Core learning outcomes in sexual and reproductive health and HIV

for medical undergraduates entering Foundation Training

2005

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 pregnancy¹. The UK national strategies for sexual health and HIV^{2,3} 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^{4,5}. 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.

Core learning outcomes in sexual and reproductive health and

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.

HIV for medical undergraduates entering Foundation Training

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.

Chair: C.Estcourt,

Authors:

BASHH: J.Dhar, A.Edwards, C.Estcourt, D.Goldmeier, P.Horner, L.David, H.Mitchell, M.Tenant-Flowers, N.Theobald.

BHIVA: J.Anderson, M.Fisher.

BIS: N.J. Beeching.

FFPRHC: J.Drife, M.Kishen, C.Wilkinson

University of Leeds: T.Roberts

References

- 1. HPA. Renewing the Focus: HIV & other Sexually Transmitted Infections in the UK in 2002. An update November 2003. (www.hpa.org.uk)
- 2. DoH. The National Strategy for Sexual Health & HIV. 2001. London, The Stationery Office (www.dh.gov.uk)
- 3. Enhancing Sexual Wellbeing in Scotland: A Sexual Health Relationship Strategy. Scottish Executive. 2004. (www.scotland.gov.uk/library5/health)
- 4. Cowan FM, Adler MW.
 Survey of medical undergraduate teaching in genitourinary medicine in Britain.
 Genitourin Med. 1994; 70;311-3
- 5. Fitzgerald M, Crowley T, Greenhouse P et al. Teaching sexual history taking to medical students and examining it: experience in one medical school and a national survey. Medical Education. 2003. 37(2):94-8









