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

Joel Moll, MD, Paul Krieger, MD, Sheryl L. Heron, MD, MPH, Cara Joyce, PhD, and Lisa Moreno-Walton, MD

ABSTRACT

Background: Although lesbian, gay, bisexual, and transgender (LGBT) patients are ubiquitous in emergency medicine (EM), little education is provided to EM physicians on LGBT health care needs and disparities. There is also limited information on EM physician behavior, comfort, and attitudes toward LGBT patients. The objective of this study was to assess EM residents behavior, comfort, and attitudes in LGBT health.

Methods: An anonymous survey link was sent to EM programs via the Council of Residency Director listserv. The primary outcome of the 24-item descriptive survey was the self-reported comfort levels and self-reported practice in LGBT health care. Secondary outcomes included individual comfort toward LGBT colleagues and patients who are LGBT, and the frequency of colleagues making discriminatory statements toward LGBT patients and staff in the emergency department setting. Associations between personal and program demographics and survey responses were also examined.

Results: There were 319 responses The majority of respondents were male (63.4%), Caucasian (69.1%), and heterosexual (92.4%). A sizeable minority of respondents felt histories and physical examinations were more challenging for lesbian, gay, or bisexual patients (24.6%) and more so for transgender patients (42.6%). Most residents do not ask patients to identify sexual orientation when presenting with abdominal or genital complaints (63%). Discriminatory LGBT comments were reported from both fellow residents (16.6%) and faculty (10%). A total of 2.5% of respondents were uncomfortable with other LGBT physicians, and 6% did not agree that LGBT patients deserve the same quality care as others.

Conclusion: A number of residents find caring for LGBT patients more challenging than heterosexual patients. Even with professed comfort with LGBT health care, most residents report taking incomplete sexual histories that may affect patient care. Attitudes toward LGBT patients are mainly, but not completely, positive in this cohort.

It has been estimated that at least 3.5% of Americans, or 9 million people, identify as lesbian, gay, or bisexual,[1] although identity does not always indicate sexual behavior, as 19 million Americans (8.2%) have engaged in same-sex sexual behavior.[1] Another 0.6%, or 1.4 million people, identify as transgender.[2] 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

From the Department of Emergency Medicine, Virginia Commonwealth University School of Medicine (JM), Richmond, VA; the Department of Emergency Medicine, Mount Sinai Beth Israel Medical Center (PK), New York, NY; the Department of Emergency Medicine, Emory University (SLH), Atlanta, GA; Loyola University Chicago (CJ), Chicago, IL; and the Department of Medicine, Section of Emergency Medicine, Louisiana State University (LMW), New Orleans, LA.
Received September 13, 2018; revision received November 29, 2018; accepted December 6, 2018.
The authors have no relevant financial information or potential conflicts to disclose.
Author contributions: Study concept and design—JM, PK, SLH, and LMW; acquisition of the data, analysis and interpretation of the data—all; drafting of the manuscript—JM, PK, and CJ; critical revision of the manuscript for intellectual content—JM, CJ, SLH, and LMW; statistical expertise—CJ and LMW; and acquisition of funding—no financial funding.
Supervising Editor: Theresa Chan, MD, MHPE.
Address for correspondence and reprints: Joel Moll, MD; e-mail: joel.moll@vcuhealth.org.
AEM EDUCATION AND TRAINING 2019;3:129–135

doi: 10.1002/aet2.10318

health care disparities exist for LGBT persons with a major contributor to those disparities being a lack of provider knowledge and competency.[3–7] Such disparities are known to include elevated risk of depression and suicide, increased rates of substance abuse, increased risk for some cancers, and decreased access to health care.[8]

Educators have been slow to respond by providing adequate education on LGBT health. In 2011, medical schools indicated that the median time dedicated to LGBT health education in undergraduate medical education was only 5 hours, and one-third of schools provided no education in during the clinical years.[9] Surveys of medical students show significant gaps in LGBT health knowledge.[10,11] The Association of American Medical Colleges (AAMC) first issued guidance for a curriculum in LGBT health in 2014.[12] Medical schools are now beginning to implement such education.[13]

