

Teaching Lesbian, Gay, Bisexual, and Transgender Issues in Dental Education: A Multipurpose Method

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Abstract: Discussion of lesbian, gay, bisexual, and transgender (LGBT) issues has fallen short in dental curricula. This article aims to describe the didactic approach used to present issues of sexuality in the D.M.D. curriculum at the University of British Columbia. This descriptive article discusses the main pedagogies employed to present and discuss LGBT issues: lecture-based seminars, guest panel discussion with members of the LGBT community, poster discussion, and student reflections on the topic of sexuality. The approach to sexual diversity presented here does not profess to make an otherwise homophobic student LGBT-friendly, but it exposes all students to alternative views of sexuality, challenges their values and beliefs, and celebrates diversity. The methodology presented has had a positive impact upon students as illustrated by their reflections, but further discussion is needed to better understand the implications of LGBT issues in both academic and professional settings.

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There has been a call “to teach cultural diversity”^{1,2} broadly within health professions education to foster practice that is inclusive and respectful without prejudice.³ In this era of globalization, online learning, inclusion, and community engagement, however, the teaching of lesbian, gay, bisexual, and transgender (LGBT) issues within dental schools seems to fall short.⁴ (The acronym “LGBT” is an umbrella term referring collectively to lesbian, gay, bisexual, and transgender people; it is not meant to be exhaustive as many variants exist to represent inclusion.)

With the increased number of same-sex couples living together and media-driven anti-homophobic messages and campaigns, mainly in European and American societies,⁵ Anderson et al. raised the need for better preparation of dental professionals to provide care that is sensitive to diversity, refute a hetero-normative approach, and reduce homophobia.⁴ Most of the available literature on LGBT issues within health professions education has come from medicine,⁶⁻¹⁰ nursing,^{11,12} and

social work.¹³⁻¹⁵ Within these fields, the focus has been on discussing the number of curricular hours available and instructional strategies used to address these issues, as well as the type of support services available for lesbian, gay, and bisexual students and faculty members. In the majority of the publications we found, the chosen didactic tool to address LGBT concerns has been an average of 3.5 hours of lecture-based activities. Far less frequent means have included panel presentations, meetings with members of the LGBT community, films about same-sex relationships, theoretical case discussions, and small-group learning.^{8,16} In other cases, discussion of sexuality might take place when sexually transmitted infections and HIV are presented.^{17,18} The amalgamation of these two different but often closely associated topics may convey a mixed message to students who may then wrongly link LGBT issues with sexual risk behavior as a single topic and not within the global aspects of high-risk behaviors for sexually transmitted infections irrespective of one’s sexual orientation as advised by Wallick et al.⁸

In dental education, the approach has been similar to that employed in other health disciplines. More often than not, the focus has been on the need for, and availability of, university services sensitive to LGBT students¹⁹ and dental students' perceived needs for exposure to issues of sexuality and sexual health.^{4,20} However, there is a shortage of studies describing teaching methodologies used to address such issues and assessing their content and impact upon students. The main objective of this article is to describe the didactic approach used to present and teach sexuality and LGBT issues by the Faculty of Dentistry at the University of British Columbia (UBC). In addition to drawing from the existing literature, we use students' reflections to illustrate the impact of these approaches upon their views on sexuality and LGBT communities. Ethical approval for the study was granted by the University of British Columbia Behavioral Research Ethics Board H08-00947.

Sexuality and LGBT Issues in the PACS Module

Brondani et al. have presented a four-year Professionalism and Community Service (PACS) module in the UBC dental curriculum since 2007.²¹ PACS has community-based dental education and community service as its main pedagogies, with health promotion activities taking place in community sites in year one and in long-term care facilities in year two. In any given year of PACS, the learning is supported by the presentation and expansion of essential didactic themes. These include sexuality and LGBT issues, which are discussed on three separate occasions: in term one of year one with standardized patients; in term two of year one within the discussion of sexual medicine and sexuality; and in term one of year two in the context of aging and diversity.²¹ With its roots in the community, PACS embraces Gill and Green's call for teaching that is culturally diverse² and broad enough to cultivate inclusion and reduce prejudice.³

