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ORIGINAL RESEARCH

Sexual Health Knowledge of U.S. Medical Students: A National Survey

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ABSTRACT

Background: Sexual health is a critical component of overall wellness; however, only half of U.S. medical schools currently require formal instruction in sexuality.

Aim: This study sought to quantify the sexual health knowledge of undergraduate medical students using a novel survey tool evaluating 6 domains: sexual function and dysfunction; fertility and reproduction; sexuality across the lifespan; sexual minority health; society, culture, and behavior; as well as safety and prevention.

Methods: A novel 32-question survey tool was developed by subject matter experts from the University of Minnesota Program in Human Sexuality. Survey questions were derived from the 2012 and 2014 Summits on Medical School Education in Sexual Health as well as the Sexuality Information and Education Council of the United States Guidelines for Kindergarten through 12th Grade. The total knowledge score was calculated out of 30 points (excluding 2 terminology questions that were subjective). Medical students at 178 allopathic and osteopathic medical schools in the United States were invited to take the online survey.

Outcomes: Students performed below a passing rate (70%) in 4 of the 6 knowledge categories and below a passing rate overall in the knowledge assessment.

Results: Survey respondents (n = 1,014) scored an average of 66% correct (approximately 20/30). Overall, students scored lowest on questions regarding safety and prevention (x bar = 49%) and highest on questions regarding sexuality across the lifespan (x bar = 75%). Higher knowledge scores were associated with the following variables (P < .05): medical school year, race/ethnicity, sexual orientation, religious affiliation, future medical specialty choice, program type (MD/DO), and taking a human sexuality course in medical school.

Clinical Implications: Medical students may be under-prepared to address essential sexual health issues in future clinical practice.

Strengths & Limitations: To the knowledge of the authors this is the only contemporary study seeking to measure U.S. medical student sexual health knowledge. Limitations include sample population size and diversity as well as a non-validated survey tool.

Conclusion: Significant advances must be made in undergraduate medical education in order to prepare future physicians to address critical issues such as sexually transmitted disease, family planning, and health disparities. Warner C, Carlson S, Crichlow R, et al. Sexual Health Knowledge of U.S. Medical Students: A National Survey. J Sex Med 2018;XX:XXX—XXX.

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Key Words: Sexual Health; Sexuality; Sexual and Gender Minorities; Sexually Transmitted Diseases; Undergraduate Medical Education; Medical Schools

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INTRODUCTION

Sexuality is a critical component of overall wellness and directly relates to a multitude of health outcomes such as acquisition of sexually transmitted disease, unintended pregnancy, and lifelong mental health. $^{1-6}$ Given the impacts of sexual health literacy on patient outcomes, concerns have been raised regarding the adequacy of sexual health education in undergraduate medical education. $^{7-9}$

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Currently only half of U.S. medical schools require formal instruction in sexuality despite the likelihood that physicians of all specialties will encounter patients with sexual health concerns. 10–14 Furthermore, special patient populations (eg, sexual and gender minorities, racial minorities, people living with disabilities) face unique sexual health disparities. 15–18 For example, the rate of suicide attempts approaches 40% in the transgender community, while African American men who have sex with men comprised 39.2% of new HIV infections diagnosed in 2015. 19,20 Considering the relationship between sexuality and adverse health outcomes, it is imperative that the next generation of physicians is trained to appropriately identify sexual health issues and act as effective sexual health counselors. 21,22

Prior research has addressed gaps in undergraduate medical education by focusing largely on student attitudes, comfort, and self-reported confidence in sexual health knowledge. 12,22–25 While self-assessment of sexual health attitudes has been a traditional metric, concerns have emerged that these markers may inaccurately reflect depth of knowledge as trainees frequently overstate their mastery of health topics when surveyed. 26

Pioneering work by William Miller and Harold Lief in the 1970s resulted in the development of the Sexual Knowledge and Attitude Test, a tool used to objectively evaluate sexual health knowledge. In 2003, Fayers et al revisited the concept of evaluating the sexual health knowledge of medical students at the University of Bristol. Their research concluded that British medical students had inaccurate factual knowledge about important sexual health issues, however their study was limited in scope of knowledge assessed as well as the population surveyed. No contemporary studies have objectively assessed the depth of U.S. undergraduate medical student sexual health knowledge with a standardized metric in a broad population of trainees.

The aims of this study were to: (1) explore how knowledgeable a convenience sample of medical students in the United States are about various sexual health topics, and (2) examine if knowledge-level varies by demographics, other personal characteristics, future specialty interest, or history of a formal education in sexual health.

METHODS

Study Design

Medical students at 178 allopathic (MD granting) and osteopathic (DO granting) medical schools in the United States were invited to take an online, confidential survey to assess their knowledge of sexual health. Either a student or administrator from each school was identified as a contact for survey distribution. The authors first identified student representatives from private alumni social media networks (Facebook and LinkedIn) whose enrollment in medical school could be verified. Students were asked to disseminate the survey using their school's private Facebook group or e-mail list. For the remainder of schools, a contact was identified from publicly available information on the school website. Several schools provided contact information for medical students associated with a student interest group related to human sexuality (eg, the president of the Obstetrics and Gynecology Student Interest Group or Medical Students for Choice). When a student contact could not be identified, the survey was provided to the dean of student affairs, the dean of medical education, or a reasonable substitute (eg, associate or senior associate dean, vice dean, or dean of research) for distribution. The survey was not disseminated through public forums (eg, Reddit, Student Doctor Network) in which current enrollment in medical school could not be verified.

The study protocol was submitted to the University of Minnesota Institutional Review Board and determined to be exempt in December 2016. Study data were collected and managed using Research Electronic Data Capture tools hosted at the University of Minnesota. In order to encourage participation and increase anonymity, the respondents were not asked to indicate their medical school, and a public survey link was used (ie, not tied to individual respondent e-mail addresses). Because of the nature of this convenience sample, response rate was not tracked. A random survey completer was chosen to receive a gift card as compensation for their time. The survey was open for completion between April 17 and June 30, 2017.

A novel survey tool was developed in order to assess sexual health knowledge in the undergraduate medical student population (Appendix A). Knowledge categories and questions were derived from the 2012 and 2014 Summits on Medical School Education in Sexual Health as well as the Sexuality Information and Education Council of the United States Guidelines for Kindergarten through 12th Grade. 3,25,31 Broad topics were chosen based upon representation in the University of Minnesota Medical School Human Sexuality Curriculum, which has been previously offered as a model for national curricula in Coleman et al. Prior to widespread dissemination, the tool was piloted by 2 medical students at the University of Minnesota for acceptability and the overall number of questions was reduced in order to encourage survey completion. The survey tool was subsequently reviewed by 3 faculty members at the University of Minnesota Program in Human Sexuality (1 MD, 1 MD/PhD, and 1 PhD), 1 faculty collaborator at Harvard Medical School, and the president of the American Sexual Health Association, where further revision was made to the content and wording of the survey tool. After a pilot of 70 questions, the final 30 knowledge questions were selected based upon participant feedback regarding question clarity and relevance to clinical practice.

The total knowledge score was calculated out of 30 points (excluding 2 terminology questions that were subjective). The total knowledge score was made up of 6 topics that each contained 5 questions: (1) sexual function and dysfunction; (2) fertility and reproduction; (3) sexuality across the lifespan; (4) sexual minority health; (5) society, culture, and behaviors; and (6) safety and

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