



# Recommendations for LGBTQ-Inclusive Content in Medical School Curricula

Tufts Biomedical Queer Alliance, 2018

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Despite changes in social attitudes in the United States over the last decade, Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) communities continue to face dramatic health disparities. LGBTQ populations have increased rates of depression and anxiety, decreased cancer screening and Pap smear rates, increased rates of substance abuse, and increased rates of violence and victimization [\[1\]](#). These poor health outcomes are driven by barriers in access to healthcare, discrimination and bias in healthcare settings, and poor provider knowledge or comfort with administering appropriate care, among other factors [\[1\]](#).

Integrating content inclusive of LGBTQ patients will not only help students become more comfortable and willing to provide high-quality care to this population, but also help produce physicians capable of providing safe, effective, and comprehensive care to all patients. In a national survey of medical students, only 31.1% of students reported that an identified sex and gender-based curriculum was included in their medical education, while 94.2% believed that sex and gender medicine should be included as a part of the medical school curriculum [\[5\]](#). In this document, we have collected competencies and recommendations for the curriculum that we believe to be the most important to implement in future Tufts curricula. We have also included a detailed list of resources developed by expert societies and organizations that provide additional information regarding the integration of LGBTQ-inclusive material into medical school curricula.

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## High-Impact Competencies

### Global competencies (after 4 years)

- Students should be able to sensitively and effectively elicit relevant information about sex anatomy, sex development, sexual behavior, sexual history, sexual orientation, sexual identity, and gender identity from all patients in a developmentally appropriate manner [\[2,3\]](#).
- Students should be knowledgeable about health disparities, including health risks and health-related behaviors that disproportionately affect LGBTQ individuals. Additionally, students should develop an understanding of the historical context of the treatment of LGBTQ patients by the medical community and how it has shaped current attitudes and clinical interactions [\[2,3\]](#).
- Students should be able to implement strategies that can be used to recognize, assess, and mitigate implicit biases about LGBTQ patients as well as learn how to appropriately defend and advocate for patients that are being marginalized and denied access to fair treatment because of their sexual orientation preferences or gender expression. Additionally, students should be able recognize the contribution of bias to increased iatrogenic risk and health disparities [\[2\]](#).
- Students should be able to demonstrate knowledge of effective strategies to navigate the unique legal and policy issues (e.g., insurance limitations, lack of partner benefits, visitation and nondiscrimination policies) encountered by LGBTQ patients [\[2\]](#).

### Competencies organized by year

- **Year 1 - History Taking, Terminology, Social Determinants of Health**
  - Emphasis should be placed on developing the skills necessary to take a comprehensive sexual history using inclusive and open language. This includes coverage of explicit language used to describe sexual behaviors. During discussions about partners, sexual or relationship in nature, gender neutral terms should be used such as partner or significant other. Students should learn to avoid making assumptions about partners. Students should ask open ended questions and should learn to adopt the language that the patient uses to describe their identity, behaviors, sexual partners, relationships, and body parts.
  - Students should be taught identity terminology associated with LGBTQ populations and demonstrate the appropriate application of that terminology. This concept implies:
    - Knowledge of and comfort with distinctions between identity, orientation, and behavior [\[3\]](#). Use of appropriate names, pronouns, sex and sexual identity terms, and relationship terms in the context of patient privacy; use of preferred name and pronoun instead of legal name; and the use of gender neutral terms until patients identify their preferences [\[3\]](#).
    - List of terms students should be knowledgeable of and able to define include the following: biological sex, sex assigned at birth, gender identity,

gender expression, gender discordance, gender nonconformity, gender dysphoria, disorders of sex development, Male to Female (MtF), Female to Male (FtM), sexual orientation, sexual identity, sexual behavior, lesbian, gay, bisexual, pansexual, men who have sex with men (MSM), women who have sex with women (WSW) [2].

