

Title

Improving Rates of Sexual Orientation and Gender Identity (SOGI) Screening in a Primary Pediatric Clinic, A Quality Improvement Project

Background

Sexual Orientation Gender Identity (SOGI) screening is an important part of clinical care in the pediatric primary care setting. Though important, SOGI is often implemented inconsistently. Medical student education during the pre-clerkship years includes training around SOGI, but SOGI training during our pediatric clerkship is not standardized.

Objective

We designed and implemented a quality improvement (QI) project to improve provider documentation of SOGI data for adolescent patients to 80% completion between October and December of 2023. We also sought to promote students' knowledge and comfort around gender issues to 90% during the same period.

Methods:

The QI project was implemented in an urban pediatric primary care practice that serves as a teaching site for medical students. Baseline data was collected from July to September 2023. To measure baseline provider documentation of SOGI data, a manual chart review of outpatient adolescent patients was conducted. The chart review was validated by an ICD-10 diagnosis matching report query. To measure baseline students' knowledge and comfort around gender issues in adolescents, a brief four question survey was administered at the start of the pediatric clerkship in October 2023.

The key drivers of this QI project were provider and student training. The provider training included an educational refresher for the clinical context for SOGI and electronic health record (EHR) documentation. For the students' training, student history template forms were updated to include a SOGI prompt within the confidential interview section and a QR code that linked to a brief SOGI lecture and slide deck.

Results:

Baseline chart review data showed that 64.9% (n = 605) of adolescent visits had SOGI documentation completed by the providers between July and September 2023. In October, 69% (n = 545) of patients had SOGI documented. In November, 70% (n = 974) of patients had SOGI documented. In December, 75% (n = 185) of patients had SOGI documented.

Baseline (n = 49) and endline (n = 25) student surveys were collected over three rotations. Students' perceptions around adequate SOGI training improved from 79% to 97%. Students' comfort around asking SOGI questions improved from 76% to 85%.

Conclusions:

Though we were able to make some changes in clinician documentation practices around SOGI, the improvements were minimal. We have modestly improved students' experiences around SOGI knowledge and comfort, though student engagement in survey completion was challenging.

In the next phase of our project, we will re-train providers around SOGI documentation. We will also focus our SOGI screening efforts on adolescent well-child visits during the confidential interview. We will encourage providers to engage in discussions around SOGI with students. For student engagement, we plan to organize a focus group with medical students around strategies to improve survey completion and improve SOGI screening.