



In partnership with the
Victorian Stroke Network

Sample Guidelines for services to provide stroke survivors and their partners with information on sexuality after stroke

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PLEASE NOTE THIS DOCUMENT HAS BEEN DEVELOPED AS A DRAFT FOR PARTICIPANTS OF THE SOX HOW² AND IS NOT INTENDED TO BE USED AS A STAND ALONE DOCUMENT. THIS DOCUMENT IS DRAFTED TO ENABLE SOX PARTICIPANTS TO MAKE MODIFICATIONS AND DEVELOP THEIR OWN GUIDE

Context

The National Stroke Foundation's clinical guidelines include a guideline on sexuality (see 8.5). The Guideline states that stroke survivors and their partners will be offered information on sexuality after stroke. The Foundation's audit of compliance with the guideline shows that between 13-17% of services audited complied with the Guideline. To assist in ensuring our organisation is able to meet this Guideline we have developed a policy for the Unit. The policy makes clear the Organisation's position and the responsibilities of staff.

Aim

This policy document has been drafted to assist all staff in the Unit to understand the organisation's position on sexuality after stroke and understand their role and responsibilities in providing information to stroke survivors and their partners.

Providing feedback

If you have concerns about any aspect of this policy document, or have suggestions please contact XXXX XXXX, Program Coordinator in XXXXX XXXX.

Policy statement and procedures

1. Providing information on sexuality to stroke survivors and their partners

Greenview Unit is committed to supporting the implementation of Guideline 8.5 – providing stroke survivors and their partners with information on sexuality after stroke. To achieve this we will:

- a. Provide copies of the NSF's Fact Sheet on Sexuality and Relationship in general areas in the Unit, including the information racks in the foyer and in the tea room where visitors can access it
- b. Provide a copy of the Information Fact Sheet in the package of resources provided to patients on admission

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- c. Provide information about the availability of the Fact Sheet in the information sheet provided to all new patients, as well as in the information provided to patients on our website.

2. Inviting stroke survivors and their partners to discuss sexuality

We believe it is important to follow up with patients and their partners, after they have received a copy of the Fact Sheet, to provide them with the opportunity to discuss the Fact Sheet. Strategies for discussion are outlined in Point 3. While this role will be designated to [names the discipline] we recognise that some patients and their partners will take the opportunity to discuss sexuality with the clinician they have built the most rapport with. Therefore, we think all team members should be aware of their role in discussing sexuality (Point 5). The process for inviting patients and their partners to discuss sexuality includes:

- a) The [names the discipline] will check at the point of [names the point] that the patient has received the Fact Sheet
- b) The patient will then be invited to discuss the booklet (see Point 3 below)
- c) The stroke checklist has been amended to include sexuality as an item to be discussed with patients

3. Assessing issues and concerns related to sexuality after stroke

- a. The [names the discipline] will take a lead role in assessment – given their role in inviting patients to discuss sexuality
- b. Assessment of issues and concerns may at some point in the future be guided by an assessment tool developed specifically for that purpose. However, the current process involves a broad discussion, to enable patients and their partners to determine how far they would like the assessment to go. Therefore, the [names the discipline] will:
 - i. Provide a copy of the Fact Sheet
 - ii. Check that patients have read it
 - iii. Let patient know you are able to go through some of the key points in the sheet and that they can ask any questions – at this point patients may tell you that they don't need to read it and don't want to discuss it
 - iv. Reiterate key points eg:
 - The first part of the fact sheet describes how stroke effects sexuality, it talks about how some people are worried about ... does that make sense to you? Are you worried about any of those things described?
 - The second part of the worksheet describes how a stroke can affect relationships. It talks about the effects of changes in moods, relationship roles Are you worried about any of those changes?
 - v. Invite the patient and their partner to think about the Fact Sheet and speak with you at a later point if they would like to
- c. It is important to note that while [names the discipline] has a lead role, that all team members have a role in assessing issues and concerns – given that patients and their partners are likely to discuss sexuality with the team members that they feel confident and comfortable doing so

4. Documenting issues and concerns and related care plans

- a. If the patient identifies concerns, tell the patient that you would like to discuss these with particular team members – if there is a particular team member that it relates to (eg: a concern about tube feeding at home/in bed could be discussed with the dietitian)
- b. If patient has concerns you feel are relevant to whole team, check with patient if they are happy for you to discuss at team meeting. If not – check you can discuss with particular discipline.
- c. Let patient know that you will document the issue and strategies in their file, to check their permission to do so. Also important to let them know who will access the file and why it is important to document eg: plans to stop tube feeding an hour before going home so patient able to lie on bed at home without reflux
- d. The [names discipline] will document that the Fact Sheet has been provided and that the patient has been given the opportunity to discuss it

