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National Consensus Document on Essential Topics in Genito-Urinary Medicine that should be included in the Undergraduate Core Curriculum of all Medical Schools.

1. Background

1.1 Past reviews of Genito-urinary Medicine content and timing in undergraduate curricula have detected wide variations between medical schools^{1,2}. With the implementation of "tomorrow's doctors"³ recommendations, has come an even greater impetus to agree which aspects of the speciality need to be taught to every future houseman, and thus must be incorporated into each core curriculum. Increasing student numbers, patients' rights to refuse to see students and time constraints compound the difficulties faced in training⁴.

1.2 This document outlines the aspects of genito-urinary medicine considered essential for the training of all tomorrow's doctors by a workshop run by the MSSVD, drawing on the experience of teachers in the speciality from all medical schools in the UK.

1.3 Some of the core knowledge, skills, and attitudes might be taught by allied specialities, or within teaching blocks of other specialities but with the lecturer being a GU-specialist (see Table 1.)

1.4 Some areas - safer sex training and action in the event of a needle stick injury -were considered essential for students for their own personal benefit in addition to their professional training.

1.5 A few elements were felt to be important early in training to ensure their incorporation into routine practice (e.g. HIV risk assessment and non-judgemental approach) whereas others were felt to be more suitable for later stages of training when the students were more confident about their clinical skills, and able to deal with more difficult scenarios. (Table 1).

2. Essential topics related to GU-medicine that should be included in the core curriculum of all medical students training.

2.1 Knowledge

2.11 Safer sex and condom use.

Since University life is likely to involve exploration of sexuality for many students, it was considered important that early in their training, medical students should be taught about safer sex and condom use for their own personal benefit as well as their professional development. Medical students may be asked for advice by peers outside medicine, adding to the importance of their knowledge being correct. This area of education would seem best suited to GU-medicine.

2.12 Action in the event of potential occupational exposure to HIV or hepatitis B.

Before coming into contact with patients, all medical students should be aware of the risks of occupational exposure to body fluids from individuals infected with or potentially infected with blood borne viruses. They should be trained in the importance of taking precautions to avoid unnecessary risks (e.g. not resheathing needles, wearing gloves and/ or protective clothing etc where appropriate, use of Vacutainer venepuncture systems rather than traditional syringe and needle, sharps box use). Hopefully all students will be vaccinated against hepatitis B before clinical work. All students should be aware of up to date National guidelines on post-exposure prophylaxis against HIV with anti-retroviral therapy, appreciate the importance of speed in seeking advice and starting PEP where necessary, and be aware of the local arrangements for accessing such advice and treatment. As well as GU physicians, occupational health or infectious diseases colleagues may also feel equipped to teach this area.

2.13 The roles of the GU clinic and the principles of managing an STD

Since most students will not end up working in GUM it seems appropriate for them to know what type of conditions are seen and treated by our speciality in order to know who and what to refer. This was considered the highest priority in terms of the core topics. It is envisaged that a list of sexually transmitted infections is not sufficient (I) But that information about partner notification, HIV related issues and complications of STDs should be included. It is important that new doctors appreciate that although they may feel able to make a diagnosis and select a treatment, that the specialist GU clinic offers an important package of care that extends beyond this and is essential in the correct management of these diseases.

By knowing the principles of managing an STD, as a model of care, it is hoped that students might apply this model to individual infections, rather than being taught the specifics of treatment for each condition.

2.14 Common syndromes of STDs/HIV seen by the generalist

In order to facilitate appropriate referral it is necessary for all students to be able to identify syndromes that suggest STI or could suggest HIV infection. This was considered more important than knowing treatment regimes or investigative strategies, since the aim would be for these syndromes to prompt collaboration with or referral to GU specialists.

2.15 Emergencies and life threatening complications of STDs and HIV

Since a houseman may be faced with emergency situations related to STDs and HIV it is important that this area is emphasised. Those specific to GUM would mainly be HIV related opportunistic infections, other STD related life-threatening complications may be taught within other specialities such as gynaecology.

2.16 Sexual behaviour and health.

Many treatments both surgical and medical outside GU medicine impact negatively upon sexual health, particularly erectile function. It is important for students to realise this, and to feel able to broach the topic of a patients sex life should this seem appropriate. GUM may be an appropriate area for this to be taught, or teachers from our speciality may be able to advise or collaborate with other departments on this topic.

2.17 Recognition of risk factors and behaviours for STIs

This was considered to incorporate both the routes of transmission of common STDs, but also the demographic factors, such as number of sexual partners, age at first sex, presenting for TOP, etc which increase the risk of a patient having an STI

2.18 Non-sexually transmitted genital conditions

The commonest genital complaints seen are non-sexually transmitted infections such as vaginal candidosis and bacterial vaginosis. These subjects are readily and routinely taught within genito-urinary medicine, as could be other non-infective conditions of the genitalia, though it is possible that these areas might be covered by colleagues teaching gynaecology, urology or dermatology.

