

**Evaluation of introductory level training on sex and relationships after stroke and for other neurological conditions**

# **Introduction**

The training need was identified by members of the network’s Patient and Carer Group. This led to scoping of training needs within all the inpatient and community stroke and neurorehabilitation clinical teams in the region. The key insights from the scoping were:

* The nursing role was responsible for discussing sex and relationships, often referring to other professionals when necessary
* There was no one designated to discuss these topics, highlighting a gap in service provision
* Within the community teams the topic was often discussed at initial assessment but needed more resources for effective discussions
* Teams showed a consistent need for training on guidance, practical solutions, understanding impacts and reducing stigma about the topic
* Teams needed access to more resources, signposting options, and structured training on best approaches to these discussions

# **Training overview**

An introductory webinar was developed with the following presenters identified:

* Dr Tamsin Collins - Consultant in Rehabilitation Medicine at Leeds Community Healthcare NHS Trust
* Dr Leona Rose - Clinical Psychologist specialising in neuropsychology and currently working in Stockport Community Stroke & Neurorehabilitation Team
* Jo Stevens - Specialist Stroke Nurse and Advanced Clinical Practitioner (ACP) and joint team lead at Bury Community Stroke & Neurorehabilitation Team
* Purpose of the training:
	1. To understand why we should consider sex and relationships as part of neurorehabilitation
	2. To improve knowledge of how neurological conditions such as stroke, brain injury, MS and cerebral palsy can impact on sex and relationships
	3. To share a model for structuring the approach to this issue with patients
* Target Audience: All Nursing & AHP staff
* Training date: 16th October 2024 for a 2-hour introductory webinar & February 2024 advanced training practical seminar (half a day)

# **Training evaluation**

* Introductory session training was attended by 50 clinicians
* 72% rated the webinar as excellent or good and 6 % as satisfactory
* All felt that the learning objectives were met
* Training significantly increased participants’ confidence and preparedness in discussing sex and relationships with patients.
* Attendees felt more equipped with knowledge, practical tools, and resources to initiate conversations and offer support
* Many noted a positive shift in their approach, committing to raising the topic routinely and collaborating with other professionals
* Also raised awareness of neurological impacts on sexual function, with participants feeling more capable of addressing these issues proactively
* Overall, the training empowered them to feel more comfortable and confident in supporting patients

# **Recommendations for advanced practical training**

* *Incorporate Non-Medical Perspectives:* Explore the role of non-medical groups in supporting sexual health and relationships.
* *Psychological and Cultural Aspects:* Address the psychological impact of diagnoses on sexual function and provide guidance on cultural influences and considerations in discussions.
* *Practical Application and Case Studies:* Include more case studies, role-play exercises, and problem-solving around real-life scenarios to practice models and techniques for discussing sexual health.
* *Communication Strategies:* Provide specific advice on how to approach the topic, including opening questions and communication techniques (e.g., ACT) for sensitive discussions.
* *Psychosexual Evaluation and Support:* Offer training on further psychosexual evaluation models, psychological support, and onward referrals, including counselling options and support for couples
* *Consent, Capacity, and Ethical Considerations:* Cover topics on consent, communication around capacity, and ethical issues such as risk-taking, coercion, and consent in patients with impairments
* *Women’s Health and LGBTQ+ Topics:* Expand the focus to include women’s sexual health (e.g. post-partum, menopause), and address topics related to queer/non-heterosexual relationships, gender dysphoria, and non-penetrative forms of intimacy
* *Support for Different Patient Groups:* Consider the sexual health needs of individuals without partners, those living in care homes, or those with reduced independence, and offer system-level support strategies.
* *Alternative Intimacy Approaches:* Discuss alternatives to penetrative sex, focusing on intimacy and physiological benefits.
* *Masturbation and Female Sexual Health:* Provide information on masturbation, lubrication, pessaries/gels, and related topics to ensure a more balanced discussion of sexual health beyond erectile dysfunction

# **Conclusion**

Overall, the training was successful in increasing knowledge, confidence and detailing a structure approach into having these difficult conversations.

The advanced level training will focus on how to have these conversations using patients and will discuss in detail communication strategies, consent and capacity and consider the sexual needs of diverse groups.