

# ■ Allies in PreHealth Advising: Effectively Supporting an Increasingly Visible LGBTQ Population

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## **Abstract:**

*LGBTQ students face unique challenges and questions on their paths to careers in the health professions, including the potential for discrimination. Based on available data, this particular population of students is becoming increasingly visible in graduate health professions education and during the application process. Accordingly, health professions advisors must be prepared to meet the needs of these students and do more to make up for existing gaps in resources and information, positioning themselves as strong allies to a historically marginalized community. Recommendations and resources are offered, including guidance on establishing trust and credibility with LGBTQ advisees.*

## **Keywords:**

LGBTQ, medical school application, premedical students, sexual and gender minorities

During my first few years as a health professions advisor, I encountered, more than once, a pair of questions I have since learned are common for LGBTQ premedical students: “Should I be ‘out’ on my application?” and “Which schools are the best for LGBTQ students?” At first, I did not have a good, thoughtful answer to either question. As a gay man, I could empathize with the reasons a student would ask those questions, but as an advisor I could not offer substantial guidance. I began gathering information to develop better answers to both questions, though I found such information was scarce.

The capstone to my master’s degree provided an opportunity to dig deeper, as I undertook a nine-month research study on the experiences of LGBTQ medical school applicants. That research, which is currently under

review for publication, revealed these students must navigate a persistently thorny educational path, starting as applicants. Little research has examined the experiences of students pursuing other health professions, so this article will narrowly focus on students on the path to becoming a physician, though many of the student needs and concepts discussed are universal. The 2020 Association of American Medical Colleges (AAMC) Graduation Questionnaire showed 1.9 percent of all respondents—8.0 percent of which identified as lesbian, gay, or bisexual—had experienced offensive remarks based on sexual orientation during medical school (AAMC, 2020). Research has also shown LGBTQ medical students in the U.S. experience discrimination or fear of it, lower social support, and higher rates of stress (Mansh, Garcia, and Lunn, 2015; Brenman et al, 2011;

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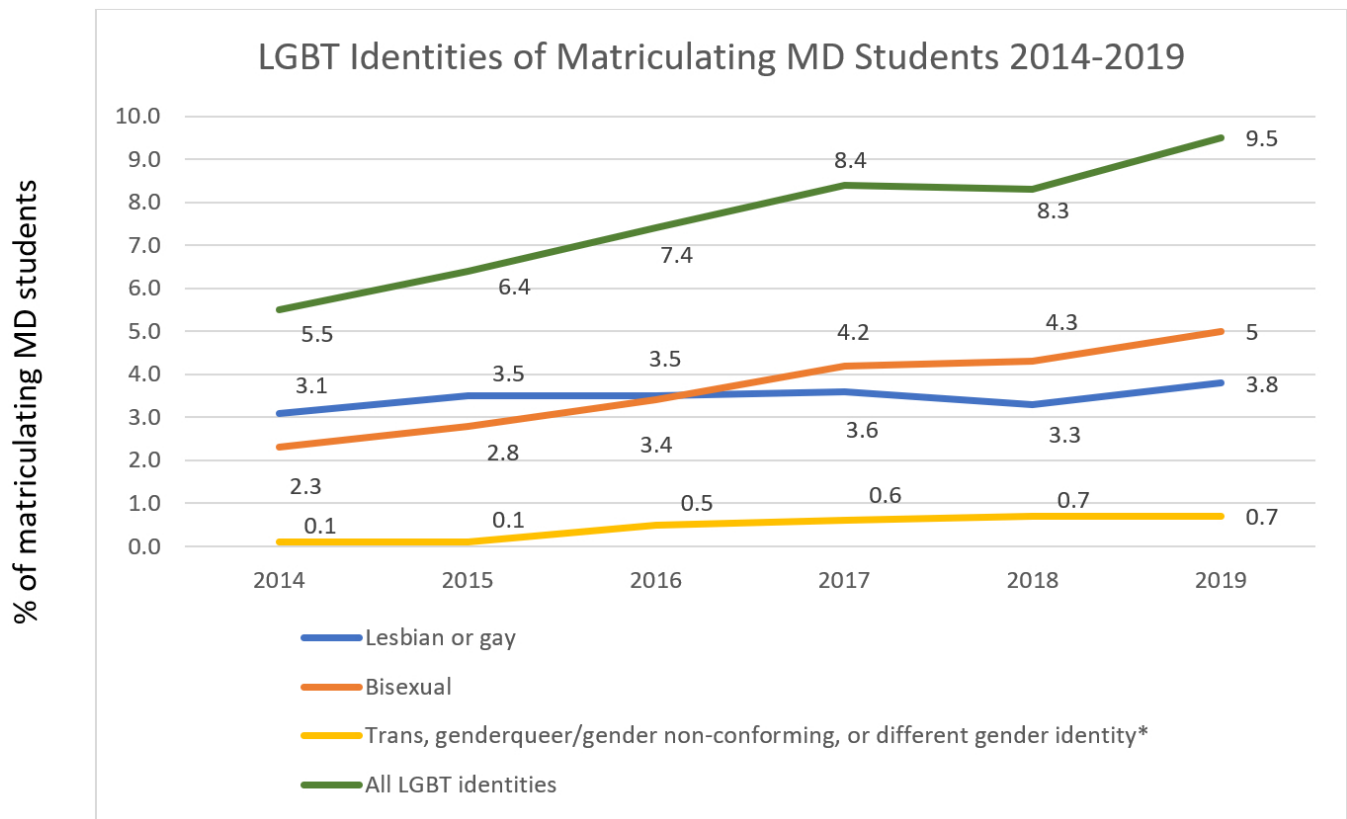


