LGBT Education in Medical School: Are We Being Adequately Prepared?

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Outline

• Context and Background
• LGBT Medical Education Assessment
• Quantitative Data
• Student Focus Groups
• LGBT Medical Students
• Conclusions and Take-Home Points
Increasing recognition of the needs of LBGT patients at the national level

- GLMA Healthy People 2010 Companion (2001)
- USDHHS Healthy People 2020 (2011)
LGBT individuals face more barriers than their non-LGBT peers in accessing safe, appropriate, and comprehensive medical care (GLMA Healthy People 2010 Companion, 2001).

Such barriers likely play a role in the increased rates of certain cancers, infections, and chronic diseases seen in LGBT populations (for a review, Dean et al., 2000).
Table 6: Fears and concerns about accessing health care

- I will be refused medical service because I am...: 9.1% (LGB), 20.0% (Transgender), 91.9% (Living with HIV)
- Medical personnel will treat me differently because I am...: 28.5% (LGB), 73.0% (Transgender), 73.0% (Living with HIV)
- Not enough health professionals adequately trained to care for people who are...: 49.0% (LGB), 48.0% (Transgender), 48.0% (Living with HIV)
Background on Medical Student Training

• 1992 Study Sought to quantify training for medical students on “topic of homosexuality” and instructional strategies.

• Surveyed faculty with topic teaching responsibility (psychiatry)

N = 82 schools (65% response, total 126)
• Mean time of education: 3 hours 26 minutes
• Differences based on geography
• Most often taught: lectures & panels of gay men & lesbians

Background: Medical Student Training

2006 results from one medical school
(n = 248, 77% response)

Increased clinical exposure to LGBT patients positively correlated with:

• More frequent sexual history taking
• Higher knowledge scores
• More positive attitude scores
• Higher desire and willingness to provide healthcare to LGBT patients

Background: Medical Student Training

2008 results from one medical school (n = 75, 52% response)

2 hr LGBT health block for 2nd year medical students
- Increased knowledge about access to health care and LGBT relationships
- Increased willingness to treat patients with gender identity issues
- Enhanced awareness that sexual identity and practice are clinically relevant

Conclusion: simple curricular interventions may lead to changes students’ knowledge and beliefs about LGBT persons

Kelley et al., Teaching and Learning in Medicine. 2008. 20(3), 248–253
Joint AAMC-GSA & AAMC-OSR Recommendations Regarding Institutional Programs & Educational Activities To Address the Needs of GLBT Students & Patients.

2007 Recommendations
Patients should receive compassionate and comprehensive health care regardless of sexual orientation or gender identity.

Medical schools should ensure:
• mastery of knowledge, attitudes, & skills through:
  • Visible faculty role models
  • Communication skills training
  • Faculty development
  • Comprehensive content of LGBT-specific health issues
• safe learning environment
• protections from and methods of reporting discrimination/bias

(AAMC. March 1, 2007)
LGBT-Medical Education Assessment

Objectives
Assess the breadth and depth of medical education with respect to caring for LGBT people.

Develop practical tools that medical schools can use to evaluate and improve their curricula.

Scope
All M.D.- and D.O.-granting institutions in Canada and the U.S.
LGBT-Medical Education Assessment

Two Phases

• Survey of Deans of Medical Education
• Survey of Medical Students: Questionnaire & Focus Groups
Surveys: Deans and Students

13 items.
First piloted, then distributed directly to Deans of medical education or equivalent.
Deans of 150 institutions (85.2%) took the survey.

132 (75.0%) completed it.

23 items.
First piloted, then distributed to students via medically-related organizations (AAMC-OSR, AMA-MSS, SOMA) and Facebook.
8,551 students took the survey across 174 schools.

