



Let's Get This Straight: Effects of Community-Based Clinical Volunteering on Medical Students' LGBTQ+ Cultural and Clinical Competencies

Austin Sherwood, Student, University of Arizona College of Medicine – Phoenix

Background

According to the 2021 national Gallup survey, the percentage of US adults identifying as LGBTQ+ has increased to **7.1%**, doubling the percentage from 2012.¹ Despite these increases, undergraduate medical school curricula across the nation sits at a median of **five hours** when it comes to teaching LGBTQ-related content.²

Additionally, most providers feel they can competently care for LGBTQ+ individuals, but only about **half** inquire about sexual orientation and **less than a quarter** inquire about gender identity.³

Studies have shown that simple interventions, such as a one-hour lecture, are positively correlated with medical students' knowledge of LGBTQ+ healthcare. As it stands, there is **no known literature** assessing the direct impact of facilitated clinical exposure to LGBTQ+ patients on medical students.

Objective / Hypothesis

The goal of this study is to assess how clinical volunteering with LGBTQ+ patients will impact medical students' **knowledge, attitudes, self-efficacy, and behavioral intention.**

A linear and direct relationship is expected between number of hours volunteered and the aforementioned categories.

Description / Methods and Materials

Cohorts of medical students within the classes of 2025 and 2026 at the University of Arizona College of Medicine – Phoenix are being evaluated with a home-grown **KASI inventory** (knowledge, attitudes, self-efficacy, behavioral intention) as recommended by the *National LGBT Cancer Network* pre- and post- intervention.⁴

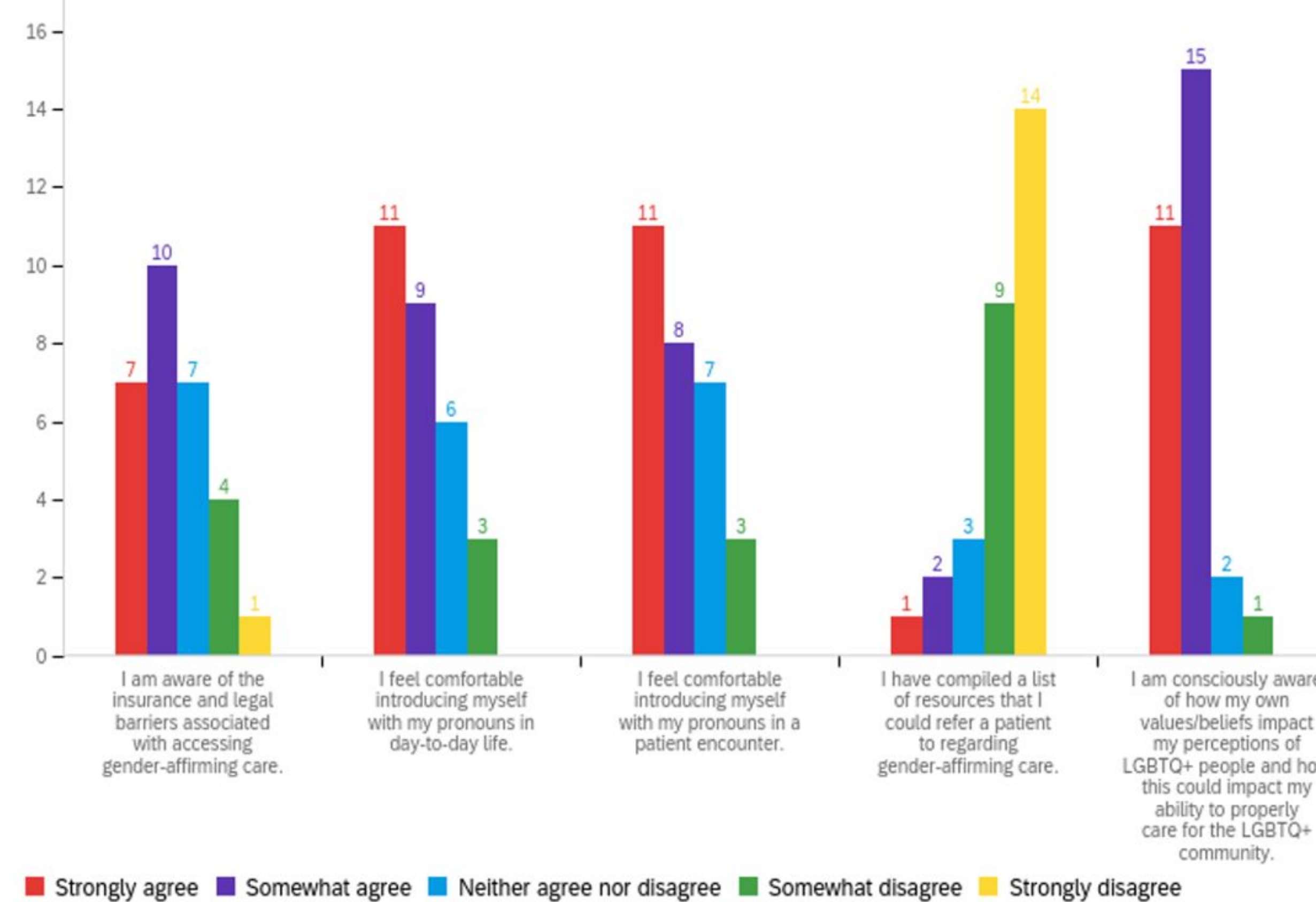
Following pre-survey completion, students will attend a LGBTQ+ healthcare seminar and complete one shadowing session at the Southwest Center for HIV/AIDS. Afterwards, students will be allowed to take histories and perform physical examinations on LGBTQ+ patients under provider supervision. The post-survey will take place **one year** after the pre-survey.

