

How do you prepare medical students to provide person-centred sexual and reproductive healthcare?

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Gaps in person-centred sexual and reproductive health (SRH) education

What is person-centred sexual and reproductive health (PCSRH)?

- Care that is “respectful of and responsive to service users' preferences, needs and values, and which empowers them to take charge of their own sexual and reproductive health”¹
- It is essential for health equity
- Yet there are significant gaps in PCSRH education for medical students internationally²

SHACC as a case study

The Sexual Health Across Clinical Contexts (SHACC) elective subject delivered at The University of Melbourne is purposefully designed to build medical students’ interpersonal and clinical skills to provide non-judgemental SRH care.

Objectives

1. Examine medical students’ accounts of how SHACC shaped their competencies, values, and understandings of PCSRH, and
2. Identify the teaching approaches perceived as contributing to this preparation

Reflecting on one’s assumptions and how they impact clinical questioning

You can’t tell anything about someone’s sexual experiences just by looking at them. You can’t assume someone’s sexuality, or if they’re even sexually active, or how they would feel about certain types of contraception.

The biggest barrier in taking a thorough sexual health history is the biases that might close us off from asking important questions... Without knowing all the answers we can’t provide the best care for the patient..

Building clinician comfort with SRH creates patient comfort

If I’m asking a question [that] makes me uncomfortable, then the patient will pick up on that. So, I think just diving in, not being afraid to say words like sex or penis, vagina, whatever it might be.

In SHACC we got taught how to bring up an opportunity for people to disclose an unsafe sexual experience. I don’t feel awkward saying it now, so in return whoever I’m speaking with doesn’t feel awkward speaking back to me.

Choosing non-judgemental phrases

[We learnt that] even if you’re not offering the termination service, to phrase it in a neutral manner. “Hey, I can’t help, I’m not the best person to help, but here are the other places you could go to”. Versus coming across as quite judgmental.

Things like intravenous drug use, sex work, sexual assault [can be] quite tricky things to ask about. If you haven’t been exposed to SHACC, I would really struggle to know how to phrase that in a way that’s not going to upset the patient.

Quotes are drawn from SHACC student interviews and written reflections.

Teaching approcahes around PCSRH

Simulated patients	Diverse clinical scenarios	Lived experience
Enabled students to practice and become comfortable with phrasing SRH questions.	Challenged students to avoid assumptions about patients’ gender, sexuality or lifestyle.	Involving people with lived experience of stigmatisation in healthcare challenges stereotypes.

SHACC and medical curricula

All medical graduates will encounter SRH regardless of specialisation.

SHACC’s teaching approaches and content can be integrated into core medical curricula to (i) strengthen person-centred care practice and (ii) ensure that future doctors are adequately prepared to provide SRH.

Methods

- Using reflexive thematic analysis, we analysed data from (i) semi-structured interviews with medical students who had participated in SHACC and (ii) written reflections students submitted as part of SHACC assessments
- Analysis and interpretations were informed by The Person-Centred Care Framework for Reproductive Health Equity and its eight domains³



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