

Curricular Thread Review: Human Sexuality

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Thread Review *Approved* by CIS subcommittee electronically 10/10/2018

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Presented to CIS 5-13-2015. Reviewed content standards: USMLE testable content, MedEd Portal, comparable courses at other schools (Morehouse College), American Medical Student Association sexual health curriculum.

Goal of the Curricular Thread: The goals of the thread are to provide human sexuality education to medical students in a comprehensive manner and in a way that emphasizes the importance of sexual health in medicine. The recommendations made are in an effort to be proactive in evaluating this part of our curriculum, as Coleman et al. recommend that sexual health content be incorporated into USMLE exams. Coleman et al. wrote, “The majority of research suggests that students need improvement in knowledge, attitudes, and clinical skills related to sexual health.”

Thread Objectives - Mapped to corresponding Institutional Educational Objectives (IE)

Knowledge

1. Compare, contrast, and evaluate different models of human sexuality, sexual response and gender identity (IE - 2.2, 2.5)
2. Describe common sexual concerns and basic treatment options (IE - 2.2, 2.3, 2.5)
3. Recognize the historical context of sexuality research (IE – 2.5)
4. Describe important aspects of sexual health needs of different populations, including, but not limited to, different populations and presentations, LGBT individuals, and patients with chronic illnesses (IE – 2.4, 2.5)

Skills

5. Conduct and appropriately tailor sexual history and physical exams to different age groups & populations, including, but not limited to, different populations and presentations, LGBT individuals, and patients with chronic illnesses (IE - 1.2, 4.1, 5.3, 5.6)
6. Screen for sexual assault and domestic violence (IE – 1.2, 2.1)
7. Recognize when a physician can treat an illness and when to refer to a specialist (IE – 1.8)
8. Teach fellow students about sexual health concepts through case-based learning (IE – 3.8)

Attitudes

9. Analyze one's own biases related to sexuality and examine ways to confront, work with, and/or overcome these biases (IE – 4.7, 5.2, 5.5)
10. Examine the interplay between relationships, love, and family (IE – 2.5)
11. Examine certain viewpoints of sex and sexuality within various religions (IE – 2.5)
12. Examine the role of health care providers in treating sexual problems and promoting healthy sexualities (IE – 1.9, ~~2.6~~)
13. Examine the role of medical education in preparing physicians to treat sexual problems and promote health sexualities (IE – ~~2.6~~, 3.10)

2018 Short Term Recommendations:

- Emphasize sexual history as part of the patient history, including considerations for varying age groups and populations in cases across the curriculum (pediatric, elderly, LGBT, chronic disease, disability, etc.).
- Ensure the male genitourinary (GU) and female GU, breast and pelvic normal Review of Systems (ROS) are appropriately included and assessed in the curriculum.

2018 Long Term Recommendations:

- Continue to look for ways to emphasize an evidence based approach to all topics and exploring the feasibility of a formal Journal club to provide a review of current journal articles on various topics - including Human Sexuality. (MD, PhD, Librarian facilitators)
- Include sessions to demonstrate the impact of religion, culture & worldviews on medicine in regards to sexuality.

2015 Short Term Recommendations follow up:

- *Emphasize sexual history as part of the patient history, including considerations for varying age groups and populations (pediatric, elderly, LGBT, chronic disease, disability, etc.)*
- *Ensure inclusion of the male genitourinary (GU) and female GU, breast & pelvic physical exams and Review of Systems (ROS) in the curriculum.*
 - *Pelvic & breast exams on low fidelity simulators is included in Doctoring I, and high fidelity simulation pelvic exam occurs during the Transitions to Clinical Clerkships course. Every student has a required GTA and MUTA experience during their third year.*
 - *ROS is introduced during the didactic portion ofr each PE session, but not currently assessed. Focused ROS is assessed with the Doctoring II required history & physical notes. Sexual history is also included in the standard rubric for each required note.*

2015 Long Term Recommendations follow up:

- Develop a formal Journal club to provide a review of current journal articles on various topics - including Human Sexuality (MD, PhD, Librarian)
 - *Suggested for numerous topics. Explored further, but not formally developed or adopted into the curriculum. Workshops on critical analysis of the literature and emphasis on assessment of this skill has been placed in the Case Based Learning division of Doctoring I.*
- Include sessions to demonstrate the impact of religion, culture & worldviews on medicine in regards to sexuality.
 - *None included currently*

Numbers in red correspond to thread objectives each session addresses; **Numbers in green** are additions of coverage since the last report

2015 content and recommendations are in **black text** and any updates or changes to the content are noted in **red text**, especially noting the **red italicized Script** where the reviewer feels the 2015 recommendation has not been addressed.

