

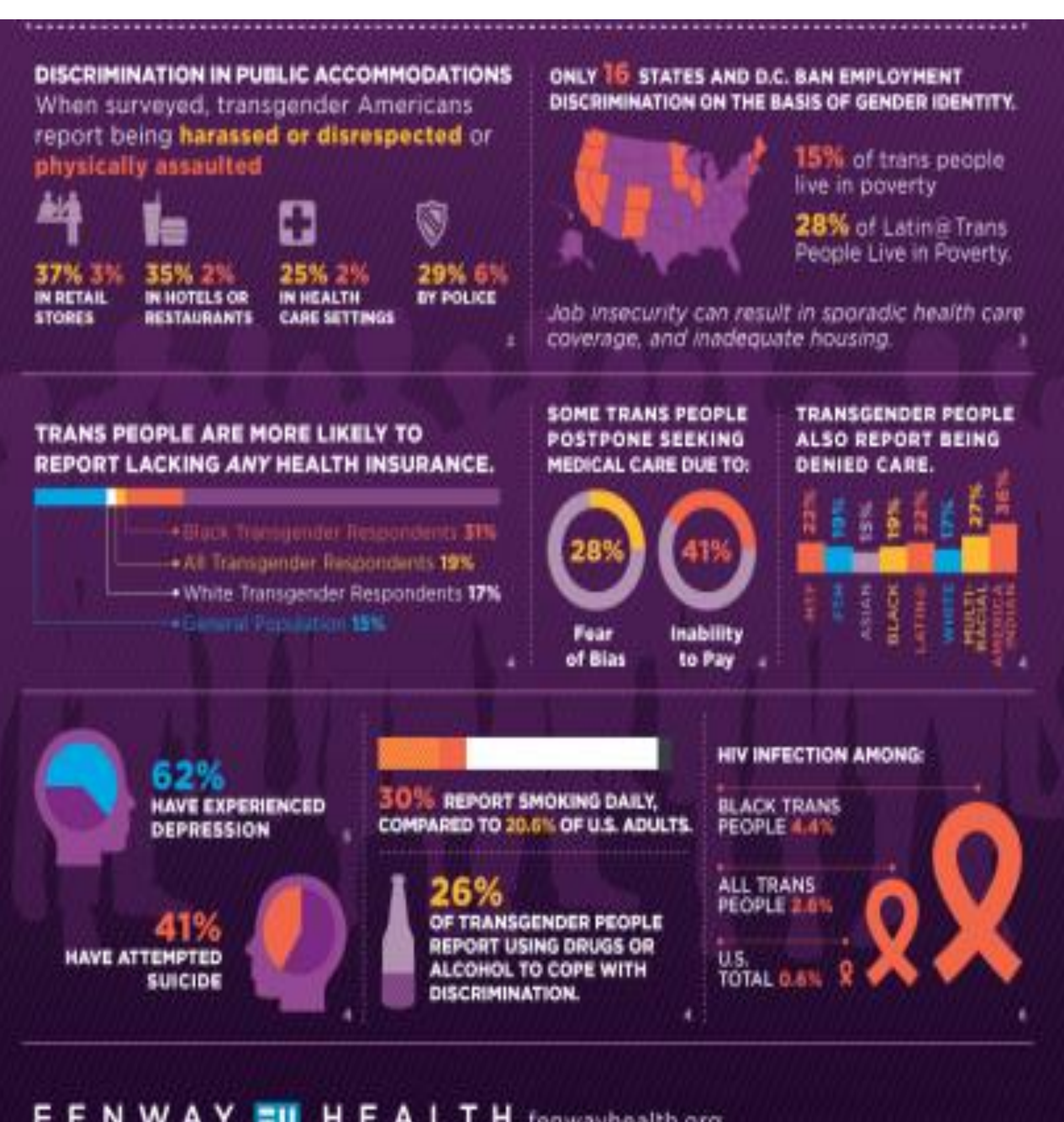
INTRODUCTION

- 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).
- 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 as good or very good (1).
- In 2002 an Australian study showed that 30% of health care students felt uncomfortable treating lesbians and 27% treating gay men (2).
- At Brody 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.

