

Improving clinical care for LGBTQ+ patients: Development and implementation of simulation-based program into medical school curriculum to meet the needs of SGM patients

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Introduction

Simulation-based modules and courses have been shown to offer learners the opportunity for experiential learning and guided practice. Additionally, simulation-based modules have proven to be useful in replicating difficult aspects of clinical care.

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) patients have specific healthcare needs and are vulnerable to healthcare disparities. Transgender patients in particular avoid seeking medical care because of negative encounters or fear of negative experiences in clinical environments.¹ Medical schools may inadequately prepare students to care for this population, having an average of only 5 hours in their curriculum dedicated to LGBTQ+ topics.² Moreover, the content covered and perceived quality of instruction when discussing LGBTQ-competent care varied substantially across institutions.²

This lack of hands-on educational experiences interacting with SGM individuals may leave medical students unprepared to care for SGM patients in the future. Simulation-based cases focusing on interactions with transgender patients have shown to increase student preparedness to care for LGBTQ+ patients in some advanced clerkships.³ Similar curricular interventions may increase learner preparedness to care for SGM patients when implemented across all undergraduate medical students.

Case Format and Outline

Case Format: The case took place in a lecture hall. The progression of the course is shown in Figure 1.



Figure 1. Progression of classroom case. Students volunteered to participate in a faculty facilitated interview with a simulated patient while peers observed. At the conclusion of the encounter, students engaged in a didactic session on concepts of sexual and gender identity, the basics of gender transition, and how to create an inclusive clinical environment for SGM patients.

Case Outline: The case featured a transgender patient and required questioning about sexuality, assigned sex, gender identity, sexual health, the gender-transition process, as well as social and structural determinants of health experienced by SGM. The case was structured to challenge students in taking social and sexual history while using inclusive and affirmative language, rather than development of a differential diagnosis and a clinical plan.

Methods

The classroom-case was integrated into the clinical-bridge block of MSIII year at Albany Medical College. All matriculating students participated in the classroom-case encounter prior to starting their clerkships. Immediately prior and following the encounter, 129 students participated in pre- and post-course surveys using a 5-point Likert scale delivered via Qualtrics to assess for changes in knowledge and comfort levels related to SGM and LGBTQ-specific care.

Survey Outcomes

Table 1. Student pre- and post-course survey averages.

Question	M (95% CI)	
	Precourse	Postcourse
Participant feels:		
They can create inclusive environment for LGBTQ+ patients*	3.68 (3.60-3.76)	4.24 (4.16-4.32)
Comfortable communicating with LGBTQ+ patients*	3.69 (3.59-3.79)	4.12 (4.02-4.22)
Comfortable discussing affirming practices*	3.70 (3.57-3.83)	4.09 (3.99-4.19)
Comfortable communicating about HIV and transmission risk*	3.71 (3.57-3.85)	4.03 (3.92-4.14)
Prepared to use basic terminology about LGBTQ patients body and health*	3.43 (3.30-3.56)	4.10 (3.99-4.21)
Able to communicate with transgender patient about identity & transition*	3.17 (3.03-3.31)	4.07 (3.96-4.18)
Comfortable taking history from LGBTQ patient in nonjudgmental way	4.03 (3.91-4.15)	4.19 (4.09-4.29)
Prepared to interact with LGBTQ+ patient in the future*	3.68 (3.53-3.83)	4.22 (4.13-4.31)

* Asterisk indicates statistically significant increases in student responses.

