

Integrating Lesbian, Gay, Bisexual, and Transgender (LGBT) Content Into Undergraduate Medical School Curricula: A Qualitative Study

Gina M. Sequeira, BSE,* Chayan Chakraborti, MD, FACP,* Brandy A. Panunti, MD†

*Tulane University School of Medicine, New Orleans, LA

†Department of Endocrinology, Ochsner Clinic Foundation, and The University of Queensland School of Medicine, Ochsner Clinical School, New Orleans, LA

ABSTRACT

Background: The lesbian, gay, bisexual, and transgender (LGBT) community is a diverse, underserved, and often stigmatized group that faces many barriers to accessing quality healthcare. Not only are few practicing physicians knowledgeable about and sensitive to the needs of LGBT patients, but medical school curricula include limited LGBT-related content. Our goals were to use LGBT-related educational sessions to gauge undergraduate medical students' interest and their perceptions of relevance and to eventually incorporate this topic into the curriculum.

Methods: We provided 4 educational sessions to preclinical medical students at the Tulane University School of Medicine: 3 optional, 1-hour didactic sessions and 1 standardized patient encounter. Following sessions 1-3, students completed electronic feedback forms; we then analyzed their responses thematically.

Results: The thematic analysis of student responses identified key themes: a current lack of exposure to LGBT content, agreement that LGBT material is applicable to students' work as future physicians, and the relevance of including such information in the medical school curriculum.

Conclusion: The study validated the underlying assumption that LGBT educational sessions are meaningful to and valued by medical students.

INTRODUCTION

The lesbian, gay, bisexual, and transgender (LGBT) community is a diverse, underserved, and often stigmatized group that faces various barriers to accessing quality healthcare. The Institute of Medicine recognizes that few practicing physicians are knowledgeable about and sensitive to the needs of LGBT patients.¹ A recent survey of medical school deans found that medical school curricula devote a median of 5 hours covering LGBT-related content across the 4-year curriculum.² The same group indicated that improving access to curricular material would be the best way to increase the amount of content presented on this subject. Our objective was to present 4 LGBT educational sessions to medical students to gauge their interest and their perceptions of the content's relevance. Our intent was to eventually incorporate this topic into the curriculum.

METHODS

We held 4 educational sessions for preclinical medical students at the Tulane University School of Medicine in New Orleans, LA. The first 3 were optional, 1-hour didactic sessions. The last was a standardized patient encounter used by all students that involved taking a sexual history of a lesbian patient. We identified gaps in the current curriculum and tailored the sessions to address them. Table 1 presents the details regarding each session. Following sessions 1-3, students completed an electronic feedback form, and we analyzed their responses thematically. We did not ask the students to complete an evaluation mechanism following session 4.

Address correspondence to
Brandy A. Panunti, MD
Department of Endocrinology
Ochsner Clinic Foundation
1514 Jefferson Hwy.
New Orleans, LA 70121
Tel: (504) 842-4023
Fax: (504) 842-0094
Email: bpanunti@ochsner.org

Keywords: Cultural literacy, homosexuality, medical education, transgenderism

The authors have no financial or proprietary interest in the subject matter of this article.

Table 1. Session Details

Session #	Title	Objectives	Evaluation tool	Questions
1	Introduction to Transgender Health	<ol style="list-style-type: none"> 1. Understand the difference between sexual orientation and gender identity 2. Introduce strategies for providers to communicate more openly with their transgender patients 3. Understand the health disparities transgender patients face 4. Understand what the transition process entails physically and emotionally 	Free text	Please explain 2 ways in which you can ensure you provide sensitive care for transgender patients in the future.
2	Taking an LGBT-Inclusive Sexual History	<ol style="list-style-type: none"> 1. Teach how to take a sexual history in a way that is inclusive of LGBT patients 2. Understand ways providers can ask questions about sensitive sexual history topics 3. Understand how to educate LGBT patients about reducing their risk factors for STD transmission 	Free text	<p>How would you sensitively phrase a question regarding</p> <ol style="list-style-type: none"> a. the gender of a patient's sexual partners? b. a patient's sexual behaviors?
3	Hormone Therapy for Transgender Patients	<ol style="list-style-type: none"> 1. Review the definition of transgender 2. Understand the difference between gender, gender identity, and sexual orientation 3. Discuss hormonal options for transgender patients 4. Ensure students have been provided tools to become an understanding healthcare provider for transgender patients 	Question 1 & 2 answer options were yes, no, or other. Question 3 was free text.	<ol style="list-style-type: none"> 1. Do you feel that you left the lecture with new information that will be applicable to your work as a physician? 2. Do you think that the content of the lecture was relevant enough that it should be incorporated into the normal, required curriculum? 3. Please tell us why you think this should or should not be incorporated into the normal, required curriculum.
4	LGBT-focused standardized patient encounter	<ol style="list-style-type: none"> 1. Practice advanced communication and interviewing skills in an encounter with a lesbian standardized patient 2. Educate students about the challenges of taking an LGBT-inclusive sexual history 	None	None

LGBT, lesbian, gay, bisexual, and transgender; STD, sexually transmitted disease.

Table 2. Sample Student Responses From Session 1

Evaluation Question: Please explain 2 ways in which you can ensure you provide sensitive care for transgender patients in the future.