No formal guidance has been provided to residency programs, and currently LGBT health education is not included in the model of emergency medicine practice.[14] A 2014 survey showed only 26% of EM residency programs had formal education on LGBT health, although most programs directors felt education on this topic is needed.[15] Physicians are even less likely to get education on LGBT health and health care after residency. In one survey only 16% of academic practices in the United States provided training on LGBT health.[16] Recent inquiry into transgender patient experience in the emergency department reported that most providers care for transgender patients but lacked basic knowledge about caring for this population.[7] In another study, transgender patients avoided needed care 43.8% of the time due to such factors as provider competency and fear of discrimination.[6] Little research exists on resident competency, comfort level, and attitudes when caring for LGBT patients and to our knowledge, none in emergency medicine. In this study, we sought to examine emergency medicine residents' self-reported behaviors, attitudes, and comfort level when caring for LGBT patients.

METHODS

Study Design and Population

This study utilized an anonymous link created in Survey Monkey. The link was sent to ACGME-accredited residency programs via the Council of Residency Directors (CORD) listserv. Members of the list serve were requested to distribute the survey to their residents. Two reminders were sent the following 2 weeks via the listserv. At the time of this study, there were 167 ACGME-accredited programs in EM when the survey was distributed,[17] with typically all EM programs represented on the CORD listserv. It was not possible to determine individual program director compliance with our request, and there were no incentives offered. The study was approved by the institutional review board at Louisiana State University.

Survey Content and Administration

A 24-question survey was developed based on two published surveys that collected similar information from medical students.[13,18] The survey was field tested prior to general distribution at four emergency medicine residency programs (Emory University, Louisiana State University, Mount Sinai Beth Israel, and the University of Michigan) with 151 responses (response rate 71%). Respondents included those who self-identified as LGBT. The content of the survey was not changed after field testing. Respondents were provided the e-mail address of the primary author for feedback, concerns, or questions regarding survey items or study design; however, no queries were received. The complete survey is in Data Supplement S1 (available as supporting information in the online version of this paper, which is available at http://onlinelibrary.wiley.com/doi/10.1002/aet2.10318/full).

Outcomes

Our primary outcomes were the level of comfort residents felt when caring for the needs of LGBT patients and self-reported practice on history and examinations. Secondary outcomes included 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.

Data Analysis

Respondent characteristics and responses to survey questions were presented as counts and percentages.

RESULTS

A total of 319 residents responded to the survey during December 2014. Respondent mean (±SD) age

Table 1
Resident Respondent Characteristics

	No. Responded	*n* (%)
Age	315	
<30		194 (61.6)
≥30		121 (38.4)
Sex	317	
Female		116 (36.6)
Male		201 (63.4)
Race	317	
Caucasian		219 (69.1)
African American		16 (5.0)
Latino		28 (8.8)
Asian/Pacific Islander		33 (10.4)
Bi-/multiracial		12 (3.8)
Other		9 (2.8)
Region	314	
Northeast		121 (38.5)
South		131 (41.7)
Midwest		42 (13.4)
West		20 (6.4)
Metropolitan area	318	
<100,000		12 (3.8)
100,00–250,000		39 (12.3)
250,000–1,000,000		68 (21.4)
>1,000,000		199 (62.6)
Year in school	316	
PGY-1		107 (33.9)
PGY-2		97 (30.7)
PGY-3		77 (24.4)
PGY-4		35 (11.1)
Sexual orientation	316	
Heterosexual		286 (90.5)
Homosexual		24 (7.6)
Bisexual		6 (1.9)

Table 2
Comfort and Caring for LGBT Patients and Colleagues

Comfort with addressing the needs of LGBT patients	
Very comfortable	58 (18.2)
Comfortable	144 (45.3)
Neutral	88 (27.7)
Uncomfortable	19 (6.0)
Very uncomfortable	9 (2.8)
Comfortable with working alongside LGBT physicians	
Strongly agree	266 (83.6)
Agree	44 (13.8)
Neutral	6 (1.9)
Disagree	1 (0.3)
Strongly disagree	1 (0.3)
Agreement that LGBT patients deserve the same level of quality care as other patients	
Strongly agree	276 (86.8)
Agree	23 (7.2)
Neutral	4 (1.3)
Disagree	12 (3.8)
Strongly disagree	3 (0.9)