Curricular Outline of Recommended Changes to Ensure Coverage of Content

Course	Current Content	Short Term Improvements	Long Term Improvements
M1			
MHG Anatomy & Embryology 7hr (+1)	Pelvic floor & reproductive organs [1, 2, 4, 5, 7, 12, 13]	Emphasize issues with pelvic floor effecting sexual health in males & females [2] Introduce pelvic therapy for pelvic floor disorders & sexual dysfunction [7] added dedicated clinical/rehab lecture by pelvic floor PT specialist to cover both	
Doctoring I: Profession of Medicine	Physician Bias (1 of 3 – Racial, sexual orientation, obesity) [9 for limited #] Required CITI training includes research ethics which covers the Tuskegee Syphilis study [3]	AAMC implicit bias presentation added https://www.aamc.org/members/leadership/catalog/178420/unconscious_bias.html	Consider requirement of all 3 bias tests if time allows (racial, sexual orientation & obesity) [3, 9] CD looking at feasibility to require all 3
Doctoring I: Case Based Learning 4hr (-2, HSW decreased from 6 hours)	Human Sexuality Workshop I [1, 2, 4, 5, 6, 7, 8, 9, 12, 13] 3.5 hour session and 15 minute OSCE; Provide a supportive and caring framework for obtaining a sexual history; Demonstrate effective sexual history interviewing technique; Display a professional, nonjudgmental	Include sexual health concerns in cadaver case presentations {5,8} not emphasized by most when presentations reviewed HS I Workshop {4,5} – altered to focus on sexual history in general instead of specific populations; SP interactions & OSCE	Address sexual health with each clinical case (normal and abnormal) and the accompanying learning objectives [5, 8] not done in majority of cases for Doctoring I, but emphasis has increased s in Doctoring II, including addition of an IPV case.

	<p>attitude toward various sexual behaviors</p> <p>First Patient Presentations – <i>opportunity to expand inclusion in appropriate disease states when reviewing hx/ROS for presentation.</i></p>		
<p>Doctoring I (Communication Skills for HP)</p> <p>3hr (+3, new case integrated into existing)</p>	<p>CSHP Simulated Case on identifying domestic violence (interviewing techniques and patient resources) [2, 4, 5, 6, 7, 8, 9, 10, 12, 13]</p>	<p>Introduce techniques for discussing social & sexual history, including confidentiality [5] Added focus during HS I workshop of Doctoring I (see above)</p>	
<p>Doctoring I (IPE)</p> <p>2hr</p>	<p>Female Pelvic & Breast Exams [1, 2, 4, 5, 12] Didactic session followed by GYN pelvic & breast exam on low fidelity simulator during January session that follows the HS I workshop on sexual history.</p>	<p>Integrate sexual history & review of systems into female pelvic & breast exams [5] Included in didactic session, reviewed again during Transitions simulated pelvic exam.</p> <p><i>Consider ROS assessment addition during SP practice or longitudinal notes</i></p> <p>Sexual history taking in appropriate systems (CV, neuro, abd) [5] HS workshop I & Doctoring I IPE didactic sessions introduce. SP practice and OSCE for focused sexual history in HS Workshop I. No assessment or application session for history collection in other systems.</p>	

		GU exam for males (ROS & PE) [5] low fidelity simulation, GTA and MUTA exams are now required curriculum.	
Introduction to Clinical Psychiatry 4hr	Sexual Dysfunction (STI, DSM disorders) [2, 5, 7] Developmental sexuality [1, 2, 4, 5, 7, 12] Major health care concerns of LGBT community, and age & culture specific sexuality issues		
Lifespan & Development	Anatomical stages of sexual development [1] Gender Identity [1]	Ensure integration of sexual behavioral development into milestones. <i>Integrated from adolescence on.</i>	
Basic Science Courses	Little focused material Physiology lecture on male and female sexual arousal & response [1] See Anatomy above	Integrate CIF cases into sessions – Include sexual health in composition of all cases (normal or abnormal) [5] <i>not used</i>	Integrate journal article readings & discussions regarding sexual health into Journal Club [13] <i>None</i>
M2			
Pathology	Pathology of the reproductive system [2]		
Microbiology	lecture on STI mode of transmission, infection, and characteristics of each bacteria or virus [2, 12]		

