

LGBTQIAP+ HEALTH IN MEDICINE EDUCATION: AN INTEGRATIVE REVIEW

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Abstract: Issues related to gender identity have undergone many changes over time, until they are more accepted today. The lesbian, gay, bisexual, transsexual, transgender, queer, intersex, asexual and pansexual (LGBTQIAP+) population currently faces difficulties with regard to access to the Unified Health System (SUS), mainly because they remain with the idea that they cannot follow the heteronormative pattern dictated by society, in addition to the different forms of prejudice and judgments suffered in public environments. In the midst of this scenario, the LGBTQIAP+ community still suffers from a reception deficit by not having their health needs fully met due to different types of prejudice. This type of action by health professionals is often due to lack of knowledge on the subject. So, this review seeks to carry out a survey about the teaching of structural determinants of health for LGBTQIAP+ individuals, and to raise discussions about the importance of training doctors for adequate assistance to this community. For this, a scientific survey was carried out in the main databases, using the terms “Health; LGBTQIAP+; Teaching and Medicine”, including articles published from 2020 onwards with studies that answer the guiding question, with full texts available online in English and Portuguese. The results of this search resulted in ten articles that met the previously established inclusion criteria, which made evident the need for maintenance in the curricula of courses for health professionals, showing the implementation of curricular content focused on the theme of work, as well as its effects. The selected surveys make evident the need for adjustments in the curricula of educational institutions, including in the system the theme related to sexual diversity, gender identity and sexual orientation, so that there is adequate support for the care

of this population. In addition to making it implicit, the need for students, as co-responsible for their training, to seek to understand and learn about care in relation to the health care of LGBTQIAP+ people, so that there is correct assistance, based on the foundations of medical ethics and human rights, respecting the differences of each one, including in the system the theme related to sexual diversity, gender identity and sexual orientation, so that there is adequate support for the care of this population. In addition to making it implicit, the need for students, as co-responsible for their training, to seek to understand and learn about care in relation to the health care of LGBTQIAP+ people, so that there is correct assistance, based on the foundations of medical ethics and human rights, respecting the differences of each one, including in the system the theme related to sexual diversity, gender identity and sexual orientation, so that there is adequate support for the care of this population. In addition to making it implicit, the need for students, as co-responsible for their training, to seek to understand and learn about care in relation to the health care of LGBTQIAP+ people, so that there is correct assistance, based on the foundations of medical ethics and human rights, respecting the differences of each one. **Keywords:** Medical students. Sexual and gender minorities. Primary Health Care.

INTRODUCTION

Over the years, the experiences of individuals with diverse sexual orientations, gender identities and sexual developments have received increasing attention. This attention has led to activism, initiative and change in all spheres of society, including healthcare, to better accommodate and serve these communities. The lesbian, gay, bisexual, transgender, transsexual, queer, intersex, asexual and pansexual (LGBTQIAP+)

population represents a growing portion of users of the unified health system in Brazil (SUS) (TAYLOR et al., 2018; PASCHOALICK et al., 2022).

Even with the creation of the National Comprehensive LGBT Health Plan which, based on the premise of equity in the SUS, aims to meet the needs and specificities of the LGBTQIAP+ population, health equity is still not a reality for many people belonging to this community. Significant causes of morbidity – and subsequent mortality – remain disproportionately prevalent for these people (SILVA et al., 2020).

Such health disparities are not inherent to individuals with diverse sexual orientations, gender identities and sexual developments, but arise from structural factors, including federal and state non-discrimination policies, interpersonal factors, such as family and social discrimination, and individual barriers, such as internalized homophobia/transphobia. These factors, combined with the challenge of accessing affirmative and responsible health care, can lead to a delay in necessary and routine care (LEGAL, 2010).

