

## ■ Practical Advice for Working with LGBT Applicants

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*What are the recurring issues that health professions advisors should be aware of when working with Lesbian, Gay, Bisexual, and Transgendered students? How might we better address the needs of this under-represented group? What are the issues that LGBT individuals face in the application process to medical school? And lastly, what resources are available to help us advise this often “invisible” minority? This article summarizes a session from the June 2012 NAAHP Meeting in Baltimore, where we discussed some of these important topics. Also included here is a list of resources that advisors might find useful.*

### **From the Perspective of Two Health professions advisors: Bill Wingard and Glenn Cummings**

The tough issues, decisions, and situations that LGBT students sometimes face include:

- Whether or not to be “out” on campus, and if so, how out—To friends only? To faculty? To everyone? As an applicant for jobs, scholarships, graduate or professional school?
- Whether or not to join LGBT student organizations and participate in public LGBT events.
- Rejection by and/or alienation from parents, family, and friends.
- Discrimination, both overt and subtle, by faculty, staff, religious leaders, coaches, healthcare professionals, and many other individuals in positions of authority.
- Physical, emotional, or psychological abuse or bullying.
- Depression, isolation, or mood swings.
- Drug or alcohol abuse.
- Insufficient sensitivity, education, and awareness of mental health professionals and others with the best of intentions.
- Difficulty finding comfortable housing situations.
- LGBT-specific health needs, including HIV prevention and hormone therapy.
- Lack of LGBT peers, mentors, and role models.
- Inadequate programs or services directed to the LGBT population, on campus and off.

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Of course several of the items on this list might apply to straight students as well. But as a sub-group of the overall population, LGBT pre-health students face unique difficulties—unique both in nature and often severity. Having a support system is crucial for these students. Many times they do not know where to turn for help; it is unclear to them who will be supportive and who will not. Obviously having an LGBT resource center on campus is a good start. But if one does not exist, as is the case at many of our institutions, members of the faculty and the staff can

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help foster a positive environment. It goes without saying that health professions advisors are among these individuals. Through the work we do guiding students over academic hurdles and through the rigorous preparations for entering the health professions, advisors at the undergraduate level are in a position to have considerable influence over how LGBT students develop, and hopefully flourish, both personally and professionally.

**Challenges**

In the attempt to reach out to LGBT pre-health students, we as advisors may encounter significant challenges, not the least of which are two very basic ones: the “invisibility” of the students’ sexual orientation and our approachability as people wishing to help. First of all, who are the LGBT individuals among our pre-health advisees? Identifying such students, if it were even possible, would be a problematic undertaking for a variety of reasons. The fear of disapproval, discrimination, or worse is very real among LGBT college students, particularly in certain social clubs, teams, classes, and other smaller communities within the larger institution. This fear can be a strong incentive to stay “in the closet” in all settings, especially professional ones such as advisor-advisee interactions. Moreover, college students are at a developmental stage when it comes to sexuality, a period of exploration that results in a vast range of comfort and discomfort concerning LGBT identity, not just among various LGBT students but also within an individual student depending on the year, the semester, the week, even the day. Lastly, we have heard more than once, from those students who are fully or mostly “out,” that their sexual orientation does not seem particularly important in the application process. Comments to the effect of, “My orientation is irrelevant to being pre-med, or applying to med school,” are fairly common. The truth of these sentiments is open for debate, which we will discuss below as it relates to the application process, but the viewpoint itself can ensure the withholding of such information. As a topic affecting one’s pre-health progress, LGBT status is often left off the table under the belief that it is irrelevant.

Secondly, how can advisors ensure that we are *visible* allies? In order to be effective in our work with LGBT students we must be seen as approachable, and trusted, members of our communities. Certainly one thing that we can do is to include resources for LGBT pre-health students at visible locations in our offices and

linked to our websites, making information readily available just as we would for other under-represented students. While there has been an increased focus on the treatment of LGBT patients in recent years, with the American Association of Medical Colleges (AAMC) and the American Medical Student Association (AMSA) including LGBT health issues more and more in the education of today’s medical students, the material available to LGBT pre-health students wanting to enter the profession, as providers not patients, is somewhat limited. AMSA does have a wonderful LGBT Residency and Medical School Directory, which describes the “LGBT-friendliness” of various medical schools based on surveys completed by its members; this is part of a larger resource produced by AMSA’s Committee on Gender Sexuality. Additionally, our own NAAHP is increasingly aware of the need for more advising materials on this topic. We are hopeful that the NAAHP’s Committee on Diversity and Inclusion will work to develop more resources for LGBT undergraduates in the years to come. Of particular usefulness might be a guide for students looking to select the best medical school for them, along the lines of the AMSA’s directory but created jointly between advisors and the AAMC. As of right now, advisors will find the “Resources” portion of this article (below) a helpful starting point.