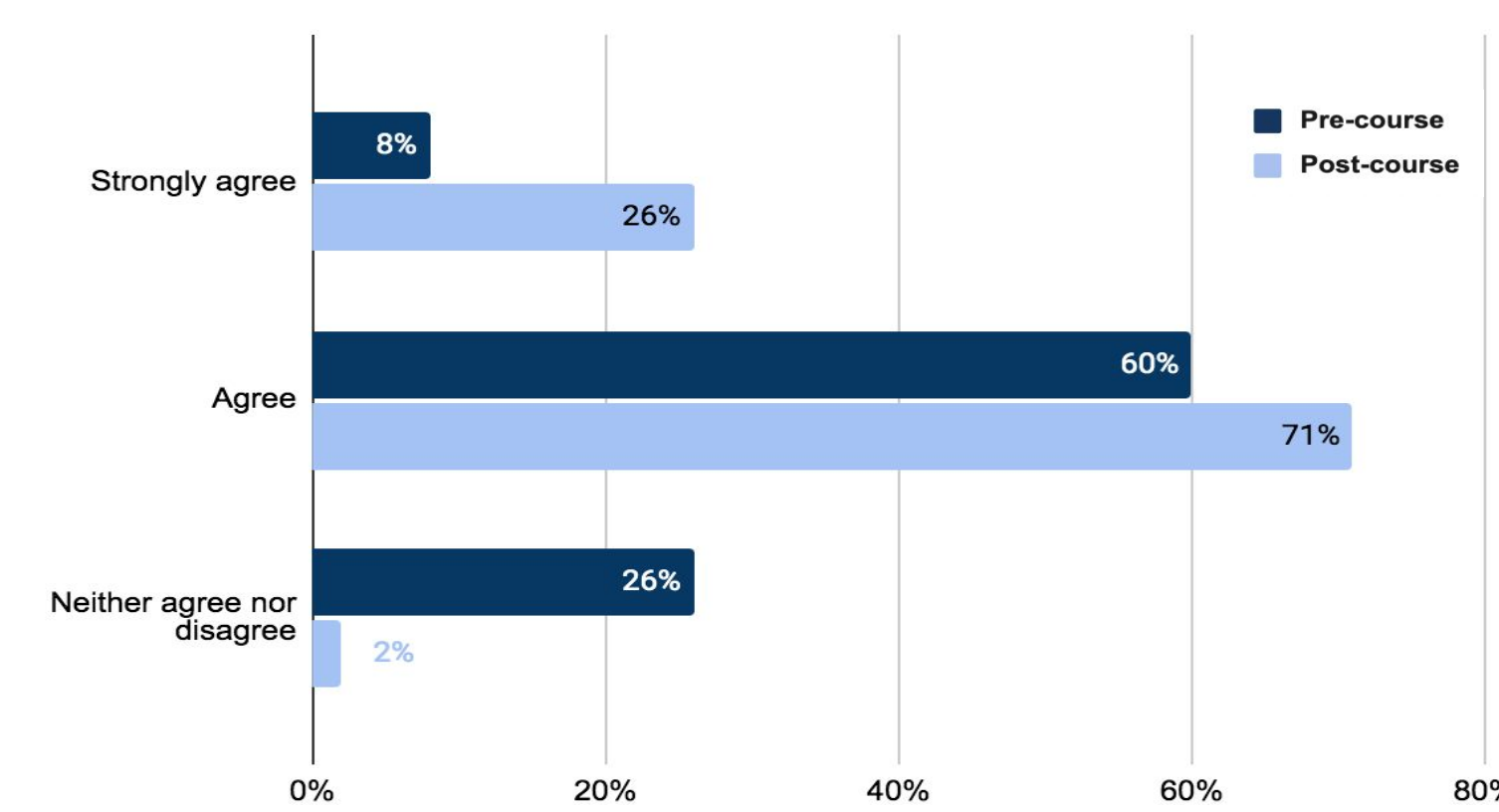


Figure 2. Student feels they can create inclusive environment for LGBTQ+ Patients.

