ABSTRACT

Introduction: The number of hours spent teaching sexual health content and skills in medical education continues to decrease despite the increase in sexual health issues faced by patients across the lifespan. In 2012 and 2014, experts across sexuality disciplines convened for the Summits on Medical School Education and Sexual Health to strategize and recommend approaches to improve sexual health education in medical education systems and practice settings. One of the summit recommendations was to develop sexual health competencies that could be implemented in undergraduate medical education curricula.

Aim: To discuss the process of developing sexual health competencies for undergraduate medical education in North America and present the resulting competencies.

Methods: From 2014 to 2016, a summit multidisciplinary subcommittee met through face-to-face, phone conference, and email meetings to review prior competency-based guidelines and then draft and vet general sexual health competencies for integration into undergraduate medical school curricula. The process built off the Association of American Medical Colleges’ competency development process for training medical students to care for lesbian, gay, bisexual, transgender, and gender non-conforming patients and individuals born with differences of sex development.

Main Outcome Measures: This report presents the final 20 sexual health competencies and 34 qualifiers aligned with the 8 overall domains of competence.

Results: Development of a comprehensive set of sexual health competencies is a necessary first step in standardizing learning expectations for medical students upon completion of undergraduate training.

Conclusions: It is hoped that these competencies will guide the development of sexual health curricula and assessment tools that can be shared across medical schools to ensure that all medical school graduates will be adequately trained and comfortable addressing the different sexual health concerns presented by patients across the lifespan.


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Key Words: Sex Education; Medical Education; Competency Based Education; Sexual Health

INTRODUCTION

Sexual health is an essential part of overall health and well-being. However, studies have shown an alarming incidence of sexually transmitted infections, high levels of teen pregnancy, significant rates of sexual dysfunction in adults in the United States, and medical and psychiatric consequences of sexual violence. Additional studies have highlighted the challenges faced by lesbian, gay, bisexual, transgender (LGBT) communities when stigmatized by health care providers. Thus, health care providers need training throughout their professional
lives, starting during undergraduate medical education, to address the different sexual health concerns patients present across the lifespan. Nevertheless, hours dedicated to sexual health content in medical school curricula continue to decrease; no standardized sexual health competencies, curricula, or learner assessment tools exist for training medical students; clinician discomfort continues; and gaps in sexual health care for patients remain. Ensuring that all health care providers are adequately trained and comfortable addressing sexual health with patients will require a large-scale systemic change and continues to remain a challenge.

In light of the challenges identified, 57 sexual health experts representing 46 institutions and organizations conducting work related to sexual health convened in 2012 for the first Summit on Medical School Education and Sexual Health. This multidisciplinary group included experts in human sexuality education, medical education, health professional education, sexual medicine, sexual cancers, obstetrics and gynecology, urology, nursing, sex therapy, sexual orientation, gender identity and expression, sexually transmitted diseases and infections, HIV and AIDS, sexual response, sexual function, sexual challenges, public health, policy, family medicine, psychiatry, and community health and preventive medicine. The summit’s goal was to strategize and recommend approaches to improve sexual health education in medical education systems and practice settings. In December 2014, 45 sexual health experts representing 47 institutions and organizations conducting work related to sexual health convened for a second summit. Between summits, ground-breaking bodies of work emerged in defining the core competencies that all physicians must attain, the qualification of competencies necessary to ensure responsible and comprehensive care for individuals who are LGBT, gender non-conforming (GNC), or born with differences of sex development (DSD), and qualifiers of competence as defined by Eckstrand et al. Competency-based approaches are not new in sexual health care; however, to our knowledge, no standardized sexual health competencies comprehensively addressing the wide range of sexual concerns patients experience exists for undergraduate medical education.

Given the attention received with the reshaping of undergraduate medical education toward a competency-based approach, a subcommittee formed at the 2014 Summit on Medical School Education and Sexual Health with the goal of building on the 2012 summit recommendations and on the LGBT, GNC, and DSD patient care competencies to develop general sexual health competencies for undergraduate medical education. The authors of this article constitute the sexual health competencies subcommittee.

