

EFFICACY OF SAFE ZONE TRAININGS FOR SEXUAL HEALTHCARE COMPETENCY IN MEDICAL EDUCATION

Hytham Rashid DO/MPH^{1,2}, Matthew Scholl MD¹, Joshua Gelber MD¹, Rachel Hogan DO¹

¹University of Houston/HCA Houston Healthcare, Department of Internal Medicine, Houston, TX

²Nova Southeastern University College of Osteopathic Medicine, Fort Lauderdale, FL

Background

- To address growing health disparities among the Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex (LGBTQI+) communities, the Association of American Medical Colleges recommends that medical school curriculums incorporate sexual healthcare.¹⁻⁴
- Sexual healthcare competency is a critical component of patient care in counties with disproportionately high burdens of new HIV infections among patients who identify as LGBTQI+.⁵
- Healthcare providers play a crucial role in reducing this health disparity by directly treating marginalized patients.⁶⁻⁸
- Safe Zone trainings have been previously⁹ to improve both knowledge and opinions of LGBTQI+ communities.

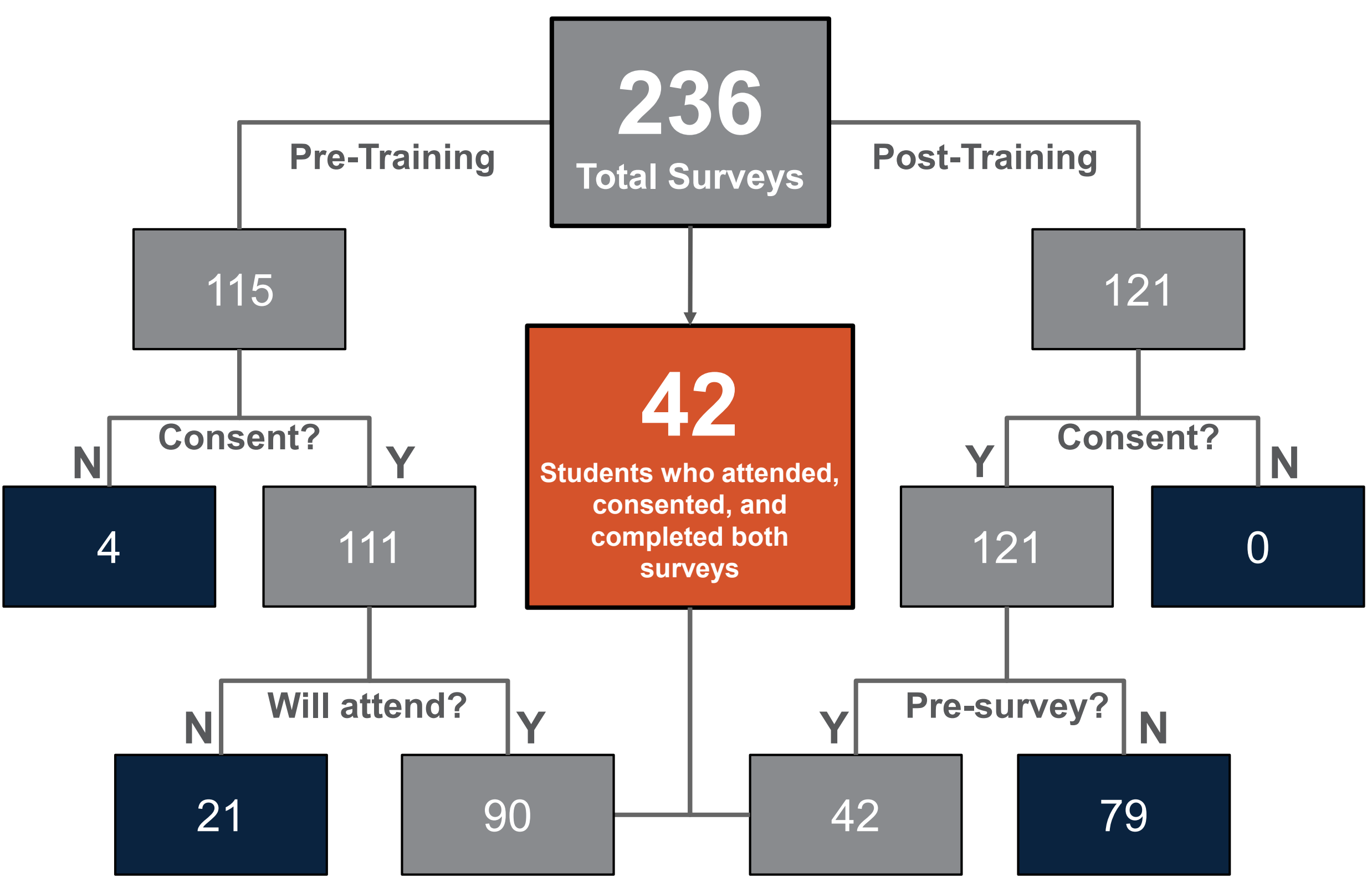
Objective

- To evaluate the efficacy of a one-hour training to improve sexual healthcare competency of medical students.

Methods

- Participant recruitment via email and social media solicited 236 completed, anonymous surveys created on Google Forms®.
- Figure 1 depicts the breakdown of surveys received one week prior to (n=115) and for one week following (n=121) a 1-hour Safe Zone training.
- A negative control group who only completed the post-training survey (n=79) evaluated survey bias.
- Surveys assessed competency through a series of questions measuring knowledge and attitudes pertaining to sexual healthcare.

Figure 1. Inclusion Criteria



This research was supported (in whole or in part) by HCA Healthcare and/or an HCA Healthcare affiliated entity. The views expressed in this publication represent those of the author(s) and do not necessarily represent the official views of HCA Healthcare or any of its affiliated entities.

