

## REVIEW

# Best Practices in North American Pre-Clinical Medical Education in Sexual History Taking: Consensus From the Summits in Medical Education in Sexual Health



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## ABSTRACT

**Introduction:** This article discusses a blueprint for a sexual health communication curriculum to facilitate undergraduate medical student acquisition of sexual history taking skills and includes recommendations for important elements of a thorough sexual history script for undergraduate medical students.

**Aim:** To outline the fundamentals, objectives, content, timing, and teaching methods of a gold standard curriculum in sexual health communication.

**Methods:** Consensus expert opinion was documented at the 2012, 2014, and 2016 Summits in Medical Education in Sexual Health. Additionally, the existing literature was reviewed regarding undergraduate medical education in sexual health.

**Main Outcome Measures:** This article reports expert opinion and a review of the literature on the development of a sexual history taking curriculum.

**Results:** First-year curricula should be focused on acquiring satisfactory basic sexual history taking skills, including both assessment of sexual risk via the 5 Ps (partners, practices, protection from sexually transmitted infections, past history of sexually transmitted infections, and prevention of pregnancy) as well as assessment of sexual wellness—described here as a sixth P (plus), which encompasses the assessment of trauma, violence, sexual satisfaction, sexual health concerns/problems, and support for gender identity and sexual orientation. Second-year curricula should be focused on incorporating improved clinical reasoning, emphasizing sexual history taking for diverse populations and practices, and including the impact of illness on sexual health. Teaching methods must include varied formats. Evaluation may be best as a formative objective structured clinical examination in the first year and summative in the second year. Barriers for curriculum development may be reduced by identifying faculty champions of sexual health/medicine.

**Clinical Implications:** Medical students will improve their skills in sexual history taking, which will ultimately impact patient satisfaction and clinical outcomes. Future research is needed to validate this proposed curriculum and assess the impact on clinical skills.

**Strengths & Limitations:** This article assimilates expert consensus and existing clinical guidelines to provide a novel structured approach to curriculum development in sexual health interviewing in the pre-clinical years.

**Conclusion:** The blueprint for developing sexual history taking skills includes a spiral curriculum with varied teaching formats, incorporation of a sexual history script that incorporates inquiry about sexual wellness, and longitudinal assessment across the pre-clinical years. Ideally, sexual health communication content should be

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incorporated into existing clinical interviewing and physical examination courses. **Rubin ES, Rullo J, Tsai P, et al. Best Practices in North American Pre-Clinical Medical Education in Sexual History Taking: Consensus From the Summits in Medical Education in Sexual Health. *J Sex Med* 2018;15:1414–1425.**

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**Key Words:** Objective Structured Clinical Exam; Sex Education; Medical Education; Pre-Clinical Education; Sexual Health; Sexual History

## INTRODUCTION

Sexual problems and sexually transmitted infections (STI) are widely prevalent, and a comprehensive sexual history is an essential component in the identification and treatment of these problems.<sup>1–5</sup> Thus, conducting a sexual history is a well-established fundamental element of the clinical interview that is strongly recommended by the World Health Organization.<sup>6–8</sup> Given that most patients do not speak with their physicians about sexual health concerns,<sup>9</sup> routine sexual history screening improves detection without placing the responsibility on the patient to bring up potentially uncomfortable topics.<sup>6,10,11</sup> Unfortunately, the majority of health care providers, ranging from 60–100%, do not routinely ask patients about their sexual history.<sup>12–18</sup> This oversight may leave patients feeling dismissed, ignoring treatable sexual problems, or at risk of contracting/transmitting STI.<sup>11,19–24</sup>

As such, acquisition of comprehensive and fluid sexual history taking skills is essential for undergraduate medical students. The NIH stated that health care providers should have courses in effective sexual history taking; and the International Society for Sexual Medicine curriculum in international undergraduate sexual health education recommended sexual history taking, comfort with sexual language, and general communication skills as specific skills that should be acquired during undergraduate medical education.<sup>25,26</sup> Sexual history taking education, however, remains inconsistent, limited, or non-existent in the majority of North American medical schools,<sup>27,28</sup> and insufficient training remains a prevalent barrier to adequate sexual history taking.<sup>29–33</sup> In all, 44% of U.S. medical schools may have no formal curriculum in sexual health.<sup>28</sup>

