Core learning outcomes in sexual and reproductive health and HIV for medical undergraduates: improving skills of future providers

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f we are to implement enduring and comprehensive improvement in the knowledge, skills, and attitudes of healthcare professionals in sexual and reproductive health and HIV, we must focus on defining and raising the baseline competencies of all future sexual healthcare providers by influencing the content and delivery of undergraduate education. Sexual and reproductive health are key determinants of a person's wellbeing and yet are often overlooked during medical consultations. We need to ensure a baseline of competence in sexual health for all doctors, not just those formally working as sexual healthcare providers.

Current provision of sexual and reproductive health and HIV teaching in the UK medical undergraduate curricula is patchy and appears to have changed little in the past 10 years. As the first step in addressing these inequalities, BASHH created an undergraduate education working group to define the minimum acceptable level of knowledge, skills, and attitudes required by newly qualified pre-registration house officers (PRHOs) to practise competently when assessing patients with sexual, reproductive, and HIV associated problems and needs. The group then expanded to include representatives from British HIV Association (BHIVA), British Infection Society (BIS), and Faculty of Family Planning and Reproductive Health Care (FFPRHC), and a senior academic in medical education. The resulting document, Core learning outcomes in sexual and reproductive health and HIV for medical undergraduates entering PRHO training was timed to coincide with and to inform the General Medical Council’s extensive review of PRHO training (see STI website for copy of leaflet (www.stijournal.com/supplemental)).

We believe that this consensus definition should be used both in a top down approach by influencing the curriculum planners and policy makers, and from the bottom up where, as teachers, we can use it as a standard against which to measure current sexual health education provision in our own medical schools. If gaps are identified, the standards could become a powerful tool to justify additional curriculum space or teaching resources. It is important to emphasise that these learning outcomes refer to knowledge acquired throughout the undergraduate curriculum. Where, when, and by whom the content is delivered will depend on local resources and expertise and may involve teachers from a range of disciplines and specialties.

Two other BASHH initiatives support the core learning outcomes: The toolkit for sexual history taking in the undergraduate curriculum and STIFUndergrad, which is an adaptation of the STIF materials and teaching methods for undergraduate learners. Both are available to BASHH members via the website. Finally, Self assessed knowledge and skills in sexual health and HIV in PRHOs is an ongoing postal survey of all UK PRHOs. The results will form a benchmark against which we can measure the impact of introduction of the core learning outcomes in future years.

Finding time and enthusiasm to teach undergraduates when faced with ever mounting clinical pressures is a considerable challenge. However, it is only by equipping all our graduates with the appropriate knowledge, skills, and attitudes that we can realistically expect to raise standards in sexual health care in a comprehensive and sustainable way.

ACKNOWLEDGEMENTS

The core learning outcomes have resulted from a huge team effort: BASHH Undergraduate Education Working Group (Jyoti Dhar, Loay David, Anne Edwards, Claudia Estcourt, David Goldmeier, Paddy Horner, Helen Mitchell, Melinda Tenant-Flowers, Nick Theobald), British HIV Association (BHIVA): Jane Anderson, British Infection Society (BIS): Nick Beeching: Faculty of Family Planning and Reproductive Health Care (FFPRHC): Chris Wilkinson. We also thank Angela Robinson for her continued enthusiasm and support for all the BASHH undergraduate education initiatives.

See STI website www.stijournal.com/supplemental for copy of Core learning outcomes leaflet.

C Estcourt
Centre for Infectious Disease, ICMS, Barts and
and Dentistry, London E1 2AT, UK

C Estcourt, D E Evans
Infection and Immunity, Barts and the London
NHS Trust, London, UK

D E Evans
Institute of Health Sciences Education, Barts and the London,
Correspondence to: Dason E Evans, Institute of
Health Sciences Education, Barts and the
London Queen Mary’s School of Medicine and
Dentistry, St Bartholomew’s Hospital, Robin
Brook Centre, London EC1 7BE, UK;
de.evans@qmul.ac.uk

Conflict of interest: the authors have no conflict of interest.
Core learning outcomes in sexual and reproductive health and HIV for medical undergraduates entering Foundation Training

2005

BASHH British Association for Sexual Health and HIV
BHIVA British HIV Association
BIS British Infection Society
FFPRHC Faculty of Family Planning and Reproductive Health Care
Knowledge of appropriate basic, social and clinical sciences

Effective diagnosis and patient management

Appropriate attitudes, ethical understanding, awareness of legal responsibilities and issues around self-care

Competence in clinical skills, clinical method and practical procedures

Knowledge and skills around health promotion and disease prevention

Excellent patient care in sexual & reproductive health & HIV
The poor sexual health of the nation is now widely acknowledged and reflected in substantial rises in rates of sexually transmitted infections (STIs), HIV and unwanted pregnancy. The UK national strategies for sexual health and HIV call for comprehensive services provided in a range of clinical settings responsive to patients' needs. Implementation will require investment in the education of doctors and medical students from undergraduate level upwards. Currently there is considerable variation in provision of teaching in sexual and reproductive health and HIV in undergraduate curricula across the UK.