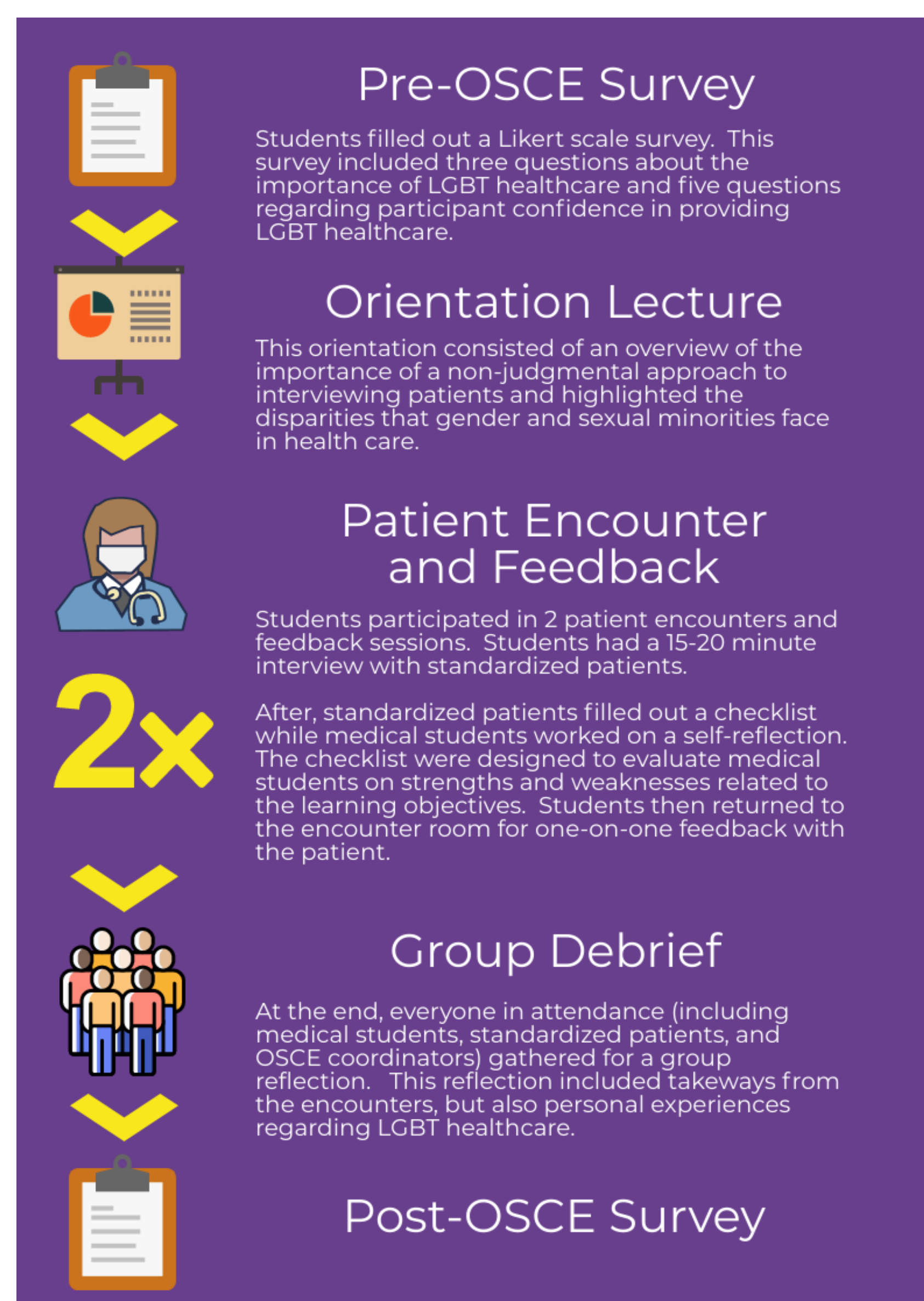
OSCE OBJECTIVES

- 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
- Define and describe the differences among: sex and gender; gender expression and gender identity; gender discordance, gender nonconformity, and gender dysphoria; and sexual orientation, sexual identity, and sexual behavior.
- Describe health care disparities experienced by LGBT populations

