

Improving Osteopathic Medical Training in Providing Health Care to Lesbian, Gay, Bisexual, and Transgender Patients

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In the current issue of *The Journal of the American Osteopathic Association*, Lapinski et al¹ report on their findings of osteopathic medical students' acceptance of, attitudes toward, and knowledge of health issues affecting lesbian, gay, bisexual, and transgender (LGBT) patients. In this study, which assesses a critically important component of medical education, the investigators surveyed students from 6 osteopathic medical schools on these topics using numerous psychometrically sound and validated measures.

Lapinski et al¹ are not the first to investigate such issues. In a 2011 article, Obedin-Maliver et al² assessed US and Canadian allopathic and osteopathic medical schools' LGBT-relevant clinical hours and found that medical students from both types of schools in both countries received few hours of training in LGBT-related topics. The median reported combined hours dedicated to LGBT content was only 5 hours (interquartile range [IQR], 3-8 hours; range, 0-32 hours).² However, the median number of clinical hours of training was lower at osteopathic schools compared with allopathic schools (0 hours [IQR, 0-4 hours] vs 2 hours [IQR, 0-2 hours]; $P=.008$).²

The study by Lapinski et al¹ takes LGBT research a step further; to my knowledge, it is the first study to focus solely on the levels of LGBT acceptance, treatment attitudes, and medically relevant knowledge among osteopathic medical students and the first of its kind to assess this issue in the osteopathic medical profession as a whole. The study¹ highlights the need to not only provide additional clinical hours, but also integrate higher-quality, evidence-based, medically relevant LGBT content into osteopathic medical school training—only 12.9% of respondents received a passing score on the LGBT medical knowledge test.

The study is not without limitations, such as the number of schools and students participating. Currently, there are 30 accredited colleges of osteopathic medicine in the United States that deliver

instruction to osteopathic medical students in 40 locations in 28 states.³ In the 2013-2014 academic year, osteopathic medical colleges educated more than 23,000 future osteopathic physicians—more than 20% of US medical students overall.⁴ Lapinski et al¹ invited all US osteopathic medical schools in existence at the time of the study to participate; notably, only 6 agreed to participate. It is unknown how students from nonparticipating schools would have responded, but I believe it is a safe guess that their levels of acceptance, treatment attitudes, and medical knowledge about LGBT patients would not have been more positive or better than those of students who responded from schools that agreed to participate in the study. In addition, only 41.3% of all osteopathic medical students at the participating COMs submitted their online survey results (not an uncommon response rate for physician surveys overall). Only 32.5% completed the entire survey, perhaps because of item burden or fatigue.¹ Thus, the study's findings represent a small group of osteopathic medical students who may be most positive in their acceptance and attitudes and have the highest level of medically relevant knowledge compared with their peers who either did not start or complete the survey. Nonrespondents or incomplete responders may have had even lower levels of acceptance, attitudes, and perhaps poorer medically relevant LGBT knowledge compared with those who responded because of a selection bias.

The American Osteopathic Association's code of ethics⁵ states,

the physician should not refuse to accept patients for reasons of discrimination, including, but not limited to, the patient's race, creed, color, sex, national origin, sexual orientation, gender identity or handicap.

Given the recent nationwide focus on health care reform, the need to assess and address health care disparities, and the acknowledgment that LGBT

individuals commonly receive substandard medical care, it behooves us to read the study by Lapinski et al¹ with special attention to how we can improve the medical education of future osteopathic physicians. The *Figure* includes several resources that could serve as the basis in enhancing osteopathic medical school curricula in LGBT care.

Although most osteopathic medical students had positive acceptance and attitudes toward treating LGBT patients, their poor overall medical knowledge calls for a reform, and perhaps overhaul, of osteopathic medical curricula to enhance both the number of hours and quality of training in LGBT care. As osteopathic physicians, surely we can do better! (doi:10.7556/jaoa.2014.135)

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Figure.

Training resources for caring for lesbian, gay, bisexual, and transgender patients.