

Advancing LGBTQIA+ Health Equity: Evaluating the Impact of a Medical Student-Led Gender Affirming Care Elective



Presenting Author: Jaclyn Calkins, MS2, Michigan State University College of Human Medicine
 Additional Authors: A. Ravid, E. Zblewski, M. Walsh, A. Maglaqui, E. Lafata, M. Finedore, E. Blalock, J. Alan



Background

LGBTQIA+ communities are disproportionately impacted by a range of health issues, such as increased rates of mental health conditions.¹ Unfortunately, standard medical education has often failed to address LGBTQIA+ health topics adequately, potentially limiting the number of providers who feel competent in addressing the health concerns of individuals in the community.^{2,3,4}

Elective courses, such as Michigan State University College of Human Medicine's (MSU-CHM) student-led Gender Affirming Care Elective (GACE), have sought to fill this gap. However, electives' effectiveness and limitations in supporting medical student comfort in caring for vulnerable populations and community groups remains a topic of pedagogical research.

Research Purpose

- The purpose of this project was to evaluate the impact of a gender affirming care elective on medical students' self-perceived competence and comfort levels caring for LGBTQIA+ patients.
- Due to the short-term nature of elective courses, we are advocating for the integration of LGBTQIA+ health curriculum into the mainstream education of all medical students, emphasizing the urgency of addressing existing health disparities.

Elective Format

The Gender Affirming Care Elective at MSU-CHM has been held annually since 2022. It aims to enable students to learn more about LGBTQIA+ patient care and take initiative in promoting health equity in their future practice. The iteration of the elective analyzed in this research was the original course held in the Fall of 2022, which spanned 7 weeks. Classes were 2 hours long and held once weekly. The course is open to all medical students.

Methods

Summary:

- Conducted survey-based research measuring medical students' self-perceived competence and comfort levels regarding caring for LGBTQ+ patients.
- Compared pre- and post- survey results for students in GACE before and after the course.
- Compared GACE students to students who completed the survey in the broader MSU-CHM student body.

A survey utilizing a Likert scale was administered in Fall 2022 assessing students' attitudes, knowledge, and comfort levels regarding LGBTQIA+ patient care. GACE participants, as well as general student body members, took part in this poll.

Elective participants received an additional follow-up survey one month post-completion of GACE. A total of 103 students completed the initial survey, 34 of whom were enrolled in GACE. Among GACE participants, 18 completed the additional post-course survey, representing 53% of the group. A McNemar-Bowker test of symmetry was performed to determine whether pre- and post-course results were different.

	Only elective students N=34		Post Course Survey N=18		p-value
	N	(%)	N	%	
I am aware of how my own perceptions shape and influence my understanding of LGBTQIA+ populations, including gender fluidity.					0.628
Agree	29		18		
Neutral	3		0		
					0.295
I am comfortable discussing treatment options around STIs or sexual health for all patients.					
Disagree	2		0		
					0.674
I am comfortable discussing PrEP and PEP.					
Agree	25		16		
					0.230
I am comfortable working with LGBTQIA+ and intersex patients regarding fertility and family planning.					
Neutral	4		1		
					0.781
I am comfortable providing gender affirming care to all patients.					
Disagree	5		3		
Disagree	11		1		
Disagree	15		14		
Disagree	8		3		
Disagree	20		14		
Disagree	5		2		
Disagree	9		2		
Disagree	28		17		
Disagree	5		1		
Disagree	1		0		

Pre and Post Course Survey Attitudes, Treatment, and Comfort Level: McNemar-Bowker Test Applied

Findings

Out of the 34 students who participated in the elective, 18 completed the post-course survey, representing a response rate of 53%. No significant differences in attitudes were found in GACE participants pre- versus post-elective. Additionally, there was no significant difference in responses between GACE-enrolled and non-enrolled students.

Discussion / Conclusions

Our results contribute to existing research indicating that short-term elective courses may not effectively alter attitudes or reduce stigma against vulnerable populations in healthcare.⁴

We emphasize the importance of incorporating LGBTQIA+ health topics into the core medical curriculum to comprehensively address these disparities and advance health equity. This research underscores the significance of ongoing efforts to devise more effective strategies for addressing health inequity and cultivating a more inclusive medical education environment.

Next Steps

Colleagues involved in this project have developed a framework for advancing LGBTQIA+ health education in the general medical school curriculum and are presenting their findings here at the Health Workforce Conference.

References

1. Fredriksen-Goldsen KI, Kim HJ, Barkan SE, Muraco A, Hoy-Ellis CP. Health disparities among lesbian, gay, and bisexual older adults: results from a population-based study. *Am J Public Health.* 2013;103(10):1802-1809. doi:10.2105/AJPH.2012.301110
2. Roth, L. T., Catalozzi, M., Soren, K., Lane, M., & Friedman, S. (2021). Bridging the gap in Graduate Medical Education: A longitudinal pediatric lesbian, gay, bisexual, transgender, Queer/Questioning Health Curriculum. *Academic Pediatrics, 21*(8), 1449-1457. <https://doi.org/10.1016/j.acap.2021.05.027>
3. Srinivasan S, Goldhammer H, Crall C, Kitts R, Keuroghlian AS. A Novel Medical Student Elective Course in Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Sexually and Gender Diverse Health: Training Tomorrow's Physician-Leaders. *LGBT Health.* 2023;10(3):252-257. doi:10.1089/lgbt.2022.0161
4. Llayton, C. K., & Caldas, L. M. (2020). Strategies for inclusion of lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA+) education throughout pharmacy school curricula. *Pharmacy Practice, 18*(1), 1862. <https://doi.org/10.18549/pharmpract.2020.1.1862>