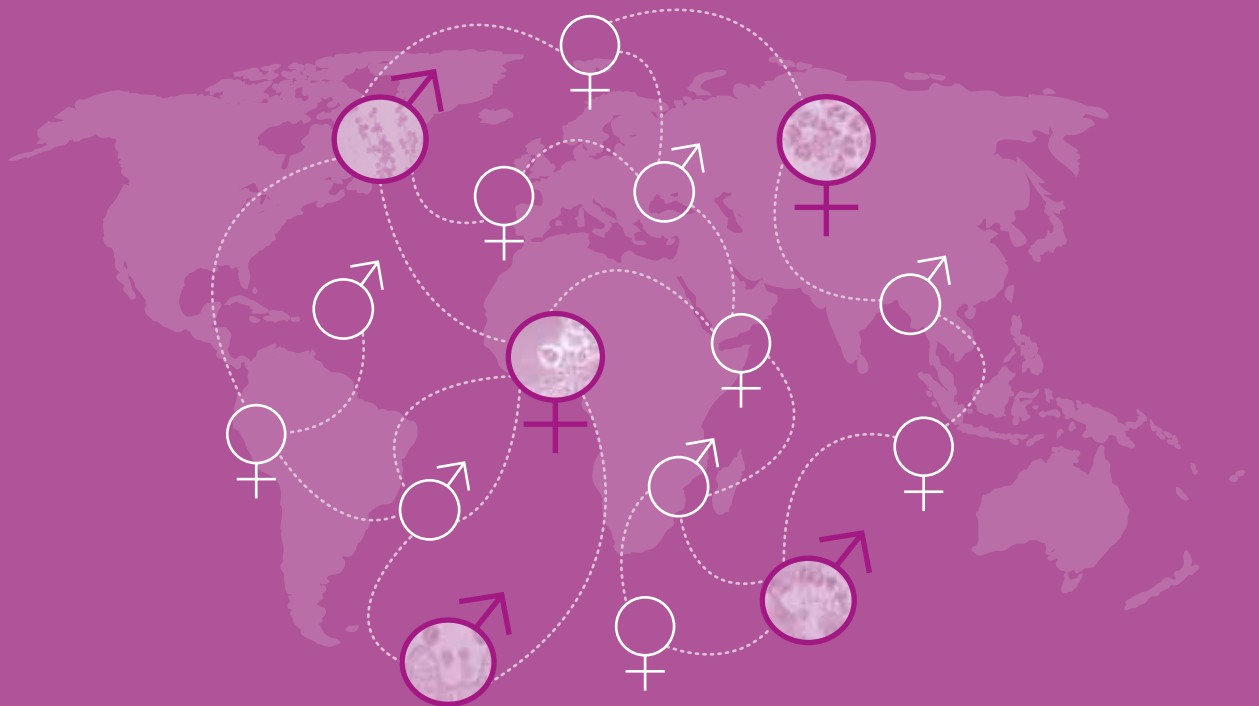


Training Modules for the Syndromic Management of Sexually Transmitted Infections 2nd Edition

Module 6 Partner Management

Breaking the chain of transmission

Breaking the chain of transmission



Module 6

Partner Management

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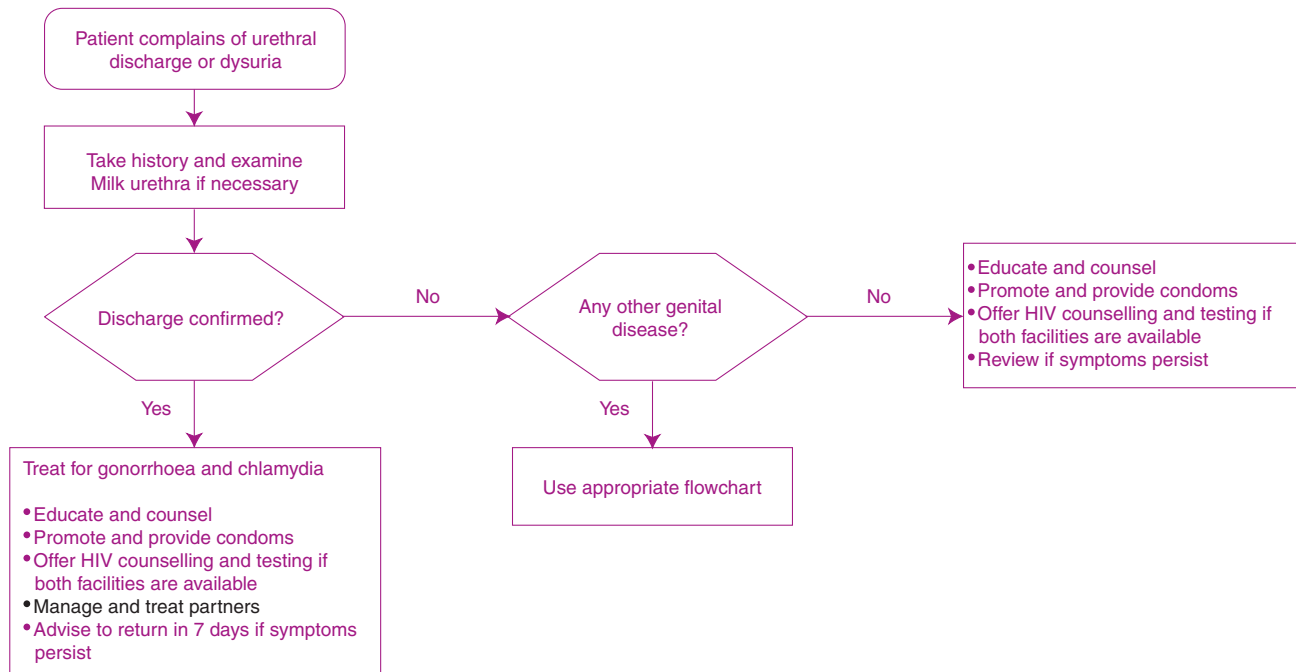
Module 6: Partner Management