Though the majority of medical students believe sexual history taking is an important skill for future practice, over half of them do not report adequate training in this area.<sup>31,34–36</sup> After graduation, many resident physicians remain uncomfortable addressing topics of sexual health and sexuality with patients.<sup>36–39</sup> Sexual health education is effective in increasing students', residents', and health care providers' comfort and confidence in taking a sexual history.<sup>32,40–43</sup> When students perceive they have received adequate sexuality education, they are more likely to be comfortable addressing patients' sexual health.<sup>31</sup>

Undergraduate medical school curricula for the education and evaluation of students' sexual history skills are widely variable,<sup>27,32</sup> in part due to lack of consensus among schools

regarding standardized goals, objectives, and curricula.<sup>7,27,44–46</sup> Though 128 medical colleges in North America report teaching students to ask patients, "Do you have sex with men, women, or both," curricula typically remain largely focused on risk stratification for STI and pregnancy prevention.<sup>46,47</sup> The majority of programs do not include clinical training on sexual problems and dysfunction, and sexual history scripts provided to students rarely include discussion of sexual problems.<sup>48–51</sup> Though efforts have been made to improve standardization in medical education in sexual health and sexuality,<sup>7,35,44,52,53</sup> the vast majority (92%) of U.S. schools with a sexual health curriculum have developed their own curriculum rather than basing the curriculum on established standards.<sup>28</sup> While individual programs may have found site-specific success in teaching sexual history taking, there has not yet been described a prescriptive model detailing best practices for teaching and evaluating student acquisition of sexual history taking skills.<sup>7,51,52,54,55</sup>

The First Summit on Medical Education in Sexual Health, organized in 2012 and hosted by the Program in Human Sexuality, Department of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN, called for national standards for sexual health education.<sup>52</sup> The Second and Third Summit on Medical Education in Sexual Health, 2014 and 2016, were held to create recommendations for improvement in specific areas of sexual health curricula, including sexual history taking. "Arguably, sexual history taking is one of the most essential skills to addressing sexual health with patients," according to experts of the summit.<sup>45</sup> Bayer et al<sup>53</sup> in 2017 identified consensus from the first and second summits on proper content for sexuality in medical curricula and outlined 20 sexual health competencies for undergraduate medical education in North America. Education in effective sexual history taking is essential to attaining the competencies outlined in the accreditation domains of patient care, interpersonal and communication skills, and professionalism.<sup>53</sup>

In this report we identify the current deficits in sexual history taking education and describe a model pre-clinical curriculum for teaching sexual health communication skills that can be incorporated into existing clinical interviewing and physical examination courses. We address methods for educating students on sexual history taking, explaining diagnosis and treatment, and counseling patients on sexual health problems. We articulate how a spiral curriculum, one that circles back to these topics throughout the pre-clinical years, can provide this training.<sup>56,57</sup>

Further, in accordance with the consensus from these summits, and unlike most previous sexual history tool kits that emphasize sexual risk assessment and stratification,<sup>48,49,58</sup> this curriculum also focuses on sexual problem screening.<sup>52</sup> While this is an ideal framework and select elements will be more critical than others, our hope is that programs can find site-specific ways to include elements of the curriculum described.

## METHODS

The Subcommittee on Sexual History Taking Education at the Summit on Medical Education in Sexual Health consisted of members with substantial research and clinical experience in teaching and assessing sexual health communication skills. This multidisciplinary group included multiple academic faculty and resident physicians with specific expertise in medical education and in sexual medicine spanning internal medicine, psychiatry, and gynecology. This group also included representation from a sex therapist, sex educator, and a nationally recognized leader in public health. Participants extensively discussed both ideal and critical elements of a comprehensive education in sexual history taking at the second and third summits until consensus was reached. Subsequently, a narrative literature review was performed. The literature review involved a comprehensive English-language search of several databases from 2006 to 2017, which included MEDLINE In-Process and Other Non-Indexed Citations and Ovid MEDLINE, Ovid PsycINFO, and Ovid Cochrane Database of Systematic Reviews. Key words included “sexual health history taking,” “sexual history taking,” “sexuality history,” “sex history,” “sexual risk assessment,” “sexual problem assessment,” and “medical history taking” combined with “reproductive health” or “sexual behavior.” Articles were selected for inclusion based on authors’ collective expertise and were organized and consolidated by the first, second, and senior authors. Co-authors reviewed and revised this document for consensus. The curriculum detailed below is developed from those discussions and literature review.