- Students should recognize that individuals live across a gender spectrum and that the medical community should support patients so they can live in the gender with which they identify, rather than a barrier to accessing healthcare that supports their gender identity [3].
- Students should learn that LGBTQ patients are disproportionately affected by social determinants of health and healthcare disparities. Importantly, students should be encouraged to think about how the intersection of race, ethnicity, and cultural identity influences the healthcare disparities experienced by LGBTQ patients [3]. In addition, a thorough understanding of health outcomes for LGBTQ patients rests upon evidence-based research. Seeing as LGBTQ patients are often underrepresented in research studies, students should be challenged to think about how this impacts clinical decision making and the delivery of healthcare to patients in these communities.
- **Year 2 - Screening, Risk Reduction/Counseling, Interventions, Transgender care**
  - Students should demonstrate an ability to access current guidelines on LGBTQ care, determine appropriate screening tests, and recommend strategies for health risk factor reduction [3].
  - Students should understand LGBTQ sex practices and related terminology. Students should be comfortable counseling LGBTQ patients on safer sex practices and be able to make recommendations for risk reduction in an appropriate, non-discriminatory manner [3].
  - Students should be able to describe the incidence of HIV in different populations within the LGBTQ community. Students should be able to identify the current recommendations for HIV and STI screening and the importance of screening high-risk populations for the prevention of HIV.
  - Students should be able to describe how biomedical interventions including treatment as prevention, PEP, and PrEP are effective tools for reducing the incidence of new HIV cases among high risk populations.
  - **Transgender healthcare:** Students should demonstrate a basic understanding of the following [3]:
    - Hormones that can be used in helping transgender patients to transition.
    - Treatment of transgender adolescents and options for delaying puberty.
    - Appropriate screenings based both on anatomy and on individual sexual behavior.
    - Surgical options for transitioning and common post-operative complications or follow-up issues (eg. lack of support system, poor access to follow-up care).

- Specific cancer and health screening needs of transgender patients based on both current anatomy and history of medical or surgical transition.
- **Year 3/4 - Personal Reflection, Identifying bias, Improving clinical skills** [\[3\]](#)
  - Students should be able to describe and explain terminology associated with sexual orientation, gender identity, and related behavioral and healthcare practices to colleagues and other healthcare team members using non-discriminatory and inclusive language. Students should exhibit a professional and humble attitude in cases where they are corrected by colleagues or their patients regarding LGBTQ-related issues.
  - Students should be challenged to assess their own LGBTQ-related biases by using online modules (e.g., [Project Implicit](#)), engaging in workshops, or participating in small-group discussions with other students where they can learn to identify biases that may negatively impact patient outcomes. Students should demonstrate the ability to identify bias incidents towards LGBTQ patients and should be able to propose effective response strategies to mitigate conflict.
  - Students should be able to obtain a full sexual history with an LGBTQ patient, responding sensitively and non-judgmentally to the information received. Students should be able to effectively make behavioral recommendations and offer the appropriate medical interventions for high-risk patients (e.g. offering PrEP to patients who use injection drugs or to patients that engage in high-risk sexual behaviors).
  - Students should understand how to conduct an age-appropriate and sensitive physical examination of a transgender patient. Students should develop the skills to identify the language and terms that the patient uses not only to describe their gender identity, but also their body parts and organs.

## Content and Educational Strategies

### General Suggestions:

- **Course Directors/Faculty Education:** We encourage members of the curriculum committee, course directors, and faculty to consider using published resources outside of this document as they plan educational programs. We also believe that training faculty educators will be a key part of ensuring that the integration of LGBT inclusive curriculum is successful. The AAMC has published several video resources geared towards training medical educators about how to integrate LGBTQ health in medical education. In addition, there are numerous web courses and in-person workshops intended for healthcare professionals and educators. The [Human Rights Campaign Foundation](#), the [National LGBT Health Education Center](#), and the [Safe Zone Project](#) are just a few organizations that offer online or in-person staff trainings geared towards expanding cultural competency as it relates to LGBTQ people. For a condensed list of video and webinars that are directed towards healthcare professionals and medical educators, please see the resources listed under [Medical Education](#) in the section below.
- **Clinical Vignettes/Exam Writing:** While courses such as reproduction medicine and endocrinology act as important platforms to both integrate and reinforce concepts related to LGBTQ healthcare, efforts should be made to integrate LGBTQ patients throughout the entire curriculum. Categorizing LGBTQ patients in course and/or pathology specific clinical cases risks reinforcing potentially harmful stereotypes. Thus, it is recommended that LGBTQ patients are represented in clinical cases and question prompts where their sexual orientation or gender identity is unrelated to the competency or pathology being assessed. Examples include the following:
  - Lesbian woman with breast cancer
  - Man with a husband who has heart failure
  - End of life case scenario with African American woman and her female partner
  - Transgender woman with pneumoniaThe AAMC has published a number of short, interactive clinical vignettes specifically aimed towards training purposes. The link to this resource can be found under [Medical Education](#) in the section below.
- **Patient Presentations:** Patients that are generous with their time and comfortable sharing their stories may also add value to the patient presentations made throughout the first two years of the curriculum. Hearing from patients directly is often memorable and impactful for students. Presenting transgender patients during one of these forums may be a helpful way to teach students about transgender medicine (eg, hormone therapy, surgical options, screening guidelines, etc.) as well as a way for students to hear first-hand from patients about their experience navigating the healthcare system.

