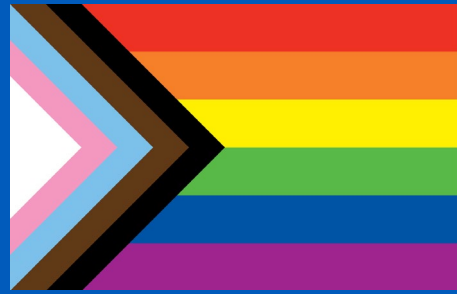


Creating LGBTQ+ Inclusivity in Medical Education



Nat Voos, MD (he/him or they/them)

Grant Parrelli, MD (he/him)



The Power and Limits of Classification — A 32-Year-Old Man with Abdominal Pain



Perspective

CASE STUDIES IN SOCIAL MEDICINE

FREE PREVIEW

The Power and Limits of Classification — A 32-Year-Old Man with Abdominal Pain

Daphna Stroumsa, M.D., M.P.H., Elizabeth F.S. Roberts, Ph.D., Hadrian Kinnear, B.A., and Lisa H. Harris, M.D., Ph.D.



A 32-year-old transgender man, presenting with severe lower abdominal pain and hypertension, is classified as a man who hasn't taken his blood-pressure medications. When examined several hours later, he's found to be female, but the classification is not updated.

Audio Interview



Interview with Dr. Daphna Stroumsa on the limitations of classification systems in health care and their potential effects on patients. (10:36)

[Download](#)

May 16, 2019

N Engl J Med 2019; 380:1885-1888

DOI: 10.1056/NEJMp1811491

Print Subscriber? [Activate your online access.](#)

Copyright © 2019 The State University of New York

BACKGROUND



Background

- Over 20 million adults in the US identify as LGBTQ+ (about 8% of population)
- LGBTQ+ patients face multiple disparities
 - Mental illness and suicidality
 - Substance use
 - Cancer
- Influencing factors
 - Difficulty accessing care
 - Lower SES and higher uninsurance
 - Difficulty accessing culturally competent practitioners
 - Homophobia and unequal treatment
 - Distrust in medical system



MEDICAL EDUCATION

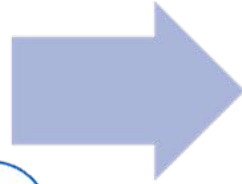
Broad overview



Medical Curriculum: Overview

Preclinical (Years 1+2)

- Foundations (gross anatomy, biochemistry, statistics, etc.)
- Organ systems
- Clinical Practice of Medicine (CPM)



Clinical (Years 3+4)

- Core clerkships (Surgery, medicine, family med, OBGYN, peds, psych)
- Electives

LGBTQ+ Medical Education Nationwide:

- Nationwide, a lack of comprehensive training for medical students contributes to disparities
 - 2011 study of US and Canadian medical schools demonstrated that:
 - Schools had a median of 5hrs of curriculum dedicated to LGBTQ+ healthcare
 - 7% of schools had 0hrs of content in preclinical years
 - **33% of schools had 0hrs of content in clinical years**
- Medical students with LGBTQ+ clinical experience provide higher quality care to LGBTQ+ patients than students with less experience.


LGBTQ+ Medical Education at UB:

- What we're currently doing
 - Pre-clinical
 - Introductory lecture in CPM 1
 - Lectures in various organ modules
 - Utilizing different pronouns in case studies
 - Clinical
 - Some student placements at Evergreen Health
 - Extra-curricular
 - OUTpatient



LGBTQ+ Medical Education at UB:

- What we don't do well
 - Minimal cohesive exposure to LGBTQIA+ specific care/knowledge
 - Sporadic education, no longitudinal education
 - Topics and questions often pertain to negative stereotypes/situations
 - Very little education on the sexual activity of homosexual relationships and ways to make it safer and pleasurable
 - Minimal representation of transgendered individuals in any capacity within the education system



Note: There are more consistent and memorable examples of heterosexual sexual activity education

Examples of Longitudinal Curriculum- Colorado

University of Colorado:

- Five 2 hour sessions
 - Terminology
 - Adult Health
 - Child/Adolescent Health
 - Patient Panel
 - Standardized Clinical Encounter
- Statistically significant increase in self- reported confidence
- 42 students surveyed

