

PUBLISHED ABSTRACT

The Use of Race/Ethnicity and Sexual Orientation and Gender Identity in Clinical Care: A Needs Assessment

Rui Jiang¹, Andrew Coyle² and Brijen Shah²

¹ Department of Environmental Medicine and Public Health at Icahn School of Medicine at Mount Sinai, US

² Department of Medicine at Icahn School of Medicine at Mount Sinai, US

Corresponding author: Rui Jiang (rui.jiang@mssm.edu)

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Background

The ACGME's Clinical Learning Environment Review (CLER) has shown that few institutions have a formal strategy to address health care disparities (HCD) involving learners and faculty in system-based solutions. As a part of the ACGME Pursuing Excellence initiative, ISMMS GME aims to focus on addressing HCD in the areas of race and ethnicity and sexual orientation and gender identity. We assessed learner and faculty attitudes toward incorporating race and ethnicity (RED) and sexual orientation and gender identity (SOGI) data as part of building an educational curriculum.

Methods

Using the Mayo Clinic Learners' Perception of Health Disparities survey as a guide, we developed a survey that evaluates how strongly learners and faculty considered RED and SOGI when developing patient-provider relationship, differential/diagnosis, clinical decision making, and treatment plan on a 5-point Likert scale. Participants included internal medicine residents and ambulatory care faculty at Mount Sinai Hospital.

Results

Overall, 73 (56%) learners across all years and 14 (67%) faculty responded (See **Table 1**). Both learners (70%) and faculty (76%) agreed or strongly agreed that patient's self-reported RED is important when developing a patient-provider relationship. However, when asked the same question about developing differential diagnosis and clinical decisions, 60% of learners vs. only 43% of faculty indicated agree or strongly agree. Even though 56% of learners consider RED in developing the treatment plan, 50% of faculty rarely or never ask learners to consider RED (See **Table 2**).

Table 1: Demographics of survey responders.

	Faculty	Learner
Total (#)	14 (67%)	73 (56%)
<5 years in practice	29%	
5–15 years in practice	29%	
>15 years in practice	43%	
PGY1		37%
PGY2		38%
PGY3		25%
Under-represented minority community in medicine (%)	7%	19%
Female (%)	79%	57%

Table 2: Faculty and learner survey questions and responses.

	Faculty	Learner
Q1: I believe that knowing a patient's self-reported racial/ethnic identity is important when developing a patient-provider relationship.		
Strongly Agree	29%	21%
Agree	57%	49%
Neither Agree Nor Disagree	14%	24%
Disagree	0%	6%
Strongly Disagree	0%	0%
Q2: I believe that knowing a patient's self-reported racial/ethnic identity is important when developing a differential diagnosis/for clinical decision making.		
Strongly Agree	7%	14%
Agree	36%	46%
Neither Agree Nor Disagree	29%	21%
Disagree	36%	17%
Strongly Disagree	0%	1%
Q3: How frequently do you _____ racial/ethnic identity when developing a treatment plan?		
	Ask learners to consider	Consider
Always	0%	4%
Usually	0%	13%
Sometimes	50%	46%
Rarely	29%	33%
Never	21%	4%
Q4: I believe that knowing a patient's sexual orientation and gender identity is important when developing patient-provider relationship.		
Strongly Agree	64%	33%
Agree	29%	49%
Neither Agree Nor Disagree	7%	10%
Disagree	0%	9%
Strongly Disagree	0%	0%
Q5: I believe that knowing a patient's sexual orientation and gender identity is important when developing a differential diagnosis/for clinical decision making.		
Strongly Agree	29%	23%
Agree	29%	60%
Neither Agree Nor Disagree	21%	16%
Disagree	21%	6%
Strongly Disagree	0%	0%
Q6: How frequently do you _____ sexual orientation/gender identity when developing a treatment plan?		
	Ask learners to consider	Consider
Always	0%	4%
Usually	7%	17%
Sometimes	64%	45%
Rarely	29%	29%
Never	0%	4%

(Contd.)

	Faculty	Learner
Q7: *Faculty-ONLY* I believe that teaching learners to consider a patient's self-reported racial/ethnic identity in developing their differential diagnosis and treatment plan is an important part of medical education.		
Strongly Agree		7%
Agree		36%
Neither Agree Nor Disagree		29%
Disagree		21%
Strongly Disagree		7%
Q8: *Faculty-ONLY* I believe that teaching learners to consider a patient's sexual orientation and gender identity in developing their differential diagnosis and treatment plan is an important part of Medical Education.		
Strongly Agree		21%
Agree		43%
Neither Agree Nor Disagree		29%
Disagree		7%
Strongly Disagree		0%

Both learners (81%) and faculty (93%) agreed or strongly agreed that patient's self-reported SOGI is important in developing a patient-provider relationship. However, when asked the same question about developing differential diagnosis and clinical decisions, 83% of learners vs. only 56% of faculty indicated agree or strongly agree. Both learners (67%) and faculty (71%) consider SOGI in developing treatment plans ranging from sometimes, usually, and always. Despite the faculty's lower tendencies as compared to learners when considering RED or SOGI for differential diagnoses and treatment plan, 43% agreed or strongly agreed that teaching about how to use RED in developing differential diagnosis and treatment plan is an important part of medical education, and 64% for SOGI (See **Table 2**).

Conclusion

While learners and faculty agree that knowing a patient's RED and SOGI is important for provider-patient relationship, faculty are less likely than learners to consider them for the development of differentials and treatment plans. Given the potential benefits of incorporation of RED and SOGI data into clinical care, we identified a need for further education and training given the attitudinal and self-assessed behaviors noted in our needs assessment. In addition to a didactic curriculum for trainees, our data highlights the need for robust faculty development given faculty attitudes and uncertainty.

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