

# Improving the Learning Environment for LGBTQ+ Medical Students



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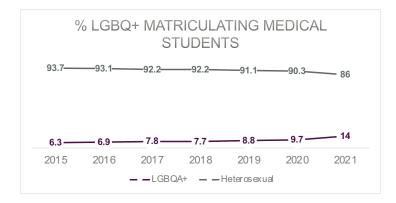
## **Learning Objectives**

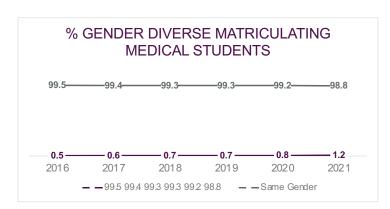
- Discuss the current state of the learning environment for LGBTQ+ medical students
- Identify inequities faced by LGBTQ+ students during their medical training
- Describe targets in the learning environment that require improvement to support LGBTQ+ medical students
- Discuss strategies for improving the learning environment for LGBTQ+ medical students





## **LGBTQ+ Representation in Medical Schools**





	Bisexual	Gay	Lesbian	Transgender	Other
	%	%	%	%	%
Generation					
Generation Z	15.0	2.5	2.0	2.1	1.2
Millennials	6.0	2.2	1.3	1.0	0.4
Generation X	1.7	1.1	0.8	0.6	< 0.05
Baby boomers	0.7	1.0	0.7	0.1	0.1
Traditionalists	0.2	0.4	0.1	0.2	0.1





## How Did We Get Here? (2005-2012)

### **LGBTQ+ Health Disparities**

- Access to Care
- Health Outcomes and Treatment
- Intersectional Challenges

### **Medicine Contributes to Disparities**

- Negative environment
- Bias and discrimination
- Lack of appropriate education
- Limited cultural humility
- Limited outreach and advocacy

### **National Support**

- Presidential Executive Orders
- Joint Commission Standards
- Affordable Care Act
- NIH: Research on the Health of LGBTQ+ Populations

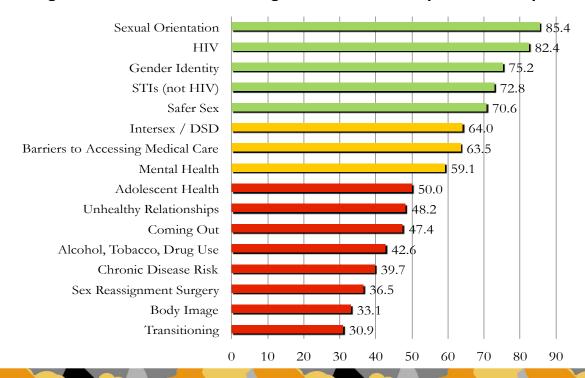






## How Did We Get Here? (2005-2012)

### Percentage of Medical Schools Teaching LGBTQ+ Related Topics in the Required Curriculum



Obedin-Maliver, et. al. JAMA 2011





## How Did We Get Here? (2012-2015)

### Toward a Common Taxonomy of Competency Domains for the Health Professions and Competencies for Physicians

Robert Englander, MD, MPH, Terri Cameron, MA, Adrian J. Ballard, Jessica Dodge, Janet Bull, MA, and Carol A. Aschenbrener, MD

Acad Med. 2013;88:00-00.

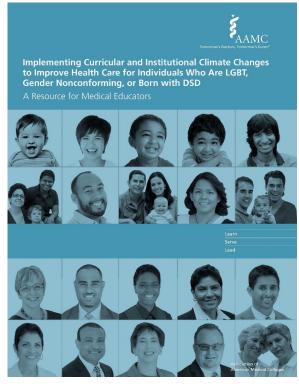
First published online

doi: 10.1097/ACM.0b013e31829a3b2b





## How Did We Get Here? (2012-2015)



### Giving Context to the Physician Competency Reference Set: Adapting to the Needs of Diverse Populations

Kristen L. Eckstrand, MD, PhD, Jennifer Potter, MD, Carey Roth Bayer, EdD, RN, CSE, and Robert Englander, MD, MPH

Academic Medicine, Vol. 91, No. 7 / July 2016

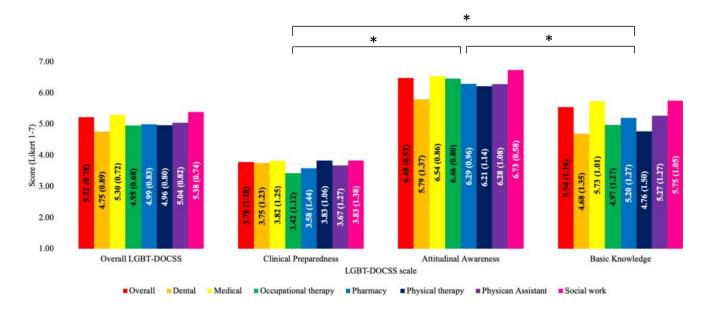
Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD



**Chapter 6.3 Evaluating the Institution and the Institutional Climate** 



## How Did We Get Here? (2017-2020)



\* p<0.001

N=1,701 students

Nowaskie, D.Z., Patel, A.U. and Fang, R.C., 2020. Plos one, 15(8), p.e0237670.



