

BEST PRACTICES

IMPROVING HOSPITALIST'S KNOWLEDGE, PREPAREDNESS, ATTITUDE, AND BEHAVIOR ON LGBTQ HEALTH

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Decades of activism, organizing, changing attitudes, and reforming public policies led organizations—such as the National Institutes of Health, Institute of Medicine, The Joint Commission, and the U.S. Department of Health and Human Services—to recognize the health inequities the lesbian, gay, bisexual, transgender, and queer (LGBTQ) population faces. One factor in these inequities is the lack of healthcare provider knowledge about the LGBTQ population leading to negative client-provider relationships, which could be related to poorer LGBTQ health outcomes.¹

A four-hour LGBTQ health educational session was created for a Hospitalist group at a major academic medical center to improve knowledge, preparedness, attitudes, and behaviors in LGBTQ-affirming care. A total of five self-selected Hospitalists participated in a four-hour educational session on LGBTQ health. There was no baseline data collected on the level of education, experience, or personal bias the Hospitalists had regarding the LGBTQ population. A pre- and post-educational session knowledge survey was given to measure the Hospitalists' knowledge of LGBTQ definitions and concepts, and social and health inequalities experienced by the LGBTQ population. The questions in the knowledge survey were based on the curriculum of the National LGBT Health Education Center's "Achieving health equality for lesbian, gay, bisexual, and transgender (LGBT) people" and validated by an expert panel made of members from the academic medical center's LGBTQ Committee.⁴ Hospitalists' attitudes toward and preparedness to treat the LGBTQ population were measured pre- and post-educational session using a modified Lesbian-, Gay-, Bisexual-, and Transgendered-Development of Clinical Skills Scale (LGBT-DOCSS).² Auditing 30 random patient charts of each participant to assess if sexual orientation and gender identification was recorded pre and post-educational intervention measured the participants' behavior.

The participants' in the four-hour educational session demonstrated statistically significant improvement in knowledge of LGBTQ-affirming care; however, they did not exhibit statistically significant improvement in preparedness or attitude. The participants' showed statically significant improvement in behavior with recording sexual orientation however they did not in recording gender identity.

These results reinforce what is already known in literature—educational sessions can improve participant knowledge regarding LGBTQ concepts and health needs. Although some research has shown an improvement in participant preparedness and attitudes towards the LGBTQ population through an educational session this study did not validate those results.⁵ Possible reasons attitudes, preparedness, and behavior with gender identity did not improve include that the small sample that participated in the educational session limited statistical analysis; LGBTQ health needs are expansive and cannot be completely addressed in a four-hour educational session, which may have left participants feeling unprepared to competently address LGBTQ health issues after the educational session, and thus assessing themselves even lower than before the session; educational sessions that improve LGBTQ knowledge alone do not improve preparedness, attitudes, or behavior but also require affecting each participant's awareness, skill, encounter, and desire to learn about the LGBTQ population.³ In addition, the sample was self-selected and already engaged on the topic of LGBTQ health; therefore, the attitude and preparedness, scores were already high at baseline and incremental improvement post intervention were not statistically significant.

An important lesson learned during the process of this intervention is that research on how to improve knowledge, preparedness, attitude, and behavior of health providers in LGBTQ-affirming care is limited,

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and future studies should focus on what interventions can effectively improve this. Concepts to explore include whether increased LGBTQ encounters, either through simulation or personal encounters, improve preparedness, attitude, and behavior. Without a change in provider attitude and preparedness, LGBTQ patients will likely continue to face poor provider interactions, which will make them less likely to seek medical care and lead to the poor health outcomes and behaviors we see today.¹ Another important lesson learned is that institutional support at the senior executive level is incredibly important for sustainability. To sustain an LGBTQ educational session like this will require a commitment to LGBTQ health from the implementing institution.

References

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