SUMMIT ON MEDICAL SCHOOL EDUCATION IN SEXUAL HEALTH: DEVELOPING CHAMPIONS IN SEXUAL MEDICINE

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Introduction: Last year 59 men and women committed to furthering sexual health education gathered for two days in Minneapolis, MN to discuss the current state and future of sexuality education in medical school at the Summit on Medical School Education in Sexual Health.

Methods: Invited speakers including former surgeons general, current medical student leaders, and key opinion leaders in the area of sexual health made a series of presentations on relevant topics. The talks were given on the first day and part of the second. On the second day attendees divided up into working groups based on individual interest in order to develop recommendations for the future. Topics included sexual health content and placement in the curriculum, inter-professional education and training for integrated care, evaluation mechanisms of sexual health education, faculty development, and cooperative strategies. At the conclusion of the meeting each group shared their recommendations.

Results: For sexual health education to be most effective it should be integrated into all four years of medical school employing various teaching methods including current technology. It should be both factual and skills-based, incorporated into relevant courses. Integrated care should be encouraged through inter-professional faculty teaching the subject. Patient health outcomes and satisfaction would provide strong assessment of the curriculum, but using standardized patients and updating the Sex Knowledge and Attitude Test would be valuable. Faculty development and cooperation across sectors are central themes essential to incorporating sexual medicine teaching within the medical school, both with scripted and unscripted curricula. Barriers include insufficient time and money, lack of knowledgeable faculty and resources, and diverse sexual beliefs. While student advocates may foster interest, there is a high turnover and most students focus on exam driven content.

Conclusions: Improving sexual health education in medical schools will require passionate and knowledgeable leaders, across a number of disciplines, to champion this cause. The establishment or expansion of the sexual medicine curriculum within each medical school is dependent upon a local champion pushing the agenda from within. The providers of tomorrow are dependent upon members of ISSWSH to be champions today.