Abstract

There are 3.8 percent of individuals in the United States who identify as gay/lesbian, bisexual or transgender (LGBT). Of this percentage, an estimated 3% to 6% of patients seen by doctors identify themselves as LGBT. LGBT individuals face multiple barriers to healthcare including negative beliefs and behaviors towards LGBT communities, inequitable institutional policies and practices, a poorly trained health workforce, and knowledge gaps about the unique health concerns of LGBT individuals. These barriers amplify existing LGBT health disparities including poor access to healthcare, increased incidence of human immunodeficiency virus (HIV) infection, certain cancers, and mental disorders. While undergraduate medical education (UME) has heeded the call to address the gap in LGBT health education into the medical school curriculum, graduate medical education (GME) has been challenged with integrating LGBT health education into its curriculum. Findings from a 2012 survey of family medicine program directors indicated that 23.5% have not included LGB education into their curriculum, and 42.8% of program directors reported that they have not implemented transgender-specific care into their residency education. The integration of LGBT health education in GME would provide an opportunity for residents to translate education obtained during medical school into clinical practice during residency, preparing emerging physicians to treat a diverse patient population. This session seeks to provide instructional strategies in the form of knowledge-based and attitude-based activities to integrate LGBT issues in healthcare within the GME curriculum in family medicine.

Session Description

The Association of American Medical Colleges (AAMC) and Liaison Committee on Medical Education (LCME) have been at the forefront for establishing core competencies of LGBT health education. In light of this development, the Accreditation Council on Graduate Medical Education (ACGME) has been challenged with integrating LGBT health education (as well as other diversity education) into GME. The ACGME’s mandate requires that residents demonstrate “sensitivity to cultural, age, gender and disability issues of patients as well as of colleagues, including appropriate recognition and response to physician impairment.” Additionally, medical residents are expected to adhere to ethical principles in “sensitivity and responsiveness to a diverse patient population, including, but not limited to, diversity in gender...and sexual orientation.” In response to meet this need, a LGBT Health residency program curriculum was endorsed by the American Academy of Family Physicians (AAFP) and aligned with educational competencies as defined by ACGME. Even though there are recommendations in curriculum development by the AAMC and AAFP, LGBT health education and its competencies have been significantly limited in GME compared to UME with few systematic studies in the curriculum evaluation and its impact on clinical practice.
While there remains a need for objective, educational measures to evaluate LGBT health competencies\(^1\), this session aims to empower family medicine educators to contribute to medical education research in LGBT health curriculum development and its evaluation in GME to improve the health of LGBT individuals in the United States. This session will supply instructional strategies in the form of knowledge-based and attitude-based activities to integrate LGBT health education into a residency curriculum. These instructional strategies will explore bias to improve awareness of the impact of diversity issues on patients’ values and health behaviors as well as how these factors may ultimately impact patient outcomes. Additionally, these instructional strategies will identify current data and professional competencies in LGBT health to enhance clinical practice in GME. With a robust residency curriculum, our long-term goal aims to create culturally competent healthcare professionals, healthcare system, and workforce that are capable of delivering the highest quality care to every patient regardless of sexual or gender identity.

References
Bridging the Gap: Implementing LGBT Health Education In Family Medicine


Session Learning Objectives

1. Demonstrate knowledge-based activities to educate medical students and residents on cultural competency issues in healthcare.

2. Demonstrate attitude-based activities to explore bias and to increase awareness of how one’s own attitudes may impact patient outcomes in a medical setting.

3. Develop a plan to integrate these activities into the medical education curriculum on a large scale (daylong diversity event) and small scale (didactic lectures and grand rounds).

Instructional Strategies

Various instructional strategies will educate medical students and residents on LGBT Health disparities and risk factors for LGBT patient population; explore bias which may impact patient outcomes; and practice clinical skill development in treating LGBT patient population. It is helpful to know your audience to determine which instructional strategy to use with your residency program. Lastly, you may need to reach out to LGBT Community Health Centers or University LGBT Resource Centers as resources for lectures or consultation with implementation of these strategies in your program.

Knowledge-Based

Knowledge-based activities include, but are not limited to, the use of speaker(s) to present on LGBT health issues. Knowledge-based activity allows for a discrepancy to create in the learner about the differences in health issues and patient outcomes according to diverse backgrounds. It serves as a good introduction to LGBT inclusivity.

- Identify speaker(s) or champions in LGBT Health education, especially if you do not consider yourself competent in these issues.

• Present on local and national demographics as part of cultural competence and climate and culture in LGBT health education.
• Suggestion: use the current climate data in your community/city (if available) to make this data more relevant.

*Attitude-Based Strategy*

Attitude-based activities through experiential exercises provide participants the opportunity to reflect and explore one’s own attitudes and biases with LGBT patients and promote awareness of the impact of LGBT issues on patient’s values and behaviors as well as how these factors may ultimately impact clinical outcomes.

TIP: Assess participants’ level of knowledge regarding LGBT issues prior to implementing attitude-based strategy. These exercises may lead some discomfort for some participants. Announce at the beginning of the session that some discomfort may arise due to the nature of the topic. Provide ample time for debriefing and participant reflection from these exercises. Make yourself available to participants who may need additional time to debrief afterwards. You want to provide a supportive and non-judgmental approach throughout the use of this strategy.

*Skill-Based Strategy*

Skill-based activities through case-based learning provide residents the opportunity to develop skills with clinical interviewing, assessment, medical decision-making and treatment within a cultural framework. Thus, positively impacting the patient-physician relationship improving treatment adherence.

*Implementation Model*

These strategies are suggested to implement instructional strategies at your residency program.

• **Evaluate Need** – Review literature and research with regards to climate data. Complete an institutional climate assessment of your program. This work will help to provide a framework into implement efforts for inclusion.
• **Resource Allocation** – With limited resources, it is pertinent to connect with individuals knowledgeable and skilled in LGBT Health education. It may be helpful to connect with your larger institution’s Diversity Affairs office. Sponsorship by Diversity Affairs office, Faculty Affairs Student Affairs, and LG
• **Administration Support** – A brief proposal with a discussion of your institutional climate data and identified resources may lay a foundation to obtain administrative
support from the Dean(s) and Chair(s) of the various departments of your institution. Administrative support communicates to the larger academic community your institution’s commitment to diversity and inclusion, particularly for LGBT individuals.

- **Planning and Implementation** – You will want to consider your program. Is it better to integrate this information through knowledge-based activities? Would you benefit from a best clinical practices approach? Perhaps, you may want to organize a half day or whole day of cultural competence training? Construct a survey(s) to address the effectiveness of this program in meeting the needs of your climate.

**Development of an Outcome-Based Model**

Having identified instructional strategies for your program, you will want to evaluate and analyze the impact of these strategies. If possible, you may want to identify clinical data on number of LGBT patients served in your clinic or if your clinic collects this data at all. You can determine if your strategies are having an impact on the clinic’s performance with the LGBT patient population. You will want to continue to gather ongoing data to demonstrate your efforts with the implementation of these strategies.

**Resources**

- STFM LGBT HEALTH
- AAFP LGBT Health Curriculum
- Gay and Lesbian Medical Association
- Fenway Institute
- AAMC Axis Committee - Sexual Orientation, Gender Identity & Sex Development
- Stanford University School of Medicine - LGBT Medical Education Research Group
- Healthy People 2020
- The Williams Institute