2.2 Skills

2.21 How to take a HIV risk history

Current teaching of social history taking does not appear to lead to the inclusion by students of questions pertinent to eliciting HIV risk factors. Since HIV can manifest in ways that can present to any speciality and many patients will be unaware of their HIV status, it is important that students are trained to feel comfortable about asking routine patients about a history of injection drug use and sexual orientation. It would seem appropriate for such areas to be taught in conjunction with other aspects of social history taking, such as smoking, occupational, and alcohol history.

Since history taking is likely to be taught early in the curriculum, and by generalists, it might be appropriate for GU clinicians to liaise with those teaching these communication and history taking skills to assist or advise on these aspects of teaching.

2.22 How to take a sexual history and communication skills in discussing sex

This was considered to be a skill that all houseman should have been taught and had the opportunity to practice, though whether this would always be with real patients or might need to involve role play or actors adopting the patient role would depend upon time allocation, staffing, funding and the availability of willing patients.

2.23 How to perform a genital examination

The ability to examine the genitalia proficiently, and without distressing the patient is a skill all doctors should possess. Limitations in time, staff and willing patients may require initial training to be conducted using mannequins, to teach the practical techniques before the student approaches patients.

2.3 Attitudes

2.31 Non-judgemental professional attitudes - with particular reference to sexual orientation of patients

No other speciality deals so specifically with sexuality, and it was felt vital that students be encouraged to develop the non-judgemental approach, such as is adopted in GU medicine, towards people of various sexual preferences. This would be an ideal forum to address personal prejudices and the importance of challenging these and keeping them in check when acting in a professional context. The impact of stigma upon patients reaction to disease is a further topic to be incorporated in this area of training

2.32 The importance of confidentiality - with particular reference to sexual history

Confidentiality is such a cornerstone of effective patient and public sexual health policy that it is vital that the importance of this area with reference to STIs is emphasised to students, so that they appreciate the reasons for this practice, which can seem obstructive to those outside the speciality.

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3. Different ways of teaching topics in GUM

In addition to compiling the above essential core curriculum topics relating to GU medicine, some of the areas of difficulty in teaching GU medicine have also been addressed.

3.1 Increasing the number and maintaining the enthusiasm of teachers

This may be necessary in view of increasing student numbers. By emphasising the SIFT money gained by the clinic for teaching, staff may be encouraged to be positive about the presence of students and also encourage other non-teaching hospital clinics to take students for clinical attachments. General practitioners are increasingly involved in teaching undergraduates and are paid sessional rates to do so by the University. These rates should be the same for other clinicians and thus can be used to calculate the SIFT moneys due to the GU service.

Increasing the numbers of clinicians capable and willing to train students helps reduce "teaching fatigue" but requires teacher training to ensure that the learning objectives of the clinic session are agreed and adhered to. In some centres, clinicians are asked to sign up to these objectives to further emphasise the purpose of the training clinics.

Assessment and feedback to teachers is important in maintaining quality teaching and enthusiasm. One way to do so is to construct a histogram of the range of grading of teaching sessions as judged by student feedback, and indicating where the individual teacher falls on this range with an asterix. This allows the teacher to see how he/she is faring compared to colleagues, but without disclosing to all which teachers are doing better, or more importantly less well.

3.2 Tackling difficulties in teaching students to take a good sexual history

Increasing student numbers, shortage of willing patients and constraints on teaching time can make teaching sexual history taking difficult with real patients in the clinic setting. Workshop discussion of the order and phrasing of questions prepares students for sexual history taking as can watching videos of proficient and less skilled consultation styles. Video recording of students taking sexual histories from actors has been a successful training method where the number of students exceeds the availability of real patients, encourages personal insight into areas of good and bad communication and is useful in assessing this clinical skill. This method works best when only the student and trainer watch the video, but even so a few students find the technique too intimidating. The actors feedback about their opinion of the student's attitude and ability to put them at ease can also be useful in assessment.

3.3 Teaching how to perform a genital examination to increasing numbers of students

As with teaching sexual history taking, teaching genital examination with real patients is made more difficult with increasing student numbers, availability of willing patients and limited time, teachers and opportunity for teaching in clinic.

Male and female pelvic mannequins are available and can be useful for teaching genital examination to groups of students using the ATLS method (Table 2), which would be inappropriate with a real patient. Even so, attending the clinic and seeing real patients was felt to be an important aspect of training.

3.4 How to minimise the number of patients refusing to allow students to be present

Problems of patient refusal can be tackled by explaining the roles and responsibilities of the student to the patient when she phones for an appointment, with a leaflet when they reach reception and verbally as they

are greeted by the doctor. Renaming medical students as "doctors in training" when introducing them to patients may help portray them as responsible & professional.