Course Objective	M (95% CI) ^a		p
	Precourse	Postcourse	
Participant feels equipped to:			<.01
Sensitively/effectively elicit information about sexual behavior. ^b	2.66 (2.50-2.82)	3.41 (3.23-3.60)	<.01
Sensitively/effectively elicit information about sex anatomy and gender identity. ^b	2.41 (2.25-2.58)	3.46 (3.29-3.63)	<.01
Articulate health needs for LGB patients. ^b	2.22 (2.06-2.38)	3.56 (3.41-3.71)	<.01
Articulate health needs for transgender patients.	2.00 (1.82-2.18)	3.50 (3.35-3.65)	<.01
Summarize primary care recommendations for LGB patients.	2.10 (1.95-2.24)	3.45 (3.30-3.60)	<.01
Summarize primary care recommendations for transgender patients.	1.86 (1.73-1.98)	3.43 (3.28-3.58)	<.01
Identify resources in the community for LGBT patients.	2.26 (2.07-2.45)	3.45 (3.29-3.62)	<.01

^aRated on a 4-point Likert scale (1 = *strongly disagree*, 4 = *strongly agree*).

^bn = 41 (a response to this item fell outside the range of the forced-choice Likert scale and was discarded).

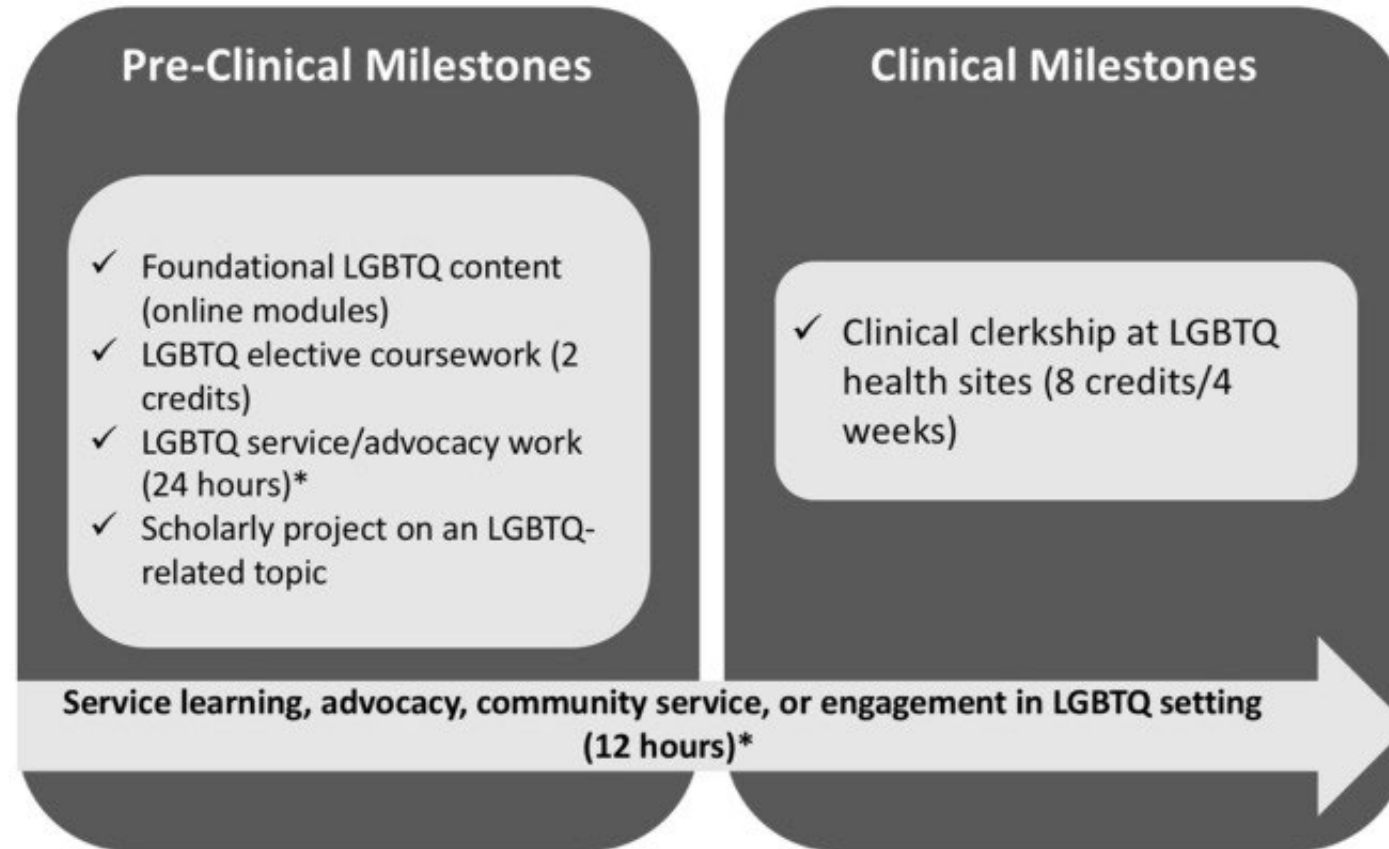
Examples of Longitudinal Curriculum- University of Louisville

