**Abstract**

Effectively addressing the sexual health concerns of patients is critical to maintaining and improving overall health for both individuals and communities. Physicians are often limited in their ability to address these concerns because of inadequate training. Few methods exist to effectively evaluate the impact of human sexuality and sexual health curricula. This study aimed to validate the use of the Brief Sexual Attitudes Scale (BSAS) among undergraduate medical students, a population not previously evaluated. Results from the study will be used to assess the impact of existing human sexuality curricula, both locally and nationally.

**Methods**

An IRB waiver was obtained for this study. Participants were from the classes of 1st year medical students at the Emory University School of Medicine during the 2018-2019 and 2019-2020 academic years. E-mails to class listservs were utilized to recruit participants to one of three focus groups. A near-peer facilitator (i.e. 3rd year or 4th year medical student) used a "think aloud" technique to explore participants’ understanding of selected items in the BSAS during a 60-minute session. No more than ten participants were scheduled for a single session. The sessions were audio recorded to allow transcription and later analysis. Audio recordings were saved on the investigator’s smartphone device, which was encrypted and password-protected. Transcription were completed immediately after the group sessions by a third-party provider. The investigator was present at the session to take written notes, but did not serve as facilitator. Four sessions were planned, though less may be scheduled if the investigator determines that idea saturation is attained.

Demographic questions (only gender and age) were collected on a written form to allow description of the population studied. No identifying information was collected in the written form nor the group interview. Participants were not compensated for their participation.

**Results**

To date three hour-long focus groups have been conducted with a total of 23 participants. Participants’ ages ranged from 23-27. When using the "think-aloud" technique participants shared their understanding of the following BSAS items:

1. "I do not need to be committed to a person to have sex with him/her."
2. "One-night stands are sometimes very enjoyable."
3. "Sex as a simple exchange of favors is okay if both people agree to it."
4. "Birth control is part of responsible sexuality."
5. "A sexual encounter between two people deeply in love is the ultimate human interaction."
6. "The main purpose of sex is to enjoy oneself."

An initial review of transcripts by the investigator demonstrated the following themes:

- **Terminology in the items is dated**
- **Statements are grounded in a heterosexual framework**
- **Some items connotate a particular moral or judgmental perspective**
- **Particular terms are ill-defined (e.g., "commitment")**
- **"Sex" needs to be defined as it relates to the instrument**

Focus group transcripts will be coded and analyzed for qualitative themes using MAXQDA software. This analysis will inform subsequent modifications of the BSAS and further validation efforts. A proposed next step is utilizing individual interviews of respondents to further explore their understanding and interpretation of items on a modified BSAS. Continuing this iterative process will allow a comprehensive validation of the BSAS among medical students. Optimally, this modified version can be used to assess the impact of human sexuality curricula both locally and at other institutions.

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**References**