5. Clarifying the roles of all team members

- a. All teams members are considered to have a role in providing patients and their partners with information on sexuality after stroke
- b. All team members are expected to read the SOX Interdisciplinary Guide and identify any challenges, concerns or changes required

6. Facilitating interdisciplinary communication

To assist in ensuring the best possible patient care, the following strategies for interdisciplinary communication about sexuality will be implemented:

- a. Discuss sexuality at team meeting – as a domain.
- b. Discuss individualised care plans at team meetings and set goals related to sexuality
- c. Identify functional goals – that are client centred (What does the patient want?/ Which disciplines need to be involved?)
- d. Include sexuality in interdisciplinary professional development opportunities
- e. Make sexuality a part of patient goals
- f. Discuss sexuality at handover, follow up discussion, flag goals and make a checklist
- g. Discuss sexuality on the ward rounds
- h. Put issues related to sexuality in the doctors diary
- i. Discuss sexuality at the clinical review meeting – review the goal sheet
- j. Include information on sexuality in the stroke orientation folder “what staff need to discuss”
- k. Add sexuality as a topic to the interdisciplinary goal setting form
- l. Put poster on the importance of talking about sexuality in the staff toilets (and patient toilets)

7. Consulting consumers in the design and review of strategies for providing information on sexuality after stroke.

We recognise the importance of consumer input in designing strategies to ensure patients and their partners are provided with information on sexuality after stroke. We also recognise that this is not a 'one off' – rather that patients and their partners have an ongoing role in evaluating our practice and providing feedback on how we can enhance patient care. To achieve this we will:

- a. Conduct interviews with patients to explore their needs in relation to sexuality
- b. Invite patients to provide advice of best strategies for providing information
- c. Invite patients to provide feedback on assessment processes
- d. Invite patients to review effectiveness of changes

8. Assessing the knowledge, values and beliefs of staff relating to sexuality after stroke.

Understanding the knowledge, values and beliefs of staff is important in this area of practice because the values and beliefs of staff can influence practice and staff levels of confidence and comfort providing information on sexuality. Change in this area of practice cannot be enforced – it needs to be supported. To effectively support change it is important to understand the knowledge, values and beliefs of staff. To achieve this we will:

- a) Conduct a staff survey to assess needs and concerns
- b) Analyse the results
- c) Utilise the results to inform strategies for staff education and support (see point 10)

9. Providing information and education to staff on the importance of services that are inclusive of diversity of sexual orientation and gender identity.

We recognise that the provision of information on sexuality after stroke does not exclusively involve heterosexual patients. Our patients include diversity of sexual orientation and gender identity. It is estimated that about 10% of Australians are GLBTI (gay, lesbian, bisexual, transgender, or intersex). As an GLBTI inclusive service we will ensure that staff understand:

- a) That GLBTI Australians may be at increased risk of stroke because of poorer health
- b) That information on sexuality provided to patients needs to include language that is inclusive and respectful of same sex partners and gender diverse patients
- c) That discussion with patients about sexuality needs to avoid heteronormative assumptions (assumptions that everyone is/should be heterosexual)
- d) That discussion with patients might involve same sex partners

10. Systematically providing staff education relating to sexuality after stroke.

Staff education is important in this area of practice because the values and beliefs of staff can influence practice. It is important that education addresses staff values and beliefs – and that staff understand what the organisation expects. Staff will be invited to talk about their issues and concerns and be supported to build the skills and confidence to provide information on sexuality after stroke. Education will not be a 'one off' but will involve a well-considered, broad range of strategies that will include:

- a. A formal education session delivered by [names the person] on an annual basis to update staff on:
 - i. New research
 - ii. The results of any practice reviews (eg: medical record audits)
 - iii. Feedback from patient consultation
 - iv. Strategies for addressing sexuality
- b. Providing team members with a copy of the interdisciplinary Guide and discussing:
 - a. How they feel about what they have read
 - b. What they agree with/disagree with
 - c. How confident they feel in their role

- d. How comfortable they feel in their role
- d) Discussing sexuality at team meetings – as a domain.
- e) Inviting team members to help gather resources for sexuality education
- f) Including sexuality in interdisciplinary professional development opportunities
- g) Staff orientation – include guidelines for sexuality after stroke, information on best practice and the SOX Interdisciplinary Guide
- h) Discussing sexuality at handover, on ward rounds, in clinical review meetings and in case conferences
- i) Developing a poster for the unit/service inviting staff to talk about sexuality
- j) Developing a poster on the importance of talking about sexuality in the staff toilets (and patient toilets)