eAudiology: Teaching the Alphabet: Supporting LGBTQ+ Students in the Classroom and Clinic

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Awesome. Thank you so much. Again, My name is Dr. Aaron Roman and I am a professor at Salus University and I am also a clinical instructor at the Pennsylvania Ear Institute. I am looking forward to speaking with everyone today.

And I, as mentioned, I'm Dr. Riley Debacher. I am a research investigator at the VA Portland National center for Rehabilitative Auditory Research and an assistant professor at Oregon, pardon me, Oregon Health and Science University.

So jumping in, just looking at all of our disclosures, we have no financial or non financial disclose conflicts of interest to disclose. However, as Riley said, he works through the va. And Riley, I don't know if I can say this on your behalf, but this is not you go for it to briefly establish, despite how important Erin and I are, we aren't representing either of our employers or the United States government during the presentation. Hard to believe, I know. And so those are our disclosures that we must get sort of out of the way before we talk about today's topic.

And so today's topic is going to be looking, as was previously announced, today's topic is looking at, you know, supporting LGBTQ students. And we're actually going to be using a different acronym, which you're going to be seeing a little bit later in the talk. Before we start talking about how to support LGBT students or LGBTQ plus students particularly, we really have to get sort of a foundational understanding of where all of our students are coming from. And to do that, we really need to talk about stress. Now, here's the deal.

We all know that stress is very prevalent now in modern times, and it could be attributed to a lot of different things. It could be that we are noticing it more because we're measuring it more, or it's more cognizant and more prevalent in modern pop culture. It's been under a lot of attention or receiving a lot of attention rather, since the COVID 19 pandemic started. And so I think it's important that we talk about graduate student stress as a whole before we talk about it in any sort of specific group that we are

targeting when we are looking at our research or anything like that. So the first thing that we need to sort of identify is that graduate students are a unique subset of the population.

They are a unique subset of the educational population and the population as a whole. This sort of demographically is an older cohort than any other student body. This is. And as we look at age and the life experiences that come with that, we are seeing different sort of physical and mental stressors that align Themselves. With this group though, some research that's out there on graduate health in general.

And so this is looking at all sorts of graduate students in all sorts of fields. We tend to see that graduate students, not surprisingly, have higher levels of stress. And that is irregardless of if they're in a clinical program, a PhD program, a professional program, whatever the situation is. When we measure stress in graduate populations, we tend to see higher levels of stress compared to undergraduate populations measured using the same tools. It's hard to attribute a specific factor because we start to see a higher diversity of life experiences in graduate students.

But some stressors that we tend to see are, as I said, physical and mental health. We see family becomes a bit more apparent than in the undergraduate population. We see the willingness and the attempts to juggle jobs and financial incomes and then levels of romantic and social relationships. We also tend to see that students present with based off of the sort of empirical evidence that's been collected, graduate students tend to present with higher levels of anxiety, higher levels of depression and generally levels of burnout, both within their program and professionally compared to non graduate or undergraduate students. Something that I found that's sort of interesting and I think that's sort of present as we talk about the AUD and the future of the AUD is that there seems to be a correlation between the length of time of a program and the length of stress or the levels of stress that is perceived.

That is, the longer the length of time of program, the higher the levels of stress that have been perceived and measured by evidence. And there is a full reference section at the end of today's talk and we'll be uploading a document that has all of our references as well. So with that in mind, let's kind of narrow this to the AUD training to date. This is really not a very studied group that that is AUD graduate students and stresses. You do see research that comes out that looks at student loan levels in the aud, that look at academic outlook in the aud, but we don't see a lot of empirical evidence that looks specifically at perceived stress or measured stress and the AUD or clinical audiology students.

The evidence that is out there, there's some evidence that looks at just clinical training programs in allied health and there's evidence that suggests that those who are enrolled in clinical training programs do present with higher levels or have a higher likelihood rather of developing stress and anxiety disorders compared to other graduate training programs. So that would be more research based or non clinical based or more professional Such as an MBA or something along those lines. The evidence that is out there specifically to communication sciences clumps the AUD and SLP degrees together. They found that this population, it wasn't a comparative group compared to non SLP AUD groups or anything like that. They just looked at general measured stress.

They found that this population tends to struggle with stress, but they also feel comfortable with time management. This was more of just a general survey of how do you feel right now? And so what Riley and myself sort of set out to do is to study this population. Let's look at the students enrolled in the AUD and the graduate programs related to speech pathology and let's sort of get a window into their perceived levels of stress. Let's develop a more comprehensive viewpoint on their education from the student's viewpoint.