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Introduction

If you have studied Module 5, you will know that managing and treating partners is the sixth and final step in educating and supporting patients with sexually transmitted infections (STIs). Indeed, as we shall show, it is one of the essential components of effective STI case management: one that should be available at any health facility offering STI diagnosis and treatment.

This module will help you to offer effective partner management for all your STI patients.



Your learning objectives

This module will enable you to:

- explain why partner management is such an important part of STI case management;
- describe its possible impact on the individuals concerned;
- distinguish two possible approaches to contacting partners;
- list the issues to discuss with the index patient;
- review the educational and motivational skills you will need when educating patients with STIs on the need to treat their sexual partners;
- treat your patient's sexual partners for STIs.

We have already covered basic interpersonal skills in previous modules. If you have not already done so, please study these sections first:

- ***Sections 1 and 2 of Module 3, on verbal communication skills***
- ***Section 2 of Module 5, on education and motivational skills.***

If you studied Modules 3 and 5 some time ago, you might also benefit from a quick review of those sections.

1: Principles and problems

In previous modules, we concentrated on the earlier stages of the interview. These included taking the patient's history and examining him or her, making a syndromic diagnosis, and educating and counselling the patient on a number of important issues, from complying with treatment to changing his/her sexual behaviour.

In this module, we cover the final issue to explore with the patient: the need to treat his/her sexual partners. We will also consider which partners to treat and how to treat them.

This section will enable you to:

- explain why "partner management" is such an important part of STI case management;
- describe its possible impact on the patient and his or her partners;
- apply two key principles to every aspect of partner management;
- compare the costs and benefits of two approaches to contacting partners.



Question

1. Why do you think partner management is so important in STI case management? Make a quick note below, and then turn to our answer on page 27.

Who to treat?

These are the main features of partner management:

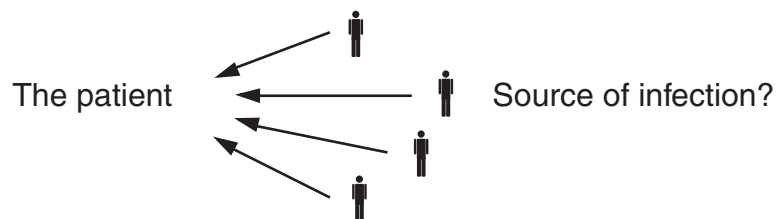
- **treatment of *all* the patient's sexual partners for the same STI as the patient, and treatment of any new STI identified.**

As our management is syndromic, the treatment must be given presumptively and the partner treated even if there are no symptoms or signs of STIs. Some clinical research departments study the transmission of STIs in order to identify the source of infection. Should we do this? Is it important to do so? Let's consider the issue a moment, with some examples.

A patient we diagnose as having an STI has been infected during unprotected sexual intercourse with an infected partner:

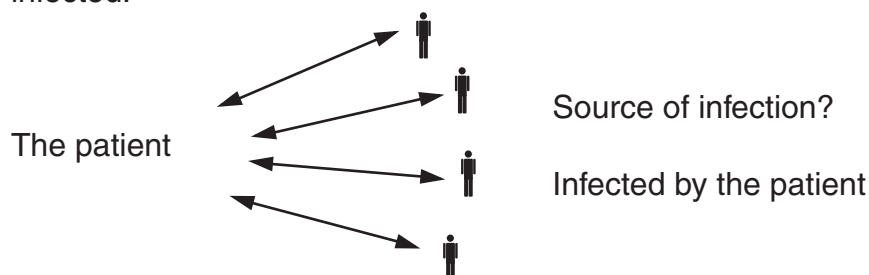


But if the patient has had more than one sexual partner, any of these partners could have been the source of the infection:



Equally, from the time that the patient was infected with an STI, he/she has also been infectious: able to transmit the STI to other sexual partners. It is often difficult to identify *when* the patient was infected; for practical purposes, we can assume the period of infectiousness to be two months.

So we must also assume that for two months before the patient came for treatment, all of the sexual partners during that period could have been infected:





Question

2. It is easy to identify the source of a patient's infection in only two cases. Can you work out what they are?

Please check your answer on page 27.