Data is currently being collected and statistical analysis has yet to be performed.

Preliminary Results

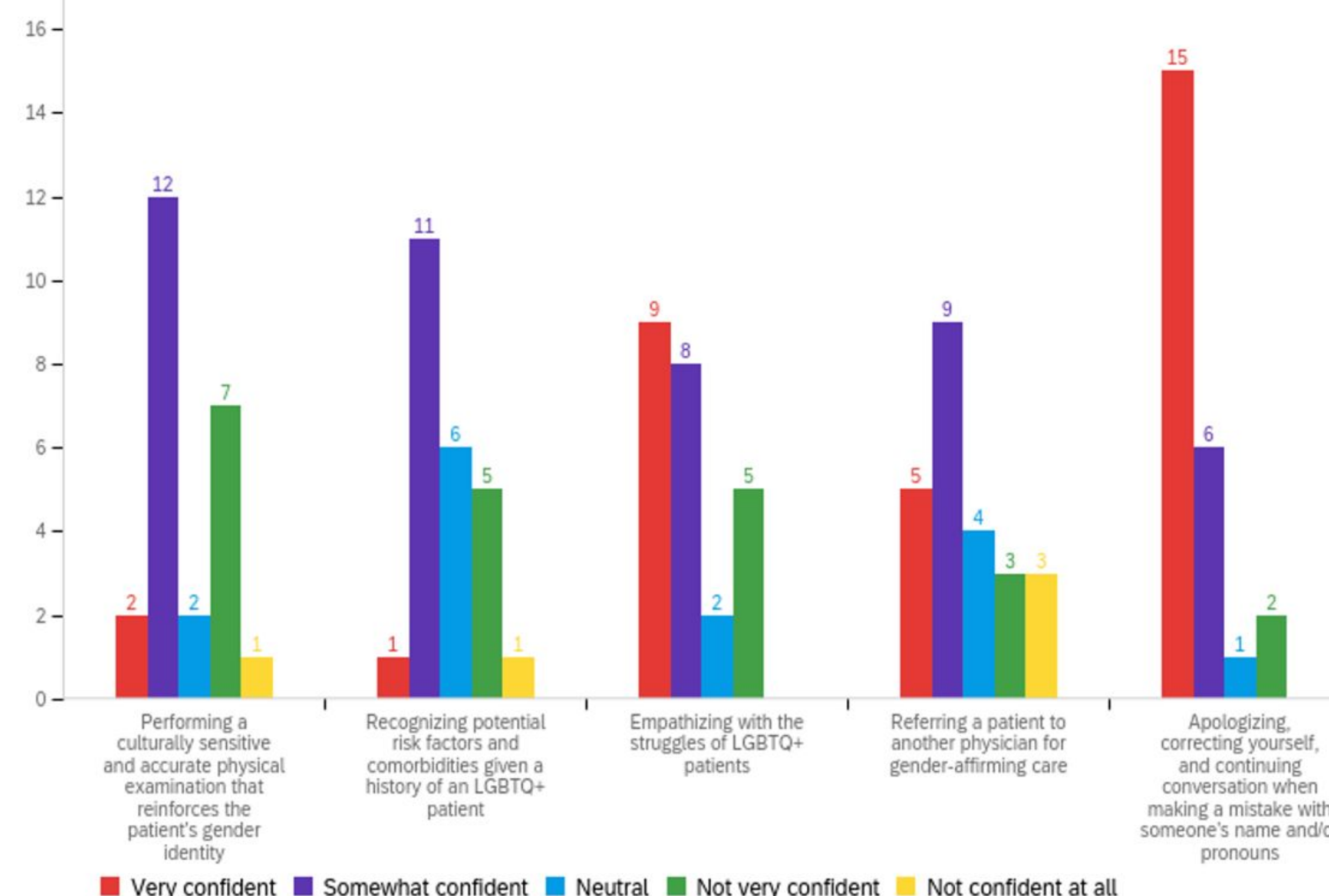
Class of 2025

- There were 29 pre-survey participants with 30% identifying as LGBTQ+.
- Consistent with previous literature, this cohort shows favorable attitudes towards the LGBTQ+ community.
- There was a wider distribution in answers pertaining to knowledge, self-efficacy, and behavioral intention.



Class of 2026

- There were 26 pre-survey participants with 35% identifying as LGBTQ+.
- Compared with the previous cohort, there are slightly less favorable attitudes towards the LGBTQ+ community.
- Compared with the previous cohort, there is less confidence in knowledge and clinical skills.



Conclusion / Next Steps

Conclusions are currently pending as both cohorts have yet to take the post-survey. The class of 2025 will take their post-survey in April of 2023, and the class of 2026 will take their post-survey in October of 2023. Following this, statistical analysis will be carried out and a manuscript will be drafted.

Challenges / Implications

One definite limitation of this study is the small sample size. While this is trying to be mitigated with examining multiple cohorts, it may be difficult to translate these results into the broader medical student community.

Participating in this study may also seem more appealing if one identifies as LGBTQ+ themselves, fulfilling a self-selection bias. This would most likely skew results to look more competent than a broader student population.