And so to do that we use two scales and these are scales that we use to measure stress. But this is also something that I would encourage anyone watching to think about using in their clinical life, be it

specifically with patients. These are Both very short 7 to 10 question surveys, depending on which version of the measurement you use. But these are also very validated measurements. So these are nice, good subjective questionnaires.

The first one is the Perceived Stress scale, which is as it implies, a measurement of perceived stress. And it's 10 questions and each question starts with in the past month. And then in the past month have you experienced high levels of stress, high levels of anxiety? In the past month, have you felt like you did not have control over the situation and students or participants rather would respond using a 4 point Likert scale, which means sometimes, never. Excuse me, Never.

Rarely, sometimes, always. This is a really nice and useful tool for measuring perceived stress. It has been validated in every type of population one can think of. I believe it's currently available in about 36 languages and it's normed for populations 12 and above. The other one that we looked at was the Generalized Self Efficacy Scale.

This is a measurement that looks at your individual belief that you can overcome barriers that can hurt your performance. The reason we chose this scale is that it serves as a direct opposite to the Perceived Stress scale. You might perceive levels of stress, but can you perceive your ability to overcome those stressors? It is another 10 point, 10 item or 10 question validated measurement. It has the same scaling, which is nice.

Both are scaled out of, I believe 40 points. This is also available in multiple languages and it also uses a four point Likert scale. Structurally, these two scales are very similar. They come from different authors and they measure different things. But the reason we did this, for our study and to ask this larger question of how do we support and how do we measure stress?

Specifically, when we look at the LGBTQ community, we wanted to have two opposing measurements to compare against each other. Before we get into, as I said, the LGBTQ community's responses, let's just look around what we see with AUD students, because, as I said, this is something we don't really know and we don't really study. What we tend to find is that students in general, which should not be surprising to most, are stressed out. The average score on the perceived stress scale was a 21, and a 21 correlates to a moderate level of stress. For reference, normal scores or low stress is a score lower than a 13.

We see that individuals in AUD programs in general perceive a high level or a moderate level, I should say, of perceived stress. This survey was taken in 2022, so this past year. So we were about three years outside the onset of the COVID 19 pandemic. So just to kind of count, like, where we were culturally at a timeframe. The other thing, though, that we did see are that students in this group tend to be highly self.

Tend to exhibit a high degree of self efficacy, meaning that they feel that they can overcome their barriers, that they can sort of supersede the problems that present in front of them. The other thing that we found was that these two measures are highly correlated. There's a strong negative correlation, and that the higher level of perceived stress, the lower self efficacy and vice versa. So this is just sort of giving you a little bit of a background on what this population sort of looks like from a stress standpoint. But to answer the thesis of today's talk, which is what do we see in the lgbt LGBTQ community?

We have to narrow it down a little bit further. So I'm going to pass this over to Riley, who's going to describe a little bit about our community that we're talking about here. So a term, as Erin kind of alluded to, there are a lot of terms that get used when we talk about queer or LGBTQ students. And so to simplify that a little bit, for the purposes of this talk, we're going to use the term sgm and the reason for that, or kind of like growing out from there, SGM is something that's used more in the research literature

than I would say, in your day to day. And it's short for sexual and gender minority.

And so we'll use that to include kind of a pretty broad swath of human beings. But not every study samples everyone that's a part of the broader community. And so sometimes we'll drill down and we might talk specifically about LGB folks who are lesbian, gay and bisexual folks, or talk about specifically gnc, short for trans and gender non conforming folks. So we're not going to dive a lot into what I tend to call the LGBT101 part of this talk. So if some of those terms sound unfamiliar or you want to get a better idea, I really encourage you.

There are some really great articles that kind of break down some of these terms and some broad strategies, I would say, for LGBTQ inclusivity in your clinics and in your classrooms. And we'll have a couple of those in the references section for this specifically. Reference 26. I'm biased as it's an article that I worked on, but it has a glossary in there that will define some of these terms and point you to some resources that are helpful for getting more information. But setting that aside for just a second and kind of diving in, we looked specifically at these groups in a pool of broader AUD students.