## OVERVIEW OF CURRICULUM FUNDAMENTALS

Undergraduate medical schools should strive to provide students with a longitudinal education in sexual history taking and sexual health communication skills within a broader curriculum in communication skills.<sup>27</sup> A spiral curriculum, one that revisits the same topics repeatedly with increasing level-appropriate complexity, can be utilized to this end.<sup>56,57</sup> At each stage of learning, students should meet specific objectives and be evaluated by standards consistent with their level of development. Though here we have delineated these recommendations as a traditional first and second year of pre-clinical education, some programs have modified their curricula such that there is no longer a distinction between first and second academic years or such that there are no longer distinct pre-clinical or clinical years. Non-traditional curricula wishing to incorporate these

recommendations may benefit from identifying when students are first taught communication skills and when these skills are reinforced.

Core communication skills that students should learn in the pre-clinical years are to take a patient-centered sexual history, build rapport with patients, express empathy, and utilize counseling techniques for a sexual problem.<sup>7,59</sup> Objectives specific to sexual history taking during pre-clinical years are outlined in Table 1.<sup>27,45</sup> The teaching methods that should be implemented include a combination of didactics, role play, and skills practice with simulated patients (SPs) as a variety of learning modalities is recommended to maximize adult learning.<sup>7,46</sup> General communication skills, sexual history taking skills, and these teaching methods are all widely accepted educational principals.<sup>7,46</sup>

This article does not address where and how to teach sexual health content such as anatomy and physiology of sexual response cycle, human reproduction, STI, contraceptive methods, or specific treatment of sexual problems. Recommended objectives for an entire sexual medicine curriculum can be found in another summit consensus article by Bayer et al<sup>53</sup> in 2017. Additionally, given that the summits focused on North American medical schools, these recommendations are written for a North American curriculum. However, many of the principles outlined here can be utilized for medical schools internationally. International recommendations are outlined in the 2 consensus reports on education from the International Consultation in Sexual Medicine by Shindel et al<sup>7</sup> in 2016 and Eardley et al<sup>60</sup> 2017.

## FIRST-YEAR CONTENT

Fundamental to sexual health communication skills is the patient-centered sexual history. Students should learn sexual history taking skills in the context of a comprehensive sexual health curriculum that addresses attitudes, knowledge, and skills.<sup>7,11,27,45,46,53</sup>

### Basic Sexual History Interview

A primary education in sexual history taking must include appropriate questions and how to phrase these questions so as to be direct but also sensitive. This is best achieved by providing students with a sexual history script that includes questions about sexual problems or concerns. Students report that having a

**Table 1.** Pre-clinical objectives

1. Understand importance of discussing sexual health with patients
2. Demonstrate basic skills of sexual health communication
3. Explain key questions/topics for a sexual history
4. Practice taking a sexual history with peers
5. Include elements of counseling and education into patient encounters
6. Identify follow-up questions to specific sexual health concerns
7. Conduct personal reflection on sexual history taking and comfort with discussing sexual health topics with patients

written script improves ease of learning sexual history taking skills.<sup>61</sup> Therefore, early during their first year, students should be given a sexual history script on which to model their interviews. Currently, most sexual history scripts focus entirely on sexual risk taking. Arguably the most common sexual history script is the Centers for Disease Control and Prevention (CDC) 5 Ps (partners, practices, protection from STIs, past history of STIs, and prevention of pregnancy).<sup>58,59</sup> This is a helpful mnemonic that outlines the important elements of a sexual risk assessment and can incorporate an inclusive sexual orientation and gender identity history within this framework. A thorough sexual history, however, also needs to include an assessment of sexual wellness: a sixth P (plus) (Figure 1). The Summit on Medical Education in Sexual Health recommends that the “plus” should encompass an assessment of trauma, violence, sexual satisfaction, sexual health concerns/problems, and support for gender identity and sexual orientation (Table 2). Many of these topics are overlooked in sexual history taking education, perhaps because they may be considered more challenging to address.<sup>7</sup> Recently, the National Coalition for Sexual Health (NCSH) developed a guide for primary care providers to address the sexual health of their patients.<sup>62</sup> This guide is an excellent tool for undergraduate medical education. It includes the 5 Ps, a list of essential sexual health questions to ask at least once annually, and questions relevant to adults vs adolescents. Essential questions to ask regarding the sixth P (plus), listed in Table 2, are an important extension of this NCSH guide.

### Setting

First-year medical students rarely have experience discussing sensitive issues, and thus time should be spent outlining the setting for patient discussions about sex or sexuality. Students should be explicitly taught verbal and non-verbal elements of creating a positive sexual health discussion setting, outlined in Table 3.<sup>6,59,63</sup> Additionally, time should be devoted to discussing the use of open-ended vs closed-ended questions.

