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Existing and Future Educational Needs in Graduate and Postgraduate Education

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ABSTRACT

Introduction: This review was designed to make recommendations on 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.

Aim: To explore the ways in which graduate and postgraduate medical education in human sexuality has evolved and is currently delivered.

Methods: We reviewed existing literature concerning sexuality education, curriculum development, learning strategies, educational formats, evaluation of programs, evaluation of students, and faculty development. We reviewed literature relating to four main areas: (i) the current status of the international regulation of training in sexual medicine; (ii) the current delivery of education and training in sexual medicine; (iii) resident and post-graduate education in sexual medicine surgery; and (iv) education and training for allied health professionals.

Results: The main findings in these four areas are as follows. Sexual medicine has grown considerably as a specialty during the past 20 years, with many drivers being identified. However, the regulatory aspects of training, assessment, and certification are currently in the early stages of development and are in many ways lagging behind the scientific and clinical knowledge in the field. However, there are examples of the development of curricula with accompanying assessments that have attempted to set standards of education and training that might underlie the delivery of high-quality care to patients in sexual medicine. The development of competence assessment has been applied to surgical training in sexual medicine, and there is increasing interest in simulation as a means of enhancing technical skills training. Although the focus of curriculum development has largely been the medical profession, there is early interest in the development of standards for training and education of allied health professionals.

Conclusion: Organizations of professionals in sexual health, such as the ISSM, have an opportunity, and indeed a responsibility, to provide and disseminate learning opportunities, curricula, and standards of training for doctors and allied health professionals in sexual medicine. **Eardley I, Reisman Y, Goldstein S, et al. Existing and Future Educational Needs in Graduate and Postgraduate Education. J Sex Med 2017;14:475–485.**

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INTRODUCTION

Education in human sexuality is a necessary requirement for health care professionals because sexual health has a profound and intimate connection not only with public health but also with personal quality of life. Male and female sexual disorders are highly prevalent in industrial and developmental countries as has been established in many epidemiologic studies.[1] Many people with sexual complaints or disorders are bothered by the problem, and given this high rate of bother there is an obvious need for professional management of sexual problems.

In the past decade sexual medicine has developed into a thriving branch of health care and is available, if needed, to most men and women around the world. The physicians who provide this care have largely been self-taught and come from different disciplines including urology, gynecology, venereology, psychiatry, and primary care. Recently, the fields of endocrinology and cardiovascular medicine have contributed to the development of the specialty. The quality of care provided by these physicians has thus far been unregulated and has been demonstrable only by audit, by presentation of data at meetings, by publication in peer-review journals, and by the publication of guidelines by scientific societies.[2,3]

Despite this growth in the field of sexual medicine, it is not currently recognized internationally from a regulatory perspective as a specialty or as a subspecialty of another discipline. Further, significant differences exist between the regulation and recognition of medical specialties in different countries, and this has had a major impact on (i) the way that sexual medicine health care is provided; (ii) the standard of care that is provided; and (iii) the way in which the population can access the service.[4]

One way of promoting high standards of care is by the regulation and assessment of training. Assessment is most typically by examination, but recently, especially in relation to clinical and technical skills, the role of assessment in the workplace has grown. The objectives of assessment are to improve the professional performance of the individual clinician by careful and extensive evaluation of all aspects of his or her practice, and there is typically an assessment of the knowledge, clinical skills, technical skills where appropriate, and behaviors and attitudes of the individual. For the individual, the motivation for undergoing such an assessment is complex.[5] Certainly, it can be required for regulatory reasons, but other reasons include personal growth as a practicing clinician, an opportunity to increase self-confidence, a desire to improve standards of care, and perhaps a desire to achieve a "mark of excellence."

The driver to develop high-quality education and training in sexual medicine at graduate and postgraduate levels is different than the undergraduate situation. For undergraduates, the impetus is to give all medical graduates a basic level of knowledge, skills, and attitudes related to sexual medicine that will be applicable to the whole of their medical practice. For graduates and postgraduates, the impetus is to raise standards of care for patients with sexual problems.

AN INTERNATIONAL PERSPECTIVE ON TRAINING AND CERTIFICATION IN SEXUAL MEDICINE

Sexual health training in graduate medical education is understudied and largely unaddressed. According to Rosen et al,[6] in relation primarily to North America, "Residency training in sexual medicine has been largely neglected, with little attention given to educational curriculum development or implementation; and few programs have training in sexual problem management across disciplines or subspecialties (eg, family medicine, internal medicine, O&G, urology, and psychiatry)." Similarly, only a few countries in Europe have a descriptive resident program in the base specialty related to sexual dysfunction. To date there is no generally acknowledged certification for a subspecialist in sexual medicine, although in Europe a process that could ultimately result in regulatory recognized certification began in 2012. In this connection certified education and training centers are starting to be recognized.

North America

In the United States the Accreditation Council for Graduate Medical Education (ACGME) has outlined residency program training requirements for all disciplines (http://www.acgme.org). Sexual medicine is not recognized as a separate discipline and sexual medicine requirements are included in only a few residency programs and when present are typically defined in a very general fashion.

- Internal medicine residents should receive "instruction and clinical experience in the prevention, counseling, detection, diagnosis, and treatment of gender-specific diseases of men and women."
- Family medicine guidelines call for the "teaching of human sexuality."
- Pediatric requirements mandate learning about sexual abuse, and male and female reproductive health including sexuality, pregnancy, contraception, and sexually transmitted diseases.
- Urology requirements include training in sexual dysfunction that is typically oriented toward men and focused on erectile dysfunction (ED), premature ejaculation, and Peyronie disease.
- Gynecology residents should receive training in contraception, infertility, menopause, high-risk sexual behaviors, and specific sexual medicine skills such as sexual history taking and psychosexual counseling.
- Psychiatry guidelines are vague, addressing issues of sex, race, ethnicity, socioeconomic status, religion and spirituality, and sexual orientation (knowledge and attitudes).[7]
- The ACGME requires performance-based assessment to document the acquisition of competencies. It requires direct observation of live patient encounters but these are less defined for aspects of sexual medicine.

Europe

The European Union of Medical Specialists (UEMS)[8] was founded in 1958, 1 year after the Treaty of Rome, with the goal of defending the interests of European medical specialists in the emerging Europe. It is the position of the UEMS that the quality of care is directly linked to the quality of training. Its main actions include the setting of standards in medical training, being an advocate for competence-based training and assessment, the development of a mechanism for the evaluation of the competence

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