Data are reported as *n* (%). *n* = 318 for all responses.
LGBT = lesbian, gay, bisexual, and transgender.

was 30 (±3) years, 63.4% (*n* = 201) were male, 69.1% (*n* = 219) were Caucasian, and 90.5% (n = 286) identified as heterosexual (Table 1).

Respondents were neutral to very uncomfortable in addressing the needs of LGBT patients 36.5% of the time (*n* = 116; Table 2). A minority felt it more challenging to discuss sexual behavior (9.1%, *n* = 29); gather history (8.8%, *n* = 28); conduct a physical examination (2.5%, *n* = 8); or conduct a genitourinary examination (3.1%, *n* = 10) on lesbian, gay, or bisexual patients (Table 3). More felt it challenging to discuss sexual behavior (24%, *n* = 76), gather history (24.7%, *n* = 78), conduct a physical examination (18.5%, *n* = 59), or conduct a genitourinary examination (31.6%, *n* = 100) on transgender patients (Table 3).

A minority (39.9%, *n* = 97) of respondents always or often ask patients if they have sex with men, women, or both when taking sexual history, and only 17.6% (*n* = 56) ask patients always or often to identify their sexual orientation when evaluating a patient with an abdominal or genitourinary complaint (Table 4). Residents self-report they never ask about sexual orientation 25.7% (*n* = 82) and another 37.3% rarely do so (*n* = 119).

Although most were comfortable working alongside LGBT physicians, 2.5% (*n* = 8) were not, and 1.3% were neutral (*n* = 4), 3.8% disagreed (*n* = 12), and 0.9% strongly disagreed (*n* = 3) that LGBT patients deserve the same care as other patients (Table 2). Residents observed other residents making discriminatory or inappropriate comments about LGBT patients or staff more than rarely 16.6% of the time (*n* = 53) and faculty doing so more than rarely 10% of the time (*n* = 32).

DISCUSSION

Our sample demographics indicate that respondents were reflective of known EM resident demographics. Specifically, female residents comprised 36.6% of respondents, compared to 35.6% nationally.[19] By race, 69.1% identified as white (57.8% nationally), and

Table 3
Opinions on Challenges to Treating LGBT Patients

	No. Responded	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
More challenging for lesbian, gay, or bisexual patients than other patients to						
Discuss sexual behavior	317	2 (0.6)	27 (8.5)	49 (15.5)	149 (47.0)	90 (28.4)
Gather an oral history	318	1 (0.3)	27 (8.5)	44 (13.8)	150 (47.2)	96 (30.2)
Conduct a physical examination	317	1 (0.3)	7 (2.2)	20 (6.3)	143 (45.1)	146 (46.1)
Conduct a genitourinary examination	317	1 (0.3)	9 (2.8)	22 (6.9)	147 (46.4)	138 (43.5)
More challenging for transgender patients than other patients to						
Discuss sexual behavior	317	5 (1.6)	71 (22.4)	59 (18.6)	117 (36.9)	65 (20.5)
Gather an oral history	316	13 (4.1)	65 (20.6)	52 (16.5)	123 (38.9)	63 (19.9)
Conduct a physical examination	319	5 (1.6)	54 (16.9)	52 (16.3)	124 (38.9)	84 (26.3)
Conduct a genitourinary examination	317	10 (3.2)	90 (28.4)	50 (15.8)	102 (32.2)	65 (20.5)

Data are reported as *n* (%).
LGBT = lesbian, gay, bisexual, and transgender.