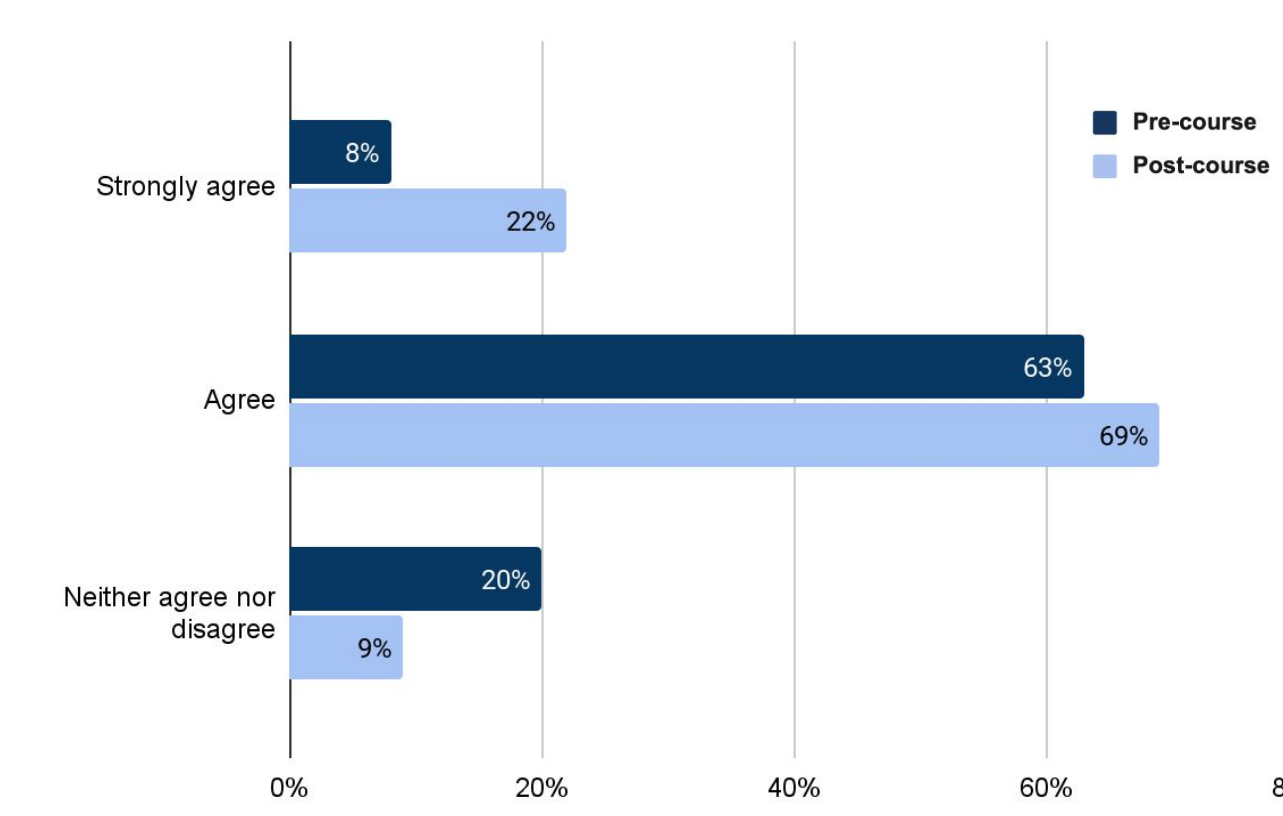


Figure 3. Student feels confident communicating with and understanding terms used by LGBTQ+ patients.

