

Sexual Health in Undergraduate Medical Education: Existing and Future Needs and Platforms



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ABSTRACT

Introduction: This article explores the evolution and current delivery of undergraduate medical education in human sexuality.

Aim: To make recommendations regarding future educational needs, principles of curricular development, and how the International Society for Sexual Medicine (ISSM) should address the need to enhance and promote human sexuality education around the world.

Methods: The existing literature was reviewed for sexuality education, curriculum development, learning strategies, educational formats, evaluation of programs, evaluation of students, and faculty development.

Main Outcome Measures: The prevailing theme of most publications in this vein is that sexuality education in undergraduate medical education is currently not adequate to prepare students for future practice.

Results: We identified components of the principles of attitudes, knowledge, and skills that should be contained in a comprehensive curriculum for undergraduate medical education in human sexuality. Management of sexual dysfunction; lesbian, gay, bisexual, and transgender health care; sexuality across genders and lifespan; understanding of non-normative sexual practices; sexually transmitted infections and HIV, contraception; abortion; sexual coercion and violence; and legal aspects were identified as topics meriting particular attention.

Conclusion: Curricula should be integrated throughout medical school and based on principles of adult learning. Methods of teaching should be multimodal and evaluations of student performance are critical. To realize much of what needs to be done, faculty development is critical. Thus, the ISSM can play a key role in the provision and dissemination of learning opportunities and materials, it can promote educational programs around the world, and it can articulate a universal curriculum with modules that can be adopted. The ISSM can create chapters, review documents, slide decks, small group and roleplay topics, and video-recorded materials and make all this material easily available. An expert consensus conference would be needed to realize these recommendations and fulfill them.

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Key Words: Sexuality Education; Sexual Health; Human Sexuality; Undergraduate Medical Education

INTRODUCTION

The past several decades have seen an exponential expansion of the role that physicians are expected to play in managing issues in human sexuality. This development is due to a multitude of factors, including advances in contraception and family planning,

public health crises such as HIV, AIDS, and sexually transmitted infections (STIs), novel treatments for sexual concerns, and increasing (albeit incomplete) acceptance of discussions about sexuality in public discourse.¹ At the same time, the role of mental health professionals in sexuality education and the management of sexual concerns in patients has continued to be of great importance. It is clear that contemporary physicians, mental health experts, and other health care providers are expected to be knowledgeable and capable of conversing fluently with patients on a wide range of topics related to human sexuality.²

Although the recommendations of this document are meant to be broadly applicable to all health care and mental health providers, this article focuses on undergraduate medical education. It is likely that many of the present recommendations will be applicable to other disciplines.

Received February 24, 2016. Accepted April 11, 2016.

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<http://dx.doi.org/10.1016/j.jsxm.2016.04.069>

This article explores the evolution and current delivery of undergraduate medical education. Understandably, the amount of biomedical “evidence” relating to this is limited; hence, this description is largely qualitative and descriptive. It is our hope that this article will present a “snapshot” of the current state of affairs in undergraduate medical education and actionable recommendations to meet future educational needs.

BACKGROUND

Sexuality is a lifelong human experience that is influenced by biology, psychology, and social factors (ie, the biopsychosocial model).¹ Patients want their physicians to be knowledgeable and open about sexuality and willing to discuss sexual health concerns and sexual development.^{1,3,4} Sexuality is a critically important topic for physicians who deal with issues pertaining to reproduction and mental health (eg, obstetricians and gynecologists, urologists, and psychiatrists).¹ Primary care physicians (eg, family practitioners, internists, and pediatricians) also play a critical role as the point of first contact for most patients; many sexuality issues can be addressed in the primary care setting and, hence, a broad understanding of human sexuality is essential for these providers. Physicians in other fields might encounter sexuality issues less commonly in their practices. However, given the numerous biopsychosocial influences on human sexuality, nearly every sort of health care provider will encounter patients who have issues or concerns about sexuality.⁵ These concerns can stem from health consequences of sexual activities, negative sexual side effects of various health conditions, and/or negative sexual side effects of treatments.⁶ Therefore, it is essential that all medical undergraduates, regardless of future area of specialization, be well versed in the fundamentals of human sexuality. Because expectations are high, education of medical undergraduates in sexuality is of critical importance for the medical profession and for society.

Students enrolling in medical undergraduate training are a heterogeneous group. In general, students who are introverted and/or have lower self-esteem could experience difficulty addressing sensitive sexual issues with patients.⁷ The medical undergraduate body also is tremendously diverse in terms of sex, sexual orientation, sexual experience, cultural mores, and religious beliefs.^{8–12} These variations can influence how individual students perceive the importance of sexuality in the medical curriculum.^{9,13} Several studies have suggested that students with conservative political ideologies and/or deeply held religious convictions are more likely to report low knowledge and more negative attitudes toward sexuality.¹⁴ Students with limited sexual experience and/or social anxiety also are more likely to report discomfort in addressing sexuality in the clinical context.^{7,9,15} In contrast, some studies have suggested that religious affiliation is predictive of greater attention to safer sex counseling.¹⁰

The cultural milieu of a given medical school also will have profound effects on how sexuality is viewed by the student body

and likely by their teachers; religious and/or cultural traditions in the larger society surrounding a medical school will influence how many medical undergraduates view sexuality and indeed can influence how the topic can be legally taught.^{16,17} Clearly, the perceived importance of (and difficulty in broaching) various aspects of clinical sexuality will vary markedly within a medical school student body.

It is not the purpose of medical education to change a person’s deeply held convictions, nor is it the purpose to condone or condemn any particular sexual behaviors. Similarly, regional variations in cultural and religious views on sexuality should be respected as long as they are fundamentally protective and supportive of human rights.^{1,17} However, it is essential that all medical school graduates receive adequate training to enable them to care for the wide range of patients they will see in their clinical practice. Training in sexuality issues is strongly correlated to the expressed comfort in addressing sexuality with patients.^{9,11,13,18,19} It has been a longstanding concern that students who experience the most discomfort when addressing sex also are the least likely to supplement their education in sexuality during schooling unless such course work is made mandatory.^{20,21} Therefore, it is essential that core sexuality education be made a mandatory requirement for aspiring clinicians.^{9,22}

A critical component of sexuality education is the recognition of one’s own feelings and potential for conscious and unconscious biases. It has been recognized for decades that physicians’ attitudes and beliefs on sexuality exert a profound and important influence on the efficacy of providing sexual health information.^{23–25} Even students with negative attitudes toward some aspects of sexuality have reported increased confidence in caring for patients in practice after directed education.¹¹ Students who plan to enter fields that do not pertain directly to sexuality should also be aware of their own beliefs and biases to prevent these issues from interfering with appropriate care of the patient.

CURRENT STATE OF MEDICAL UNDERGRADUATE SEXUALITY EDUCATION

The quality and scope of material on sexuality in medical school curricula have fluctuated markedly over the years. Before the widespread promulgation of highly effective medical contraceptives and effective treatment options for sexual dysfunction, many medical educators did not believe that sexuality was an appropriate topic for inclusion in medical school curricula. In the mid-20th century, just three medical schools in the United States featured content on sexuality.²⁶ With changes in social mores and breakthroughs in medical contraception, there was an increasing push by medical students for education on issues of human sexuality.²⁷ This interest peaked in the 1970s with the sexual revolution; a 1974 survey indicated that 95% of 112 medical schools in the United States included curricula on human sexuality.²⁸ A similar push for increased sexuality education occurred in British medical schools.^{29–31}

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