors among the TCNs and local disadvantaged population groups;
- Promote capacity-building and national/transnational sharing of best practices;
- Promote multi-level and multi-stakeholder cooperation on issues related to sexual health and TB in the most vulnerable population groups;
- Conduct evidence-based research

## **MOBILE UNIT ACTIVITIES IN MALTA**

This activity involves a dedicated mobile unit deployed near reception centers, in areas densely populated by migrants, neighbourhoods frequented by sex workers and more generally, in deprived areas facing severe socio-economic challenges. The mobile unit relies on a multidisciplinary team composed by a doctor, two cultural mediators (ideally one female and one male) and a social worker, for the purpose of offering a general medical consultation to migrants. The mobile unit is active 5 days a week - 3 days (including 1 evening) devoted to medical examinations that take place in the mobile unit. The general medical consultation will serve to assess migrants' general health condition, as well as glean information about risky behaviours and offer STIs/HIV and BBV testing to migrants according to sexual history. Moreover, signs or symptoms about reactivation of LTBI, requiring referral and further investigation shall be assessed.

Cultural mediators will be instrumental to facilitating culturally- sensitive communication with migrants of different nationalities. They will have a key role in delivering the

information/education/communication message to migrants' communities, liaising with migrants NGOs leaders and as part of a multidisciplinary team in mobile units to be deployed in areas highly populated by migrants in each project's country, therefore strengthening and supporting community-based service organizations and the implementation of people-centre effective and integrated interventions. The multidisciplinary team in the mobile unit offer medical consultations, counselling and testing of STIs/HIV/BBV to migrants, particularly those at higher risk (MSM, transgender and sex workers) via pre-qualified and validated point-of-care testing (POCT). Migrants tested positive for STIs/HIV/BBV will be linked to care via referral to the local sexual health clinic.

#### **Duties of the fellowship holder**

1. Conduct outreach in the areas identified with the project team.
2. Offer dermato-venereological consultations during outreach clinics.
3. Support the mobile clinic team in offering POCTs to key populations based on sexual history, clinical presentation, and risk assessment.
4. Collect data using the designated database, with particular regard to skin conditions and STIs in migrants and other vulnerable populations.