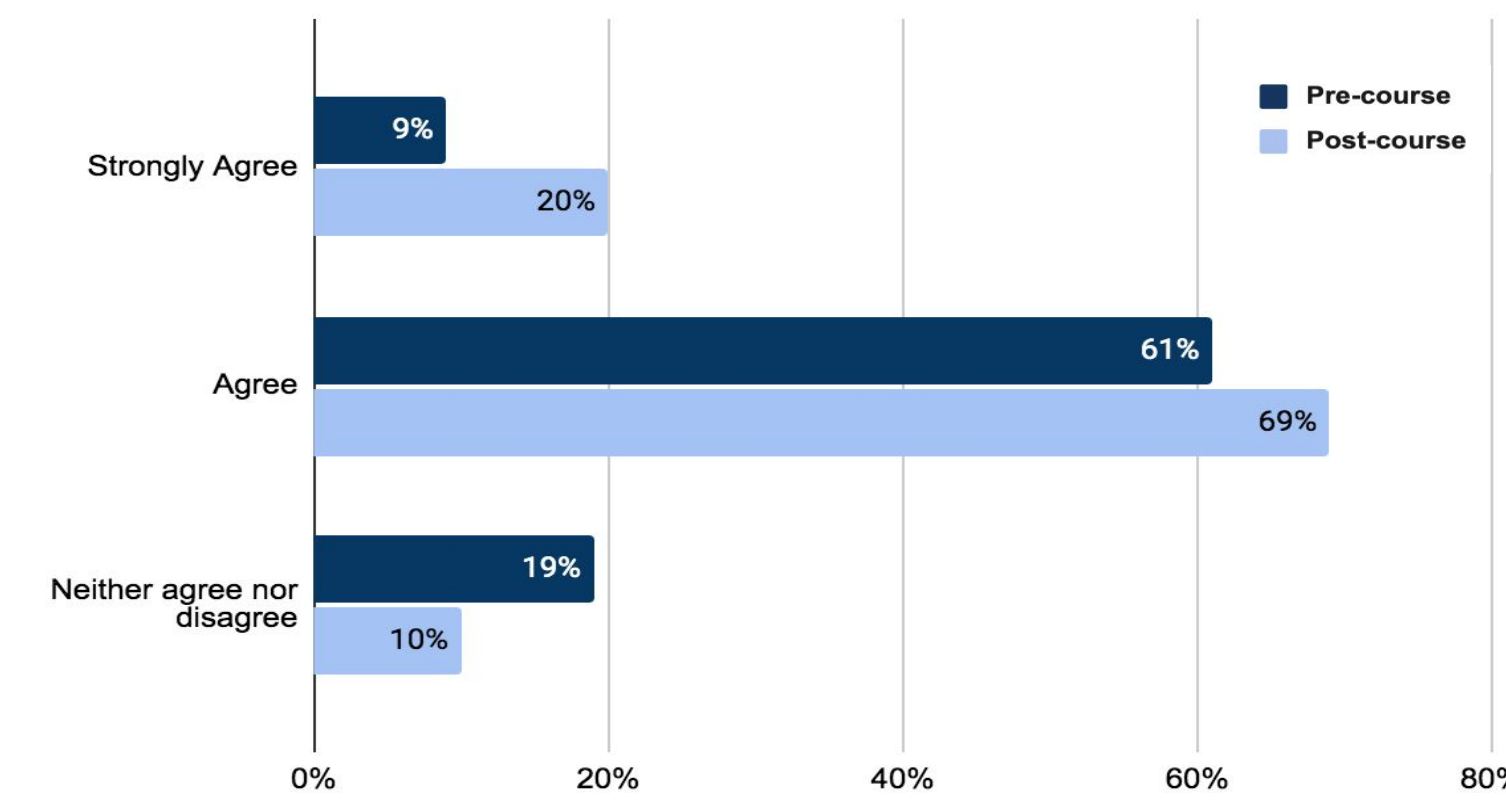


Figure 4. Student feels comfortable discussing gender affirming practices.

