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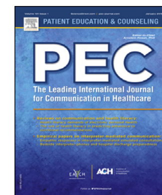

Short communication

Let's talk about sex: Development and evaluation of a sexual history and counseling curriculum for internal medicine interns

Swati Shroff[c,*], Brielle Spataro[b], Kwonho Jeong[b], Scott Rothenberger[b], Doris Rubio[b], Melissa McNeil[a,b]

[a] VA Pittsburgh Healthcare System, Pittsburgh, USA
[b] Division of General Internal Medicine, Department of Medicine, University of Pittsburgh School of Medicine, Pittsburgh, USA
[c] Lenox Hill, Northwell Health, New York, NY, 10128, USA

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ABSTRACT

Objective: We developed a curriculum to increase internal medicine interns' proficiency in sexual history taking and sexually transmitted illness (STI) counseling.
Methods: The 4-h curriculum included didactics and interactive components, and was evaluated with matched pre- and post-surveys.
Results: Twenty-one interns completed the curriculum. Mean knowledge score improved from 59% to 76% from pre- to post-curriculum ($P = 0.004$). Median comfort score (Likert scale 1–5) with obtaining a sexual history improved from 3.8 [IQR 3.0, 4.0] to 3.8 [IQR 3.6, 4.6] and 3.8 [IQR 3.6, 4.0] to 4.1 [IQR 3.9, 4.8] for male ($P = 0.05$) and female patients ($P = 0.007$), respectively. Median frequency score for obtaining a sexual history improved from 2.9 [IQR 2.7, 3.0] to 3.1 [IQR 2.8, 3.4] and 3.2 [IQR 2.8, 3.7] to 3.4 [IQR 3.2, 4.0] for male ($P = 0.16$) and female patients ($P = 0.008$), respectively. Pre- and post- curriculum, interns reported significantly higher comfort and frequency in obtaining sexual histories from female vs. male patients. Post- curriculum, interns reported significantly higher comfort with positive STI counseling.
Practice implications: Our curriculum improved interns' knowledge and comfort in sexual history taking and STI counseling. Future interventions should address sex disparities in sexual history taking.
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1. Introduction

Sexually transmitted illnesses (STIs) pose a significant burden in the United States (US), with an estimated 1.5 million and 400,000 cases of chlamydia and gonorrhea diagnosed annually [1]. Over 1 million individuals in the US are living with human immunodeficiency virus (HIV), and an estimated 1 out of 8 do not know they have the disease [2]. Obtaining an appropriate sexual history is crucial in primary and secondary STI prevention and improving patient outcomes. However, a community survey found that 68% of adults feared raising sexual concerns would embarrass their physicians, and 71% believed their physician would dismiss their concerns [3]. Potential barriers include: embarrassment, insufficient medical training, feeling sexual history lacks relevance, and time constraints [4].

A 2011 systematic review found 11 studies evaluating sexual history taking curriculum, only 2 of which evaluated resident curricula from 1989 and 1998 [5]. Both studies found that interactive skills-oriented workshops were more effective at improving sexual history taking skills than only didactic presentations. We could not find any studies specifically evaluating STI counseling curricula. However, a study of internal medicine residents found that 26% reported low comfort with managing STIs, although 88% felt it was an important training area [6]. There was no formalized training in sexual history taking and STI counseling in the University of Pittsburgh Medical Center (UPMC) internal medicine residency program. Therefore, we developed, implemented and evaluated a sexual history and STI counseling curriculum to address this educational gap. Our goal was to increase internal medicine interns' proficiency in sexual history taking and STI counseling.

2. Methods

Since our curriculum was aimed towards improving internal medicine interns' proficiency in sexual history taking and STI counseling skills, the University of Pittsburgh Institutional Review Board (IRB) deemed our curriculum was quality improvement, and thus did not require IRB approval.

* Corresponding author.
E-mail address: sshroff@northwell.edu (S. Shroff).

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2.1. Curriculum design

With input from national women's health and communication skills experts at UPMC, we developed and implemented a 4-h curriculum for all internal medicine interns on a 4 week ambulatory rotation from September 2016 to March 2017. The curriculum was comprised of 3 core components: a flipped classroom knowledge component, an introductory communication skills session, and a standardized patient (SP) practice session. For the flipped classroom knowledge component, we assigned interns **two** articles to read reviewing commonly encountered STIs 1 week prior to the in-person curriculum [8,9].

The 2-h introductory communication skills session was in the 1st week of the rotation, and included didactics, communication drills, and role plays relating to sexual history taking and STI counseling in male and female patients. In the didactic session, we introduced an innovative framework for obtaining a basic sexual history: assessing relationship status first, then sexual activity, and sexual concerns, informed by the brief assessment recommended by Kingsberg [4]. To build on this basic sexual history, we taught a modified version of the Center for Disease Control's 5 "P"s model (Partners, Practices, Protection from STIs, Past history of STIs, and Pregnancy plans) by adding a 6th "P"(Partner violence) [7]. We also reviewed key counseling pearls for commonly encountered and difficult STI diagnoses, including chlamydia, gonorrhea, trichomonas, herpes simplex virus (HSV) and HIV [8–12].