So the information Erin's shown you up to this point is for all AUD students that were sampled in that survey, what we're going to drill down and look at a little bit for just a minute is what do we know from other professions? Because as Erin mentioned, audiology is not on the forefront of surveying and understanding our students. And so we can look a little bit to other professions and kind of see what we might expect before we dig into the data that we were able to collect. And so looking for just a second and kind of figuring out why we care about how these students are doing, we need to understand why we value or why we want diverse AUD programs. And I think the easiest reason is if we want to have a more diverse profession, which is something that's a stated goal of our professional organizations, and I think for a lot of us personally, then we need to have more diverse students.

To attract those diverse students. We can look at surveys of diverse students to understand what they look for in programs. In a survey of 30 gender non conforming graduate students across academic disciplines, 30, 30% chose their field because they perceived it to be queer friendly or LGBTQ friendly. And 40% chose the specific program where they went based on feeling safe or because of their perceptions of the program climate. So we can draw from this that if we want to have more diverse programs, then we need to have programs that will attract diverse students.

And to do that we need a field that's perceived as LGBTQ friendly and we need programs that feel safe and have a program climate that students can identify with. So the reason we want these more diverse programs, these more this more diverse profession is really because diverse providers are more prepared to interact with and care for diverse patients. There are a number of self reported measures that look at patients preferences when working with different providers and they find as a general rule that patients tend to value having providers that are more like them. They identify with them better, they report that they receive better care and whether or not that's true, those perceptions are valuable. And having community members that you can go to that you feel seen by is important across the healthcare kind of provision and community.

And also when we look specifically at kind of providers perceptions of how able they are to provide high quality care to sexual and gender minorities, we see that providers feel that they can provide a very high level of SGM specific care despite in the same survey reporting a lack of education and a lack of competence in those areas. We see even within the literature in this area, a mismatch between how competent we feel like we are with our actual reported skills and experiences working with different communities. And given the lack of diversity in current AUD providers and audiology providers more broadly, that can be kind of concerning. If we are trying to care for all of the patients that come into our clinics. Recruiting diverse patients is going to be helpful for us because we'll get more exposure during graduate education, during other opportunities, but also because those providers are more likely to

have competency when working with different patient populations.

So that requires us. I've kind of thrown out some assumptions about our current AUD programs and when we look at kind of the data that support or refute that, we need to take a look at what AUD programs look like today. And previous efforts by ASHA and AAA have collected information about AUD cohorts with respect to gender, race, the percentage of international students in programs and disability status, particularly hearing status. But to date, no published efforts have looked at AUD students in a way that includes sexual orientation and comprehensive gender identity. And I use the term comprehensive gender identity there because there is increasing call from national organizations, including national Academies and National Institute of Health for collecting sexual orientation and gender identity information that includes things like transgender status that aren't always captured in some of these broad program check in demographics that we're used to.

And the reason for that is really impactful. When you look at things like current calls by NIH for promoting diversity. Currently, there's no call by the National Institutes of Health or other agencies that support sexual and gender minority students as an underserved population in the sciences or an underrepresented population in the sciences. That's largely because there's not enough data to demonstrate that we're missing out on these folks. Capturing this data, like Erin and I did, not to pat ourselves on the back too much, is an important first step in demonstrating how we're doing and our opportunities for growth or the populations that we're doing a great job serving right now.

So in about 500 words there, we're breaking down the survey that we did. And I'll let Erin take back over talking about some of the specifics. Absolutely. So, as Riley said, we have set out to sort of find some more information about the graduate student experience, specifically among the SGM population. The current study that is currently ongoing, it looks at levels such as stress and self efficacy, which I've already discussed and alluded to, as well as perceptions, particularly among those who identify as

SGM regarding their campus climate, their academic progress, and the perceived support that they're getting, which goes into that idea of campus climate.

We're also looking into as much information as we can pertinent to their demographics. So, you know, as Riley said, we're looking at a comprehensive gender assessment or perception, comprehensive gender collection, sexual orientation, information on race and ethnicity, as well as types of programs. You know, a lot of times when we look at students, we look at, okay, the AUD students, but there's many degrees within the communication science field, so we want to get an idea of that as well. For today's talk, we are really just focusing on the AUD subset of our findings and the AUD population in our survey right now that accounts for about 167 individuals. Although not everyone filled out all aspects of the survey.

Of that 167, 45 identified themselves in some capacity as an student that identifies as sgm. And that could be either through sexuality, through gender expression, anything of that nature. So we had an N of 45 there, and about 122fell into the non SGM category. I'm introducing those terms because you're going to be seeing that throughout the visualization and the discussion of some of our findings thus far. So let's dive in and see what we found.

