Original Article

Implementation of teaching on LGBT health care

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SUMMARY

Background: Lesbian, gay, bisexual and transgender (LGBT) patients represent an important proportion of the population. Despite the health inequalities and barriers to health care noted within this group, there is little evidence of LGBT-focused education within medicine, dentistry or nursing. We introduced and evaluated the effect of a half-day teaching session focused on LGBT health care, delivered to year-2 students.

Context: Initial informal discussion with year-2 and year-3 students suggested that the awareness of health inequalities other than sexual health was limited, and that students had little awareness of other issues such as gender dysphoria and heterosexism. We therefore targeted these areas when developing the material.

Innovation: The session was divided into two sections: a lecture and a workshop. The lecture provided an introduction to issues around legislation, transgender health and health inequalities, whereas the workshops involved a role-play focused on gender dysphoria, followed by small group discussions on topics such as heterosexism and sexual identity. Volunteer peer facilitators, some of whom identified as LGBT, undertook a 2-hour training session to ensure that they were comfortable with both the material and the group facilitation. Students completed a short questionnaire before and after the session.

Implications: Feedback was gathered from 350 students between 2012 and 2015. Sixty-nine per cent of students rated their competency level higher after the workshop, suggesting that they felt better prepared to consult with LGBT patients. Written comments suggested that the sessions are useful for students in terms of improving awareness of health inequalities and enabling consultation skills practice in an informal environment.

There is little evidence of LGBT-focused education within medicine, dentistry or nursing

LGBT people report that they are treated differently by health care professionals

INTRODUCTION

Lesbian, gay, bisexual and transgender (LGBT) patients represent a significant proportion of the population (at least 2.5% in Britain).[1] All doctors will treat patients who identify as LGBT; students should therefore receive teaching on health inequalities in this population, and know how to promote the health and wellbeing of this demographic group.

Health care professionals may assume that the health needs of LGBT people are the same as those of heterosexual people, unless their needs are related to sexual health; however, this does not appear to be the case. LGBT people report that they are treated differently by health care professionals in the form of homophobia or heterosexism (which is defined as an 'ideology that denies, denigrates, and stigmatises any non-heterosexual form of behaviour, identity or relationship').[2,3] LGBT people can experience social isolation and face limited understanding from others. This puts them at risk of alcohol abuse, mental health problems, substance misuse and sexually transmitted diseases. All these factors can affect the health status of this population.[2] LGBT patients may also face numerous barriers to health care, including poor communication, presumptions, lack of knowledge among doctors about LGBT health needs and poor provision of care.[4] Ignorance of LGBT health care needs contributes to the misallocation and wasting of resources.

Little evidence of education around LGBT health care exists in medicine, dentistry or nursing,[5–7] with few opportunities for health care professionals to gain experience and expertise in the provision of care to LGBT people.[8] This perpetuates the poor treatment of and interactions with LGBT people, which also affects LGBT health care professionals.[5] Medical students with increased knowledge of and exposure to LGBT patients take more comprehensive histories, hold more positive attitudes and have a greater awareness of LGBT health concerns than students with little or no exposure.[9] It is therefore clear that medical students should receive appropriate education around LGBT health issues to provide the best care for this patient group and any problems that individual patients may face (which may or may not be attributable to their sexual orientation or gender identity). As part of the 5-year undergraduate programme at our medical school, within a year-2 teaching unit (Disability, Disadvantage and Diversity – 3D), we introduced and evaluated the effect of a half-day session focused on LGBT health care. Volunteer clinical students (from years 3, 4 and 5) facilitated these sessions; we felt that year-2 students would feel more comfortable expressing their feelings, whether positive or negative, with a facilitator of a similar age. We also hoped that some students identifying as LGBT would be interested in teaching, and would offer their personal perspective to second-year students.

CONTEXT

Informal discussions with students in year 2 and year 3 suggested that most were aware of sexual health inequalities, but were aware of few other physical or mental health inequalities. Students had not considered other issues around identity, such as heteronormative language and gender dysphoria. In planning this session, we considered that we should initially target these areas.

INNOVATION

Peer facilitators undertook a 2-hour training session in order to ensure that they understood and were comfortable with the material, and to provide an opportunity to ask questions. They were also given information and resources on group facilitation, and given the opportunity to practise under observation. Some facilitators identified themselves as LGBT, but there was no expectation for them to talk about their own experiences in their group unless they felt comfortable in doing so. Facilitators could contact a teaching lead in the days prior to and on the day of teaching, and attended a debriefing session after the workshop to discuss any issues or concerns.

In year 2, students take the 3D unit in a single week, as a block of 240 students. This teaching was conceived and developed by people with experience of being part of a minority group, which is the cornerstone of the 3D week. Within the 3D week we introduced a half-day of teaching on LGBT health care. The first part comprised an hour-long lecture introducing the issues around legislation, health inequalities, the link between discrimination and health, and the health of the transgender community. This was followed by a 90-minute workshop for groups of 15–20 students, focusing on consultation skills, considerations of what constituted homophobic or heterosexist language, and awareness of inequalities and stigma.

The workshop began with a role-play where the peer facilitator acted as a patient with gender dysphoria attending a general practitioner (GP). Year-2 students, volunteering as the GP, conducted a consultation relating to the patient's desire to undergo gender reassignment surgery, addressing current psychological issues such as low mood. Students then divided into smaller groups to discuss internalised homophobia experienced by patients, homophobia and transphobia, heterosexism and marginalisation, and disclosure of gender and sexual identity.

