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Implementing LGBTQ+ Patient Care Education to Osteopathic Medical Students

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BACKGROUND

- Many LGBTQ+ individuals experience health care disparities, barriers to accessing care, and overall negative experiences regarding health care in the United States[1,2].
- Current medical education in the United States lacks a formal curriculum for educating students to care for LGBTQ+ individuals[3,4].
- Additional training regarding LGBTQ+-specific terminology, health concerns, and health disparities is pertinent so that future physicians can be competent when caring for this population.
- **This study sought to determine whether a 1-hour LGBTQ+ healthcare information session would be an effective strategy for improving clinical preparedness and basic knowledge regarding the LGBTQ+ community for medical students.**

METHODS

- Second and third-year medical students at California Health Sciences University (CHSU), a private osteopathic medical school, were invited to attend a 1-hour educational session with free lunch during a weekday.
- A nine-question survey was distributed via QR code to all students in attendance prior to the start of the session. The survey was adapted from the LGBT - DOCSS[5]. After the session was completed an identical post-education session survey was then distributed in a similar manner. Pre- and post-educational session surveys were completed by 35 students.
- The first two questions asked about school year and identity. Questions 3 - 9 utilized a 5-point Likert scale to answer the following questions:

Table 1. Survey Questions 3 - 9

Q3^	I would feel unprepared talking with a lesbian, gay, bisexual, or transgender (LGBT) client/patient about issues related to their sexual orientation and/or gender identity.*
Q4	I feel competent to assess a person who is lesbian, gay, or bisexual (LGB) in a clinical setting.
Q5	I feel competent to assess a person who is transgender (T) in a clinical setting.
Q6	I am aware of institutional barriers that may inhibit lesbian, gay, or bisexual (LGB) people from using health care services.
Q7	I am aware of institutional barriers that may inhibit transgender (T) people from using health care services.
Q8	I am aware of research indicating that lesbian, gay or bisexual (LGB) individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.
Q9	I am aware of research indicating that transgender (T) individuals experience disproportionate levels of health and mental health problems compared to heterosexual individuals.

- A Cronbach-alpha test was performed on the survey to analyze internal consistency reliability of the survey

^This question was written as a negative and therefore a lower Likert scale value is indicative of a more confident response.

RESULTS

- The **Cronbach-α scores** of the pre- and post-educational session surveys were **0.77 & 0.66**, respectively. These findings confirm internal consistency reliability of the surveys as a tool for their assessments.
- Survey respondents included individuals who identify as LGBTQ+ and those who do not.
- There was a statistically significant increase in basic knowledge and clinical preparedness to care for the LGBTQ+ community when comparing pre- and post-survey results. The most apparent educational improvement was in the area related to clinical readiness in caring for transgender patients

Figure 1. Comparison of Means of Survey Questions

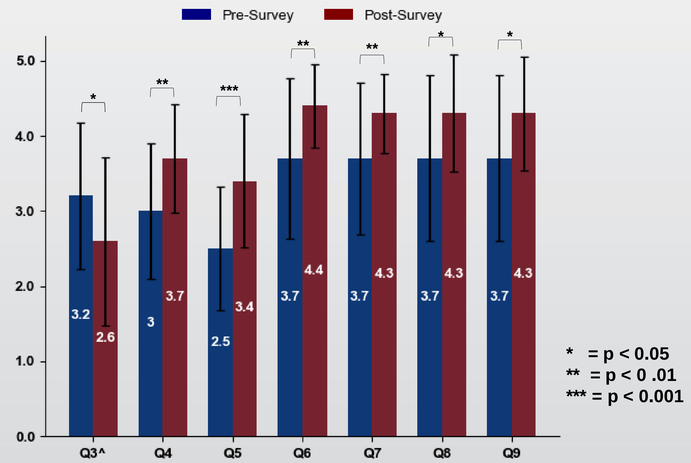

Figure 1. *The mean Likert score was calculated for each question and results from the pre- and post-educational session surveys were compared. Likert responses were scored as follows: 1 = strongly disagree, 2 = disagree, 3 = neutral, 4 = agree, 5 = strongly agree.*

Figure 2. Distribution of Likert Scale Responses by Percentage

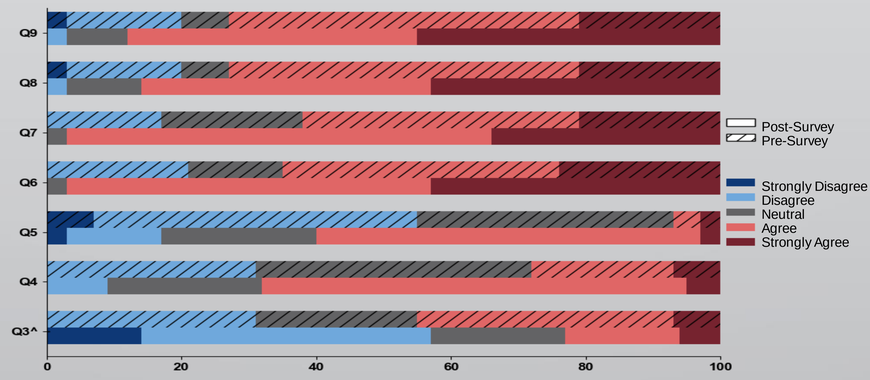

Figure 2. *The Likert scale responses chosen for each question of both the pre- and post-educational session surveys are displayed here as a percentage of the overall question responses.*

DISCUSSION & CONCLUSION

- Students who participated in the educational session showed a statistically significant increase in their basic knowledge of LGBTQ+ healthcare and their confidence and preparedness to care for this population in a healthcare setting.
- Additionally, this study shows that a brief, 1-hour topic-specific educational sessions such as discussed here, may provide significant education to improve clinical preparedness and knowledge levels for medical students.
- Limitations: Selection bias was present in this study because the educational session was not a required portion of the curriculum and, therefore, our sample population mostly likely only included students who were interested in the topic and that there was a missing part of the population that may be less educated. There was also a small sample size discrepancy between participants who filled out a pre-survey and those who filled out a post-survey.
- Improvements to this study could include requiring all students to attend the lesson as part of the curriculum to obtain a more representative sample.
- Future iterations of the study could also include standardized patient interactions for students to practice the knowledge that they learned during the educational session

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Educational Session Slides

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