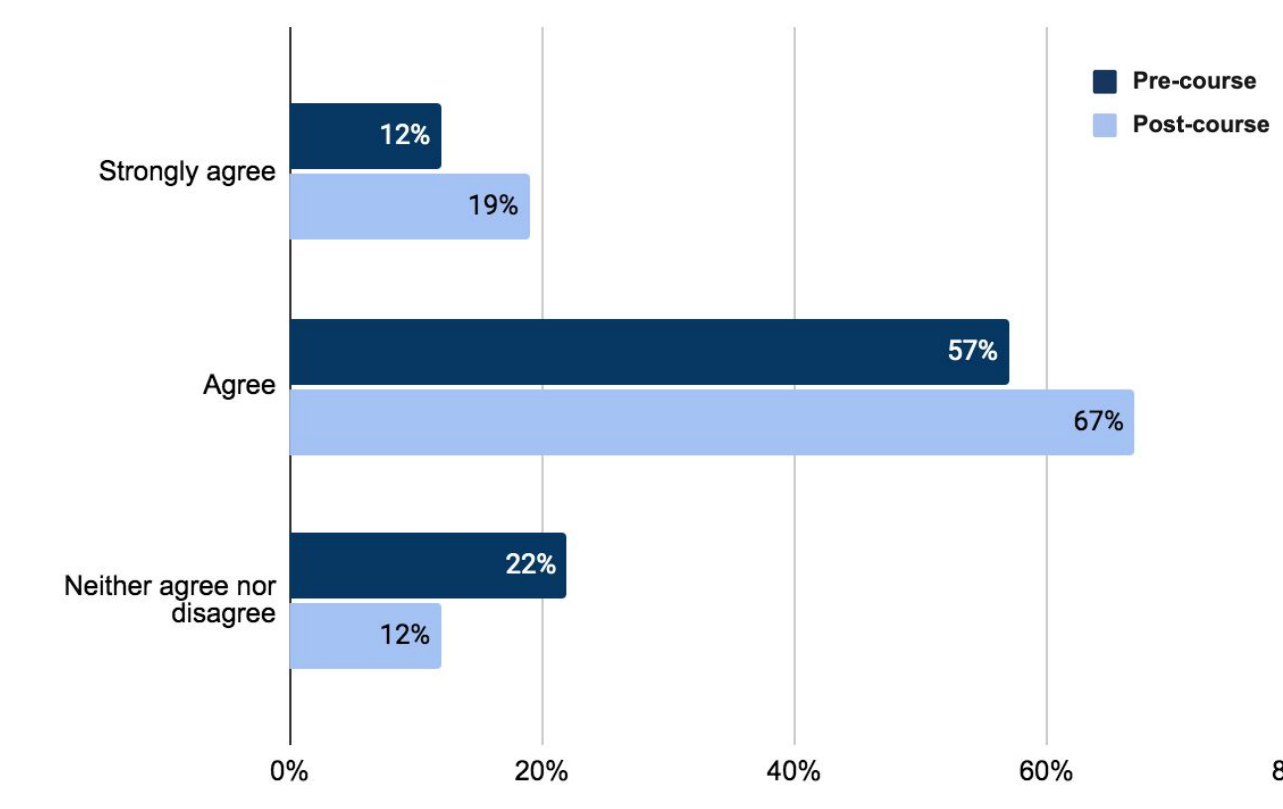


Figure 5. Student feels comfortable and able to communicate about HIV and transmission risk.

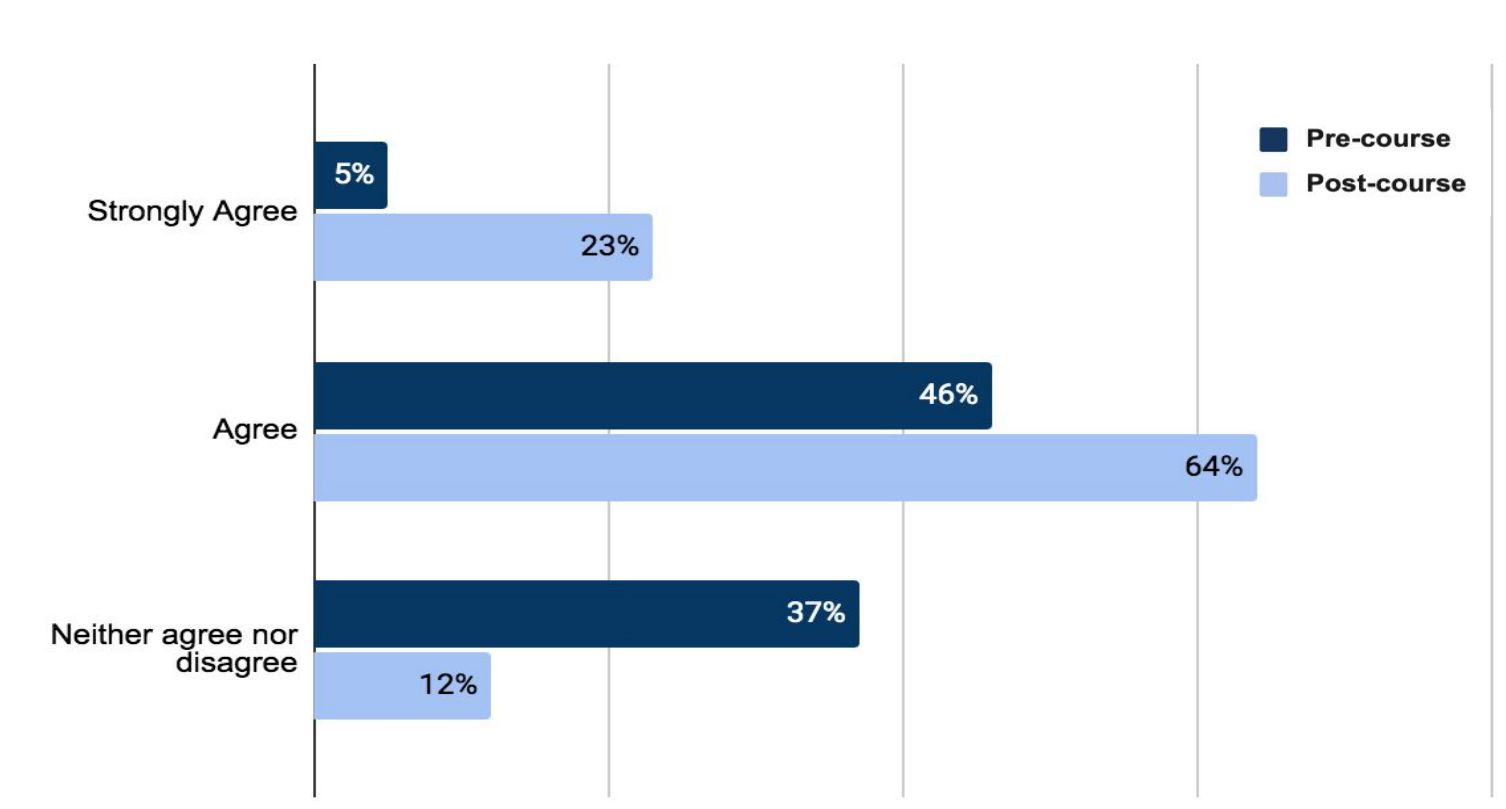


Figure 6. Student feels prepared to use basic terminology about LGBTQ patients body and health.

