

Review of a Medical Pre-Clinical Curriculum for Competencies in Caring for Patients Who Are LGBT, Gender Nonconforming, or Born With DSD

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Introduction

Health disparities in the lesbian, gay, bisexual, transgender, queer (LGBT) community have been well documented and include:

- lower health care usage, in part due to perceived and real discrimination from healthcare providers;
- higher smoking rates, obesity, depression, and mortality from certain cancers¹.

In addition, a national survey of transgender patients found that:

- 19% of were refused care due to their gender identity or expression;
- 28% reported being verbally harassed in a medical setting².

Medical schools are tasked with training future physicians to deliver competent care to diverse patients. In 2014, the Association of American Medical Colleges (AAMC) released their seminal publication, *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. It lists 30 professional competencies, falling into 8 domains, for competent LGBT/GNC/DSD care and was used to assess the 2016-2017 GW pre-clinical curriculum.

Methodology

Search terms were provided to a program coordinator at the Office for Medical education to mine content of the curricular database. Sessions were included in this review if topics relevant to LGBT/GNC/DSD health were found in the pre-session reading or the in-session PowerPoint presentation. Curricular content was collected from instructors' PowerPoint slides, recorded videos of sessions, and notes taken by a student, and then mapped to any of the 30 AAMC competencies. Each competency was qualitatively graded as met or unmet.

1. Bonvicini, KA. LGBT Healthcare Disparities: What Progress Have We Made? *Patient Educ Couns*. 2017.
 2. Grant JM, Mottet LA, Tanis J. Injustice at Every Turn: A Report of the National Transgender Discrimination Survey. National Gay and Lesbian Task Force. 2011.
 3. 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.
 4. Hollenbach AD, Eckstrand KL, Dreger A, editors. *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. Washington, DC: Association of American Medical Colleges; 2014.

Results

The review found that the 2016-2017 pre-clinical curriculum **met 17 of 30 AAMC competencies** and contained

- **3 sessions focused specifically on LGBT topics**, all of which were **mandatory and totaled 7.5 hours**
- 2 case presentations in small group sessions presented a gay man diagnosed with HIV
- **5 standardized patient scenarios:**
 - a gay man presenting with acute HIV infection
 - a lesbian woman seeking a referral for a family planning specialist
 - an elderly woman grieving over the loss of a female partner
 - a same-sex couple in the ER with suspected domestic violence
 - a young man visiting a new provider who expresses shame and guilt regarding his attraction to other men

The tables below list some of the covered topics and gaps for the 8 domains. (They do not necessarily correlate 1:1 with the AAMC competencies.)

Patient Care	
Addressed	Gaps
<ul style="list-style-type: none"> • Approach to taking a history and physical exam for LGBT patients using open-ended language without assumptions • Surgical and hormonal options for transgender patients • Screening guidelines for MSM • Positive sexual health messages 	<ul style="list-style-type: none"> • Approach to history and physical exam for patients born with DSD

Knowledge for Practice	
Addressed	Gaps
<ul style="list-style-type: none"> • Defined differences between sex, gender, gender expression, and gender identity, sexual orientation, gender dysphoria • Typical male and female sex development • Etiologies of atypical sex development • History of health disparities in LGBT community 	<ul style="list-style-type: none"> • History of genital surgeries on those born with DSD

Practice-Based Learning & Improvement	
Addressed	Gaps
<ul style="list-style-type: none"> • Impact of gender-neutral intake forms and other patient questionnaires on obtaining an accurate history • Discussed power imbalance between physician and patient 	<ul style="list-style-type: none"> • Evaluating current clinical practices regarding gender and sexuality development in adolescents and care of patients with DSD

Interpersonal and Communication Skills	
Addressed	Gaps
<ul style="list-style-type: none"> • Discussion of stigmatizing and outdated terms • Asking how patients want to be addressed • Apologizing and acknowledging for the use of incorrect pronouns 	<ul style="list-style-type: none"> • Discussion on proper documentation of sexual and/or gender development history • Understanding how improper documentation can cause undue harm to patient

Professionalism	
Addressed	Gaps
<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Discussion of sexual behavior in a broader context as it relates to healing traditions and religious beliefs • Special concerns of LGBT patients or those with DSD regarding confidentiality • Accepting shared responsibility for eliminating disparities

Systems-Based Practice	
Addressed	Gaps
<ul style="list-style-type: none"> • Discussion of disproportionate rates of homelessness and substance abuse, and how they can affect health costs and outcomes 	<ul style="list-style-type: none"> • Navigating legal and political issues (e.g. Insurance, partner benefits) • Partnering with local community resources • Recommending online resources and peer support programs

Interprofessional Collaboration	
Addressed	Gaps
<ul style="list-style-type: none"> • Having a multi-care team to meet the needs of a trans patient seeking gender transition 	<ul style="list-style-type: none"> • Having a multi-care team to meet needs of parents of an infant with DSD who are considering genital surgery • Needs of LGBT youth in school setting

Personal & Professional Development	
Addressed	Gaps
<ul style="list-style-type: none"> • Discussed difference between "biology" and "identity" 	<ul style="list-style-type: none"> • Exploration of personal biases and assumptions • Exploration of differences between variant, unhealthy, and pathological sexual behaviors

Discussion

What are some **strengths** of the curriculum?

- mandatory class time focused on LGBT health, higher than the national average of 5 hrs³
- Opportunities to hear from and engage with those in the LGBT community via patient panels
- Use of standardized patient encounters to portray lesbian and gay patients with various health concerns

What are some **weaknesses** of the curriculum?

- Lack of content for patients born with DSD and gender nonconforming patients
- Absence of standardized patient scenarios involving gender dysphoria and clinical cases with a LGBT-identified adolescent

What are the **future directions**?

- Working to reframe current standardized patient scenarios to help broaden discussions on bias, proper documentation, special confidentiality concerns, and legal and political issues
- An elective for 3rd- and 4th-year students that addresses some of the gaps found in this review

Conclusions

1. The curriculum had 3 mandatory sessions specific to LGBT health, totaling 7.5 hours, higher than the national average.
2. 17 of 30 competencies were met with stark gaps in the domains of professionalism, systems-based practice, interprofessional collaboration, and personal and professional development.
3. The curriculum included a range of lesbian and gay standardized patient scenarios.
4. The curriculum lacked information on the unique health needs of gender nonconforming patients and those born with DSD.

Acknowledgements

I would like to thank Mandi Pratt-Chapman and Dr. Charles Samenow for their guidance and input. I am also grateful to the Gill Fellowship Committee who funded this work over the past summer.
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