There may be an organization on one’s own campus that can offer support, and an advisor’s knowledge of this group is important. Many LGBT student clubs have “ally” signs or stickers that faculty and professional staff (straight and gay alike) might post in a visible location, such as an office door, indicating a “safe zone” in which LGBT students should be comfortable speaking openly about themselves. It probably goes without saying that having not just an LGBT club, but one specifically created by and for *pre-health* students, would provide even more benefits. At the University of California-San Diego, the LGBT Pre-Health Association is alive and growing, founded over a year ago by two committed students with the help of their health professions advisor. The club includes a strong leadership core, interested pre-med and pre-pharmacy students, a balance of men and women, several ethnicities, and even some first- and second-year medical and pharmacy students. The original members decided to focus the club’s activities on service, especially to the LGBT community, on personal and professional development, including speakers and training sessions, on social events to help the members bond as a team and as family, on leadership development, and on

research. A list of the club's activities during the past year, most of which could be offered on campuses across the country, includes:

- Individual panel discussions with current LGBT medical and pharmacy students, with HIV+ undergraduates for World AIDS Day, with local "out" physicians, and with LGBT STEM graduate students.
- Developing post-baccalaureate information with a focus on programs designed for disadvantaged students, and LGBT students applying as disadvantaged.
- Volunteering at an LGBT Pride Parade and Festival and an AIDS Walk as part of a First-Aid medical team.
- Training as a team for basic life-support certification.
- Information on applying to medical school as a gay couple.
- High school outreach, including talks to local gay/straight alliance groups and an online mentoring program.
- Participation in the annual Health Professional School Fair.
- Education on bisexual health (brochures and flyers) at an LGBT Health Fair.

The incredible energy of this UCSD group, as with all student organizations, has depended on the leadership of a few motivated students, and as the president graduates and other members leave the pre-health track, the group's plans will inevitably ebb and flow. As the club moves forward, they have decided to focus on one major activity per year, and do other smaller things as time and group interests allow. That major activity is a road trip to San Francisco for UCSF's LGBTI Health Forum (<http://lgbt.ucsf.edu/forum.html>), a highly informative event about LGBT health disparities. In general, LGBT pre-health students across the country may not be as ambitious as this group from UCSD or may not have the resources to attempt some of these activities. But even offering a few would bring a feeling of accomplishment and solidarity to members. And health professions advisors can have tremendous impact by helping such a group get started, even with just a handful of interested students.

### The Application Process

When working with LGBT students who are preparing to apply to medical school, there are at least two cen-

tral questions on students' minds: Should I come out in the application process?; and, Where should I apply (and subsequently matriculate)? LGBT applicants have many more concerns, to be sure, but these are two of the most common. The first, whether or not to come out, is very much a personal decision, and students should never feel pressured to reveal their sexual orientation or to keep it concealed. Over the years we have heard varying opinions on the topic of coming out, from both LGBT advisees and admissions deans. The most critical thing to reflect upon is why one's LGBT orientation is being shared in the application process. Clarifying the reason or reasons for revealing LGBT status is something advisors can help with in their one-on-one sessions leading up to the submission of the application. Is the applicant's sexual orientation connected to items s/he is listing on the application? Jobs, volunteer work, courses, research, and most frequently, extracurricular activities, may all involve working with and advocating for LGBT issues. To not establish openly that the applicant has a personal stake in these issues, whether in the personal statement or merely the list of experience descriptions, may seem peculiar to a reader of the application. Perhaps the applicant has won an award for contributing to the non-academic life of the college based on her leadership of an LGBT student group, nominated by the director of the LGBT center on campus for increasing the visibility and general celebration of the LGBT community. Maybe she is an LGBT peer educator and was asked to give a speech on diversity to incoming freshmen. Excising such distinctions from the application, for whatever reason, would omit such a defining element to this applicant's identity, diminish the overall attractiveness of the applicant (think of the AAMC personal competency "service," just to name one), and ultimately do her a significant disservice. The same may hold true for the less official discussions of the applicant's beliefs, hobbies, and passions, perhaps in an essay or interview.

