

UAMS EM Journal Club Summary

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Attitudes, Behavior, and Comfort of Emergency Medicine Residents in Caring for LGBT Patients: What Do We Know?

Clinical Bottom Line

There is limited research on healthcare providers treatment of and comfort levels when caring for LGBT patients. The available data suggest that providers report feeling relatively comfortable caring for LGBT patients, however this is not always consistent with the actual care they provide to patients as reported by patients and by provider self-reports of history/physical exam taking skills. Although medical school and residency programs have started incorporating LGBT education into curriculums, there are still many improvements to be made in the care of this population of patients.

PICO

P – LBGT patients and the healthcare providers taking care of them

I – no intervention for the survey study, the systemic review looked at studies that had an intervention of education training to reduce bias

C – No true comparison for these studies

O – Comfort level and attitude towards caring for LBGT patients and effectiveness of programs to reduce health care bias towards LGBT patients.

Background

It has been estimated that at least 3.5% of Americans, or 9 million people, identify as lesbian, gay, or bisexual, although identity does not always indicate sexual behavior, as 19 million Americans (8.2%) have engaged in same-sex sexual behavior. Another 0.6%, or 1.4 million people, identify as transgender. It has been well documented that significant barriers exist to providing quality and equitable care to the lesbian, gay, bisexual, and transgender (LGBT) population. Although limited, research demonstrates significant health care disparities exist for LGBT persons with a major contributor to those disparities being a lack of provider knowledge and competency. Educators have slowly started to incorporate adequate education on LGBT health into medical school and residency curriculums. However, there is little research on resident competency, comfort level, and attitudes when caring for LGBT patients in the ER.

Study 1

Moll, et al. Attitudes, Behaviors, and Comfort of Emergency Medicine Residents in Caring for LGBT Patients: What Do We Know? AEM Education and Training, a global journal of emergency care. 2019. Apr 3(2) 129-135. 10.1002/aet2.10318

Pubmed link: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6457356/>

Validity Rating: moderate risk for bias

The Basics

This study was performed with the intent to assess EM residents' behavior, comfort, and attitudes in LGBT health. The study was performed by sending an anonymous survey link to Emergency Medicine Residency Program Directors in the US via the CORD listserv. Program directors were asked to distribute the survey to their residents to fill out. The survey contained 24 questions related to comfort levels, practices, and opinions on challenges of treating LGBT patient in the ER. Percentages were calculated for each survey question response.

Inclusion Criteria

Survey was sent to all ACGME accredited Residency EM program directors via the CORD listserv. It was up to program directors to forward the survey to their residents.

Exclusion Criteria

Programs that were not ACGME accredited or programs not on the CORD listserv did not receive the survey

Primary Outcomes

Primary outcome – level of comfort residents felt when caring for the needs of LGBT patients and self-reported practice on history and examinations.

Secondary Outcomes

Frequency of discriminatory comments observed from peers and attending physicians, comfort working alongside LGBT physicians, and agreement with the statement that LGBT patients deserve the same level of care as other patients.

Results

-319 responses total (characteristics of respondents reflective of known EM resident demographics)

-Most respondents indicated feeling comfortable caring for LGBT patients, however, over 1/3 felt neutral to very uncomfortable addressing the needs of LGBT patients, indicating a large self-reported knowledge gap

-Most felt it was not more challenging performing history and physical exams on LGBT patients, however, ironically, based on other recent survey data, most residents fare poorly overall in performing basic tasks of taking a sexual history by their own report

-A minority of residents were neutral or strongly disagreed that LGBT patients deserve the same care as all patients (6%), with 2.6% neutral to very uncomfortable working alongside LGBT physicians. Similarly, residents sometimes or more frequently observed discriminatory LGBT statements from faculty (10%) or peers (16.6%).

Limitations/Biases

-Data was self-reported so subject to response bias

-Because this was survey data, responses may be skewed towards either end of the spectrum (again related to response bias)

-Possible that data was skewed toward programs in larger population centers (62.2% of responses were from areas with >1 million population) and it's possible that the data doesn't accurately represent the comfort level of those working in less urban centers

-Unique challenge of performing research on LGBT populations and subject matter in that most states don't have employment nondiscrimination laws protecting LGBT employees, so respondents may have reported or felt uncomfortable reporting their sexual identity even in this anonymous survey.

Conclusion

Despite minimal LGBT health content in the undergraduate and graduate medical education, most EM residents report some comfort in their ability to care for LGBT patients. Attitudes toward this population are in general positive. However, this survey data raises questions about

their overall competence and there is likely much more training and education that could be done to help improve EM resident care of LGBT patients in the futur

Study 2

Morris M, Cooper RL, Ramesh A, Tabatabai M, Arcury TA, Shinn M, Im W, Juarez P, Matthews-Juarez P. Training to reduce LGBTQ-related bias among medical, nursing, and dental students and providers: a systematic review. BMC Med Educ. 2019 Aug 30;19(1):325. doi: 10.1186/s12909-019-1727-3. PMID: 31470837; PMCID: PMC6716913

Pubmed link: <https://pubmed.ncbi.nlm.nih.gov/31470837/>

This is a systematic review the effectiveness of programs designed to reduce healthcare student or providers bias towards LGBTQ patients. An electronic search of multiple databases was performed with cross-referenced keywords for LGBTQ populations, healthcare providers, and bias. Initial search identified 639 abstracts, 60 of which were selected for review. 13 studies met the inclusion criteria. 9 of these assessed student training. 4 assess healthcare providers.

Programs varied significantly in their delivery format (lectures, small groups, workshops etc), length, frequency, and duration. These programs targeted knowledge, attitudes, and comfort level. Studies used multiple choice, Likert scale, or true or false formats to assess knowledge gains.

Inclusion criteria: 1) assess LGBTQ-related bias; 2) include medical, nursing, or dental students or practicing health care professionals; 3) include a training program designed to promote culturally-competent care for LGBTQ individuals; 4) be written in English; and 5) be published between March 2005 and February 2017.

Limitations: Nonrandomized. No program used any form of quantitative assessment of bias. No measure of student behavior was used. Few established outcome measures. No long term follow-up (one study had 3 month follow up). Unblinded, and no specifics of of dosing/timing of programs.

Quality: 8 of the studies were moderate to high quality, the remaining 5 have low ratings with high risk for bias.

Results: Based on pretest assessments there is a significant gap in knowledge of medical professionals regarding individuals of the LGBTQ population. Significant knowledge gains were observed for both single session and more time-intensive programs. Changes in attitudes was more inconsistent, though several postulated positive change. Training seemed to have a significant improvement in comfort level and reduction in anxiety of the healthcare provider regarding treating LGBTQ patients.

Conclusion: The studies analyzed have some positive anecdotal evidence. It seems that education programs can be effective at increasing knowledge and comfort levels with caring for LGBTQ patients. Intergroup contact appears to be effective at improving attitudes. As attitudes are built on complex social and cultural factors as well as personal beliefs, these can be difficult to augment therefore it is likely this would take relatively intensive exposure/training. Based on these studies we conclude that education/training in bias and LGBTQ patient populations can improve the ability for a provider to care for patient's effectively but more research is needed to specify the type, dosing, and timing of this training.