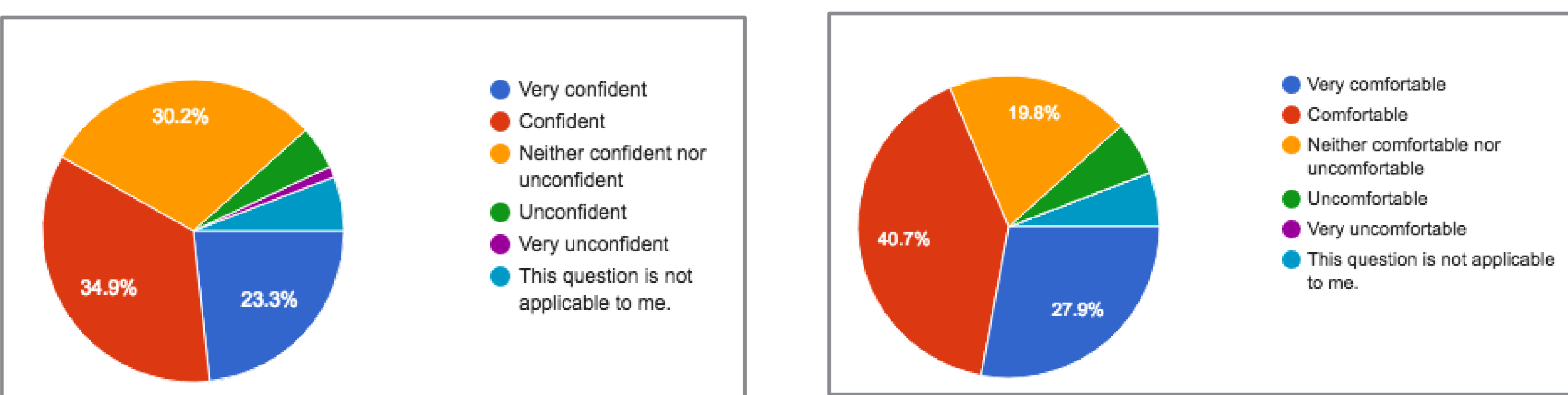
Figure 2. Results

Measure	Pre-Training Survey	Post-Training Survey
Access to healthcare is the same for LGBTQI+ persons as for other members of the population.		
LGBTQI+ people are less likely than heterosexual people to be in long term monogamous relationships.		
When taking the sexual history of an adolescent, it is important to ask about sexual activity before questions about sexual attraction or orientation.		
What does LGBTQI+ stand for?		
I feel comfortable treating patients who I know are LGBTQI+.		
I know of local healthcare resources for LGBTQI+ patients.		
I feel it is important for healthcare providers to know about their patients' sexual orientation, sexual practices, and gender identity.		
I believe that homosexuality is immoral.		
I would prefer not to treat patients with gender identity issues.		
Overall, how comfortable are you at addressing the healthcare needs of LGBTQI+ patients?		

Discussion

- The key results illustrated show subtle differences before and after the training in both knowledge and attitude measurements.
- Those who reported attending the training had a significant improvement in knowledge and change in attitudes. (orange boxes)
- In post-hoc analysis, participants who reported feeling “neither comfortable nor uncomfortable” addressing the needs of LGBTQI+ patients shifted towards feeling more comfortable.
- Approximately 10% of participants who felt comfortable did not feel confident in doing so, identifying a key demographic for further education and evaluation.

Figure 3. Confidence vs. Comfort



Conclusion

- This study reveals that dedicating one hour of medical education to a course on LGBTQI+ health competency can affect both the knowledge and attitudes of students who attend the training compared to those who do not.
- Additionally, this study shows that most students feel neither confident nor comfortable enough to refer LGBTQI+ patients to local resources.
