

U.S. Pediatric Residents' Preparedness, Attitudes, and Knowledge in LGBTQ+ Healthcare

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Introduction

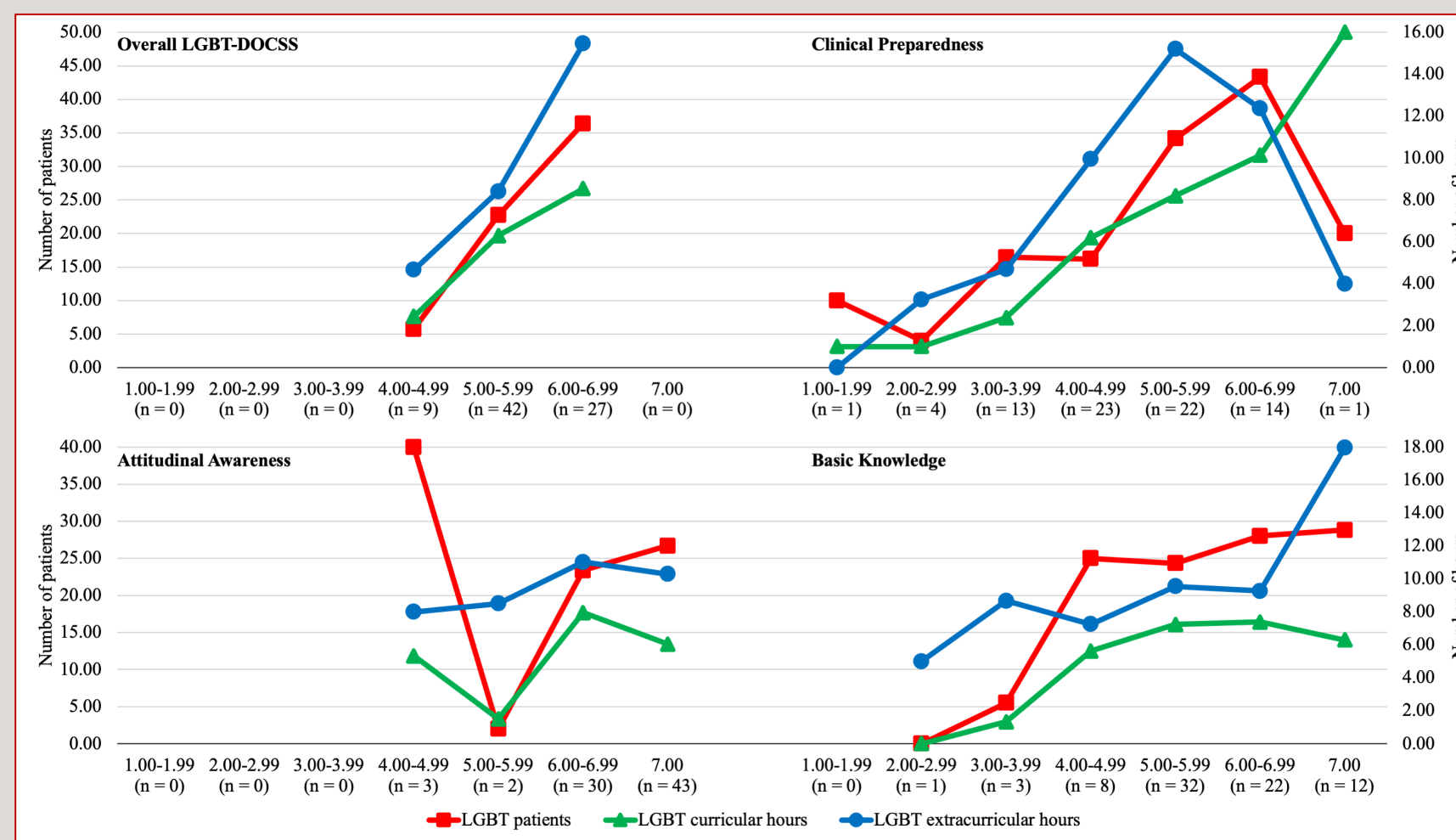
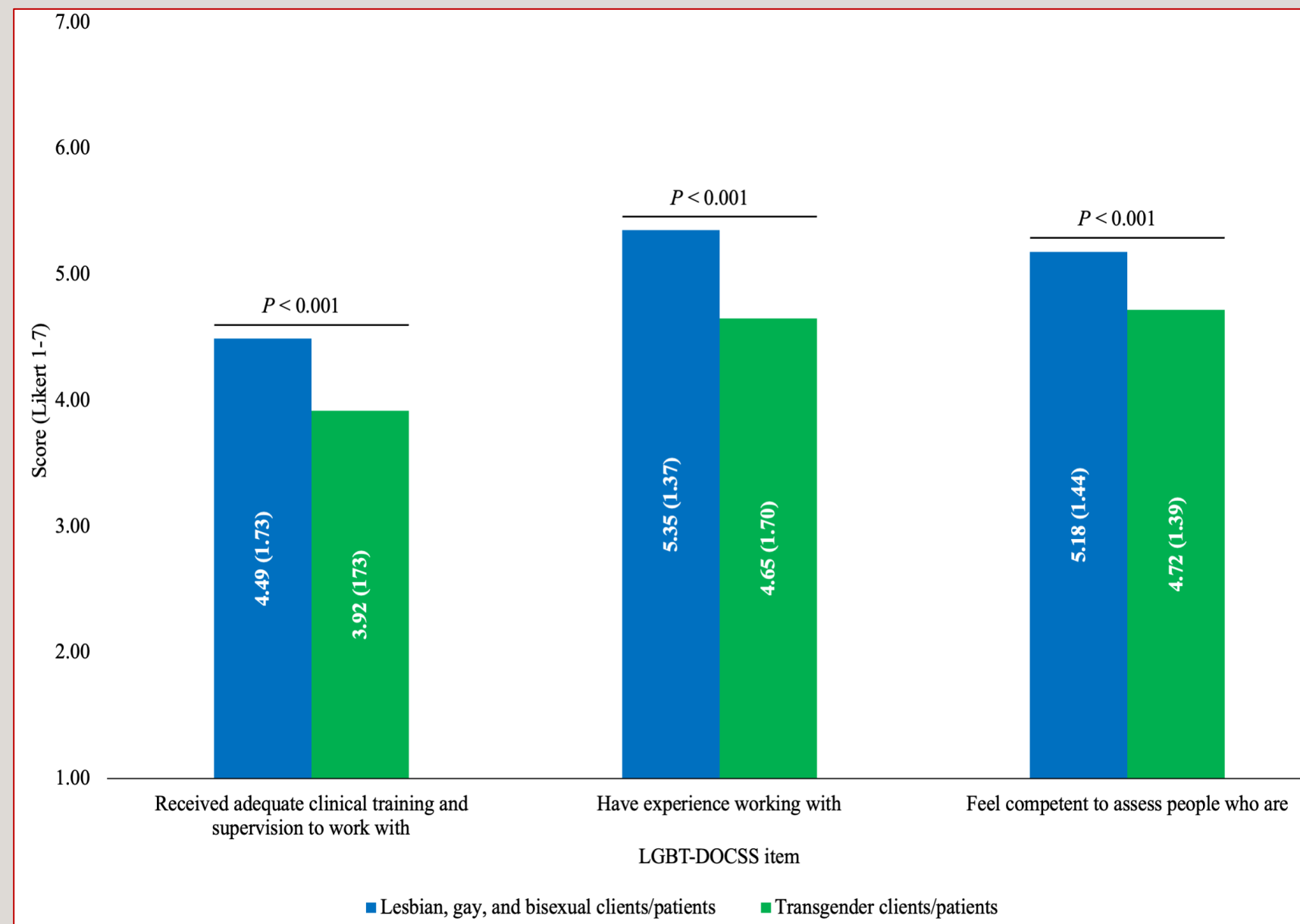
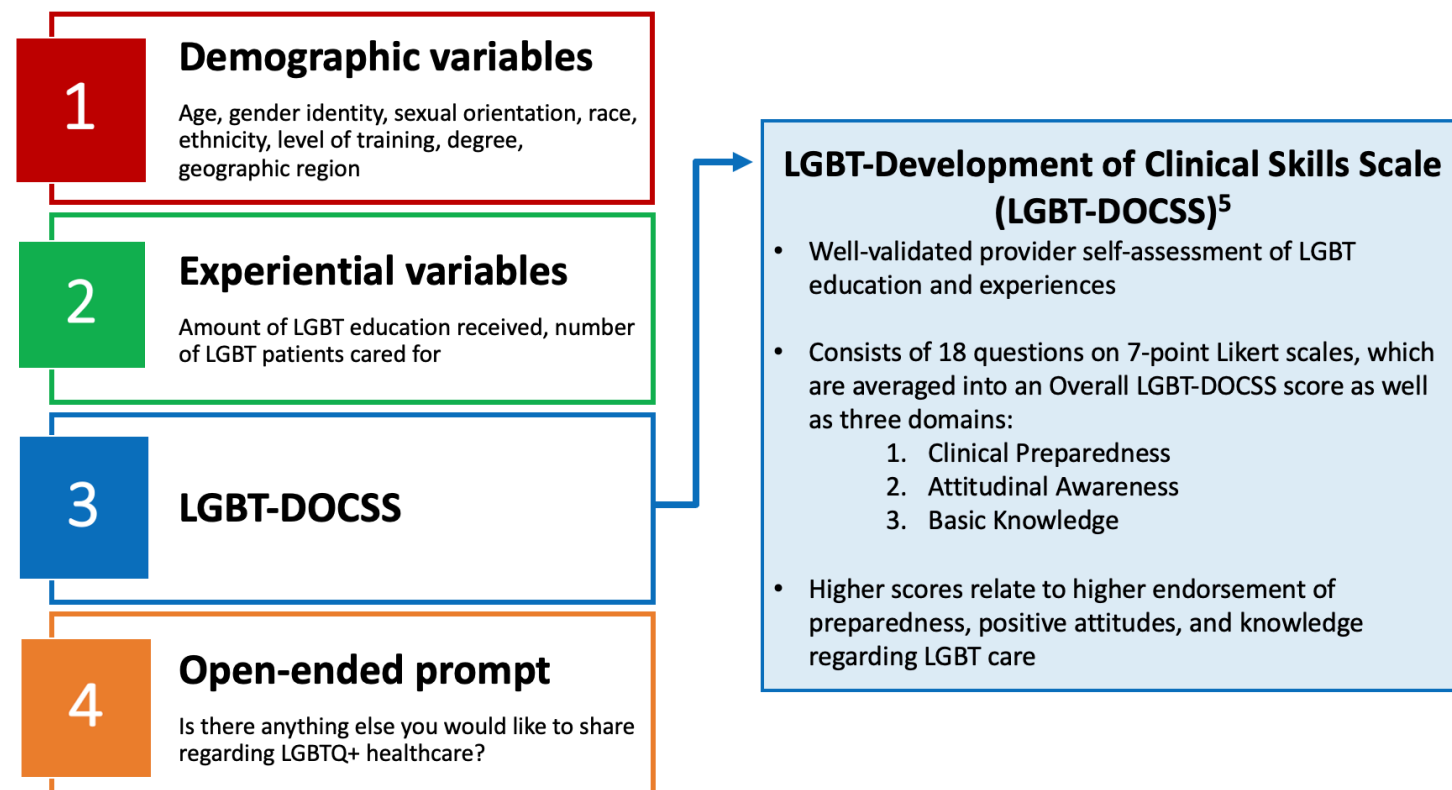
Lesbian, gay, bisexual, transgender, queer, and all sexual and gender minority (LGBTQ+) youth face adversity at much higher rates than their cisgender, heterosexual peers. For many LGBTQ+ youth and adolescents, providers can act as important advocates and sources of information. However, despite the important intersections of identity, health, stress, and vulnerability within youth and adolescent populations, little research has assessed providers who primarily care for LGBTQ+ youth, such as U.S. pediatric residents.