AIM

The aim of this report is to discuss our competency development process and, more importantly, to present a robust structure of sexual health competencies for adoption into undergraduate medical education in North America.

METHODS

During the Second Summit on Medical School Education and Sexual Health, held December 8 to 9, 2014 at the University of Minnesota, a subcommittee including experts in sexuality education; medical education; sexual medicine; sex therapy; competency-based medical education; LGBT, GNC, and DSD health; health professional education; and clinical practice met to begin developing sexual health competencies for undergraduate medical education. Three of the subcommittee members were co-authors of the LGBT, GNC, and DSD patient care competencies and shared insights on competency-based medical education and competency development. We conducted our work through in-person meetings, conference calls, and email communication. The first steps in the process included reviewing foundational documents, discussing successes and challenges in clinical practice and current medical education, and reviewing the recommendations made from the 2012 summit.

To develop the sexual health competencies, we built off the process described by Eckstrand et al, which included the following steps: step 1, selecting a competency framework; step 2, identifying gaps in performance; step 3, determining competencies requiring context- or content-specific qualifiers; step 4, writing qualifiers of competence; and step 5, developing an iterative process for editing qualifiers. In November 2015, after multiple rounds of revisions, the subcommittee vetted a final draft of the competencies with five additional experts in medical education, clinical practice, and sexual health and incorporated their feedback into the final competencies.

The World Health Organization’s working definition for sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.”

When the term sexual health is used in the qualifiers of competence listed in Table 1, it can refer to any or all of the following where appropriate: sexual anatomy, physiology, and genetics; sexual development; gender identity and expression; sexual orientation; sexual identity; sexual response; sexual practices; and sexual behaviors and the range of their frequencies as they apply across the lifespan.

MAIN OUTCOME MEASURES

Table 1 presents the 20 new sexual health competencies and 34 qualifiers of competence that span across the 8 competency
Table 1. Sexual health competencies for undergraduate medical education

Competency domain: patient care

<table>
<thead>
<tr>
<th>Competency</th>
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<tr>
<td>Gather essential and accurate information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging, and other tests by:</td>
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<tr>
<td>1. Sensitively and effectively eliciting relevant sexual health information from all patients in a developmentally appropriate manner.</td>
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<td>2. Performing a complete and accurate physical examination with sensitivity to sexual health matters, including trauma, across the lifespan.</td>
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<td>Make informed decisions about diagnosis and therapeutic interventions patient information and preferences, up-to-date scientific evidence, and clinical judgment by:</td>
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<td>3. Assisting the patient in making informed decisions about sexual health.</td>
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<td>Counsel and educate patients, their partners*, and their families to empower them to participate in their care and enable shared decision making by:</td>
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<td>4. Assessing their needs and tailoring counseling and treatment recommendations with consideration for any special needs, impairments, or ability levels related to sexual health.</td>
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<td>5. Recognizing the sexual health risks and challenges often encountered by specific populations, including sexual and gender minorities, and tailoring communication and counseling efforts to specific populations, boosting resilience, and decreasing high-risk sexual behaviors and outcomes.</td>
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<tr>
<td>Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health by:</td>
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Competency domain: knowledge for practice