### Transition and Timing

Students should be supplied with techniques for transitioning to the discussion of sexual health, including ideal transition statements that utilize asking patient permission to discuss sexual

health, normalizing sexual health questions, and validation of patient concerns. The NCSH guide suggests the following transition statement, “I’m going to ask you a few questions about your sexual health. Since sexual health is very important to overall health, I ask all my patients these questions. Before I begin, do you have any questions or sexual concerns you’d like to discuss?”<sup>62</sup> Students should learn that the sexual history needs to fit logically into the flow of questions, following medical history, social history, or urologic/gynecologic review of systems.<sup>6</sup> When applicable to the patient, students may want to link sexual history questions to questions about menstrual cycles, birth control, menopausal status, or urinary concerns. In learning about transition and timing, students will also begin to discover which elements of a sexual history are most important for different clinical encounters.

## FIRST-YEAR TEACHING METHODS

Varied teaching methods/formats will more effectively reach students with different learning styles.<sup>7,35,46</sup> Recommended learning strategies for an entire sexual medicine curriculum are outlined in Shindel et al<sup>7</sup> in 2016. The core elements and teaching methods/formats of a first-year curriculum in sexual health communication skills are outlined in Table 4.

### Student Self-Preparation

Directly prior to the initiation of the sexual health interview curriculum, students should be referred to appropriate educational materials. Self-preparation is critical to student foundational learning of not only the questions to ask, but the elements of the setting as described in Table 2. In addition to receiving a sexual history script, students should be assigned homework of key articles introducing students to the fundamentals of taking a sexual history. “Standard Operating Procedure for Taking a Sexual History,” “The Proactive Sexual History,” and the CDC “A Guide to Taking a Sexual History” are easily accessible introductions, the last of which reviews the 5 Ps.<sup>6,29,58</sup> Students should also review a video demonstrating a sexual history role play. Medical schools may wish to purchase a video for use or create their own school-specific video. The Association of American Medical Colleges (AAMC) and others have developed



**Figure 1.** US Centers for Disease Control and Prevention (CDC) 5 Ps and the sixth P (plus). Infographic showing the categories of sexual history topics clinicians should cover during a sexual health interview. SOGI = sexual orientation/gender identity; STI = sexually transmitted infections. Adapted with permission from the CDC.

**Table 2.** "Plus"—assessment of sexual wellness

<p>Trauma/violence</p> <ul style="list-style-type: none"> <li>• Do you have a history of unwanted sexual experiences? [<i>If patient is confused</i>] Have you ever been forced or coerced to have sex/sexual activity against your will, either as a child or as an adult? <ul style="list-style-type: none"> <li>◦ If yes, is there anything about that experience that impacts your current sexuality?</li> <li>◦ If yes, is there anything about that experience that makes seeing a health care provider or having a physical examination (if applicable) difficult?</li> </ul> </li> <li>• If so, I'd like to hear about this so we can work together more easily.</li> </ul>
<p>Support for sexual orientation/gender identity</p> <ul style="list-style-type: none"> <li>• Do you feel you are getting support and acceptance of your sexual orientation/gender identity from your family and friends?</li> <li>• Are you experiencing any harassment or violence—at home, at work, or in your community—due to your sexual orientation or gender identity?</li> </ul>
<p>Sexual concerns/problems</p> <ul style="list-style-type: none"> <li>• Are you having any concerns with your sexual functioning or your interest in sexual activity?</li> <li>• Do you have decreased or increased interest in sex?</li> <li>• Do you have difficulty becoming sexually aroused? Becoming lubricated/developing an erection?</li> <li>• What about maintaining lubrication or arousal/maintaining an erection?</li> <li>• Do you have difficulty having an orgasm, orgasming too soon, or not soon enough?</li> <li>• Is sexual activity painful? <ul style="list-style-type: none"> <li>◦ If yes, what type of sexual activity is painful? Where is the pain?</li> </ul> </li> <li>• Are you having any sexual relationship difficulties? Such as discrepancy between your and your partner's interest in sex, or your partner is having sex difficulties?</li> </ul>
<p>Sexual distress/satisfaction</p> <ul style="list-style-type: none"> <li>• On a scale from 1–10, with 10 being the greatest impact, how much impact has this problem had on your life? How distressing are these symptoms to you?</li> <li>• On a scale from 1–10, with 10 being the greatest satisfaction, how satisfied are you with your sexual health? Sexual relationship?</li> </ul>

a series of free online videos on sexual history taking<sup>45</sup> (Appendix).

