

# LGBTQ+ Allies Training: Quantitative and Qualitative Analysis of Curriculum Effectiveness and Development

## Background

- Recent survey data indicates only 50% of medical providers feel competent in providing LGBTQ+ related healthcare.<sup>1</sup>
- A study conducted by UC Irvine SOM found that 45% of medical students that identify as LGBTQ+ felt they were receiving inadequate education on LGBTQ+ medical care.<sup>2</sup>
- Only 14% of schools in both the U.S. and Canada offered any teaching on LGBTQ+ health topics.<sup>3</sup>
- At least 50% of transgender patients claim having to teach their doctor about their care rather than the doctor teaching the patient.<sup>4</sup>
- Considering that 5.6% of adults in the U.S. identify as LGBTQ+, there are estimated to be 14,460,000 Americans that physicians are not comprehensively taught to treat.<sup>3</sup>

## Research Purpose & Questions

- To educate students about LGBTQ+ health and increase **comfort and confidence** of students in treating LGBTQ+ patients
- Utilized a pre- and post-training survey** of PA and MD students to evaluate:
  - Basic demographics including program, education, gender identity, and sexual orientation
  - Comfort and confidence levels with LGBTQ+ health topics:
    - Differentiating terminology (Q1-2)
    - LGBTQ+ history and symbolism (Q3)
    - Discussing safe sexual practices (Q4-5)
    - Taking a sexual history (Q6-7)
    - Managing sexual health issues (Q8-9)
    - Gauging importance of sexual health (Q10)
    - Comfort treating transgender and non-binary patients (Q13)
    - Extent of previous training (Q11-12, 14)

## Training Design

- 2-hour training comprised of lecture and interactive session**
- Addressed such topics as:
  - History** of LGBTQ+ health, symbols, legislation, and court cases
  - Differences between **sex, gender, and sexual orientation**
  - Definitions of **transgender and intersex**, pronouns, gender dysphoria, and the spectrum of gender transition
  - Strategies for **inclusive language**, avoiding assumptions and judgment, and creating an **inclusive clinical environment**
  - Overview of **health disparities**, social determinants of health and provider discrimination faced by the LGBTQ+ community
  - Minority stress** among LGBTQ+ individuals
  - Case studies covering **interdisciplinary care** options and **ethical considerations** of LGBTQ+ care

## Research Methods

**Measuring Device:** Prior and subsequent to Allies in Health training, 201 health professional students and faculty completed a 14-question 5-level Likert survey administered electronically.

**Data Analysis:** We compiled questions together based on associated LGBTQ+ categories. A paired two-sample t-test was completed on each questions pre- and post-training. The cut off for determining statistical significance was a p-value of 0.05. Additionally, a paired two-sample t-test was completed on the cumulative average of pre- and post-training responses using a p-value of 0.05 to determine significance.