In order to address this the relevant national specialist bodies (BASHH, BHIVA, BIS, FFPRHC), supported by educationalist input, have produced the following consensus definition of the minimum acceptable level of knowledge, skills and attitudes required by newly qualified pre-registration house officers (PRHOs) to practise safely when assessing patients with potential sexual health, reproductive health and HIV associated problems and needs.
Clinical skills and clinical method

1. Obtain an appropriate sexual history to assess risk for STIs and pregnancy and to communicate this risk to individual patients in a sensitive, non-judgemental manner.
2. Obtain a contraceptive and reproductive health history to assess contraceptive need and to discuss contraceptive choices to enable patients to make informed decisions on those choices.
3. Engage in relevant HIV pre-test discussions to assess relative risk of infection and enable patients to make an informed decision on testing.
4. Competently perform male and female genital examinations including speculum and pelvic examination and testicular examination.
5. Describe appropriate investigations, samples and sites of sampling for acute STIs.

Practical procedures

1. Perform and interpret near patient pregnancy testing.
2. Take a routine cervical smear.
3. Take microbiological and virological swabs from ano-genital sites that are appropriate to the patient’s symptoms and risk factors, and which are appropriate to the medical setting (general practice, A&E, the ward, outpatient clinics).

Patient management

1. Recognise and manage, under supervision, the following medical conditions that are not immediately life threatening but which require early treatment: female lower abdominal pain, genital ulceration/discharge/lumps, testicular pain.
2. Describe principles of partner notification for STIs and HIV.
3. Identify and know where to refer patients who have been possible survivors of sexual assault.
4. Describe common presentations of patients with psychosexual factors affecting sexual function and/or relationships, and know where to refer them.
5. Appreciate how sexual wellbeing and ill health, with reference to HIV and other STIs, impact on the individual both psychologically and physically. Recognise and describe to patients the psychological interventions available and their use in sexual health and HIV related problems.
6. Demonstrate basic knowledge of currently available contraceptive methods and be able to communicate to clients the mechanism of action and failure rate.
7. Understand situations in which the different methods of contraception may fail and be able to apply this in practice to routine medical care to avoid iatrogenic failures.
8. Manage under supervision, or refer as appropriate, the contraceptive needs of a client presenting with a medical condition that may contraindicate the method she/he is currently using.
9. Provide information and support decision making for women facing an unplanned pregnancy.
10. Provide information regarding different methods of termination of pregnancy (ToP) and legal procedures relating to referral for ToP.
11. Recognise medical presentations that may be caused by primary or established HIV infection.
12. Recognise, manage under supervision, or refer as appropriate, the presentations of HIV positive patients with pneumocystis pneumonia, candidiasis, toxoplasmosis, cryptococcosis, tuberculosis, Kaposi’s sarcoma, lymphoma, hepatitis B and C.
13. Describe the basic principles of anti-HIV therapy, including major side-effects and interactions of therapy.
Health promotion and disease prevention

1. Explain principles of safer sex and risk reduction and be able to demonstrate correct condom technique.
2. Describe to a client methods of emergency contraception and indications and guidance for use.
3. Identify opportunities for sexual health promotion including opportunities for early diagnosis of HIV in related and unrelated medical contexts.
4. Outline national screening programs relevant to sexual and reproductive health and HIV (currently - cervical screening, chlamydia screening and antenatal HIV testing).

Basic, social and clinical sciences

1. Describe normal anatomy of male and female genital tract and reproductive physiology in women.
2. Understand factors which lead to unwanted pregnancy.
3. Understand the basic epidemiology of STIs and HIV and public health issues for control of spread of infection both locally and globally.
4. Explain pathogenesis of HIV and the major STIs.

Attitudes, ethical understanding and legal responsibilities

1. Understand and practise legal responsibilities relevant to sexual activity and sexual health and HIV care (e.g. issues of consent, disclosure, providing care for minors, people with learning difficulties, suspected abuse, rape).
2. Understand and practise confidentiality and be aware of current legislation concerning confidentiality with particular reference to sexual and reproductive health and HIV medicine.
3. Understand the role of the health care professional (HCP) in managing/referring a woman requesting ToP (including when the HCP is a conscientious objector).

The role of the doctor within the health service

1. Outline the ways in which sexual health services are different from general medical services, including access issues and public health role.

Personal development (self care)

1. Describe the immediate, short term, and longer term actions required after occupational exposure to blood borne viruses (e.g. needle stick injuries), and non-occupational exposure to potentially HIV infected body fluids.
2. Understand and practise the legal responsibilities relevant to health care workers who are HIV positive.
References


