

PILOT STUDY OF A GSM PATIENT SENSITIVITY CURRICULUM FOR PREHOSPITAL EMT STUDENTS

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INTRODUCTION

The lack of access to quality healthcare for people in a gender or sexual minority (GSM) leads to a higher proportion of GSM patients utilizing emergency medical services¹; however, poor care by providers can lead to several negative outcomes (Fig. 1).^{2,3} For in-hospital settings, one successful solution is increased GSM cultural sensitivity training for emergency care providers.⁴ Little to no research is available for the prehospital setting. One study of prehospital emergency medical services (EMS) education program directors showed a high interest in, but a current lack of, this training.⁵ Therefore, this pilot study seeks to determine the feasibility and efficacy of a GSM patient sensitivity curriculum for Emergency Medical Technician (EMT) students.

METHODS

This study uses a pre- and post-test design, with a short training video in between (Fig. 2). Survey questions are based on a previous study,⁵ and include questions about comfortability and competency when working with GSM patients in a prehospital emergency setting, as well as interest in GSM health topics and usefulness of the training video. One class of EMT students ($n=13$) was recruited, and given access to the survey online from February 26, 2020 until April 29, 2020. Due to small sample size, demographic factors are not being collected, and statistical analysis will not be conducted.

RESULTS

Preliminary data from five students who have completed the study (38.5%) suggest that the training video addressing GSM patient sensitivity in an emergency prehospital setting increases comfortability and competency when working with this patient population (Table 1).

- Only one student had received training on GSM patient competency previously.
- The number of target responses (correct answers) increased between the pre- and post-tests for 6 questions, and remained the same for 2 questions.
- Students are most interested in learning about specific GSM risk factors and health care needs ($n=4$) and transgender health ($n=4$) in future training.
- All 5 students “strongly agree[d]” that the video was informative.

	"I would be comfortable treating a gender or sexual minority ("LGBT+") patient in a healthcare setting."		"I should always attempt to get a patient history specifically related to gender or sexual minority ("LGBT+") identity, including sexual activity, medications, and surgeries, regardless of the nature illness or mechanism of injury."	
Participant Response	Before Video	After Video	Before Video	After Video
Strongly Agree	3	4	1	1
Somewhat Agree	2	1	1	0
Somewhat Disagree	0	0	2	0
Strongly Disagree	0	0	1	4

Table 1. Two questions from the study assessing comfortability and competency working with GSM patients. Target responses for each question are highlighted in gold.