- “... understand the specific health problems related to the transgender population, such as the fact that a transgender man may be at risk for ovarian or cervical cancer.”
- “People may be taking brave first steps coming to the doctor to talk about being transgendered, either directly or with such minor hints as wearing the underwear of the opposite sex. Be sure to bring it up nonjudgmentally and ask if there is anything you can do to assist or if they have any questions.”
- “Addressing the patient by the pronouns and names that they prefer can do a lot to maintain a patient’s dignity and respect, and helps to build trust between a doctor and a patient.”
- “I would make sure that staff who I worked with were educated and sensitive to trans issues.”
- “... understand transgender patients have same or different sex relationships.”
-

RESULTS

Thirty-five students filled out the survey after session 1, 39 students after session 2, and 30 students after session 3. Table 2 shows sample responses that indicate ways in which students felt they could provide sensitive care for transgender patients.

Following session 2, 82% of respondents could clearly articulate how to inquire appropriately about the gender of a patient’s sexual partners. Appropriate responses were those that gave the patient an opportunity to disclose his or her LGBT status. Table 3 presents an example of an appropriate and an inappropriate response.

The thematic analysis of student responses identified several key themes: (1) acknowledgement of a current lack of exposure to LGBT content, (2) agreement that this information is applicable to students’ work as future physicians, and (3) understanding that the material is relevant enough to be incorporated in the required medical school curriculum (Table 4).

Table 3. Sample Student Responses From Session 2

Evaluation Question: How would you sensitively phrase a question regarding (a) the gender of a patient’s sexual partners and (b) a patient’s sexual behaviors?

Student Responses	Appropriateness
“Are you currently or have you been sexually active with men, women, or both?”	Appropriate
“Do you use any protection when you have sex? What kind? Is pregnancy an issue you are concerned about?”	Inappropriate

DISCUSSION

Because all future physicians will treat LGBT patients, we believe that institutions should work to include more LGBT-related health content. Educational sessions such as ours provide the groundwork for attaining effective knowledge and skills needed to create robust LGBT curricula. Such programs have universal appeal because they incorporate training in interpersonal and communication skills, medical knowledge, patient care, and cultural competency, all of which are critical to student and physician professional development.

This pilot study has several limitations. The first 3 sessions were optional, so the feedback may have had a bias toward those interested in the subject matter. We did not obtain feedback from every participant and are unsure of the exact number of participants at each session. Also, we did not use an evaluation tool for the standardized patient encounter because we were unsure about how best to evaluate the sessions. Students participated in a debriefing session in groups of 4 following their standardized patient session to reflect on their interview.

For the 2012-2013 school year, we will use Likert scale readiness assessments to determine how sessions 1-3 impact student knowledge, skills, and attitudes. We plan to move forward in trying to incorporate session 3 into the required Endocrine Pharmacology unit of the second-year curriculum. Eventually we hope to incorporate all sessions; session 3 is the only one we are trying to include in the 2012-2013 school year. We also would like to add a transgender patient to the standardized patient encounter as a way for students to practice interviewing skills and conduct a history with a patient who is transgender and use an effective evaluation method for this session. Lastly, we would like for this project to

Table 4. Session 3 Postsession Feedback

Survey Question	Responses
Do you feel that you left the lecture with new information that will be applicable to your work as a physician?	90.0% Agree
Do you think that the content of the lecture was relevant enough that it should be incorporated into the normal, required curriculum?	86.7% Agree
Please tell us why you think this should or should not be incorporated into the normal required curriculum.	<p>“This is a relevant topic that will come up in practice to all physicians in all fields.”</p> <p>“This was an interesting topic that applies what we have learned and adds new information that will be relevant to us as physicians.”</p> <p>“This talk was amazing, and I think it would make a great addition to the required curriculum.”</p> <p>“It is important to understand how our actions and assumptions will impact our patients, regardless of gender, sexual orientation.”</p> <p>“Patients who are LGBT will have different needs in terms of communication, screening, access to care, and privacy. They are an underserved group that we have a duty to serve.”</p> <p>“Transgender patients are becoming more prevalent in our society, and I feel ignoring this demographic (regardless of one’s personal opinions) is doing a significant disservice to the medical student.”</p> <p>“Sexual orientation, sexual behavior, and gender identity impact what a healthcare provider should be considering as they screen, diagnose, and treat disease.”</p> <p>“This is an important patient population to learn about, and many people have not been exposed to these types of patients.”</p>

LGBT, lesbian, gay, bisexual, and transgender.

evolve into a transportable educational tool that could be used at other institutions.

CONCLUSION

Despite the limitations of our study, the results validated our initial assumption that this underrepresented content is meaningful to and valued by medical students.

REFERENCES

1. Institute of Medicine. *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding*. Washington, DC: National Academies Press; 2011: 362.
2. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA*. 2011 Sep 7;306(9):971-977.

Epitoma

Physicians lack knowledge of and sensitivity to the needs and challenges of lesbian, gay, bisexual, and transgender patients, and this content is underrepresented in medical school curricula. Although the authors acknowledge the limitations of this qualitative study of student satisfaction and perceived need for the course, they present a viable curriculum for improving the education of medical students with regard to this vulnerable patient group.

—Guest Editor Leonardo Seoane, MD

This article meets the Accreditation Council for Graduate Medical Education and the American Board of Medical Specialties Maintenance of Certification competencies for Patient Care, Interpersonal and Communication Skills, and Professionalism.