Figure 1. Source: AAMC Matriculating Student Questionnaire (MSQ) Reports.  
 \*In 2016, the MSQ began offering “Genderqueer/gender non-conforming” and “Different identity” options for gender identity after previously only allowing respondents to select “Male,” “Female,” or “Transgender.”

Grbic and Sondheimer, 2014). A more recent study found lesbian, gay, and bisexual medical students disproportionately face mistreatment (Hill et al, 2020).

While the remission of these dynamics may lie primarily with medical schools, prehealth advisors have the opportunity to be a supportive source of guidance to an increasingly visible community of LGBTQ students as they begin their journeys into health professions education. The thoughtful, affirming and informed guidance of an empathetic health professions advisor has the potential to help LGBTQ applicants navigate an already stressful process confidently, with the assurance needed to find a new educational home that will support and embrace them as their whole selves. My research and subsequent conversations provided many valuable new insights that have informed my advising, but it also illustrated that the prehealth advising community must do more to support our LGBTQ students and serve as capable allies to this minority community.

**More ‘Out’ Than Ever**

While it stands to reason LGBTQ students may have been well represented in medical schools for some time, their

representation has not always been visible. That appears to be changing. Data from six years of the AAMC Matriculating Student Questionnaire shows a four percent increase in students self-reporting LGBTQ identities since 2014, with the greatest increase among bisexual-identified students (see Figure 1). Harvard Medical School announced recently that 14 percent of its newest class self-reported LGBTQ identities (Collins, 2020). Moreover, LGBTQ medical students appear more likely now than ever to be out during their training. While a 1996 study found just 44 percent of responding lesbian, gay, and bisexual medical students had shared their sexual orientation with an entire class, a 2015 study showed 67.5 percent of responding sexual minority (i.e. non-heterosexual) medical students reported being out during medical school (Townsend; Mansh, White, et al.). The same 2015 study showed most gender minority (i.e. non-cisgender) medical students concealed their identities during medical school while in a more recent study 67 percent of gender minority respondents reported disclosing their identities during medical school (Dimant, Cook, Greene, & Radix, 2019).

The application process, however, presents a more distressing prospect for LGBTQ students: the possibility of facing discrimination or judgment and, ultimately, rejection.

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Individual accounts have illustrated the dilemma LGBTQ students face: Be out on the application and potentially face discrimination or stay “in the closet,” hiding part of who you are to protect your admission prospects (Tam, 2017; AAMC, n.d.). A 2005 study found 95 percent of LGBTQ medical school applicants surveyed had concealed their identities during application, primarily due to fear of discrimination (Merchant, Jongco, & Woodward, 2005). My research, the survey data of which I hope to share following peer review, showed similar fear of discrimination but an encouraging increase in LGBTQ identity disclosure. With applicants perhaps more likely than ever to share their LGBTQ identities during the application process, it is critical their advisors be prepared to engage in the conversations that help students make the decisions that are right for them. But LGBTQ students will not automatically trust they can talk to their health professions advisor about their identities. In fact, in two focus groups with LGBTQ medical students (n=9) conducted as part of my study, some students expressed fear of disclosing an LGBTQ identity to an advisor (Lockman, 2019). One student feared it might “taint that relationship” with their advisor. Two others said they were not comfortable talking to their prehealth advisors because they feared judgment. Among the few students that did seek guidance from a prehealth advisor, one—who identified as bisexual, genderqueer, and Black—was told simply to “write whatever you want.” The other—who identified as gay, cisgender, and Asian—was told to be himself on his application but struggled to believe his advisor because the advisor could not offer anything concrete to support the advice. In a letter to *Academic Medicine* in 2017, one medical student asserted “there are not any resources to turn to for advice or guidance” for LGBTQ applicants (Tam). In order to support LGBTQ students and help them determine what place their identities may take in their prehealth journeys, health professions advisors must first establish the relevant trust and credibility as a resource for those students.

