TLEF Project – Final Report

Report Completion Date: (2020/02/12)

1. PROJECT OVERVIEW

1.1. General Information

Project Title:	Foundational Concepts for LGBTQ2S+ Health: An Online Open Learning Resource
Principal Investigator:	Casey Hicks
Report Submitted By:	Casey Hicks
Project Initiation Date:	April 2018	**Project Completion Date:**	January 2020
Project Type:	☐ Large Transformation ☒ Small Innovation ☒ Flexible Learning ☐ Other: [please specify]

1.2. Project Focus Areas – *Please select all the areas that describe your project.*

☒ Resource development (e.g. learning materials, media)

☐ Infrastructure development (e.g. management tools, repositories, learning spaces)

☐ Pedagogies for student learning and/or engagement (e.g. active learning)

☐ Innovative assessments (e.g. two-stage exams, student peer-assessment)

☐ Teaching roles and training (e.g. teaching practice development, TA roles)

☒ Curriculum (e.g. program development/implementation, learning communities)

☐ Student experience outside the classroom (e.g. wellbeing, social inclusion)

☐ Experiential and work-integrated learning (e.g. co-op, community service learning)

☐ Indigenous-focused curricula and ways of knowing

☒ Diversity and inclusion in teaching and learning contexts

☒ Open educational resources

☐ Other: [please specify]

1.3. Project Summary

The Foundational Concepts for + Health is an online open learning resource that will educate healthcare professionals on the basics of competent care delivery to transgender, gender diverse, lesbian, gay, bisexual, queer, intersex, and two-spirit patients (LGBTQ2S+ patients), with a focus on the BC health system and resources. Topics covered will include: health inequity in LGBTQ2S+ populations, sexuality-and-gender-inclusive terminology, and historical and current barriers to care. The resource will consist of online interactive modules that answer common questions about working with LGBTQ2S+ people and develop student skills based on the Association of American Medical College's (AAMC's) recommended professional competencies for improving LGBTQ2S+ health, which have been adopted by educators across a variety of health professions, and will feature LGBTQ2S+ voices on healthcare in the form of video interviews designed specifically for the modules.

*Note: Online Course is undergoing final revisions with the aim of going "live" in February 2020. Integration into MEDD curriculum is being negotiated.

1.4. Team Members – *Please fill in the following table and include **students**, undergraduate and/or graduate, who participated in your project.*

Name	Title/Affiliation	Responsibilities/Roles
Casey Hicks	UBC MDUP, class of 2020	Project Lead
Dr. Haleema Jaffer	UBC MDUP, class of 2019; UBC Family Medicine Residency Program	Project Lead
Rebecca Comeau	UBC MDUP, class of 2020	Project team member
Dr. Shauna Correia	Sexuality Theme Lead, UBC MDUP	Faculty Supervisor/Grant Sponsor
Justin Student	Instructional Designer, MedIT Educational Technology Unit	Online Module Production
Zac Rothman	Producer, Video and Digital Media, MedIT Educational Technology Unit	Video Production

1.5. Courses Reached – *Please fill in the following table with **past**, **current**, and **future** courses and sections (e.g. HIST 101, 002, 2017/2018, Sep) that have been/will be reached by your project, including courses not included in your original proposal (you may adapt this section to the context of your project as necessary).*

Course	Section	Academic Year	Term (Summer/Fall/Winter)
MEDD 411		pending	F
MEDD 412		pending	W
MEDD 421		pending	F
MEDD 422		pending	W

MEDD 442		pending	W

2. OUTPUTS AND/OR PRODUCTS

2.1. *Please <u>list</u> project outputs and/or products (e.g. resources, infrastructure, new courses/programs). Indicate the current location of such products and provide a URL if applicable.*

Product(s)/Achievement(s):	Location:
Online Course (4 Modules)	Currently housed on Entrada, will be open access
5 Personal Account Interview Videos	Embedded in course. Housed on MedIT EdTech Vimeo account
5 Whiteboard-style videos	Embedded in course. Housed on MedIT EdTech Vimeo account

2.2. Item(s) Not Met – *Please list intended project outputs and/or products that were not attained and the reason(s) for this.*

Item(s) Not Met:	Reason:

