Male reproductive health training during undergraduate medical education: an unmet need for the next generation

Coverage of women's reproductive health has been greatly expanded over the past several years, and the importance of women's preventive care is now recognized under the Affordable Care Act's (ACA) provisions. Unfortunately, the ACA does not similarly support men's family planning, nor does it mandate reimbursement of male contraceptive methods such as vasectomy or contraceptive counseling. Although the recent expansion of insurance coverage has been a great victory for the field of women's health, the lack of similar strides for men's reproductive health neglects an important aspect of overall care. Notably, there has been a strong effort to expand human immunodeficiency virus (HIV) testing among women, particularly during prenatal care and family planning encounters. Men bear the greatest burden of HIV diagnoses, making up 80% of new HIV diagnoses in 2014, particularly among men who have sex with men (MSMs) (1). Although new HIV diagnoses among women declined 40% and rates decreased 18% overall, incidence rates remained stable for all men and increased 22% among African-American MSMs. These and other sex-based differences are emblematic of greater disparities between male and female reproductive health care, which encompasses the important principles of sexually transmitted infection (STI) prevention and treatment, contraception and family planning, and infertility. These discrepancies are compounded by a similarly important but often overlooked issue: the widespread lack of substantial emphasis and training in men's reproductive health during undergraduate medical education (2).

Despite the widespread restructuring of medical school curricula in recent years, urologic training is often diminished and sometimes even omitted from undergraduate medical education. Over the past decade, urologists have raised concern over the declining urologic education provided by medical schools to their students. A 2008 survey of urology residency program directors revealed that several medical schools have no lectures from urology faculty during the preclinical years, and many urology program directors also think that it is possible for a student to graduate from medical school without any clinical exposure to urology (3).

Expanding and improving men's reproductive health care should begin in the classroom, clinic, operating room, and inpatient wards, during our day-to-day work to train the next generation of health care providers. Serious efforts should be made to actively educate all of our students in both women's and men's reproductive health issues during their undergraduate medical years. Although extensive exposure to and clinical training in female reproductive health topics are routinely obtained during required obstetrics and gynecology clerkships, there is no comparable standardized approach to teaching men's reproductive care during medical school. Urology rotations are not required at most medical schools, and urology electives are not routinely accessible to interested students at many institutions. In the end, this lack of familiarity with male reproductive health issues likely results in the burden of care shifting to the female partner in matters such as infertility and contraceptive care.

In response to this deficit in formal urologic education, the American Urological Association released its first National Medical Student Core Curriculum in 2009 to provide undergraduate medical students with an online resource to help them establish a knowledge base of common urologic issues (4). These topics were identified via a stakeholder survey, in which eight subject areas were most commonly cited as key topics of a medical school urology core curriculum: urinary stone disease, hematuria, urinary tract infections in adults, benign prostatic hyperplasia, urinary incontinence, prostate cancer, screening of prostate-specific antigen, and testis torsion (5). Although the development of this online curriculum was important to help guide the establishment of standardized urologic curricula among medical schools, men's reproductive health was not included as an area of content.

Structured standardized medical school curricula that cover common urologic issues, including men's reproductive and sexual health, should be developed. As formal educational training in the field of andrology continues to evolve within residency and fellowship training programs, similar instructional initiatives should be established for undergraduate medical curricula. At the national level, professional societies can assist by advocating for these medical school curricular changes as well as by developing reproductive health curricula specifically for medical students. At the local level, reproductive health specialists should become involved in advocating for and developing medical school curricula to address these areas of deficit.

The neglect of men's reproductive health topics during the training of rising medical professionals results in a clear gap in their training. Medical students should be provided with an undergraduate education that will enable them to be both comfortable and competent in discussing and providing men's reproductive health care. By increasing these future physicians' exposure to men's reproductive concerns, the next generation of providers will be better equipped to address their patients' needs and close gaps in reproductive care. In the end, the enhanced health care that results will be of benefit to male and female patients alike.

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REFERENCES

1. Centers for Disease Control and Prevention. Diagnoses of HIV infection in the United States and dependent areas, 2014. HIV Surveill Rep 2014:26.
2. Kalmuss D, Tatum C. Patterns of men's use of sexual and reproductive health services. Perspect Sex Reprod Health 2007;39:74–81.
3. Loughlin KR. The current status of medical student urological education in the United States. J Urol 2008;179:1087–91.
4. American Urological Association. AUA releases core curriculum to boost medical students' basic knowledge of urology [press release]. 2009. Available at: https://www.auanet.org/advnews/press_releases/article.cfm?articleNo=103. Accessed October 20, 2016.
5. Kerfoot BP, Turek PJ. What every graduating medical student should know about urology: the stakeholder viewpoint. Urology 2008;71:549–53.