The 2-h SP session was in the 4th week of the rotation. For this session, we developed 2 cases in consultation with our local SP center, including a case on obtaining a sexual history from a woman complaining of vaginal discharge and providing counseling to a woman for a new genital herpes diagnosis. Preceptors observed learners with checklists, which were then used to guide formative feedback for the learners.

2.2. Evaluation

The curriculum was evaluated with voluntary pre/post surveys administered in-person prior to the introductory session in Week 1 and after completion of the SP session in Week 4. Knowledge was assessed with case-based questions, and attitudes were assessed with Likert scale questions. Interns were also asked if they were less or more likely to use the new framework for obtaining a sexual history, and given an opportunity to explain their reasoning in an open-response section. We used statistical methods appropriate for analyzing paired data. McNemar's test was employed to examine differences in nominal data from pre- to post-curriculum. The Wilcoxon signed-rank test was used to evaluate differences in ordinal or interval data, as the sample size was small, and data were not assumed to be normally distributed. We informally reviewed the open response questions to identify recurrent themes. All data were analyzed using StataSE v14.1.

3. Results

Twenty-one interns, including 13 males and 8 females, completed the 4-h curriculum and pre- and post-surveys. Half (10) of the interns were categorical track residents, and the other half (11) included research, international scholar, and women's health track residents.

3.1. Knowledge

The composite score on knowledge-based questions improved from 59% to 76% from pre- to post-curriculum ($P = 0.004$). Performance on questions regarding expedited partner therapy and genital herpes counseling improved significantly ($P = 0.016$ and $P < 0.001$, respectively). Performance on all individual knowledge-based questions is summarized in Table 1.

3.2. Sexual history

Generally, higher proportions of interns reported high comfort with obtaining individual aspects of an appropriate sexual history in both male and female patients from pre- to post-curriculum, although none improved significantly. These data are summarized in Figs. 1 and 2. The composite median comfort score with obtaining a sexual history improved from 3.8 [IQR 3.0, 4.0] to 3.8 [IQR 3.6, 4.6] and 3.8 [IQR 3.6, 4.0] to 4.1 [IQR 3.9, 4.8] for male ($P = 0.05$) and female patients ($P = 0.007$), respectively. Pre- and

Table 1
Pre/Post Knowledge Assessment.

Knowledge Area (Correct, %)	Pre	Post	p-value[a]
USPSTF STI screening guidelines	29	43	0.55
Diagnosis and treatment of trichomonas	48	52	>.99
Treatment of likely STI	86	86	>.99
Diagnosing genital herpes	62	76	0.25
Diagnosing pelvic inflammatory disease	86	81	>.99
Expedited partner therapy	62	95	**0.016**[*]
Genital herpes counseling	38	100	**<.001**[*]
Composite	*59*	*76*	***0.004***[*]

[a] McNemar's test for individual questions and Wilcoxon signed-rank test for composite score.
[*] $P < 0.05$.

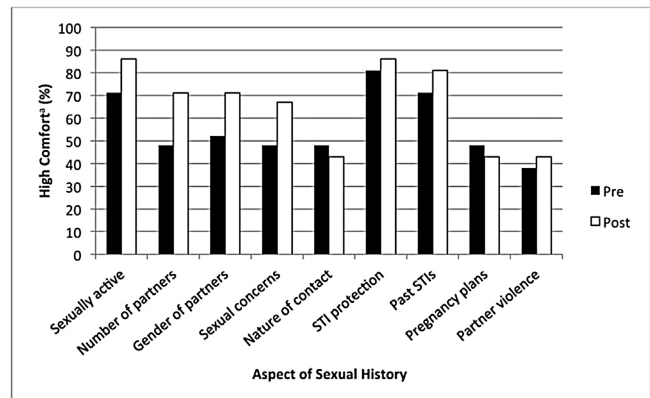

Fig. 1. Pre/Post High Comfort Obtaining Sexual History in Male Patients.

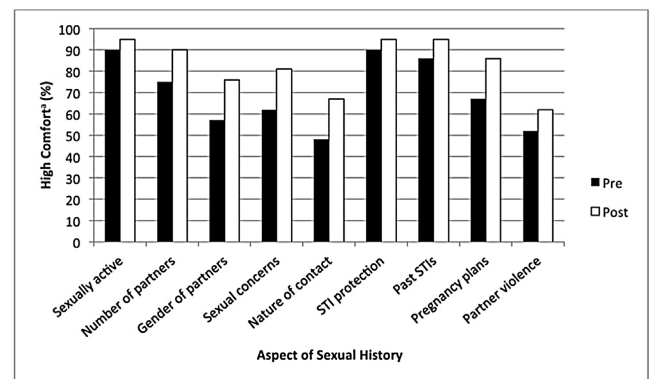

Fig. 2. Pre/Post High Comfort Obtaining Sexual History in Female Patients.

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