



# Improving the Cultural Competency of Medical Students in Working with LGBT Patients through an Enrichment Elective

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## Introduction

The Lesbian, Gay, Bisexual, and Transgender (LGBT) community is diverse. While L, G, B, and T, are usually tied together as an acronym that suggests homogeneity, each letter represents a wide range of people of different races, ethnicities, ages, socioeconomic status and identities.<sup>1,2</sup> What binds them together as social and gender minorities are common experiences of stigma, as there is a long history of discrimination and lack of awareness of health needs by health professionals.<sup>1</sup> As a result, LGBT people face a common set of challenges in accessing culturally competent health services and achieving the highest possible level of health. The purpose of this project was to improve the cultural competency and confidence of medical students in working with LGBT patients through an enrichment elective offered at the University of Arizona College of Medicine.

## Methods

An Enrichment Elective was offered to 1<sup>st</sup> and 2<sup>nd</sup> year medical students at the University of Arizona College of Medicine. The course was offered in both the spring and fall of 2015 and met for 90-120 minutes per session, for a total of 5 sessions, each semester. Because the first course was offered in the spring of 2015 as a beta-class, no surveys were collected. In the fall of 2015, 10 students enrolled in the elective course. Nine students were first year medical students and one student was a second year medical student. Primary resources for the lectures were obtained from the 2014 *Association of American Medical Colleges' Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*, The Fenway Institute's National LGBT Health Learning Modules, and the University of Arizona's *Safe Zone* curriculum.

## Results

Data was collected via pre and post-module surveys for each session to assess student knowledge base and also their comfort with addressing LGBT competencies in a variety of healthcare settings. Responses included: Strongly Agree, Agree, Neutral, Disagree, and Strongly Disagree.

Data was collected into Table 1. Pre-module survey responses were collected prior to the session (highlighted in blue), and post-module surveys were immediately performed following a session. Student responses were increasingly positive in their confidence with addressing a range of LGBT health competencies post-modules. Some of these competencies included: explaining LGBT definitions and concepts, understanding the basic approaches to transgender medical and surgical treatment, having a framework for discussing the social history with LGBTQ youth, and identifying the services and needs for LGBT older adults.

## Conclusions

An enrichment elective, such as this course, can be effective at educating future physicians with addressing LGBT health disparities. Students that have undergone this course were increasing comfortable with addressing the unique health concerns of LGBT patients and were able to identify resources to care for this patient population. The presence of such an elective course should propagate a required integrated curriculum for all medical students.

## References

1. Kevin Ard MD, MPH and Harvey Makadon, MD. Improving the Health Care of Lesbian, Gay, Bisexual and Transgender (LGBT) People: Understanding and Eliminating Health Disparities. Available from: [http://www.lgbthealtheducation.org/wp-content/uploads/12-054\\_LGBTHealtharticle\\_v3\\_07-09-12.pdf](http://www.lgbthealtheducation.org/wp-content/uploads/12-054_LGBTHealtharticle_v3_07-09-12.pdf)
2. Lesbian, Gay, Bisexual, and Transgender Health | Healthy People 2020. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

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Table 1. Pre and Post-Module Surveys of Medical Student Responses to LGBT Health Competencies	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am able to describe health disparities in lesbian, gay, bisexual, and transgender (LGBT) populations.	3	3	5	2	
I am able to explain LGBT definitions and concepts.	1	2	4	2	
I am able to describe ways to overcome barriers to providing better care to LGBT people.	4	6			
I feel comfortable conducting a sexual history.	2	2	4	4	
Define terms related to transgender identity and health.	2	7	1		
Identify strategies for effective primary care with transgender patients.	5	3	3	4	
Explain the basic approaches to transgender medical and surgical treatment.	2	1	3	6	
Describe ways to create a welcoming environment for transgender patients.	2	8			
Able to describe barriers to accessing healthcare by LGBTQ youth.	2	2	2	5	1
I have a frame-work for discussing the social history with LGBTQ youth, including sexual and gender identity.	1	4	3	2	
Able to explain strategies for interviewing, supporting, and educating LGBTQ youth on social, health, and behavioral concerns.	5	5			
Access additional resources for improving the health and well-being of young LGBTQ patients.	2	2	2	4	2
I am able to explain how social and historical factors have affected the health of older LGBT adults.	2	8			
I am able to describe the medical and behavioral health care needs and concerns specific to LGBT older adults.	2	2	3	4	1
I am able to identify the enabling services, outreach, and community support needs of LGBT older adults.	2	5	3	2	2
	4	3	2		
	1	2	5	2	
	3	6	1		
	2	1	4	4	1
	2	5	3		
	1	1	4	5	
	2	6	2		