Table 4
Resident Respondent Practices and Observations

	No. responded	*n* (%)
Asks patients if they have sex with men, women, or both when taking sexual history	318	
Always		55 (17.3)
Often		72 (22.6)
Sometimes		101 (31.8)
Rarely		73 (23.0)
Never		17 (5.3)
Asks patients to identify their sexual orientation when evaluating a patient for an abdominal or genital complaint	319	
Always		15 (4.7)
Often		41 (12.9)
Sometimes		62 (19.4)
Rarely		119 (37.3)
Never		82 (25.7)
Has observed residents make discriminatory or inappropriate comments about LGBT patients or staff	317	
Always		2 (0.6)
Often		3 (0.9)
Sometimes		48 (15.1)
Rarely		106 (33.4)
Never		158 (49.8)
Has observed attending physicians make discriminatory or inappropriate comments about LGBT patients or staff	318	
Always		2 (0.6)
Often		3 (0.9)
Sometimes		27 (8.5)
Rarely		91 (28.6)
Never		195 (61.3)

LGBT = lesbian, gay, bisexual, and transgender.

5.0% identified as African American (4.6% nationally).[19] Sexual orientation data are not collected by the ACGME, but according to AAMC data in 2017, 92.2% of medical students identified as heterosexual, and 7.8% identified as LGBT.[20] Our population was similar, 90.5% heterosexual and 9.5% LGBT.

The majority of respondents indicated that they were comfortable caring for LGBT patients; however, over one-third (36.5%) felt neutral to very uncomfortable addressing the needs of LGBT patients, indicating a large self-reported knowledge gap. Similarly, most felt it was not more challenging perfuming history and physical examinations on LGBT patients. It is interesting to note that despite professed level of comfort, residents fare poorly overall in performing basic tasks of taking sexual history by their own report. A survey of United States and Canadian allopathic medical schools found that 97% of schools taught students to ask if patients have sex with "men, women, or both,"[9] in this study only 39.9% asked that question always or often when taking a sexual history. When the chief complaint involves abdominal or genital region, only 17.8% of residents obtain sexual orientation always or often. This information may be essential in adequately diagnosing and treatment complaints related to the abdominal or genital region. Therefore, we suggest that self-reported levels of comfort with their ability to care for the needs of LGBT patients may be an over estimate of residents' actual knowledge and competency in LGBT health. This is similar to a study that found two-thirds of active duty military physicians were comfortable discussing sexual health, but only 5% asked about same-sex sexual behavior.[21] Both majority assumptions of heterosexual

sexual activity and discomfort discussing same-sex sexual activity can affect the delivery of competent health care. There is also a significant portion of residents who have less comfort with caring for LGBT patients, which may among other factors reflect the minimal education described at both the undergraduate and the graduate medical education levels. Recent studies that focus on transgender health competency by physicians and the experiences of transgender patients based on provider competency and discrimination also showed the need for education of providers. However, most importantly they demonstrate a high level of discomfort among patients due to these factors that creates a barrier to their health care.[6,7]

A minority of residents were neutral to 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%). However, a 2011 survey of LGBT physicians reported much higher rates of discriminatory comments and behaviors. Among the LGBT physicians in that study, 15% had been harassed by a colleague, 65% had heard derogatory comments about LGBT individuals, 34% had witnessed discriminatory care of an LGBT patient, and 27% had witnessed discriminatory treatment of an LGBT coworker.[22] In our study of predominately heterosexual residents, discriminatory attitudes and observations were much less frequently reported. Our study was not powered to compare experiences of LGBT and heterosexual physicians or reliably analyze the experiences of LGBT respondents. It is impossible to calculate or estimate the potential harm even a small minority of unaccepting physicians may inflict inadvertently or purposefully on this vulnerable population, especially when emergency medicine is the safety net for those without other resources. Past interventions and education initiatives have been shown to increase provider knowledge and acceptance of LGBT patients at least in the short term;[23–25] however, they are largely absent in emergency medicine. The 2014 survey that found limited education of residents on LGBT health reported lack of content experts (23%) as one barrier.[15] Specialty-specific guidelines and available education resources that do not require content experts to administer using multiple formats would be a logical and valuable future area of development. This is clearly an area that warrants more study and intervention in medical education and training.