- Incorporated LGBTQ+ education into 50.5 hours of required class time
- Additional 11 hrs of basic science covering topics: “DSD, the science of differences in sexual behavior and sexuality development over the lifespan, and the use of hormonal medications in transgender patients.”
- Focused on M1-M2 year (pre-clinical)*
- Patient panels and small group discussion with LGBTQ+ patients

Holthouser, A., Sawning, S., Leslie, K. F., Faye Jones, V., Steinbock, S., Noonan, E. J., Martin, L. J., Weingartner, L. A., Potter, J., Davis, J., Eckstrand, K. L., & Ann Shaw, M. (2017). eQuality: a Process Model to Develop an Integrated, Comprehensive Medical Education Curriculum for LGBT, Gender Nonconforming, and DSD Health. *Medical Science Educator*, 27(2), 371–383. <https://doi.org/10.1007/s40670-017-0393-5>

- *There has yet to be follow up to understand effectiveness of these measures*

Examples of Longitudinal Curriculum- Washington



*Students are required to complete 24 hours of a service/advocacy project during pre-clinical years. An additional 12 hours of longitudinal service/advocacy work is also required.

Proposed Solutions:

Longitudinal Curriculum



- Incorporating longitudinal LGBTQ+ health and shying away from covering a majority negative topics
- Bring more positive or neutral situations regarding LGBTQ+ health to practice questions presented
- Increase more visibility of non-binary patients and representation in classes/questions, etc.
- Earlier introduction to specific knowledge regarding transgender individuals and their care
- Establish a student position to continue to monitor/increase the LGBTQIA+ education initiatives

