Does Medical School Prepare Doctors to Treat Sexual Health?

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Does Medical School Prepare Doctors to Treat Sexual Health?

Cover Page Footnote
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Does Med School Prepare Doctors in Sexual Health?

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Sexual function is a normative process warranting the equal attention of preventive and treatment services throughout the lifespan. Despite growing recognition of the value of human sexuality in clinical settings, many current and future physicians feel underprepared when taking care of patients' sexual health needs. To strengthen sexual health knowledge among medical students in Miami, we conducted a brief workshop in February 2020 and March 2021. Pre-surveys were administered to assess medical students’ experience with sexuality education, identify gaps in training, and post-surveys were administered to evaluate content and instructor proficiency. Among 62 participants who completed a pre-workshop survey, less than 30% reported being trained to query patients on sexual dysfunction, and just 8% were trained to assess sexual satisfaction. In the post workshop survey, 95% of participants believed the workshop increased their knowledge of sexual functioning and its physiologic markers. Evidenced by the results, increased sexual health training in medical schools has the potential to better prepare physicians to serve patients’ diverse sexual health needs and improve patient outcomes.

Keywords: medical training, sexual education training, sexual health, sexual wellness

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Introduction

Sexual functioning serves as a significant indicator of overall health, and its value has gained substantial recognition in the healthcare community over the last decade (Castellanos-Usigli & Braeken-van Schaik, 2019). As described by the National Strategy to Improve Sexual Health, sexual functioning is a normative process warranting the attention of preventive and treatment services throughout the lifespan (Swartzendruber & Zenilman, 2010). Despite this recognition, comprehensive sexuality education is not standardized in medical school curricula, and physicians are often underprepared to address patients' sexual health needs (Bourne et al., 2020; Coleman et al., 2013).

According to U.S. medical education experts, sexual health screening should be administered as part of routine health checks (Lewis et al., 2010). Clinicians should also be able to provide counseling poised to address their patient's sexual health needs (Coleman et al., 2013). However, research also suggests that gaps in sexuality education during training diminish a clinicians' ability to address sexual wellness (Warner et al., 2018). For example, scholars have shown that many physicians rarely discuss sexual health with patients due to a lack of comfort and training (Bourne et al., 2020; Coleman et al., 2013).

Access to adequate training on reproductive health is a significant factor in ensuring providers feel comfortable discussing sexual wellness with their patients (Burns & Shaw, 2020). To better understand medical student experiences with sexual health education and gaps in training, we conducted a brief survey among medical students in Miami, Florida. We also assessed their perceptions of a workshop designed to address some of these gaps.

Methods

This evaluation was conducted a four-year allopathic medical school in Miami, Florida. Three years ago, the institution revamped its curriculum to focus more on self-directed learning and small group discussions. Human Sexuality is currently taught as part of a five-week integrated Endocrinology and Reproductive Medicine block offered during the spring semester of the first-year. This module utilizes a primarily lecture-based format with accompanying small group discussions to provide students with an introductory knowledge base of endocrine and reproductive health, including development, function, pathophysiology, and disease processes. During this module, students also have the option to attend an independent workshop focused on strategies for obtaining a patient’s sexual history, which includes small-group demonstrations and skill-building activities such as roleplay.
To further expand their sexual health education, a group of medical students developed a five-day workshop series to enhance the existing reproductive medicine curriculum. The workshops follow the Endocrinology and Reproductive Medicine block and cover a variety of topics suggested by the student body, including sexual trauma, contraception, and reproductive health. The format of these workshops features a mix of didactic and experiential teaching methods, including community engagement, discussion forums, and simulation labs. Students across all years are invited to attend.

