

LGBTQ+ Allies Training for Health Professions Students: A Student-Led Curricular Initiative

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Background

- A 2011 survey found that medical students had a median of **five** hours of LGBTQ+ training, and 44 of 132 schools received **zero** hours of instruction¹
- 67.3%** of students at 170 medical schools rated their LGBTQ+ curriculum as “fair” or worse²
- 70.1%** of primary care providers did not feel well-informed on specific LGBTQ+ health needs³
- Despite variability in content, duration, and evaluation methods, LGBTQ+ training programs **consistently report improvement** in participant knowledge and attitudes⁴

Research Purpose & Questions

- To educate students about LGBTQIA+ health and increase **comfort and confidence** of students in treating LGBTQIA+ patients
- Pre- and post-training survey** of PAS and MD students
 - Basic demographics including program, education, gender identity, and sexual orientation
 - Questions assessed comfort and confidence with LGBTQIA+ health topics:
 - Differentiating terminology (Q1-2)
 - LGBTQIA+ history and symbolism (Q3)
 - Discussing safe sexual practices (Q4-5)
 - Taking a sexual history (Q6-7)
 - Managing sexual health issues (Q8-9)
 - Gauging importance of sexual health (Q10)
 - Comfort treating transgender and non-binary patients (Q13)
 - Extent of previous training (Q11-12, 14)

Training Design

- 2-hour training** comprised of lecture and interactive session
- Addressed such topics as:
 - History** of LGBTQIA+ health, symbols, legislation, & court cases
 - Differences between **sex, gender, and sexual orientation**
 - Defining **transgender and intersex**, pronouns, gender dysphoria, and the spectrum of gender transition
 - Using more **inclusive language**, avoiding assumptions and judgment, and creating an **inclusive clinical environment**
 - Overview of **health disparities**, social determinants of health and provider discrimination faced by the LGBTQIA+ community
 - Minority stress** among LGBTQIA+ individuals
 - In advanced training, **ethical considerations** of LGBTQIA+ care

Research Methods

Measuring Device: A 14-question 5-level Likert survey was received electronically from 248 PAS and MD students before and after the training.

Data Analysis: Descriptive and non-parametric statistics were utilized to analyze the data. The determination of significance was a p -value of $p=0.05$ and calculated using a one-sided Wilcoxon Signed Rank Test.

Results

Characteristic	N = 248 ¹
Program	
PA	81 (33%)
MD	167 (67%)
Sex Assigned at Birth	
Male	88 (35%)
Female	160 (65%)
Gender Identity	
Male	87 (35%)
Female	161 (65%)
Identifies as LGBTQIA+	30 (12%)
Highest Education	
Bachelor's	223 (90%)
Master's	25 (10%)
¹ n (%)	



- Each question had a **statistically significant increase** in perceived comfort/importance from before to after the training
- When stratified by self-identified gender, LGBTQIA+ identifying students highest education, and program type:
 - Each question had a statistically significant increase in perceived comfort/importance except Q10 in the last three subsets
- Q10 did not have a statistically significant increase in perceived comfort/importance in LGBTQIA+ identifying students, in MD students, and in students with a master's degree
 - LGBTQIA+ identifying students and students with a master's degree had a higher beginning score than non-LGBTQIA+ students and students with a bachelor's degree
 - MD students had a lower beginning and ending score compared to PAS students

Discussion & Conclusion

- Our training is **effective** at improving the **comfort and confidence** of students in LGBTQIA+ health topics
 - Statistically significant increases observed for each question
- LGBTQIA+ identifying students, students with a master's degree, and MD students did not have an increase in perceived importance in understanding aspects of their patients' sexual health
 - Possibly due to increased familiarity with content
 - Self-identified gender may be a confounding variable
- There may be a benefit to providing beginner and advanced training sessions based on previous experience
- This training may serve as a **model for student-led LGBTQ+ health curriculum** in medical education

Next Steps

Short-Term Goals

- Online modules to accompany training → focus on case scenarios
- Additional emphasis on patient-provider communication and clinical education
- Assessment of other health professions students (e.g., PT, OT, RN)

Long-Term Goals

- Expansion of curriculum to academic faculty and clinical staff
- Encourage adoption of a standardized curriculum for medical training programs nationwide

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References