HOW WE'RE CHANGING

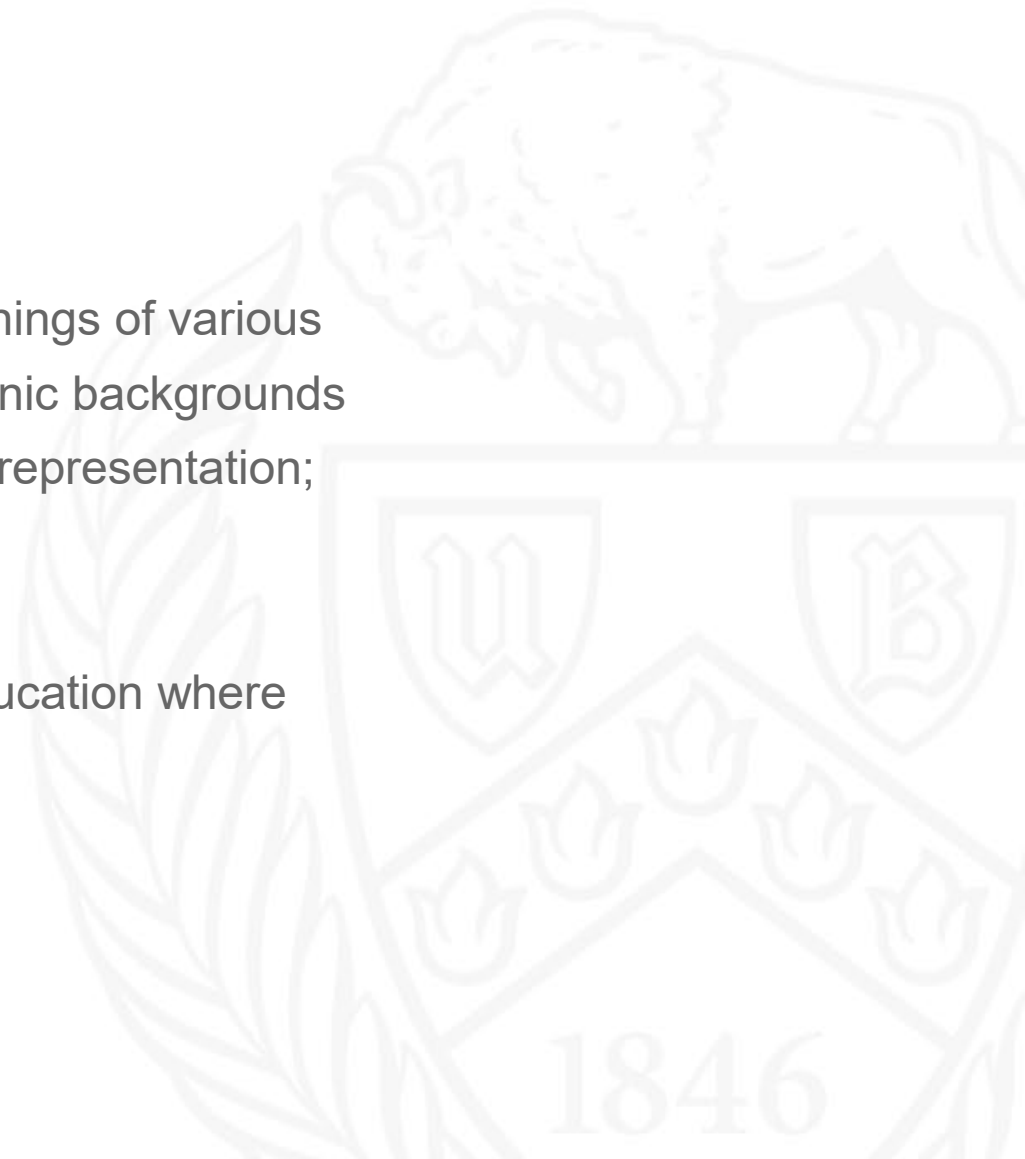


Pre-Clinical: LGBTQIA+ and Non-identifying Sexual Health Introduction

- **CPM 1**
 - Define necessary terminology to establish basic understanding of LGBTQ+ individuals and general sexual health
 - Patient panel
 - Introduce specific questions that will need to be asked to address sexual behaviors and health
 - Standardized patients with sexual issues
 - Recruit transgender and other LGBTQ+ standardized patients
 - Required session, reading and video to introduce transgender health
- **CPM II**
 - Incorporate individuals with backstories that include LGBTQIA+ representation
 - Include standardized patients who identify as transgender and LGBTQ+

