

NEW PERSPECTIVES: PART I

LGBT Health in Medical Education

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Medical education initiatives seeking to enhance the quality of health care for lesbian, gay, bisexual, and transgender (LGBT) individuals began in the late 1970s to early 1980s with establishment of the Boston Women's Health Book Collective, patient advocacy groups such as the Harry Benjamin International Gender Dysphoria Association (HBI-GDA), and formation of the Gay and Lesbian Medical Association (GLMA). Three decades of progress notwithstanding, a 2009-2010 survey of 176 allopathic and osteopathic medical schools across the United States and Canada indicated that the median time dedicated to teaching LGBT-related content was still only five hours.¹ Of the 132 programs responding, nine programs reported 0 hours taught during the preclinical years, and 44 reported 0 hours during the clinical years. Five schools reported zero hours throughout the curriculum.

Curricular content should be integrated across the spectrum of medical training and include a wide variety of issues relevant for LGBT populations, such as:¹

- Sexual orientation and gender identity, including defining sexual orientation and gender identity and recognizing the difference between sexual orientation, sexual behavior, and gender identity;
- Disparities in the frequency of emotional, verbal, physical and sexual abuse, and other types of bias and discrimination among LGBT populations;
- Barriers to care, including the historical context of LGBT health in medicine, discrimination in health care, and lack of medical training on LGBT health issues;

- Roles providers can play in facilitating access to care and promoting adaptive coping behaviors and resilience;
- Coming out, including the process of disclosing sexual orientation and gender identity to oneself and/or others;
- Specific concerns of LGBT youth, including parental disclosure and school bullying;
- Specific concerns of individuals who are gender nonconforming or identify on the transgender spectrum;
- Benefits and potential harmful effects of medical (e.g. hormones) and non-medical (e.g. chest binding, genital tucking, silicone injections) methods used to modify physical characteristics to affirm gender identity;
- Benefits and potential complications of surgical gender affirmation procedures;
- Screening and preventive medicine practices appropriate to age, gender, family history, behavioral risk factors, and the presence of natal anatomical structures requiring vaccines and screening tests for cancer;
- Appropriate screening for and culturally relevant methods for preventing sexually transmitted infections (STIs) including HIV;
- Relevant safer sex counseling, taking into consideration a broad spectrum of sexual behavior and expression;
- Disparities in frequency of depression, anxiety and PTSD, body image and eating disorders, and alcohol/substance use and abuse among LGBT populations;
- Importance of LGBT-competent and/or LGBT-specific mental health and substance abuse

treatment programs and where to find resources;

- Prevalence and presentation of inter-partner violence occurring in the context of LGBT relationships and where to find culturally-competent resources; and
- Differences in sex development (formerly known as intersex conditions), how they develop, and the similarities and differences in lived experience and medical/surgical needs compared to those of LGBT individuals.

Spurred by this lack of education and increasing awareness of LGBT health disparities, the Association of American Medical Colleges (AAMC) convened an LGBT and/or Differences of Sex Development (DSD)-affected Patient Care Advisory Committee to help develop educational resources to guide curricular integration and assessment. Curriculum integration objectives (competencies) were published in 2012 (<https://www.aamc.org/download/373186/data/lgbtanddsdaffectedcurriculumobjectives.pdf>) along with a call for submissions of LGBT and DSD-specific curricular tools to MedEdPORTAL (<https://www.aamc.org/initiatives/diversity/portfolios/330894/lgbt-patientcare-project.html>). The advisory committee invites SGIM members to create and submit their own educational materials for peer review and potential inclusion in this growing online curricular repository. A revised list of competencies and a comprehensive monograph, titled *Improving Care and Climate for Individuals Who May Be LGBT and/or Born with DSD: A Resource for Medical Educators*, will be released at the AAMC Annual Meeting in

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Chicago in November 2014. An accompanying series of faculty development videos will be available in early 2015. These materials are intended to serve as an instructional guide to help medical schools implement needed curricular changes.

In addition to the growing collection of LGBT and DSD-specific curricular tools housed at MedEdPORTAL and the upcoming AAMC monograph, other resources exist for clinicians and medical educators who want to increase their own cultural competence and to integrate LGBT and DSD-related curricular content into their own training programs. The National LGBT Health Education Center, a part of The Fenway Institute, provides live trainings and online modules, courses, and webinars on a wide variety of topics pertinent to

high-quality and cost-effective health care for LGBT people (<http://www.lgbthealtheducation.org/>). In addition, a number of medical schools at locations across the country have developed innovative, integrated LGBT education programs that can serve as demonstration projects and provide resources to others who want to enhance LGBT health training. These schools include: Case Western Reserve University, Florida State University College of Medicine, Michigan State University College of Human Medicine, Morehouse School of Medicine, Oakland University William Beaumont School of Medicine, Stanford School of Medicine, University of California San Francisco, University of Pennsylvania Medical School, University of Texas Health Sciences Center at Houston, University of Vermont

School of Medicine, and Vanderbilt University School of Medicine.

This is an exciting time for medical educators who are interested in LGBT health, which has become a highly respected and competitive area of scholarly focus. We strongly encourage SGIM members to become involved in the leadership of pertinent educational innovation and curricular reform efforts.

References

1. Obedin-Maliver J, Goldsmith ES, Stewart L, White W, Tran E, Brenman S, Wells M, Fetterman DM, Garcia G, Lunn MR. Lesbian, gay, bisexual, and transgender-related content in undergraduate medical education. *JAMA* 2011; 306(9):971-7.

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