Identifying the source has no particular value because our aim is to treat *all* partners – or all those partners we can reach – and their partners in turn.

So far, we have identified the three main features of partner management, and we have stressed the importance of trying to treat, educate and counsel all the sexual partners with whom the patient has had unprotected sexual intercourse. Before considering how to manage the treatment of partners, we would like you to consider the possible impact on the individuals concerned.

The impact on individuals

When taking patients' history and educating and counselling them, you know the importance of showing respect, responding to emotions and helping patients to overcome barriers and change behaviour. Awareness of having an STI can affect a patient's relationships, lifestyle – even his/her income, as we have discussed in earlier modules.

In this final stage of the interview, we must explain to the patient that his or her partners also need to be treated. For many patients this is uncomfortable news. Indeed, it might cause far-reaching damage to the individuals concerned. Why? Please consider the question on the next page.



Question

3. When might news of STI have a serious effect on the relationship between patient and partner?

Please turn to page 27 for our comments on this question.

So it is clear that any approach to partner management must take account of the possible impact on the lives of each individual.



Question

4. What two principles should guide service providers in order to protect their patients with STIs?

The answer is on page 27.

Summary

To be successful in limiting the transmission of STIs, any approach to partner management must have these three features:

- a) treatment of *all* a patient's sexual partners;
- b) treatment for the same STI as the patient;
- c) treatment of any new STI identified.

Presumptive treatment must be given for the same STI as for the index patient, whether or not the partner has symptoms or signs of the infection.

It may not be necessary in referral centres where reliable quality laboratory diagnosis is available to exclude the infection.

Partner management must also comply with the principles of confidentiality and non-compulsion: patients should never be forced to divulge information about partners, and their identity must not be disclosed to anyone outside the health team.

Finally in this section, we introduce two approaches to partner management and explore how well each approach meets these criteria.

Two approaches to partner management

If the purpose of partner management is to treat as many of the patient's sexual partners as possible, there are two approaches to contacting sexual partners:

- by the patient: this is known as *patient referral*;
- by a service provider: this is known as *provider referral*.

Patient referral

In this option, the patient takes responsibility for contacting partners and asking them to come for treatment. For reasons we have explained already, many patients might feel unwilling or unable to discuss the STI with partners, so the service provider's aim is to help the patient decide what to do. In fact, a patient might approach partners in several ways:

- by directly explaining about the STI and the need for treatment;
- by accompanying a partner to the health centre or asking the partner to attend *without specifying why*;
- by giving each partner a card asking him or her to attend the centre.

We will explore the practical issues arising from these approaches in Section 2.

Provider referral

This is where a member of the health team contacts the partners of a patient with an STI. The service provider might be the person who treated the initial patient or someone whose role includes searching for and treating partners. The service provider asks the partner to attend the clinic for treatment.

Which is the better approach?

On the surface, both approaches to partner management suggest advantages. You might like to spend a few minutes working out what they are, so please try the next question.



Question

5. Bearing in mind the two principles of non-compulsion and confidentiality, note below any possible advantages or disadvantages of each approach that occur to you.

Patient referral

Advantages

Disadvantages

Provider referral

Advantages

Disadvantages

Please compare your analysis with ours on pages 27–28.

Because of the expense of provider referral and the perceived threat to patient confidentiality, the more practical and workable option is patient referral. This is also the approach recommended by the World Health Organization (WHO).

Summary

This first section has set the context and defined two essential principles for partner management. You now know:

- the three main features of partner management;
- why it is such an important part of STI case management;
- its two principles of confidentiality and non-compulsion;
- the two approaches to partner management: provider referral and patient referral, the better of these being patient referral.

In the next section we will develop your understanding of patient referral, exploring the issues to discuss with patients and how to apply your interpersonal skills.

2: Patient referral

The success of patient referral depends on your skills as a service provider: what you say to the patient, how you say it and, equally important, how you listen to the patient and respond to what he or she says. This section will enable you to apply the skills you learned in earlier modules to this last and essential objective of treating the patient's partners.

This section will enable you to:

- define four important areas to explore with the patient;
- review the communication and education skills you need to motivate and support the patient;
- explore the value of referral cards at your health centre.

Educating and counselling the patient: the issues

You may remember from Module 5 that partner management is the sixth issue on which we need to educate and counsel the patient. The service provider needs to:

- explain why it is important for all the patient's partners to be treated;
- remind the patient how to avoid reinfection;
- help the patient decide how to communicate with partners;
- if possible, obtain the names of the patient's partner(s).

To clarify these points, please answer these questions.



Questions

6. A patient says he would prefer not to talk to anyone else about his STI. He asks "*Why do you need to treat my wife and girlfriends?*" What would you say to him?

7. Quick revision: what must a patient do in order to avoid being reinfected with the same STI?

8. We have already said that patients should not be *forced* to divulge the identity of their partners. When might it be useful to obtain details about their partners?

Please turn to our comments on pages 28–29.