Providing a receptive environment, far from stigmas imposed by society and with adequate health care for LGBTQIAP+ people, is essential to provide a welcoming and prejudice-free environment in health institutions. However, these social groups still suffer marginalization in health services, because of all the prejudice suffered, in addition to the lack of training of health professionals and the lack of sensitivity to their needs, which lead to poor quality services. (NEGREIROS et al., 2019)BR

Some research has focused on the detrimental effect that interpersonal and individual factors have on the health of LGBTQIAP+ individuals, and some of these have highlighted the importance of considering structural factors when

conceptualizing the health of these people (GRAHAM, et al., 2011). For example, comparing all-cause mortality among lesbian, gay, and bisexual individuals in high- and low-bias communities, individuals living in high-bias communities had a 12-year shorter life expectancy (HATZENBUEHLER et al., 2014). Similarly, high levels of structural stigma are associated with higher lifetime suicide attempts among transgender adults.

Some studies show that educational institutions try to incorporate appropriate LGBTQIA+ content into their curricula, but with varying levels of success. Identified barriers include student, negative staff attitudes including prejudices about LGBTQIA+ people, stereotypical beliefs of gender values, and acceptance of prevalent heteronormative political practices (CARABEZ et al., 2015; DALEY; MACDONNELL, 2015; FREDRIKSEN-GOLDSSEN et al., 2011; KORTES-MILLER; WILSON; STINCHCOMBE, 2019)BR

To improve access to care and health outcomes, it is critical that medical education for current and future providers include training to properly address sexual orientation, gender identity, and sexual development with all patients. The Association of American Medical Colleges (AAMC) recently qualified a competency-based medical education framework to facilitate training and assessment of individual provider competence in providing responsible care for the aforementioned populations (ECKSTRAND et al., 2016). However, if general upstream factors underlie health inequalities across these communities, it is equally necessary to train providers to address these structural factors to alleviate health disparities (HOLLENBACH, ECKSTRAND, DREGER, 2014).

Even so, it is necessary to understand the context behind the struggles to expand

and reaffirm the rights of the LGBTQIAP+ population, in which there is also the question of how the attention given to this community could be improved and what would be the main interactions on the part of the LGBTQIAP+ population. of health professionals. Thus, this study aims to carry out a survey about the teaching of structural determinants of health for LGBTQIAP+ individuals, and to raise discussions about the importance of training doctors for adequate assistance to this community.

METHODOLOGY

The integrative literature review is an instrument of evidence-based practice that enables the synthesis and analysis of the knowledge produced about the investigated topic, constituting a research technique with methodological rigor, increasing the reliability and depth of the review conclusions. The steps established for the elaboration of this integrative review are represented in Figure 1.

To guide the integrative review, the following question was formulated: “what is available in the literature about training health professionals to care for the LGBTQIAP+ public?”. And for the selection of articles, the following databases were used: Scientific Electronic Library Online (SciELO) Web of Science and National Library of Medicine (PubMed/Medline), Virtual Health Library (BVS) and Google Scholar.

Documents in English and Portuguese that had the keywords in the title and/or abstract were considered, with the descriptors used for the search: Health; LGBTQIAP+; Teaching and Medicine. All related and relevant works that would serve as a basis for carrying out and setting up the prospecting were used. The prospected data were obtained in the year 2022 and in addition to the keywords, the search was carried out using some resources, such as

quotation marks, to help obtain the largest possible number of documents together with the Boolean operator AND between the words (Figure 2).

After the results obtained, a comparison was made between the articles in order to evaluate the progress of research on the topic addressed. Thus, an attempt was made to expand the scope of the research, minimizing possible biases at this stage of the integrative review elaboration process. The selection took place by reading titles, abstracts and, when necessary, reading the texts in full as a way of selecting them according to the inclusion and exclusion criteria.

The inclusion criteria for articles initially defined for this integrative review were: articles published from 2020 with studies that answer the guiding question, with full texts available online in English and Portuguese. For exclusion criteria, the following were defined: epidemiological studies, simple and expanded abstracts and works that related interventions other than prevention and/or health education. It is also pointed out that articles found in more than one database were counted only once.