Table 1. Themes derived from free-text comments

Theme	Improved awareness of LGBT health care inequalities and challenges*	Improved understanding of and practice with consultation skills	The value of student facilitators
Free-text comments	'Mostly we think of HIV and STIs as being the big issues, but I hadn't realised there are inequalities in things like mental health, and access to cervical smears.' 'Useful to discuss heterosexism – I'd never heard of it before.' 'I'd never realised about institutional biases like selecting gender identity when filling out forms, or about next of kin rules.' 'Really useful – thought originally it was our parents' generation's problem but this has opened my eyes.' 'I had never heard of gender dysphoria so a practise consultation was a great introduction.' 'Very helpful – I hadn't realised how important this was and don't understand why it's not taught outside of 3D week.'	'We covered issues I'd never thought of before, so I feel much more prepared to manage them if I encounter them in a clinical setting.' 'I hadn't considered how important the use of gender-neutral language is in a consultation and how quickly making assumptions can bring up barriers between doctor and patient.' 'I had never given much thought to how we are perceived by patients and that there is always a power imbalance in the consultation, so maybe using more inclusive language can help patients open up.' 'I'm now going to ask about partners rather than specifying a gender.'	'I feel more comfortable expressing my feelings with a student facilitator than someone older.' 'Having a student teach us meant that it kept the discussion in our time frame rather than talking about the past.' 'Having a student teaching us was great because I didn't feel like I was being preached to.' 'Having an LGBT facilitator meant it wasn't all theoretical as they shared stories about their own experience.' 'We were able to discuss things more as I felt like there wasn't one right answer.'

*LGBT: lesbian, gay, bisexual and transgender.

Students stated that they had not realised the importance of the topic prior to the session

Finally, students considered ways in which they could improve their own consultation skills to be as inclusive as possible, and to empower their patients to be more open. Notes were provided on all the issues covered in the session, along with resources to gain further information about specific areas of interest.

Students completed a short questionnaire before and after the session to evaluate the teaching. Students were asked how prepared they felt to consult with LGBT patients and to identify any particular parts of the session that they had found useful. They were also asked to give feedback on their peer facilitator, and were given the opportunity to volunteer to deliver teaching the following year.

EVALUATION AND IMPLICATIONS

Feedback was gathered each year from 2012 to 2015, and a total of 350 students returned evaluation forms (an approximately 38% response rate). On a scale of 1–4, with 1 being the lowest level of competency and 4 being the highest, 241 (69%) students rated themselves at a competency level of 1 or 2 before the workshop, and after the workshop went on to rate themselves as a competency level of 3 or 4, suggesting that they felt better prepared to consult with LGBT patients in the future. The remaining students, who rated themselves at all points on the scale, did not move between the two halves of the competency scale; however, no student considered that the workshop had had a negative impact.

Free-text comments were also collated, using a technique derived from framework analysis (Table 1).[10] Many students stated that they had not realised the importance of the topic prior to the session, but now had a better idea of the difficulties often experienced by LGBT patients in the NHS (the National Health Service in the UK), and how they could improve their clinical practice to be more inclusive. The comments also suggest that the sessions are useful in terms of improving the awareness of health inequalities and enabling consultation skills practise. Using student facilitators was considered a good idea as the year-2 students found the workshop more informal, and felt more comfortable expressing their thoughts and feelings. Students appreciated being taught by a facilitator who identified as LGBT and had themselves experienced challenges negotiating the health care system, but this was not considered necessary for quality teaching.

This half-day session has now been run in our medical school for four consecutive years, and is fully embedded into the curriculum. It consistently receives some of the highest ratings of the teaching sessions held in 3D week. Clinical medical students who attended the early iterations of the workshop have commented that the session was useful in helping them with their consultation skills

The session was useful in helping students with their consultation skills

and using appropriate language with all patients.

There are some limitations in our evaluation methods. Not every student completed a feedback form, raising the possibility of either underestimating or overestimating the utility of the teaching. Additionally, students were asked to self-assess their competency, which may have resulted in bias as students may have (consciously or unconsciously) wished to demonstrate to themselves and us that they had improved in their competence.

Since 2012, versions of the workshop have been used to inspire curriculum development in other UK medical schools such as University College London and the University of Dundee, and other universities are adapting the material for their own use.

In 2015 we adapted the workshop to focus on role-modelling and consultation skills so that it could be delivered to medical educators. Two groups of clinicians have thus far received the teaching. The first group included doctors from a variety of specialties and career stages, including rheumatologists, surgeons, pathologists, GPs, psychiatrists and doctors working as clinical teaching fellows (posts combining clinical practice and medical education). The second group was composed of GPs involved in the teaching and supervision of final-year medical students. Both sessions received very positive feedback, suggesting a need for this in postgraduate medical training.

CONCLUSIONS

The literature suggests that this is a neglected area in medical education. By implementing this teaching we influenced Bristol medical students and educators, with the potential of improving student–patient and clinician–patient interactions through emphasising the diversity of the patient population and encouraging the use of inclusive language. The enormously positive response from both students and doctors suggests that this teaching fills a significant knowledge gap and encourages reflection on the experience of minorities seeking health care. It therefore should be incorporated into all university curricula.

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