- **Standardized Patients/Clinical Cases:** There should be an expansion of standardized patient cases and clinical cases (eg. those covered in PBL) across the curriculum to include more LGBTQ patients. These scenarios provide students with the space to practice using terminology and to develop a sense of what constitutes inclusive language in an environment intended for learning. In addition, these interactive learning experiences can also be used to teach students about current guidelines for screening and counseling LGBTQ patients, harm reduction strategies, and interventions, such as PrEP for patient or cross-hormone therapy for a transgender patient. Importantly, while it is important to incorporate LGBTQ standardized patients where being LGBTQ is essential to the patient's past medical history and/or chief concern, it is equally as important to include LGBTQ standardized patients or clinical vignettes where the patient's sexual orientation or gender identity plays little to no role in the patient's medical history, chief concern, or health outcomes. Standardized patients or clinical cases presented as such may help to avoid inadvertently reinforcing stereotypes of LGBTQ people. Additionally, non-LGBTQ models (simulation) or standardized patients (OSCE) could still be adapted to both teach and assess a student's competence and physical exam skills by asking the student how they would approach the patient if the patient identified as LGBTQ or how they would navigate the physical exam differently if the patient were transgender [\[3\]](#).

## Resources for Curriculum Development

### Medical Education:

- Webinars/Videos:
  - [Integrating LGBT Health into Medical Education](#)  
Kristen Eckstrand, MD, PhD candidate, Vanderbilt University School of Medicine
  - [Assessing Trainee Competence in LGBT Patient Care](#)  
Carey Roth Bayer, EdD, MEd, BSN, RN, CSE; AAMC Videos and Resources.
  - [Teaching Gender Identity and Transgender Health](#)  
Jennifer Potter, MD; AAMC Videos and Resources.
  - [Cultural Competence Webinar Series](#)  
GLMA Health Professionals Advancing LGBT Equality.
- Publication:
  - [Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD](#)  
American Association of Medical Colleges.
- Clinical Vignettes:
  - The Association of American Medical Colleges has a compilation of clinical vignettes that can be found [here](#).

### Healthcare Systems/Epidemiology:

- Webinars/Videos:
  - [The Affordable Care Act: Building Health Equity for LGBT people](#)  
Kellan Baker, MPH, MA, Senior Fellow, Center for American Progress.
  - [Epidemiology of Opioid Use Disorder in LGBTQ Population](#)  
Dr. Keuroghlian, National LGBT Health Education Center, Boston, MA .
- Handouts:
  - [Medicare and Transgender People](#)  
National Center for Transgender Equality, Washington, DC.
  - [LGBT Health Readiness Assessments in Health Centers: Key Findings](#)  
National LGBT Health Education Center, Boston, MA.
- Publications:
  - [Demographic Characteristics and Health Status of Transgender Adults in Select US Regions](#)  
Ilan H. Meyer PhD, Taylor N. T. Brown MPP, Jody L. Herman PhD, Sari L. Reisner ScD, and Walter O. Bockting PhD, American Public Health Association (2017)
  - [Why gather data on sexual orientation and gender identity in clinical settings?](#)  
Kudith B. Bradford, PhD; Sean Cahill, PhD; Chris Grasso, MPH; and Harvey J. Makadon, MD, Fenway Institute, Boston, MA.
  - [HIV criminalization and sex work in California](#)  
The Williams Institute, UCLA Law School, Los Angeles, CA.