RESULTS

When the descriptors were written in Portuguese-BR, the results of the searches carried out in this review showed only 11 works, of which only 1 met the established inclusion criteria. These were present on the Google Scholar platform, while the other platforms did not show any results. When the same descriptors were used in the English language, search results increased, especially on the Google Scholar platform (about 13,700 results). However, only on the initial pages were found works that met the inclusion criteria. For the Web of Science and National Library of Medicine (PubMed/Medline) platform, 11 results were viewed.

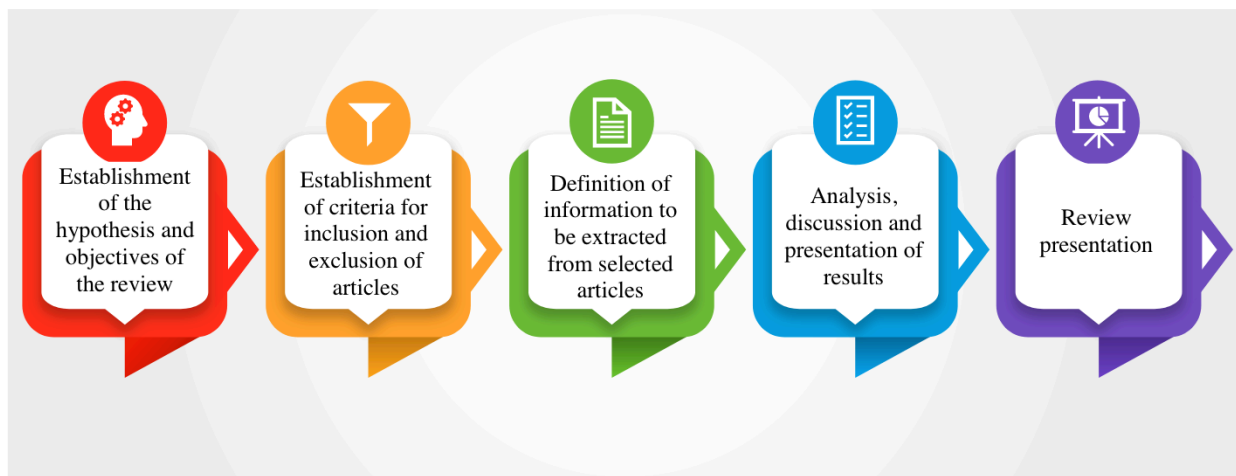


Figure 1- Stages of elaboration of the integrative review.

Source: own authorship.

