# Development of an Online LGBTQIA+ Curriculum for Medical Students

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# Background:

The LGBTQIA+ community faces higher levels of poor physical and mental health as well as chronic diseases. In addition, discrimination towards LGBTQIA+ individuals in healthcare environments is reportedly as high as 20% occurring in forms of medication refusal as well as verbal and physical violence during physical examinations. Additionally, lack of provider knowledge has been shown to be a major barrier to care. These poor experiences can lead to overall distrust in the healthcare system, further exacerbating existing health disparities. While it is critical that medical students receive high quality and comprehensive LGBTQIA+ health education to graduate with high levels of LGBTQIA+ cultural competency, there is an overall lack of LGBTQIA+ education in medical school. At the University of Michigan Medical School, there is no place in the curriculum that offers a *formal* course on LGBTQIA+ healthcare which covers relevant history, policy, disparities, clinical skills, and standards of care. With this educational gap in mind, we aimed to create this LGBTQIA+ health elective as a means to provide greater opportunity to LGBTQIA+ education for our curriculum.

#### Actions, methods or intervention:

A 2-week, online Introduction to LGBTQIA+ Health elective was designed and is in final stages of construction. Kern's six step approach to curriculum development was utilized to plan construction of the course. The content of the curriculum as well as the learning objectives were developed by exploring the literature regarding existing curricula in this field, as well as utilizing the feedback from a LGBTQIA+ medical student group and a multidisciplinary team of experts in LGBTQIA+ health, including but not limited to physicians and social workers. Invitations were sent to content experts at the University of Michigan as well as other institutions to contribute recorded video lectures to the course. Construction of the course was performed via an online learning platform called Canvas.

# **Results:**

The outline received positive narrative feedback via email communication from LGBTQIA+ health experts. The course includes a total of nine modules, which are divided into general and specialty specific modules. The general modules include: Background: Sexual Orientation & Gender Identity, History and Policy, Health Disparities, and Clinical Skills. The specialty specific modules include: Primary Care, Mental Health Care, Pediatrics and Adolescent Health, Obstetrics and Gynecology (OB/Gyn), and Surgical Care. A total of ten video recordings from eight experts were contributed, and other published materials including, but not limited to, academic articles, publicly available podcasts, and chapters from *The Equal Curriculum* were incorporated to ensure all learning objectives were met.

#### Lessons learned:

Several lessons were learned throughout this course development. First, Kern's six step approach was a critical tool that offered a robust framework to build this curriculum from scratch. Second, incorporating 'expert' material and utilizing student feedback was imperative to ensure

that the content being covered was appropriate, comprehensive, sensitive, and inclusive. Third, as supported by educational literature, we anticipate that including a variety of materials like videos, manuscripts, and podcasts will be helpful for engaging a diverse group of students. Lastly, being open to feedback and having patience when performing the iterative process of curriculum development is crucial.

### Future application and next steps:

The course will be implemented in the Spring of 2022, and will be offered to 3rd and 4th year medical students as a 2-week, online elective. After students complete the course, next steps will involve integrating feedback from those students. Additionally, we aim to show that students improve their knowledge and comfort in LGBTQIA+ health related information following completion of our course via built in knowledge assessments in each module and a pre and post survey which assess competency and comfort of LGBTQIA+ related care. Lastly, if found to be effective, we hope to distribute the course to other medical schools or health care professional programs in order to reach a greater audience and increase access to quality education regarding LGBTQIA+ health, leading to reduced barriers to care.