The first thing that we found is that there's really no significant difference on either measures of perceived stress or self efficacy. When I look at the average scores on the perceived Stress scale. Those who identify as non SGM had an average score of about 21.5, whereas those who identified as SGM fell into about 20. I think it was 20.3 was the exact number mean score. Note that both of those scores still represent a moderate degree of stress.

So it's not that neither are stressed out. As I said before, we see a high level of stress amongst AUD grad students and it's really important to have that understanding because what we do is when we break it out into categories as the perceived stress scale does, what we find is that about 70% or

between 50 and 70% of those surveyed fall in the moderate stress level. So these are students that, you know, moderate stress tends to mean levels of therapy would be beneficial. Sometimes accommodations are would be beneficial. This is not something to be overlooked and nor should it be something that should be sort of passed by.

And what we tend to see is that a higher number of students that identify as non SGM actually fall into the high stress level. That's not to say that high stress doesn't exist in both capacities. In both capacities, as I said, almost 75 to 80% of all participants fall into that moderate to high levels of stress. That's something that is our initial takeaway is no matter what the either SGM or non, we see really high levels of stress. What we further tend to see is that self efficacy does not differ substantially between the two groups.

We do find that sort of non clinically or non statistically, those in the SGM group do have a higher perceived self efficacy level. The average self efficacy level Amongst those in SGMs was 34 or just shy of that, excuse me, it was 33 while those in the non SGM group was 30.2. So this is still a not statistical significance. And the self efficacy measures do not have degrees that the pss, the perceived stress scale does. So this is more just a general perception.

So those in the SGM category tend to find themselves as slightly higher, though not statistically than the non SGM cadre, but those do not differ significantly.

All right, so let's jump in and let's discuss some of the viewpoints. So as I said before, a few of the things that we've talked about beyond just measures of stress, beyond just measures of self efficacy are viewpoints on campus climate. And so the first thing I want to break down is these are all viewpoints in the SGM community. So we ask questions about how do you perceive or this was actually a Likert scale. So how much do you agree with the following statement.

So an example of this would be the profession of audio. I feel largely supported by the profession of audiology and rank this on a scale from strongly agree to strongly disagree. Now what you'll find is that students that identify as SGM largely felt supported by both their academic training program and by their profession as a whole. And so what that means is sort of their professional organization or their concept of what audiology is as a community. So in general, those who identify as SGM largely feel about 60 or so percent largely feel the profession of audiology is accepting of them or supporting them.

And they feel an even higher percentage feels that their training program, they either strongly agree or generally agree that their training program largely supports them. The next thing we tend to see is a pretty, a pretty interesting array regarding their career outlook. So the question was that you can see here I worry that my sexual orientation or gender presentation will impact my either future employment or job security. And the thing that really sticks out to me is that over a third of participants who identify as SGM have this as a worry, has this as a fear. So what we tend to see is that they either almost in the case of job security.

Nearly 50% of respondents feel that their sexual orientation or gender presentation can have some sort of effect or some sort of impact on the security of their job. And I want to relate this into context to what we found earlier. You know, we talk about how graduate students have a lot of diverse array of factors and a diverse array of stressors. What this points to or alludes to, I should say is that even though the significance between the non SGM and the SGM cohorts on perceived stress, on self efficacy, even though those measurements were non significant, one thing to keep in mind as you look at these viewpoints, those factors that are impacting the stress levels might be different in the groups. Even if the presentation of the formal measurement may be different.

Some of the things that may not be as impactful to a non SGM individual might have a higher level of stress for the SGM community and vice versa. I want to point this out because I think this is an

interesting, this is an interesting prompt that sort of highlights that potential challenge.

So the next thing we looked at was peer and academic faculty relationships. We looked at the perception of SGM students, perceptions towards their fellow classmates. And generally speaking, we have a very positive outlook or this community has a very positive outlook with their students. Over 70% report that they're fellow students, are friendly, are respectful of diversity, provide support and Will collaborate with them for assignments, for projects and should they need help. So these are very good numbers and we love to see this.

We also see a pretty interesting array of perceptions of support amongst the faculty or towards the faculty in this community. So the prompt was, you know, the faculty in my department as perceived by the student are welcoming nearly 80% see that are respectful of diversity, treat students with respect and respect diversity. Those are all well above 70%. The only one that wasn't was the idea that they care about student well being. And we'll take a look at that further to see how that compares to those in the non SGM community as well.