LIMITATIONS

Data were self-reported and thus subject to response bias. Because it was an anonymous survey, we had no mechanism to eliminate duplicate responses or calculate a true response rate. Recognizing the sensitivity of the survey and respecting the privacy of some respondents, no attempt to identify individual program responses by IP address or other methods was done. The survey was sent to EM programs via a program director listserv, which we relied upon for distribution to EM residents. The number of responses may be reflective of poor cooperation with the distribution request, other bias regarding willingness to respond to the subject matter, or survey fatigue due to multiple survey requests on the CORD listserv. It is possible that the survey may have been more likely to be completed by respondents with strong feelings about LGBT health, both positive and negative. It is also possible that social desirability bias affected responses, underestimating the number who feel that LGBT patients do not deserve the same care as others or underreporting discomfort with LGBT patients or colleagues.

Our sample may have been skewed toward programs in larger population centers (62.6% in areas > 1 million). This compares to 45% of programs who identified as located in metropolitan areas > 1 million in a survey of program directors done a year earlier.[15] That survey had an excellent response rate (78%) and is likely closer to an accurate percentage of programs located where the population is >1 million. We cannot determine whether those in less urban programs would be more or less comfortable with LGBT health than our results reflect, although our bias may lead us to question whether programs in less urban areas might have less interaction with LGBT patients. If so, it would indicate that the comfort in this study expressed by residents in LGBT health may be an over estimate of the EM resident comfort with LGBT health care.

Finally, there are unique challenges to performing research on LGBT populations and subject matter. Because the majority of states do not have employment nondiscrimination laws protecting LGBT employees, respondents may have under reported or felt uncomfortable reporting their sexual identity even in this anonymous survey.

CONCLUSION

Despite minimal LGBT health content in undergraduate and graduate medical education, most emergency

medicine residents report some comfort in their ability to care for LGBT patients. However, self-reported practices in this survey raise questions about their overall competence, and not adhering to best practices in this population could negatively impact patient care. The vast majority of residents, but not all, support equitable care of LGBT patients and working with LGBT physicians. These findings reflect a need to educate future emergency physicians to provide quality care to this vulnerable population who have unique needs and known health disparities. This can be achieved by developing and testing unique and deliberate educational materials to increase emergency medicine physicians' ability to provide equitable and quality care for this underserved population.

