Illuminating the Closet
Mentoring and Advising LGBT Learners

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Disclosure

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Goals and Objectives

• Describe what is known about the experiences of LGBT students, residents, and providers in medicine
• Explain how legal protections differ between student and resident status
• List best practices for advising LGBT learners in UME and GME
• Use communication tools to effectively build trust and resilience with LGBT learners
• Share experiences and actively problem solve
## Format

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>TIME</th>
<th>FACULTY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td></td>
<td>Moll</td>
</tr>
<tr>
<td>Shared Stories</td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Equity and Inclusion in Medicine</td>
<td></td>
<td>Heron</td>
</tr>
<tr>
<td>LGBT Learners in Medicine: What we know</td>
<td></td>
<td>Moll</td>
</tr>
<tr>
<td>Challenges and Barriers</td>
<td></td>
<td>Bickel and Nemore</td>
</tr>
<tr>
<td>Case presentations</td>
<td></td>
<td>Heron and Moll</td>
</tr>
<tr>
<td>Panel Discussion/Questions</td>
<td></td>
<td>All</td>
</tr>
<tr>
<td>Best Practices and Recommendations</td>
<td></td>
<td>Moll</td>
</tr>
<tr>
<td>Final Questions</td>
<td></td>
<td>Heron</td>
</tr>
</tbody>
</table>
Shared Stories

Joel Moll, MD
Audrey Bickel, MD
Nicole Nemore, MD
Sheryl L Heron, MD MPH
Hate crimes spiked around the time of the Nov., 2016 election.
Documented hate crimes usually decline in last quarter of the year. But in 2016 they increased during that period.

Source: FBI Hate Crimes Statistics, as first reported by Ken Schwencke at Propublica.
Where I come from!!

• Grew up LDS
• Moved to MS at the age of 8
• Graduate School – Advocacy time!
• Medical School = Odd Woman Out!
• Application time – advised to not talk about
• Residency Time = back to the south
What Matters Most!
• How race, gender and other social identities converge to create unique forms of oppression
• One framework to make the clinical medicine environment more appropriate to different identities
Equity and Inclusion in Medicine

Sheryl L Heron, MD MPH
LGBT Learners in Medicine
Demographics

- What percent U.S. Gay, lesbian and bisexual?
- What percentage are Transgender?
- What percent of counties have LGBT?
Demographics

- Gay, lesbian and bisexual: 4% (9 million)
- Transgender: 0.03%
- Same sex couples in 99% of US counties
- Gallop Poll: General population estimates LGBT population to be 20-25%
Caveat

- **Sexual identity is not always same as sexual activity**

- 4% LGBT identity (9 million)
- 8.2% report same-sex behavior (19 million)
- 11% some degree same sex attraction (26 million)
The Genderbread Person v2.0

Gender is one of those things everyone thinks they understand, but most people don’t. Like inception. Gender isn’t binary. It’s not either/or. In many cases it’s both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for understanding. It’s okay if you’re hungry for more.

Identity

Expression

Attraction

Sex

Gender Identity

Nongendered { Woman-ness

Man-ness

5 (of infinite) possible
plot and label combos

“woman” “man”

“genderqueer” “genderless”

Gender Expression

Agender { Masculine

Feminine

5 (of infinite) possible
plot and label combos

“butch” “femme”

“gender-neutral” “hypermasculine”

Biological Sex

Asex { Female-ness

Male-ness

5 (of infinite) possible
plot and label combos

“intersex” “female”

“male self-ID” “female self-ID”

Attracted to

Nobody { (Men/Males/Masculinity)

(Women/Females/Femininity)

5 (of infinite) possible
plot and label combos

“straight” “gay”

“pansexual” “bisexual”

Sam Killermannin Edugraphics. http://itspronouncedmetrosexual.com 2012/01/the--person/
Becoming an Emergency Physician
## Growing up LGBT in America

<table>
<thead>
<tr>
<th>NON- LGBT YOUTH</th>
<th>LGBT YOUTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Classes/exams/grades 25%</td>
<td>1. Non-accepting families 26%</td>
</tr>
<tr>
<td>2. College career 14%</td>
<td>2. School/bullying problems 21%</td>
</tr>
<tr>
<td>3. Financial pressures related to college or job</td>
<td>3. Fear of being out 18%</td>
</tr>
</tbody>
</table>

Demographics

- What percent U.S. Medical Students LGB?
- What percentage are Transgender?
- What percent of residents are LGBT?
Medical Student Demographics

Gender Identity:
Note: The results are derived from two questions: “What sex were you assigned at birth?” (response options “Male” or “Female”) and “What is your current gender identity?” (response options “Male,” “Female,” “Trans male/trans man,” “Trans female/trans woman,” “Genderqueer/gender non-conforming,” or “Different identity”).