As part of this workshop series, the student developers requested a sexual wellness workshop specifically focused on sexual functioning and pleasure. The content was developed by an associate professor of medicine formally certified as a clinical sexologist. It was designed from a sex-positive perspective and provided an introductory overview of the physiology of sexual functioning and bodily processes involved with sexual pleasure. Specifically, the presentation discussed the Sexual Response Cycle and its associated hormones, anatomy & physiology with special attention to female sexual anatomy, orgasmic dysfunction, and clinical interventions and therapies. The format consisted of a 45-minute lecture and a 15-minute Q&A. It was presented in-person in February 2020 and repeated in March 2021. To accommodate COVID-19 social distancing precautions, the 2021 workshop was delivered using a virtual teaching model.

Immediately before the lecture, an anonymous survey was administered to assess medical student experience with sexuality education and identify gaps in training. The voluntary assessment was distributed on paper the first year and via the cloud-based online survey tool, Qualtrics, the second year. As shown in Figure 2, the survey consisted of seven yes-no questions regarding clinical training to address patient sexual needs, including sexual risk behaviors, sexual orientation, and satisfaction with sexual experiences. For example, one question on the survey was “Have you been trained to ask patients if they are satisfied with their sex lives?”. Following the presentation, participants were asked to complete an anonymous twelve-item evaluation of the presentation content, instructor proficiency, and perceived increase in knowledge and awareness of sexual functioning resulting from workshop attendance. As seen in Figure 3, the first eight items queried student perceptions on the workshop and were scored on a five-point Likert scale. For example, Item 7 states, “Participation increased my knowledge of sexuality”, which participants could rate between 1 “Strongly Disagree” to 5 “Strongly Agree”.

Students were informed their participation was voluntary and that their responses would be used to refine the presentation. Participants in the 2020 session were instructed to submit their pre- and post-workshop documents together; those participating in the 2021 session were automatically assigned a unique code generated by Qualtrics based on their IP address. Data were entered into Microsoft Excel and only students who completed both the pre-assessment and post-evaluation were included in statistical analyses. Descriptive statistics were performed to gauge student experience with sexual health training, as well as to evaluate their perceptions towards sexual functioning education following this introductory lecture. Chi-square analyses were performed to assess potential differences in responses based on year in school; however, the sample size among some class groups (e.g., 3rd-Year participants) was too small to generate statistically meaningful results.

Results

A total of 78 medical students attended the Sexual Pleasure & Wellness Workshops in 2020 and 2021, 62 of whom completed both the pre-and post-workshop evaluations. Participants were primarily first-year medical students (62%).

Responses to the pre-workshop survey, displayed in Figure 2, show 90% of participants (n=56) had received training on how to ask patients about sexual activities. Similarly, 81% were trained to ask patients about their sexual identity and unsafe sexual behaviors. However, less than 30% of students were trained to query patients on sexual dysfunction, and only 8% received training to assess sexual satisfaction or pleasure among patients.

Post-workshop responses presented in Figure 3 show nearly all participants (95%) believed this introductory lecture increased their knowledge of sexual functioning and its physiologic markers, as well as their awareness of clinical interventions for sexual wellness (94%). Further, the overwhelming majority of respondents (90%) believed that increased education on sexual functioning would improve clinical ability.

Discussion

To enhance the existing sexual health curriculum, students at a large medical school implemented a week-long workshop series, including one 45-minute session specifically focused on sexual pleasure and functioning. The goal of this workshop was to identify gaps in training on sexual function and satisfaction and assess student interest in further workshops. In pre-workshop surveys for this session, many students reported limited exposure to training on sexual pleasure and satisfaction in the existing school curriculum. After the workshop, most respondents evaluated the session and instructor positively and indicated that more education on this topic would improve their clinical ability.

There is growing recognition among medical and public health communities that sexual agency, desire, and pleasure are important aspects of human sexuality and sexual health (Ford et al., 2013). In 2011, both the National Prevention Strategy and Healthy People 2020 recognized “reproductive and sexual health” as a key area for improving the lives of Americans, and there is now a more progressive social culture towards greater sex-positivity, increased reproductive agency, and broader awareness of gender-inclusivity (Castellanos-Usigli & Braeken-van Schaik, 2019). Despite this, medical school curricula remain largely focused on teaching the negative
consequences of sexual activity and often lack content on pleasure-positive sexual health, inclusive of all genders and sexualities (McGarvey et al., 2003; Warner et al., 2018; Wylie, 2007).