## How Did We Get Here? (2017-2020)

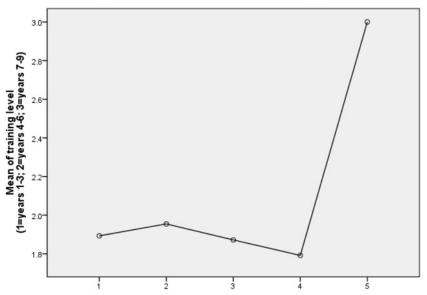
- 2-3x increase in curricular content, but primarily in "easy" areas (HIV, safe-sex practices, and disorders of sex development)
- Challenging topics remain unaddressed (e.g., coming out, LGBT adolescents, substance use, chronic disease, and body image)
- Limited LGBTQ+ patient exposure
  - Two-thirds of respondents cared for >6 LGB patients in medical school
  - 93% cared for <five transgender patients
  - 40% cared for zero transgender patients

Honigberg MC et al. Curricular Time, Patient Exposure, and Comfort Caring for Lesbian, Gay, Bisexual, and Transgender Patients Among Recent Medical Graduates. *LGBT Health*. 2017;4(3):237-239.



## **Attitudes Don't Translate to Comfort or Ability**

Figure 1: Comfort Level in Initiating Discussion With LGBTQ Patients



How comfortable do you feel initiating a discussion about safe sexual practices with your GLBTQ (Gay, Lesbian, Bisexual, Trangender, Questioning) patients? (1=Very Comfortable; 2=Comfortable; 3=Neutral; 4=Uncomfortable; 5= Very Uncomfortable)

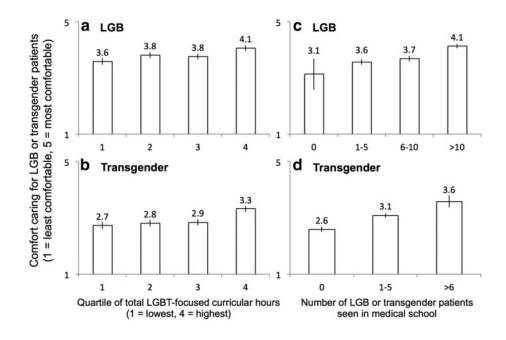
- Comfort decreases with increasing experience
- May be a function of age versus other factors

Hayes V, Blondeau W, Bing-You RG. Assessment of Medical Student and Resident/Fellow Knowledge, Comfort, and Training With Sexual History Taking in LGBTQ Patients. Fam Med. 2015;47(5):383-387.





## **Attitudes Don't Translate to Comfort or Ability**



Honigberg MC et al. Curricular Time, Patient Exposure, and Comfort Caring for Lesbian, Gay, Bisexual, and Transgender Patients Among Recent Medical Graduates. *LGBT Health*. 2017;4(3):237-239.



## **Poorer Comfort/Ability Impact Learning Environment**

Experience of LGB medical students is similar to the general population

	Stress	Social Isolation	Social support	Financial concern	Emotional Climate
LGB	<b>^</b>	<b>^</b>	Ψ	<b>^</b>	Ψ

M2 AAMC MSQ (n=3,466 students)

Koenig, Caulfield, & Grbic, AAMC 2013 Annual Meeting



## **Poorer Comfort/Ability Impact Learning Environment**

### 25-30% of LGBTQ+ medical students are not out in medical school (data collected in 2010)

- Fear of discrimination in medical school and residency
- Social / cultural norms
- Career options
- Lack of support
- Pressure from family and friends
- Fear of patient discrimination
- Religious beliefs
- No one's business

Mansh M et al. 2015. Academic Medicine



## **LGBQ+ Medical Student Learning Environment**

- LGBQ+ medical students report less favorable perceptions of the emotional climate and facultystudent interactions in their learning environments
- LGBQ+ medical students were more likely to be in the top quartile for burnout scores
- Poorer perceptions of the medical school learning environment associated with higher burnout symptoms.



