

INVITED COMMENTARY

Sexuality Education: A Critical Need

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Sexual wellness is a human right; unfortunately, many persons around the world do not have access to education and healthcare essential to promote sexual wellness [1]. Educating students, trainees, and practicing physicians on how best to serve their patients as reliable resources on sexuality-related issues is hence a critical priority [2]. Aside from promoting wellness, education and recruitment of a new generation of sexuality experts ensure the continued vitality of the global sexual medicine community.

Despite landmark strides in our understanding of human sexuality (both biological and psychosocial), the ability of providers to care for patients with sexual health concerns continues to lag far behind the expectations of our patients [3]. Sexuality influences (and is influenced by) all manner of mental and physical processes. Hence, even those healthcare providers who do not routinely consider sexuality in their practices should be aware of how the conditions they treat and the treatments utilized may influence sexual expression. It is essential that a fundamental body of knowledge on human sexuality be imparted to learners in undergraduate medical or mental health professional education [4]. After acquisition of fundamentals during the undergraduate years, specialized training tailored to specific disciplines can continue in residency or similar postgraduate training.

As the starting point for training in the health professions, the undergraduate years are a time of critical import. There is tremendous heterogeneity in depth and breadth of sexuality-related curriculum in medical schools and residency programs. Few medical schools feature comprehensive sexuality education and many include minimal content on important topical areas (e.g., LGBT issues, contraception) [5–7]. Although the nature and depth of instruction vary, there is general agreement that

sexuality education should involve exploration and development of attitudes, knowledge, and skills [8].

The attitudinal aspect of sexuality education is geared primarily toward developing self-awareness [8]. It is not the intent of sexuality education to change a learner's deeply held convictions about sexuality; however, as professionals, learners must respect their patient's personal decisions and provide appropriate care and/or referrals. This requires that learners develop a thorough understanding of their own personal views on sex and how they may influence their interactions with patients. In addition to recognizing their own potential biases and beliefs, students must learn to value the importance of sexual expression to their patients. Sexuality is a lifelong experience; all patients, regardless of age, sex, gender, sexual orientation, race, ethnicity, religion, disability status, or other trait deserve to be asked about their sexual health and to have their concerns about sex taken seriously by healthcare providers [1]. Developing an attitude of professionalism as it pertains to human sexuality is fundamental.

The knowledge aspect of sexuality education pertains to gaining an understanding of the physiology and pathophysiology of human sexual response and reproduction [8]. Discussion of pregnancy, sexually transmitted infections, and safer sex practices is also critical. Aside from biological data, learners must also develop an understanding of the psychosocial aspects of sexuality to inform their future interactions with patients.

The skills aspect of sexuality education refers to facility in providing education and appropriate interventions for patients presenting with sex-related concerns [8]. Skills represent the synthesis of knowledge and attitudes and are hence the most difficult aspect of sexuality education to teach and to measure. However, development of skill in the

care of patients with sexual issues is the ultimate practical application of sexuality education.

Although the basic framework for sexuality education focuses on knowledge/attitudes/skills, clarity on issues to be covered is also essential. Learners should be able to:

1. provide age and cognitively appropriate sexuality education for patients regardless of gender/age/sexual orientation/sexual practice;
2. evaluate and manage sexual dysfunction;
3. provide information on contraception/sexually transmitted infections/safer sex practices; and
4. understand and discuss legal/ethical issues in sexual medicine.

No single discipline can educate a learner on the entirety of human sexuality. A team-based approach, integrating a variety of perspectives and expertise, is preferred [9,10]. Specific specialties that should be intimately involved in sexuality curriculum include psychiatry, gynecology, urology, and primary care. Supplemental instruction from sex therapists, psychologists, epidemiologists, and sexologists may add nuance and detail to the core sexuality curriculum. Although a team-based multidisciplinary approach is essential, it is important that at least one “champion” be involved at each institution to advocate for sexuality in the curriculum and to help integrate the disparate material into a coherent whole [4].

Educational programs in sexuality should adhere to established tenets of adult education [11]. Motivation, emotion, and attention are essential for learners to internalize presented material and hence the importance of these topic areas should be emphasized early on to engage the participants in the learning process [11]. In particular, the educational styles and needs of the millennial generation should be kept in mind when designing educational curricula. The current generation appears to learn best using active, team-based approaches, with frequent constructive feedback on progress and areas in need of improvement [12,13].

Traditional methods of didactic education are highly efficient and well established but may not be appropriate for the totality of all education, particularly on sensitive topics such as human sexuality. Incorporation of didactics, panels, small group discussions, and observed clinical encounters with simulated patients will remain important means of education. The development of technologically sophisticated teaching modalities (e.g., online lectures, smartphone apps, web-based simulations) is

a priority as these tools incorporate many aspects of learning preferred by the modern student [13].

The development of a sexuality curriculum that is expansive enough to encompass all information that providers must know and simultaneously flexible enough to permit adaptation to local mores and individual teaching/learning styles is an enormous task. Despite the enormity of the task, there are few issues of greater importance for the advancement of the field of sexual medicine. We as a body of sexuality experts must attract young investigators to our field and educate our colleagues on the importance of sexuality. To facilitate development of such a curriculum, the International Society of Sexual Medicine and similar national and international bodies should provide material support to experts in sexuality and education. Examples of necessary support include funding to provide protected time for faculty development and crafting of educational tools, dedicated consensus conferences, and platforms for dissemination of information and learning materials [14]. The support of industry may also be very beneficial in the crafting of education curricula; industry support has been crucial in the development of a number of high-profile sexuality educational programs for medical trainees in the United States [5,9,15].

Development of these educational tools is an international effort; local dissemination requires buy-in from regional providers and organizations. This will require that the international curriculum incorporate a variety of perspectives (geographic and disciplinary). Ideally, any international sexuality curriculum will be modular and adaptable to the local mores and resources of individual teaching institutions/programs. While flexibility in content and presentation is necessary, fundamental respect for human sexual rights and self-determination is a nonnegotiable aspect of sexuality education. This must be acknowledged and respected by anyone authorized to use these curricula in their teaching practice.

The task is large but the potential benefits to our field and to human societies are enormous. We eagerly encourage all of our colleagues to work with us in our efforts to enhance sexuality education.

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