<table>
<thead>
<tr>
<th>Gender Identity</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
<th>2017 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same gender identity as the sex assigned at birth</td>
<td>99.5</td>
<td>99.4</td>
<td></td>
</tr>
<tr>
<td>Different gender identity from the sex assigned at birth</td>
<td>0.5</td>
<td>0.6</td>
<td></td>
</tr>
</tbody>
</table>

Number of respondents

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11,928</td>
<td>12,496</td>
<td></td>
</tr>
</tbody>
</table>

How do you self-identify?

<table>
<thead>
<tr>
<th>Identification</th>
<th>2015 Percent</th>
<th>2016 Percent</th>
<th>2017 Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bisexual</td>
<td>2.8</td>
<td>3.4</td>
<td>4.2</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>3.5</td>
<td>3.5</td>
<td>3.6</td>
</tr>
<tr>
<td>Heterosexual or straight</td>
<td>93.7</td>
<td>93.1</td>
<td>92.2</td>
</tr>
</tbody>
</table>

Number of respondents

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>12,245</td>
<td>11,848</td>
<td>12,413</td>
</tr>
</tbody>
</table>
Graduate Medical Education
Healthcare System

- Lack of Provider and System Awareness and Education
  - Medical Students 5 hrs instruction (Oberlin-Maliver et al 2011)
  - Residency Programs have minimal or no LGBT education
    - EM 26% (Moll et al 2014)
    - Faculty education required 16% academic (Khalili et al 2015)

- Bias and Homophobia

- Provider Awareness, Education and Training not a requirement in many healthcare organizations
## Prevalence of Explicit and Implicit Bias Against Gay and Lesbian Individuals Among Heterosexual First-Year Medical Students, Medical Student CHANGE Study Baseline Survey, 2010

<table>
<thead>
<tr>
<th></th>
<th>No implicit bias</th>
<th>Implicit bias</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13.94%</td>
<td>40.28%</td>
<td>54.21%</td>
</tr>
<tr>
<td></td>
<td>(n = 291)</td>
<td>(n = 841)</td>
<td>(n = 1,132)</td>
</tr>
<tr>
<td>No explicit bias</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Explicit bias</td>
<td>4.55%</td>
<td>41.24%</td>
<td>45.79%</td>
</tr>
<tr>
<td></td>
<td>(n = 95)</td>
<td>(n = 861)</td>
<td>(n = 956)</td>
</tr>
<tr>
<td>Total</td>
<td>18.49%</td>
<td>81.51%</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>(n = 386)</td>
<td>(n = 1,702)</td>
<td>(n = 2,088)</td>
</tr>
</tbody>
</table>

LGBT physicians in the workplace

- 15% harassed by a colleague
- 65% heard derogatory comments
- 34% witnessed discriminatory care
- 36% witnessed disrespect toward LGBT partner
- 27% discriminatory treatment of coworkers

Out?

- Data problematic
- Factors associated with identity concealment:
  - Male, East Asian race, med school in South or Central

Mansh et al. Sexual and Gender Minority Identity Disclosure During Undergraduate Medical Education: "In the Closet" in Medical School, Medscape 2015.
## Hidden Personal Life

