

From Safe Sex to Safe Zones:

Assessing Sexual Healthcare Competency in Osteopathic Medical Education

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Background

To address growing health disparities among the LGBTQI+ community, the Association of American Medical Colleges (AAMC) recommends that medical schools incorporate sexual health competencies into their curriculum.¹⁻⁴ This is critical for patient care at NSUCOM in South Florida, where Miami-Dade and Broward Counties consistently outrank entire states with their disproportionately high burdens of new HIV infections among patients who identify as Men who have Sex with other Men (MSM).⁵ Healthcare providers play a crucial role in reducing this health disparity by directly treating marginalized patients.⁶⁻⁸ Safe Zone trainings have been previously⁹ to improve both knowledge and opinions of LGBTQI+ communities. This study evaluated the efficacy of a one-hour Safe Zone training to improve the LGBTQI+ health competency of NSUCOM students and faculty residing within Miami-Dade and Broward Counties.

Methods

Participant recruitment via email and social media led to the completion of 236 anonymous online surveys. The surveys were created freely on Google Forms®, then opened for submissions one week prior to (n=115) and for one week following (n=121) a 1-hour Safe Zone training. A negative control group who only completed the post-training survey (n=70) evaluated survey bias. Surveys assessed knowledge of and attitudes towards LGBTQI+ healthcare as a measure of competency. Four measurements of knowledge and nine of attitudes were selected from the Safe Zone curriculum.

