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

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(Presented by: Sue Goldstein, BA)

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.

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MEDICAL SCHOOL CLINICAL TRAINING IN WOMEN'S SEXUAL HEALTH

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Introduction: Exposure to women's sexual medicine and formal teaching in this field is rare in medical education.

Methods: San Diego Sexual Medicine together with the University of California San Diego School of Medicine have developed opportunities to integrate women's sexual medicine into the medical school curriculum. Interest is piqued in the first year during lunch and learn sessions of Special Interest Groups (SIGs). First year students often request the opportunity to observe clinics after hearing speakers at a SIG. From a formal perspective, sexual medicine is included in the curriculum beginning in the second year of medical school when students are given a formal lecture on female sexual function and dysfunction.

For students interested in getting more involved, a one month clinical rotation at San Diego Sexual Medicine is available during the fourth year of medical school.

Results: During the month rotation students are exposed to several areas of sexual medicine including medical and surgical management of sexual dysfunction, pelvic floor physical therapy and counseling sex therapy. Specific diagnoses and conditions in women's sexual health that students are most exposed to are hormonally mediated vestibulodynia, hormonal management of menopause, and hypoactive sexual desire disorder. Additionally, students gain an extensive understanding of the general approach to working up dyspareunia, including experience with vulvoscopy.

Conclusions: Clinical exposure to women's sexual health during medical school will give future clinicians the confidence and expertise needed to address sexual health concerns and potentially carry out initial work up and treatment of sexual dysfunction while also making them aware of the numerous medical professionals available to them for consultation on such conditions.

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STUDENT-INITIATED SEXUAL HEALTH SELECTIVE AS A CURRICULAR TOOL

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Introduction: Patients' sexual health functioning is important for physicians in all fields of medicine to consider; however, this topic is lacking from almost half of U.S. medical school curricula.

Aims: This study aims to develop, implement, and evaluate a preliminary sexual health curriculum for medical students, which adheres to a number of the guiding principles and recommendations from the 2012 Summit on Medical School Education in Sexual Health.

Methods: This Sexual Health Selective (SHS) was developed and implemented by a student and faculty champion for first year medical students, utilizing varied teaching methods and a multi-disciplinary, biopsychosocial team approach. Additionally, sexual health knowledge and attitudes were assessed pre-SHS for participants and non-participants, and post-SHS for participants only.

Main Outcome Measures: The average responses to attitude questions and proportion of correct responses for knowledge questions were compared between: (1) participants vs. non-participants prior to the SHS, (2) participants immediately after vs. participants prior to the SHS, (3) participants three months after vs. participants prior to the SHS, and (4) participants three months after vs. participants immediately after the SHS.

Results: Before the SHS, participants scored more openly than non-participants on all attitude measures, and higher on about half of the knowledge measures. Immediately after the SHS and three months later, participants' average responses were increased on all 10 attitude measures as compared to baseline, and participants' knowledge about sexual health issues was increased or remained at 100% on nearly all knowledge measures, as compared to baseline.

Conclusions: With a student and faculty champion, and following the guiding principles of the 2012 Summit on Medical School Education in Sexual Health, an effective sexual health curriculum was developed for first year medical students. After the SHS and three months later, participants' attitudes were more open, and sexual health knowledge increased compared to baseline.