## **Social and Behavioral Medicine:**

- Webinars/Videos:
  - [Addressing Social Determinants of Health for LGBTQ patients \(2 parts\)](#)  
Jessica Flaherty, National LGBT Health Education Center, Boston, MA
  - [Sociocultural and Behavioral Determinants of Health for LGBT Persons](#)  
Dr. Justin Sitron, PhD. AAMC Videos and Resources.
  - [Structural Stigma and the Health of Lesbian, Gay, and Bisexual Populations](#)  
Mark L. Hatzenbuehler, PhD. Columbia University Mailman School of Public Health, New York, NY
  - [Epidemiology of Opioid Use Disorder in LGBTQ Population](#)  
Dr. Keuroghlian. National LGBT Health Education Center, Boston, MA
  - [Same-Sex Domestic Violence: Considerations, Suggestions, and Resources](#)  
Cara Presley, LICSW. National LGBT Health Education Center, Boston, MA
  - [LGBT Aging 101: What You Need To Know About Lesbian, Gay, Bisexual & Transgender Older Adults and Caregivers](#)  
Mark Simone-Skidmore, MD. National LGBT Health Education Center, Boston, MA.
  - [Black MSM and PrEP: Challenges and Opportunities](#)  
Leandro Mena. University of Mississippi School of Medicine, Jackson, MI.  
Latesha Elopore. University of Alabama at Birmingham School of Medicine, Birmingham, AL.
- Publications:
  - [Intimate Partner Violence and Sexual Abuse among LGBTQ People](#)  
Williams Institute, UCLA Law School, Los Angeles, CA.
- Modules
  - [History of Psychiatry and Homosexuality](#) (as DSM diagnosis)  
LGBT Issues Committee of the Group for the Advancement of Psychiatry (GAP)

## **Patient Interviewing and Clinical Skills:**

- Webinars/Videos:
  - [Speaking with Patients about Sexuality and Gender Part 1](#)  
[Speaking with Patients about Sexuality and Gender Part 2](#)  
Jennifer Potter, MD. Harvard Medical School, Boston MA. AAMC.
  - [Pre-Exposure Prophylaxis \(PrEP\) for HIV: The Basics and Beyond](#)  
Kevin Ard, MD. National LGBT Health Education Center, Boston, MA.
  - [Disease Prevention Strategies for LGBT Persons Part 1](#)  
[Disease Prevention Strategies for LGBT Persons Part 2](#)  
Jennifer Potter, MD. Harvard Medical School, Boston, MA. AAMC.
- Handouts:
  - [The LGBTQ/Queer Umbrella Handout](#), [The “Coming Out” Handout](#), [LGBTQ-Inclusive Language DOs and DON'Ts](#)  
Safe Zone Project. Austin, TX.
  - [Glossary of LGBTQ terms](#)



- National LGBT Health Education Center, Boston, MA
  - [A Guide To Taking A Sexual History](#)  
US Department of Health and Human Services. Centers for Disease Control and Prevention, Atlanta, GA.
  - [Ten Things: Creating Inclusive Health Care Environments for LGBT People](#)  
National LGBT Health Education Center, Boston, MA.
- Publications:
  - [The Proactive Sexual Health History](#)  
Margaret R. H. Nussbaum, DO, MPH and Carol D. Hamilton, EdD. American Family Physician, 2002.
  - [Providing Inclusive Services and Care for LGBT People](#)  
National LGBT Health Education Center, Boston, MA.
  - [The Medical Care of Transgender Persons](#)  
Fenway Health, Boston, MA.
- Modules:
  - [Affirming LGBTQ People Through Effective Communication](#)  
National LGBT Health Education Center, Boston, MA.
  - [Getting to Zero: Reducing HIV incidence through screening, treatment and prevention](#)  
National LGBT Health Education Center, Boston, MA.
  - [Pre-exposure Prophylaxis for HIV Prevention: Clinical Cases](#)  
National LGBT Health Education Center, Boston, MA.

**Additional Resources for Research and Information:**

- [Williams Institute](#) publishes numerous articles related to the LGBT population and include publications on census and demographics information, economic impact reports, discrimination, parenting, race and ethnicity.
- [The Francis A. Countway Library of Medicine LGBTQ Health](#)  
Includes practice guidelines, journals, books, and provider directories.
- [AAMC Sexual and Gender Minority Health Resources](#)
- [National LGBT Health Education](#)
- [National Institute on Minority Health and Health Disparities](#)
- [The Science of Sex & Gender in Human Health](#). Online courses offered by the NIH Office of Research on Women's Health.

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3. *Recommended Curriculum Guidelines for Family Medicine Residents: Lesbian, Gay, Bisexual, Transgender Health*. American Academy of Family Physicians. AAFP Reprint No. 289D. Retrieved from  
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