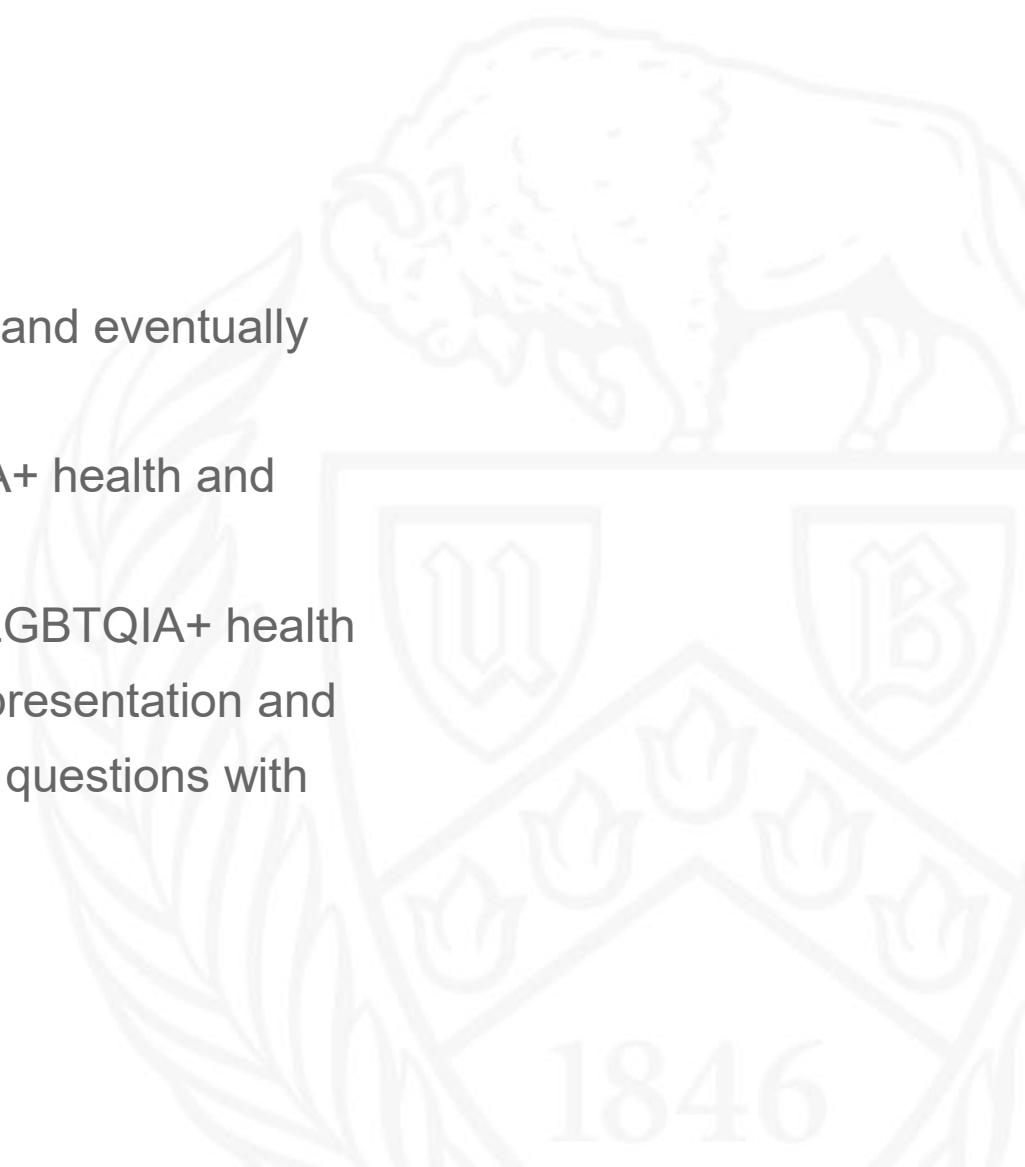
Pre- Clinical Assessment

- Survey
 - Source from survey used in order to assess current teachings of various socioeconomic statuses as well as various racial and ethnic backgrounds
 - Manipulate questions to focus on LGBTQIA+ health and representation; get specific examples
 - Gauge professor comfort with teaching topics
 - Use data as guide for supporting faculty in increasing education where possible