Standardized Patients

The LGBT component is first introduced during the fall in the Dental Ethics and Ethical Reasoning block. As described in Brondani and Rossoff,²² one of the objectives of the ethics block is to illustrate the importance of recognizing when an ethical dilemma surfaces. Some of these potential dilemmas are presented through a "Hot Seat" activity: a role-play with

a standardized patient (SP), an actor/actress trained as the protagonist of a scripted scenario. As Shefrin²³ and Whipp et al.²⁴ argue, the use of SPs is valuable as it incorporates role-playing and simulation. In seven groups of six or seven students each led by a UBC dental tutor and attended by a dentist representative from the American College of Dentists (ACD), each student has the opportunity to interact with a different SP (see Brondani and Rossoff²² for full description of the seven ethical scenarios).

LGBT issues are addressed in one of the scenarios by an SP playing a transgender male-to-female character named Pauline, who is being interviewed for a staff position by a dentist (played by the student). This particular ethical case is linked with the UBC Faculty of Medicine's Anti-Harassment Workshop that first-year UBC dental students attend prior to the beginning of classes. Pauline interacts with one student randomly selected from each group while the others observe. Prior to the encounter, the student reads the scenario and background information to situate the dilemma about hiring Pauline in terms of considering not only her professional experience and skills but also her looks. During the role-play, the student is encouraged to become engaged in the situation, but is also given the option to ask for ideas/feedback from the group should it become uncomfortable.

The interaction in each scenario lasts eight to ten minutes, followed by ten minutes of discussion monitored by the tutor. The discussions, which are enhanced by the involvement of the ACD member, are not graded and are run by the students, who converse about what just happened and how and why they would act similarly or differently to the student who played the dentist role. At the end of the session, students in the "Hot Seat" are asked to reflect in writing on the experience and to give some thought to how they felt and what they learned.²¹

In this particular scenario, the students' reflections have shown mixed reactions about whether to hire Pauline within their discussion of gender identity and sexuality, the potential embarrassment for her and/or the office patients, and the fact that the office is said to be in a small town far away from a metropolitan area. Whatever their conclusion, the students are expected to present Pauline with a reasonable rationale about whether she will be hired or not.

For one male student from the 2009–10 academic year, Pauline's appearance "was not a difficult ethical dilemma at all [as] she had all the credentials to succeed in the position."²² For a female student

from the same year but in a different group, the experience with the actor was more challenging. In the student's interaction with Pauline, the conversation was rather brief, and the student avoided eye contact, which prompted the actor to inquire, "Is everything all right?" a couple of times during the role-play. The student finished the interview by saying, "We already have very good candidates for this position and we will let you know about our final decision soon." In her reflection,²⁵ she further discussed her discomfort in the scenario as she reconsidered her decision upon reanalysis of the situation:

"I felt a bit awkward with Pauline. I could have 'acted out,' but I could also see that situation happening in real life. My father's office is located in a small town in the interior and there is no way this would be a common occurrence there. I do have gay friends, but this was the first time I had an encounter with a transgender and I did not know what to do and how to handle it. I've tried to picture my father's office having her as a receptionist . . . that would be probably complicated for her and the patients. Maybe in downtown I would think differently and hire her, but the scenario was supposed to be in the interior and that might be different. Being in that position made me realize that I would in fact be facing such situations as I'll be interviewing people to work in my office."

This student's reflection showed the opportunity for a potentially different reaction in a different context and expressed some evaluative and reconstructive thinking as discussed by Mitchell and Coltrinari.²⁶

Other students might have simply "acted" their way through the scenario and hidden their true feelings of unease. Although none of the students refrained from interacting with Pauline, we cannot dismiss the possibility that some might have felt embarrassed or uncomfortable with the situation even though they decided not to express that in their reflections or rethink the encounter as discussed by Brondani.²⁵ For these students, and probably for many others, a thorough discussion of sexuality would complement this experience by providing more information and tools to better prepare future health professionals on how to handle situations like this and decrease potential embarrassment. Such discussion takes place during the Sexual Medicine session described in the subsequent section.