Similarly, applicants may have had unpleasant experiences as a patient disclosing his/her sexual orientation when receiving healthcare, and this story may be at the heart of the applicant's desire to enter the field—perhaps to educate medical professionals and help future patients have more positive experiences. Moreover, it seems to us that the applicant's interest in health issues affecting under-represented minority groups, if based on personal experience, can only have more impact than it would if LGBT status were withheld and the applicant's personal connection to such issues were

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left up in the air. Maybe the applicant has worked at a clinic focused on health issues affecting LGBT African-American men in New York City or Boston, assisting with research on the doctor-patient relationship and why these men might withhold information from their physicians about their sexual behavior. An understanding of the stigmas, stereotyping, and very real anxieties among a particular population of patients is powerful knowledge to have as one begins his medical education, for any aspiring physician but particularly one who has experienced what he is studying himself. Therefore, it would make sense for him to share his own experience, if it has such relevance.

In the end, how the applicant's sexual orientation is connected to his/her role as an applicant—and even more importantly, as a future clinician—needs to be reflected upon when making the decision whether or not to come out. With connections in place, one may approach the application process differently. One of our former advisees put it this way in an email he sent to us as a first-year medical student: “The four years of medical school is a long time to be at an institution that does not have resources or support networks for LGBT students. Being open about my sexuality from the beginning of the application process thus allowed me to really learn where I would be happy. It also gave me a boost of pride as I went on the interview circuit, as I knew that I was not holding anything back. I could be honest and open. In a way, it helped me reclaim some of the power that I had given up by allowing schools to decide my fate.” In an application process that can leave applicants feeling at times helpless, consciously deciding on not just the “if” to come out, but the “why,” is indeed an affirming moment, and can lead to even greater knowledge.

**From the Perspective of Medical School Student Affairs: Sam Parrish**

In recent years, the topic of LGBT individuals in medicine has received attention in mainstream media. An example of such coverage would be the *New York Times* editorial by Pauline Chen, MD from April 26, 2012, entitled “Does Medicine Discourage Gay Doctors?” As Dr. Chen writes, “. . . During my surgical training, whenever the conversation turned to relationships, one of my colleagues would always joke about his inability to get a date, then abruptly change the subject. I thought he might be gay but never asked him outright, because it didn't seem important. . . .” Dr. Chen goes on to realize that it is indeed very

important. Coverage such as Dr. Chen's highlights ongoing issues of concern for applicants, students, and trainees across the spectrum of medical training. At the university level, most LGBT concerns are addressed through broad diversity and inclusion goals with little specificity. Institutional climates vary greatly and some institutions are limited by state ordinances and policies. With this background, the challenges facing health professions advisors in working with LGBT students are significant. There are currently no available data regarding the number of LGBT individuals applying to medical or other health professions schools. Few schools collect identifying information on secondary applications and those which do often employ “proxy” measures where applicants are given a selection of individuals (including LGBT students or faculty) with whom they can meet during their campus visit.

One of the questions that this climate leaves for LGBT pre-health students, then, is where should I apply?—the second of our central questions on the minds of LGBT applicants. This concern might be addressed in an advising session with a list of more questions, points of inquiry that students should draw from when perusing schools' websites and particularly if and when they are invited to interview. Here is our list of questions the applicant will want to explore:

- Is there an Office of Diversity Affairs at the medical school?
- If so, does this office include public LGBT-specific information?
- Is diversity reflected in the school's mission statement?
- Are there specific policies to address discrimination or mistreatment regarding sexual orientation? Any recent reports of concerns?
- Does the medical school's (or larger university's) non-discrimination policy include sexual identity, gender identification, and/or sexual orientation?
- Are there LGBT student organizations at the medical school? Do they meet on campus? In school facilities? Are they officially recognized? Do the group's activities include social, educational, advocacy and/or service? Is there an identified administrative liaison or advisor?
- Are there graduate student organizations that are part of a larger university—graduate student, law student, and/or business student groups?
- Are domestic partner benefits available to students? Are they subsidized?

- Are LGBT issues taught in the school's curriculum?
- Are LGBT patients included in courses on the doctor-patient relationship?

Perhaps advisor and advisee can come up with a few more questions based on the personal background and professional interests of individual students. The goal is to empower LGBT applicants as much as possible by providing them with ways to articulate their concerns, so that they select a school that will be supportive of their identity and their educational goals. As we have mentioned, a good additional resource, beyond websites and interviews, is AMSA's directory of medical schools to be found at [www.amsa.org/gender](http://www.amsa.org/gender).

Furthermore, from the medical school perspective, experienced faculty interviewers are essential to ensuring each applicant's appropriate treatment during the process of applying. Some applicants who have experience within the HIV service community, for example, may find interviewers concluding that this experience is equivalent to identification with the population served. As such, they may find themselves "outed," correctly or incorrectly, in the interview setting. For applicants who are out on their applications, there is also a risk that the topic may become the dominant area of concern during the faculty interview. Faculty who interview applicants must be educated concerning the risk of "proxy" measures of identification.

