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Integrating HIV risk reduction into the medical curriculum

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Context and setting

The HIV epidemic in the USA continues to expand, with over 42 000 incident cases in 2002. Additionally, several US metropolitan regions have experienced dramatic increases in sexually transmitted disease (STD); for example, the syphilis case rate in San Francisco increased by 167% between 2001 and 2002. Medical curricula need to provide students with current information about STD, including HIV, along with skills with which to work with patients to reduce the risk of such diseases. This is particularly important in urban centres where patients come from diverse sexual and drug-using communities. Doctors play a critical role in preventing STD, yet nearly 44% of all US medical schools have no specific clinical training in STD prevention and counselling. Why change was necessary The University of California San Francisco recently integrated its undergraduate medical curriculum across traditional disciplines, a process which involved the integration of cultural and behavioural facets of illness and prevention. Year 2 students identified deficiencies in the Inflammation, Infection and Immunity (I-3) block, in that much of the material on STD/HIV required updating. Students proposed these changes:

1. revise syllabus and lecture materials to improve students' understanding of specific STD/HIV risk behaviours and risk reduction;
2. develop a small group exercise to actively identify behaviours that increase or decrease risk, modelling how clinicians ask and counsel patients about risk behaviour, and
3. revise current discussion cases to reflect the diverse populations affected by STD/HIV.

What was done

Two student ambassadors reviewed all syllabus entries, exercises and cases for opportunities to develop or revise sections on related epidemiology, prevention and risk factor identification/language. Faculty from multiple disciplines met with students in several curriculum revision meetings. Substantial revisions to the I-3 curriculum were adopted. Epidemiology content was expanded, systematically using global, national and local data. Sections on prevention, including information on safer sex and needle use, were developed using US Centers for Disease Control guidelines. Microbiology lectures on STD integrated aspects of behavioural and social prevention. Risk factor language was standardised to differentiate 'behaviour' from group or individual 'identity' (e.g. 'men who have sex with men' instead of 'homosexual'). A small group exercise, devoted to clinical risk reduction counselling with diverse populations, was piloted with simulated patients (actually HIV test counsellors) interviewed by students. Glossaries on sex and drug use behaviours were developed.

Evaluation of results

Quantitative evaluations ($n = 30$) for aspects of I-3 on a 5-point scale gave the following results: overall (mean = 4.5; excellent); risk reduction lectures (mean = 4.0; good); small group work (mean = 3.0; fair), and glossaries (mean = 2.7; fair). Comments from the I-3 director included: 'There were *no* critical comments [about the HIV material] this year in contrast to the previous year.' Students were encouraging and instructive towards revising the group exercise and contextualising the glossaries with cases. Students' knowledge, attitudes and skills in HIV/STD prevention will be evaluated. Students provide critical feedback on their curriculum and are essential partners in its revision. This endeavour has initiated extensive efforts to revise the entire sexuality curriculum, particularly to include aspects of sexual diversity, such as gay, lesbian, bisexual and transgender health.