3. PROJECT IMPACT

3.1. Project Impact Areas – *Please select all the areas where your project made an impact.*

☒ Student learning and knowledge
☒ Student engagement and attitudes
☒ Instructional team teaching practice and satisfaction
☒ Student wellbeing, social inclusion
☒ Awareness and capacity around strategic areas (indigenous, equity and diversity)
☐ Unit operations and processes
☐ Other: [please specify]

3.2. What were you hoping to change or where were you hoping to see an impact with this project? – *Please describe the intended <u>benefits of the project</u> for students, TAs, instructors and/or community members.*

The intention of this resource is to provide knowledge and cultivate skills that health professionals need to respectfully care for people who are LGBTQ2S+ in order to address health inequities among LGBTQ2S+ people. Further, many health professionals themselves are LGBTQ2S+ and this training will hopefully contribute to , creating safer and more welcoming environments for both health care providers and patients.

In the short term, the intended impact of the educational resource is to equip health professionals with skills, knowledge, and confidence in the areas of understanding why health inequities exist, using appropriate language and terminology, and providing gender-affirming care. In the long term, by educating on the health inequities and barriers faced by LGBTQ2S+ people, it is our hope that faculty, lecturers, preceptors, and students will be more inclusive in their approach to health research and knowledge dissemination and go on to advocate for equitable care for LGBTQ2S+ people in their careers.

3.3. Were these changes/impacts achieved? How do you know they occurred? – *What evaluation strategies were used? How was data collected and analyzed? You are encouraged to include copies of data collection tools (e.g. surveys and interview protocols) as well as graphical representations of data and/or scenarios or quotes to represent and illustrate key themes.*

This project, which has turned into an approximately 2.5 hour, multimedia format, interactive course, is just in its final stages of development. It hasn't yet been launched. We did ask people familiar with the content (LGBTQ2S+ community members, providers, and other experts) to review the nearly-complete module as part of their consultation role. So far, feedback has been positive. In order to assess important aspects of the course, we asked reviewers to complete a formal survey as they completed the module (See below questions asked). Quotes include:

Regarding questions designed to teach and probe understanding via hypothetical clinical scenarios:

"[…] these questions are challenging (even for more experienced clinicians) but I think that reflects the cisheteronormative nature of healthcare training in general. These questions gently, but importantly, challenge the assumptions that we are encouraged to make. I like that you provide examples of alternative scripts that a clinician can use when taking a sexual health history."

"Generally, yes, I think these questions are okay for med students. However, depending on how far along in their training they are some of these questions may be quite challenging. For example, as a medical student, you may have a very limited idea of what types of medical knowledge are appropriate to gather given a specific medical problem or care setting. I think the questions are very helpful in helping med students learn this though! I have to say, even I got question 8 wrong! (I was imagining a 10 minute follow up visit for a knee problem. In real life, I'd probably not have time to ask about any other medical problems that they might have). I do think that the answers and teaching points are really good!"

Regarding "are there key topics missing from the module":
"This module was really thorough and easy to work through! You did allude to routine screening being a necessary part of providing care to LGBT2SQ in one of the later slides. I wonder if a document linking to resources on screening/preventative health might be helpful to make this more clear? For example, a slide mentioning that queer women, non-binary individuals and trans men are less likely to get pap tests done and are at higher risks for cervical cancer? Or the screening guidelines for breast cancer in trans communities? I don't know if that is "too primary care" for the scope of this module though. It maybe is."
Note – these concerns were addressed and primary care/preventative medicine resources were added.

Regarding the flow of the module:

"I think the module flowed really well and was easy to navigate through. All the links that I clicked seemed to work."

"I think it flows quite well. Will there be closed captioning for the videos?

"I like the mix of interactive elements, videos, poetry and hover-over text."

"Could there be an option for users of the module to leave feedback / ask questions at the end for future development? "

Note: there is closed captioning on final versions of videos, and there is a prominent, easy to access feedback button on every page of the module.

Regarding overall feedback/any other concerns:

"Your team did a really fantastic job on this project! You clearly put so much time, thought and energy into creating this content. I really appreciate that you centred our community, including queer people of colour and trans folks. It was so, so refreshing to see. I think the learning from this module is critical to medical education and will be hugely helpful in training future care providers. Rarely are the biases and political lenses of mainstream medicine drawn attention to or critiqued. This is such an important starting point for changing the way that we approach our learning. I'm really grateful for the work that you have done here. Thanks so much!"

