

**No health without sexual health;  
no education without sexual health education**

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**Experiential & Practice Samples**

**Key Words:** *Inter-Professional Health Education; Wider Sexual Curriculum; Holistic Care*

- Introduction

This presentation demonstrates learning opportunities from multi-professional research of healthcare practitioners. Since completing the study (Evans 2011), implications for practice have been strategically addressed locally, nationally and sometimes internationally.

- Rationale

Sex, sexualities and sexual health are fundamental dimensions of life-long personal and social well-being (WAS 2014). Research indicates a mis-match between holistic “wider curriculum” philosophies (WHO, 2006), and erotophobic barriers to therapeutic well-being. Andragogical (adult learning) methodologies help overcome such barriers. The result: efficient education for health professionals addressing sexual dimensions of human personhood in those they care for (SCIE, 2011).

- Action

The study actioned a three-dimensional, ‘tritych’, model of learning for clinical practice (Evans 2013): 1) holistic dimensions of sexual health; 2) aspects of sex, sexualities or sexual health impacted by other conditions, and 3) problems and sexual ill-health: sexual infections, psychosexual matters and unplanned / unwanted conceptions.

- Outcomes

Triptych-wide learning across all health professional curricula at the presenter’s Institution.

A ‘therapeutic use of self’ style teaching, which safely transformed a learner’s homophobia, resulting in improvements for mental health nurse-patient relations (Evans, 2016).

Dissemination of findings, advancing multi-professional learning, nationally and internationally.

- Discussion & recommendations

Many practitioners access specialist learning; others receive reductionistic training (Jayasuriya and Dennick, 2011; ECDC, 2013). The wider-world healthcare population receives little or no formal sex, sexualities or sexual health learning (Astbury-Ward, 2011). Curricula gaps in 'knowledge, attitudes, skills and habits' (Griffith and Burns, 2014) impact clinical abilities to deal proactively and effectively with client need. Recommendations include developing sex-positive and enthusiastic teachers and clinicians; encouraging and inspiring them to challenge barriers to sexual health learning and care provision; building strategic inter-professional alliances, and mainstreaming (Attwood, 2009) the quality and quantity of sex-related education across higher education curricula and fields of clinical practice.

- Citation of supporting literature

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