Original Investigation | Diversity, Equity, and Inclusion

Burnout and Perception of Medical School Learning Environments Among Gay, Lesbian, and Bisexual Medical Students

Caitlin R. Ryus, MD, MPH; Elizabeth A. Samuels, MD, MPH, MHS; Ambrose H. Wong, MD, MSEd, MHS; Katherine A. Hill, BS/BA; Stephen Huot, MD, PhD; Dowin Boatright, MD, MBA, MHS





## **Learning Environment**

- LGBQ+ medical students reported more instances of mistreatment and discrimination than their heterosexual counterparts, higher exhaustion, and higher disengagement
- Recurrent experiences of multiple types of mistreatment and discrimination increased as the number of marginalized identities held by a student increased
- Mistreatment and discrimination mediated exhaustion scores for all identity groups

RESEARCH

Marginalized identities, mistreatment, discrimination, and burnout among US medical students: cross sectional survey and retrospective cohort study

Bethelehem G Teshome, <sup>1,2</sup> Mayur M Desai, <sup>3</sup> Cary P Gross, <sup>4</sup> Katherine A Hill, <sup>5</sup> Fangyong Li, <sup>6</sup> Elizabeth A Samuels, <sup>7</sup> Ambrose H Wong, <sup>8</sup> Yunshan Xu, <sup>6</sup> Dowin H Boatright <sup>8</sup>





## LGBQ+ residents experience worsening depression and anxiety due to a lower sense of belonging during residency

TABLE 3. DESCRIPTIVE STATISTICS AND CORRELATIONS AMONG BELONGING, DEPRESSION, AND ANXIETY

	Belonging (R2)	Depression (R3)	Anxiety (R3)	Depression (M4)	Anxiety (M4)
Bivariate correlations Depression (R3) Anxiety (R3) Depression (M4) Anxiety (M4)	-0.38 -0.27 -0.32 -0.24	0.63 0.45 0.36	0.34 0.44	0.61	
Descriptive statistics Mean Standard Deviation Cronbach's α	3.85 0.81 0.92	51.04 8.26 0.93	57.11 8.62 0.92	48.81 8.66 0.93	56.68 8.83 0.91

Wang K et al. 2020. LGBT Health.



## **Midpoint Summary**

- There is a growing number of medical students who identify as LGBQ+ and/or trans and gender diverse
- · Significant strides have been made in the medical school curriculum
- Positive attitudes have not translated into a positive learning environment for LGBQ+ students
  - Witnessing discomfort and students' learning curves may be particularly challenging
- LGBQ+ medical students experience more adversity in the learning environment, which impacts burnout
- Little-to-no data on experiences of trans and gender diverse medical students





### **GOAL**

Collect and share information about safety and support for LGBTQ+ individuals at medical schools in the United States.









Austen Ott (they/them) Len Ho (they/them)







### **METRICS**

- Non-discrimination
- Same-Sex Partner Support
- Gender Inclusive Spaces
- Transition Support
- Health Coverage
- Diversity
- Admissions
- Employees
- Organizations
- Professional Development
- Sensitivity Training

### 2021 MSPA LGBTQ+ EQUITY REPORT CARD

#### METRICS

- Nondiscrimination. My institution includes "sexual orientation" and "gender identity and expression" in a nondiscrimination policy.
- Same-Sex Partners. My institution extends all family benefits (including health coverage, family leave, discounts, memberships, loans, fee waivers, housing, etc.) to spouses and same-sex domestic partners on an equal basis.
- Gender-Inclusive Spaces. My institution has accessible gender-inclusive housing, bathrooms, locker rooms, and other gender-inclusive spaces.
- Transition. My institution has a policy in place, a knowledgeable point person, and legal, social, and financial resources for transitioning transgender students, staff, and faculty.
- Health Coverage. My institution's health insurance coverage includes genderaffirming health care, sexual and reproductive health care, and mental health care.
- Diversity. My institution includes LGBTQ+ people in its diversity statement, its diversity advisory groups, and its diversity events.
- 7. Admissions. My institution develops targeted LGBTQ+ outreach materials, provides contact information for people or organizations who can provide LGBTQ+ perspectives, recruits LGBTQ+ people to be admissions reviewers and interviewers, trains admissions staff to be sensitive to LGBTQ+ concerns, and allows LGBTQ+ applicants to self-identify.
- Employees. My institution recruits and retains LGBTQ+ staff and faculty, provides LGBTQ+ training to human resources staff, and includes "sexual orientation" and "gender identity and expression" in equal employment opportunity employer notifications.
- 9. Organizations. My institution sponsors, funds, and promotes at least one interest group for LGBTQ+ students.
- 10. Professional Development. My institution provides mentorship, networking, and professional development opportunities, including welcome and orientation events, student life panels and workshops, guest speakers, and social activities for LGBTQ+ students, faculty, and staff.
- 11. Sensitivity Training. My institution provides comprehensive, mandatory LGBTQ+ sensitivity training to all faculty and staff, including counseling, international student services, campus police, student health center, financial aid, and other departments with direct student contact.