"I really hope this becomes a mandatory module! Amazing work. I'm hopeful!"

Full list of questions reviewers were asked to address:

1. Is the "Learning in the Context of Ongoing Colonialism" page helpful and effective for situatin UBC medicine and learning about sex and gender in a colonial context?
2. Can any of the definitions for the hover-over terms on the "Learning in the Context of Ongoing Colonialism" page be improved?
3. In the Q&A for Jay and Yara 1-3, our goal was to get people thinking about upcoming topics - any suggestions for improvement?
4. On the Clinical Relevance page, would you suggest we make any changes to the hover-over definitions about gender or sexual orientation?
5. For language and terminology - 2 video (transcript only available currently), are the ideas of gender and sex explained clearly?
6. Do you think more information or links to other resources are needed on the Two-Spirit Health slide?
7. Regarding clinical scenarios 1-5, do you think the questions and answers are at an appropriate level for medical students? Do you have any concerns about content accurate?
8. Does the whiteboard video script on health equity explain the social determinants of health and what causes inequity. Is Crenshaw's intersectionality accurately described?
9. In the whiteboard video script on medical violence, do you have any suggestions or resources for ways people can actively address systems of power to provide more affirming care to LGBTQ2S+ people?
10. Are Clinical Scenarios 6-8 at the appropriate level for medical students? Are the answers accurate and do they cover key teaching points?
11. Does Q&A Jay and Yara 4-6 and the slide on resources provide a clear overview of what gender-affirming care involves?
12. Is the info on preparing to start hormones and monitoring hormones concise and accurate?
13. We felt that delving into details related to gender-affirming surgeries would be beyond the scope of this module. Would you agree and do you think the table with definitions is sufficient?
14. In Jay and Yara 8-9, is the content accurate?
15. Are there key topics missing from the module?

16. Is there anything that should be removed from the module such as info that doesn't address our objectives, redundant info, or info that is less critical for medical students to know?

17. How can we improve the overall flow and use of the module?

18. Do you have any other feedback, comments, or suggestions? (End of survey)

There is currently only a general "feedback" button in this version of the course. We originally hoped to include surveys at the beginning and end of the module to assess learner understanding; however, in discussion with the MedIT education team, we decided to focus on integrating the modules into the curriculum and then tailor the evaluations to match where the module is placed (for example, many courses medical students do are assessed separately through one45 surveys). Once the module is published, we aim to reassess our evaluation strategy, because we believe there are going to be participants outside of the MEDD curriculum undertaking the course. We hope to work with MedIT to figure out a solution for those users not accessing the module via CWL account (who would not be able to undertake a one45 survey). A thorough evaluation that produces meaningful data does not fit within our current timeline and will require consultation with others, e.g. statistician. We hope this can be pursued in the future.

3.4. Dissemination – *Please provide a list of __past__ and __upcoming__ scholarly activities (e.g. publications, presentations, invited talks, etc.) in which you or anyone from your team have shared information regarding this project.*

Past – presented at multiple medical student information days as an example of the projects students could undertake or join as part of their scholarly curriculum requirements (FLEX days)

4. **TEACHING PRACTICES** – *Please indicate if __your__ teaching practices or those of __others__ have changed as a result of your project. If so, in what ways? Do you see these changes as sustainable over time? Why or why not?*

As a medical student/resident, teaching is generally informal. We have given informal and formal presentations to other medical professionals and students regarding the content delivered in this course, which has been informed by the knowledge we gained while writing the content of this course.

5. **PROJECT SUSTAINMENT** – *Please describe the sustainment strategy for the project components. How will this be sustained and potentially expanded (e.g. over the next five years). What challenges do you foresee for achieving the expected long-term impacts listed above?*

We are currently in negotiation for placement of the course in the MDUP. The course is broken down into four different modules that will most likely be included in 4TH year curriculum, but could be accessed as a resource at other times by students. Ideally, the module will be mandatory with students receiving protected time to complete the module and content will be formally assessed in MEDD exams (MCQ questions have already been written for this purpose).

This course will be open access and available to anyone who wants more information about providing care to LGBTQ2S+ patients. Beyond UBCs MDUP, we hope to share the module with medical schools across the country and potentially UBC's Family Medicine Residency Program for consideration of integration into their academic curriculum. We also hope to apply to have the course accredited so that physicians can received CME credits for completing the course.