

Briefings

The Association of Teachers of Sexuality within Medical Education: an inaugural meeting

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The inaugural meeting of the Association of Teachers of Sexuality within Medical Education was held in London on 2 July 1993. The list of participants reflected the fact that teaching about sexuality does not fit neatly into any subject area, and although some departments of psychiatry see this as their responsibility, others seem happy to leave it to colleagues in reproductive medicine. So as well as psychiatrists and psychologists, we included gynaecologists, specialists in family planning and general practitioners with psychosexual training. We represented a wide geographical area with participants attending from as far apart as Aberdeen and Southampton. What we had in common was some responsibility for teaching about human sexuality, and a belief in the importance of this topic in medical education.

Some problems identified

Common problems and concerns soon emerged as participants gave brief presentations about their experiences:

Time

Accounts of teachers being asked to cover the whole of human sexual behaviour and dysfunction in one hour were not uncommon. We all felt the pressure of being squeezed into an ever-expanding curriculum, as though knowledge about sexuality was a luxury rather than a necessity for doctors in training.

Appropriateness

The results of a brief survey into the characteristics of medical students at St George's were presented. This confirmed our own impressions that young people in their early 20s vary considerably in life experience, with some having led rather sheltered lives. It is a considerable challenge to design a course that can take into account this range and say something meaningful for all the students. Some participants challenged the assumption that this subject should be

taught to undergraduates, and might be better tackled during post-graduate courses. Some suggested that the public might be better served if the teaching was to be offered to other health-care professionals such as community psychiatric nurses rather than doctors.

Sensitivity

It is not possible to discuss sexuality outside a social context, and some of us had had salutary experiences of finding that our seemingly factual teaching had offended various religious and political sub-groups within the student population, leading at best to lively debate and at worst to boycott. How is it possible to teach about sexuality and avoid offending those with deeply-held ideologies, without making the teaching so bland that it is dull?

Self-selection

When attendance at the lecture, seminar or discussion about sexuality is voluntary, it seems that those students who need this input most are those least likely to attend, and vice versa. This is probably also true of any postgraduate courses offering teaching on this subject. Is there an argument for making some basic teaching compulsory, perhaps the essentials of sexual anatomy, physiology and ethics, or do we accept that some trainees are a lost cause and concentrate our efforts on the more receptive?

A safety net

It is inevitable that some members of the audience or seminar group will be upset by discussion of some aspects of sexuality because of their own experiences. Emotional turmoil about childhood sexual abuse may be reactivated, young people may be struggling to come to terms with their sexual orientation or having trouble forming relationships because of imagined or real sexual inadequacies. How do we ensure that any such distress triggered by our teaching is dealt with confidentially, appropriately and sympathetically?

Numbers

In a large medical school such as Manchester, there may be over 250 students in each year. Although it is generally acknowledged that sexuality is better taught in a smaller group format, with such large numbers it would be virtually impossible to find the resources to do this. Apart from financial and time constraints, there are not many people within psychiatry or other disciplines with the expertise and enthusiasm to teach this topic.

Research

Although there was a flurry of interest in this topic in the 1970s, (Wiggers *et al*, 1977; Stanley, 1978; Hawton, 1979) there does not appear to have been very much new thinking or objective evaluation since then. This leaves us with assumptions about the best methods of teaching about sexuality which still need to be tested.

The student's view

A representative of the medical students gave an account of her experience of the human sexuality course at St George's, which is probably the most ambitious and well-organised example of undergraduate teaching of this subject in the UK. As teachers, we were surprised to see some of our cherished assumptions shaken. We enjoy discussion of such "soft" issues as ethics, personal value systems and communication skills. The students, however, wanted a problem-solving approach, with "hard" facts about how to manage cases in clinical settings. Lessons can be learnt from this about introducing the more nebulous concepts through basing discussion on real clinical problems.

The way forward

It was decided that to further our common aims we should form an association, and that it should be called the Association of Teachers of Sexuality within Medical Education (ATSME).

At the simplest and most practical level, we intend to share ideas and co-operate in the dissemination and development of teaching resources. Thinking in wider terms, we would aim to develop a core curriculum for the teaching of human sexuality and its problems within medical educations, focusing on issues of ethics and professionalism as well as factual knowledge. This would not necessarily be confined to undergraduate medical teaching. Armed with this, we could then act as a pressure group to lobby for increased time and resources for the teaching of this vital subject, acknowledged to be of prime importance in the recent *Health of the Nation* document.

We would welcome the views of psychiatrists with an interest in this field, and anyone who would like more information about this new organisation should contact Dr Fran Reader, Senior Lecturer, The Human Sexuality Unity, 3rd Floor, Lanesborough Wing, St George's Hospital Medical School, Cranmer Terrace, London SW17 0RE.

References

- HAWTON, K. E. (1979) A human sexuality course for Oxford medical students. *Medical Education*, **13**, 428–431.
- STANLEY, E. (1978) An introduction to sexuality in the medical curriculum. *Medical Education*, **12**, 441–445.
- WIGGERS, T. T., GROVER, P. L. & LABRUM, A. H. (1977) Some new methods for the evaluation of medical school sex education curricula. *Medical Education*, **11**, 385–389.