



# Inclusive Sexual History Taking Skills of PA Students: Qualitative Assessment

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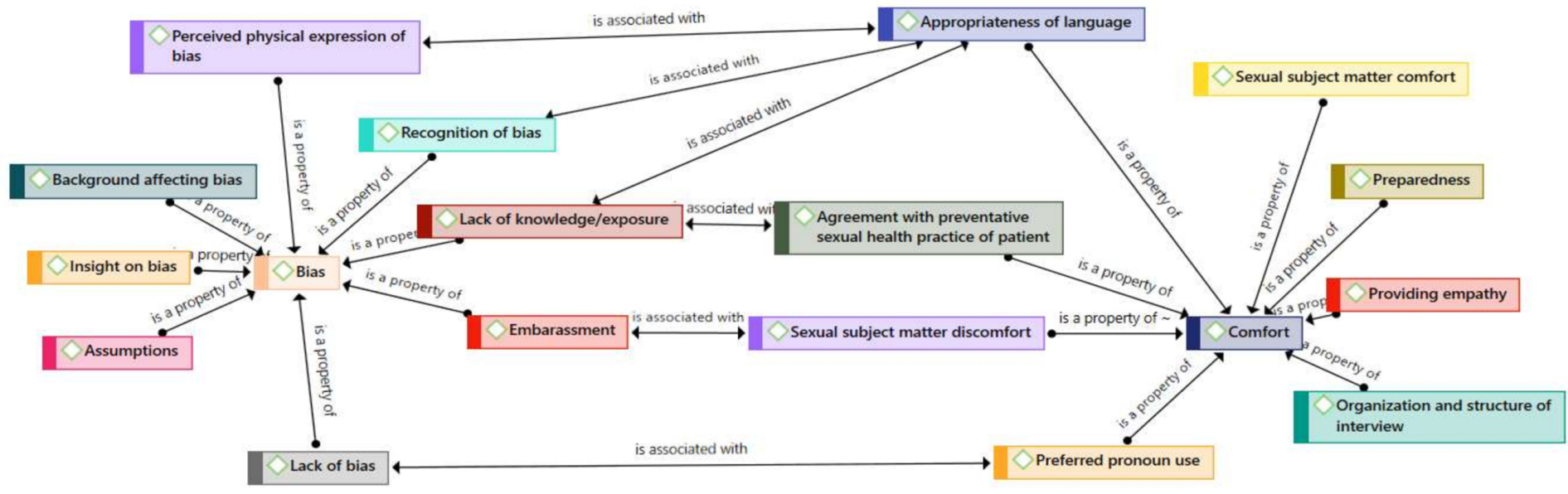


**Purpose:** Sexual history taking is an integral skill for clinicians to master a comprehensive medical evaluation and examination.<sup>1</sup> Discussions about sexual history are essential for health maintenance, prevention of disease, and psychosocial patient health issues regarding inclusion, patient identity, sexual practice and function, and screening for sexual abuse.<sup>2</sup> Medical curricula lack effective instruction on sexual history taking, creating low clinician confidence and proficiency in these skills.<sup>3</sup> A study of US and Canadian medical schools investigated curricular inclusion of sexual and gender minority (SGM) content and revealed a five hour average of collective education over four years.<sup>4</sup>

- Methods:**
- Data were derived from student reflections based on guided questions following a sexual history taking assignment
  - Student pairs alternated portraying patient and clinician
  - The patient characters generally strayed from the heteronormative mold.
  - Post-interview, student reflections focused on
    - Their perceived comfort
    - Their performance challenges or successes
    - Their biases and judgments
  - Researchers individually analyzed and coded data into themes and categories
  - Three researchers refined the data and agreed in the final coding process
  - Themes were labeled and paired with corresponding quotes from the data
  - Focused theme cultivation, linked phenomenon perspective and process validity were performed via cross-validation
  - Relationships between themes were further illustrated through thematic mapping

**Results:** Comfort and bias emerged as two main themes, each with eight-subcategories related to the overarching theme. The delineation can be seen in the center poster graphic. Students' personal perception of comfort and biases toward the sexual history of patients represented a broad spectrum within the encompassing concepts. Students' personal perceptions of comfort and biases toward the sexual history of patients represented a broad spectrum within the overarching concepts.

## Thematic map



Bias During SGM Sexual History Taking
Assumptions
Background affecting bias
Embarrassment
Insight on bias
Lack of bias
Lack of knowledge/exposure
Perceived physical expression of bias
Recognition of bias/judgment

Comfort With SGM Sexual History Taking Skills
Appropriateness of language
Agreement with preventative sexual health practice of patient
Organization and structure of interview
Sexual subject matter comfort
Sexual subject matter discomfort
Preparedness
Providing empathy
Preferred pronoun use

**Discussion:** Identified themes can guide modifications to education and instruction on inclusive and proficient sexual history taking. Targeted discussions and coursework can address potential obstacles in overcoming discomfort with elements of sexual history taking and explore personal biases, and how to avert detrimental extension into optimal pt care outcomes.

**Conclusion:** Exercises in sexual history interviews, especially SGM populations, are essential developmental tools to build student comfort with sexual content topics, and diffuse potential for invasive biases to undermine the integrity and purpose of sexual history taking.