

Evaluating an Interactive Module's Ability to Enhance Medical Student Knowledge and Comfort When Communicating with LGBTQIA2S+ Patients

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OBJECTIVE

Evaluate the ability of the self-paced, interactive **LGBTQIA2S+ Healthcare Module** to enhance first-year medical student knowledge and comfort when communicating with LGBTQIA2S+ patients.

BACKGROUND

- The Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, 2-Spirit, and others (LGBTQIA2S+) community represents a diverse, yet marginalized, group of individuals who require tailored healthcare.
- Despite increasing acceptance, community members continue to experience discrimination and healthcare disparities.
- Healthcare providers wish to provide sensitive care for these patients but feel ill-prepared from their training to do so.
- To address this need, we developed the **LGBTQIA2S+ Healthcare Module** as an educational resource that focuses on LGBTQIA2S+ health and communication.

HYPOTHESIS

Completion of the **LGBTQIA2S+ Healthcare Module** will improve knowledge survey score and self-reported comfort with LGBTQIA2S+ topics.

Access the
**LGBTQIA2S+
Healthcare
Module here:**

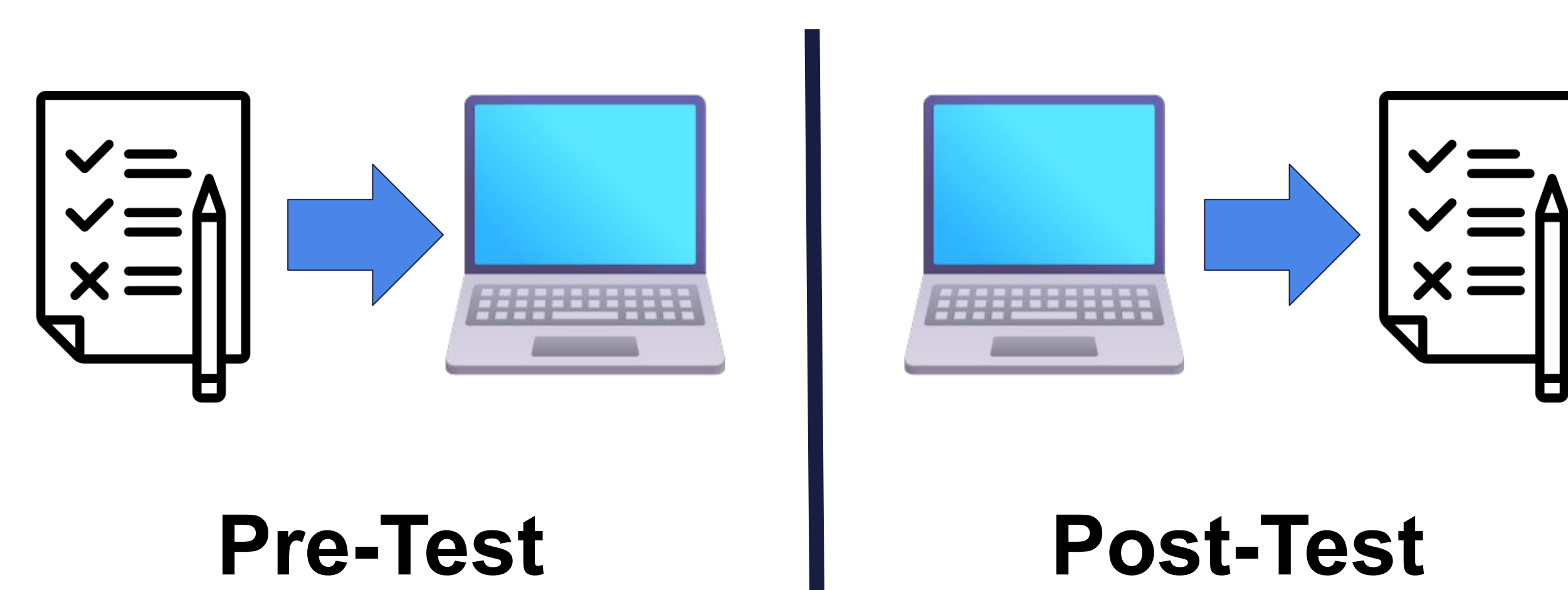


METHODS

Table 1: Demographics

	Pre-test	Post-test
Participants (n)	11	8
Gender (Cis M, Cis F)	5, 6	3, 5
Age (18-24yrs, %)	91	75
Race (Non-White, %)	55	62.5
LGBTQIA2S+ (%)	18	12.5

Two concurrent educational sessions were held for first-year medical students randomly assigned to one of the following groups:



Surveys for both groups were identical, closed-book, and consisted of 16 content questions based on module topics. A 5-point Likert scale assessed self-reported comfort and understanding of LGBTQIA2S+ topics in healthcare.

Figure 1: Survey Example Question

A new patient is establishing care at your clinic. They are wearing a polo T-shirt and khaki pants, and they have pink nail polish on. The patient identifies as non-binary and engages in relationships only with men. They were assigned female at birth. Based on this information, which of the following is reflective of the patient's gender expression?

- Identification as nonbinary
- Relationships with men
- Female assignment at birth
- Pink nail polish

References:

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2. Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health Care Disparities Among Lesbian, Gay, Bisexual, and Transgender Youth: A Literature Review. *Cureus*, 9(4), e1184.
3. Lien, K., Vujcic, B., & Ng, V. (2021). Attitudes, behaviour, and comfort of Canadian emergency medicine residents and physicians in caring for 2SLGBTQI+ patients. *CJEM*, 23(5), 617–625.
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RESULTS

Using an unpaired T-test to analyze mean scores in the pre-test (n=11) and post-test (n=8) groups, there was a significant improvement of 3.88 points ($p < 0.001$) associated with the completion of the module. Results showed post-test students had ($p < .05$):

- More comfort asking for someone's pronouns.
- A better understanding of the HIV epidemic and its impact on the LGBTQIA2S+ community.
- More confidence in providing inclusive clinical care to LGBTQIA2S+ patients.

Figure 2: Knowledge Survey Performance



CONCLUSIONS

- Our module represents an effective and accessible educational resource that improves student knowledge and comfort of LGBTQIA2S+ topics.
- Module chapters address key topics that can be integrated into formal health professions curricula to amplify conversations of LGBTQIA2S+ clinical care.
- We expect that the **LGBTQIA2S+ Healthcare Module** is effective not only for medical education but for healthcare training curricula and staff and faculty education—an active area of further research.