

REVIEW

Best Practices in North American Pre-Clinical Medical Education in Sexual History Taking: Consensus From the Summits in Medical Education in Sexual Health



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ABSTRACT

Introduction: This article discusses a blueprint for a sexual health communication curriculum to facilitate undergraduate medical student acquisition of sexual history taking skills and includes recommendations for important elements of a thorough sexual history script for undergraduate medical students.

Aim: To outline the fundamentals, objectives, content, timing, and teaching methods of a gold standard curriculum in sexual health communication.

Methods: Consensus expert opinion was documented at the 2012, 2014, and 2016 Summits in Medical Education in Sexual Health. Additionally, the existing literature was reviewed regarding undergraduate medical education in sexual health.

Main Outcome Measures: This article reports expert opinion and a review of the literature on the development of a sexual history taking curriculum.

Results: First-year curricula should be focused on acquiring satisfactory basic sexual history taking skills, including both assessment of sexual risk via the 5 Ps (partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and prevention of pregnancy) as well as assessment of sexual wellness—described here as a sixth P (plus), which encompasses the assessment of trauma, violence, sexual satisfaction, sexual health concerns/problems, and support for gender identity and sexual orientation. Second-year curricula should be focused on incorporating improved clinical reasoning, emphasizing sexual history taking for diverse populations and practices, and including the impact of illness on sexual health. Teaching methods must include varied formats. Evaluation may be best as a formative objective structured clinical examination in the first year and summative in the second year. Barriers for curriculum development may be reduced by identifying faculty champions of sexual health/medicine.

Clinical Implications: Medical students will improve their skills in sexual history taking, which will ultimately impact patient satisfaction and clinical outcomes. Future research is needed to validate this proposed curriculum and assess the impact on clinical skills.

Strengths & Limitations: This article assimilates expert consensus and existing clinical guidelines to provide a novel structured approach to curriculum development in sexual health interviewing in the pre-clinical years.

Conclusion: The blueprint for developing sexual history taking skills includes a spiral curriculum with varied teaching formats, incorporation of a sexual history script that incorporates inquiry about sexual wellness, and longitudinal assessment across the pre-clinical years. Ideally, sexual health communication content should be

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incorporated into existing clinical interviewing and physical examination courses. **Rubin ES, Rullo J, Tsai P, et al. Best Practices in North American Pre-Clinical Medical Education in Sexual History Taking: Consensus From the Summits in Medical Education in Sexual Health. J Sex Med 2018;15:1414–1425.**

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INTRODUCTION

Sexual problems and sexually transmitted infections (STI) are widely prevalent, and a comprehensive sexual history is an essential component in the identification and treatment of these problems.^{1–5} Thus, conducting a sexual history is a well-established fundamental element of the clinical interview that is strongly recommended by the World Health Organization.^{6–8} Given that most patients do not speak with their physicians about sexual health concerns,⁹ routine sexual history screening improves detection without placing the responsibility on the patient to bring up potentially uncomfortable topics.^{6,10,11} Unfortunately, the majority of health care providers, ranging from 60–100%, do not routinely ask patients about their sexual history.^{12–18} This oversight may leave patients feeling dismissed, ignoring treatable sexual problems, or at risk of contracting/transmitting STI.^{11,19–24}

As such, acquisition of comprehensive and fluid sexual history taking skills is essential for undergraduate medical students. The NIH stated that health care providers should have courses in effective sexual history taking; and the International Society for Sexual Medicine curriculum in international undergraduate sexual health education recommended sexual history taking, comfort with sexual language, and general communication skills as specific skills that should be acquired during undergraduate medical education.^{25,26} Sexual history taking education, however, remains inconsistent, limited, or non-existent in the majority of North American medical schools,^{27,28} and insufficient training remains a prevalent barrier to adequate sexual history taking.^{29–33} In all, 44% of U.S. medical schools may have no formal curriculum in sexual health.²⁸

Though the majority of medical students believe sexual history taking is an important skill for future practice, over half of them do not report adequate training in this area.^{31,34–36} After graduation, many resident physicians remain uncomfortable addressing topics of sexual health and sexuality with patients.^{36–39} Sexual health education is effective in increasing students', residents', and health care providers' comfort and confidence in taking a sexual history.^{32,40–43} When students perceive they have received adequate sexuality education, they are more likely to be comfortable addressing patients' sexual health.³¹

Undergraduate medical school curricula for the education and evaluation of students' sexual history skills are widely variable,^{27,32} in part due to lack of consensus among schools

regarding standardized goals, objectives, and curricula.^{7,27,44–46} Though 128 medical colleges in North America report teaching students to ask patients, "Do you have sex with men, women, or both," curricula typically remain largely focused on risk stratification for STI and pregnancy prevention.^{46,47} The majority of programs do not include clinical training on sexual problems and dysfunction, and sexual history scripts provided to students rarely include discussion of sexual problems.^{48–51} Though efforts have been made to improve standardization in medical education in sexual health and sexuality,^{7,35,44,52,53} the vast majority (92%) of U.S. schools with a sexual health curriculum have developed their own curriculum rather than basing the curriculum on established standards.²⁸ While individual programs may have found site-specific success in teaching sexual history taking, there has not yet been described a prescriptive model detailing best practices for teaching and evaluating student acquisition of sexual history taking skills.^{7,51,52,54,55}

The First Summit on Medical Education in Sexual Health, organized in 2012 and hosted by the Program in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, called for national standards for sexual health education.⁵² The Second and Third Summit on Medical Education in Sexual Health, 2014 and 2016, were held to create recommendations for improvement in specific areas of sexual health curricula, including sexual history taking. "Arguably, sexual history taking is one of the most essential skills to addressing sexual health with patients," according to experts of the summit.⁴⁵ Bayer et al⁵³ in 2017 identified consensus from the first and second summits on proper content for sexuality in medical curricula and outlined 20 sexual health competencies for undergraduate medical education in North America. Education in effective sexual history taking is essential to attaining the competencies outlined in the accreditation domains of patient care, interpersonal and communication skills, and professionalism.⁵³

In this report we identify the current deficits in sexual history taking education and describe a model pre-clinical curriculum for teaching sexual health communication skills that can be incorporated into existing clinical interviewing and physical examination courses. We address methods for educating students on sexual history taking, explaining diagnosis and treatment, and counseling patients on sexual health problems. We articulate how a spiral curriculum, one that circles back to these topics throughout the pre-clinical years, can provide this training.^{56,57}

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