But that's something that we tend to tend to see across the board is this perception that faculty don't care about overall holistic well being of the student in response to academic outcomes or in rather just academic outcomes.

The next thing we looked at was how do students feel about diversity? So we asked do they how much do you agree with this statement? I wish that my program or department had higher degree of faculty diversity and higher degree of student diversity. So amongst faculty diversity, nearly 6, just shy of 70% feel like they would like to see a little bit more faculty diversity in their programs. And diversity was non defined.

So diversity could be related to sexual, gender, minority status, racial status, anything along those lines. So these are all ways that the SGM community sort of perceives diversity more so is the need or the want I should say, for higher level of student diversity. So we were looking at nearly 80% of those who responded wish for higher levels of student diversity.

So just to give you some context, how does this compare with other student perceptions? So just these illustrate the difference between those who identify as SGM versus those who do not. As I said, the one for student diversity, nearly 80% of SGM students wish to have greater diversity amongst the students where it was closer to 50% amongst those who do not identify as SGM. That number is pretty static when you look at the faculty diversity. You see, as I said, it was about 70% in the SGM students non SGM, again it was roughly 50% of those wish for higher faculty or higher faculty diversity.

This is something that is uniquely different between the two groups.

The other thing that we tend to see is that both groups tend to have perceptions of support and friendliness from students and faculty that are more or less equal. The one that I found was sort of the most interesting was that, well, I guess two that were the most interesting in my opinion, those who are SGM had reported a lower perception of peer or fellow student friendliness compared to the non SGM. So those who are non SGM, about 90% of them felt either strongly or partially agreed that they felt that their fellow students were very friendly towards them, whereas it was closer to 70% in the non SGM or in the SGM community. Excuse me. And faculty support, you see sort of a flip.

So the SGM community tended to see a higher degree of faculty support compared to those who do not.

So I found that to be sort of an interesting finding overall.

I'm going to throw it over to Riley, who's going to put this in context of some of the other studies as well. So Erin had the enviable task of kind of breaking down all of those findings. And now I get to zoom us out and do the comparison to what we can kind of find in other literature that's been published to compare AUD students to other similar professional students. And so to kind of quickly put this in context for the literature we're about to discuss, we looked really exclusively at graduate healthcare professionals. So this includes psychology students, some social work students, largely medical students because this is the largest group and so tends to be the one that we have the most information about, but also some other similar graduate professional education like veterinary medicine students and others.

And I'll try to call those out as we're running into them. But as Erin mentioned earlier, all of the kind of specific studies that we're referencing are indicated by the numbered citations here that you can reference against the last slide and we'll have a handout that kind of has those numbered citations in them. Thinking about kind of these results with respect to two other similar professions, when we compare or when we look at the current findings about stress and graduate students outcomes, we see that psychology students who are part of sgm, sexual and gender minorities, report greater degrees of stress, worry and uncertainty, and greater concerns about future employment. Similar to what we saw in SGM students here in audiology. But in a contrast to what we saw in audiology students and their strong feelings of support from faculty, psychology students saw less or reported less supportive academic environments than non SGM peers.

When we look at medicine, and it's really important to point out that with medicine there's really robust reporting requirements and large data samples that are available. While in audiology students we're looking at about 145 students. And we felt pretty excited about that. In psychology we're looking at some larger surveys than that. And when we get out to medicine, some studies we're looking at as many as 45,000 students.

And so we can really get very big pictures of students over time from some of these other professions. And in medicine, SGM students particularly saw higher degrees of burnout than non SGM students and reported lower degrees of faculty respect for diversity and poorer reports of campus climate, similar to what psychology students saw. Something that's exciting about these survey results when we compare to these other two professions is that audiologists are reporting more positive faculty support at least, and generally more positive campus climate than we're seeing from other peers, or at least very high rates of it, whereas in other professions we don't see those same things. But that doesn't necessarily mean that those factors are protective as we're still seeing really high degrees of stress despite high self efficacy in these students. It's also probably important for us to dig in a little bit more to one of these topics, our big B word that's been coming up a lot recently, which is burnout.

Audiology broadly has been looking at how to retain professionals and how to create more diverse professions. And what we see from looking across literatures is that SGM students have higher rates of burnout than non SGM peers. In fact, for LGB students, specifically reporting of homophobic mistreatment during their graduate education led to an eight times greater likelihood of burnout than non SGM peers or specifically non headers. Thank heterosexual peers, excuse me. And for this particular study, it found that the greater the intensity of homophobic mistreatment that was reported by these students, the greater the likelihood of burnout in a way that looks dose dependent.