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<tr>
<td>Apply established and emerging biophysical and psychological* scientific principles fundamental to health care for patients and populations by:</td>
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<tr>
<td>1. Defining and describing the following as they relate to sexual health across the lifespan: sex, sexuality, sexual anatomy and physiology, gender identity and expression, sexual orientation, sexual identity, sexual practices, sexual behaviors, and sexual relationships, reproduction, sexual abuse, and violence.</td>
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<tr>
<td>2. Defining and describing the range of sexual behaviors and practices, and their frequencies, across cultures and the lifespan.</td>
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<td>3. Understanding common differences in sex development (including but not limited to intersex conditions), their epidemiology, and management as related to one’s sexual health.</td>
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<td>5. Understanding sexual physiology in sexual health.</td>
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<td>6. Understanding the impact of co-occurring medical and psychiatric conditions and substances (medications, alcohol, illicit substances, etc) on sexual health.</td>
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<tr>
<td>7. Describing the forms of sexual trauma, their impact on sexual health, and strategies for individualized management.</td>
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<tr>
<td>Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care by:</td>
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<tr>
<td>8. Understanding and evaluating common sexual concerns and their potential etiologies.</td>
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<tr>
<td>Apply principles of social-behavioral sciences to the provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care by:</td>
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Competency domain: practice-based learning and improvement

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<td>Identify strengths, deficiencies, and limits in one’s knowledge and expertise by:</td>
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<tr>
<td>1. Demonstrating the ability to elicit feedback about patients’ experiences in the health care system regarding sexual health.</td>
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<tr>
<td>2. Demonstrating the ability to assist the patient in accessing sexual health care if the physician conscientiously objects to providing the care requested.</td>
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<td>Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems by:</td>
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<tr>
<td>3. Identifying important clinical questions as they emerge in the context of caring for the sexual health of patients and using technology to find evidence from scientific studies and/or existing clinical guidelines toward informed clinical decision making about sexual health.</td>
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Competency domain: interpersonal and communication skills

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<tr>
<td>Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds by:</td>
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(continued)
Table 1. Continued

1. Developing rapport with all individuals (patients, families, partners, and/or members of the health care team) to promote respectful and affirming interpersonal exchanges in discussing sexual health-related concerns.

2. Recognizing and respecting the sensitivity of certain clinical information pertaining to sexual health and involving the patient (or the patient’s guardian) in the decision of when and how to communicate such information to others.

3. Recognizing the complexity of linguistic barriers of communication across languages in caring for patients’ sexual health and navigating these barriers, including the use of interpreters.

Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions by

4. Recognizing that common forms of implicit (i.e., automatic or unconscious) bias and assumptions can adversely affect verbal, non-verbal, and/or written communication involved in patient care in relation to sexual health.

Competency domain: professionalism

Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, ability*, and sexual orientation by

1. Recognizing and sensitively addressing every patient’s, partner’s, and family’s healing traditions and beliefs, including sexual health-related beliefs, and understanding how these might shape reactions toward diverse aspects of sexuality.

Demonstrate respect for patient privacy and autonomy by

2. Recognizing the unique aspects of confidentiality regarding sexual health by using appropriate consent and assent practices.

Demonstrate accountability to patients, society, and the profession by

3. Accepting shared responsibility for eliminating disparities and overt bias (e.g., discrimination) in sexual health care and developing policies and procedures that respect all patients’ right to sexual health care, including facilitating access to appropriate care.

Competency domain: systems-based practice

Advocate for quality patient care and optimal patient care systems by

1. Explaining and demonstrating how to navigate health care systems and the specific legal, insurance, and policy issues affecting sexual health.

Coordinate patient care within the health care system relevant to one’s clinical specialty by

2. Identifying and appropriately using resources available to support the sexual health of patients.

Participate in identifying system errors and implementing potential systems solutions by

3. Explaining how biases about sexuality affect health care inequalities, costs, and outcomes.

4. Describing strategies that can be used to effect reform within existing health care institutions to promote sexual health as a part of overall health and well-being for all patients.

Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care by

5. Demonstrating the ability to perform an appropriate risk-benefit analysis for sexual health interventions where evidence-based practice is lacking.

Competency domain: inter-professional collaboration

Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust by

1. Valuing the importance of inter-professional communication and collaboration in providing culturally competent, patient-centered sexual health care.

2. Understanding the multifaceted nature of sexual health and the inclusion of multiple specialties as appropriate in the provision of sexual health care.

