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Addressing Bias in LGBTQIA+ Undergraduate Medical Education: An Innovative and Community Based Approach to Curriculum Reform

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Background

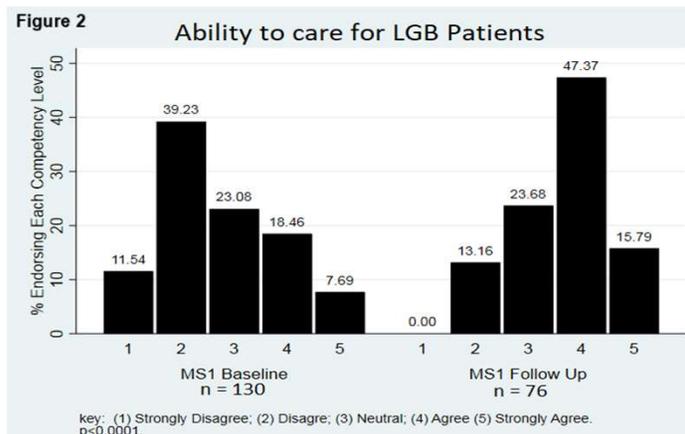
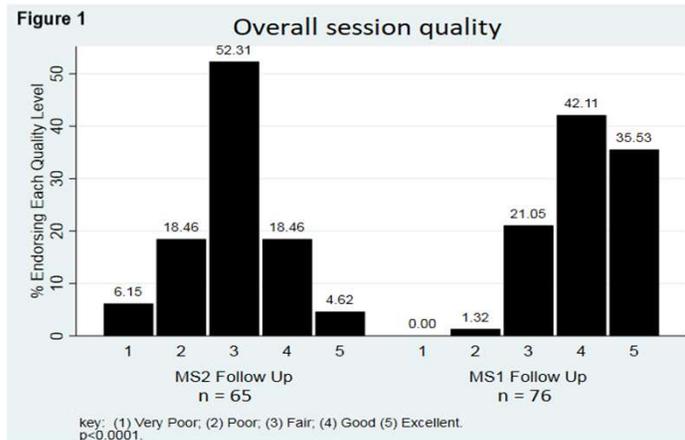
- Individuals who are LGBTQIA+ or gender nonconforming have specific health needs and face health disparities that are exacerbated by a lack of training and cultural sensitivity among health professionals¹.
- This study was initiated by a M2 student at UMass School of Medicine in response to the lack of LGBTQIA+ health content in the first year Doctoring & Clinical Skills (DCS) course. The session that covers taking a sexual history was selected as the primary focus.
- A community engagement model was chosen for novel application to curriculum design because of its emphasis on joining with a community of interest as full and equal partners in all phases of the research process

Methods

- An intersectional sample of 13 LGBTQIA+ community members from the Worcester area were recruited to form a curriculum advisory committee.
- The committee was convened in a focus group to review the fall 2017 version of the DCS 1 sexual health session materials and provide their thorough feedback.
- The session materials included: preparation assignment, discussion guide, cases for standardized patients, and the template of questions for the sexual health interview.
- All materials were revised based on the committee's feedback. The committee was convened in a second focus group to review the new drafts and provide their feedback once more.
- The drafts were finalized based on the second round of feedback and then incorporated into the DCS 1 curriculum and taught to 135 UMMS Class of 2022 students in the fall of 2018.
- A pre-test/post-test design was used to survey the M1 students in the Class of 2022 before and after the DCS session.
- The M2 students in the Class of 2021 were surveyed to evaluate the original fall 2017 version for comparison.

Results

- Dominant themes that surfaced in the focus groups included not making assumptions about sexual orientation, behavior or gender identity and using neutral speech and body language in the medical encounter.
- Powerful statements were made by many medical students in their reflection essays responding to the storytelling video. One student stated that she was "alarmed that members of the Worcester Community were still being treated that way."



Storytelling

- The community members were given the opportunity to participate in a novel storytelling video where they discussed their experiences as LGBTQIA+ patients.
- The M1 students were required to watch the video as part of the preparation assignment for the sexual health session and respond in a reflection essay.
- The video can be watched at the following URL or QR code: <https://tinyurl.com/LGBTQstorytelling>



Discussion

- This study demonstrates the efficacy of a community engagement model in creating undergraduate medical curriculum inclusive of LGBTQIA+ health.
- The study team believes that a community engagement could also be efficacious in including more content on social determinants of health impacting additional marginalized communities.
- The major limitation of this study is the pre-test/post-test attrition rate in the M1 group (41.5%).
- The faculty and the students responded extremely well to the new curriculum, highlighting both the need and the desire for more LGBTQIA+ health content in undergraduate medical education.

References

1 Swanning S, Steinbock S, Croley R, Shaw A, Ganzel T. A first step in addressing medical education gaps in lesbian, gay, bisexual, and transgender-related content: The University of Louisville Lesbian, Gay, Bisexual, and Transgender Health Certificate Program. *Educ Health* 2017;20:108-14

2 Wells K, Jones L. "Research" in community-partnered, participatory research. *JAMA*. 2009;302(3):320-321