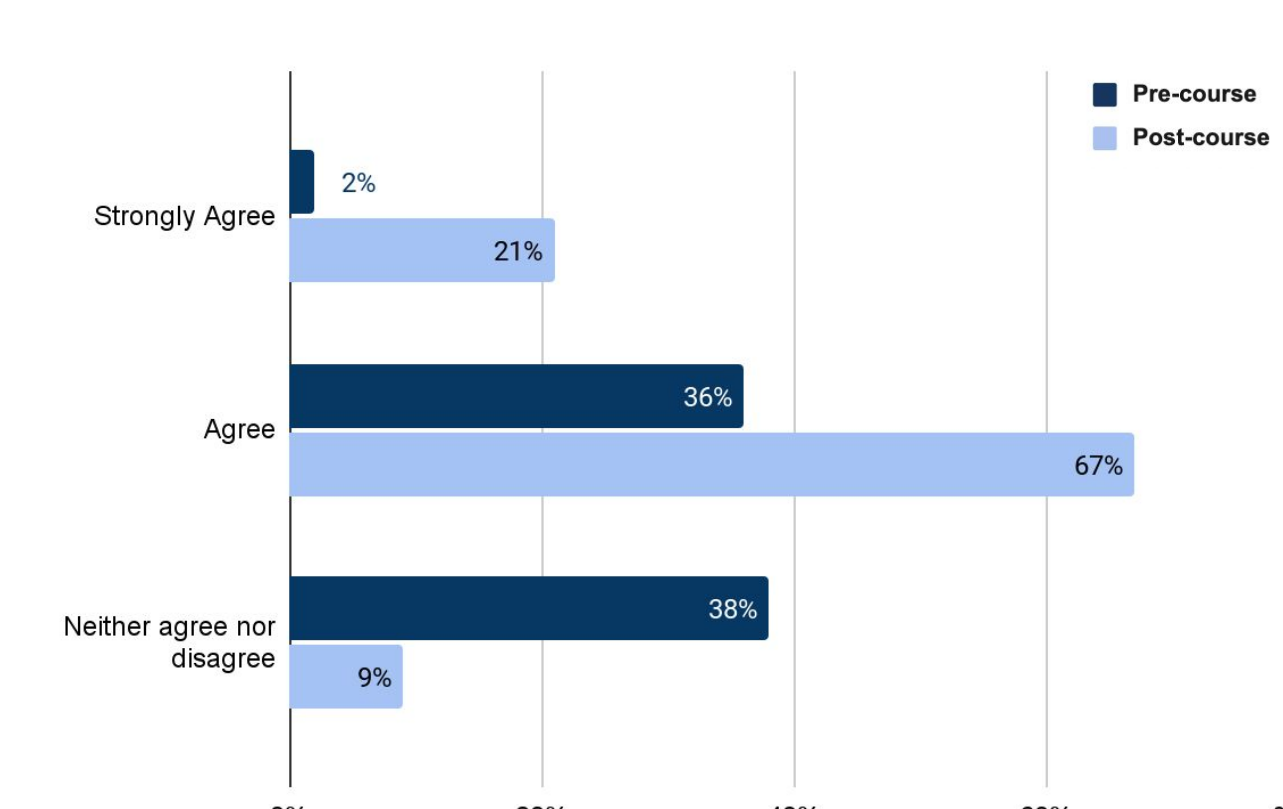


Figure 7. Student feels able to communicate with transgender patients about their identity and transitioning.