**Building Trust**

By the very nature of their roles, health professions advisors enjoy an inherent level of trust from advisees, a trust they must nourish through thoughtful, informed interactions. Establishing trust with LGBTQ advisees relative to their identities, though, may require that advisors demonstrate intentionality, allyship, and LGBTQ competence. A strong advising connection may on its own lead some advisees to trust their advisor enough to share and discuss an LGBTQ identity. Many advisees, though, will maintain separation between their prehealth advising needs and those related to their identities. Some will do this enduringly, and that is OK; not all LGBTQ advisees feel a need to discuss their identities with an advisor, and many will determine it is not particularly relevant to their prehealth journey. For other students, a tangible indication

that they can trust their prehealth advisor with regard to an LGBTQ identity can provide the comfort needed to broach identity-related questions or concerns.

Signals of allyship can come in many forms. As first noted in a 2013 *Advisor* article, providing specific resources and information for LGBTQ students, both in physical offices and online, represents an easy way to let those students know their identities are valued and their advisors have been intentional about addressing their needs (Cummings, Parrish, and Wingard). Earlier this year, my office launched “LGBTQ + Pre-Med,” a resource on our website dedicated to supporting LGBTQ medical school applicants (see Resources section). The site, which includes discussion of common questions applicants may have, was designed universally, such that a premedical student anywhere might find it helpful. While it serves as a hub for resources and discussion, it also provides a safe digital space for LGBTQ students to explore their questions before talking to an advisor.

Physical symbols of allyship can also set a safe, welcoming tone for LGBTQ prehealth students. Several students in the aforementioned focus groups described seeing LGBTQ or ally signs, pins, or flags during medical school interviews that made them comfortable being out, and the same effect could be had on students visiting their prehealth advisors. Many institutions offer some form of LGBTQ ally training for staff and faculty, with participants receiving an “ally” sticker for placement in their office or work space. Such a symbol could indicate to a student their advisor has been intentional in learning about and supporting the LGBTQ community. It is not enough, however, to simply complete a training and place a sticker on your door. LGBTQ allyship should be ongoing and requires a commitment to continued learning, listening, and active support. If your institution does not currently offer any kind of training, try connecting with a campus LGBTQ outreach coordinator or multicultural student affairs office to explore meaningful self-guided learning before posting a symbol of allyship.

Perhaps most importantly, advisors must put in the work to be knowledgeable when an LGBTQ advisee wants to discuss their identity in a prehealth context. Advisors can start by getting familiar and comfortable with terms and concepts relevant to the LGBTQ community. Establish a baseline level of competency by learning about various identities, including less common identities like pansexual, demisexual, genderqueer, or two-spirit. Ensure awareness of the difference between sexual orientation and gender identity as well as, separately, what it means to be intersex and how all these identities interact. Additionally, it is perhaps more important than ever to be mindful of intersectionality, the interconnected nature of multiple marginalized identities (e.g. Black/African-American

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and transgender, or queer and Latinx), as students' multiple identities and the experiences those have produced are inextricably linked. Demonstrating readiness to have the often-complex conversations about LGBTQ identities should inspire confidence in prehealth advisees that they can return later with additional questions or refer other students in need of guidance. These are just a few of the ways advisors can establish trust with LGBTQ advisees. Establishing credibility—that is, getting LGBTQ students to believe the advising provided—is a separate task.