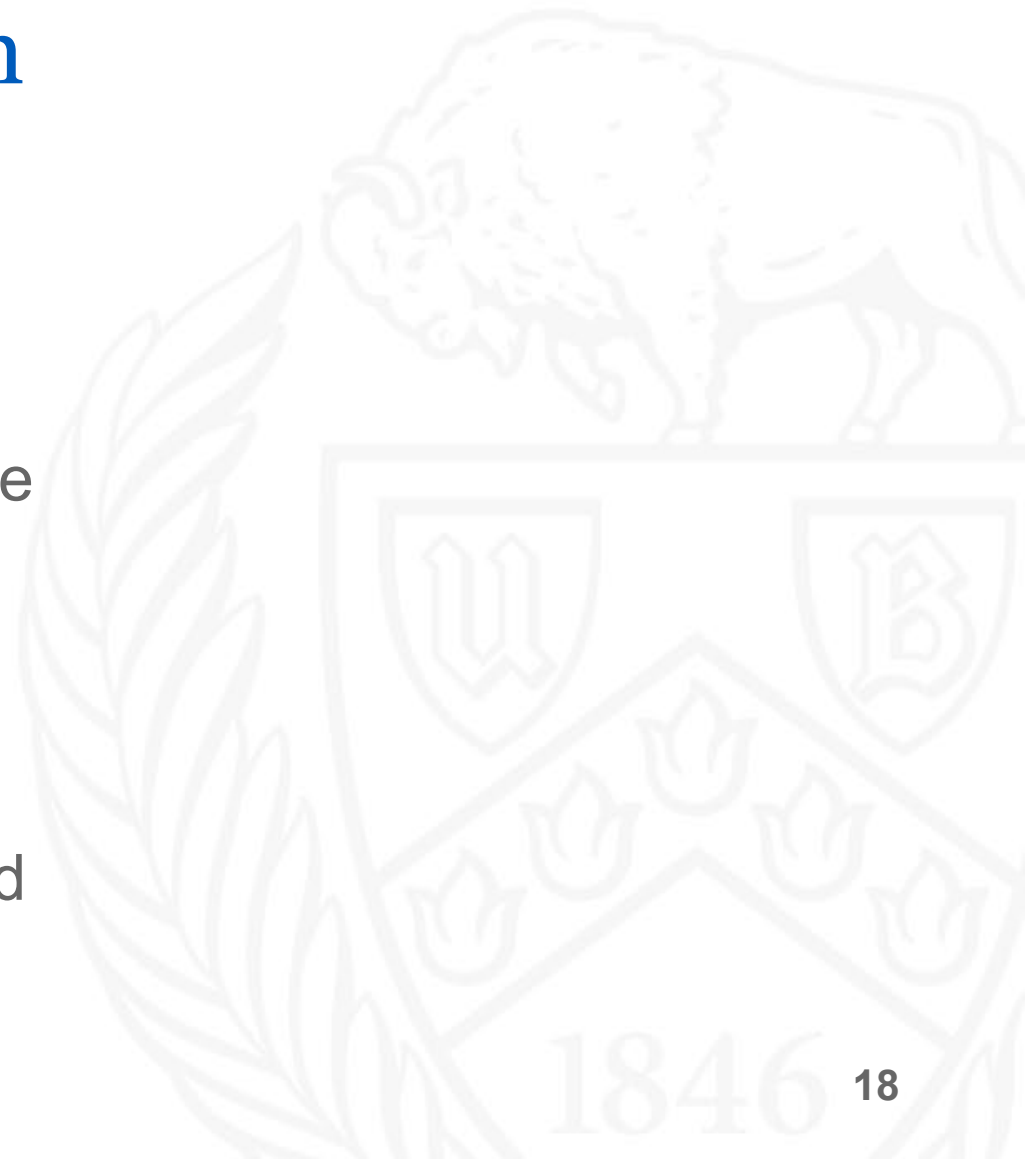
Pre- Clinical Assessment Cont.

- Question Vetting Process
 - Review all current practice questions used in preclinical (and eventually clinical) education
 - Assess representation of questions addressing LGBTQIA+ health and with subjects of various identities
 - Determine individual connotation of questions involving LGBTQIA+ health
 - Encourage and educate faculty to include LGBTQIA+ representation and specific topics regarding the community's health; include questions with various pronouns other than he/she



Clinical: Elective Implementation

- GYN 835: Caring for Transgender and Gender Non-Conforming Patients
 - Overall goals
 1. Practical education on skills like sensitive history and physical, HRT, surgery, and pediatrics
 2. Improve student's awareness of social determinants of health that impact care and outcomes



Process

Preparation and application

- Finding course director and clinical sites
- Defining course objectives, instruction methods, and assessment methods

Curriculum committee

- Presentation on elective
- Changes
- Approval

Offering elective

- Elective offered for first time in March 2023
- Fantastic responses from student and clinical sites

Course Components

Pre-Course Prep

- Videos on basic terminology
- Readings on models of care
- Quiz

Clinical/Non-Clinical Experiences

- Clinical (Evergreen Health, peds endo, OB/GYN, Planned Parenthood, surgical)
- Non-Clinical

