



## BACKGROUND & PURPOSE

National surveys of medical schools reveal that students perceive that they receive insufficient training on topics related to gender and sexual health. Previous studies have shown that formal education on these topics results in an increase in student comfort addressing this content.<sup>1,2</sup> A recent study found that medical students assessed on sexual health knowledge performed below the passing rate for contraception, sexual minority health, and sexuality in people living with intellectual and/or physical disability.<sup>3</sup>

While studies have shown medical school curricula to be broadly lacking with respect to a variety of sexual health topics, content specifically related to gender and sexual minorities (GSM) is particularly limited, and in one third of US medical schools, not required.<sup>2,6</sup> GSM populations include individuals who identify as LGBTQQIP2SAA+.<sup>4</sup> LGBT individuals face numerous health disparities including increased risk of depression, anxiety, suicide attempts, substance abuse, cardiovascular disease, STIs, and HIV.<sup>5</sup> The lack of medical student education on GSM health contributes to explicit and implicit bias and discrimination against GSM patients.<sup>7</sup> This results in health disparities and worse health outcomes among GSM populations.<sup>8</sup> Curricular content focused specifically on GSM patients has been shown to improve physician knowledge of and attitudes towards GSM patients.<sup>9</sup>

## LESSON OBJECTIVES

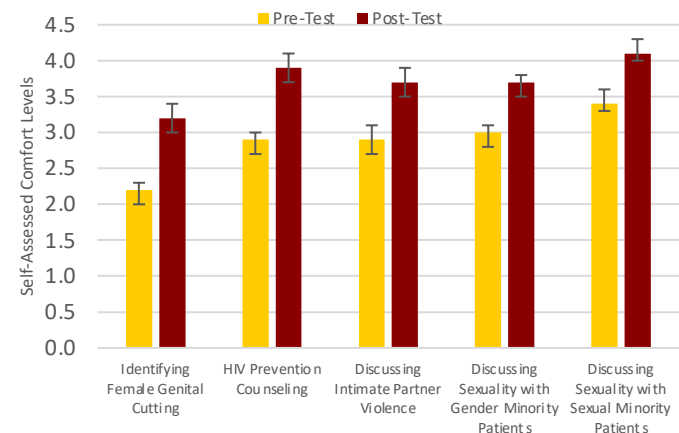
1. Discuss Gender and Sexual Minority (GSM) health within the medical school education system.
2. Describe a student-led curricular effort to address GSM health in undergraduate medical education.
3. Evaluate medical student attitudes towards and knowledge about GSM health.

## LESSON & STUDY DESIGN

A sexual health lecture series was arranged by second year medical students. Content area experts presented seminars on topics including intimate partner violence, care for transgender children and adolescents, HIV PrEP, and care for the geriatric LGBTQ population. Attendees completed anonymous pre- and post-surveys. Descriptive data were computed by examining respondent characteristics and distribution of self-reported student comfort with lecture material.

## RESULTS

105 medical students completed the lecture series, with 80% identifying as female. Self-assessed comfort levels across all seminar topics increased from pre- to post-test; comfort with the following topics increased the most: identifying female genital cutting, HIV prevention counseling, discussing intimate partner violence, and discussing sexuality with gender and sexual minority patients.



Qualitative analysis indicated respondents found the lectures to be effective and supported their integration into required medical school curriculum.

## CONCLUSIONS

High lecture satisfaction ratings, voluntary student participation, and increases in comfort level with seminar content indicate the series was well received and should be considered for inclusion in required curriculum. Increased student comfort may minimize bias in future healthcare providers, facilitate more informed patient care, and reduce healthcare disparities in LGBTQ patients.

## LIMITATIONS

Although all surveys were conducted anonymously, social desirability bias may influence student self-report of their confidence in sexual health domains. Due to the anonymous nature of the surveys, investigators were unable to link specific participant data between pre- and post-lecture series datasets. Additionally, the survey population was limited to only the students who chose to attend the voluntary seminar series. Finally, the seminar series was interrupted due to the COVID-19 pandemic, which decreased the total number of lectures presented.

## NEXT STEPS

Study investigators have reformatted the seminar series onto a virtual platform to accommodate the COVID-19 restrictions. Additionally, we plan to organize the data from this investigation to suggest inclusion of relevant topic areas into the required MD curriculum.

## REFERENCES

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