And that can be very concerning certainly, but maybe not surprising. To hear students that have been mistreated are more likely to have a difficult time is not an earth shattering finding by any means, but something that was really concerning when we dug into this a little bit more is that as many as 42 to 45% of sexual and gender minority students report experiencing homophobic or transphobic language during their training. And LGB students were nearly twice as likely to experience discrimination than their heterosexual peers. And so when we look at this, the fact that these students are more likely to experience burnout doesn't feel particularly surprising. But this is happening to almost half of sexual

and gender minority students and only about 6% of these students are reporting that discrimination.

So when we look at this, there are a lot of these students that are at high risk for burnout. And most students indicate that these issues are never resolved over the course of their education and might continue on into their professions. Up to 15% of students changed professions because of this mistreatment. And for those who remain discriminations associated with greater degrees of career regret and disengagement from their profession, none of these things are working towards that goal. We were talking about earlier supporting more diverse profession.

And if these providers are more burnt out and less connected with their profession and their patient care, then they're not going to be able to provide the high degrees of patient care and informed practice that we were talking about earlier that we benefit on from having a more diverse profession. This is even more pronounced for students with intersection intersecting minoritized identities who had the largest proportion of recurrence, so repeated mistreatment or homophobic or other xenophobic behaviors, and also report the greatest degree of exhaustion, which makes sense. If you're constantly experiencing mistreatment because of your identities as a part of your profession, as a part of your academic education, you're going to feel burnt out and that's going to wear down on you over time, which again is going to impact your ability to provide high quality patient care.

And we mentioned that only 6% of SGM students who experience discrimination reported that. Which begs the question, how much are we hearing from these students? How much are they reporting things to us? We can look at different measures of this, one of which being how likely are SGM students to come out to us as faculty members in in the first place. And when we look at surveys of medical students, specifically SGM medical students, 51% of medical students are out to all other students in their programs.

So just over half, but 20% or fewer report being out to faculty and preceptors. And that's a pretty staggering difference when we think about that. We're not talking about students that are out to a few peers and don't really talk about it. We're talking about students that are out to all of their peers, but not out to any of their faculty. And we're seeing about a third of students fall into that pool.

Why might this be? Why are students coming out to each other but not to us? 69% of gender non conforming physicians and medical students heard derogatory comments during their training about gender nonconforming individuals. If you're at school or you're at your clinical rotations and you hear your faculty or providers making negative comments about people like you, why would you come out to them? And a third of these people report directly experiencing discriminatory care for these patients.

So of course you wouldn't feel safe coming out if you're experiencing these kind of aggressive behaviors to people who look like you. Fear of discrimination deterred SGM medical students from creating close relationships with their advisors and created greater feelings of isolation, as was found in one of these studies. These risks again were exacerbated for SGM students of color who report feeling that concealing their sexual orientation was necessary for success. Again, though, what reasons are driving people not coming out and keeping these things to themselves, leading to greater degrees of isolation and less feeling of accessibility of resources and connectedness? One of those major factors is that we are telling them not to come out.

40% of SGM students were advised to avoid disclosing their identity as a part of the residency process or as part of medical education, and up to 70% were concerned that disclosing would affect their future career. When we look at these students, they're not coming out to us, and part of the reason they're not coming out to us is because we're telling them not to. And that's something that can really impact their feelings of belonging, their feelings of support inside of these professions. And those are things that impact their willingness to stay in the profession. How it impacts gender non conforming students in

particular is that 70% felt unsafe disclosing their identity during residency interviews, 40% were misnamed or misgendered some or all of the time during the residency interview process, and about a quarter felt that they were less likely to match into their top choice for residency, which has a very big determination on future career success and other important aspects due to their identity.

So when we look at these students in these groups, they're being very heavily impacted by their identities and by feelings that they can't be out and fully present inside of their profession. It's not surprising then, when we look back at that kind of first comparison we made, that students feel poorer campus climate if they're part of a sexual or gender minority, and that they feel increased rates of burnout because they're increasingly isolated by feeling that they have to keep to themselves and not create these broader senses of community that we know are really supportive. So that was a lot of doom and gloom and sort of begs the question, how can we do better? What can we, as faculty and preceptors do to promote creating more inclusive environments for students? And again, this isn't, for the most part, something that's isolated to particular kind of classroom strategies or clinical precepting strategies.

