Title: Are We Following Guidelines For Sexual Healthcare Maintenance?

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Introduction: Inadequate documentation of sexual history can lead to missed opportunities for disease prevention, treatment, and improvement of quality of life. Here we analyzed data from 50 patients in our ambulatory clinic to better understand how well our residents obtained a sexual history and if they screened appropriately for sexually transmitted infections.

Methods: We reviewed a randomized sample of 50 first clinic encounters during the month of February 2021 and assessed if the following elements were documented in the chart: sexual activity, gender of partners, HIV status, Hepatitis B status, and syphilis screening. Documentation of STI prevention methods and general sexual health was also reviewed.

Results: A total of 50 charts were reviewed. Patient's median age was 47. The resident PGY levels were 19 first years, 13 second years, 18 third years. Documentation of current sexual activity was absent in 80% of the charts reviewed. Sexual orientation or gender of partners was found in only 22% of encounters. History of past STI was found in 4% of charts, whereas HIV screening and Hepatitis B immunization status were documented in 90% and 78% of the respective encounters. 6% of patients had sexual counseling provided and 8% having either an STI or contraceptive method documented. Documentation of all aspects of sexual history did not vary significantly with resident gender and PGY level.

Conclusion: While residents have regularly ordered HIV and Hepatitis B screenings as part of their healthcare maintenance template, they have failed to identify patients that may be candidates for gonorrhea and chlamydia extended site screenings, HPV or Hepatitis A immunizations, or HIV pre-exposure prophylaxis (PrEP). Counseling, discussions about prevention, sex positivity, contraception, fertility, sexual expression and identity were not documented, which could lead to missed opportunities to improve patient's sexual function and quality of life.