HEALTH DISPARITIES



METHODS



Cases	
Our cases were expanded from cases in the AACM's MedEd Portal or written based on our volunteers' identities.	
1st OSCE	17-year-old gay male 27-year-old transgender man 24-year-old genderqueer person 42-year-old gay man
2nd OSCE	34-year-old lesbian woman 45-year-old lesbian woman 32-year-old transgender woman 18-year-old transgender man 25-year-old transgender man
3rd OSCE	23-year-old nonbinary person 42-year-old gay man 42-year-old lesbian woman 30-year-old lesbian woman 42-year-old lesbian woman 20-year-old bisexual woman

Standardized Patients

- We used volunteers from the LGBT community as standardized patients as opposed to professional standardized patients. We thought that community members could provide better, more meaningful feedback and contribute to a more robust group discussion.
- Volunteers for the LGBT OSCE were recruited through ECU's Dr. Jesse R. Peel LGBTQ Center. Volunteers consisted of community members, which includes ECU students, faculty, and staff.
- All standardized patients underwent a one-hour training session prior to the actual event. During this, volunteers received instruction on how to act as a standardized patient and how to give constructive feedback. Volunteers also viewed a mock encounter of one of the patient cases.

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.

SELF-REFLECTIONS AND FEEDBACK

FEEDBACK EXCERPTS

- Learning to be okay with having some things explained to me and not making assumptions
- I already feel more comfortable asking difficult history questions!
- [the SP experience] will give me more confidence and eliminate any awkwardness I may feel asking questions
- I am very interested in Pediatrics, and I think this [OSCE] will help me develop my ability to make [clinic] a safe place
- I was surprised by how little I knew about navigating an LGBTQ social history

DISCUSSION

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 is likely similarly low.
- There is plenty of room for growth to start: all categories averaged no confidence to slight confidence (average of 1.5-2.5).
- Confidence improved across all measures, with 4/5 categories increasing one confidence level or more. 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, 9 out of 13 participants indicated that they had no confidence in this category. Of all categories, this was also the only that did not reach greater than moderate confidence. This topic may need further education.
- 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.

Possible Confounders:
Level of clinical experience: The area of lowest initial confidence was counseling on gender dysphoria. Since medical students participating in the OSCE are first and second year students, they do not have much clinical experience. It is difficult to identify if this lower confidence is specific to gender dysphoria or a general inexperience in counseling patients.

Different backgrounds: The first OSCE took place in April and the second in December. First year medical students have their first LGBT lecture in the spring, and transgender health is not covered until fall of 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 n=13 after two OSCEs. With a small program, it is difficult to generate enough data to show statistical significance.

Patient Recruitment: A major goal was to have volunteers that shared the same orientation/identity as the patients they portrayed. We think feedback is more meaningful when the standardized patient is a member of that community. It also offers the community a opportunity to be involved in educating future physicians. However, this makes using set cases or increasing variety difficult, given the small size of the community.