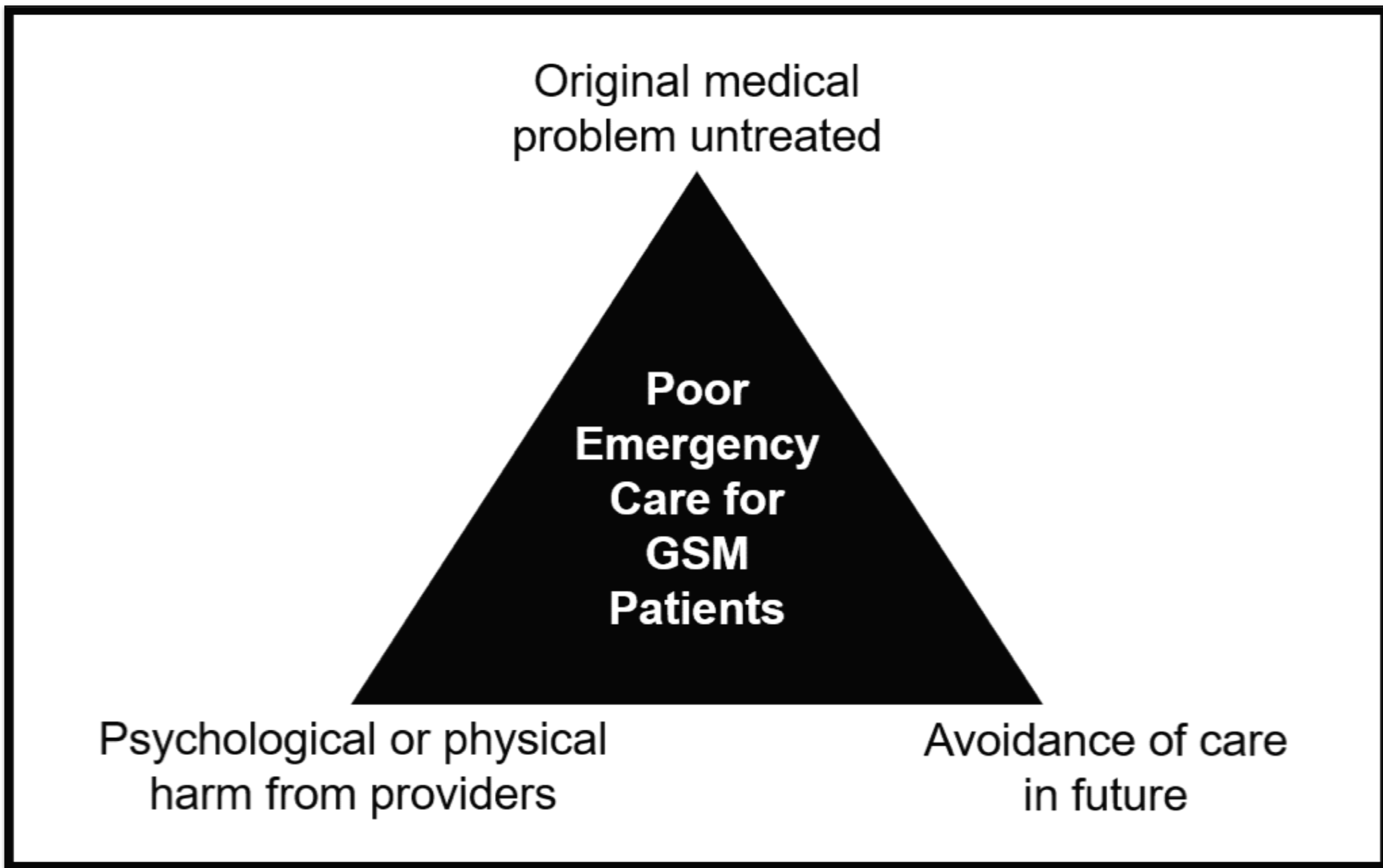


Figure 1. Three possible outcomes of poor care for GSM patients by emergency medical personnel.

CONCLUSIONS

While good GSM patient care in the prehospital emergency setting can set a positive tone for later emergency room care and hospital admission, poor care can lead to a three-pronged problem: the original medical problem may not be addressed; GSM patients may be harmed in emergency care; and GSM patients may refuse to seek medical care in the future. Although limited in size and scope, preliminary data from this study may support GSM patient sensitivity training for prehospital emergency care providers. Future research should include large, diverse samples, and solicit feedback from simulated or actual GSM patients to determine sensitivity training efficacy.

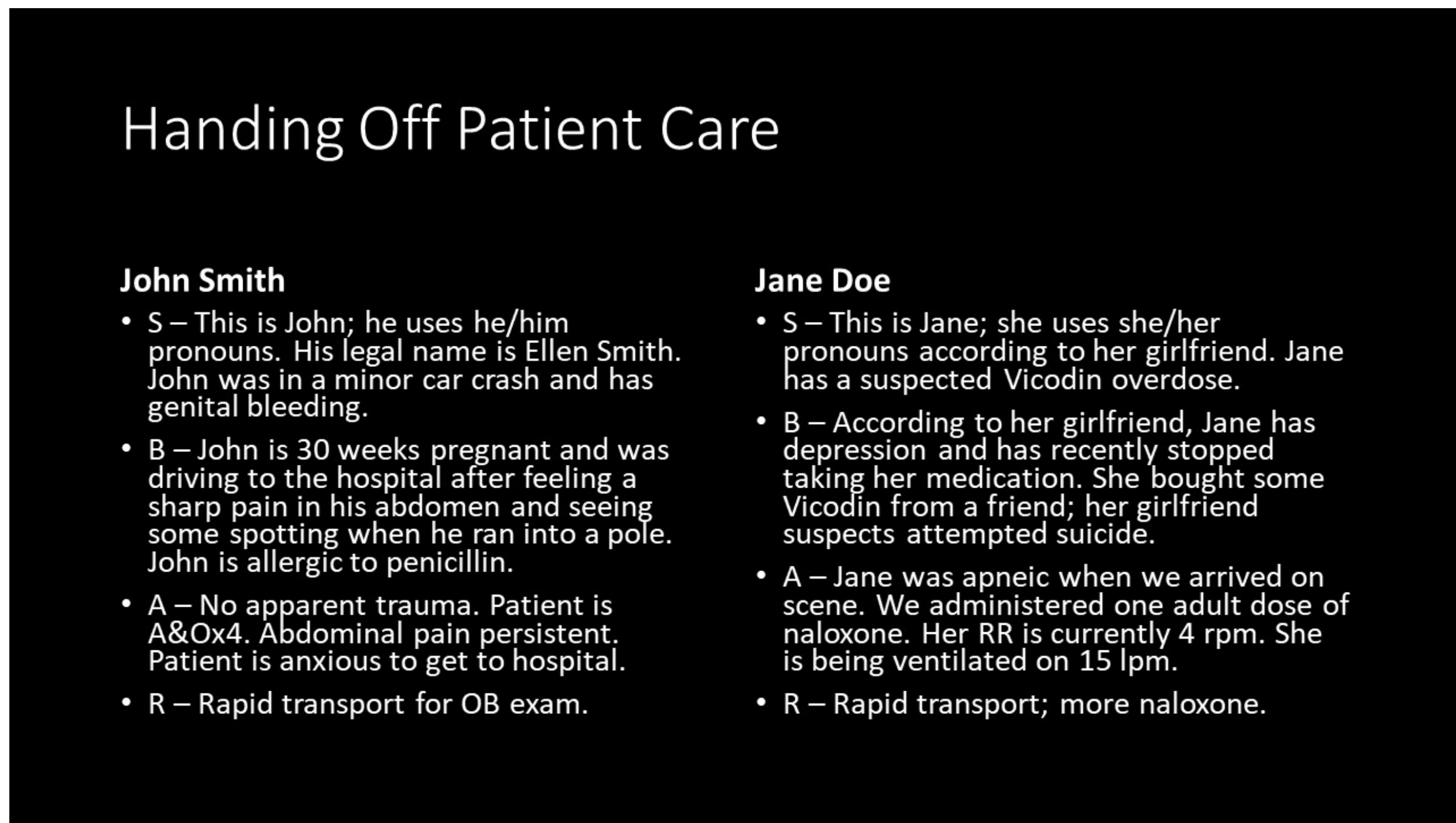


Figure 2. A scene from the training video with “SBAR” (situation-background-assessment-recommendation) reports for two hypothetical patients.

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