A lot of these things are things that we can also use to make more welcoming environments for patients and for our coworkers. And so articles and resources that already exist are really useful. The figure that's displayed here is adapted from the article I mentioned earlier that we published in aja, providing suggestions for how to create more queer inclusive clinics for your patients and for your coworkers. And a few of these strategies I think are really impactful for students in particular. Things like displaying pride symbols allow for kind of a passive, easy way to represent that your office and your classroom are safe spaces where those students are welcome and that you're encouraging them to be a part of a community with you.

The use of inclusive language is incredibly important in the classroom. And I'd extend that to thinking about your classroom examples and environments. Are you always using straight cisgender patients as examples? Are you always using very specific gendered language when you talk about situations, students and other clinical environments? But when we think about students in particular, I really encourage you to think about the fact that we have a very cool opportunity to work with students longitudinally in a way that we don't always have with our patients.

We see our students very regularly, be that for a semester or a longer period of time while they're in graduate school. Remember that your allyship to these students is active. It's something that you have to invest in and keep refreshing as things change, but also something that you should allow them to lead. We never want to take paternalistic attitudes with these adult human beings that are in front of us. And so making sure that you are supportive to your students and meeting the needs that they express to you.

And sometimes that requires letting them know that you're waiting to hear from them or that you're providing them with some space. If we don't call out to people and kind of make room for them, it's hard to know that that space is there to be taken. And remember that especially within academic departments and other environments that are highly structured and hierarchical, that you have a power imbalance with your students. No matter how much we try to level that playing field in the classroom. Students often recognize really high stakes situations in the classroom and in the clinic when they're pursuing something that they've spent literally their entire lives up to this point working towards.

And so use that power imbalance to support students when you can. If you recognize a student being misgendered by a peer, call that out and correct that peer. Maybe they don't know. Doing so in a way that's friendly but firm can allow you to expend some of your capital that you have in a department without making a student wonder how to do that in a way that's respectful and. And won't endanger

their relationship with that faculty member.

So those are just a couple examples. We can certainly get into some more with questions that come up from folks. And so are there any questions that folks have or. Erin, is there anything you'd like to add before we jump into this? No, I think that's a good place to sort of jump out.

And so I think if you get nothing else from the talk, it's more thinking about how the SGM community as a whole, how to think about your role in. Actually, not just the SGM community. Your role in any student. Right. Is like there is a power dynamic, but there are so many factors going on in the student's life that it's very important to know that you play.

If you as a preceptor, you as a faculty member, you as a clinician, play a role in many different ways, and understanding what that role means to the student and how it translates both sort of overtly and subliminally almost. Would you agree with that?

Absolutely. And I think that it gets easy sometimes to know ourselves better than we necessarily know how we're expressing. And so when we've given this talk. So we've given kind of versions of this a couple times, I think we often hear from faculty who feel like very good or supportive allies but don't know how to express that. And so something I'd encourage you to do is talk to your students and find out what they want and what's going to be useful to them.

And if you're not sure how to have that conversation, try it out. I don't think that either Aaron or I are these kind of like massive pillars of knowledge in this area, but that's okay, because at the end of the day, everyone's going to have different preferences. And what we're trying to do is customize experiences in the same way that we don't treat every student in our classroom that has hearing loss the same as every other student in our classes that has hearing loss or that has something else that makes them unique. Yeah, I absolutely agree with that. I really think it comes down to the idea that, you

know, what might be appropriate for one student or one.

One cohort, even, whatever you think about how you communicate with one group when the next group or the next individual or whomever, you might have to address it. They might have different wants, they might have different needs. And so knowing it's sort of like if you, for those who've been teaching for a couple of years, the students that you taught five years ago had a different way of communicating that the current cohort may. And so you have to learn to adjust to that. This is almost thinking about that at a more micro level to be like, okay, the way you would talk to one person in this community may be different than the way you talk to another.

So understanding, okay, what is my role in working with students? And how can I, how can I better myself to. To communicate with as many people as effectively as possible? And I think that is really, at the end of the day, the hope and the insight from this talk will get you thinking about how can you do this? What do you need to be aware of to start that conversation?