Further, research on the topic of sexual pleasure from a clinical perspective has remained largely limited. For example, one literature review examining the prevalence of sexual difficulty and dysfunction among women found only 11 of the 1,248 identified studies included desire, arousal, orgasm, and pain in their assessment of sexual functioning (Hayes et al., 2006). This lack of comprehensive research is reflected in the proficiency and confidence reported by providers across specialties (Sadovsky & Nusbaum, 2006). Our findings on student experience in sexual functioning education supports the current literature, which calls to the ongoing need for greater awareness and more training opportunities addressing this important aspect of reproductive health.

As a cursory introduction to sexual function and pleasure, the format for this workshop was limited to a lecture-based presentation followed by a brief Q&A with participants. Despite these constraints, student feedback on the workshop was largely positive, which suggests that there is interest among students in such educational content. In a section of the survey for additional comments, one participant wrote “Very informative & engaging! Would love to have more sex talks in med school.” Another student suggested adding this information to the curriculum, writing “Should be included during anatomy!”

Formal communication training is a fundamental component for preparing physicians to manage patient sex problems, as it facilitates more comfort when discussing these issues (Wiley, 2007; Burns & Shaw, 2020). Specifically, experts note a good undergraduate medicine curriculum as an essential starting point for this level of training (Wiley et al., 2003). Combined with the existing education students already receive, this introductory workshop on sexual functioning shows how a medical education program can not only present the risks associated with sexual activity, but also include curriculum that addresses sexual pleasure and well-being. Utilizing this information, future workshops are being developed to implement sexual functioning curriculum responsive to the areas identified by students prior to the workshop, including sexual history-taking, assessment sexual satisfaction, and training on patient consultation and education addressing these concerns.

Outcomes from this workshop are limited in generalizability due to the small number of attendees and selective participant sample. Many participants were first-year medical students who had yet to perform patient encounters in clerkship rotations, limiting their clinical experience with taking a patient's sexual history. The limited number of participants in other classes also limited our ability to identify statistical differences in survey responses based on year in school. As participant's age and gender were not collected during the survey process, results are also limited by the lack of demographic data. For example, student age and gender identity may influence participants' perceptions on pleasure-centric sexual education from a clinical standpoint. Accordingly, the survey materials will be refined for future workshops to better capture participant demographics, and the instructors will work closer with student organizers to improve engagement among trainees at different years of their education.

The survey materials could also be strengthened by using a more detailed scoring system and by including a more critical assessment of student learning following participation in the workshop. For example, the pre-workshop survey used a binary yes-no scale to assess student training. Using this simple scoring system allowed us to quickly identify the areas in which training is most lacking, such as assessing sexual satisfaction or dysfunction. While this scale was sufficient for the purposes of identifying important topics, using a Likert scale would provide richer data on student experiences as they enter the workshop.

Utilizing a pre-post knowledge assessment on sexual functioning and pleasure, as well as a pre-post self-efficacy evaluation, would also be beneficial modifications to the survey tools. These alterations would provide valuable baseline information and a more detailed assessment of potential changes in knowledge and comfort when addressing sexual wellness following workshop participation. Surveys for future workshops will have a matched-pairs design to include knowledge and self-efficacy assessments that can further evaluate student learning. In spite of these limitations, our data suggest a robust interest among students towards enhanced sexual education opportunities.