Community Experiences

- 2 required (Pride Center, GLYS, other)

Weekly meetings

- Read and respond to article each week
- Tailored to student interest

Final Presentation

- Tailored to student interest

Incorporating Pride:

- LGBTQ+ topics often presented in negative way
 - may perpetuate negative attitudes and stereotypes
- Need curriculum to incorporate pride
- Possible ways to do this
 - Having LGBTQ+ issues taught by LGBTQ+ identifying individuals
 - Patient experience panels
 - Having specific material presented on resilience factors
- Audience input



FUTURE DIRECTIONS



Future Directions

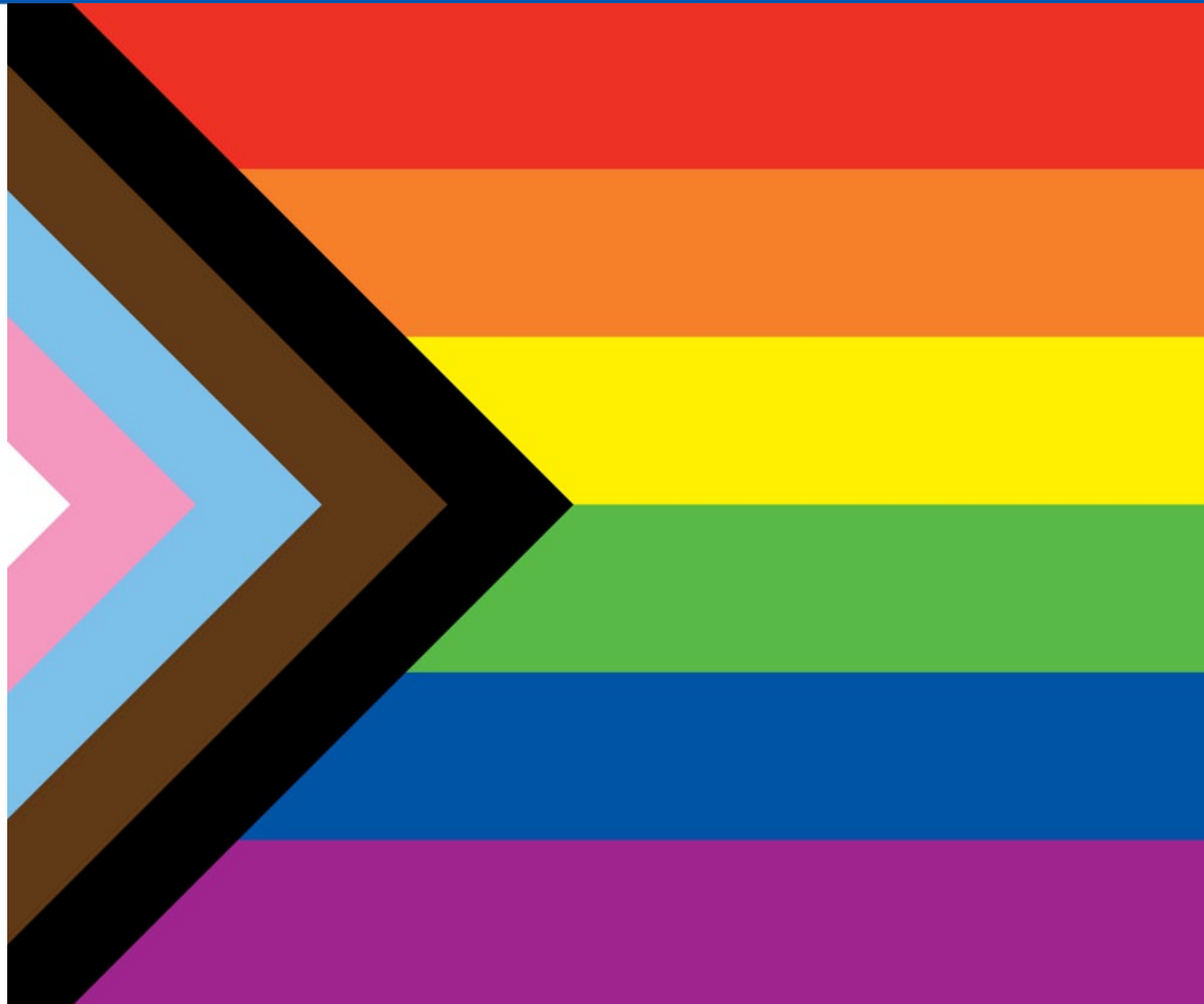
- Work with medical schools that have robust longitudinal curriculum (U. of Washington, U. of Colorado, U. of Louisville)
- Cementing an official longitudinal UB curriculum and reporting this curriculum
- Research
 - How elective/ overall curriculum improves student's knowledge and preparedness
 - Patient experiences
 - Wider data gathering regarding LGBTQ+ curriculum and student attitudes
- Having student representation on curriculum committee