## Didactics

Although not as effective at teaching skills and promoting self-reflection as interactive modalities,<sup>32</sup> large group lectures remain the dominant paradigm in medical school education.<sup>50</sup> In a sexual health communication curriculum, lectures can be used to introduce sexual health questions and effective communication skills and to demonstrate an example of an effective, standardized sexual history.<sup>32,39,40,43,46</sup> This should be made possible via video or a live role-play demonstration, as observing an interview has been found to improve interviewing skills.<sup>64</sup> An instructor who has significant experience in sexual health communication, ideally within the field of sexual medicine, should be identified for this demonstration.<sup>11</sup> Although this demonstration should

utilize the standardized script, students may also benefit from an additional, more advanced demonstration. AAMC has developed a free modifiable sexual history taking lecture located online at MedEdPORTAL.<sup>65</sup>

## Role Play

Role play, that is, taking on scripted "parts" and practicing a physician-patient encounter, has been found to be an effective teaching modality for teaching sexual health communication.<sup>11,40,55,66,67</sup> This is the first-year students' opportunity to practice their recitation of sexual history questions as well as the body language critical to a comfortable encounter. Multiple opportunities should be presented to first-year students to practice their sexual history taking skills. Initially students should practice with peers, with peer and faculty feedback. Programs should ensure that they provide adequately developed role-play characters such that the students do not have to draw from their own personal experience.

**Table 3.** Approach to creating a positive sexual health interview setting for students

<ol style="list-style-type: none"> <li>1. Reassure patient of privacy, and explain confidentiality (including who has access to personal information via electronic medical records)</li> <li>2. Make efforts to ensure patient trust, comfort, and openness</li> <li>3. Utilize empathy and build rapport</li> <li>4. Use open body language and appropriate eye contact</li> <li>5. Be aware of patient's cultural background</li> <li>6. Avoid assumptions about sexual orientation, gender identity, monogamy, sexual activities, or age-related practices</li> <li>7. Use simple, direct language within your comfort zone</li> <li>8. Avoid unnecessary interruptions while utilizing gentle redirection</li> <li>9. Disengage from electronic medical record, turn away from computer, avoid typing</li> </ol>
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## SP/Standardized Patients

It may be beneficial for students to have at least 1 encounter with a SP designed specifically for the purpose of practicing sexual history with immediate SP or faculty feedback.<sup>46,68</sup> SP education has been found to be effective in reducing student anxiety and improving interview performance.<sup>69</sup> However, the benefits of utilizing a SP appear to be comparable to those of peer role play.<sup>70–72</sup> Ultimately, the educational benefit may be determined more by the quality of feedback received, rather than the individual giving that feedback.<sup>28</sup> Yet, unlike peer role play, SP cases have the advantage of including a variety of ages, sexual orientations, and gender identities, which enhances student

**Table 4.** Core elements and teaching methods for a first-year curriculum

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<ul style="list-style-type: none"> <li>• Self-preparation: Video demonstration of sexual history role play</li> <li>• Self-preparation: Recommended reading on the sexual history</li> <li>• Self-preparation: Sexual history script</li> <li>• Didactic: Principles of sexual history taking (see “First-Year Content”)</li> <li>• Didactic: Sexual history role-play demonstration with simulated patient</li> <li>• Role play: Sexual history taking with peers with feedback</li> <li>• Role play: Sexual history taking in simulated patient scenario</li> <li>• Role play: Sexual history taking in context of larger patient encounter (eg, complete history) in simulated patient scenario</li> <li>• Discussion group: Sexual health communication strategies and comfort (self-reflection)</li> <li>• Formative evaluation: Video self-review of 1 of the above role plays</li> <li>• Formative evaluation: Objective structured clinical exam or group objective structured clinical exam</li> </ul>
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comfort in discussing sexual health with diverse patients.<sup>51</sup> Due to the logistical and financial expense of securing SPs, some programs may need to include sexual history taking SP encounters within other pre-existing SP experiences. All programs should strive to provide at least 1 opportunity for students to practice incorporating a sexual history into a complete patient history with a SP.