**Conclusion**

Sexual fulfillment is an important aspect of sexual health and, therefore, integral to one’s overall health. Medical school training can be an important means of promoting the proper communication and attitudinal skills needed to address potentially personal or uncomfortable topics, such as sexuality and pleasure, from an objective and sex-positive lens (Ross et al., 2021; Verrastro et al., 2020). Establishing a detailed and standardized curriculum on sexuality education can provide future clinicians with a solid foundation for more holistic, patient-centered care and ultimately reduce the prevalence of sexual health dysfunction.
References


Appendix

Figure 1. Student Attendees at the 2020 & 2021 Sexual Wellness & Pleasure Workshops (n=62)

Figure 2. Pre-Evaluation Results from Student Attendees at the 2020 & 2021 Sexual Wellness & Pleasure Workshops (n=62)

As a medical student, have you been trained to ask patients…

- About poor/unsafe sexual practices? 50\% (12 yes)
- If they experience pleasure during sex? 5\% (57 yes)
- If they are satisfied with their sex life? 8\% (54 yes)
- Questions that assess for problems or dysfunction? 17\% (45 yes)
- About their sexual identity or orientation? 50\% (12 yes)
- About their sexual activities? 56\% (6 yes)

<table>
<thead>
<tr>
<th>About their sexual activities?</th>
<th>About their sexual identity or orientation?</th>
<th>Questions that assess for problems or dysfunction?</th>
<th>If they are satisfied with their sex life?</th>
<th>If they experience pleasure during sex?</th>
<th>About poor/unsafe sexual practices?</th>
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<tbody>
<tr>
<td>Yes</td>
<td>56</td>
<td>50</td>
<td>17</td>
<td>8</td>
<td>50</td>
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<tr>
<td>No</td>
<td>6</td>
<td>12</td>
<td>45</td>
<td>54</td>
<td>12</td>
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Figure 3. Post-Evaluation Results from Student Attendees at the 2020 & -21 Sexual Wellness & Pleasure Workshops (n=62)

<table>
<thead>
<tr>
<th>I would recommend this learning activity to other medical students</th>
<th>67.7%</th>
<th>25.8%</th>
<th>4.8%</th>
</tr>
</thead>
<tbody>
<tr>
<td>The curriculum addressed issues that interest me</td>
<td>67.7%</td>
<td>24.2%</td>
<td>8.1%</td>
</tr>
<tr>
<td>The instructors have sufficient knowledge of the subject matter</td>
<td>79.0%</td>
<td>17.7%</td>
<td>3.2%</td>
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<td>The assistant instructor was clear and helpful</td>
<td>69.5%</td>
<td>22.0%</td>
<td>8.5%</td>
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<td>The instructor was enthusiastic and engaging</td>
<td>88.5%</td>
<td>11.5%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Participation increased my awareness of clinical sexuality interventions</td>
<td>61.3%</td>
<td>32.3%</td>
<td>3.2%</td>
</tr>
<tr>
<td>Participation increased my knowledge of sexuality</td>
<td>58.1%</td>
<td>33.9%</td>
<td>4.8%</td>
</tr>
<tr>
<td>I learned about various physiological influences on sexual functioning</td>
<td>56.5%</td>
<td>38.7%</td>
<td>3.2%</td>
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</table>

<table>
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<tr>
<th>I learned about various physiological influences on sexual functioning</th>
<th>Participation increased my knowledge of sexuality</th>
<th>Participation increased my awareness of clinical sexuality interventions</th>
<th>The instructor was enthusiastic and engaging</th>
<th>The assistant instructor was clear and helpful</th>
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<th>The curriculum addressed issues that interest me</th>
<th>I would recommend this learning activity to other medical students</th>
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<tr>
<td>Strongly Agree</td>
<td>56.5%</td>
<td>58.1%</td>
<td>61.3%</td>
<td>88.5%</td>
<td>69.5%</td>
<td>79.0%</td>
<td>67.7%</td>
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<tr>
<td>Agree</td>
<td>38.7%</td>
<td>33.9%</td>
<td>32.3%</td>
<td>11.5%</td>
<td>22.0%</td>
<td>17.7%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Neither</td>
<td>3.2%</td>
<td>4.8%</td>
<td>3.2%</td>
<td>0.0%</td>
<td>8.5%</td>
<td>3.2%</td>
<td>8.1%</td>
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<tr>
<td>Disagree</td>
<td>1.6%</td>
<td>3.2%</td>
<td>3.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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<tr>
<td>Strongly Disagree</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
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