What do you think?

Split into groups and brainstorm more ways for us to improve



Questions?



Sources

- Human Rights Campaign Foundation. (2021). We are here: Understanding the size of the LGBTQ+ community.
- Semlyen J, et al. "Sexual Orientation and Symptoms Of Common Mental Disorder or Low Wellbeing: Combined Meta-Analysis Of 12 UK Population Health Surveys." *BMC Psychiatry*. 2016. 24;16:67. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4806482/> 6
- Kates, J, et al. "Health and Access To Care And Coverage For Lesbian, Gay, Bisexual, and Transgender Individuals in the U.S. Retrieved." Kaiser Family Foundation. 2016. <http://kff.org/report-section/health-and-access-to-care-and-coverage-for-lesbian-gay-bisexual-and-transgender-healthchallenges/>
- Substance Abuse and Mental Health Services Administration. 2020 National Survey on Drug Use and Health: Lesbian, Gay, & Bisexual (LGB) Adults (Annual Report). [samhsa.gov. https://www.samhsa.gov/data/report/2020-nsduh-lesbian-gay-bisexual-lgb-adults](https://www.samhsa.gov/data/report/2020-nsduh-lesbian-gay-bisexual-lgb-adults) Published July 22, 2022. Accessed February 7, 2023
- Boehmer U, Gereige J, Winter M. Transgender individuals' cancer survivorship: Results of a cross-sectional study. *Cancer*. 2020; 126(12):2829-2836.
- Quinn GP, Sanchez JA, Sutton SK, et al. Cancer and lesbian, gay, bisexual, transgender/transsexual, and queer/questioning (LGBTQ) populations. *CA Cancer J Clin* 2015;65:384-400
- Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington DC: National Academies Press; 2011.
- Bosworth, A., Turrini, G., Pyda, S., Strickland, K., Chappel, A., De Lew, N., & Sommers, B. D. (2021). Health insurance coverage and access to care for LGBTQ+ individuals: Current trends and key challenges.
- Bonvicini, K. A. (2017). LGBT healthcare disparities: What progress have we made?. *Patient education and counseling*, 100(12), 2357-2361.
- Hollenbach, A. D., Eckstrand, K. L., & Dreger, A. D. (Eds.). (2014). *Implementing curricular and institutional climate changes to improve health care for individuals who are LGBT, gender nonconforming, or born with DSD: a resource for medical educators*. Association of American Medical Colleges.
- Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011;306:971-977.
- Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Fam Med*. 2006 Jan;38(1):21-7. PMID: 16378255.
- Sanchez NF, Sanchez JP, Danoff A. Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City. *Am J Public Health* 2009;99:713-719. 7.
- Snelgrove JW, Jasudavicius AM, Rowe BW, Head EM, Bauer GR. "Completely out-at-sea" with "two-gender medicine": a qualitative analysis of physician-side barriers to providing healthcare for transgender patients. *BMC Health Serv Res* 2012;12:110.
- Holthouser, A., Sawning, S., Leslie, K. F., Faye Jones, V., Steinbock, S., Noonan, E. J., Martin, L. J., Weingartner, L. A., Potter, J., Davis, J., Eckstrand, K. L., & Ann Shaw, M. (2017). eQuality: a Process Model to Develop an Integrated, Comprehensive Medical Education Curriculum for LGBT, Gender Nonconforming, and DSD Health. *Medical Science Educator*, 27(2), 371–383. <https://doi.org/10.1007/s40670-017-0393-5>