



Investigating Knowledge, Skills, and Attitudes Toward Care of Sexual and Gender Minorities Among Health Professions Students: A Cross-Sectional Survey at Texas A&M Health



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IPEC FOCUS AREA:

Interprofessional Team & Teamwork

INTRODUCTION

In 2011, the National Academies highlighted several key factors contributing to health disparities in sexual and gender minorities (SGM). Lack of provider education was cited as one of these key issues in the report.¹ This gap in provider education has since been noted by professional organizations across many health professions.²⁻⁹ A 2020 assessment of current SGM health curriculum at TAMU Health indicated consistency with literature: significant gaps across the colleges, ranging from zero (0) to four contact hours across all colleges. Health science centers are being urged to provide interprofessional SGM health education.¹⁰ Health professions schools across the country are not meeting this need. There are only a handful of national health education centers that focus on LGBTIQ+ needs. The need for improved SGM health education in Texas is significant. An estimated 4.1% of Texas residents identify as LGBTIQ+, which accounts for over one million Texans.¹¹ Texas has the second-largest population of transgender residents in the US.¹² One of the first steps in the plan to develop an interprofessional SGM health curriculum is to conduct a needs assessment. Therefore, the purpose of this study is to survey students at Texas A&M Health on their knowledge, skills, and attitudes towards care for SGM-identifying clients.

METHODOLOGY

Assessment Tool

- No standardized tool found in literature; therefore, survey developed based on research questions.
- Survey assessed students' self-perceived comfort and familiarity, level of preparation, barriers, topics of interest, and relevant coursework.
- Survey deployed via Qualtrics in Spring 2021.
- TAMU's Institutional Review Board approved study

Sample Population

- Texas A&M Health students responded (n=228)

Data Collection & Analysis

- SAS Version 9.4 used for statistical analysis
- P-values ≤ 0.05 were considered statistically significant.

RESULTS

Table 1. Attitudes and Perceived Competency towards Caring for LGBTIQ+ Clients

Attitudes Likert	M	SD
It is the responsibility of all healthcare providers to care for LGBTIQ+ clients.	3.75	0.58
I am comfortable communicating with lesbian, gay, bisexual, and transgender clients.	3.53	0.74
I am comfortable providing care for lesbian, gay bisexual, and transgender clients.	3.53	0.90
I am familiar with the health issues facing lesbian, gay, and bisexual people.	3.04	0.74
I am familiar with strategies for creating a safe, welcoming environment for LGBTIQ+ clients.	2.96	0.83
I am familiar with the health issues facing transgender people.	2.80	0.83
It is more challenging to treat LGBTIQ+ clients than heterosexual or non-transgender (cisgender) clients.*	2.73	1.04
I am familiar with the health issues facing intersex people.	2.41	0.85
Overall Scale	3.09	0.47

HSC Competency Likert	M	SD
Faculty demonstrate competency in caring for LGBTIQ+ clients.	2.42	1.18
My coursework has incorporated LGBTIQ+ content through a variety of courses.	2.07	0.88
My coursework thus far at TAMU has prepared me well for caring for LGBTIQ+ patients.	2.06	0.96
My clinical training has prepared me to care for LGBTIQ+ clients.	1.67	1.22
Overall Scale	2.06	1.06

Note: M=Mean, SD=Standard Deviation; *Denotes reverse coding. Likert Scale 1-4 with 1=Strongly Disagree, 2=Disagree, 3=Agree, 4=Strongly Agree

DISCUSSION/IMPLICATIONS

Major Themes

- Significant gaps in SGM health education exist across health professions' colleges.
- Progress on campus climate across health professions' education is inconsistent.

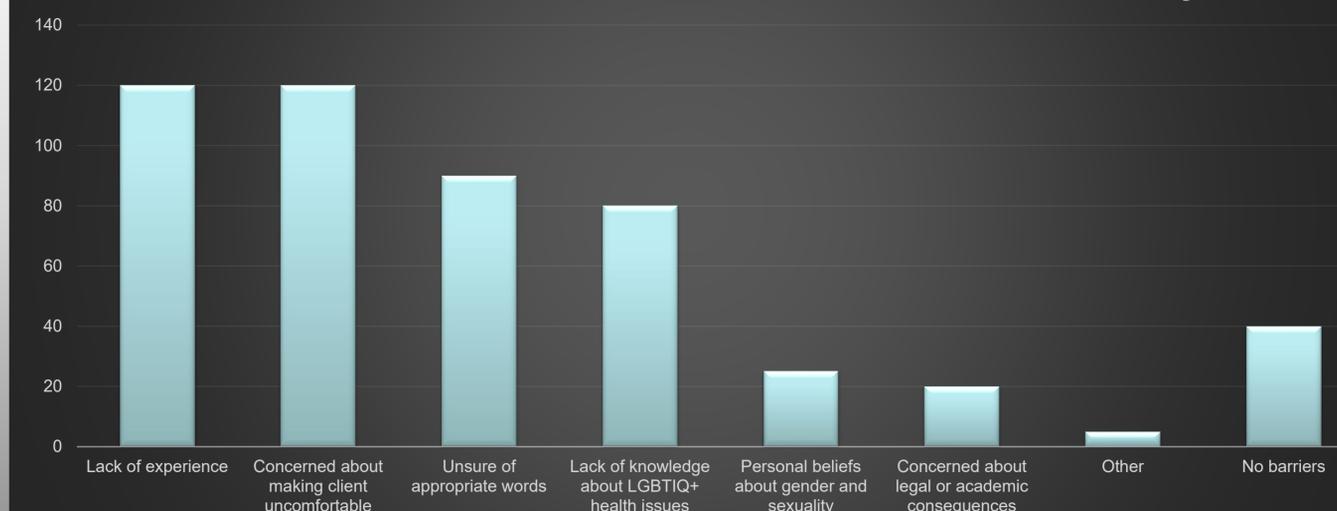
Academic Needs for Students

- Undergraduate students, compared to graduate students, indicated higher levels of readiness to learn about SGM-related health education.
- Students who identified as members of LGBTIQ+ community were more familiar with and comfortable addressing SGM-related health issues ($p < 0.05$).

Campus Climate & DEI Efforts

- Build capacity and resources to support SGM community, such as Safe Zone/Ally IPE training and regular review of campus policies for inclusion.
- Integrate diversity education and cultural competency sessions in curriculum via clinical case studies, patient encounter reflections, and more.

Figure 1. Perceived Barriers to Communication with Clients about Sexual Orientation or Gender Identity



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