### Discussion Group and Self-Reflection

Many students have discomfort when discussing sexual health or taking sexual histories,<sup>73,74</sup> and it is important to normalize these feelings.<sup>11,27,75</sup> This discomfort is multifactorial and includes embarrassment, cultural differences, inadequate knowledge base, anxiety around personal sexual experience, and concerns about perception or development of sexual feelings toward a patient.<sup>7,26,31,73</sup> While some programs might choose to isolate this topic for discussion, others may choose to incorporate it as part of a larger discussion group on a potpourri of sensitive issues. Small group settings have been found to be effective in improving communication skills in medical students.<sup>9</sup> Students can provide each other with peer-to-peer strategies while highlighting the importance of working through the discomfort to optimize patient care. Ideally this discussion group should be facilitated by trained and experienced leaders.<sup>76</sup> This may also be an avenue to explicitly discuss the hidden curriculum: while students may not see their preceptors taking sexual histories, this should not imply that they themselves should not.<sup>11</sup>

### FIRST-YEAR EVALUATION METHODS

First-year student evaluations should be formative rather than summative based on faculty-observed SP encounters or video review.<sup>7,77</sup> Given the wide prevalence of smartphones, tablets, and laptop computers with video capabilities, video review is now a logistically and financially viable evaluation method.<sup>78–80</sup> Students should have an opportunity to film themselves taking a sexual history with a peer or SP, either in isolation or in

conjunction with a complete patient history, for self- or faculty review. Review can take the form of a written self-reflection, written feedback from a faculty member, or in-person self-reflection, and feedback with a faculty member.

Many existing clinical interview courses include a year-end objective structured clinical examination (OSCE) on history taking. Sexual history should be a part of this clinical interviewing OSCE. Failure to include sexual history implies that the sexual history is not as important as other elements of the clinical interview and misses a valuable opportunity for evaluation. Recommended student evaluation methods are outlined in [Table 4](#).

### SECOND-YEAR CONTENT

Second-year students should review and expand upon the basics of sexual health communication by learning to incorporate advanced interviewing skills and clinical decision making. In a traditional curriculum with distinct first and second years, education on sexual health communication may be separated by over 12 months. In that setting, programs should review the basics of sexual history taking in year 2. This should be rapidly paced and include student self-review of the sexual history example video and a provided sexual history script. Core elements and teaching methods for a second-year curriculum are outlined in [Table 5](#). The sections that follow more specifically discuss the advanced sexual health communication skills that should be addressed in pre-clinical education. These skills represent the consensus of the authors and are based on expert opinion.<sup>7,46,52</sup> These advanced interviewing skills include clinical reasoning and purpose-driven questioning, questions for specific populations/diversity of practices, sexual problem-based history, sexual health counseling, and illness-related sexual health interviewing.

**Table 5.** Core elements and teaching methods for a second-year curriculum

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<ul style="list-style-type: none"> <li>• Self-preparation: Review of first-year material (video and script)</li> <li>• Self-preparation: Video demonstrations of advanced sexual history role play</li> <li>• Didactics: Advanced sexual communication skills</li> <li>• Didactics: Advanced sexual history with counseling role play demonstration</li> <li>• Didactics: Inclusion of sexual history items in existing didactics</li> <li>• Role play: Advanced sexual history taking with feedback from faculty; a scenario with a LGBTQ patient with a sexual problem or illness-related sexual concern</li> <li>• Role play: Sexual history taking during focused history in general simulated patient scenarios</li> <li>• Role play: Sexual history taking during complete history in general simulated patient scenarios</li> <li>• Summative evaluation: Inclusion of sexual history in midterm and year end objective structured clinical exam or group objective structured clinical exam</li> </ul>
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LGBTQ = lesbian, gay, bisexual, transgender, and queer.

## Clinical Reasoning/Purpose-Driven Questions

Second-year students should be encouraged to ask questions more specifically related to a chief symptom. They may, for example, ask questions about pain during vaginal penetration for a suspected diagnosis of endometriosis or questions about history of chronic infections and allergic reactions for a suspected diagnosis of inflammatory vestibulodynia. The subtleties of identifying the truly critical elements for evaluation in a particular patient encounter compared with what should be deferred should also be addressed, along with directing the conversation and working within time constraints. Students at the second-year level should be able to utilize their clinical knowledge to this end.

## Questions for Specific Populations/Diversity of Practices

Second-year students will benefit from in-depth discussion about diversity in sexual practices and higher-level case examples.<sup>11</sup> This includes exposing students to questions relevant to the needs of specific populations.<sup>61</sup> Though the spectrum of sexual orientation has become more widely embraced throughout the United States, a recent study suggests medical students, residents, and fellows remain uncomfortable obtaining sexual history from lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals.<sup>81</sup> Medical students also lack knowledge of the range of sexual practices engaged in by many same-sex partners.<sup>82</sup> Students should have learned to include LGBTQ patients in their questions during their first year (outlined in Table 2); however, many will need additional education for more in-depth counseling. Additionally, students should learn pertinent questions for sex workers; victims of sexual trauma; sexual enhancement device use; and those who engage in diverse sexual activities including group sexual activity, bondage, dominance, sadism, masochism, and paraphilias.<sup>59</sup> Although diagnosis, treatment, and management are outside the scope of this article, students may need background knowledge lectures in order to better direct patient interviews.<sup>6,7</sup>