Educating and counselling the patient: your skills

The skills you need to educate, counsel and support the patient about provider referral are exactly the same as for history-taking and for educating and counselling the patient on the earlier issues (discussed in Modules 3 and 5).

Remember that, for the patient, anticipating the need to talk to partners about STIs may provoke feelings as uncomfortable as those the patient first had when told that he or she had a disease that was sexually transmitted.

Let us consider two of the case-studies from Module 5, and explore how the interview might conclude with them. Read through the first interview and our comments on it, and then try the exercise that follows.

Partner Management

Provider	<i>"John, I said earlier that we'd need to treat your girlfriends as well ... How do you feel about talking to them about treatment?"</i>	The service provider starts with an open question in order to find out how John feels and to identify any objections to patient referral.
John	<i>"Talk to them about it ..."</i>	
Provider	<i>"You would find it difficult to talk to them?"</i>	Here the service provider is using empathy to encourage John to express his feelings.
John	<i>"Well ... yes ... it's one thing to discuss being safe, but it's something else to ... well to admit to this discharge."</i>	
Provider	<i>"What makes that difficult?"</i>	Open question to probe John's objections further.
John	<i>"They'd say I've been with someone dirty."</i>	
Provider	<i>"I can appreciate that that could be difficult for you. But you understood so well how you really got the discharge ... I'm sure you could explain that to your girlfriends."</i>	The service provider is reassuring the patient and reinforcing strengths to help John feel more positive about what he has to do.
John	<i>"What? Explain that anyone can get a sex disease if they sleep with someone without a condom? That it's not about being dirty or anything?"</i>	
Provider	<i>"You're right, it's not. It's just about having unprotected sex with more than one person."</i>	The service provider affirms John's words and offers further explanation to clarify what he has said.
John	<i>"But they haven't got a discharge or anything."</i>	
Provider	<i>"Women often don't have any symptoms John, but STIs can be much more serious for women than for men. I need your help to make sure they do have treatment."</i>	Explanation is followed by modelling the behaviour that the service provider wants John to adopt.
John	<i>"Yes. So I have to say that ..."</i>	

This extract of the interview with John does not illustrate all the skills that the service provider can draw on to use with patients. Try identifying the provider's skills in the next extract from the interview with Amina.



Question

9. Underline anything the service provider says that you think illustrates an interpersonal skill, and note what skill you think it is.

Amina was so shocked by the news of her husband's possible infidelity that she needed time to think about it. Several days later, she tells the service provider that she has not had sex and that she is taking the course of tablets correctly but has not yet said anything to her husband. In answer to a question from Amina, her sister-in-law reported hearing that her husband was seen once or twice leaving the bar with a commercial sex worker.

Amina *"I can't say anything to him. He'll blame me, I know he will ... I have to think about my family ... he'll blame me even if the disease isn't my fault."*

Provider *"You're very scared about telling him what you think he's done."*

Amina *"Well ... yes I am."*

Provider *"I can see you're still very upset about all this, and I sympathize with your position. You've been very wise to come back again to see me and you really want to resolve this and have your husband treated."*

Amina *"But I can't SAY that to him ..."*

Provider *"Well, you could do one of two things. You could ask him to come to the clinic because he might have your infection, or you could ask someone else to talk to him for you. Which would you prefer?"*

Amina *"I could just say that he should come here for a check?"*

Provider	<i>“Yes, that’s all. I would do the rest. If I gave you this card, could you ask him to bring it with him?”</i>
Amina	<i>“And you would treat him and tell him why he needs it?”</i>
Provider	<i>“I would indeed. What are you going to say to him?”</i>
Amina	<i>“Um. That he might have the same sickness as me, and if he takes that card to the clinic ...”</i>

Notice that in each example, the service provider chose a different solution. In the first, John was encouraged to speak to his partners himself: he was willing to do so once the service provider had helped him resolve the obstacle of embarrassment. Many patients will be willing to do this if you educate and support them properly, so patient referral will often be effective.

However, like Amina, some patients will feel unable to discuss the STI or safe sex with their partners. In a situation such as this, the referral card is a useful alternative. Amina can leave it to the service provider to explain the infection.

We hope that, so far in this section, we have been able to show you how the skills you have already learned for history-taking and education are the same ones you need when discussing patient referral of partners.

In the second case-study, the service provider offered Amina a card to give to her husband: we will explore the value of such cards next.


Patient referral cards

A young man tells you that a girlfriend asked him to come to the clinic for treatment for an STI. He does not know the name of the syndrome and has no symptoms or signs of any infection. The name he gives for his friend is not in your centre’s records, so you have no way to identify what syndrome to treat him for.

Given the high proportion of partners who have no STI symptoms, the above scenario is an example of failed partner management. We cannot treat a patient’s partner unless we know who the patient was or can identify the partner’s syndrome.

Patient referral cards can help to resolve this problem and many health centres use them for this purpose. Two examples are illustrated below.