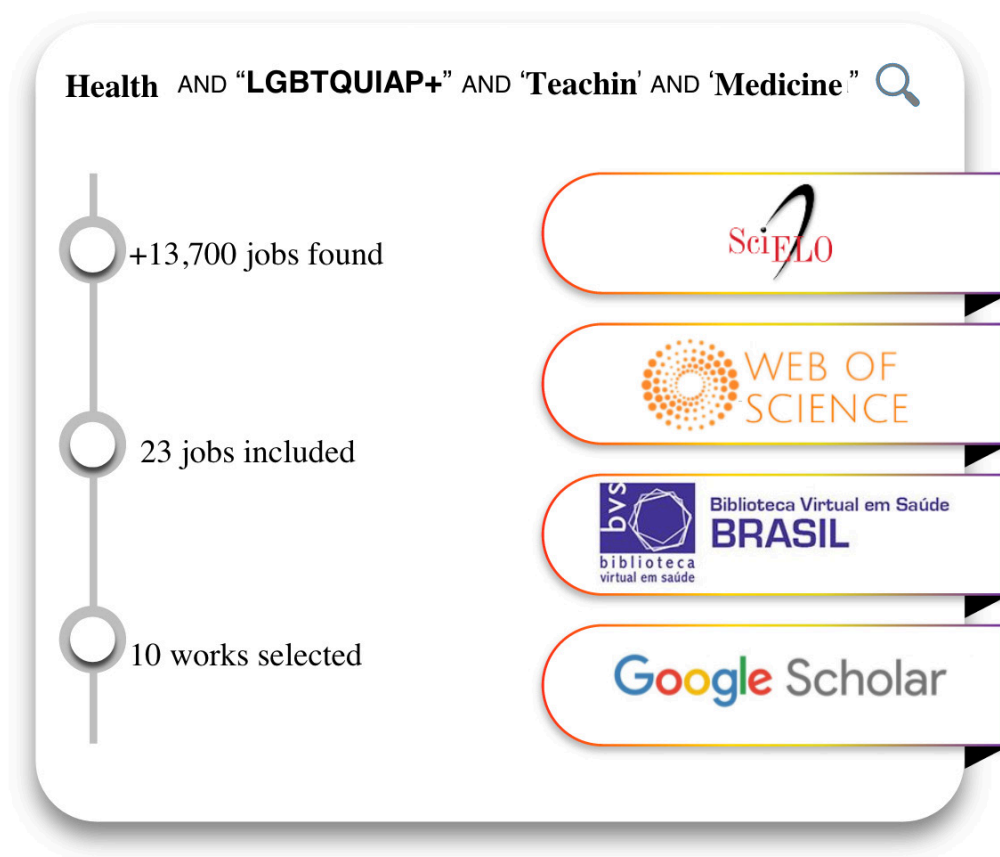


Figure 2 – Representative scheme of the search and selection of articles used in this review.

Source: own authorship.

According to the title, a number of twenty-three articles were counted and after the cleavage, thirteen works were excluded. When analyzed in greater detail, ten articles met the exclusion criteria, thus leaving ten papers that met the previously established inclusion criteria. In this phase, a complete, critical and independent evaluation of the articles was carried out. In the analysis process, data regarding the journal (title, year of publication), authors (full names) and study (objective, type of study, methodological aspects, results and recommendations) were collected, which are presented in table 1.

The interpretation of the data was based on the results of the careful evaluation of the selected articles. A comparison was made with theoretical knowledge, identification of conclusions and implications resulting from the integrative review.

DISCUSSION

Issues related to gender identity have undergone several changes over time, but understanding these population groups is still necessary, in order to understand and recognize different gender expressions, and formulate treatment methodologies in relation to health (SANTOS; SILVA; FERREIRA, 2019)BR. The National Policy for the Comprehensive Health of Lesbians, Gays, Transsexuals and Bisexuals (PNSLGBT) recognized the vulnerability of these groups, who need a different view, so that quality care can be provided. As such, the ongoing development of health professionals is an area that requires attention to ensure that the necessary knowledge and skills exist to address issues related to personal attitudes and values, discrimination, prejudice, stigma and oppression that enable the delivery of health care. culturally competent healthcare for LGBTQIAP+ people now and in the future (BEZERRA et al., 2019)BR.

This training, which is more directed towards this community, is still very flawed in several countries. Some of the works selected in this review deal with interventions in educational institutions, in which concepts related to LGBTQIAP+ health are applied, with the aim of improving the training of health professionals. In the United Kingdom, in a study involving medical students, almost 85% of participants reported a clear lack of education regarding cultural relations and other LGBTQIA+ issues in their curriculum. In addition, nearly half said they do not routinely ask about questions of sexuality and/or gender identity when evaluating patients. Students admitted to feeling a lack of confidence and ill-preparedness in relation to specific health for LGBTQIA+, which can, consequently, (PARAMESHWARAN et al., 2017)BR.

Some studies show that educational institutions have tried to incorporate appropriate LGBTQIA+ content into their curricula, but with varying levels of success. Barriers identified included student, and staff negative attitudes, including prejudices about LGBTQIA+ people, stereotypical beliefs of gender values, and acceptance of prevalent heteronormative political practices (CARABEZ et al., 2015; DALEY; MACDONNELL, 2015; FREDRIKSEN-GOLDSSEN et al., 2011; KORTES-MILLER; WILSON; STINCHCOMBE, 2019)BR.

