

Cultivating Inclusion: A Framework for Advancing LGBTQ+ Health Education in Medical Schools



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Background

Providing culturally competent care to LGBTQ+ patients is imperative, given the documented health disparities within this population. Noteworthy challenges include elevated rates of mental health issues, such as depression, anxiety, substance abuse, and suicide.^{1,2} The omission of LGBTQ+ health topics in standard medical education has perpetuated these disparities.^{2,3} Curricula in medical education must evolve to address the health disparities of LGBTQ+ patients.

We aim to present practical and measurable criteria for enhancing the teaching of LGBTQ+ health education, with a specific focus on fostering inclusivity, cultural competence, and equitable healthcare practices. These criteria will enable medical institutions to evaluate and improve their commitment to addressing the unique healthcare needs of the LGBTQ+ population.

Research Question

How can medical schools in the U.S. and Canada improve their approach to LGBTQ+ healthcare education in their curricula by considering current approaches' strengths and limitations, and identifying practical strategies for enhancement?

Research Methods

Data for this study were gathered through a comprehensive PRISMA scoping review of 38 peer-reviewed articles focusing on educational interventions for LGBTQ+ healthcare within medical schools. Following data extraction, which covered various aspects such as medical school locations, curriculum details, instructor profiles, teaching methods, strengths, limitations, and recommendations for further integration of LGBTQ+ health, a secondary qualitative analysis was conducted to formulate a set of criteria aimed at assisting medical schools in the integration of LGBTQ+ health education into their curricula.

Thematic coding was conducted independently by three coders to examine the strengths and limitations of the educational interventions identified. Initially, they reviewed the data separately before collaboratively aligning their codebooks through iterative discussions. This process led to the development of a consensus codebook, which facilitated the identification and refinement of themes. Ultimately, 7 themes were identified, providing a foundational framework for enhancing LGBTQ+ health education in medical schools.

Findings

The framework comprises seven key findings that establish practical and measurable criteria for medical schools to enhance the teaching of LGBTQ+ health education:

1. Inclusive Curriculum Development:

Involve diverse stakeholders, including medical students, LGBTQ+ healthcare experts, community representatives, and faculty, in the curriculum development process.

- *Rationale:* Ensures representation of various perspectives, fosters inclusivity, and promotes sensitivity to LGBTQ+ health issues.

2. Community Engagement and Collaboration:

Actively engage with LGBTQ+ community organizations and individuals in curriculum development and delivery.

- *Rationale:* Incorporating lived experiences and community perspectives enhances authenticity and relevance in medical education. Ensuring diverse representation and compensating community contributors fosters sustained engagement and promotes equity.

3. Integrated and Required Curriculum:

Integrate LGBTQ+ health education into core curriculum requirements for all medical students.

- *Rationale:* Mandating LGBTQ+ health education ensures all students receive foundational knowledge and skills necessary for providing inclusive care. Incorporating longitudinal learning and revisiting core content ensures retention and application in clinical settings.

4. Geographic Equity and Access:

Address regional disparities in LGBTQ+ healthcare education by expanding resources, mentorship opportunities, and clinical experiences in underserved areas.

- *Rationale:* Ensuring equal access to LGBTQ+ health education contributes to a more geographically equitable distribution of knowledgeable healthcare professionals, reducing disparities in healthcare delivery.

5. Effective Teaching Modalities:

Utilize interactive and diverse teaching modalities, such as small-group learning, simulated clinical experiences, and community-based education, to enhance engagement and understanding.

- *Rationale:* Employing varied modalities to accommodate diverse learning styles and provide practical, real-world experiences, fostering a more comprehensive and impactful educational experience.

6. Comprehensive Evaluation Strategies:

Implement rigorous evaluation methods to assess the impact of LGBTQ+ health education.

- *Rationale:* Evaluating both short-term and long-term outcomes, including knowledge, skills, and attitudes, provides insights into program effectiveness. Incorporating objective measures and longitudinal studies ensures accurate assessment and continuous improvement.

7. Utilization of Established Guidelines:

Align curriculum development with established guidelines, such as those provided by the Association of American Medical Colleges (AAMC).

- *Rationale:* Adhering to recognized standards ensures consistency and quality in LGBTQ+ health education. Incorporating AAMC recommendations and competencies provides a framework for curriculum design and assessment, fostering alignment with best practices.

Discussion / Conclusions

We assert that addressing health inequity should be viewed as an integral and crucial role of undergraduate medical education. The proposed criteria serve as thorough and insightful guidelines for medical institutions to adopt, fostering the goal of mitigating health disparities through LGBTQ+ health education. Each criterion focuses on distinct elements of program development, implementation, and evaluation, collectively enhancing the inclusivity and effectiveness of the educational experience. The proposed criteria provide a comprehensive framework that, when implemented, reinforces the commitment of medical schools to reduce health inequities and advance the overall health outcomes of the LGBTQ+ community.

References

1. Medina-Martínez J, Saus-Ortega C, Sánchez-Lorente MM, Sosa-Palanca EM, García-Martínez P, Mármol-López MI. Health Inequities in LGBT People and Nursing Interventions to Reduce Them: A Systematic Review. *International Journal of Environmental Research and Public Health*. 2021; 18(22):11801. <https://doi.org/10.3390/ijerph182211801>
2. Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington (DC): National Academies Press (US); 2011. 5. Early/Middle Adulthood. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK64798/>
3. 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