Card A

Card No. _____	Card No. _____ Date of Issue: _____
Date of Issue: _____	Issuing Clinic: <i>Townville, New Town</i>
Diagnostic Code: _____	Name: _____
Partner's name and details: _____ _____	Please come to Townville Clinic, bringing this card with you.
Clinic: <i>Townville, New Town</i>	
	Diagnostic code: _____

Card A above is in two parts. Once the details are recorded, the card is cut in two and the right side given to the patient to pass on to the partner. The left side is retained for centre records.

Cards like this can be linked to the record systems of several centres. They also offer one way to record the numbers of partners who attend for treatment – as well as the numbers who fail to attend. This would be useful if provider referral is used to contact the partners.

Card B

Townville Clinic, New Town	
Tel: 456 834	
Opening hours	
Monday	9.00 am – 3.00 pm
Tuesday	9.00 am – 3.00 pm
Wednesday	9.00 am – 3.00 pm
Friday	9.00 am – 1.30 pm
9/3/06	Referral ABC

Card B is simpler, yet it still contains the essential information to treat a partner. The service provider has merely written a date and a code – A, B or C – for the original patient's syndrome. Such a card offers several advantages: it can be made to look like any other card used in the centre, the code does not reveal the meaning or diagnosis unless one has the decoding classification and, finally, there are no details at all on the card about either the patient or the partner. Disadvantages? None, except that it cannot form a useful part of any administrative records system.

To summarize then, a referral card could be extremely useful to help you identify the necessary treatment for any partner referred by a patient with STIs. The card can contain any extra information that is required, but should never threaten anyone's confidentiality or risk them being stigmatized.

If your centre uses patient referral cards, we strongly advise that you make a habit of giving one or more to every patient with an STI syndrome. It is much easier to do this than it is to remember to ask if a new patient has been referred to you by someone else.



Activity 1

With colleagues or your trainer, please discuss any benefits or disadvantages of using referral cards.

Ask if your health centre uses referral cards or plans to do so at some point in the future. If so, how should you use them? What information do they require from the patient? Make sure that you are familiar with any codes used for the seven STI syndromes.

If referral cards are not used, is there suitable existing literature that could be used instead? What else could you do to increase the frequency of patient referral?

If patient referral fails ...

Provider referral needs special outreach staff who have been specially trained in contacting partners. It is not a viable option for most health centres.

However, it might be possible to offer provider referral as a follow-up to patient referral in these two circumstances:

- a) when a patient refuses, *for whatever reason*, to refer partners;
- b) when a patient has agreed to refer partners, but they have not come for treatment.

If the patient refuses to refer partners

If, despite your best endeavours, a patient refuses to refer a partner for treatment, provider referral may be the centre's only option.

Are there still other options open to the service provider? Consider the example below.

One option might be to offer the patient a duplicate course of treatment for a partner. Many service providers would consider this highly inadvisable, arguing that these extra drugs would be sold on the illegal market or otherwise abused, or that more and more patients would demand treatment without prior diagnosis. On the other hand, some professionals argue that, given the urgency of treating partners, this option can be an effective "last resort" if practised with caution. They argue that offering a duplicate course of treatment should only be considered when the patient has severe barriers to referring a partner, and when the service provider knows and trusts the patient.



Activity 2

You might like to discuss this idea in more detail with colleagues. Do you consider it viable and, if so, under what conditions?

If a partner fails to come for treatment

In order for your centre to follow up partners who do not come for treatment, an efficient recording system is essential. After a specific time – for example, two weeks after the patient was treated – it should be possible to identify any partners who have not come for treatment, so that arrangements can be made to contact them.

It may be useful to share data between clinics. For example, if a female patient's STI is diagnosed at an antenatal clinic, her partner may need to attend a different clinic for treatment. To overcome such an obstacle, outreach service providers should liaise with all nearby centres offering syndromic diagnosis of STIs.

Clearly, there are also implications for the initial interview with the patient. For example, it would become important to obtain each partner's contact details, while reassuring the patient that his or her STI would remain confidential.



Activity 3

Find out whether your health centre has access to any trained outreach staff who could offer provider referral. If necessary, familiarize yourself with the details and procedures to set provider referral in motion.

Summary

This section has explored patient referral in some detail. By now, you should be able to:

- list three issues on which you need to educate and counsel the patient;
- identify when it is useful to obtain the names and details about the patient's partners;
- use your education, counselling and support skills to communicate effectively;
- if relevant:
 - use referral cards effectively;
 - consider partner referral if necessary.

The action plan at the end of the module offers an opportunity to practise this final part of the patient interview. If you would like to practise the skills before moving on to Section 3, please turn to page 22.

3: Treating partners

This short section is about treating the sexual partners of a patient with STIs. In it, we answer three questions:

- How does STI management differ when treating the partner?
- Is it necessary to examine the partner?
- What STI should we treat the partner for?



Question

10. A young woman tells you that her boyfriend suggested she get a check-up at the health centre. She hands you a card on which you notice that the code for genital ulcer has been written.
- a) For what should you treat the young woman?

 - b) Should you also examine her? Why or why not?

Please turn to our comments on page 31.

As the answer to question 10 confirms, the aim of partner management is to treat any partner for the same STI as the original patient. Although examining the partner is not essential, we recommend it whenever possible to check for signs of other STIs.