3.5 Assessing clinical skills in sexual history taking and genital examination

Again the use of actors playing the role of patient has been found to be useful in assessing students' history taking skills, and in particular when the student is filmed on video, so that they can review their performance. Getting the student to identify their strengths and weaknesses in sexual history taking allows the assessment to also be a learning experience, as does incorporating feedback from the actor on the students ability to be welcoming, non-judgemental, confident and non-threatening. Using video also enables standardisation of grade allocation by different assessors. This technique has been a long-established method of assessment in general practice training.

Incorporating genital examination of a mannequin into an OSCE style assessment is an efficient way to assess this skill. Many mannequins incorporate pathological findings as well as normal appearances, though examiners need to decide whether it is the students ability to perform the examination itself that is being assessed, or the ability of the student to interpret their findings in a diagnostic manner - which is a more advanced skill.

4. The Internet and the MSSVD Web site.

The Internet presents the opportunity for sharing teaching resources - such as lecture notes, slides and even videos and interactive self-teaching programmes. The MSSVD is developing its own web site, and further discussion is underway to decide how best to maximise the benefits of this resource.

For further advice about the teaching aids or methods discussed please contact the following colleagues:

The MSSVD Internet Web site

Dr Richard Lau, Consultant, GU Medicine, St George's Hospital, London

Videoing students clerking actors as simulated patients for sexual history taking training &

Assessing students clinical skills using video techniques

Dr Barry Peters, Senior Lecturer, GU Medicine, St Thomas' Hospital, London

Using pelvic mannequins to teach genital examination.

Setting up training clinics; patient information leaflets about training clinics & managing male students in the female clinic

Dr Jonathan Cartledge, Senior Lecturer & Hon. Consultant Physician, Mortimer Market Centre, off Capper Street, London WC1E 6AU tel. 0171 530 5077.

(Mannequins can be purchased from: "Limbs and things", Radnor Business Centre. Radnor Road, Horfield, Bristol BS7 8QS tel. 0117 944 6466; fax 0117 944 6222)

How to encourage colleagues in clinics outside teaching hospitals to teach students.

Dealing with increasing student numbers.

Dr Raj Patel, GU Medicine, Royal South Hants Hospital, Southampton.

Table 1. The essential elements taught in GU medicine that all doctors need at qualification - in recommended chronological order.

Timing in curriculum	Element (K = knowledge; S= skills; A = attitudes)	Suggested teaching method	Possible other speciality to teach element
intro	safer sex & condom use (K)	workshop	none
pre-patient contact	action in the event of occupational exposure to HIV/Hepatitis B (K)	lecture	occ. health; ID..
at basic history taking training	how to take an HIV risk history (S) - particularly in someone neither known to be HIV+ nor requesting a test	role play/ workshop	comm. Skills/GP/ ID..
early	positive professional attitudes towards the range of human sexuality (A)	discussion groups	none
early	the importance of confidentiality - particularly re: sexual history (A)	discussion groups	GP
early	non-judgemental approach; addressing one's own prejudices: the impact of stigmatised diseases (A)	role play workshops	GP/ comm. skills
late	the breadth of roles of the GU clinic & appropriate referral criteria (K)	in clinic + lecture	none
late	common syndromes of STD/HIV likely to present to the generalist (K)	Workshop/ seminar	Micro/ID.
late	emergencies and life threatening complications of STDs and HIV (K)	case-scenario seminar	parts in ID or gynae
late	the principles of managing a patient with an STD (K)	clinics & discussion groups	none
late	sexual behaviour and health (K) sex & QoL & impact of disease/therapy	Discussion group	GP
Late	Common non-sexually transmitted genital conditions	clinics/lectures	Gynae/urology/ dermatology
late	how to take a sexual history (S) particularly outside the GU setting	role play/ workshop	Comm skills/GP
late	how to perform a male and female genital examination - practical aspects & manner (S)	mannequin workshop then clinics	Gynae/urology
late	communication skills with particular relevance to discussing sex (S)	role play workshop	comm. skills/GP
late	recognition of risk factors & risk behaviours for STIs (S)	small group seminars	none

comm skills = communication skills training ; QoL quality of life

Table 2. The ATLS system of training clinical skills

Orientate the students to the task

1. Trainer demonstrates the skill without talking through while student(s) observe.
2. Trainer demonstrates the skill, talking through its components.
3. Trainer demonstrates the skill while one student talks it through
4. Student performs the skill while talking it through.

References

1. Adler MW. Survey of medical undergraduate teaching in genitourinary medicine in Britain. *Genitourinary Med.* 1984; 60:405
2. Cowan FM, Adler MW. Survey of undergraduate teaching in genitourinary medicine in Britain. *Genitourinary Med* 1994; 70; 311-3
3. Education Committee of General Medical Council. Tomorrow's doctors - recommendations On undergraduate medical education. December 1993
4. Cowan FM, Dhar J, Patel R, Ainsworth J, Peters B, Bingham J. Undergraduate teaching of genitourinary medicine in Britain - what are the issues? *Genitourinary Med.* 1996; 72; 6-8