## Sexual Problem-Based History

Second-year students should advance beyond screening for sexual problems (Table 2) and should learn the basics of conducting a sexual problem-based history. This begins by learning to contextualize patient problems and establish intent to help. Students should then learn to appropriately inquire about the problem's impact on relationships, partner response to the patient's problem, and patient motivation for improving problems.<sup>6,7,46</sup>

## Counseling

Second-year students should begin training in sexual health counseling. This includes explaining a diagnosis, soliciting and addressing questions, and utilizing motivational interviewing techniques to address barriers to change. Some programs may already have established coursework in motivational interviewing

and can explain how these skills can be generalized to sexual health discussions. For example, students may benefit learning to elicit a medication side effect from a contraceptive method and how to counsel toward a different method. As students complete coursework in contraception, sexual problems, and STIs, they will be better equipped to respond to patient concerns, questions, and misconceptions.

## Illness-Related Sexual Health Interview

Second-year students should be exposed to the impact of illness on sexual function and the illness-related sexual health interview. Programs can teach the BETTER model for assisting students in bringing up sex and sexuality while caring for patients with chronic illnesses, such as cancer.<sup>83</sup> The BETTER mnemonic, developed specifically for cancer patients, stands for: Bringing up the topic of sexuality; Explaining to the patient or partner that sexuality is a part of quality of life; Telling the patient about resources available to them (as well as gauging the trainee's ability and willingness to assist in addressing questions and concerns); Timing the discussion to when the patient would prefer, not only when it is convenient for the interviewer; and Recording that the conversation took place and any follow-up plans to further address patient concerns or questions.<sup>83</sup> A full illness-related sexual interview is beyond the scope of a pre-clinical education, but students may benefit from learning the goals of an illness-related sexual health interview. Table 6 outlines a medical student-level illness-related sexual health interview.<sup>84</sup>

## SECOND-YEAR TEACHING METHODS

Teaching modalities for second-year students are similar to those of first-year students: self-preparation, didactics, role play, standardized patients/SPs, and discussion groups. Didactic sessions and SP encounters should be specifically tailored to acquisition of more advanced content.

## Didactics

Second-year clinical interviewing or physical examination course didactics should emphasize the sexual history as a necessary component of conducting a focused history. Students should receive didactics specifically on taking a complex sexual history and discussion of sexual problems, keeping in mind the content areas described above, including a demonstration of a counseling

**Table 6.** Goals of illness-related sexual health interview for medical students<sup>84</sup>

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- Screening and identification of sexual concerns or diagnosis of dysfunction
  - Clinical assessment of sexual dysfunction, origin, and impact on patient's life
  - Empathy and counseling utilizing normalization and support
  - Referrals for counseling, physical therapy, and/or a medical specialist as needed
-

visit. Programs may wish to incorporate this into didactics on caring for specific populations. When possible, focused sexual history items should be included in existing didactic descriptions of clinical presentations. Instructors should include scenarios in which patients have sexual health problems to normalize and emphasize the importance of these clinical discussions. If dedicated class time is not possible, programs should seek out videos of advanced sexual history taking for students to view. AAMC has developed a series of online videos that can be used for this purpose.<sup>45,85</sup>

### Role Play

For teaching the advanced skills outlined above, programs may need to reach outside their normal sphere of hired SPs. Some programs may find senior medical students or members of community organizations such as LGBTQ community groups or cancer survivorship groups willing to volunteer for these role plays.<sup>7</sup> Role play is particularly important in teaching interviewing skills pertinent to discussing sex and sexuality with LGBTQ individuals.<sup>81</sup> The AAMC has developed a series of online videos specifically for sexual history taking with LGBTQ patients.<sup>45,85</sup> Should programs wish to incorporate sexual history taking for transgender patients into their role plays, it is important to have transgender actors/volunteers playing such patients as to avoid inadvertently offensive portrayals.

### SP/Standardized Patients

Comfort with increasingly complex SP encounters is an important skill second-year students must master in advance of their clinical rotations and for passing the Step 2 Clinical Skills U.S. Medical Licensing Exam.<sup>86</sup> While peer-to-peer role play with large group feedback may not be time-efficient or high stakes enough for second-year students, students should be given time to practice their skills with a SP or faculty member with feedback.<sup>11</sup> Sexual history should regularly be included in SP encounters designed to represent general or all-encompassing clinical scenarios. Excluding this portion of the history reinforces it as unimportant. SP encounters may be important for second-year students in the form of evaluation, described below.