We deal with the partners of patients in exactly the same way as with the original or "index" patient: taking their history, treating and educating them and managing *their* partners, in turn.

On the next page is a chart confirming that the partner is treated for the same STI as the patient.

Syndrome of index patient	Treatment of partner
Urethral discharge	Treat partner for gonorrhoea and chlamydia
Genital ulcer	Treat partner for syphilis and chancroid
Vaginal discharge: Patient treated for vaginitis and cervicitis Patient treated for vaginitis only	Treat partner for gonorrhoea and chlamydia Not necessary for the partner to be treated unless the discharge is recurrent
Pelvic inflammatory disease	Treat partner for gonorrhoea and chlamydia
Scrotal swelling	Treat partner for gonorrhoea and chlamydia
Inguinal bubo	Treat partner for lymphogranuloma venereum
Neonatal conjunctivitis	Treat both parents for gonorrhoea and chlamydia

Notice that if a female patient with vaginal discharge is diagnosed syndromically as having vaginitis but not cervicitis, her partner need not be treated unless the vaginitis is recurrent. In this case treatment is either for candidiasis or trichomonas vaginalis. There is currently no evidence that treating partners for bacterial vaginosis makes any difference.

Summary

In this section you have learnt that:

- the sexual partner should be treated for exactly the same STI as the patient, with the exception of vaginal discharge alone;
- we recommend examination of the partner, if possible, to check for signs of other STIs;
- history-taking, education and partner management are otherwise the same, whether treating original patient or partner.

Remember to maintain the original patient's confidentiality whenever talking to partners.

Review

Now that you have completed Module 6, you should be able to:

- explain why partner management is important;
- define its possible impact on the individuals concerned;
- compare the relative benefits of patient referral and provider referral;
- define four issues to discuss with the original (or index) patient;
- review the educational and motivational skills you will need when educating patients with STIs on the need to treat their sexual partners;
- treat your patient's partners, maintaining each person's confidentiality.

All that remains is the essential task of practising what you have learnt.

Action plan

In Module 5 you practised how to educate, counsel and support your STI patients. This action plan will enable you to refine your skills in the final part of the interview: arranging partner management.

If you are working with a group of people as part of a course, your trainer will guide the role-play and explain what you have to do.

If you are studying on your own, you can choose either of these methods:

- a) Work on this role-play with the same people as before, completing the role-play interviews you began with Module 5. Each of you should play the same "patient" as before, and begin the interview where you left off (this should be after demonstrating the use of condoms and gaining the patient's commitment to safe sexual behaviour).
- b) Work on the role-play with different colleagues than before. In this instance, you might prefer to work on a more complete interview, starting from either taking the patient's history or from the complete education, counselling and patient support after diagnosis.

On the next few pages are two sets of case-studies: the ones used in the action plans in Module 5 (on the next page) and a fresh set of four cases (on page 24).

The patient's role

Please refresh your memory of what happened last time in your interview or select a fresh set from the ones on page 24. As before, your aim is to respond as realistically and honestly as you can to whatever the service provider says and does. Do not try and make it either easy or difficult for him or her.

After the role-play, you should be the first to give feedback to the service provider. Start by telling him or her how you *feel* now, at the end of the interview, and review key points during the exercise when the service provider's comments either helped or hindered you in any way.

As the service provider and observer review the exercise, feel free to add any useful insights you have into the service provider's behaviour. At this point, make sure that your suggestions are positive ones that will help the service provider to usefully develop his/her skills.

The case studies from Module 5

Case study 1: Nina

Nina is a 19-year-old commercial sex worker who lives in a slum area of town. She has one small child who is often sick. Nina has no partner. She is also using her earnings to help support her family who live in a remote village. Her family disapprove of her job but eagerly accept the money that she sends home. She is afraid of AIDS but finds that many of her clients refuse to use condoms; she also has a limited knowledge about STIs. The service provider has diagnosed a genital ulcer; Nina is afraid it might be an STI.

Case study 2: John

John is a 24-year-old single man with a good job and his own home. He does not want to settle down for a long time, describing himself as 'a good time guy'. He has three sexual partners and sometimes has casual sex too. However, he says he chooses women who are 'clean' or 'married', so he can't understand why he now has a urethral discharge. During the interview he admits that he often gets drunk or injects drugs with one of his partners before sex. The service provider has confirmed the urethral discharge.

Case study 3: Amina

Amina is 35, married with three teenage children. She relies on her husband's income from factory work to support the family. During the interview, she said that she has sex only with her husband. She has already explained that her husband often works late at the factory, and that he goes for a drink with friends occasionally: she can sometimes smell the alcohol on his breath. However she feels quite secure in his faithfulness to her. She came to the centre with no idea of the cause of her abdominal pain – the service provider has diagnosed pelvic inflammatory disease.