Sexual Medicine

The second time that students discuss LGBT issues occurs during the second term of year one, in a three-hour session. The session is entirely focused on sexual orientation and sexual identity and adds positively to the experience with the SP from the first term. The session is broken down as shown in Table 1. The learning objectives for this session are to 1) prepare students to examine and challenge their own attitudes and beliefs about sexuality; 2) create an atmosphere of safety and comfort within which their patients can express their concerns; and 3) examine how one's own cultural background affects the perception of others' attitudes and behaviors.

Before the session, students receive a document entitled "The Human Rights Complaint,"²⁷ which outlines some general concerns articulated by the gay and lesbian community. During the interactive

Table 1. Sexual medicine in the PACS module

Scheduled Time	Activity	Theme	Seminar Leader/Panel Members [†]
1:30–3:00 PM	Interactive seminar	The nature of sexual orientation and sexual identity	Psychologist (the second author, R.P.)
3:00–3:10 PM	Break		
3:10–4:30 PM	Guest panel (open forum)	Sexual orientation and sexual identity in real life	Representatives of the LGBT community including at least one gay man, one gay woman, one transgender female to male, and one transgender male to female

[†]Randy Paterson is a psychologist, author of books including *Your Depression Map* and *The Assertiveness Workbook*, and director of Changeways Clinic, an evidence-based psychological service unit in Vancouver, BC. Two of the LGBT representatives are faculty members from the UBC Faculty of Dentistry; their participation not only broadens this educational experience but also reinforces the process of reflection and dialogue in a peer-support manner.

seminar session led by the second author (R.P.), cue cards are passed around for students to write down any questions they have but feel uncomfortable asking in front of the class. The cue card has these instructions:

- 1) Name ONE THING you'd really like to know about gay/lesbian/bisexual/transgender people or about providing them services.
- 2) People can be TOO POLITE to ask tough questions. What's one objection/question/criticism you've wondered about yourself or heard from the presentation?

After the break, the guest panel is formed. The guests are encouraged to talk briefly about themselves, to agree or disagree with the seminar presented, and, most importantly, to address students' questions from the cue cards and any others they pose openly. Questions have ranged from religion ("Some religions forbid being gay/lesbian/bisexual. What do you think about this? Do you have a religion?") to the practice of dentistry ("On dental/medical history forms, often a question is: Male/Female. Are people okay with just having the dichotomy of gender to choose from?") and even genetics ("Is there a genetic basis? What about identical twins in which one is straight and the other is gay?"). However, for the same reasons we mentioned above regarding the ethical scenario about Pauline, some students may have opted to not ask a question, as was honestly reflected in the comment of a first-year female student from the 2009–10 academic year: "The whole issue of sexuality is still something that gets me a bit uneasy. I know it is a normal discussion to have, but I still do not feel totally confident in posing a question. I could have written one down, but have decided not to. However, I do recognize it gave me the opportunity to actually think about such issues . . . as I'm doing right now."

Guided by the students' questions, members of the panel address them from their perspectives, thus giving some personal meaning to their answers. They are also free to agree or disagree with each other in a safe, respectful, and inclusive environment as suggested by Wells¹⁶ and others.^{2,3} Their appreciation of this experience is often expressed in the students' reflections, as in this one written by a first-year male student in 2009–10:

"One of the best PACS sessions this year! I just love having a guest panel coming in . . .

open to talk and to address all the questions we want. My favorite panel member was [name of the guest speaker, a male-to-female transgender individual]. When I first walked into the room I felt awkward and curious staring at her not wanting her to think I was being judgmental. But by the end I was so fascinated by her story . . . not only that but the love of her wife. Amazing. I actually went to her website to see her transformation. I also truly appreciated hearing from my own professors their personal stories. Very captivating and engaging, entertaining and enlightening."

This session at the UBC Faculty of Dentistry attempts to offer a safe environment to all and particularly to LGBT students, especially since it includes the participation of LGBT faculty members who will be interacting with them across their education. This has been the case with some of the students who, as discussed by Townsend et al., feel safe and supported to discuss or even question their own sexuality in a judgment-free situation.¹⁰ What may be a "coming-out" process or at least an attempt to better understand one's own sexuality became clear in the following reflection of a first-year female student from 2008–09:

"When [name of the guest speaker, a female-to-male transgender individual] talked about how he never liked to look at himself in the mirror and that he never felt 'right,' well that talks to me. I am uncomfortable and I don't like looking in the mirror. Does this mean that I do not like what I am? Should I care? I still have a long way to go before I can accept all of this as the norm . . . but people always say that time heals all."