**Establishing Credibility**

The current scarcity of information and resources regarding LGBTQ students pursuing health professions has the potential to create a credibility problem for advisors. Advisors can mitigate this problem by gathering concrete information from existing sources, seeking knowledge from new sources, and amplifying LGBTQ voices. Because so few medical schools—and even fewer schools among the other health professions—address LGBTQ identities in thoughtful, direct terms on their websites or in promotional materials, it can leave prehealth students unsure of what to believe. Some may turn to online forums to hear from fellow LGBTQ students, which can be a meaningful source of support, but forums have also been found to be a source of anxiety and misinformation for premedical students (Jain and Maxson, 2011). Other students will turn to their prehealth advisors, assuming a strong relationship has been established. Here, it is important advisors ground their advising in as much real information as possible, given the existing resource and information gaps. A few medical schools have been intentional about addressing LGBTQ inclusiveness beyond non-discrimination or diversity and inclusion statements and provide a good place to start. Among them are [University of Michigan](#), [Northwestern](#), and [Harvard](#). Other programs have displayed a commitment to LGBTQ students through programmatic opportunities, such as Vanderbilt's Program for LGBTQ Health or Boston University's Transgender Medicine Research Group. Such schools and programs provide concrete examples of institutional attitudes regarding LGBTQ students.

This year, the AAMC's Medical School Admission Requirements (MSAR) database added a new category to its Campus Life section, "Support systems at this medical school for gender and sexual minority students." The new section, which is viewable without a paid subscription, most often describes a school's LGBTQ student affinity group or an "Out List" identifying LGBTQ staff and faculty. In some cases, schools provided only a generic statement about diversity and inclusion, and some schools did not complete this section. While there is room for growth, this section is a positive addition to an important application tool and provides another tangible resource to which students can turn.

Along with these existing sources, health professions advisors also have access to administrators that students typically do not. Whether during a conference, prior to an on-campus program visit (in-person or virtual), or via direct outreach, advisors can make a point of asking admissions representatives, diversity and inclusion officers, or deans how their institutions support and prioritize LGBTQ applicants and students. Being able to source advising to these administrators strengthens the credibility of the information being relayed.

Finally, health professions advising offices can establish credibility with LGBTQ students by giving LGBTQ voices and identities a platform in their work, just as they often do for underrepresented racial and ethnic minorities. Seeing and connecting with a speaker, be it a student or a practicing health professional, with a shared identity can have a powerful effect on LGBTQ undergraduates' determination in their career pursuit. Prehealth advisors should ensure that their programming sends a broad message of diversity and inclusion. Additionally, advisors can bring student voices into the advising process when appropriate. If possible, try to connect LGBTQ applicants with similarly-identified alumni who have agreed to serve as a resource. Hearing about first-hand experiences as an LGBTQ applicant or graduate student will likely resonate with students in ways their advisors' guidance, no matter how thoughtful and grounded, simply cannot. Post-admissions cycle surveys present an opportunity to ask LGBTQ and other underrepresented students if they are willing to be a resource in the future for similarly-identified students seeking first-hand perspective.

Prehealth students often innately put a great deal of trust in their advisors, as they are tasked with knowing the ins and outs of pursuing careers in the health professions. But given the history of discrimination and marginalization LGBTQ students have faced and legitimate fears many still have, advising them on issues of identity may require this extra layer of credibility.

**Practical Advice**

As important as trust and credibility with LGBTQ advisees are, so too is having practical answers to LGBTQ prehealth students' questions. Advisors Glenn Cummings and Bill Wingard offered succinct advice on students' decision of whether or not to be out on their applications in their 2013 *Advisor* article, asserting it is "very much a personal decision, and students should never feel pressured to reveal their sexual orientation or keep it concealed." That guidance still rings true, and it applies just as much to applicants with minority gender identities. Beyond the binary decision to disclose or conceal an LGBTQ identity are a few dynamics advisors can help applicants consider, including how to share their

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identity during application or just how out to be. Surely some applicants will consider their LGBTQ identity a prominent component of their story and/or central to their motivation to pursue a career in the health professions. These applicants may decide to share their identities in a personal statement or in supplementary essays, some which directly ask students how they would contribute to the diversity of a specific institution. These instances offer students a natural opening to discuss an LGBTQ identity. Likewise, students significantly involved in LGBTQ-related research, service, or student organizations may share their identities while describing those experiences.

