



## Project-in-a-Box: Achieving Curriculum Reform 2008 – 2009 Medical Student Curriculum Survey

|                                 |                          |                          |                          |                          |                          |                          |   |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| Cervical Cap                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Vaginal Ring                    | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Patch                           | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Injectable<br>contraception     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Implantable<br>contraception    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Emergency<br>Contraception (EC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Miscarriage<br>Management       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Natural Rhythm<br>Method        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | # |

8. Please specify the clinical training you have received at XXXX in the sexual and reproductive health topics listed below. (wording changes for faculty)

| Subject Areas                      | Indications              | Contraindications        | Methods                  | Complications            | Counseling<br>on patient<br>choices | Not<br>Covered           | ~ Hours<br>spent on<br>this<br>topic |
|------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------------------|
| Abortion                           |                          |                          |                          |                          |                                     |                          |                                      |
| Surgical Abortion                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Medication<br>Abortion             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Contraception                      |                          |                          |                          |                          |                                     |                          |                                      |
| Pills                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Condom                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Cervical Cap                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Vaginal Ring                       | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Patch                              | <input type="checkbox"/> | <input type="checkbox"/> |                          | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Injectable<br>contraception        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Implantable<br>contraception       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Emergency<br>Contraception<br>(EC) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Miscarriage<br>Management          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |
| Natural Rhythm<br>Method           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | #                                    |

9. Please specify which sexual and reproductive health topics are comprehensively covered at your medical school. (wording changes for faculty)

| Subject Areas  | Screening                | Counseling               | Approximate hours<br>devoted to this topic |
|--|--------------------------|--------------------------|--|
| Cultural Competency Around<br>Sexual and Reproductive<br>Health Issues | <input type="checkbox"/> | <input type="checkbox"/> | #  |

## Project-in-a-Box: Achieving Curriculum Reform 2008 – 2009 Medical Student Curriculum Survey

|  |                          |                          |   |
|--|--------------------------|--------------------------|---|
| Intimate Partner Violence (IPV)                  | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Male Reproductive Health                         | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Sexual and Reproductive Health Patient Education | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Sexual Assault / Rape                            | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Sexual History Taking                            | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Sexual Identity / Orientation                    | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Sexually Transmitted Infections                  | <input type="checkbox"/> | <input type="checkbox"/> | # |
| Unintended Pregnancy                             | <input type="checkbox"/> | <input type="checkbox"/> | # |

10. Of the topics listed in questions 8 and 9, have you learned about 1 or more of them through extracurricular events? (wording changes for faculty)

Yes  No

**10a. If yes, please indicate which topic(s):**

- Abortion/Termination
- Contraception
- Emergency Contraception (EC)
- Miscarriage Management
- Cultural Competency around sexual and reproductive health issues
- IPV / Intimate Partner Violence
- Male Reproductive Health
- Sexual and reproductive health patient education
- Sexual Assault / Rape
- Sexual History Taking
- Sexual Identity / Orientation
- Sexually Transmitted Disease
- Unintended Pregnancy
- Other \_\_\_\_\_

**These should be the same as topics listed in 8 and 9**

11. Please indicate which group hosted these extracurricular events.

- American Medical Student Association (AMSA)
- American Medical Women's Association (AMWA)
- Medical Students for Choice (MSFC)
- XXXX Women's Health Interest Group
- Other \_\_\_\_\_

12. Have you learned about 1 or more of the topics listed in 10a through services learning experiences?

Yes  No

**12a. If yes, please indicate which ones**

- Abortion
- Contraception
- Emergency Contraception (EC)
- Miscarriage Management
- Cultural Competency around sexual and reproductive health issues
- IPV / Intimate Partner Violence
- Male Reproductive Health
- Sexual and reproductive health patient education
- Sexual Assault / Rape



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|                               |                          |                          |                          |                          |                          |                          |  |
|-------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--|
| <b>Second Year</b>            |                          |                          |                          |                          |                          |                          |  |
| Pathophysiology I             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Pharmacology                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Clinical Practice II (Fall)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Clinical Practice II (Spring) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Psychiatric Medicine II       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Physical Diagnosis            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Pathophysiology II            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Dermatology                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Radiology                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Third Year: Clerkships</b> |                          |                          |                          |                          |                          |                          |  |
| Medicine                      |                          |                          |                          |                          |                          |                          |  |
| Neurology                     |                          |                          |                          |                          |                          |                          |  |
| Obstetrics/Gynecology         |                          |                          |                          |                          |                          |                          |  |
| Pediatrics                    |                          |                          |                          |                          |                          |                          |  |
| Primary Care                  |                          |                          |                          |                          |                          |                          |  |
| Psychiatry                    |                          |                          |                          |                          |                          |                          |  |
| Surgery                       |                          |                          |                          |                          |                          |                          |  |
| <b>Fourth Year</b>            |                          |                          |                          |                          |                          |                          |  |
| <b>Electives:</b>             |                          |                          |                          |                          |                          |                          |  |
| Women's Health                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| XXXXXXX                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| <b>Clinical Pathology</b>     |                          |                          |                          |                          |                          |                          |  |
| Advanced Pathophysiology      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Clinical Pharmacology         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| Biomedical Informatics        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**15. In your opinion, could the sexual and reproductive health coverage be enhanced in your school's current curriculum? Do you believe that your medical school could enhance its reproductive and sexual health coverage in the current curriculum?**

Yes  No

**16. What are the most applicable solutions to help augment existing coverage of these issues at your institution? (Please check all that apply) In your opinion which is/are the most relevant place(s) to augment the inclusion of sexual and reproductive health topics in your medical school curriculum?**

- Women's health elective
- Inclusion in relevant clerkships
  - Internal Medicine
  - Surgery
  - Psychiatry
  - Obstetrics & Gynecology
  - Family Practice
  - Neurology
- Integrating topics into current curriculum across the curriculum when applicable
- Sexual and reproductive health lecture? series
- Sexual and reproductive health expert guest speakers Other
  - Explain
- None

**Project-in-a-Box: Achieving Curriculum Reform  
2008 – 2009 Medical Student Curriculum Survey**

- Explain

**17. How satisfied are you with the extent to which sexual and reproductive health topics are currently covered in the curriculum at XXXX?**

- Very Satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very Dissatisfied