5,838 completed it.
Deans and Students: Describe your opinion on the coverage of LGBT content, on the whole, at your institution.
Deans: Sexual History Taking

Are students taught to obtain information about same sex relations?
- Yes: 97%
- No: 0%

Are students taught the difference between behavior and identity?
- Yes: 72%
- No: 6%
<table>
<thead>
<tr>
<th>Subject</th>
<th>Deans: Subjects taught in required curriculum?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orientation</td>
<td>85%</td>
</tr>
<tr>
<td>HIV</td>
<td>82%</td>
</tr>
<tr>
<td>Gender ID</td>
<td>76%</td>
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<tr>
<td>STIs</td>
<td>72%</td>
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<tr>
<td>Safe Sex</td>
<td>70%</td>
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<tr>
<td>DSD</td>
<td>64%</td>
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<tr>
<td>Barriers</td>
<td>63%</td>
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<tr>
<td>Mental</td>
<td>58%</td>
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<tr>
<td>Adolescent</td>
<td>51%</td>
</tr>
<tr>
<td>Relationships</td>
<td>47%</td>
</tr>
<tr>
<td>Coming Out</td>
<td>47%</td>
</tr>
<tr>
<td>Drugs</td>
<td>42%</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>39%</td>
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<tr>
<td>SRS</td>
<td>35%</td>
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<tr>
<td>Body Image</td>
<td>33%</td>
</tr>
<tr>
<td>Transitioning</td>
<td>30%</td>
</tr>
</tbody>
</table>
Deans: Subjects taught in required curriculum?

- Orientation: 85%
- HIV: 82%
- Gender ID: 76%
- STIs: 72%
- Safe Sex: 70%
- DSD: 64%
- Barriers: 63%
- Mental: 58%
- Adolescent: 51%
- Relationships: 47%
- Coming Out: 47%
- Drugs: 42%
- Chronic Disease: 39%
- SRS: 35%
- Body Image: 33%
- Transitioning: 30%
Students: Preparedness by subject

- HIV: 74%
- STIs: 65%
- Safe Sex: 65%
- Orientation: 64%
- Drugs: 57%
- Barriers: 49%
- Gender ID: 48%
- Relationships: 48%
- Chronic Disease: 46%
- DSD: 45%
- Coming Out: 43%
- Mental: 43%
- Body Image: 36%
- Adolescent: 36%
- Transitioning: 27%
- SRS: 25%
Students: Preparedness by subject

- HIV: 74%
- STIs: 65%
- Safe Sex: 65%
- Orientation: 64%
- Drugs: 57%
- Barriers: 49%
- Gender ID: 48%
- Relationships: 48%
- Chronic Disease: 46%
- DSD: 45%
- Coming Out: 43%
- Mental: 43%
- Body Image: 36%
- Adolescent: 36%
- Transitioning: 27%
- SRS: 25%
Taught (Deans) vs. Prepared (Students)
Deans: Strategies for improvement teaching LGBT Health

- Curricular Material: 59%
- Faculty to Teach: 52%
- More Time: 48%
- More Evidence-Based Methods: 46%
- Methods to Evaluate Content: 44%
- Required by Accreditation: 44%
- National Exams: 44%
- Logistical Support: 29%
- Increased Resources: 27%
- Other: 7%
- Don't know: 7%
- Decline to Answer: 2%
Students: Strategies for improvement teaching LGBT Health

- Clinical Experiences: 71%
- Case Discussions: 61%
- Lectures: 58%
- Faculty to Teach: 49%
- More Evidence-Based: 36%
- National Exams: 29%
- More Time: 25%
- Curricular Material: 25%
- Accreditation Requirements: 19%
- Methods to Evaluate Content: 16%
- Logistical Support: 13%
- Increased Resources: 11%
- Decline to Answer: 8%
- Other: 5%
Deans: Does your institution provide faculty development for teaching about LGBT Health?
Deans: Is there a **clinical** clerkship site designed to facilitate LGBT patient care?
Students: Do you feel comfortable taking care of LGBT patients?

- Comfortable: 57%
- Somewhat comfortable: 24%
- Neutral: 11%
- Somewhat uncomfortable: 4%
- Uncomfortable: 1%
Students: How has your comfort changed as a result of medical school?

42% More comfortable
48% Comfort unchanged
1% Less comfortable
Deans and Students: What else would you like to teach/learn about LGBT health?
Student Focus Groups

• 4 Focus groups with 28 students at schools across the country
• 2 hour sessions with semi-structured script
• Aimed at understanding student comfort and preparedness towards caring for LGBT patients
• Analyzed with grounded theory approach
Qualitative Data Codes: Prepared/Not Prepared, Comfortable/Not Comfortable
Prepared: Personal exposure