Other applicants may feel their LGBTQ identity is an important part of who they are but less related to their motivation to pursue medicine or their undergraduate experiences. For these students, a brief mention in a personal statement or the opportunity to check a box may feel more fitting. Currently, the American Medical College Application Service (AMCAS), American Association of Colleges of Osteopathic Medicine Application Service (AACOMAS), and the Texas Medical and Dental School Application Service (TMDSAS) include an optional section on the primary application for students to share gender identity but do not include such a place to share sexual orientation. Increasingly, individual institutions have begun asking students about both identities on secondary applications. These secondary applications also represent opportunities for LGBTQ applicants to be more selectively out during the application process, as students can make determinations based on each school's demonstrated support of LGBTQ students, reputation, regional dynamics, and religious affiliation. Here, prehealth advisors can help applicants understand varying institutional dynamics. For example, several religiously-affiliated medical schools are welcoming and supportive of LGBTQ students while at least one medical school openly reserves the right to discriminate on the basis of evangelical religious beliefs and accompanying conduct. Finally, some LGBTQ applicants may feel most comfortable determining whether or not to be out during interview day. In these instances, advisors may help students explore how comfortable they are discussing their own identities with a relative stranger or how they might react if their interviewer is not receptive to a student's LGBTQ identity. Many students in my research recalled positive experiences with an admissions interviewer, but a handful, particularly those with gender minority identities, mentioned awkward or blatantly discriminatory encounters.

To the second major question LGBTQ applicants tend to ask – where to apply – Cummings and Wingard shared another enduring sentiment via a student: four years of medical schools is a long time to be somewhere that does not adequately support LGBTQ students (2013). An ethos of not wanting to attend a school that does not embrace LGBTQ identities can be a

deciding factor for students considering whether or not to be out during application (AAMC, n.d.; Keyes, 2019). Beyond this, though, prehealth advisors can suggest specific factors to explore, such as LGBTQ-related research opportunities like Brown's Scholarly Concentration in LGBTQ Healthcare and Advocacy, mentorship opportunities like Washington University in St. Louis's OUTmentor program, or clinical opportunities like the Center for LGBTQ Health at the University of Mississippi. Further, advisors can help applicants determine specific questions they might ask of interviewers, current students, or administrators during visits to schools that will help them determine how they might fit at each institution. Perhaps most importantly during the "Where should I apply?" conversation commonly had with applicants of all identities, prehealth advisors can encourage LGBTQ applicants to determine if they will find the support and community they desire at their next institution. From a campus LGBTQ student group, to LGBTQ faculty, to a broader campus and local LGBTQ community, the community a student is able to build can be fundamental to thriving in graduate health professions education.

As LGBTQ student visibility continues to grow, certainly more nuanced questions will arise. A commitment to active allyship and continued learning will help prehealth advisors meet the challenge of such questions. It is also crucial that advisors be mindful of interpersonal dynamics as they support LGBTQ students. Advisors must assess the depth of their relationship with the student and if they need to get to know them more before taking on an advisory role in regard to identity. Additionally, advisors must identify their own blind spots and potential implicit biases to avoid making assumptions or committing a microaggression (here, again, is an important place to recognize intersectionality). With these dynamics considered, prehealth advisors should be prepared not just to share practical advice with LGBTQ students but to do so on affirming and supportive terms.

## Conclusion

Historically, conversations about diversity and inclusion in the health professions have not included LGBTQ identities, rather focusing narrowly on race and ethnicity, which remain critically important. Efforts to increase the inclusion of historically marginalized and excluded racial minorities in the health professions should be pursued with more vigor than ever, and so too should those that bring more LGBTQ individuals into the health professions. The same can be said for efforts to be more inclusive of people with disabilities or individuals of lower socioeconomic status. None of these efforts should be an either-or proposition, and such an approach would ignore the intersectionality of the many students that fit into more than one of these groups. Many institutions have taken our current

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moment to reexamine and improve their commitment to racial and ethnic diversity, and some medical schools have been similarly working to improve LGBTQ student representation and LGBTQ health education (Tanner, 2020). As the tide for LGBTQ students in health professions education continues to rise, the advising community has an opportunity to position itself as a source of support, guidance, and affirmation. If our LGBTQ students are to eventually help our health workforce meet the needs of the LGBTQ population—one that still faces significant health disparities—advisors must be prepared to meet their needs in the spaces they occupy on students' journeys.

**Resources**

1. Northwestern University – LGBTQ + Pre-Med: <https://www.northwestern.edu/health-professions-advising/lgbtq-pre-med/index.html>.
2. National Association of Advisors for the Health Professions – Best Practices for Advising LGBTQ Pre-health Students (Lockman and Cummings, 2020): <https://www.naahp.org/viewdocument/naahp-best-practices-for-advising-l>.
3. Human Rights Campaign – Glossary of LGBTQ terms: <https://www.hrc.org/resources/glossary-of-terms>.
4. GLSEN – Pronoun Guide: <https://www.glsen.org/activity/pronouns-guide-glsen>.
5. Medical Student Pride Alliance: <https://www.medpride.org/>. National organization of LGBTQ medical students. See Mentorship/pre-med for pre-medical student resources.

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