- There are subtle changes in all measures that warrant further statistical analysis in a cross-sectional study beyond the scope of this study.

References

- HIV Infection Cases. Florida Community Health Assessment Resource Tool Set (Florida CHARTS). Florida Department of Health, Division of Public Health Statistics & Performance Management. Retrieved Mar 6, 2018 at <<http://www.flhealthcharts.com/charts/OtherIndicators/NonVitalHIV/AIDSViewer.aspx?cid=0471>>.
- Association of American Medical Colleges: Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators. First Edition, 2014. <<https://www.aamc.org/download/414172/data/lgbt.pdf>>
- Association of American Medical Colleges. Institutional Programs and Educational Activities to Address the Needs of Gay, Lesbian, Bisexual and Transgender Students and Patients. Washington, DC: Association of American Medical Colleges; 2007.
- Institute of Medicine: The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. Washington, D.C.: The National Academies Press, 2011.
- Obedin-Maliver J., Goldsmith ES., Stewart L., et al. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. JAMA 2011;306:971–977. <<http://www.ncbi.nlm.nih.gov/pubmed/21900137>>
- Byne W. LGBT Health Equity: Steps Toward Progress and Challenges Ahead. LGBT Health. 2015;2(3):193-195; doi:10.1089/lgbt.2015.0084.
- Safe Zone Curriculum available as open source resources: <http://thesafezoneproject.com/>
- Bayer CR, Eckstrand KL, Knudson G, Koehler J, Leibowitz S, Tsai P, Feldman JL. Sexual Health Competencies for Undergraduate Medical Education in North America. J Sex Med. 2017 Apr;14(4):535-540. doi: 10.1016/j.jsxm.2017.01.017. Epub 2017 Feb 12. PubMed PMID: 28202322.
- Shindel AW, Baazeem A, Eardley I, Coleman E. Sexual Health in Undergraduate Medical Education: Existing and Future Needs and Platforms. J Sex Med. 2016 Jul;13(7):1013-26. doi: 10.1016/j.jsxm.2016.04.069. PubMed PMID: 27318019.