

Preparing medical students to provide person-centred care for sexual and reproductive health: Key learnings from “Sexual Health Across Clinical Contexts” elective subject

Authors:

Van Rensburg C^{1a}, Bourke S^{2a}, Tomnay J², Kelly AM², Makleff S¹

^aJoint first authors

¹ Centre for Health Equity, The University of Melbourne, Parkville, VIC, Australia

² Centre for Excellence in Rural Sexual Health (CERSH), The University of Melbourne, Parkville, VIC, Australia

Background:

Sexual and reproductive health (SRH) is inadequately covered by Australian medical schools, resulting in a future workforce that lacks the confidence and specialised communication skills necessary to provide high quality SRH care. To combat this, The University of Melbourne created “Sexual Health Across Clinical Contexts (SHACC)”, an elective subject for Doctor of Medicine (MD) students. SHACC has a focus on preparing students to be respectful of and responsive to the preferences, needs and values of individuals seeking care – important aspects of person-centred care that are crucial to high quality service delivery. Our presentation aims to (1) identify the domains of person-centred care that SHACC prepares students to provide, and (2) examine the elements of SHACC that influence students’ future provision of person-centred SRH care.

Methods:

We conducted semi-structured interviews with 21 students who participated in SHACC and three subject tutors. We analysed the data thematically. Coding was informed by the domains presented in the Person-Centred Care Framework for Reproductive Health Equity: dignity, autonomy, privacy, communication, social support, supportive care, trust, and health facility environment.

Results:

Students and tutors described SHACC as promoting person-centred care behaviours that aligned with the supportive care, dignity, autonomy, and health facility environment domains. Participants described various elements of SHACC used to foster person-centred care behaviours, including activities focused on how a clinic is set up, centring lived experience in lecture content, workshopping different ways to phrase sensitive questions, and practice with simulated patients who provide feedback on phrasing and body language.

Conclusion:

SHACC helps to prepare students to engage with person-centred care behaviours for SRH service delivery. The elements of SHACC used to foster person-centred care behaviours identified in this presentation can inform the development of future SRH subjects delivered in a medical degree.

Disclosure of Interest Statement:

Centre for Excellence in Rural Sexual Health (CERSH) is funded by the Victorian Department of Health