

Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Care: Medical Students' Attitudes and Knowledge

Susan Sawning, MSSW; Leslee Martin, MA; Stacie Steinbock, M.Ed; Amy Holthouser, MD; Emily Noonan, MA; V. Faye Jones, MD, PhD, MSPH; Katie Leslie, PhD; Ann Shaw, MD, MA
University of Louisville, School of Medicine



Introduction

Health professionals' attitudes and knowledge about LGBT health can affect the care offered to patients.

LGBT-related content in medical education is inadequate¹ and biased care contributes to staggering health disparities in this population.²

eQuality at the University of Louisville School of Medicine (ULSOM) aims to:

- Assess medical students' attitudes toward LGBT individuals and knowledge about LGBT health.
- Map undergraduate medical curriculum to the AAMC's LGBT health care competencies.²

Hypotheses

- Implementing LGBT-inclusive medical school curriculum is necessary and feasible.
- eQuality will improve students' knowledge and explicit attitudes about LGBT-specific health care.

Methods

Student Baseline Data

- Developed a 67-item knowledge survey and a 55-item attitude survey based on existing published surveys³⁻⁶ with quantitative and qualitative response options.
- Conducted a cross-sectional study of all four years of medical students in October 2015.

eQuality Curriculum Development

- Consulted national and local LGBT-health experts.
- Secured administration and faculty buy-in.
- Recruited key faculty for curriculum review.
- Identified relevant areas for development/revision.
- Created and/or modified 49 hours of required medical school curriculum for the 2015-16 AY.
- ULSOM's IRB reviewed and approved this study.

Results: Baseline Survey Data

Table 1. Summary of baseline knowledge and attitude survey responses. Response rate 94% (N=589-knowledge, N=584-attitude).

Survey Question or Statement	Student Response
Average Total Score on LGBT patient-care knowledge questions (total possible score is 47)	23 of 47 correct
All physicians must provide care to all patients, regardless of their own personal/religious beliefs.	97 students disagreed (17%)
Physicians in private practice have a responsibility to treat LGBT patients.	37 students disagreed (6%)
I would prefer not to treat patients whose gender identity is inconsistent with their biological sex.	36 students agreed (6%)
It is acceptable for physicians who are not comfortable caring for LGB/T patients to refuse to see them.	114 agreed for LGB (20%), 116 for T (20%)
It is more challenging to gather an oral history from an LGB/T patient than a heterosexual/cisgender patient.	128 agreed for LGB (22%), 197 for T (34%)
It is more challenging to conduct a physical exam on an LGB/T patient than a heterosexual/cisgender patient.	63 agreed for LGB (10%), 195 for T (33%)

At baseline, students with more positive attitudes toward LGBT individuals were more knowledgeable ($R = .364, p < .001$), more religious and conservative students were less knowledgeable ($r_s = -.159, p < .001$ and $r_s = -.259, p < .001$ respectively).

"I am frustrated by my lack of knowledge and it makes me worried that I may not be able to provide adequate care for patients." – Third-Year Student
"I feel like this information is valuable and should have a slot in the curriculum." – Second-Year Student

Results: eQuality Curriculum

Table 2. New* and modified eQuality LGBT patient-care content in required first- and second-year curriculum.

Learning Sessions	AAMC Domain											
	Session Name	Method ^a	Hour	Assessment ^b	Patient Care	Knowledge for Practice	Practice-Based Learning & Improvement	Interpersonal & Communication Skills	Professionalism	Systems-Based Practice	Interprofessional Collaboration	Personal & Professional Development
Breast and Pelvic Exam	L, SP	2	W, SPA, NA	•								
Cultural Competency Symposium	L, SG	6	SA, P		•		•	•	•	•		•
DSD Lecture and Patient Panel ^{*,*}	L, PP	2	W, SA, P		•	•				•		
DSD-Affected Case ^{*,*}	PBL	2	P, PA, NA		•	•	•	•	•	•		
Genital-Rectal Exam	L, SP	2	W, SPA, NA	•								
Health Screening Guidelines [*]	L, SG	3	W, SA	•	•	•						
Healthcare System: Gaps In Care [*]	L, SG	2	W, SA, PA		•			•	•			
Healthcare System: Healthcare Disparities [*]	L	2	W, SA		•			•	•			
History and Physical In Special Populations [*]	L	1	W, SA	•		•	•	•				
Implicit Association Testing and Debrief [*]	L	2	P				•					•
LGBT Community Member Speed Meeting [*]	SG	2	P, RW		•	•				•		
LGBT Patient Panel [*]	PP	1.5	RW	•	•	•	•	•	•	•		
Personal vs. Professional Obligations [*]	L	1	W, SA				•					•
Queer Teen Case [*]	PBL	4	P, PA, NA	•	•	•	•	•	•	•		
Sexual Ethics Workshop [*]	L, RW, SG	1.5	RW, SA		•		•	•	•			•
Sexual Health History	L, SP	2	W, SPA, NA	•			•	•	•			
Sexuality Over Lifespan [*]	L, SG	8	W, SA		•							
Sexually Transmitted Infection (STI) Prevention	L, SP	2	W, SPA, NA	•	•		•					
Taking a Patient History	L, SP	2	W, SPA, NA, SA	•			•					
Transgender Hormone Use [*]	L	1	W, SA		•					•		
Total Hours		49										

*New content developed for the eQuality project

+ Differences of Sex Development (DSD)

a. Instructional methods include lecture (L), standardized patient (SP), problem-based learning (PBL), small-group discussion (SG), reflective writing (RW), and patient panel (PP)

b. Assessment methods include written exam (W), standardized patient assessment (SPA), self-assessment (SA), narrative assessment (verbal/written) (NA), peer assessment (PA), participation (P), and reflective writing (RW)

Conclusions

- ULSOM results are similar to other national surveys,⁷ underscoring the opportunity to improve medical students' attitudes, knowledge, comfort, and confidence.
- A perceived gap exists between LGB and T care.
- Students' attitudes and ideologies may relate to the knowledge and care they provide.
- Required, integrated content is necessary in order to encompass all students, rather than optional LGBT-health programming.
- Incorporating inclusive content is feasible and timely.

Future Study

- Longitudinal evaluation of eQuality will determine if student knowledge and attitude outcomes improve.
- eQuality curriculum, assessments, and evaluation outcomes will be disseminated broadly to help reduce LGBT health disparities.

Bibliography

1. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. LGBT-related content in undergraduate medical education. JAMA. 2011;306:971-977.
2. AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development. *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD*. A.D. Hollenbach, K.L. Eckstrand, and A. Dreger, Editors. 2014, AAMC: Washington, DC.
3. Banwari G, Mistry K, Soni A, Parikh N, Gandhi H. Medical students and interns' knowledge about and attitude towards homosexuality. J PostGrad Med. 2015;61:95-100.
4. Strong KL, Folse VN. Assessing undergraduate nursing students' knowledge, attitudes, and cultural competence in caring for lesbian, gay, bisexual, and transgender patients. J Nurs Educ. 2015;54:45-9.
5. 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;38:21-7.
6. Kelley L, Chou CL, Dibble SL, Robertson PA. A critical intervention in lesbian, gay, bisexual, and transgender health: knowledge and attitude outcomes among second year medical students. Teach Learn Med. 2008;20:248-53.
7. Chester, SD, JM Ehrenfeld, KL Eckstrand, Results of an institutional LGBT climate survey at an academic medical center. LGBT Health. 2014;1:327-30.