<p>Doctoring II: Practice of Medicine</p> <p>6hr (HSW II dropped from 6 hours to 4 and new POM case integrated into existing session)</p>	<p>Human Sexuality II Workshop [1, 2, 4, 5, 8, 9, 11, 12, 13] 4 hour session</p> <p>Apply a model for evaluating the sexual concerns of patients; Understand the importance of sexuality in aging patients; Differentiate sex, gender, orientation, attraction, and expression; Understand the ethical principles that guide treatment of LGBT patients; Apply ethical principles to case examples of physician interactions with LGBT patients; Consider the applicability of conscientious objection for personal or religious beliefs</p> <p>Practice of Medicine Case IPV patient encounter and note introduced Fall 2018. Intro to patient profile/risk factors & resources. [2, 4, 5, 6, 8, 10, 12]</p>	<p>Address sexual health (normal and abnormal) in each patient case</p> <p>Restructured workshops so that normal emphasized more in HS I and special populations and abnormal in HSII</p> <p>Include pre-course resources (readings/videos) for HS II Workshop on certain viewpoints of sex and sexuality within various religions [11]</p> <p><i>consider including here or replace Transitions readings to complete coverage of this objective</i></p>	<p>Address healthy sexuality and/or the impact of a disease process on sexual health in each case facilitator guides [12] is regularly included as CD has recreated guides and developed new cases</p> <p>Develop Sex Toys & Tools introductory session for HS II Workshop [4, 9, 12] introduced in HS workshop</p>
<p>Microbiology</p>	<p>STI's [2]</p>		
<p>Pharmacology</p>	<p>Sexuality- pharmacological treatment & SE's related to human sexuality; Contraception; emergency contraception; (2 Sex</p>	<p>Consider including information on Viagra equivalent for females [13]; CD feels controversial and has not included at this time; new launch of drug this summer – will continue to monitor</p>	

	hormone lectures, AND Uterine Drugs lecture) introduced meds for transgender patients [1, 2, 4]	Integrate medication of normal states [2] <i>menopause, low testosterone introduced in sex hormone lectures</i>	
M3			
Transitions to Clinical Clerkships 0.5hr (-1)	Female GYN concerns & female exam [4] Simulated patient encounter for sexual history, breast & pelvic exam [5] Simulated pelvic exam encounter [5] Transgender patient pre-course readings [4]	Addition of male and female sexual history & physical exam to existing GYN lecture. [5] <i>included then moved sexual hx into HS I workshop, and exam into Doctoring I. Simulated pelvic exam workshop developed.</i> Transgender readings to replace pre-course introductory LGBT reading [4] done	
Family Medicine Clerkship 1hr (+1)	4 cases that cover patients' with STI's [2, 8] MUTA exam and GTA experience required M3 year. [2, 4, 5]	Integrate sexuality & the elderly into geriatrics and palliative care sessions — the range of sexual behaviors with age; HIV in the elderly; LGBTQ elderly (ethical treatment in ALFs, nursing homes) [2, 5, 4, 10] <i>case available with different subscription that would also provide geriatric topic introduction; ICP introduces topic with "Developmental Sexuality" lecture by Dr. Finger</i>	Explore development of a session on utilizing adaptive devices to meet sexual needs [12]

