## **Addendum** *to Summit on Medical School Education in Sexual Health: Report of an Expert Consultation*

*The following sections were left out of the article in the April issue of the Journal of Sexual Medicine's summarizing the 2012 Summit on Medical Education. We have included them as an addendum to provide additional, highly relevant information.*

### Examples of Existing Curricula in Sexual Health

Several medical schools already have sexual health education in place. Rather than creating entirely new sexual health education programs, it may make sense to build off these existing curricula, learning from the successes and failures of their implementation.

The **Morehouse School of Medicine** has created perhaps the most extensive and comprehensive curriculum in sexual health. It consists of eighteen modules including:

- Sexual language/communication
- Models of sexuality
- Sexuality across the lifespan
- Gender/Gender variation
- Disability and chronic conditions

This content is infused across all 4 years of undergraduate medical education. It is housed in the "Fundamentals of Medicine" courses in years 1, 2 and 3 and seen in electives (human sexuality, STD, adolescent health) during year 4. This curriculum has succeeded in part because Morehouse remains very supportive of sexual health education. Sexuality is included in the MD curriculum objectives and support for sexual health is reinforced on campus through faculty, students and conferences. In 2012, Morehouse held a White House conference on LGBTI health and appointed a Chair in Sexuality and Religion.

The **University of Minnesota Medical School** provides another comprehensive model of sexual health education. In 1970 the school created Human Sexuality Course in response to the perceived need in the field. Over the years the block course has been reduced and evolved (e.g. from 32 hours to 19 hours), but it still remains a fundamental course in year one, followed by electives offered over the next three years. Electives include clinical opportunities and an externship in transgender medicine. Because the Human Sexuality Course is now 19-hours, certain elements have been lost including: a reduction in time exploring sexual attitudes and lectures on domestic violence, adult victims of sexual abuse, compulsive sexual behavior, paraphilias and sexuality and pregnancy.

The goal of the Human Sexuality Course is to prepare physicians to render effective primary care for sexual health concerns of patients. The course uses lectures, patient panels, smaller interactive and case-based sessions and skills building tutorials to teach material. Current lectures include: public health rationale, sexual language, communication, sexuality across the lifespan, sexual and gender identity, LGBT health, men's sexual health, women's sexual health, contraception, abortion, child abuse and chronic disability. Students work in small groups with a physician and a psychologist with a sexual health background to learn to take a sexual history and address common clinical problems. Students are evaluated on their active participation, two formative quizzes and a graded paper on a clinical issue of their interest.

The curriculum could be further integrated. In year one, sexual health would fit well into Human Structure & Function; Science of Medical Practice; or Scientific Foundations. In year two, courses on Human Disease and Essentials of Clinical Medicine could include sexual health. Clinical clerkships in years three and four could also integrate sexual health into rotations through medical specialties.

The **University of British Columbia (UBC)** is the largest distributed undergraduate medical program in North America. The program is distributed across four distinct sites in Canada using an IT system supported by the government of British Columbia. This IT system allows students and faculty in disparate locations to interact simultaneously, taking learning beyond classrooms and into clinics and hospitals in urban and rural settings.

Sexual medicine courses are incorporated through medical training. Courses incorporate small group work, standardized patients, student volunteers and faculty moderation to facilitate interactive experiences. During year one, sexual medicine is integrated into the 1) Doctor, Patient and Society (12 hours over 4 sessions—75 min plenary, 105 min small group); and 2)Clinical Skills course (6 hours over 3 sessions—1 hour plenary, 1 hour small group). Students are tested on Observed Structured Clinical Examinations (OSCE) and clinical skills exams. In year three,

sexual medicine is included in online courses in the OB-GYN block and in year four there are elective opportunities in sexual health.

**Case Western Reserve University (CWRU) School of Medicine** began integrating sexual health content across the four years of training in 2001. This same year, CWRU moved from an organ system model to one using problem based learning. In 2003, the medical school received a Pfizer grant to further develop its sexual health education.

Specific strengths of the CWRU are its electronic resources and its vertical integration of sexual health. An electronic syllabus provides immediate access to PowerPoint lectures, sound files, videos, Hotlinks to text books, journal articles and websites. Evaluations and exams are maintained online to assess student and faculty progress in sexual health. Sexual health is integrated across all core academic subjects and included on exams. In year three, sexual health serves as a "theme". Sexual health is also an approved area of elective concentration.

Unfortunately, a new curriculum was launched in 2006, wiping out much progress made in sexual health education. These changes left behind one lecture on sexual history taking in year one, two lectures in year two on Female/Male sexual function and dysfunction and one small group case. As future activities, CWRU hopes to build a sexual health website and learning resource that links the electronic curriculum to other resources. The school also plans to regularly measure attitudes for faculty and students before and after learning modules.