And I think something that goes along really strongly with that is the point that's kind of brought up at the bottom of the slide in purple, that it's important to recognize as a human person navigating the world. We all make mistakes pretty regularly. But when we are working with folks, it's really important to apologize for mistakes that we make, but to not make those apologies about us. I think something that I've heard a lot, especially from trans students, is that well meaning faculty can make things incredibly awkward when they make a very big production of apologizing for using an incorrect name or pronounce. When you're going through, it is okay to make a mistake.

It is something that you're going to do. That doesn't mean we shouldn't try to avoid doing it, but it is something that you're going to do. And the best thing to do in that situation is to say, oh, sorry, I meant he, and then move on. Because if we make a big production and we say, oh, I'm really sorry, I'm trying to do better, we draw a lot of attention to that. And especially when it's in front of other people, that can

be uncomfortable.

And it's not something that you need to call out to that person. They probably recognize that it happened. So apologizing for it and moving forward makes it something that is just like any other misarticulation we do. And Aaron and I have done plenty of those during this talk. Yeah, no, I think, and I agree.

And so I think at this point, just being cognizant of time, we should throw it open to see if there are any questions, we are more than happy to answer them. And if someone's not comfortable putting a question in the chat, is there a way to reach out to you remotely. Can they email you if they have a question? Yeah, absolutely. I don't know if our emails are provided in the information page or not, but if not, I'm happy to include that information on a slide when we upload this or when the slides are on the website.

Make sure we add that before we send the slides over to you. Sounds good. That's absolutely fine, I expect. And also for the people who are going to watch the recording, that they would, in case somebody wants to ask you a question. Oh, we do have a question.

Cool. Can you guys see it? Yeah. So what is something that surprised you both about your results? Riley, would you like to start?

Yeah. So something that surprised me, I think, initially is that when we kind of looked at this, I think we had some expectations going in based on some of these other findings that, oh, we're going to see these really big differences in stress in folks, for example, and that we didn't see those differences. And I think at first that was really surprising. But then we were talking more about it, and we talked a little bit about the fact that, A, AUD students are incredibly stressed in general. But B, something that is almost more surprising is we still see students, when we look at those kind of campus climate elements,

saying, oh, no, there are still things that are missing or that I need from my program.

And so it, I think, is really reflective to me of some of the strategies that SGM students have in these environments. These are highly experienced students. Right. They've been doing it for a long time. And so despite elements of the environment that are harder for SGM students, they've developed strategies to kind of help them navigate graduate education.

And that made me think a lot about how much easier we could make it on these students with their really high self efficacy, with kind of these coping strategies that they have if we removed some of those barriers and how much better their students might do. Yeah, I think you worded that perfectly. But just to reiterate, I thought, you know, given my previous experience researching similar populations and undergraduate populations, as well as my familiarity and my conversations with Riley about just what literature is out there, I thought for sure it would be almost like a redundant hypothesis to say, like, oh, those who identify as SGM will present with higher levels of stress. And you know what I found, what I think was what was interesting, and this is absolutely like, no offense to my friends in the Midwest or anything, but whenever you talk to someone in the Midwest during the winter and I live on the east coast, and you say, oh, it's really cold here. It's 15 degrees, and they say, you think that's cold?

It's zero degrees here. I'm sort of drawing this analogy because both are below freezing, right? Both are cold, but one is slightly more cold than the other. And I think that's sort of reflective of what we found here. Both groups are really stressed.

The degree of stress and the stressors themselves are different. And so I think that's really what we tend to see is that it's really hard. And one thing I've actually learned from doing this research is that it is hard to even generalize the idea of stress. It's a real challenge to try to do that. But I do think the biggest surprise to me was that there was really no statistical difference between the groups on either measure.

The self efficacy was less surprising given the literature that's out there. But the perceived stress, I thought was almost certainly going to be more in one direction or the other. So I thought that was super interesting. And it's almost like it's more exciting because now you get to delve in to understand why is that. And I think that's our homework for the next round of studies.

More on that in our more to come. We are bumping up against the time. We'll have to have you back the next time once you've done more research. We'd like to thank you Both for today, Dr. Roman and Dr.

Debacher for their presentation. This is very important information, and we're thrilled that you were able to share it with the academy members. Just a reminder that if you didn't write down the verification code, this is your last chance. It's in the chat box and that's how you will be able to get the live participation certificate. Everyone else, make sure you go back to the presentation page, do the assessment and the evaluation, and you can print your certificate.

We're going to go ahead and wrap up today. Once again, we'd like to thank our speakers and check eaudiology for more of our upcoming live seminars. Thank you so much. Thank you.