Lastly, individual admissions committees vary concerning how an individual's sexual orientation is considered in discussions regarding acceptance. Some institutions have specific goals of outreach to the LGBT community and may provide scholarship support and recruitment to individual applicants. Other institutions, however, are prohibited by state statutes or institutional regulations from addressing sexual orientation at all in the process of consideration. It is important for both applicants and advisors to realize these differences, and in some cases it might be helpful for advisors to ask admissions representatives about their position on including LGBT status in the application review process.

### Being Supportive

While we live in a world where many college students accept sexual diversity as a way of life, having grown up with friends and classmates who were out at a surprisingly young age, we should remain aware of the fact that everyone understands their sexual orientation

differently, and at different times in their lives. To be fully supportive of LGBT students, whether out or not, we might consider three final things. First, advisors often discuss other potentially sensitive application topics, such as one's religious or political views, perhaps in an information session about the personal statement or the interview. It would not be a stretch to include sexual orientation in these discussions. The mere mention of sexual orientation in such a context suggests that, while "sensitive," it is perfectly fine for a student to approach the subject for a more in-depth talk with his/her advisor (a student may be thinking, with relief, "well, my advisor brought it up first!"). Second, it is important to avoid making assumptions if and when the question of balancing one's personal and professional lives comes up; this can be a helpful conversation to have, as sometimes students can benefit from thinking about the demands of the medical profession and how their personal lives may be affected, but heterosexual assumptions during these discussions should be avoided. And lastly, advisors might encourage the question, "What makes you unique?" Such a question is not only important to admissions committees who are looking to have a diverse entering class—and is at the heart of the increasingly popular holistic review process—but it may help advisors in a variety of ways, from capturing distinct qualities in a committee letter written on the applicant's behalf to, for our purposes here, demonstrating that diversity is an acceptable, indeed welcome, topic in advising. "What makes you unique," in other words, is a way of opening a door. And with some attention to the issues facing LGBT students, we as advisors might then engage in a more meaningful way with individuals who need our help, becoming supportive and informed allies to a group of students who have been historically overlooked.

### Resources

#### Websites

1. The American Medical Student Association (AMSA): [www.amsa.org/gender](http://www.amsa.org/gender). Gender & Sexuality Section, LGBT Medical School & Residency Directory.
2. The Association of American Medical Colleges (AAMC): [www.aamc.org/members/gsa/glbtc](http://www.aamc.org/members/gsa/glbtc). Recommendations to Medical Schools to Address the Needs of Gay, Lesbian, Bisexual and Transgender (GLBT) Students and Patients.

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3. Stanford's LGBT Medical Education Research Group: <http://med.stanford.edu/lgbt/>. *LGBT Content in Undergraduate Medical Education*.
  4. Gay and Lesbian Medical Association: [www.glma.org](http://www.glma.org). Special section for students in the health professions under "Resources."
  5. Human Rights Campaign: [www.hrc.org](http://www.hrc.org). See Issues/Coming Out for a wealth of information.
  6. National Association of Advisors for the Health Professions (NAAHP): [www.naahp.org/](http://www.naahp.org/). The website is undergoing revisions this summer. LGBT information will be under "Advisor Resources" once the revisions are completed.
- White, MA, Eric Tran, BA, Stephanie Brenman, BS, Maggie Wells, BS, BA, David M. Fetterman, PhD, Gabriel Garcia, MD, Mitchell R. Lunn, MD, "Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education," *JAMA*. 2011;306(9):971-977.
3. Harris, Scott, "Gay Discrimination Still Exists in Medical Schools," *AAMC Reporter* (July 2007 - online edition).
  4. Merchant, Roland C., Artemio M. Jongco, III, and Luke Woodward, "Disclosure of Sexual Orientation by Medical Students and Residency Applicants," *Academic Medicine* 80.8 (2005): 786.

Articles

1. Schuster, Mark A., MD, PhD, "On Being Gay in Medicine," *American Pediatrics* 2012; 12:75-78.
2. Juno Obedin-Maliver, MD, MPH, Elizabeth S. Goldsmith, BA, Leslie Stewart, MD, William Miller, Edward, M.A.; Chere Pereira, B.A.; Glenn Cummings, Ph.D.; Joni Huff, M.A.; and Richard Wallace, M.A., "Religion, Politics and LGBT Issues and Their Role in the Medical School Admissions Process," *The Advisor* (The National Association of Advisors of the Health Professions, Sept. 2006): 26-30.

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