Finally, the **University of Virginia** has several courses focused on sexual health. These include a sexual function, sexual orientation and sexual dysfunction course. These courses are interactive and include a pretest on prior knowledge, attitudes, opinions, demographics etc. Innovative online resources from the Association of Reproductive Health Professionals (ARHP) have proved to be very valuable to students and faculty in designing this course. These include:

- Clinical Fact Sheets (http://www.arhp.org/publications-and-resources/clinical-fact-sheets)
- Algorithms for Screening and Treating Female Sexual Dysfunction (http://www.arhp.org/files/kellogg_algorithm.pdf)
- A handbook on Female Sexual Health and Wellness (http://www.arhp.org/Publications-and-Resources/Clinical-Practice-Tools/Handbook-On-Female-Sexual-Health-And-Wellness)
- Assessing Sex Life: Interactive Online Assessment Tool ( http://www.arhp.org/sexlife/)
- Online Medical Education Opportunities (http://www.arhp.org/professional-education/medical-education-opportunities)
- CORE (Curricula Organizer for Reproductive Health Education) (http://core.arhp.org/)

A virtual clinic, on-demand webinars and other resources are all available through the ARHP and may be of use in facilitating sexual health education.

**Comment**

Several experts at the summit described the success of grassroots student movements to increase sexual health education. Often, when students are exposed to curricular content in sexual health, they want more of it. Likewise, LGBTI health remains a successful student-driven concept in many schools. Yet, the turnover of student advocates for sexual health is challenging. Many students are so focused on exams and residency placement in the later years of medical school, that sexual health is viewed as less important. More efforts to train generate sexual health scholars, such as the Morehouse Sexual Scholars Program are needed.

Finally, structural changes at schools can block or slow sexual health education efforts. For example, changes of dean and recent regulations on time allotted in class have halted progress. One expert noted how areas of controversy, such as abortion or the effect of oral contraceptives on sexual function, can serve as a barriers to learning. In order to be sustainable, sexual health education requires ongoing commitment from faculty, students, institutions and licensing boards.

**Efforts by the American Medical Student Association (AMSA) in Sexual Health Education and Training**

As a student based organization of over thirty thousand members, AMSA has been very dedicated to sexual health. AMSA incorporates sexual health into many of its presentations and conventions nationally. It supports groups and committees, such as the AMSA Gender & Sexuality Action Committee, that focus on resources, programming and policies to promote sexual health, LGBTI health and women's health.

In 2009, the Sexual Health Scholars Program (SHSP) (www.amsa.org/shsp) was founded by Rebecca Bak and Shannon O'Hern. This program allows scholars to do research in sexual health and train other medical students in sexual health. It is the most intensive "scholars programs" offered at AMSA with 40 hours of class time. The program uses a comprehensive, online sexual health curriculum and project library, which are both updated annually. The curriculum is partially based on Morehouse's Center for Excellence in Sexual Health Curriculum. It includes large group sessions and small group sessions with two faculty facilitators. Twenty-six scholars attended this year faculty who were involved felt it did not require extensive work and was very beneficial for students.

The SHSP has been innovative in its efforts to meet challenges and remain sustainable. The program was created in response to the lack of sexual health education, funding, curricula, or faculty advocates at many medical schools. In response, the SHSP was created to fill this gap in education. The program gives students access to national experts without geographic limitation and is low cost (only thirty dollars per student). One expert at the summit who had led an SHSP session explained that the modules take little work for faculty. But, sessions are very beneficial for students and the students are very engaged.

Thus far, SHSP has had a limited audience and has not yet been evaluated, but the program provides a good platform for further advocacy and leadership development. The course offers various options for future expansion. The course could:

- be recorded online and made available to larger audiences;
- marketed for students to watch in larger groups at schools across the country;
- include more in-person/facilitated sessions to accompany the online sessions;
- incorporate assessment tools to measure efficacy;
- be further piloted and refined;
- help engender interest and build teaching skills among faculty

Currently, this SHSP curriculum has been implemented at Tulane Medical School and Mt. Sinai Medical School as an optional elective. Students at both schools receive a dean's letter verifying participation. At Tulane, the Sexual Health Elective (SHE) counts towards the elective credit students are required to obtain. Twenty students, ten percent of the class, have chosen SHE as their elective so far. At Mt. Sinai, the SHSP curriculum is offered through optional sessions during dinner time where food is provided. Anecdotally, there is a sense that the curriculum is changing the climate of both schools. In particular, faculty and lecturers, including students, are becoming better at teaching sexual health.

**Comment**

Experts at the Summit discussed how the students involved in SHSP tend to already be more interested and comfortable with sexual health. They contemplated ways to motivate the students "who need to be there, but who aren't there". Mandatory course requirements in sexual health, exam questions and content on national boards were seen as the best motivation for students less interested in sexual health. One expert viewed boards as a main motivator in a "boards-driven environment of medical education, where residency depends upon how you do on the boards and not on other skills". A few attendees commented that current material on national boards is outdated, largely focused HIV and gay men and could be improved.

Other experts felt the environment of medical schools required a more fundamental shift to motivate all students to value sexual health. A current medical student described human sexuality as a part of the "fluffy" curriculum in many medical schools. Another expert commented that although the MCATs are being changed to reflect a stronger emphasis on humanities, the whole system of medical education needs to change to value humanities. Some schools may be ahead in this shift. For example, University of Minnesota has an admissions focus on "a commitment to improving the human condition". Yet, other schools need work.

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