Simulation as a tool to optimize LGBTQIA* patient interactions through enhancing communication skills among physicians in training

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Statement of the Problem: In medicine, and society at large, patients are assumed to be cisgender and heterosexual until stated otherwise. This damaging assumption has pervaded the interview process despite patient outcomes being directly linked to the physician-patient relationship. Due to this assumption, many LGBTQIA* patients are unwilling to disclose pertinent information about their lives or to regularly visit a physician. Therefore, they may not be educated on potentially risky sexual practices and how to protect themselves, or receive screening tests. This increases their risk of transmission for infectious diseases. As patient diversity increases, physicians must continue to develop their cultural and social competencies and expand their knowledge and acceptance of their patient population.

Aim: The purpose of this study is to expand the medical school experience of vocabulary and communication development using standardized patient encounters to better equip physicians in training to support and establish rapport with future patients, and ultimately improve patient outcomes and safety.

Methodology & Theoretical Orientation: Two groups of six students conducted interviews with one standardized patient (SP). One group received LGBTQIA*-focused sexual health and appropriate language-use training; while the other group received basic training. Students completed pre- and post-interview surveys, and the SP completed a survey evaluating the students' performance. The pre-interview survey examined students’ personal experience and opinions of their current sexual health education. The post-interview survey inquired about students’ experiences and whether they felt further training would have or had improved their patient interaction.

Findings: The participants in this study consistently agreed that the training benefited them and inspired them to do further research. The standardized patient responded better to the intervention group participants. Patient clinical outcomes will improve within this community with further training, and training in LGBTQIA* issues should be the norm not the exception.

Biography
Graham Dersnah is a third-year student at American University of the Caribbean School of Medicine. He is passionate about LGBTQIA* advocacy and currently holds the American Medical Students Association Gender and Sexuality Health Policy Coordinator position. He believes a key to disease prevention and control lies in equal access to medicine, and compassionate and open communication between physician and patient.

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