



The Effect of Curricular Inclusion on United States Physician Assistant Student Confidence with LGBTQIA+ Care

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Purpose

The purpose of our nationwide study is to investigate the hours of exposure to LGBTQIA+ health related topics in Physician Assistant (PA) programs and how it impacts self-perceived confidence of PA students.

Research Question

What is the relationship between hours of exposure to LGBTQIA+ health related content within the curricula of PA programs and students' perceived level of total confidence with these topics?

Methods

This was a non-experimental study utilizing an anonymous 26-question Qualtrics survey distributed through accredited PA programs via email. The first portion of the survey collected demographic information, while the second portion collected the number of curricula hours and self-perceived level of confidence caring for LGBTQIA+ patients. The 17-question confidence portion of the survey utilized a 4-point Likert scale, where 1 = not at all confident, 2 = somewhat confident, 3 = confident, and 4 = highly confident, with the given statement. A total student confidence score of 68 would indicate maximum total confidence, while a score of 17 would indicate no confidence. We analyzed the data using multiple regression via SPSS to determine the impact of LGBTQIA+ education hours on overall student confidence. The dependent variable of this study was the total student confidence score, while the independent variables were the number of education hours, gender identity, race, ethnicity, affiliation with the LGBTQIA+ community, and the PA program state.

Results

Descriptive statistics revealed the mean total student confidence score to be 36.86 (N=183). The mean total number of education hours received was 7.33 with a maximum range of 30 hours (see Table 1). In addition, the participants who identified having family or friends within the LGBTQIA+ community was 169 and scored a mean total student confidence of 36.05 (see Table 2). The overall regression model was statistically significant ($F= 3.175$, $p = 0.002$, adjusted $R^2 = 0.088$). The model explains 8.8% of the variability in students' confidence levels. Several additional predictors likely exist that were not captured in this model (see Figure 1). There were three statistically significant predictors: whether the participant was part of ($\beta= 5.18$) or had friends/family who were part of the LGBTQIA+ community ($\beta= 7.04$), and the number of hours of LGBTQIA+ education received ($\beta= -0.37$); p -values <0.05 (see Table 3). All other variables were not found to be significant, including gender, race, ethnicity and PA program state.

Table 1. Descriptive statistics for total student confidence and hours of education (N=183)

Descriptive Statistic Values	Total Student Confidence	Total # of Education Hours Received
Mean	36.86	7.33
Range	17-68	0-30

The Effect of the Number of LGBTQIA+ Education Hours on Total Student Confidence

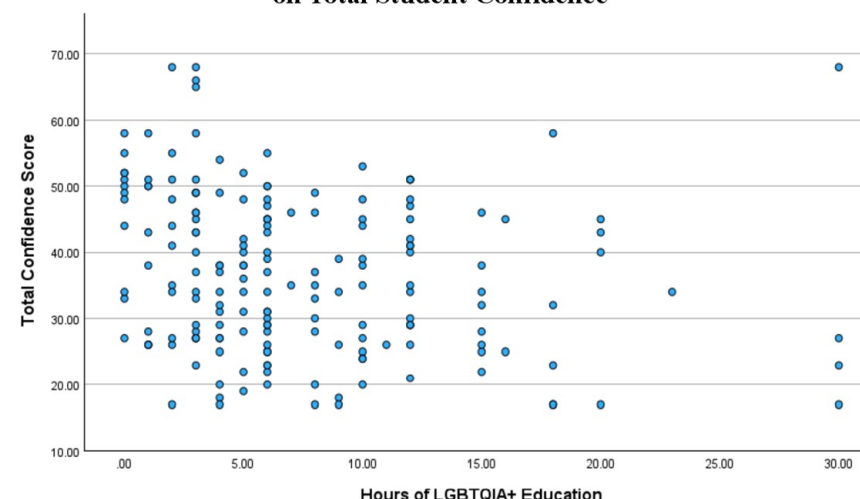


Figure 1. The effect of the number of LGBTQIA+ education hours on total student confidence, which revealed a negative correlation between hours and total student confidence. A multiple regression was performed ($F= 3.175$, $p = 0.002$, adjusted $R^2 = 0.088$).

Table 2. Descriptive statistics for total confidence in addition to the total number of responses and average # of LGBTQIA+ hours received within those who are part of or who have family members and friends in the LGBTQIA+ community

Descriptive Statistic Values	Identify as LGBTQIA+	Have family or friends in the LGBTQIA+ community
Total Responses	42	169
Average # of LGBTQIA+ Hours Received	8.38	7.41
Total Student Confidence Mean	31.79	36.05

Table 3. Multiple linear regression of predictors on total student confidence

Variable/Predictor	β Coefficient	Sig (p-value)
Identify as LGBTQIA+	5.18	0.01*
Have friends/family in the LGBTQIA+ community	7.04	0.04*
Number of hours of LGBTQIA+ education received	-0.37	0.01*

* = p-value < 0.05

Discussion

As the number of LGBTQIA+ education hours increased, there was a decrease in total student confidence by 0.37 points. This inverse relationship may initially seem counterintuitive but could reflect participants' growing awareness of their own knowledge gaps as they receive more exposure to LGBTQIA+ health topics. A similar pattern was observed in the study by Nowaskie and Patel, in which medical students who received 35 or more hours of LGBTQIA+ education demonstrated significantly greater cultural competence, particularly in clinical preparedness and knowledge.¹ However, participants in our study received an average of only 7.33 hours—substantially less than the amount recommended in the literature. These findings highlight the importance of both increasing education hours and ensuring that content builds true clinical competence over time.

Additionally, there was a significant relationship between LGBTQIA+ education hours and whether participants identified as part of the LGBTQIA+ community or had friends or family who did. Participants with personal or close relational ties to the LGBTQIA+ community reported higher overall confidence compared to those without such connections. This suggests that increased exposure—whether through education or personal relationships—may enhance recognition of the importance of LGBTQIA+ health content. These results are consistent with prior research by Rolls et al. and Prasad et al., who found that knowledgeable faculty and targeted educational sessions improve both the delivery and perceived relevance of LGBTQIA+ healthcare content, as well as learner confidence in addressing these issues.^{2,3}

Limitations

Limitations included a small sample size and the inherent constraints of survey-based research. Our study did not open the opportunity to investigate other predictors on influencing LGBTQIA+ clinical student confidence.

Conclusion & Future Studies

This study investigated the relationship between the number of LGBTQIA+ education hours and total student confidence. Findings revealed an inverse relationship— as education hours increased, student confidence decreased. This may reflect an increased awareness of knowledge gaps rather than a true decline in competence. Despite this, students with personal or relational ties to the LGBTQIA+ community reported higher confidence overall. With an average of only 7.33 hours of LGBTQIA+ content reported, the results highlight the urgent need to expand and improve LGBTQIA+ education in PA programs to foster meaningful clinical preparedness and competence. Future research should explore additional predictors of confidence, such as curriculum integration models, faculty expertise, and clinical exposure.

References:

