Addressing Lapses in Medical Education in Relation to LGBTQIA+ Healthcare Disparities

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Introduction

- A national survey showed 65% of LGBTQIA+ physicians reported hearing colleagues make discriminatory comments towards LGBTQIA+ patients, with 34% witnessing discriminatory care given to LGBTQIA+ patients.
- The Medical Journal “Family Medicine” published a study showing that the discomfort and bias medical professionals have with LGBTQIA+ patients was combated with increased clinical exposure and awareness.
- In 2011, over one-third of current US medical schools reported no integration of LGBTQIA+ healthcare in their medical curriculum. Schools that did claim competence reported under 5 hours of education devoted to LGBTQIA+ healthcare over a 4 year curriculum.
- Currently there is no standard healthcare training regarding the needs of LGBTQIA+ patients across medical school curricula.

Methods

- An anonymous 24-item survey was utilized to assess perceptions of knowledge and attitudes of medical students toward LGBTQIA+ patients and their healthcare needs based on their years of medical training.
- In addition to assessing comfort level in providing care for LGBTQIA+ patients in a clinical setting, questions also ranged from familiarity with LGBTQIA+ terminology to awareness of current patients’ needs. The survey, utilizing Qualtrics, was distributed to medical students at both Rowan University School of Osteopathic Medicine and Cooper Medical School of Rowan University.
- Participation in the survey was voluntary and anonymous with no identifying information collected.

Results

- 102 medical students responded to this survey, 59 identified as females, 34 identified as males, and 1 identified as genderless. 81% identified as heterosexual.
- 16% of respondents admitted they were uncomfortable around LGBTQIA+ patients as a whole.
- 39% did not know about Pre-exposure Prophylaxis “PrEP” and its use in medicine.
- 49.5% did not know about Post Exposure Prophylaxis “PEP” and its use in medicine.
- 14% would not feel comfortable prescribing PrEP/PEP for their patients.
- 27.4% were uncomfortable providing or referring transgender patients for hormone replacement therapy.
- 18% felt uncomfortable using patient’s pronouns over birth sex pronouns.

Figure 1: What did sampled 64% of Medical Students reported receiving their understanding of LGBTQIA+ healthcare topics from resources outside of Medical School.

Figure 2: What Studies Would You Order for a Transwoman (MTF)?

<table>
<thead>
<tr>
<th>Screening</th>
<th>Percent Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>66.7%</td>
</tr>
<tr>
<td>Prostate Exam</td>
<td>61.3%</td>
</tr>
<tr>
<td>Check Hormone Levels</td>
<td>63.4%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>26.9%</td>
</tr>
</tbody>
</table>

Figure 3: What Studies Would You Order for a Transman (FTM)?

<table>
<thead>
<tr>
<th>Screening</th>
<th>Percent Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colonoscopy</td>
<td>45.2%</td>
</tr>
<tr>
<td>Prostate Exam</td>
<td>49.5%</td>
</tr>
<tr>
<td>Check Hormone Levels</td>
<td>51.6%</td>
</tr>
<tr>
<td>Mammogram</td>
<td>54.8%</td>
</tr>
</tbody>
</table>

What Does This Mean?

- While most respondents were comfortable having LGBTQIA+ patients, the survey showed most were ill-prepared to address the needs of the LGBTQIA+ Community.
- More than half of survey respondents received their education for treating LGBTQIA+ patients from sources outside of medical school curricula.
- Medical education is lacking with regard to teaching students the appropriate screening tests required for transgender patients.
- A fair amount of medical students did not know the uses of HIV preventative medication such as PrEP and PEP.

Where Do We Go From Here?

- The results of this survey will be used as an assessment for lapses in LGBTQIA+ healthcare in current Medical Education curriculums.
- In the future we plan to survey additional medical students and healthcare practitioners at all levels of practice and education across the country.
- Our goal is to gain further understanding of the gaps in knowledge of LGBTQIA+ healthcare and develop an educational plan to address these deficiencies in the medical school curriculum.

References