

## ORIGINAL RESEARCH—EDUCATION

## Student-Initiated Sexual Health Selective as a Curricular Tool

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## ABSTRACT

**Introduction.** Patients' sexual health functioning is important for physicians in all fields of medicine to consider; however, this topic is lacking from almost half of U.S. medical school curricula.

**Aims.** This study aims to develop, implement, and assess the feasibility of a preliminary sexual health curriculum for medical students.

**Methods.** This Sexual Health Selective (SHS) was developed and implemented by a student and faculty champion for first year medical students. Its design incorporated a number of the guiding principles and recommendations from the 2012 Summit on Medical School Education in Sexual Health.

**Main Outcome Measures.** Feasibility was measured by limited-efficacy testing and participant acceptability of the SHS. Limited-efficacy testing was accomplished by conducting descriptive comparisons of responses to a sexual health attitudes and knowledge survey. These responses were compared between (i) participants vs. nonparticipants prior to the SHS, (ii) participants immediately after vs. participants prior to the SHS, (iii) participants 3 months after vs. participants prior to the SHS, and (iv) participants 3 months after vs. participants immediately after the SHS. Participant acceptability was assessed by asking qualitatively and quantitatively whether students enjoyed the SHS, found it beneficial to their learning, and would recommend it to their classmates.

**Results.** Immediately after the SHS and 3 months later, participants reported increased comfort and open-mindedness in their attitudes toward sexual health and demonstrated an increase in accurate knowledge about sexual health issues compared with baseline. Objective follow-up also revealed that most participants enjoyed the SHS, found it beneficial to their learning, and would recommend it to their classmates.

**Conclusions.** The 1-week SHS was successfully implemented through the teamwork of a medical student and faculty champion. It resulted in more accurate knowledge and more open attitudes toward sexual health among participating medical students. Potential benefits to undergraduate medical educators are reviewed. **Johnson K, Rullo J, and Faubion S. Student-initiated sexual health selective as a curricular tool. Sex Med 2015;3:118–127.**

**Key Words.** Undergraduate Medical Education; Medical Students; Sexual Health; Curriculum

## Introduction

Sexual health medical school education is greatly lacking in the United States [1–6]. In fact, 44% of U.S. medical schools currently do not have a formal sexual health curriculum [7], and the curricula that do exist vary widely [4,8–12]. A study

by Solursh et al. in 2003 surveyed 101 U.S. medical schools and found that the majority of them provided only 3–10 hours of sexual health education, and less than half offered clinical programs that included a focus on treating patients with sexual problems and dysfunctions [3]. As recently as 2011, a survey of medical school deans

across the country indicated that the median time dedicated to teaching lesbian, gay, bisexual, and transgender-related content in the entire curriculum was 5 hours, with one-third of schools reporting zero hours during clinical years [4]. Reasons cited for this deficit in sexual health education include lack of instructional time, perceived lack of relevance to course content by faculty members, and lack of professional development on sexual health topics [1]. This deficit is alarming considering the sexual health needs of our patients and the serious negative consequences of poor sexual health [13–21]. Without adequate training in sexual health, medical students and physicians will be ill-equipped to address these important concerns [22,23].

To address this curricular deficit as well as the barrier of limited curricular time, we developed a Sexual Health Selective (SHS) for first year medical students. The SHS was developed and implemented by one medical student and one faculty champion and was offered as an optional element outside of regular medical school education. Furthermore, a number of the guidelines from the 2012 Summit on Medical School Education in Sexual Health [24] were utilized, including: (i) introducing sexual health education early in medical education training, (ii) using varied teaching methods in order to better engage students, (iii) using a multidisciplinary, biopsychosocial team approach, (iv) fostering collaboration with student and faculty champion(s), and (v) evaluating the efficacy of the curriculum.

### Aims

The primary aim of this study was to determine the feasibility of implementing a 1-week sexual health curriculum. Feasibility was measured by limited-efficacy testing and participant acceptability of the SHS [25]. Specifically, it was hypothesized that SHS participants would demonstrate increased knowledge and more open attitudes toward sexual health after completion of the selective, that these changes would persist long-term (i.e., for at least 3 months), and that participants would report strong acceptance of the SHS.

### Methods

#### *Concept of the SHS*

The concept for the project came from the student leader (KJ) who organized the selective as a final

project for the 2012–2013 Sexual Health Scholars Program (SHSP) offered by the American Medical Student Association (AMSA) [26]. Selectives are 1-week, extra-curricular blocks offered throughout the school year at the institution where this study took place. During selective weeks, students are required to engage in career exploration or skill development of their choice. Many selectives are offered from which students can choose, or students may create their own selective experiences under the guidance of a faculty mentor. For example, a student may choose to volunteer in a healthcare capacity 1 week, shadow in a desired specialty another week, and work on a research project during a third selective week. Some selectives are geared toward specific skill development or knowledge enhancement, such as learning surgical techniques, attending ride-alongs with the local ambulance service, or learning about domestic violence in the community. The SHS was introduced as a selective of this type, in which interested students could expand their clinical skills and knowledge in the domain of sexual health.

The curriculum was developed by a medical student (KJ) in conjunction with a faculty champion (SF). It took place in the context of the first year medical school curriculum, which was made up of 3- to 7-week block courses including subject matter such as public health, biochemistry, genetics, histology, anatomy, pathology, immunology, microbiology, pharmacology, and supplemental courses in patient communication, history-taking, and how to perform a physical exam. By virtue of its condensed 1-week integrative format, the SHS was distinct from student interest groups, which typically hold multiple stand-alone events throughout the year, and from the SHSP [26], which is a 6-month online program run by AMSA designed to enrich medical students' knowledge about sexual health. The curriculum did, however, draw from elements of the SHSP curriculum, as the student leader (KJ) was a recent graduate of this program.

#### *Development and Implementation of Curriculum*

In keeping with the 2012 Summit [24] principle of introducing sexual health education early in medical education training, this curriculum was developed specifically for first year medical students. Key early steps in planning included identifying a faculty champion for the project (SF) and securing dates, times, and locations for the curriculum to take place. These early steps were completed with support from the selectives coordinator and the administrative staff at the medical

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