This particular student might have not only questioned her own sexuality and normative thinking, but she also linked the class content with her own experience once given the opportunity to meet a transgender person. This type of reflection was also discussed by Rye and Chalmers.²⁸ This student, as all the others, was aware of the supporting services for LGBT students available at UBC and was encouraged to consider accessing them by the first author (M.A.B.), who was her group tutor at the time.

We believe that the methodology presented in Table 1, as suggested and used by others,^{8,16} has had a positive impact on students and has been relevant to their education as culturally competent health

professionals. Including in the discussion of sexual orientation faculty members who are themselves members of the LGBT community seems to validate such methodology and reinforce the message of diversity. As one male student from 2008–09 recognized, “It gave more credit to the whole discussion when I saw our professors who put their faces out there and shared their stories with us, which only increased my respect and admiration for them to hear what they have experienced.” In fact, Miller et al.²⁹ have pointed out the powerful role faculty members play through their thoughts, words, and actions in impacting students’ lives and in shaping their cultural attitudes. The PACS module combines the teaching of LGBT issues with the presence of faculty members of the queer community, which according to Phillips and Fischer, encourages students to explore their heterosexist biases and decrease homophobia.³⁰

Back in 1991, Wallick et al. surveyed 126 U.S. medical schools to advocate for the reduction of homophobia and prejudice against homosexuality.⁸ They also concluded that if LGBT issues are “marginalized” in the curriculum, it might negatively influence students’ and faculty members’ perception of its relevance. We believe that PACS has provided a venue for free discussion of these issues. For some other students, however, it may be unnecessary to teach the topic of sexuality in dental schools, especially for a generation born and raised with the Internet, living in an environment already inclusive in nature such as the UBC campus and the city of Vancouver, and having all the information they want via the web at their fingertips. In fact, one male student from 2009–10 reflected that “there are rarely people in our age group who care about someone’s sexual preference and those people are likely not entering health professions.” Although we would like to believe that this reflects all health professionals’ thinking, the reality is that prejudice in general, and homophobia in particular, still deeply scar LGBT

members of the health care community and remain issues to be addressed by the health disciplines as advised by Dogra et al.³ and others.^{6–10}

Aging and Diversity

The third occasion on which LGBT issues are formally addressed at the UBC Faculty of Dentistry occurs during discussion of aging and diversity in the second year of PACS. PACS in year two focuses on Dental Geriatrics, takes place in term one, and has a three-hour session to present and discuss issues of diversity in older age, introduced in 2010–11. Aside from the fact that dental schools need to address dental geriatrics in general,^{31–37} the PACS module incorporates into this theme some aspects of cultural and sexual diversity in this growing segment of the population worldwide. The half day is broken down as shown in Table 2.

The learning objective of this session is to allow students to recognize the diversity of the older population. The first half of the session addresses issues of sexual orientation and sexual identity in old age. It complements the entire term dedicated to discussion of aging and health and prepares students who will have six weeks of rotations at long-term care facilities, as discussed by Brondani et al.³⁸ The second half of the session is designed to encourage students to openly discuss sexuality in old age. In four groups, students rotate through four posters showing aspects of sexuality in old age. The posters were developed by undergraduate students from health and allied disciplines taking the course “Aging from an Interprofessional Perspective” in the UBC College of Health Disciplines, in which the first author (M.A.B.) is one of the instructors.