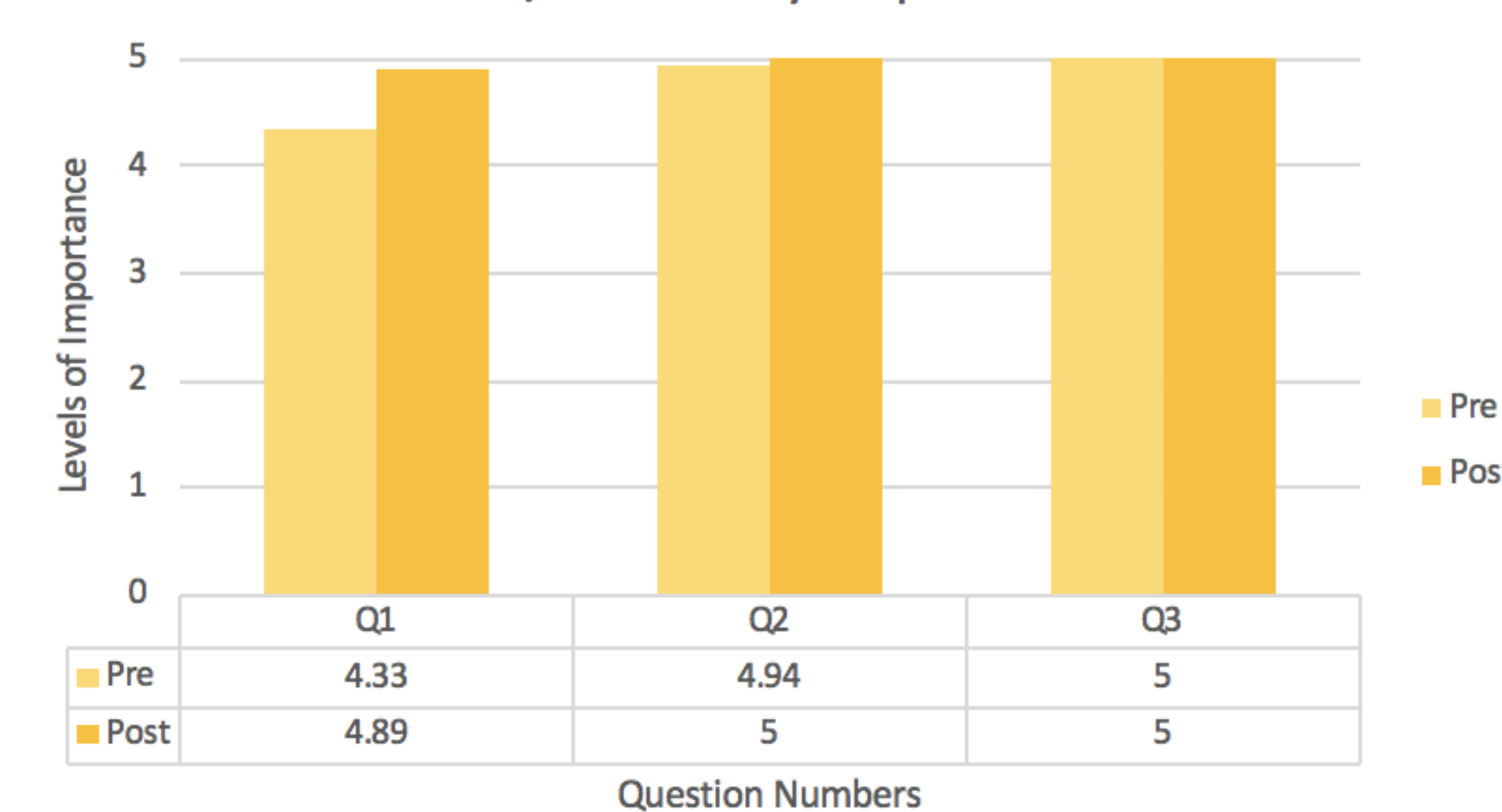
Patient variety: The first OSCE consisted of only younger LGBT patients, as undergraduates were acting as standardized patients. It was felt that this may skew student perceptions of LGBT patients as mostly younger individuals. With the addition of community members as standardized patients, our ages expanded from 18 to 45. However, we still lack representation of the elderly LGBT community.

Incorporating into curriculum: It is likely that other medical students that may not attend a voluntary OSCE would benefit from such practice as well. To do so, such a case would need to be incorporated into the curriculum as a requirement.

ACKNOWLEDGEMENTS

Special thanks to Mark Rasdorf, Associate Director for the Dr. Jesse R. Peele LGBTQ Center, and Patrick Merricks, 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 Wilcher, Jessie Tucci-Herron, Erin Bunch, Whitney Melvin, Jaslina Paintal, 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.

Pre/Post Survey- Importance



Pre/Post Survey- Confidence