<p>OB/GYN Clerkship</p> <p>4 hours of didactic</p>	<p>Sexual Violence [4, 5, 6, 12]</p> <p>Menopause [2, 4, 5, 12]</p> <p>Contraception [2, 4, 5, 12]</p> <p>Female reproductive pathology [2, 5]</p>	<p>Address Sexual changes in menopausal women (estrogen drop, libido, toys, etc.) [2, 4, 12] menopause lecture discusses most changes</p> <p>Ensure emphasis of intimate partner violence screening, and victimization & the characteristics of victimization in the existing sexual violence session [6] IPV case introduced into Doctoring II (practice of medicine) and domestic violence interviewing session & resources in CSHP</p>	
<p>Psychiatry Clerkship</p>	<p>Eating disorders, effects on menstruation</p> <p>No formal content</p>	<p>Integrate discussion on historical development of DSM criteria surrounding paraphilic disorders & homosexuality into existing session [3] none presently; paraphilias are covered during ICP didactic session</p>	<p>Discussion of body dysmorphic disorder and its potential implications [2, 12] none presently</p>
<p>Community (no response from CD)</p> <p>1hr (GT)</p>	<p>Female and male screening exams reviewed and simulated (health fair training) [5, 12]</p> <p>MUTA exam and GTA experience required M3 year</p>	<p>Integrate impotence into male GU (testicular & prostate) exam instruction for health fair [2, 5] ???</p>	<p>Explore Male GU exam simulator [5] MUTA required for all M3 students</p> <p>Explore development of content regarding Transgender health risks, screenings and counseling [4, 12] ??? no update; May should consider case based or simulation session; introductory session in Doctoring II (HS workshop II); Doctoring II, Practice of Medicine IPV case and CSHP domestic violence cases speak to risk for these populations; M3 Transitions introductory readings</p>

<p>Pediatrics Clerkship</p> <p>3hr (+1)</p>	<p>Child sexual abuse lecture [6, 12]</p> <p>Adolescent health [1, 2] (anatomical changes in puberty, pregnancy, STIs)</p> <p>Lecture not currently offered due to retirement of adolescent medicine specialist retirement, followed by year of condensed curriculum.</p> <p>CLIPP case on using HEADSS tool for interviewing adolescent patients (includes asking about sexual activity and some info on confidentiality) [2, 4, 5, 8, 12]</p> <p>Simulation Case – abd pain in adolescent that is ultimately PID; require appropriately-confidential history and exam; discuss awkwardness of history and how to approach; discuss laws vary by state [2, 4, 5, 8, 12]</p>	<p>Ensure rights of a minor seeking treatment without an adult is covered (brief reading or during orientation) [5, 12] covered in CLIPP case briefly and in more depth with simulation case based scenario</p>	<p>Develop session to discuss sexual self-esteem, healthy sexual development & healthy sexuality [1, 10] <i>could also look to integrate into Lifespan Development</i></p>
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<p>Internal Medicine Clerkship</p>	<p>None</p> <p><i>No formal content</i></p>	<p><i>1 of 12 required H&Ps to include a full sexual health history of patient with chronic disease and/or disability</i></p> <p><i>[4] Does not appear to be regularly emphasized</i></p>	
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M4			
Keystone	Boundary Issues New lectures on sexual orientation, LGBTQ healthcare: lectures by Dr. Marty Olsen and one by Dr. Susan Rollins' [1, 2, 4, 5, 12]	Introduce case addressing boundaries in regards to LGBTQ patients / sexual history & behaviors of patients [9] <i>Two lectures added; consider modifying to include application opportunities with simulation at this stage.</i>	Explore session to cover religious impact on views of sexuality as a demonstration of culture's effects on worldview (and its impact on medicine) [11] <i>none identified in curriculum</i>

Curricular Placement & Staging: Human sexuality is central to the practice of primary care medicine, and this topic is emerging within medical education as something of great importance. The USMLE Content Outline indicates some ways in which human sexuality may be tested on board exams, but there are few formal guidelines that indicate how we should teach this in our curriculum. The average number of hours of sexual health education in U.S. medical school education is 3-10 hours (Coleman et al.). **16 hours** were identified in the 2015 curriculum for sexual health education; 12 of these hours were part of the Human Sexuality course during the first two years. The workshops were decreased to 8 hours with the restructuring of the Doctoring Course and, as can be seen above, a number of sessions integrated the topic into existing curricular time, but no additional, dedicated sessions or time were added. More of a formal expansion was noted in the pre-clinical years. The number of lectures in the clerkships on related topics is decreasing, but not all have been replaced with alternatives to continue coverage of the content. No changes are expected during this compressed year, but it is a trend to be aware of and follow in the coming years. The replacement of didactics with opportunities for active learning and application during the clerkships are ideal for appropriate staging.