

Background and Context

- Legislative challenges to transgender healthcare and education are heavily affecting the US South.¹
- Texas SB 17 prohibits required DEI trainings, DEI offices, and LGBTQ+ centers run by state universities.²
- Incorporating LGBTQ+ healthcare education early in medical school improves knowledge and attitudes.³
- We expanded our dedicated LGBTQ+ health education to involve a two hour-long peer-led Safe Space training aligned with current legislation. Students are required to complete this curriculum to participate in the student-run, free Pride Community Clinic offering gender-affirming care and primary care services for underserved patients in San Antonio.

Research Purposes & Questions

To evaluate the effectiveness of current instructional methods of Safe Space Training in medical school curricula through assessing student engagement and confidence in addressed topics.

Program/Course Design

- An annual two-hour Safe Space session is integrated into the curriculum for first-year medical students at UT Health San Antonio. Existing training was updated based on previous session feedback and evaluated each year.
- Improvements to the slide deck included interactive case-based exercises from the AETC-NMC AIDS Education and Training Center added in 2022, as well as updates on relevant legislation and health disparity statistics added in 2023.⁴



Image 1: Example slide from the Safe Space Training slide deck presented to the medical school

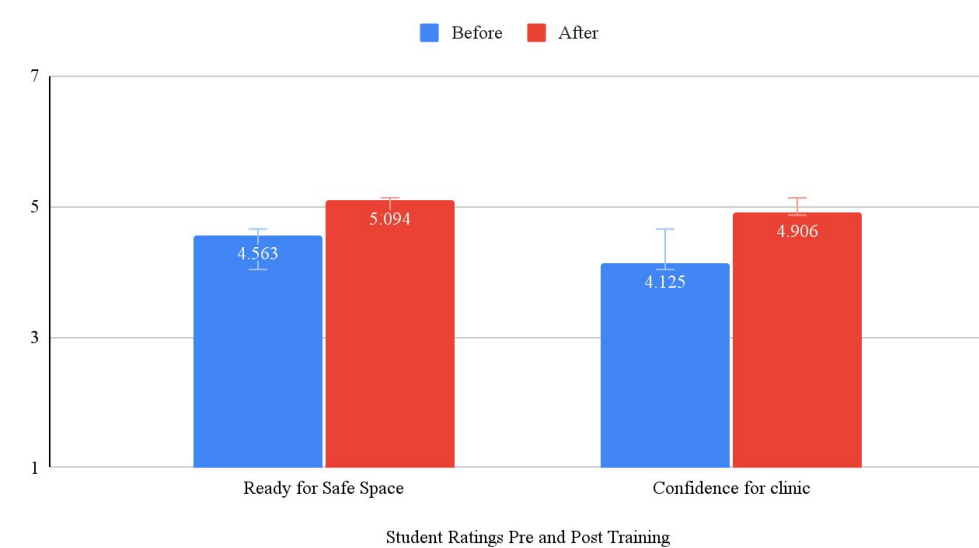
Research Methods

- Session surveys were evaluated for three separate first year classes, in 2021, 2022 with the addition of interactive case-based components and updated statistics, and 2023.
- Pre- and post-session surveys using a Likert scale assessed understanding and confidence in caring for LGBTQ+ patients. Paired t-tests assessed pre/post intervention effectiveness.

