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Sexual Health Competencies for Undergraduate Medical Education in North America

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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. Bayer CR, Eckstrand KL, Knudson G, et al. Sexual Health Competencies for Undergraduate Medical Education in North America. J Sex Med 2017;XX:XXX—XXX.

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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,⁵ and medical and psychiatric consequences of sexual violence.⁶ Additional studies have highlighted the challenges faced by lesbian, gay, bisexual, transgender (LGBT) communities when stigmatized by health care providers.⁷ Thus, health care providers need training throughout their professional

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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 15; 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. 10,16

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. 10 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,¹⁷ 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), ¹⁸ and qualifiers of competence as defined by Eckstrand et al. 19 Competencybased approaches are not new in sexual health care²⁰⁻²³; 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, ^{18–20} a subcommittee formed at the 2014 Summit on Medical School Education and Sexual Health with the goal of building on the 2012 summit recommendations ¹⁰ and on the LGBT, GNC, and DSD patient care competencies ¹⁸ 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, 17,18 discussing successes and challenges in clinical practice and current medical education, and reviewing the recommendations made from the 2012 summit. 10

To develop the sexual health competencies, we built off the process described by Eckstrand et al, ¹⁹ 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

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