Case study 4: Ahmed

Ahmed is 35, married with four children and living in a rural area. He attended an urban clinic with a swelling in his groin. The service provider diagnosed it as an inguinal bubo. In answering the service provider's questions, he admitted reluctantly that he has sex with a number of partners, many of them casual. He regularly travels to the city, working away from home for three months at a time. He says that his wife is six months pregnant: he has not been home for two months though he regularly sends money home. He is currently living with a casual partner in the city.

Fresh case studies

Case study 5: Njugana

Njugana is a 22-year-old single male who lives in the poor area of a large city. He finished secondary school but has been unable to find a steady job in the past three years. He works at whatever casual jobs he can find, trying to save money to start a small business. Most of his friends are in the same situation. They spend their evenings together at one of the local bars. He usually has a few beers and sometimes goes home with one of the young women at the bar. He has had several STIs but because they were readily treated at the health clinic, he isn't worried about this urethral discharge.

Case study 6: Pamela

Pamela is a 38-year-old married woman with four children. She and her family live in a middle-class area of the city. Both she and her husband work to put their children through school. Two months ago, Pamela started a sexual relationship with a young male colleague at work. When she noticed her genital ulcer, she felt sure it was punishment for her infidelity and stopped the relationship. She has come to the health centre feeling very guilty and anxious.

Case study 7: Wangui

Wangui is a 15-year-old girl, working for her uncle as a housekeeper. Soon after she moved into his house, Wangui was raped by her uncle and since then he has been demanding sex on a regular basis. She tried to run away back to her family but he caught her and beat her. Her uncle brought her in because she was complaining of lower abdominal pain.

Case study 8: Stephen

At the age of 26, Stephen has finally decided to settle down. He is engaged to a 24-year-old teacher, and very much in love. She has asked him to visit the clinic because she thinks he might have an infection. He has handed in a referral card; the code on it indicates that his fiancée has a vaginal discharge, caused by both vaginitis and cervicitis.

The service provider's role

As with Module 5, your aim is to obtain feedback on your present skills and areas that you might usefully rehearse or refine.

During the role-play, use the same skills as before to persuade and support the patient to refer his or her partner(s) for treatment.

You might like to refer to the observer's role, so that you can be sure what the observer is looking for.

After the role-play, allow the patient to give you feedback on how he/she felt during the interview. Next, give your own views and feelings about how the education process went. Finally, the observer will provide feedback based on the checklists he or she is using. Feel free to ask either the patient or observer to clarify what they have said: you want to finish the role-play with helpful objectives and, hopefully, confirmation of your perceived strengths.

The observer's role

Your aim is to observe this final part of the interview very carefully so that you can give the "service provider" clear, objective feedback on what he/she has achieved.

Read through the checklist on the next page to familiarize yourself with the skills and issues that the service provider should use.

Time the interview, stopping it after four minutes if it is just about partner management, but allowing fifteen minutes for a complete interview.

As you observe, make quick notes on the skills you see the service provider use, and how effectively you think he/she uses them.

Ask the patient and then the service provider to review the interview first. Start your feedback by responding briefly to the service provider's self-criticism, and then give your feedback, skill by skill or however else you think appropriate. Be willing to give negative criticism if necessary, but offer it in a constructive way, as you did before. Always stress the service provider's positive achievements and be as practical as you can.

Finally, lead a discussion about what the three of you have learned from the role-play. There might be a number of valid issues that this module has not included.

Observation checklist

To what extent does the service provider:

a) Deal with partner management issues?	
<ol style="list-style-type: none"> 1. The need for partners to be treated 2. How the patient will communicate with partner(s) 3. What the patient could tell his/her partner(s) about STIs 4. Use of referral card if appropriate 	
b) Use appropriate education and motivation skills?	
<ol style="list-style-type: none"> 1. Explanation and instruction 2. Modelling 3. Reinforcing strengths 4. Exploring choices 5. Rehearsing decisions 6. Confirming decisions 	
c) Apply communication skills?	
<ol style="list-style-type: none"> 1. Facilitation 2. Summarizing and checking 3. Reassurance 4. Direction 5. Empathy 6. Partnership 	

Answers

1. Partner management is so important because its purpose is to break the cycle of STI transmission, by treating, educating and counselling both the patient and his or her sexual partners. Notice that partners are treated *for the same STI as the patient*. Also, partners are treated *whether or not* they have signs of infection – ensuring that even those people who are asymptomatic are treated.
2. In fact, only in these two cases is it possible to identify the source of an STI:
 - when the patient has had unprotected sexual intercourse with only one other person in the last two months – that person is the source of the infection;
 - when the patient is a baby with neonatal conjunctivitis – the mother is the source of the infection.
3. News of STIs can be especially damaging when a patient or partner hears of their partner's infidelity for the first time. Equally, someone with mistaken ideas about the cause of STIs may respond in ways that are inappropriate or extreme. Patients are sometimes blamed for being the *source* of infection when, as we have seen, it is rarely possible to identify the source of infection.