One of the ways that health professionals can be helped and supported in their work among LGBTQIA+ populations is through the provision of appropriate education and training initiatives. Physicians and other health professionals need to be able to explore and assess their own attitudes, beliefs and prejudices; explore LGBTQIA+ specific physical and psychosocial needs and develop the confidence and technical skills to competently and confidently respond to

Year	Title	Authors	Proposal
2020	Rainbows and “Ready for Residency”: Integrating LGBTQ Health Into Medical Education	Lauren T Roth Suzanne Friedman Rachel Gordon Marina Catalozzi	Development of a course as part of a mandatory residency preparation curriculum for fourth-year medical students.
2020	Peer Teaching by Stanford Medical Students in a Sexual and Gender Minority Health Education Program	Jason Gomez Michael A. Gisondi	Description of a Stanford School of Medicine student-led program in which peer educators are trained to teach about sexual health and gender minority issues.
2021	Knowledge of nursing students at the Estácio in Sergipe about the LGBTQIAP+ population	Tereza Monique Côrtes Gomes Carlos Mágnio Santos Barbosa Andriellen Rabelo Carvalho André Luiz de Jesus Morais Taciana Silveira Passos Ana Fatima Souza Melo de Andrade	Identification of the perception of nursing students about the paradigms of sexual diversity.
2021	Restructuring LGBTQ Curriculum in Medical Schools	Kerry B. O’Leary George H. Kunkel	Survey of institutions that have successfully implemented the LGBTQ health curriculum in their undergraduate medical education
2021	Teaching Sexual Orientation and Gender Identity in Pediatric Clinical Settings: A Training Workshop for Faculty and Residents	Caroline R Paul Adam D Wolfe Marina Catalozzi Thanakorn Jirasevijinda Eric Kutscher Brian Lurie	Development of a workshop to address gaps in knowledge, equip teachers and resident educators with skills to apply key concepts in teaching activities, and motivate them to examine challenges and opportunities in teaching sexual orientation and gender identity principles in their day-to-day tasks in pediatrics.
2021	Bridging the Gap in Graduate Medical Education: A Longitudinal Pediatric Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Health Curriculum.	Roth LT Catalozzi M Soren K Lane M Friedman S	Development of a longitudinal LGBTQ curriculum for a pediatrics residency program tailored to our interns’ needs and interests.
2022	Integrating LGBTQ+ health into medical education	Sawye Raygani Daryl Mangosing Kristen D Clark sean luong Annesea Flentje Gabriel Sarah	Expanding the LGBTQ+ health curriculum to undergraduate medical students through comprehensive sexual history teaching.
2022	Implementation of Transgender/ Gender Nonbinary Care in a Family Medicine Teaching Practice	Irene Park Ulrich Chase Harless Gwen Seamon Annie Kim Lindsay Sullivan Jenna Caldwell Lisa Reed Heidi Knoll	Presentation of two evaluations of transgender care services in a large family medicine teaching practice.
2022	Teaching Trans-Centric Curricular Content Using Modified Jigsaw	Cynthia Zheng Zoe D’Costa Rob J Zachow Robert Lebeau Gloria A Bachmann	Implementation of a voluntary modified puzzle exercise in trans health care with changes designed to optimize the structure for medical students.
2022	Classroom Instruction: Medical Students’ Attitudes Toward LGBTQI+ Patients	Kyle Sanchez Matthew P Abrams Bertha Ben Khallouq Daniel Topping	Assessing the impact of LGBTQI+ specific education on attitudes of medical students on our campus towards LGBTQI+ communities.

Table 1- Characterization of studies on LGBTQIAP+ health in medical education included in the review.

Source: own authorship.

the necessary supports and requirements of LGBTQIA+ people, their social circle and family members (CARABEZ et al., 2015)BR.

