

## Introduction

### Cause for Action:

- Health disparities in lesbian, gay, bisexual, and transgendered (LGBT) community have been well established relative to the general population<sup>2</sup>.
- LGBT patients are less likely to seek out medical care, resulting in delays in diagnosis and treatment.
  - The rate of suicide attempts in LGBT teens is 5 times that of their heterosexual peers
  - The rate of attempted suicide is 41% in the transgender community
  - LGBT populations are at higher risk for specific medical problems
  - 71% of medical residents do not regularly ask about sexual orientation (of these, 93% reported they did not ask because they felt uncomfortable)

### Project AIM:

To improve our medical residents' awareness of, and capability to address, the unique physical and mental health needs in this population in a culturally sensitive manner—with a focus on prevention, appropriate screening, and treatment of LGBT healthcare needs.

## Methods

### Intervention:

- A 4-part educational curriculum focused on teaching providers about LGBT healthcare disparities, unique healthcare needs, and intrinsic bias toward this community, and how to provide appropriate and culturally sensitive healthcare.
- The specific interventions included 50-minute didactic sessions focusing on the unique healthcare needs of: LGBT adults, LGBT young adults, LGBT seniors, and transgendered patients.
- All 10 residents were present for all 4 sessions, and repeated the anonymous survey following the intervention (completion of all 4 sessions).

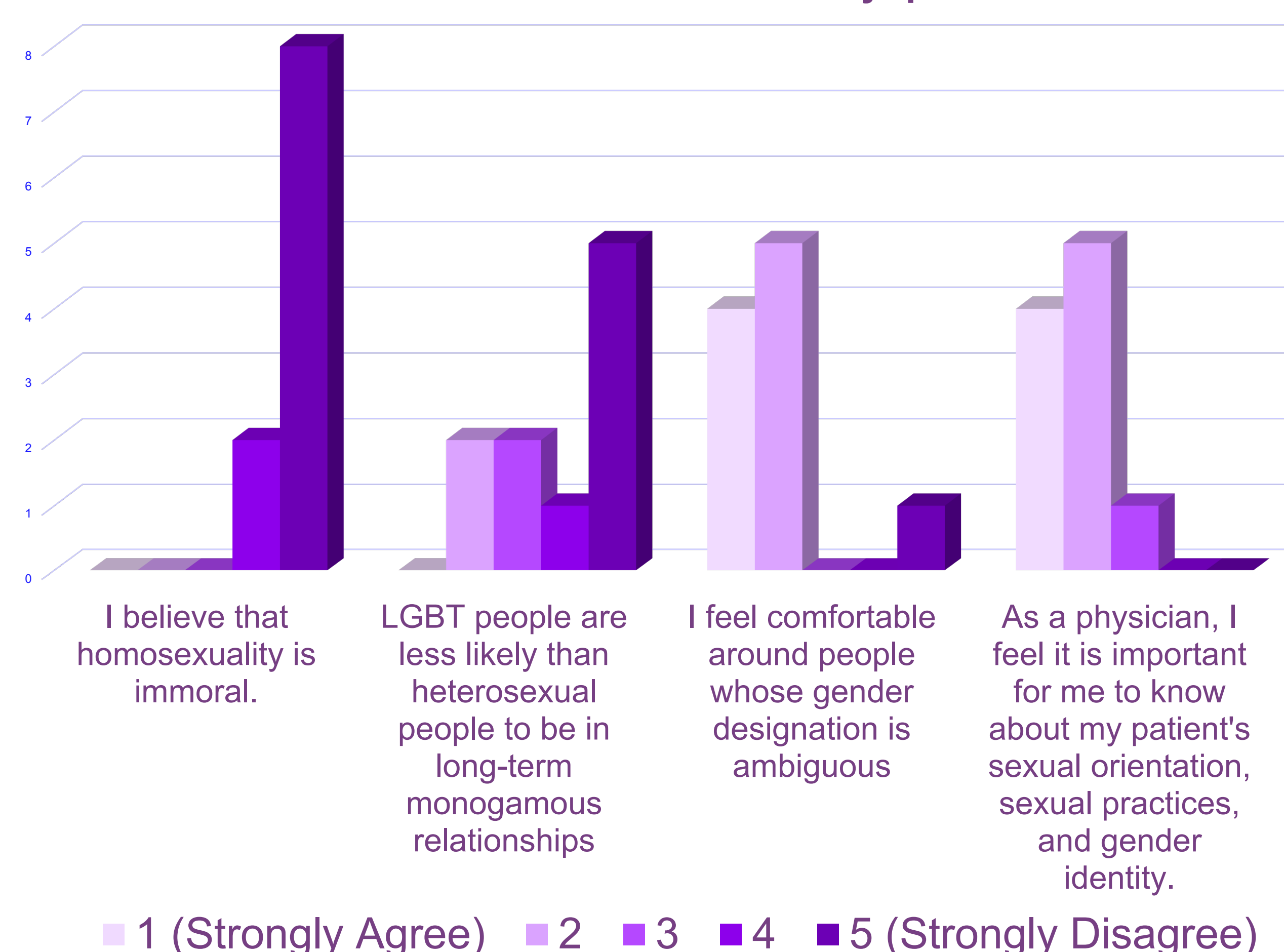
### Assessment:

- Ten residents in the HonorHealth Internal Medicine Residency answered a 15-question anonymous survey regarding knowledge of and attitudes toward LGBT healthcare prior to the intervention.
- The survey was originally developed by UCSF medical school to broadly categorize knowledge, attitudes, and experience related to LGBT health issues.<sup>4</sup>
- The 15 question survey included responses on a 5-point Likert scale (1 = strongly agree; 5 = strongly disagree).

## The Survey

1. LGBT populations have unique health risks and health needs.
2. Access to health care is the same for LGBT persons as for other members of the population.
3. I regularly encounter LGBT individuals in my daily life
4. Lesbian patients do not need Pap smears as frequently as heterosexual women
5. Knowing someone is LGBT significantly alters the way I perceive that person.
6. I would feel comfortable treating patients I know are LGBT.
7. Most LGBT young people do their first "coming out" to a non-parent adult (e.g., a teacher or doctor).
8. Gender reassignment surgery is readily available and is covered by most insurance companies.
9. I believe that homosexuality is immoral.
10. LGBT people are less likely than heterosexual people to be in long-term monogamous relationships.
11. I feel comfortable around people whose gender designation is ambiguous.
12. As a physician, I feel it is important for me to know about my patient's sexual orientation, sexual practices, and gender identity.
13. I would prefer not to treat patients with a minority sexual orientation
14. When I first meet a patient or colleague, I assume they are heterosexual
15. My experiences with LGBT individuals have positively altered my beliefs about sexuality and gender identity

Pretest data from selected survey questions



## Results

The pre and post test data were compared using a paired sample t-test of mean score and a p value of < 0.05. No statistically significant differences were detected.

## Discussion

### Conclusion:

Analysis of our survey data failed to reveal a significant difference in provider attitudes, knowledge, or awareness following our educational intervention. Although the data did not show a significant difference following intervention, it did provide insight into specific areas that might benefit from further education.

### Limitations:

- Posited explanations for lacking statistical significance:
- Very small sample size (n=10)
  - Ineffective (or low level) intervention
  - A generational shift in provider attitudes, knowledge, and acceptance of a minority patient population.

### Opportunities for improvement:

It might be beneficial to significantly increase the sample size to see if this has an impact on the assessed effectiveness of the intervention. Additionally, because the survey was anonymous, it did not allow for assessment of change in a specific resident's responses post intervention. As seen in the graph of selected questions, increased awareness of the importance of sexual history as well as interventions aimed at addressing potential discomfort in working with this minority population might be warranted.

### Future Directions:

Moving forward, the plan is to incorporate the training sessions into the resident curriculum and expand it to incorporate training of ambulatory clinic staff. A PGY1 will champion the next project iteration.

## References

1. Institute of Medicine. The Health of Lesbian, Gay, Bisexual, and Transgendered People: Building a Foundation for a Better Understanding. Washington, DC: National Academic Press; 2011
2. Makodon HJ, Mayer KH, Potter J, Goldhammer H. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2nd Edition. Philadelphia, PA: ACP; 2015
3. Kelly L, Chou CL, Dibble SL, Robertson, PA. A critical intervention in lesbian, gay, bisexual, and transgender health knowledge and attitude outcomes among second year medical students. Teaching and Learning in Medicine: An International Journal, 20:3, 248-253.
4. Daniel H, Butkus, R. Lesbian, gay, bisexual, and transgendered health disparities: executive summary of a policy position paper from the American College of Physicians. Annals of Internal Medicine. 2015; 163: 135-137.