**TABLE.** Effect of Sexual Orientation/Gender Identity on Surgical Residents ($n=388$)

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>Percentage Agree</th>
<th>Percentage Neutral</th>
<th>Percentage Disagree</th>
<th>p Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel happy at work</td>
<td>LGBT 86.0</td>
<td>Heterosexual 91</td>
<td>LGBT 4.5</td>
<td>Heterosexual 5.2</td>
</tr>
<tr>
<td>I feel I get along well with fellow surgery general residents</td>
<td>97.1</td>
<td>98</td>
<td>0.5</td>
<td>0.7</td>
</tr>
<tr>
<td>I feel like I fit in well in my general surgery program</td>
<td>LGBT 83.0</td>
<td>Heterosexual 92</td>
<td>LGBT 7.5</td>
<td>Heterosexual 5.5</td>
</tr>
<tr>
<td>I feel comfortable bringing spouse/partner to formal surgical department events</td>
<td>LGBT 43</td>
<td>Heterosexual 78.3</td>
<td>LGBT 15</td>
<td>Heterosexual 19</td>
</tr>
<tr>
<td>I feel comfortable openly discussing my spouse/partner with fellow surgical residents</td>
<td>LGBT 55</td>
<td>Heterosexual 81</td>
<td>LGBT 9.0</td>
<td>Heterosexual 16</td>
</tr>
<tr>
<td>I feel comfortable openly discussing my spouse/partner with surgical attending physicians</td>
<td>LGBT 31</td>
<td>Heterosexual 73</td>
<td>LGBT 10</td>
<td>Heterosexual 17.7</td>
</tr>
</tbody>
</table>

Sexual and Gender Minorities
Specialty Choice

- More likely identity strongly influenced specialty (p=<0.01)
- Percentage SGM in each specialty inversely related to specialty prestige (p=0.001)
- Positively associated with perceived inclusivity (p=0.01)
FIG. 4. Association between objective specialty prestige and perceived inclusion of SGMs among SGM respondents in the 2015 Diversity in Medical Career Development Study of specialty choice among SGM in medicine.
Can intolerance harm?

Structural stigma and all-cause mortality in sexual minority populations

Mark L. Hatzenbuehler, Anna Bellatorre, Yeonjin Lee, Brian K. Finch, Peter Muennig, Kevin Fiscella

Department of Sociomedical Sciences, Mailman School of Public Health, Columbia University, 722 West 168th Street, Room 549.B, New York, NY 10032, United States
Department of Sociology, University of Nebraska-Lincoln, Lincoln, NE, United States
Department of Sociology, University of Pennsylvania, Philadelphia, PA, United States
RAND Corporation, Santa Monica, CA, United States
Department of Health Policy and Management, Mailman School of Public Health, Columbia University, New York, NY, United States
Department of Family Medicine, University of Rochester Medical Center, Rochester, NY, United States
Minority Stress Model

Meyer IH. Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: conceptual issues and research evidence. Psychol Bull. 2003 Sep;129(5):674-697
Holy equality, Batman! I'm excited about the possibilities of taking half your assets when I kick your can to the curb for Iron Man...

You were always a little gold digger, old chum.
Challenges and Barriers Unique to LGBT Learners

- Patient discrimination
- Coworker discrimination
- Lack of support from medical school and residency
- Depression
- Disclosure of sexual orientation
- Employment Concerns
Patient Discrimination

- Anti-LGBT discrimination directed towards patients from nurses, attending physicians, resident physicians, and medical students

- Lack of LGBT health related education in medical schools and residency programs
Coworker Discrimination

- Lesbian physicians were 4x more than heterosexual female physicians report harassment based on sexual orientation, particularly during training years.

- Nama et al, 2017 looked at anti-LGBT discrimination witnessed by medical students

- Lee et al, 2014 surveyed LGBT Residents in General Surgery
Support from Medical School and Residency Program

- Lack of LGBT health related education
- Lack of diversity and inclusion in medicine is still present
- Lack of LGBT advisor and mentorship in medical school and residency
  - LGBT specific personal and social struggles as learners
  - Advancement as LGBT physician and educator
“If you’re mentoring someone who is getting ready to or has not yet ‘come out’ to their family or peers, there’s a very significant amount of emotional preparation of making sure someone is staying on track professionally in case there is a bad outcome. As a personal mentor, you have to be cognizant of the fact that ‘coming out’ will affect that person as they move forward professionally. Their grades could slip, their ability to complete tasks may slip. You have to help them hold themselves up in a lot of ways.” [White cisgender gay male medical student].
“You go to a mentor, you want to be comfortable with them. If they are homophobic in any way then you would obviously not be comfortable in divulging any kind of personal information to them. You just wouldn’t be comfortable in their presence, and they would not be able to help you in any way. If they aren’t comfortable with who you are, your core, they wouldn’t be able to mentor you in any way.” [White cisgender lesbian female dental student].
Depression

- LGBT population experiences negative interactions due to LGBT stigma
  - Consequences: increased stress and higher rates of depression, psychiatric disorders, suicide attempts and substance abuse.