And I feel like the only way that you can feel prepared to deal with any population is not -- is to work with them directly and to interface with them. And it's one thing to be given, you know, lecture slides about, okay, these are health disparities there in the community. But unless students are forced to engage with a certain kind of population, like LGBT people, then they're not going to feel comfortable asking questions in a history or, you know, asking more of those deep probing-type questions. And so I feel like, you know, if it weren't for my own personal experiences, I probably wouldn't feel prepared at all.
Prepared: Knowing where to look

Also, I think having said what I said about being prepared, a big part of medicine is just knowing where to look. You can't know everything all the time. You know, especially as a fourth-year, you start to realize it's not what you know. It's being able to approach it and then figure it out. I think a huge part of that is teaching people how to feel comfortable enough with the language that they know how to find those resources and stuff.
Not Prepared: Sexual history

I feel like I can interview a patient, and not have a problem. But then when it comes to the sexual history, they tell us, "Yes," we should ask, "Do you have sex with men, women, or both?" But then that's all they really tell us, so I don't know where to go from there, how to counsel a patient, what to say to not offend a patient, things like that.
Not Prepared: Transgender patients

I feel less prepared for dealing with intersex disorders and transgender patients. I may not be able to provide the best level of care. But I think by the end of my training, I'll be more prepared than your average medical student maybe.
Comfortable: Personal exposure

I feel that my level of comfort comes from just personal experiences, just in undergrad, or with friends, or with family, or you know, whatever that is, and it's not as a result of something I learned in the class. But part of it is, I think, is [that] it's not something you can learn in class. That's the thing. You can't tell someone to, you know, feel comfortable with this patient population. It doesn't work like that. Until you can have your own personal experiences, and feel like you're comfortable with someone you know, just at the bar, or out to dinner with someone, you're not going to [feel comfortable].
I think we just don't really get a -- in our curriculum, that sort of like terminology that we need. And I feel that that makes me feel very uncomfortable, because sometimes people will use words that I'm not familiar with, and I'm like, "Can you explain in detail what that is?" I mean, so that's a problem.
Not Comfortable: Transgender patients

I feel I'm not super-comfortable dealing with transpeople, because I don't know so many of them. I'd be really comfortable finding someone to refer them to. I have no problem being like, you know, "I'm not the person to help you with, but let me help you find somebody."
I might be a little more, you know, if there's a homosexual patient, I'm going to make sure the needle doesn't prick me. You know, that's just me. You know, I'm just a little more scared about the HIV. That's a little racist or stereotypical, but I'll be honest with you, I don't want any needle pricking me.
LGBT Medical Education Assessment
LGBT Medical Students

Additional questions at the end of the survey assessed

• Respondents’ sexual orientation and gender identity
• Whether students were out in medical school
• Reasons for not being out
• A free response section for students to voice their thoughts on being LGBT in medical school
Sexual Orientation of Respondents

Responses: N=5838, No. of LGB=915

- Straight: 83%
- Gay: 7%
- Lesbian: 3%
- Bisexual: 5%
- Queer: 1%
- Questioning: 1%
- Another SO: 0%
Gender Identity of Respondents

Responses: N=5838, No. of Trans/other=35

- Female: 58.3%
- Male: 40.2%
- MTF: 0.1%
- FTM: 0.2%
- Other: 0.4%
## Other Gender/Sexual Orientation

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<thead>
<tr>
<th>“Other” genders</th>
<th>“Other” sexual orientations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androgynous/Andro</td>
<td>Asexual</td>
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<tr>
<td>Both</td>
<td>Bi-curious/curious</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>Celibate</td>
</tr>
<tr>
<td>On gender spectrum</td>
<td>Pansexual</td>
</tr>
<tr>
<td></td>
<td>On a sexuality spectrum</td>
</tr>
</tbody>
</table>
Sexual Orientation of Respondents by Gender Identity

Female
N=3403

Male
N=2347

- Heterosexual/Straight: 85%
- Homosexual: 5%
- Bisexual: 6%
- Queer/Questioning: 4%

- Heterosexual/Straight: 80%
- Homosexual: 16%
- Bisexual: 3%
- Queer/Questioning: 2%
Percentage of LGBT Medical Students “in the closet” in medical school

- Gay (N=397): 16%
- Lesbian (N=153): 17%
- Bi (N=281): 52%
- Queer/? (N=181): 38%
- Trans (N=35): 60%
Reasons for not being out in Medical School