Each poster addresses one of four distinct and yet overlapping issues of sexuality. In Poster 1, “Sexual diversity and aging,” a series of illustrations shows same-sex couples aged sixty-five years and over from similar and different ethnocultural backgrounds. It

Table 2. Aging and diversity in the PACS module

Scheduled Time	Activity	Theme	Participants
1:30–3:00 PM	Interactive seminar	Aging and diversity in old age: breaking the boundaries	Sexual health educator [†]
3:00–3:10 PM	Break		
3:10–4:30 PM	Poster discussion	Sexual orientation and sexual identity in real life	Students in small groups rotate through different posters presenting sexuality in old age

[†]Member of the Generations Community Developer from the QMUNITY, BC’S Queer Resource Centre.

aims to demonstrate that same-sex relationships are a reality at any age and go beyond cultural boundaries. Poster 2, “Sexually transmitted infections in old age,” illustrates that sexual protection is key at any age and that older adults are as prone to infections as any other age cohort and should be encouraged to discuss this with their health care providers. In Poster 3, “Coming out: the lifelong journey,” pictures and text discuss the lifelong process of coming out. In particular, the poster emphasizes the barriers and stigma some older adults might face when considering whether to come out to health care providers.³⁹ Poster 4, “Sexuality in old age,” prompts students to discuss the physical and psychological benefits of sexual activities in older age. It reinforces the notion that sexuality is a normal expression of human behavior and challenges students to rethink the myths behind sexuality and remarriage for older adults.^{40,41}

As part of the PACS activities, each student is asked to address in writing three questions for each of the four posters: 1) What is your view of the poster’s topic and why? 2) What challenged you the most and why? and 3) What questions are still unanswered? We believe that these questions encourage further reflective thinking on issues seldom acknowledged and frequently avoided in the context of aging. In fact, reflections show that students were challenged in different ways, as illustrated by the following quotations, as they comment on barriers to care and stigma:

“It seems obvious, but I never thought that you are who you are no matter your age. Although it is quite obvious that your sexuality remains with you and it is part of you throughout life, it can still be a challenge for gay older adults to express their sexuality as they might feel ostracized especially when they depend on a care aide who might not be that open to sexual diversity and make the care more difficult.” (Second-year male student addressing question #2 in regards to poster 3)

“Older adults having sex and same-sex couples? The issue is still a challenge for me maybe because I never saw myself having this conversation with my grandma. And why would I? Sex in old folks’ lives should be ‘natural’ as much as it should be same sex, but the issue in itself is a double-barrel topic: the notion that older adults are and can still be sexually active and that same-sex

relationships in old age are just an expression of such sexuality . . . and people do not talk about either.” (Second-year female student addressing question #1 in regards to poster 4)

Conclusions

Sexual education, which includes the discussion of lesbian, gay, bisexual, and transgender issues, has fallen short in dental curricula worldwide. In this article, we aimed to describe the didactic approaches used to present and discuss issues of sexuality in the D.M.D. curriculum at the University of British Columbia. We have addressed issues of sexuality and LGBT via lecture-based seminars, standardized patients, guest panel discussions with members of the LGBT community, poster discussions, and student reflections on the topic of sexuality in six hours of class time, plus the time allocated for reflections. This amount is almost double the average time found by Wallick et al. in medical schools⁶ and by More et al.¹⁹ in dental schools. The balance among the methodologies used in PACS seems to have worked well to introduce and teach issues of sexuality and sexual orientation in the life span at the UBC Faculty of Dentistry. As noted by More et al., dental schools are given the responsibility of educating health practitioners to gain multicultural competence.¹⁹ We believe that PACS is playing an important role in nurturing such competence. However, no single approach is ideal in all circumstances for teaching or presenting LBGT issues in dental education, and the methodologies described here are mere examples, although successful ones, of how a school might go about addressing such issues. Although the approaches described here have worked well, this type of education does not profess to make an otherwise homophobic student LGBT-friendly. Rather, such educational approaches expose students to alternative views on sexuality in order to challenge their values and beliefs and celebrate diversity. And, admittedly, these approaches might not have worked optimally with all students since some may have not expressed their continuing discomfort with the topic.

As Brondani and Rossoff have written, “dental students are encouraged to appreciate that, upon entering a health profession such as dentistry, they are expected to assume a ‘professional’ role in society with greater and broader accountability beyond their own self interests.”²² Professionalism means that

a health care provider must be mindful of sexual minorities and cultural diversity. There is a need to include both faculty and staff in the teaching of LGBT issues in dental education and to encourage further dialogue for better understanding of the implications of such education in both academic and professional settings.

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