Figure 1: Survey Criteria

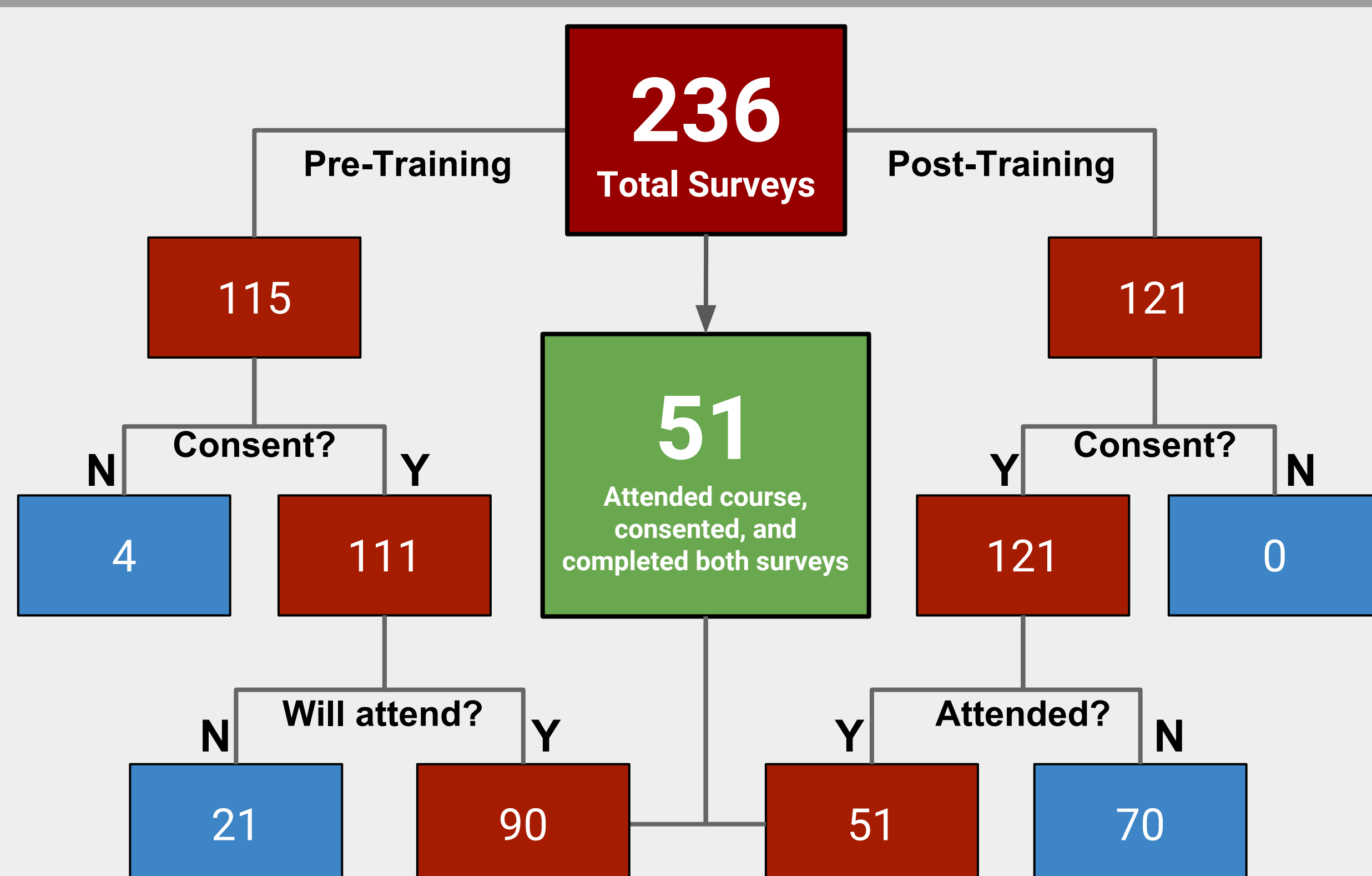


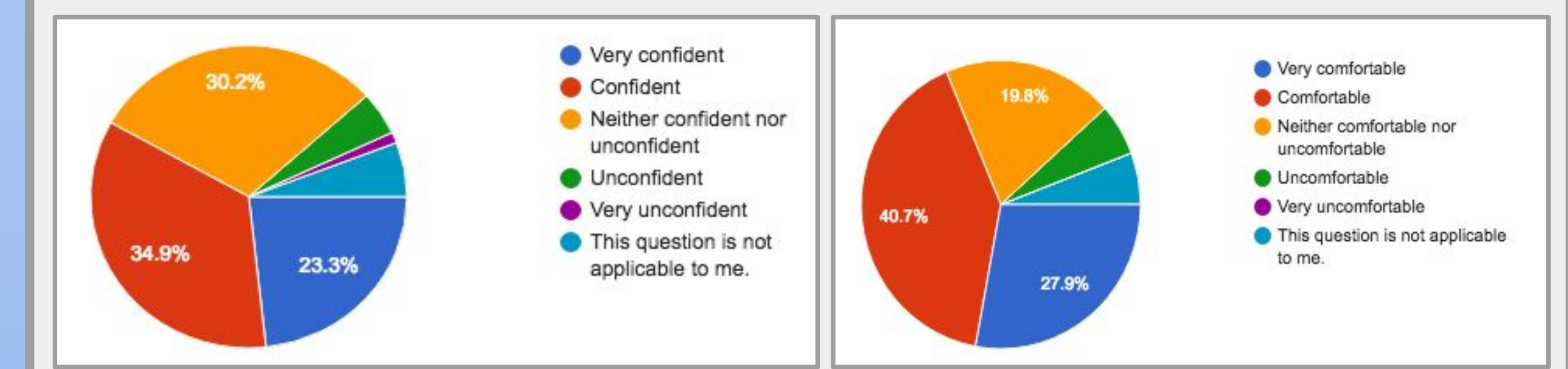
Figure 2: Comparison Summary

Measure	Pre-Training Survey	Post-Training Survey
Knowledge 1: Access to healthcare is the same for LGBTQI+ persons as for other members of the population.		
Knowledge 2: LGBTQI+ people are less likely than heterosexual people to be in long term monogamous relationships.		
Knowledge 3: When taking the sexual history of an adolescent, it is important to ask about sexual activity before questions about sexual attraction or orientation.		
Knowledge 4: What does LGBTQI stand for?		
Attitude 1: I feel comfortable treating patients who I know are LGBTQI+.		
Attitude 2: I believe that homosexuality is immoral.		
Attitude 3: I feel it is important for healthcare providers to know about their patients' sexual orientation, sexual practices, and gender identity.		
Attitude 4: I know of local healthcare resources for LGBTQI+ patients, either here at NSU or nearby in Broward County.		
Attitude 5: I would prefer not to treat patients with gender identity issues.		
Attitude 6: Overall, how comfortable are you at addressing the healthcare needs of LGBTQI+ patients?		

Results

The key outcomes of this study are illustrated in Figure 2, where we see subtle differences before and after the training in both domains of knowledge and attitudes. Of note, many participants reported in the comments section of the pre-test survey that while they felt comfortable treating LGBTQI+ patients, they did not feel confident in doing so, revealing a need to compare comfort to confidence in the post-training survey, the results of which are shown in Figure 3 below. Lastly, over 90% of participants feel that the training is relevant enough to be incorporated into their required curriculum, which identifies a desire to learn more as providers.

Figure 3: Confidence vs Comfort



Conclusions

This study reveals that dedicating even one hour of medical education to a course on LGBTQI+ health competency can affect both the knowledge and attitudes of students who attended the training compared to those who did not. Additionally, this study shows that most students feel neither confident, nor comfortable enough to refer LGBTQI+ patients to local resources. There are subtle changes in all measures that warrant further statistical analysis in a cross-sectional study beyond the scope of the one hour training. At NSUCOM, teaching students to become more comfortable and more confident may be a crucial step to reduce our local burden of HIV infection among minorities, such as MSM.

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