



Peer Teaching by Stanford Medical Students in a Sexual and Gender Minority Health Education Program

Jason Gomez^{1,2} · Michael A. Gisondi^{2,3} 

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Abstract

Medical school curricula devote few instructional hours to LGBTQ-inclusive content. Innovative approaches are required to prepare students to care for sexual and gender minority patients. We describe a student-led program at Stanford School of Medicine in which peer educators are trained to teach about sexual and gender minority health issues.

Keywords Medical education · Sexual and gender minority · LGBTQ · Peer education · Diversity

A growing proportion of the US population identifies as a sexual or gender minority [1]. Sexual and gender minorities (SGMs) have higher risks of physical and mental illness and are subject to substandard healthcare due to implicit physician bias and stigma [2]. While the Association of American Medical Colleges recommends LGBTQ-inclusive curricula, US medical schools devoted a median 5 h to SGM health in 2011 [3]. The current state of LGBTQ health in medical school curricula is not known. Since 2011, students at Stanford School of Medicine (CA, USA) have led an annual peer education program aimed at enhancing training in several important domains of SGM health. We describe this student initiative.

The objectives of the annual SGM health education program are to (1) educate first-year medical students and physician assistant students about SGM health and (2) showcase the diversity of Stanford School of Medicine to its students. The program consists of two parts, an annual survey of the first-year class and a peer education program. Students are surveyed about sexual and gender identities, relationships, sex and sexual practices, intimate partner violence, and personal

healthcare. A list of representative questions is found in Table 1.

Designed in 2011, the survey is revised each year to include new content and updated terminology. Terms like genderfluid and nonbinary were introduced in 2016, while a discussion of polyamory and intimate partner violence were first included in 2017. The survey also reflects our changing understanding of sexuality and gender. In 2018, our peer educators replaced the common practice of asking for “preferred” pronouns with asking for pronouns. Over the past decade, the survey’s focus has shifted from surveying students about their personal gender and sexual identities to their confidence and understanding of SGM health.

Stanford LGBTQ+ Meds, an SGM affinity student organization, annually selects up to 5 peer educators for this program through a competitive application process. Previously trained peer educators review past survey responses, teaching materials, and student feedback from all prior years of the program with newly selected peer educators. Students are trained to be peer educators using the Gender Unicorn [4] framework as a foundation to discuss gender identity and expression, sex assigned at birth, sexual attraction, and emotional attraction. Additionally, SGM health disparities are taught using a repository of curricular resources that are updated annually. To create a welcoming and safe environment, student facilitators introduce themselves using their pronouns and ask participants to wear pronoun pins. Peer educators also practice teaching

✉ Michael A. Gisondi
mgisondi@stanford.edu

¹ Stanford School of Medicine, Stanford, CA, USA

² LGBTQ+ Meds, Stanford School of Medicine, Stanford, CA, USA

³ Department of Emergency Medicine, Stanford University School of Medicine, Stanford, CA, USA

Table 1 Representative sample of survey questions

Identities	Sex and sexual practices	Relationships	Healthcare	Intimate partner violence
Rate your understanding of the following terms: Male, Female, Genderqueer, Nonbinary, Genderfluid, Transmasculine, Transfeminine, Agender, Cisgender Intersex, Questioning, Lesbian, Gay, Straight, Bisexual, Queer, Asexual, Pansexual	Rate your understanding and comfort discussing the following: sexual history, testing for sexually transmitted infections, contraception, barrier method, HPV vaccine, pre-exposure prophylaxis (PrEP), abstinence	Rate your understanding and comfort with the following types of relationships: Casual sexual relationship, Polyamory, Open, Monogamous, Romantic nonsexual	How knowledgeable are you about the specific health needs of LGBTQ+ patients (i.e., health concerns or aspects of providing healthcare that are unique to LGBTQ+ patients)?	Have you ever had an experience you would characterize as non-consensual (this can include any non-consensual touch, contraception sabotage, coercion, assault, etc.)?
How comfortable do you feel talking to someone about their Sexual/ Gender Identity and Gender Pronouns?	Have you ever had a sexual experience (whatever that means to you)?	Have you ever been in a relationship? If so, what kind?	What percentage of the US population do you believe identifies as LGBTQ+ or has had non-heterosexual sexual interactions?	How comfortable do you feel discussing intimate partner violence with a patient?
Have you ever questioned your gender identity?	When you have sex with a new partner, how frequently do you use barrier protection (condoms, dental dams, etc.)?	Have you ever been in love?		
How fluid is your gender identity?	How often are you tested for sexually transmitted infections (STIs)?			

and communication strategies in rehearsals with previous peer educators and student leaders of LGBTQ+ Meds.

Since 2011, an average 77.64% ($n = 83$) of first-year medical and physician assistant students completed the survey and participated in the educational program. In 2019, 80% of participants self-reported increased confidence in expressing (1) their own sexual and/or gender identity, (2) their knowledge of SGM health disparities, and (3) their comfort in caring for SGM patient populations. Additionally, 100% of peer educators self-reported improvement in their facilitation skills and understanding of SGM health issues. We do not publicly disclose more detailed survey results or pre/post assessments of learning given the sensitive nature of the data reported by course participants.

Challenges to the implementation of this program include slight fluctuations in student engagement year-to-year, as well as the “minority tax” experienced by SGM students who lead LGBTQ+ Meds and oversee the student-run initiative. Minority tax refers to the burden of extra responsibilities placed on a minority group to educate those in majority groups; in our program, this refers to the training of cisgendered or heterosexual peers in SGM health. Faculty training of student facilitators might improve the effectiveness of the program; however, students remain concerned that faculty involvement may compromise survey anonymity and thus reduce student engagement.

In our experience, peer-peer instruction is a feasible method for teaching medical students about SGM health. Student feedback remains positive after 10 years of the program, suggesting the effectiveness of the program. Future revisions to medical school curricula should address the observed gap in SGM health education.

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Data Availability Data sharing not applicable to this article as no datasets were generated or analyzed during the current study.

Compliance with Ethical Standards

Conflict of Interest The authors declare that there is no conflict of interest.

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