References

1. Gates G. How Many People Are Lesbian, Gay, Bisexual, and Transgender? The Williams Institute, UCLA School of Law. Available at: http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf. Accessed August 5, 2018.
2. Flores AR, Herman J, Gates GJ, Brown TN. How Many Adults Identify as Transgender in the United States? UCLA: The Williams Institute. 2016. Available at: https://escholarship.org/uc/item/2kg9x2rk. Accessed August 5, 2018.
3. Institute of Medicine (US) Committee on Lesbian, Gay Bisexual and Transgender Health Issues and Research Gaps and Opportunities. The Health of Lesbian Gay, Bisexual and Transgender People: Building a foundation for Better Understanding. Washington, DC: The National Acadamies Press, 2011.
4. Tschurtz B, Burke A. The Joint Commission. Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. LGBT Field Guide PDF, Oak Brook, IL, 2011. Available at: https://www.jointcommission.org/lgbt/. Accessed on August 5, 2018.
5. Frazer MS. LGBT Health and Human Services Needs in New York State. 2009. Available at: http://outforhealth.org/files/all/lgbt20health20and20human20services20needs20report.pdf. Accessed August 5, 2018.
6. Samuels EA, Tape C, Garber N, Bowman S, Choo EK. "Sometimes you feel like the freak show": a qualitative assessment of emergency care experiences among transgender and gender-nonconforming patients. Ann Emerg Med 2018;71:170–82.
7. Chisolm-Straker M, Willging C, Daul AD, et al. Transgender and gender-nonconforming patients in the emergency department: what physicians know, think, and do. Ann Emerg Med 2018;71:182–8.
8. Healthy People 2020. Office of Disease Prevention and Health Promotion. Department of Health and Human Services. Available at: https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health. Accessed November 20, 2018.
9. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, gay, bisexual, and transgender related content in undergraduate medical education. JAMA 2011;306:971–7.
10. Sanchez NF, Rabatin J, Sanchez JP, Hubbard S, Kalet A. Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. Fam Med 2006;38:21–7.
11. Hayes V, Blondeau W, Bing-You RG. Assessment of medical student and resident/fellow knowledge, comfort, and training with sexual history taking in LGBTQ patients. Fam Med 2015;47:383–7.
12. Hollenbach AD, Eckstrand KL, Dreger A. 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. Association of American Medical Colleges. 2014. Available at: https://members.aamc.org/eweb/upload/LGBTDSD%20Publication.pdf. Accessed August 14, 2018.
13. Sawning S, Steinbock S, Croley R, Combs R, Shaw A, Ganzel T. A first step in addressing medical education curriculum gaps in lesbian gay, bisexual, and transgender related content: The University of Louisville Lesbian, Gay, Bisexual, and Transgender Health Certificate Program. Educ Health 2017;30:108–14.
14. Counselman FL, Babu K, Edens MA, et al. The 2016 Model of Clinical Practice of Emergency Medicine. J Emerg Med 2017;52:846–9.
15. Moll J, Krieger P, Moreno-Walton L, et al. The prevalence of lesbian, gay, bisexual, and transgender health education and training in emergency medicine residency programs: what do we know? Acad Emerg Med 2014;21:608–11.
16. Khalili J, Leung LB, Diamant AL. Finding the perfect doctor: identifying lesbian, gay, bisexual, and transgender-competent physicians. Am J Public Health 2015;105:1114–9.
17. Smith-Coggins R, Marco CA, Baren JM, et al. American Board of Emergency Medicine Report on Residency Training Information (2014-15). Ann Emerg Med 2015;65:584–94.
18. Nama N, MacPherson P, Sampson M, McMillan HJ. Medical students' perception of lesbian, gay, bisexual, and transgender (LGBT) discrimination in their learning environment and their self-reported comfort level for caring for LGBT patients: a survey study. Med Educ Online 2017;22:1368850.
19. ACGME Data Resource Book. Academic Year 2015-16. Available at: https://www.acgme.org/About-Us/Publications-and-Resources/Graduate-Medical-Education-Data-Resource-Book. Accessed on December 27, 2018.

20. AAMC Matriculating Student Questionnaire. 2017 All Schools Summary Report. December 2017. Available at: https://www.aamc.org/download/485324/data/msq2017report.pdf. Accessed August 5, 2018.
21. Rerucha CM, Runser LA, Ee JS, Hersey EG. Military healthcare providers' knowledge and comfort regarding the medical care of active duty lesbian, gay, and bisexual patients. LGBT Health 2018;5:86–90.
22. Eliason MJ, Dibble SL, Robertson PA. Lesbian, gay, bisexual, and transgender (LGBT) physicians' experiences in the workplace. J Homosexuality 2011;58:1355–71.
23. Kelley L, Chou CL, Dibble SL, Robertson PA. A critical intervention in lesbian, gay, bisexual and transgender health: knowledge and attitude outcomes among second-year medical students. Teach Learn Med 2008;20:248–53.
24. Bristol S, Kostelec T, MacDonald R. Improving emergency health care workers' knowledge, competency, and attitudes toward lesbian, gay, bisexual, and transgender patients through interdisciplinary cultural competency training. J Emerg Nurs 2018;17:30375–6.
25. Sekoni AO, Gale NK, Manga-Atangana B, Bhadhuri A, Jolly K. The effects of educational curricula and training on LGBT-specific health issues for healthcare students and professionals: a mixed-method systematic review. J Int AIDS Soc 2017;20:21624.

Supporting Information

The following supporting information is available in the online version of this paper available at http://onlinelibrary.wiley.com/doi/10.1002/aet2.10318/full

Data Supplement S1. LGBT Resident Survey (electronic survey via SurveyMonkey).