## SECOND-YEAR EVALUATION METHODS

Second-year evaluations should be summative as students should have advanced beyond needing targeted sexual history-specific evaluations. Instead, sexual history taking should be incorporated into pre-existing OSCE or group OSCE that evaluate overall communication or interviewing skills. Students should be required to ask relevant sexual history questions in order to pass mid-year clinical exams that evaluate complete history taking, focused history taking, or time management. Finally, sexual history should be included in the history taking components of a summative year-end OSCE.

## DISCUSSION

The first-year curriculum we've described is focused on acquiring satisfactory basic sexual history taking skills, including both sexual risk (ie, the 5 Ps)<sup>58,59</sup> as well as the sixth P (plus), which encompasses the assessment of trauma, violence, support for gender identity and sexual orientation, sexual satisfaction, and sexual health concerns/problems. The second-year curriculum is focused on incorporating improved clinical reasoning, emphasizing sexual history taking of diverse populations and practices, and including the impact of illness on sexual health. For more effective learning, teaching methods must include varied formats including student self-reflection, didactics, video demonstrations, SP encounters with immediate feedback, and role play. Evaluation may be best as a formative OSCE in the first year and summative OSCE in the second year.

Several barriers exist regarding the incorporation of a comprehensive education in sexual health communication into an existing undergraduate medical school curriculum.<sup>45</sup> First, pre-clinical curricula are becoming increasingly condensed; and the majority of lecture time is often devoted to only those topics tested on the U.S. Medical Licensing Exam. In an effort to address monetary and temporal constraints, lectures, role plays, and discussion groups must be organized and efficient. Whenever possible, sexual history taking should be included into existing courses on clinical interviewing or human reproduction. Students should be advised that their skills must be practiced outside of class time.

Additionally, faculty endorsement can be difficult to obtain, as faculty themselves may be uncomfortable discussing sexual health, may lack experience in sexual medicine, or may not take sexual histories in their own practices. This in turn can shape the "hidden curriculum," ie, the practices learned by observing faculty members' attitudes or behavior. Utilizing faculty sexual health champions to rally for curriculum committee support can mitigate issues surrounding faculty buy-in. Clinical faculty will need professional development around discussing sexual health.<sup>52</sup> Content for faculty is similar to that for students and should include a script, current standard operating procedures or best practices in sexual history taking, and webinars or video modules. Materials are frequently available fully formed and free of cost. For example, the National LGBT Health Education Center, a program of the Fenway Institute, has developed a free, modifiable, all-staff sexual history training presentation that is available online.<sup>59</sup> Similarly, MedEd-PORTAL<sup>87</sup> has a number of well-developed sexual history taking curriculum materials that can be used for faculty development.

Due to the nature of expert consensus, our proposed curriculum is limited in that it is not yet validated. Ideally, validation would comprise student appraisal of the individual curricular components, including an assessment of which elements students perceive to be most useful. Optimal validation needs to also incorporate faculty input regarding the quality of the implementation of curricular components and ideally patient feedback regarding evidence of acquisition of skills. Assessment is

needed regarding the effectiveness of this curriculum in teaching sexual history taking across the spectrum of sexuality and illness (eg, sexual orientation, gender identity, disability). To ensure the appropriate skills are being acquired, validation may also occur using assessments before and after curricular intervention via OSCEs and/or observed patient encounters.

Our proposed curriculum represents expert consensus on the ideal curriculum that will be attainable for some programs. This curriculum is aspirational, and many programs will only be able to incorporate those aspects that align with their current curriculum. Programs may find they need to incorporate some of this material into the clinical years. Indeed, next steps in this field would be creating sexual health communication skills curricula in relevant clerkships including obstetrics and gynecology, internal medicine, family medicine, pediatrics, ambulatory care, psychiatry, and urology. At present, it is of the utmost importance that medical schools use the dedicated pre-clinical time to create the foundation for excellent clinical sexual health communications skills.

## CONCLUSION

This article is a summary of the consensus from 2012, 2014, and 2016 Summits on Medical Education in Sexual Health on best practices in medical education in sexual history taking and serves as a blueprint for sexual health communication curricula in pre-clinical undergraduate medical education in North America. The ideal model for developing these skills includes a spiral curriculum utilizing multiple educational modalities that weaves the core concepts of sexual history taking into the advanced skills required for medical students in the clinical setting.

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## SUPPLEMENTARY DATA

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