

ORIGINAL RESEARCH—ONCOLOGY

Female Sexual Health Training for Oncology Providers:
New Applications

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ABSTRACT

Introduction. Sexual health care remains an unmet need for women with cancer. Many barriers are described, such as provider discomfort and lack of training; however, there is little evidence-based guidance regarding how to effectively address these obstacles.

Aim. This pilot study was performed to determine whether brief, targeted sexual health training for oncology providers results in improved provider comfort level and frequency of addressing female cancer-related sexual issues.

Methods. A brief (30–45 minute), targeted sexual health training program focused on improving comfort level, knowledge and communication skills when addressing breast cancer-related sexual issues was developed by the primary author. Using a pretest-posttest format, this educational program was provided to oncology providers (physicians and nurses/other allied health) from a suburban health-care system. Surveys based on 5-point Likert scales were provided before and 3–6 month post training.

Main Outcome Measures. Primary endpoints were changes in mean Likert scores for provider comfort level and self-reported frequency of addressing sexual issues. A secondary endpoint was change in mean Likert scores for perception of access to sexual health resources/referrals.

Results. Eligible respondents included 8 oncologists, 4 surgeons, and 62 nurses/other allied health. For total respondents, comparison of mean Likert scores for survey 1 (n = 71) and survey 2 (n = 36) demonstrated statistically significant increases for all parameters queried, including provider comfort level with bringing up (Pre mean Likert score = 3.4, Post = 4.3, $P < 0.0001$) and coordinating care (Pre = 3.5, Post = 4.6, $P < 0.0001$), and frequency of addressing sexual issues for both diagnosis/treatment and surveillance phase (Pre = 2.4, Post = 3.3, $P \leq 0.0052$).

Conclusion. Brief, targeted sexual health training for oncology providers positively correlated with improved provider comfort level and frequency of addressing female cancer-related sexual issues. Wang LY, Pierdomenico A, Lefkowitz A, and Brandt R. Female sexual health training for oncology providers: New applications. *Sex Med* 2015;3:189–197.

Key Words. Breast Cancer; Female Sexual Health; Sexual Dysfunction; Oncologists; Nurses; Sexual Health Training; Education

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Introduction

Female cancer-related sexual issues are common and are often associated with the emotional and physical side effects of treatment, as well as with the cancer diagnosis itself [1–3]. Unlike many other cancer-related side effects, female sexual issues (such as dyspareunia, poor body image, and relationship distress) can be long lasting and can worsen with time [4,5]. Many women with cancer value sexuality as an important aspect of quality of life and are interested in cancer-related sexual health information, in both the diagnosis/treatment phase and surveillance phase [6–8]. Despite these findings, female cancer-related sexual issues remain frequently under-addressed [6–8].

As a result, the Institute of Medicine (IOM), along with many oncology and sexual health organizations, have recommended addressing sexual function as part of standard survivorship care [9–14]. These recommendations are pertinent to both oncology and sexual health providers, given the American College of Surgeons (ACS) Commission on Cancer requirement for all ACS-accredited cancer facilities to phase in provision of formal Survivorship Care Plans to patients beginning in 2015 [15].

The American Society of Clinical Oncology (ASCO) recently published recommendations for achieving high quality cancer survivorship care (2013), which call for an expansion of oncology provider education promoting interdisciplinary, shared care models of survivorship care delivery, as well as additional research on identifying and building strategies to address knowledge gaps in health related outcomes [16]. This is particularly relevant for female cancer-related sexual issues, as research has focused on delineating sexual issues and identifying provider barriers, such as discomfort with discussion, inadequate training, and lack of available resources [17–21]. Unfortunately, there is little evidence-based guidance for reducing these barriers and educating oncology providers in a way that improves delivery of sexual health care for women with cancer. The sparse data on female sexual health training for oncology providers are heterogeneous in design, do not include education for attending physicians, and lack behavioral outcome measures [22–25].

Aims

As sexual health is a necessary aspect of female cancer-related care and a paucity of data exists

regarding how best to train oncology providers to manage this topic, we developed a pilot study to begin addressing this knowledge gap. Our hypothesis was that brief, targeted, female sexual health training would result in improved provider comfort level and frequency of addressing female cancer-related sexual issues.

Methods

Participants

All oncology providers for breast cancer care from a suburban, four-hospital health-care system were invited to participate in a 30–45 minute targeted sexual health training: Breast Cancer and Female Sexual Health. Participating oncology providers included medical and radiation oncologists, breast surgeons, nurses and other allied health (PA/NPs, geneticists, physical therapists, and mental health professionals). Participants were asked to voluntarily complete an original 8-item survey (S1) prior to the training, followed by a 10-item survey (S2), given 3–6 months post training. Participants were eligible for the study if they were a member of the health-care system, an oncology provider for women with breast cancer, had patient contact, attended the sexual health training, and completed either or both surveys (Figure 1; Study Profile). The authors were excluded from the study. Both surveys included a statement of consent for participation, and were completed anonymously. The study protocol was reviewed by an internal IRB and considered exempt from formal review.

Study Design

This pilot study was a one group pretest-posttest design, conducted from April to October 2014. The intervention was a brief, targeted sexual health training (Breast Cancer and Female Sexual Health), which was developed and given by the primary author (L.W.) at each hospital. The average length of presentation was 30–45 minutes, depending on the time availability of the participant site. Training core objectives were improvement of provider comfort level, knowledge, and communication skills with addressing breast cancer-related sexual health issues. The program included traditional didactic education, as well as communication skills training via brief role play and the introduction of a user-friendly sexual health assessment tool (Figure 2. “Did you CARD her?”) developed by the primary author. This sexual health assessment tool directs the provider to initiate the conversa-

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