- Nobody's business
- Concern over career options
- Fear of discrimination in Medical school
- Fear of discrimination in residency
- Fear of patient discrimination
- Social/cultural norms
- Family/Friends pressure
- Lack of support
- Religious beliefs
- Other
- Decline
Reasons for not being out in Medical School

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- Religious beliefs
- Other
- Decline

Gay
Lesbian
Bi
Qualitative Data

• Students were offered a space to discuss barriers to coming out in medical school.
• The free-response data shows several complicated reasons preventing them from being out in medical school.
Unfriendly Environment

• “I had always been 'out' prior to coming to medical school-- I was shocked when I got to medical school by the lack of support and my intense fear of discrimination by my classmates and superiors.”

• “I go to school in a smallish southern town, and there are no other LGBT people at my school, so I feel really uncomfortable talking about it.”
Concerns for Career/Residency

• “I am going into a surgical specialty which is male-dominated and very macho/anti-gay.”

• “In the south particularly and in the field I've chosen I'm worried people will get the wrong impression. I'm frightened it will result in premature residency termination.”

• “I want to be a pediatrician more than anything and I fear that my sexuality in addition to my gender (i.e. being a gay male) would drive patients and programs away”
Bisexual Identity

• “I think the environment is much more friendly towards gay/straight than bisexual.”

• “I am married to a man, although I consider myself bisexual. In my classmates eyes, I am viewed as 'one of the married girls.' Bisexual girls are often perceived as 'experimenting', 'slutty', 'looking for attention'“
Transgender in Medicine

• “At my school it has been okay to make jokes about non-traditional gender identities. For example, during my first semester we had a professor say during a lecture that if you have a male in your office but you see an XX chromosome 'something is wrong'. He said this in a way that made it obvious that he felt was being funny, but it did two things, make me feel completely uncomfortable and teach my classmates to view transgender patients as wrong. Neither of which were very funny.”

• “The concept of gender fluidity hasn't quite reached my school.”
Take Home Points: Curriculum

- Medical education can play a significant role in preparing physicians to care for LGBT people.
- Most deans (70%) and students (65%) recognize that there is significant room for improvement in LGBT-health education.
- Students are most likely to learn about and feel prepared to deal with HIV, STIs, and safe sex in LGBT people; they are least likely to learn about sex reassignment surgery, transitioning, and LGBT adolescents.
- Both deans and students recognize the importance of trained faculty, but only 20% of schools offer faculty development for teaching LGBT topics.
- Students most requested LGBT-focused clinical experiences to improve their education and repeatedly stated the importance of personal experience in increasing comfort and preparedness, but only 15% of schools offer LGBT-focused clinical sites.
Take Home Points: LGBT medical students

• Most lesbian and gay medical students are out in medical school (17% and 16%, respectively, are not out)

• But, most bisexual and transgender medical students do are in the closet (52% and 60%, respectively)

• LGBT students are largely concerned with their careers and fear of discrimination in medical school and residency

• The experiences of LGBT students are not currently tracked in a systematic way
Next steps?

• What next?
• How can the AAMC OSR help?
• What can you do?
• Why stop with LGBT?
Students Advocate for Curricular Change

- Lee Jones MD, Kristen Eckstrand (Vanderbilt), Derek Blechinger (UW), and Elizabeth Goldsmith MD (Stanford).
- Many examples of student-led curricular change!
- Students can make a big difference when they are passionate about their work.
Fenway Modules

http://www.lgbthealtheducation.org/training/learning-modules/
Transgender Health

http://transhealth.ucsf.edu/
Valuable Resources
Identifying LGBT People in Medicine

- No organization currently collects data on LGBT identity, so we do not know how many LGBT medical students, residents, and physicians are out there.
- Adding sexual orientation and gender identity to surveys (like the GQ or school-specific surveys) would greatly assist in understanding and supporting LGBT medical students.
- Creating Out Lists can provide opportunities for mentorship, support, etc.
Gay and Lesbian Medical Association Recommendations

• To be published this November

• Contains expert advice on:
  – LGBT health concerns
  – Enhancing climate for LGBT people in medicine
  – Curricular strategies for teaching LGBT topics
  – Best practices for treating LGBT patients
Acknowledgements
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• American Association of Medical Colleges
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• American Association of Colleges of Osteopathic Medicine
• American Medical Student Association
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