## Results

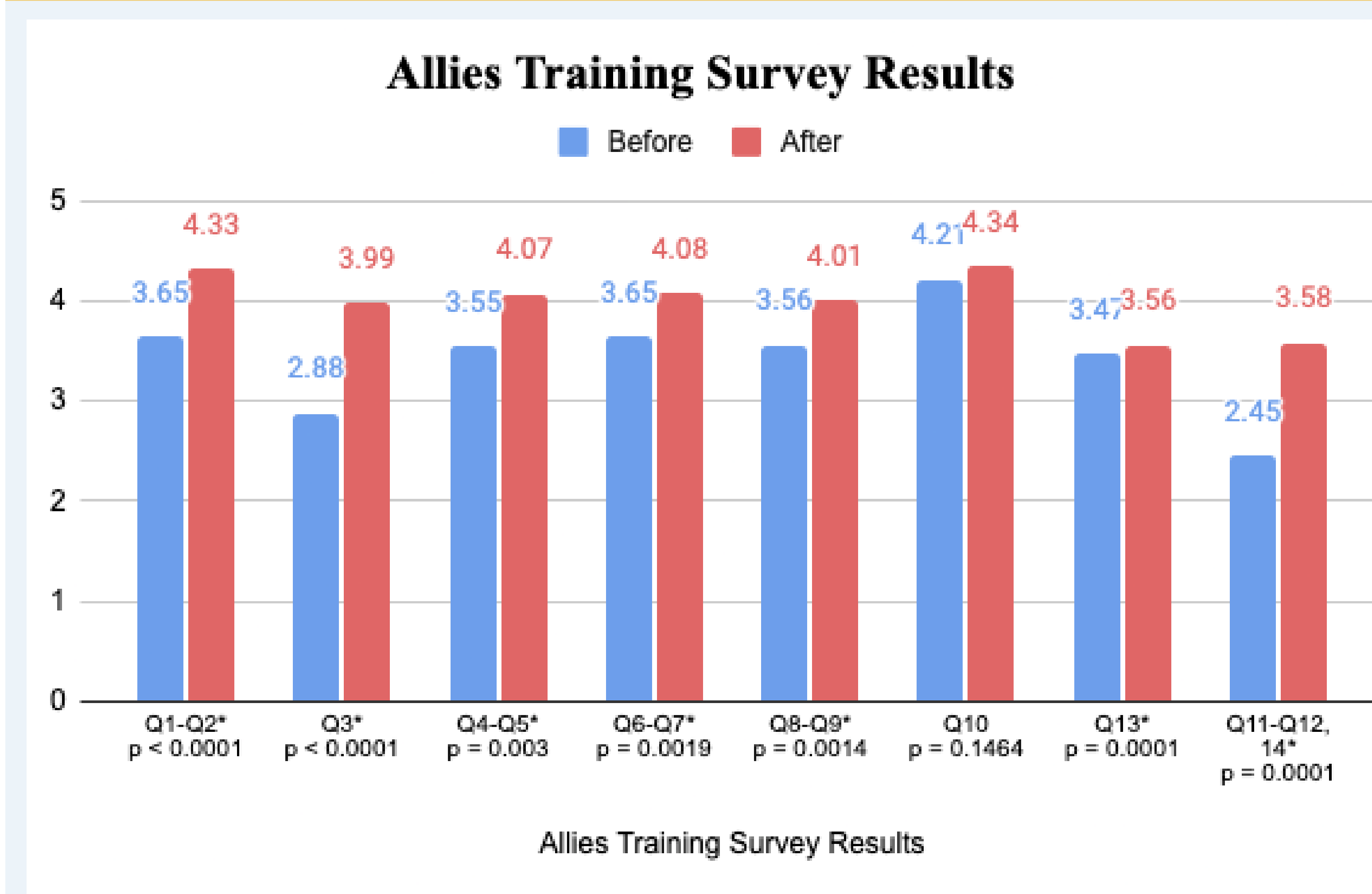


Table 1: Paired t-test completed on survey results before and after Allies Training. Questions were grouped based on topic, and asterisk denotes statistical significance with p values provided below.

- When comparing the mean response for each category of questions, all were statistically significant **except for gauging importance of sexual health (Q10)**
- Question 10 asked participants: "How important is it for you to understand aspects of your patients' sexual health?"
- The cumulative results from the pre-training survey (M = 3.40, SD = 0.54) and post-training (M = 4.00, SD = 0.28) had a two-tailed P value of 0.0023 indicating the training increased students and faculty perceived comfort and confidence in various LGBTQ+ topics.

## Discussion & Conclusion

- After completion of the LGBTQ+ health training, attendees reported significantly improved confidence in their understanding of LGBTQ+ health on average.
- This study is limited by the cohort population. The data was collected solely from health professions students at UTMB, therefore it may not be generalizable to medical curriculum nationwide. However, the format of training can be applied to other institutions and health professions.

## Next Steps

- Given the statistically significant increase in knowledge of LGBTQ+ health following training, more healthcare education programs should consider including care of LGBTQ+ patient into curricula.
- The addition of LGBTQ+ training by student-led LGBTQ+ health groups should especially be considered in states that restrict LGBTQ+ health care or health education.
- Future directions include providing these trainings to nursing students, OT/PT students, and more to improve healthcare teams' competency in treating this historically marginalized community.

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## References