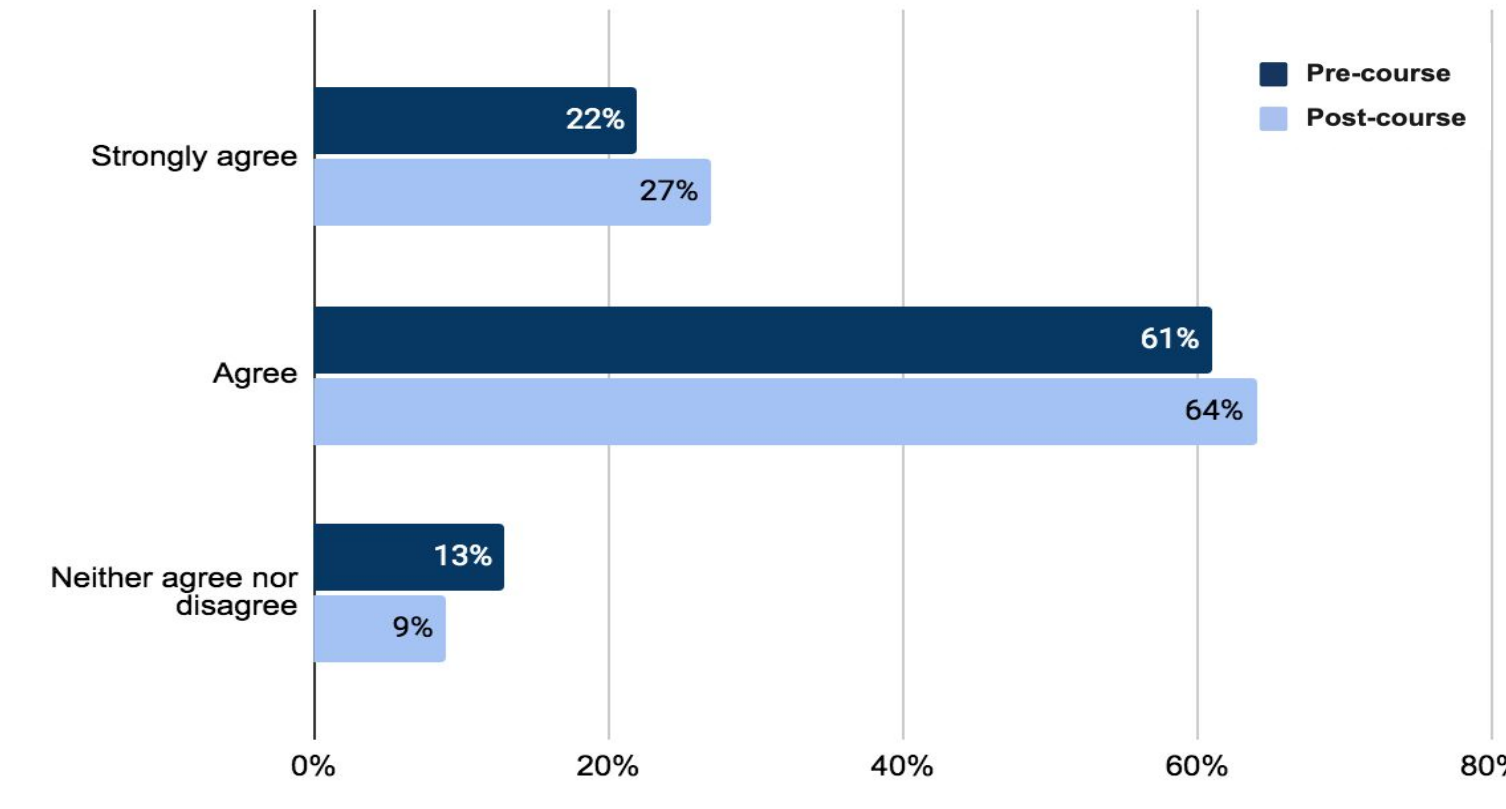


Figure 8. Student feels comfortable taking history from LGBTQ patient in nonjudgmental way.