- Lapinski et al 2014, survey of LGBT osteopathic students
Disclosure of Sexual Orientation

- Medical students’ discomfort due to fear of reactions from peers and faculty, impact on letters of recommendation, and their future in medicine

- Interview process
  - Fear of acceptance or rejection

- Survey from 2005, Merchant et al.
  - Medical School application
  - Residency application
Disclosure of Sexual Orientation

- Will it affect my grades or ability to get into a competitive residency?
- Will I have the support or will I be ostracized?
- Can I even be a gay or bisexual pediatrician, gynecologist, or urologist?
- Will my openness negatively affect referrals to me from colleagues?
- Will patients shun me?
- Can I practice in a small town, or am I consigned to a large metropolitan area?
Employment Concerns

https://www.hrc.org/state-maps/employment
All that glitters…

- Your extroverted star second year resident
  - In-training exam dive
  - Complaints from faculty and patients
  - Not coming to resident social activities
  - Late to work
- You meet, they tearfully disclose they might be gay
A nice weekend until…

- M4 Tim is rotating in anesthesia, his chosen specialty
- You ask him to place an IV in Mr Smith for his procedure
- Outside room, RN asks what he and his boyfriend did last weekend
- He enters the room, Mr Smith says “I don’t want a faggot to touch me”
What Would You Do?

1. How would you approach the situation?
2. What considerations are important?
3. How do your opinions/values affect your ability to advise the learner?
4. What concerns is the learner likely to have?
5. What resources might be available?
Coming Out

- Deeply personal
- Varied factors affect decision
Patient Prejudice


[More info](https://he.utexas.edu/hdfs-news-list/entry/2015-08-10-16-11-30)
Expert Panel

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Resident Physician PGY1
Emergency Medicine
WellStar Kennestone
Not only do Bert and Ernie feel unwelcome here... but I think we just ate Camilla's sister.

AWK!
Preparing Your Environment

- Create an inclusive climate
  - Diversity is a stated value
- Microaggression not tolerated
- Education
- Identify Mentors and Allies
- Practice Cultural Agility
- Anticipate conflicts
Mentorship

- Essential for Academic Success
- May be difficult to find
- LGBT Mentors Important to 72% of trainees (Sanchez 2018)
Visibility

- Essential
  - Fear of discrimination, employment risk

- Diversity in general
  - Social Media, Web Presence
  - Lack of others under represented

- EM Residency Director survey (Moll et al 2014)
  - 64% knew LGBT faculty; 56% residents

- Medical trainees less contact more likely to express anti-SM attitudes (Kopacz 1999)
# Communication

## Best Practice
- Gay, Lesbian
- Trans, Transgender
- Transitioning
- Preferred Pronouns
- Non-invasive Personal Questions
- Gender Neutral Assumptions

## Probably Offensive
- Homosexual
- Transgendered, Tranie, etc
- Sex Change
- Pronouns not identity
- Invasive questions, or no questions
- Heterosexualism Assumption
Recruitment and Retention

• Non-discrimination statement
  • *SLIDE #2*

• Provide training in unconscious bias
• Flyers in folder advertising diversity and inclusion
• Internet and social media presence
• Recruit and retain your diverse students
• Support involvement in diversity organizations
• Assess your efforts, measure your results
Virginia Commonwealth University Policy

Virginia Commonwealth University is a comprehensive, public university whose mission is to provide a fertile, stimulating environment for teaching, learning, research, comprehensive medical care and service; to promote the pursuit of knowledge; and, to disseminate professional skills.

Virginia Commonwealth University will maintain a strong commitment to outstanding achievement, educational excellence and high principle. Activities of the university are designed to promote the continuing policy of providing equal opportunity for employment and educational access to all programs and services without regard to race, color, religion, national origin, age, gender, political affiliation, veterans’ status, sexual orientation, gender identity, gender expression, genetic information, or disability.
Caution!

- Unconscious Bias
- "Fit" for program
“It takes no compromise to give people their rights...it takes no money to respect the individual. It takes no political deal to give people freedom. It takes no survey to remove repression.”

—Harvey Milk
QUESTIONS

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