There is limited but promising research on the impact of LGBTQ+ training for healthcare professionals. In a series of studies, Nowaskie and colleagues have reported that medical students,¹ dermatology residents,² plastic surgery residents,³ and psychiatry residents⁴ who receive more LGBTQ+ education and care for more LGBTQ+ patients have increased awareness and preparedness in LGBTQ+ care.

However, little research has addressed the availability of providers trained on LGBTQ+ issues who primarily care for LGBTQ+ youth, such as U.S. pediatric residents. These professionals play a key role in the lives of LGBTQ+ populations and should be prepared to address the complex intersections between identity and health.

Materials & Methods

In June 2022, U.S. pediatric residency program directors (n = 212), program coordinators (n = 178), and chief residents (n = 133) were requested to forward an anonymous, online survey link to pediatric residents. Three additional reminders were emailed. The survey consisted of demographic variables, experiential variables, the LGBT-Development of Clinical Skills Scale (LGBT-DOCSS),⁵ and an open-ended prompt.



Results

Pediatric residents (N = 78) reported the following:

- Low to moderate LGBT curricular hours (M = 3.32, SD = 3.17) and LGBT patients (M = 13.84, SD = 15.11)
- Low to moderate Clinical Preparedness (M = 4.80, SD = 1.22)
- Low to moderate Basic Knowledge (M = 5.67, SD = 0.97)
- High Attitudinal Awareness (M = 6.71, SD = 0.57)

In transgender care compared to LGB care, residents were significantly less likely to report:

- Receiving adequate training and supervision [t(77) = -4.976, P < 0.001]
- Having adequate experience [t(77) = -5.101, P < 0.001]
- Feeling competent [t(77) = -4.722, P < 0.001].

In general, residents who reported more LGBT education and LGBT patients also reported higher LGBT-DOCSS scores.

Discussion

This study found appreciable gaps in LGBTQ+ education and experiences. Despite the variety of training and rotations in pediatric residencies, residents are seemingly not receiving enough in-depth education to adequately address the intersections of LGBTQ+ care and pediatric care. Although pediatric residents care for hundreds to thousands of patients every year, they reported caring for only a handful of LGBTQ+ people annually. Given that LGBTQ+ people represent 20.8% of generation Z,⁶ pediatric residents are caring for many more LGBTQ+ patients than they realize.

Noticeable discrepancies existed between pediatric residents' higher positive attitudes compared to their lower preparedness and knowledge in LGBTQ+ care. These were especially apparent in preparedness for transgender care. This suggests much more attention to LGBTQ+ topics, especially gender diverse care, within U.S. pediatric residencies is needed.

LGBTQ+ education and patient exposure appear to have positive benefits for pediatric residents' comfortability, knowledge, and preparedness in caring for LGBTQ+ patients. Promoting LGBTQ+ patient exposure can be both curricular (e.g., panel discussions and multidisciplinary clinics) and extracurricular (e.g., community events, workshops and conferences). In residency programs, LGBTQ+ education can be integrated into curricula as well as supplemented beyond required didactics (e.g., on-demand education, journal clubs, volunteering, seminars, and conferences). For both curricular and extracurricular LGBTQ+ education, it is paramount that training is delivered by individuals with shared lived experiences and/or by instructors with many years of experience in education and treatment of LGBTQ+ communities.

Conclusions

LGBTQ+ youth and adolescents experience high rates of discrimination and healthcare disparities. Therefore, it is vital that pediatric residents provide affirming LGBTQ+ care. However, pediatric residents currently have substantial shortcomings in LGBTQ+ knowledge and preparedness. Pediatric residency programs must acknowledge these areas for improvement by increasing LGBTQ+ education and LGBTQ+ patient exposure. Until then, many LGBTQ+ youth and adolescents may continue to struggle and receive inadequate support and care.

References

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