Such events might lead to marital breakdown, divorce, loss of home or livelihood, or even ostracism from the social group. You might like to discuss this matter in more detail with your colleagues or trainer.
4. The two principles we were thinking of are that partner management must be *confidential* and *voluntary*. The privacy of both patient and partner must be maintained and no-one should be forced to say or do anything they do not want to. These two principles are crucial to any approach to partner management.
5. Your answers to this question may be different from ours, especially if your health centre already uses one or both approaches. If so, please use our notes on the next page as a basis for discussion.

	Patient referral	Provider referral
Advantages	<p>The patient has control over decisions – so both confidential and voluntary.</p> <p>No cost to the health centre.</p>	<p>If successful, able to contact and treat more partners – more efficient.</p>
Disadvantages	<p>Depends on willingness of patient to refer partners.</p> <p>Patient may require support from service provider.</p>	<p>Depends on willingness of patient to divulge names.</p> <p>Cost, time and practical problems of tracing partners.</p> <p>Need for extra, highly trained outreach staff.</p> <p>May be viewed by patients as a threat to confidentiality.</p>

Perhaps you agree that the most difficult part of this question was to find positive advantages for provider referral. At a price, provider referral can contact and treat more partners – but at the possible expense of confidentiality. Why? Finding partners can be difficult – even when their names are known. Also, service providers trying to find someone may quickly become known in any tight-knit community. Then there is the matter of paperwork: great care must be taken to ensure that such paperwork protects the patient’s identity. For all these reasons, we hope you agree that patient referral is the better approach for partner management.

6. In fact you might give any of these reasons why partners must be treated:
 - first, anyone with whom the patient has had unprotected sex in the last two months *may have been infected by the same STI*;
 - a partner may be infected even though he/she has no symptoms;
 - until partners are treated, they risk infecting anyone with whom they have unprotected sex (this includes the risk of reinfecting the patient);
 - women also risk very serious complications if an STI is not treated.

7. This should not have been too difficult. To avoid reinfection, patients should:
 - avoid having sex until they and their sexual partners have completed a course of treatment for the STI;
 - afterwards, use a condom or practise non-penetrative sex or have sex with only one faithful partner.

8. Knowing the identity of a patient's partner is helpful for the following reasons:
 - it is essential only if you need to use provider referral because the patient refuses to make contact with them. But remember that, even in this situation, the patient should not be forced to divulge names – indeed, the patient may not *know* the name or whereabouts of a casual partner;
 - it may be useful for any internal records you may keep at the centre. For example, if a patient has asked partners to "drop by" the health centre without specifying why, records might be the only way to identify what syndrome to treat the partner for – especially if the partner is asymptomatic.

9. We hope that you found this revision helpful. Our notes on the next page explain the skills we think that the service provider is using. Please discuss your analysis with colleagues or your trainer if there is anything you are not sure about.

Amina	<i>"I can't say anything to him. He'll blame me I know he will ... I have to think about my family ... he'll blame me even if this disease isn't my fault ..."</i>	
Provider	<i>"You're very scared about telling him what you think he's done."</i>	Here the service provider checks that she understands Amina's feelings.
Amina	<i>"Well ... yes I am."</i>	
Provider	<i>"I can see you're still very upset about all this, and I sympathise with your position. You've been very wise to come back again to see me and you really want to resolve this and have your husband treated."</i>	The service provider offers empathy. Reinforcing strength: by praising Amina for her wisdom and understanding of STI, the service provider helps her to feel more positive about dealing with it.
Amina	<i>"But I can't SAY that to him ..."</i>	
Provider	<i>"Well, there are two things you could do. You could simply ask him to come to the clinic because he might have your infection, or you could ask someone else to talk to him for you. Which would you prefer?"</i>	The service provider explores choices to help Amina select the most appropriate solution.
Amina	<i>"I could just say that he should come here for a check?"</i>	
Provider	<i>"Yes, that's all. I would do the rest. If I gave you this card, could you ask him to bring it with him?"</i>	The service provider offers partnership in order to resolve the problem.
Amina	<i>"And you would treat him and tell him why he needs it?"</i>	
Provider	<i>"I would indeed. What are you going to say to him?"</i>	The service provider helps Amina to rehearse what she will say. In this way, Amina anticipates the real moment when she will speak to her partner.
Amina	<i>"Um. That he might have the same sickness as me, and if he takes that card to the clinic ..."</i>	

- 10a. As with any sexual partner, the young woman should be treated for the same STI as her boyfriend, the index or original patient. In this case, he had a genital ulcer, so she must also be treated for the genital ulcer syndrome.
- 10b. Should this young woman be examined? Yes, it is always important to take the opportunity to examine someone who has made the effort to come to a health centre. It is important to evaluate other STIs and any other pathology the person may have. If no disease is detected the partner must still be treated for the same STI as the index patient. This may not be necessary in a centre with adequate, high quality, laboratory facilities that can exclude the infection.

Glossary

Index patient	A term used to indicate the first case of a disease or infection
Patient referral	A method of contacting sexual partners that relies on the index patient informing the partners
Patient referral card	A card that is issued to an index patient to give to sexual partner(s) in order to facilitate diagnosis and treatment of the latter when they present to a health-care provider
Provider referral	Method of contacting sexual partners carried out by specially trained service providers