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Implementation LGBTQ+ Health Education Through Case-Based Learning

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Implementation LGBTQ+ Health Education Through Case-Based Learning

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Family Medicine Clerkship (March 2022)

CVPH Family Medicine Center

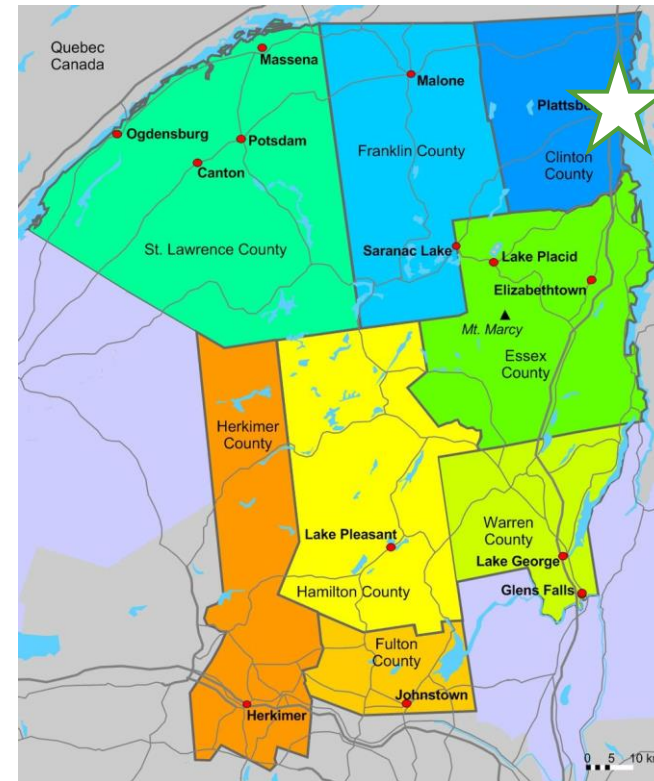
Plattsburgh, NY

Problem Identification

- ▶ Primary care graduate medical education does not provide adequate training regarding LGBTQ+ healthcare¹
- ▶ LGBTQ+ individuals face increased barriers to healthcare access compared to cisgender and heterosexual peers²
- ▶ Education regarding LGBTQ+ health is often limited in scope and there is no standard set by the ACGME³

Public Health Cost & the Community

- ▶ Lack of preventative and primary care access results in increased utilization of emergency services and increased costs to both patients and the healthcare system⁴
- ▶ Champlain Valley Physicians Hospital (CVPH) and the CVPH Family Medicine Center serves parts of both the North Country and Adirondack regions
- ▶ OutCare Health database of LGBTQ+ competent providers currently has no listings within 50 miles of Plattsburgh (in NYS)



What do patients and physicians have to say?

“If I want to see a doctor who takes care of trans patients, there’s not much around. I had to travel to [Lebanon, NH] to get [gender-affirming surgery]”

- transgender patient

“We only have one doctor who specializes in LGBTQ+ healthcare, but they are leaving soon. Those patients are going to need to be taken care of here.”

- attending physician at CVPH FM Center

Project Methodology

- ▶ A case-based presentation was given to a group of family medicine resident physicians on basics of LGBTQ+ healthcare
- ▶ Cases were adapted from the Teaching LGBTQ+ Health created by Stanford Health and the Medical Student Pride Alliance⁵
- ▶ Topics covered:
 - ▶ Terminology, social determinants of health, PrEP, trans healthcare
- ▶ Participants were given a pre and post test about their knowledge and attitudes regarding LGBTQ+ health
- ▶ Survey was distributed through Qualtrics (Provo, UT)
- ▶ Data analysis was performed using R (Vienna, Austria) and RStudio (Boston, MA)

Results - Physician Attitudes

Attitudes	Before	After	p-value
I feel adequately prepared to take care of LGBTQ+ patients	2.8	3.6	0.04
I feel comfortable taking a sexual history from LGBTQ+ patients	3.4	3.6	0.78
I feel comfortable counseling patients regarding PrEP	2.4	3.7	0.01
I can use my own words to describe the difference between sex and gender	3.6	3.8	0.37
I am aware of institutional barriers that may inhibit LGBTQ people from utilizing healthcare services	3.5	4.0	0.16

Results - Anonymous Post Module Feedback

“Good mix of simple concepts and providing details”

“Suggestions would be to give more examples, especially in the case of terminology and history taking”

“I could have listened to more for longer!”

Effectiveness & Limitations

- ▶ Pilot course that tested the effectiveness of teaching LGBTQ+ health to primary care physicians
- ▶ Found that case-based format was engaging and effective
- ▶ Limitations
 - ▶ Small sample size of family medicine residents
 - ▶ Short presentation with limited scope

Future Projects

- ▶ Broaden topics covered regarding LGBTQ+ health
- ▶ Additional lecture series for family medicine residents
- ▶ Adapt content for different healthcare audiences and medical specialties
 - ▶ Medical students
 - ▶ Other health professions programs

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