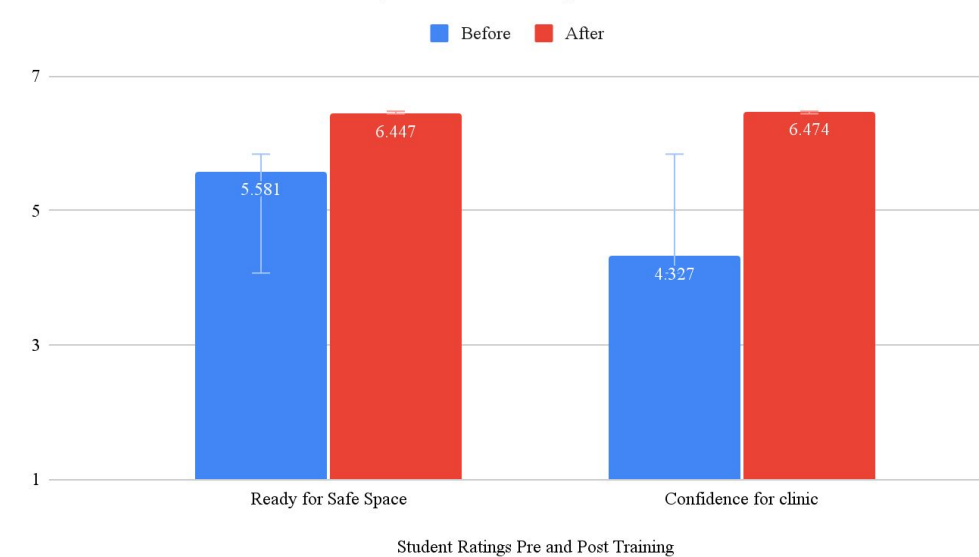
Findings

- Over the three cohorts, we received 385 responses from first year medical students.
- Readiness to participate in the student-run Pride Community Clinic (answered as 'strongly agree' or 'agree') increased from 38% to 73.8% (2021) (18-50%, $p < 0.001$), 40.1% to 92.3% (2022) (37-60%, $p < 0.001$), and 38.7% to 69.1% (2023) (14-44%, $p < 0.001$) of students.
- Feedback indicated that the peer-led approach fostered a non-judgmental learning environment but also emphasized the need for more interactive clinical scenarios.

2021 Readiness for Participation in Safe Space and Student-Led Pride Clinic



2022 Readiness for Participation in Safe Space and Student-Led Pride Clinic



2023 Readiness for Participation in Safe Space and Student-Led Pride Clinic

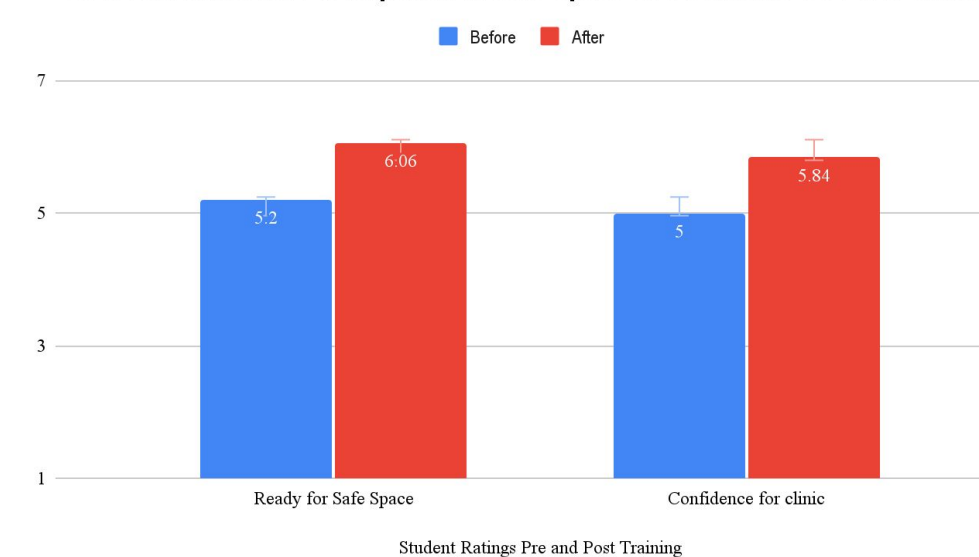


Figure 1: Graphs comparing averages of pre/post-assessment student responses ("Readiness for Participation in Safe Space" and "Readiness for Participation in Student-Led PRIDE Clinic") for the 2021, 2022, and 2023 first year classes

Next Steps/Future Directions

- This study supports further enhancement of LGBTQ+ health education in our curriculum.
- We plan to add a two-hour LGBTQ+ health lecture to the second year curriculum in addition to this first-year presentation.
- Future studies can assess effectiveness of incorporating interactive case-based learning and/or standardized patient cases addressing LGBTQ+ health topics.

Conclusion and Reflection

- Early preclinical exposure to LGBTQ+ health topics in an interactive lecture style positively influences attitudes and confidence among students.
- The peer-led approach was effective in facilitating meaningful engagement, which aligns with published literature on effectiveness of peer-led learning.⁵
- Limitations included a lower response rate to our post-survey.
- Our curriculum fell below the reported median of five hours reported for LGBTQ+ education in medical schools.⁶
- We recognize the potential benefits of dedicating more time to interactive case-based learning, standardized patient cases, and direct patient contact to better prepare future physicians to provide inclusive care.⁷

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