An institutional curriculum with a robust LGBTQIA+ theme within undergraduate health programs would have strong appeal, offering a specific focus on interpersonal and communication skills, health knowledge, use of appropriate terminology and cultural competence, essential components for the student and professional of health(LIM; JOHNSON; ELIASON, 2015)BR. The most effective way to promote equitable access to services for all is to provide education and training for undergraduate students and healthcare professionals, acquiring competent knowledge and skills for delivering affirmative and respectful words and socially inclusive care.(PARAMESHWARAN et al., 2017)BR

Several studies have addressed the irregular inclusion of LGBTQI+ health in the undergraduate curriculum for medical and nursing students, among other health professionals, as a topic of debate. This shows that it is essential to develop the knowledge, skills and understanding of undergraduate students in their preparation as health professionals and continuous professional development for existing professionals with the specific health needs and concerns of LGBTQIA+ people (BIDELL, 2017; ECHEZONA-JOHNSON, 2017; GROSZ et al., 2017; VANCE et al., 2017)BR.

But with the evident need to improve this process, one of the proposals identified in this review was the development of a longitudinal LGBTQIA+ curriculum for a residency program in pediatrics adapted to the needs and interests of interns. Where development of a one-year curriculum took place based on a formal needs assessment and assessment of changes in provider knowledge, comfort, and self-reported clinical impact through pre- and post-surveys. This proposal led to

an improvement in the provider's knowledge, comfort, self-reported clinical practice and the preparation of the faculty to teach this theme. It can serve as a framework for other postgraduate programs to develop their own curricula (ROUTH et al., 2021).

Different teaching and learning approaches have been advocated to support the delivery of LGBTQIA+ health issues within the curriculum. These include the need to develop new LGBTQIA+ sensitive educational materials, multilingual learning resources, and the use of problem-based learning (PBL) technologies to increase and expand access and participation. (GENDRON et al., 2013; HARDACKER et al., 2014; RÖNDAHL, 2011; VANCE et al., 2017)BR. Clinical skills simulation can be used to allow undergraduate students to challenge stereotypes and beliefs about LGBTQIA+ people and develop confidence and medical skills (RÖNDAHL, 2011).

Evidence also highlights that many health professionals have limited education, concerns and the development of practices related to LGBTQIA+ health issues, exclusively to treatments and diagnosis of patients with HIV and AIDS. (CORLISS; SHANKLE; MOYER, 2007)BR. Several approaches to providing LGBTQIA+ professional development opportunities have already been suggested. These include the development of new education tools and resources, the use of workshops and instructor training programs and education available in multilingual formats and flexible online learning materials to allow broader access to the workforce and social environment. individual (CORLISS; SHANKLE; MOYER, 2007; DALEY; MACDONNELL, 2015; FREDRIKSEN-GOLDSSEN et al., 2011; HARDACKER et al., 2014; WHITE et al., 2015)BR.

In many countries there have been major legislative developments that have

recognized and strengthened the position of LGBTQIA+ people. These advances have enshrined in legislation, the human rights and equality necessary to combat discrimination, marginalization and social exclusion. (HENRY; WETHERELL, 2017)BR. Despite the important evolving legislative context that provides protection for LGBTQIA+ people, challenges remain that need to be addressed in the health area. Addressing the significant gaps in the development of culture and skills in LGBTQIA+ health issues for graduate students and professionals is necessary, as education and training can result in the acquisition of important knowledge and skills. It is of great importance to create opportunities to question attitudes and beliefs and to explore ways to reduce stigma and implement best practice approaches to provide appropriate, reactive and affirmative care.

CONCLUSION

Concluding this integrative review, it is evident the need for adjustments in the curricula of educational institutions, including in the system the theme related to sexual diversity, gender identity and sexual orientation, so that adequate support for the care of this population occurs. In addition, it is understood the need for students, as co-responsible for their training, to seek to understand and learn about care in relation to the health care of LGTQIAP+ people, so that there is correct assistance, based on the foundations of medical ethics and human rights. human beings, respecting the differences of each one.

Evaluating the initial proposal of this review, gaps are observed in the investigation related to proposals for improvements in the training of health professionals, focused on serving the community worked here. Faced with the evidenced gaps and the results pointed out in the articles included in this

integrative review, it is understood that it is necessary to intensify efforts for the development of research with designs that evidence and encourage the introduction of contents aimed at specialized and inclusive care, building the training of professionals of health and perfecting the care and health of different population groups.

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