It may be difficult to acquire full continuity of participation throughout both cohorts. With how busy medical students are nowadays, some may elect to opt-out of the post-survey. This will hopefully be mitigated by offering a potential incentive for completing the post-survey.

This project has the potential to revolutionize the way LGBTQ+ health is taught in medical school. In the long-term, it seeks to combat physician hesitancy around caring for LGBTQ+ populations, effectively deconstructing the health disparities that plague these individuals.

Acknowledgements & References

- **Associate Dean of Student Affairs and Mentor-** Dr. Stephanie Briney
- **Assistant Director of Service Learning-** Dr. Kareem Raad
- **Southwest Center for HIV/AIDS-** Taylor Piontek, Melissa Suchon, Lea Nickolas, Casey Simon
- **Colleagues-** R Reichenbach

[1] Jones JM. LGBT identification in U.S. ticks up to 7.1%. Gallup. <https://news.gallup.com/poll/389792/lgbt-identification-ticks-up.aspx>. Published June 10, 2022. Accessed August 17, 2022.

[2] Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 2011;306(9). doi:10.1001/jama.2011.1255

[3] Nowaskie DZ, Sowinski JS. Primary care providers' attitudes, practices, and knowledge in treating LGBTQ communities. *Journal of Homosexuality*. 2018;66(13):1927-1947. doi:10.1080/00918369.2018.1519304

[4] Margolies L, Joo R, McDavid J. Best Practices in Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Service Agencies. *New York: National LGBT Cancer Network*; 2014.