Last updated in September 2021

View the full report by accessing the link or QR cod

https://www.medpride.org/2021-lgbtq-report-car







## EVALUATION SCALE

A = Exceeds Criteria

B = Fully Meets Criteria

C = Partially Meets Criteria

D = Does Not Meet Criteria

– = Not Enough Data Available

### **Open Response Accepted**

- \* Results reflective of the medical student perspective, *not* school policy
- \* Data collection: Nov 2020 Jan 2021

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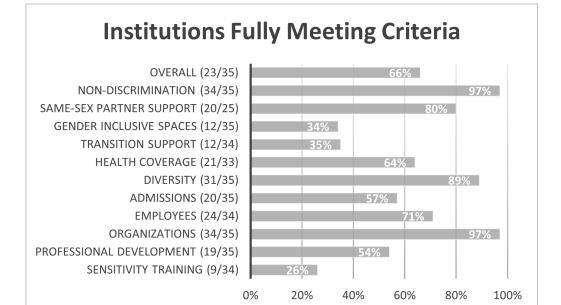
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### **SELECTED RESPONSES**

"Pride symbols are displayed throughout the department of admissions and all staff and interviewers engage in implicit bias training."

"Preferred names may be listed on ID badges."

"Resources for name and identity document changes are available."

"Students have reported difficulty with health insurance reimbursement for gender affirming care"

"Many initiatives in [professional development] are student-run and student-driven."

"There are some gender-inclusive bathrooms, but many gender-specified locker rooms."

"The institution supports but does not fund the LGBTQ+ student organization."

"Initiatives in [admissions] are largely student led."







**Download Full Report** 







Austen Ott (they/them) Len Ho (they/them)







## **Additional Medical Student Projects**

## Medical School LGBTQIA+ Policy Report Card (by MSPA)

Separates institutional policy vs student climate

**Categories**: Discrimination, Health & Healthcare, Identification Disclosure, Administrative & Educational Support

#### **Survey Item Examples**

- Are students required to conform to gender-dependent dress codes?
- Is health insurance coverage offered to employees' same-sex partners?
   Multiple partners?
- Easily accessible way to change name or gender identity on university documents (regardless of legal status)?
- Option to identify sexual orientation or gender identity/expression (regardless of gender confirmation/reassignment surgery) on application?
- Is there a route to report discrimination based on sexual orientation and gender identity/expression?







## **Additional Medical Student Projects**

## LGBTQIA+ Health Curriculum Report Card (by Harvard Collaborators)

#### Does LGBTQIA+ content exist?

- My medical school includes teaching about the health needs of [LGBQ / trans and gender diverse (TGD) / intersex] individuals at some point during the four-year medical curriculum
- Do you feel like your medical school has increased your comfort level with providing welcoming and inclusive care for [LGBQ / TGD / intersex] individuals in a health care setting?

#### Where in curriculum?

 My medical school addresses the health of dsd/intersex (dsd/l) individuals in the endocrinology [pre-clinical / clinical] coursework.







## **Additional Medical Student Projects**

### **ERAS** petition (by MSPA)

- 2020-2021 application cycle: no to provide more information about sexual orientation, gender identity, or pronouns
  - Gender options: "Male", "Female", or "No response"
- MSPA National Needs Assessment Survey found that:
  - <30% of LGBTQIA+ respondents plan to be "out" on their application</p>
  - >95% believe they should be able to do so
- >1000 individuals signed our petition requesting inclusion of optional sexual orientation, gender identity, and pronouns fields on the Electronic Residency Application Service (ERAS) application between February and June of 2020.
- ERAS Response: 2021-2022 application cycle added an "other" option for gender selection.







## How can you get involved?

### **Students**

- Join MSPA (Become a member, Start of join a chapter)
- Be an upstander.

### **Faculty**

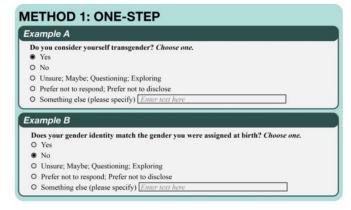
- Model LGBTQIA+ inclusivity for your students
- Be an upstander

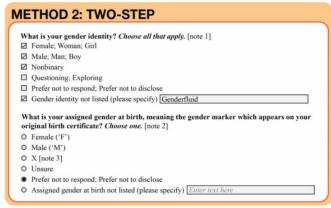
### **Deans / DEI Offices**

- Complete upcoming surveys
- Generate policy based on recommendations from LGBTQIA+ students and organizations
- Collaborate with local LGBT Centers

#### **AAMC**

- Update forms, policies, and services to use evidence based LGBTQIA+ inclusive language
- Expand required LGBTQIA+ health education requirements





Kronk et al. (2021). Journal of the American Medical Informatics Association.





## **Questions?**



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