Competency domain: personal and professional development

Practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior by

1. Critically recognizing and assessing one’s own implicit biases in providing sexual health care through reflective practices and developing strategies to mitigate these biases.

2. Understanding the dynamic nature of sexual health knowledge and of sexual health values in one’s self, patients, and society.

*Adaptations to the Englander et al model that were pertinent to sexual health.
domains as defined by Englander et al:17: patient care, knowledge for practice, practice-based learning and improvement, interpersonal and communication skills, professionalism, systems-based practice, inter-professional collaboration, and personal and professional development. The competency domains are in boldface type, the sexual health competencies are italic type, and the numbered components are the qualifiers of competence. Words followed by asterisks in Table 1 indicate adaptations we made to the Englander et al17 model that were pertinent to sexual health. The new sexual health qualifiers of competence build on the work of Hollenbach et al18 who developed qualifiers of physician competencies to improve health care for people who are or might be LGBT, GNC, and/or born with DSD. The numbered components are the specific sexual health competencies that we adapted. In mapping to the pre-existing competency framework, sexual health can be integrated throughout the curricula where these larger physician competencies are already taught or achieved. These qualifiers of competence also can serve as a departure point for other health professional disciplines that might wish to adapt them to meet the specific training needs of their provider constituency.19

Because an integrated biological, psychological, social, and behavioral approach is essential to addressing sexual health, we slightly modified the Englander et al17 model to include psychological aspects of sexual health. We also modified the model to include sexual health for people with all (dis)abilities because this is a population that is frequently overlooked when it comes to sexual health care. The resulting sexual health competencies and qualifiers of competence address a broad range of areas including anatomy, physiology, sexual response, sexual function, sexual challenges, relationships, abuse, and violence, in addition to sexual orientation, gender identity, and gender expression. The expansive approach to sexual health and additional content addressed are the main differences from the LGBT, GNC, and DSD competencies.

CONCLUSIONS

The sexual health qualifiers of competence are an important step toward ensuring that the future physician workforce can competently and comfortably address sexual health issues in a developmentally appropriate manner with patients throughout the lifespan. The next steps would include developing a systematic 4-year curriculum based on these competencies and corresponding evaluation tools that would be incorporated within undergraduate medical education and then distributing these and other curricular resources for medical school educators to ensure undergraduate students build the necessary knowledge, skills, and attitudes for providing sexual health care. Without widespread, consistent adoption of appropriate sexual health competencies in medical education, we will continue to see limited, variable outcomes in provider ability and patient care in sexual health.10

The physician competency reference set and the LGBT, GNC, and DSD patient care competency set provided a framework to build on and a process to learn from toward the development of a sexual health competency set. The new sexual health competencies are more expansive and more specific to address sexual health topics that were not explicitly included in the previous competency sets.

Interdisciplinary collaboration and learning from the physician competency reference set and the LGBT, GNC, and DSD patient care competency outcomes will remain essential for moving toward the implementation and evaluation of the sexual health competencies.

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Corresponding Author: Carey Roth Bayer, EdD, MEd, BSN, RN, Morehouse School of Medicine, 720 Westview Drive SW, NCPC, 250, Atlanta, GA 30310, USA. Tel: 404-752-8694; Fax: 404-752-1040; E-mail: cbayer@msm.edu

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STATEMENT OF AUTHORSHIP

Category 1

(a) Conception and Design
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman

(b) Acquisition of Data
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman

(c) Analysis and Interpretation of Data
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman

Category 2

(a) Drafting the Article
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman

(b) Revising It for Intellectual Content
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman

Category 3

(a) Final Approval of the Completed Article
Carey Roth Bayer; Kristen L. Eckstrand; Gail Knudson; Jean Koehler; Scott Leibowitz; Perry Tsai; Jamie L. Feldman
REFERENCES


23. Royal College of Nursing. Sexual health competences: an integrated career and competence framework for sexual and reproductive health nursing across the UK. London: Royal College of Nursing; revised June 2009.