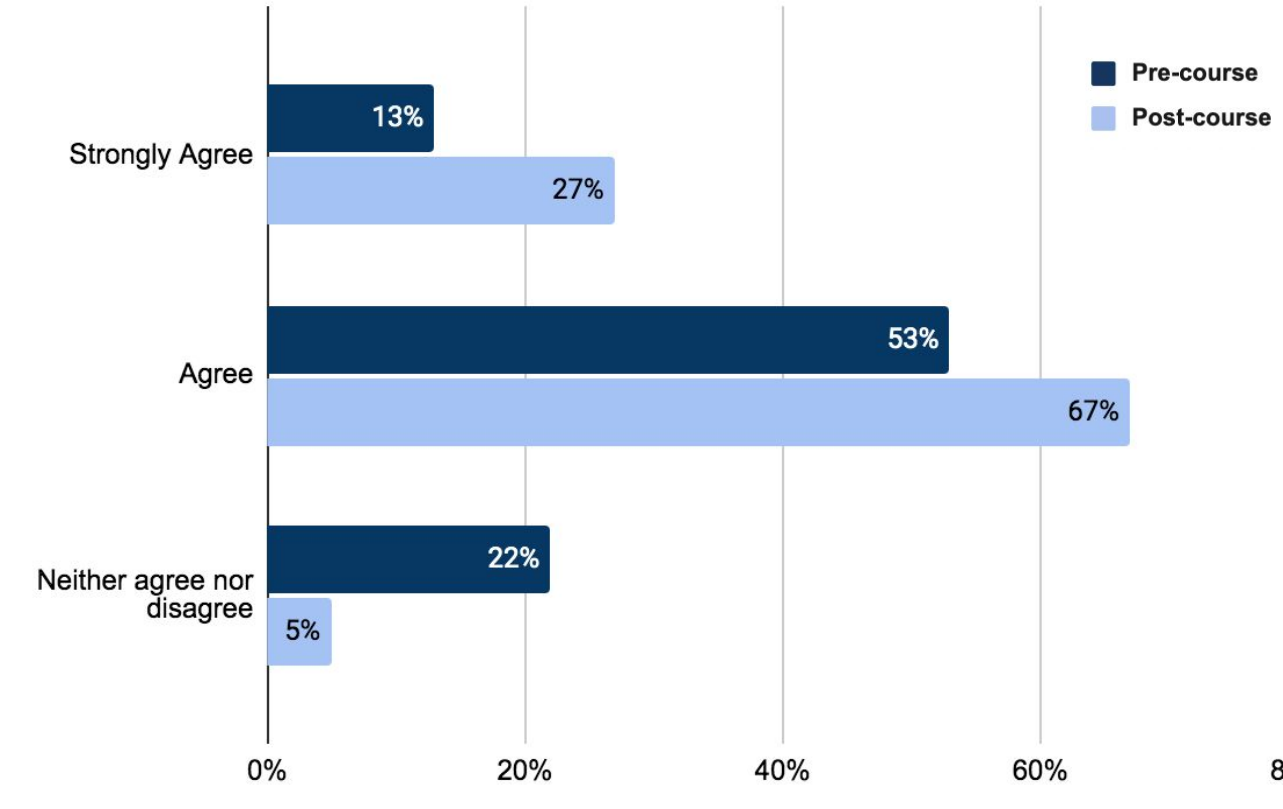


Figure 9. Student feels prepared to interact with LGBTQ+ patients in the future.

Results

Statically significant increases were seen in most questions assessing students' self-reported comfort in communicating and interacting with SGM patients in clinical settings (Table 1).

Inclusive Care

- Students reported a significant increase in their ability to create an inclusive environment for LGBTQ+ and SGM patients (Figure 2).
- Student's reported the highest pre-course comfort level in preparedness to take history from LGBTQ+ patients in a non-judgmental way (Table 1; Figure 8).

LGBTQ+ Patients

- Statically significant increases were seen in students' self-reported comfort in communicating with LGBTQ+ patients in clinical settings (Figure 3) and their preparedness to interact with LGBTQ+ patients in the future (Figure 9).
- Students reported a significant increase in comfort using and understanding common terminology spoken by LGBTQ+ patients (Figure 6).
- Statistically significant changes were seen in students comfortability communicating about HIV and transmission risk (Figure 5).

Transgender Patients

- Students reported significant improvements in their comfortability in discussing gender affirming practices (Figure 4).
- Students reported significant improvements in their ability to communicate with transgender patients about their identity and gender transition in a non-judgmental way (Figure 7).

Conclusions

Simulation-based modalities are effective in increasing learner comfort and communication with LGBTQ+ and SGM patients. Utilizing simulation-based learning in this way might address hesitancy to seek care and health outcome disparities SGM patients experience. Moreover, by increasing simulated, hands-on learning experiences that addresses gaps in knowledge with other underrepresented populations, students may increase their comfort levels in interacting with them.

Furthermore, the quality of educational hours must be taken into account when addressing the needs of SGM patients. With hands-on, active practice, students are able to contemplate portions of clinical interactions in a psychologically safe environment for the learner and the patient.

Looking forward, integrating such learning modalities into graduate medical education programs may serve to make practicing clinicians more comfortable interacting with LGBTQ+ and SGM patients in clinical environments. This may work toward addressing health access and outcome disparities seen by SGM and other vulnerable groups.

Full Case:



Pre-Course Survey:



Post-Course Survey:



References:

