Factors that impact how gender and sexual diversity are navigated in medical curricula

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Background

Academic medical centers (AMCs) are uniquely positioned to influence the future of medicine through education, research, and clinical care. AMCs have the potential to improve healthcare disparities by ensuring trainees are taught how to care for gender and sexually diverse (GSD) patients competently and respectfully[1]. However, this ideal is challenged by the fact that many clinical and medical educator faculty report uncertainties about how to navigate topics related to diversity in gender and sexual orientation, which can lead to these topics being avoided, inadequately addressed, or poorly modeled in teaching[2].

PURPOSE

This study aims to explore how faculty and students perceive current medical educator practices related to GSD topics, with a focus on understanding barriers and opportunities in the clinical phase of a medical curriculum.

METHODS

Qualitative analysis of student and faculty experiences:

Populations studied

Students: 4 focus groups with third- and fourth-year medical students (N=17)

Faculty: 7 interviews with faculty who teach in the preclerkship (N=3), clerkship (N=3), or both phases of the curriculum (N=1) at Boston University Chobanian & Avedisian School of Medicine.

Analysis

Constructivist inductive thematic analysis[3] to explore the transcribed data.

BU Chobanian & Avedisian School of Medicine

Themes with Exemplar Quotes

Theme 1: Curriculum discontinuity exists and impacts learners

- "It almost feels as if a lot of the stuff we learn during our first [year of] medical school **just goes out the door once third and fourth years start**…as if it wasn't really relevant, because there's no continuity and so a lot of the things that we learned we oftentimes forget because we don't see it practiced in the curriculum" (Student)
- "All of the pieces of **inconsistency** that contribute don't really help… It just **fosters this culture of fear and other-ring**. (Student)
- "I feel like **we've done quite a bit in the first and second [years], but not as much as the third and fourth [years]** when the real world was brought into it" (Faculty).

Theme 2: Structural factors impact inclusion of GSD-relevant topics in medical curricula

Departmental/clerkship/site culture

- "For my (clerkship 1) rotation I felt like my team had a pretty strong conversation, especially when it came to disposition, planning, and things like that to discuss what some of the barriers that we're missing…But if you take that same kind of conversation and put it in (clerkship 2), that just doesn't happen…So I think there's like almost **cultural differences in terms of how different subspecialties approach these types of issues**" (Student).
- "We did faculty development about using the correct pronouns. It was a **conversation amongst the department** about how to make this resident feel welcome." (Faculty)

Clinical experience

- "The clinical part of the rotation is going to be different ... **based on what patients are coming in that day**." (Faculty)

Institutional culture

- "The **environment at BU** really fosters that kind of 'Hey let's think about this differently,' and I think for me just accelerated the process [of learning]" (Faculty)

Theme 3: Perceived importance of teaching GSD topics is tied to clinical relevance and empathy

Clinical relevance

- "If, for example, we had a transgender patient who was there just for an appendectomy, we didn't really address their gender identity." (Student)
- "We like to think in a holistic way, it's hard to do that if [sexual and gender identities] is what you don't know about your patients…". (Faculty)

Empathy for patients and learners

- "I can imagine feeling alone is not a good feeling. **I don't want anybody to feel like that**." (Faculty)
- "I don't feel like I can reiterate my pronouns, I don't feel like I can talk about this. Even in spaces where there are folks who identify as part of the queer community, there is still that **sense of otherness for trans and nonbinary people** and that **can be…very disheartening**" (Student).
- "I saw some patients… who went through so many trials and tribulations throughout their lives to eventually get the surgery at like age 65 plus. **Seeing them cry after the surgery because they feel grateful** for the surgeon and for this identity to match their body **was a very great experience for me**." (Student)

Theme 4 Faculty attitudes and comfort impacts teaching behaviors.

Lack of comfort and fear of making mistakes

- "The reason why I'm not as comfortable is because **I know I could be missing or misinterpreting something**." (Faculty)
- "Other faculty I've encountered are still really uncomfortable about the issue, and I think **really it boils down to a fear of ridicule**, **fear of being set apart** in some way" (Faculty).

Growth mindset

- "The most important [thing] to me is that I continue to learn, and **I think that it's good that I'm not as comfortable about it because it makes me open to the things that I could learn more about**" (Faculty)
- "I would say it's **very much improved over the last few years**. I feel like now naturally I just say individual (or) parental...I wouldn't say I always know what's the most correct and sensitive, but I definitely know it more often than I did in the past." (Faculty)

Complexity of feedback

- "I know there's room for improvement**. I just don't get that feedback myself**, and so I'm sure I'm making assumptions and, unless I'm catching myself in an embarrassing moment, I don't get that feedback" (Faculty)
- "[Students] are being evaluated by people who are making those statements. So, I think the opportunity for feedback can be limited, because **you don't want to bring up something that might cause that person to react unfavorably towards you**." (Student)

GSD inclusion occurs through multiple modalities

Communication, pronouns, and language

- Both students and faculty noted when appropriate pronouns were consistently used or ignored.

Clinical care and teaching

- Students appreciated intentional teaching about how to be inclusive during sexual health and history taking.

Modeling behaviors

- Students noted and appreciated when faculty modeled how to react to missteps. Students noticed when GSD topics were avoided by faculty due to discomfort. "That is bad for care in terms of ... making people feel safe and gender-affirmed." (Student)

Didactic

- Faculty perceived didactic sessions as being opportunities to teach high-yield topics that may not appear clinically, while students perceived these as opportunities to teach best practices for caring for marginalized populations.

Student-driven education

- Faculty perceived student presentations as opportunities to include GSD topics, while students preferred to learn this information from faculty. "…if it's a student doing it…we're just operating off of the knowledge that we have." (Student)

DISCUSSION

Students appreciated good faith efforts at GSD inclusiveness and expressed a desire for intentional teaching on providing appropriate care for marginalized populations. Students were more appreciative of faculty who modeled how to walk back errors than faculty who avoided the topics for fear of making mistakes. Avoiding GSD topics is noticed and makes students feel unsafe or uncomfortable. Importantly, several structural barriers (e.g., departmental cultures, barriers to honest feedback) exist in this portion of the curriculum.

All participants in this study supported the importance of GSD inclusivity in medical teaching. Preclerkship educators expressed greater comfort with these topics and with the possibility of making mistakes and credited trainings and a growth mindset culture with respect to these topics. Faculty and students agreed that faculty in the clerkships are more likely to be uncomfortable and/or avoid GSD topics in teaching. These findings highlight the importance of GSD health related faculty development for clerkship educators.

References

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