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Analysis of Learning Outcomes in an LGBTQ+ Medical School Curriculum

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Introduction

Lesbian, gay, bisexual, transgender, and queer (LGBTQ+) youth are at increased risk for negative health outcomes such as sexually transmitted diseases, depression, substance abuse, and anorexia/bulimia, when compared to their heterosexual peers. In addition, LGBTQ+ youth have increased barriers to healthcare as compared to heterosexual youth, varying from lack of insurance to lack of trust of the provider.3 From the provider perspective, one New York study identified that 51% of physicians reported that they did not feel prepared to deal with issues of sexual orientation with adolescent patients, and 75% thought that adolescent sexual orientation should be addressed more in physician training.4 According to a survey conducted at the University of Vermont College of Medicine, 89.9% of the Class of 2016 and 85.4% of the Class of 2015 did not feel informed about resources for LGBTQ+ patients.5

The purpose of this public health project is to assess the impact of the current medical school curriculum at University of Vermont College of Medicine on students’ knowledge of issues relevant to LGBTQ+ youth and comfort interacting with LGBTQ+ youth in a clinical setting. A literature review and input from Outright VT were the basis of a survey that accompanied three standardized patient encounters.

Methods

Survey:
Two anonymous surveys were distributed to 104 University of Vermont College of Medicine 2nd year medical students before and after 3 clinical skills encounters with LGBTQ+ standardized patients. Students took a patient centered sexual history and physical exam with the standardized patient. In addition, students were given a lecture series and a didactic session concerning the LGBTQ+ youth. A recent study6, 89% of students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009.” MMWR Early Rep. 2010;59(31):1066-1075.


Discussion

After dealing with a lecture series and patient encounter concerning the LGBTQ+ youth there was a significant increase in knowledge regarding medical issues important to the LGBTQ+ youth. In addition, there was an increase in comfort with taking a sexual history of LGBTQ+ youth. In addressing history taking skills important to the LGBTQ+ population6, 89% of students in Grades 9-12 — Youth Risk Behavior Surveillance, Selected Sites, United States, 2001-2009.” MMWR Early Rep. 2010;59(31):1066-1075.

In answering true or false questions that tested material covered in the medical school curriculum about LGBTQ+ issues, there was a 13% increase in knowledge scores (from 79% correct to 87%, p-value <0.01). Tobacco use among LGBTQ+ youth being higher than heterosexual youth was answered correctly by 84 (87.9%) respondents after the curriculum, compared to 49 (51%) (p-value <0.01) before completing the curriculum.

In addressing history taking skills important to the LGBTQ+ population6, 89% of respondents confirmed with the patient that the information would be kept confidential and 36% asked the patient to clarify unfamiliar terms (with 57% responding to this task as not applicable.)

Results

Fifty (52.1%) respondents were male, 46 (47.9%) were female; 38 respondents (39.6%) were 26-38 years old, 52 (54.2%) were younger than 26 and 6 (6.3%) were older than 30. 96 (100%) respondents knew at least one person who identified as LGBTQ+, with most familiarity among gay and lesbian populations.

Out of a 4 point score with 4 being disapproval and 1 being approval, discomfort for taking a sexual history from transgender and gender non-conforming patients in comparison to transgender and gender variant sexual history taking by 0.16 (p < .05), and transgender and gender variant sexual history taking by 0.31 (p < .05).

The improvements seen in this study argue that teaching LGBTQ+ content in the curriculum establishes a method in which to examine future curriculum change exploring the following genre of topics with a patient decreased significantly: same sex attraction and behavior. The improvements seen in this study argue that teaching LGBTQ+ content in the curriculum establishes a method in which to examine future curriculum change exploring the following genre of topics with a patient decreased significantly: same sex attraction and behavior.

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