INTRODUCTION

In 2011, medical school deans surveyed found that the median number hours of LGBT education across all 4 years of undergraduate medical education was 5.1[1].

There were 14 schools with no LGBT curricula in the preclinical years, and 33% had no clinical LGBT content. Of note, only 24% reported the quality of their LGBT education to be good or very good[2].

In 2002 an Australian study showed that 30% of health care students felt uncomfortable treating lesbian and gay patients [3].

At ECU, we identified that we only had 3 hours of formal LGBT education in the preclinical years and no formal education in our clinical years (including no practice with clinical encounters).

Thus, our goal was to provide clinical cases specifically with patients in the LGBT community in hopes of implementing these cases into our formal curriculum.

OSCE OBJECTIVES

Sensitively elicit relevant information regarding sexual behavior, sexual history, sexual orientation, sexual identity, and gender identity.

Recognize the importance of utilizing screening and preventative interventions for all individuals.


Describe health care disparities experienced by LGBT populations.

RESULTS

Nineteen medical students participated over 3 different OSCEs; one medical student was excluded for an incomplete survey (n=18). Even prior to event, all medical student viewed LGBT health as important. Overall, participants showed a greater level of confidence for in caring for LGBT patients, particularly in skills such inquiring about orientation/identity and counseling patients.

METHODS

Pre-OSCE Survey

Students filled out a 15 item survey, which inquired about their orientation and affirmed their confidence in providing care to LGBT patients.

Orientation Lecture

This orientation consisted of an overview of the LGBT community and resources available to the medical student. It included discussion of the importance of providing culturally sensitive care. Participants completed a pre-test survey assessing their knowledge and perception of the role of the clinician in providing culturally sensitive care.

Patient Encounter and Feedback

Students participated in 2 patient encounters and feedback sessions. Students had 20-25 minutes to interact with standardized patients.

Group Debrief

At the end of each OSCE, groups had 10 minutes to debrief and discuss how their experience differed from one clerkship experience.

Post-OSCE Survey

Students participated in a post-OSCE survey, which assessed the impact of the OSCE on their comfort level in caring for LGBT patients.

FEEDBACK EXCERPTS

Learning to be okay with having someone explain to me and not making assumptions

I already feel more comfortable asking difficult history questions.

I am very interested in finding out if this OSCE will help me improve my ability to make clinic a safe place.

I was surprised by how well I think this [OSCE] will help me improve my ability to make clinic a safe space.

DISCUSSION

All medical students that participated in the OSCE already identified LGBT health care topics as very important, but reported low confidence. Given that students interested in the topic still had low confidence, average medical student confidence was likely similarly low.

There was plenty of room for growth; all categories averaged no confidence to slight confidence (average 3.1/5). Students welcomed the opportunity to practice their newly learned skills.

Confidence improved across measures, with 4/5 categories improving confidence levels. This supports that a standardized patient experience is beneficial in medical student education.

The most growth was in counseling on gender dysphoria. At the start, Post of 13 students showed indicated that they had not been taught how to handle these discussions. Despite this, there was also the only area that did not reach greater than moderate confidence. This topic may require more time.

Increases in confidence were highest for skill-based categories: inquiring about identities and counseling. These are also areas that would be difficult to cover in a lecture format.

DIFFERENCES BETWEEN OSCE:

The first OSCE took place on the first day of the first year. First-year medical students have their first lecture on the first day, and gender dysphoria is not covered until a second year. To address this, all students underwent an introductory lecture at the start of the event, so they shared a foundational knowledge.

Room for Growth

Numbers: Current is 1:3 after OSCEs. With a small program, it is difficult to generate enough cases to show statistical significance.

Patient Recruitment: A major goal was to have volunteers that shared the same identity/identity, so patients may identify with their providers. This increases the meaning when the standardized patient is a member of that community. It also offers the community the opportunity to be represented in everyday future practice. This makes using all cases or including varied difficulty, given the small size of the community.

Patient variety: The first OSCE consisted of only younger LGBT patients, as younger patients are active in standardized patients. It was felt that this may slow student perception of LGBT patients as mostly younger individuals. With the addition of recruitment of patients with standardized ones, our recruitment was used from 3 to 45. However, we still lack representations of the elderly LGBT community.

PENNY'S HEALTH

PREPARED FOR YOU

Acknowledgements

Special thanks to Mark Rasdorf, Associate Director for the Dr. Jesse R. Peele LGBTQ Center, and Pam Morkins, Associate Director of the Office of Clinical Skills Assessment and Education, in coordinating the event. Thank you to all of Brody’s Sexual and Gender Diversity Organization officers (Graham Dixon, Stephanie Whiter, Jessie Tucci-Heron, Erin Bunch, Whitney Melvin, Jasmina Painal, and David Yang) for helping put on the OSCE. Most importantly, thank you to all our ECU and community volunteers for volunteering your time to share your experiences and aid in our medical education.