



# Sexual and Gender Minority Curriculum Improvement

Katherine Quarles Stephens, Dr John Turco

## Introduction

Sexual and Gender Minority (SGM) populations (including LGBTQ + populations) encounter unique challenges and obstacles when interacting with the health care system. There is a long history of discrimination and continued health disparities among SGM populations; there are higher rates of STIs<sup>1</sup>, mental health issues<sup>2</sup>, and large barriers to care.<sup>3,4</sup> In order to combat these issues, a longitudinal health curriculum to explore and address these issues is needed.

## Background

The Geisel School of Medicine currently has a Racial Health and Equity Longitudinal curriculum, but no longitudinal curriculum or core competencies relating to sexual and gender health equity. The AAMC published a report in 2014 endorsing implementing curricular changes at the medical school and residency level, with 30 competencies highlighted for implementation.<sup>5</sup>

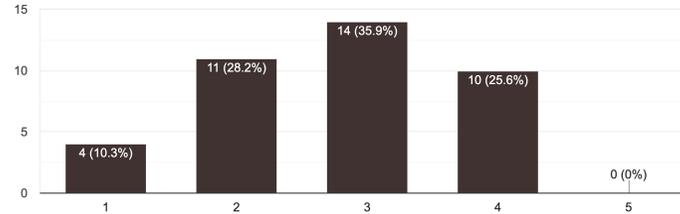
## Methods

By compiling the AAMC report, other medical school's current SGM curriculum, and the current literature, ten major competencies were identified as needing to be integrated into Geisel's curriculum. A survey was sent out to the M2 class to identify how well the updated curriculum currently addresses these needs. Each question is correlated to at least one competency, with the goal of assessing curricular improvement through a follow up survey.

## Results

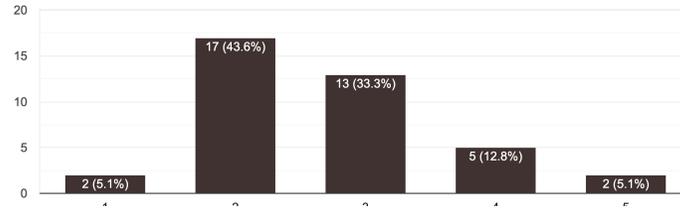
It is more challenging to discuss sexual behaviors and take a sexual history with SGM patients than with heterosexual patients.

39 responses



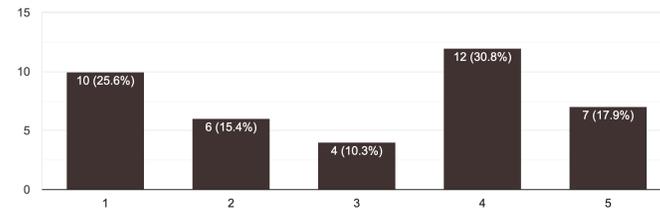
I feel comfortable in my knowledge to effectively provide care for non-binary, gender queer, or gender fluid patients.

39 responses



I feel comfortable performing a physical exam on a trans patient.

39 responses



## Conclusion

In order to train physicians to have knowledge and confidence in treating SGM populations, and to work on improving health disparities in future institutions, ten (10) longitudinal curricular competencies will aid in providing a framework for comprehensive education on these issues.

1. Understand proper terminology around SGM populations.
2. Understand what sexual orientation, gender identity, and gender expression mean, how they differ, how they are commonly used.
3. Explore unique medical conditions common to each SGM population (gay, lesbian, transgender, bisexual, queer), and why they are more prevalent.
4. Understand mental health considerations for SGM populations, and the context around it.
5. Understand social, political, and historical context that affect SGM healthcare needs.
6. Understand current barriers to care for SGM patients and ways to address those barriers.
7. Understand the intersections of race, racism, and SGM healthcare.
8. Feel comfortable in asking and answering healthcare questions in gender and sexual affirming ways.
9. Be able to recognize micro-aggressions and bias towards SGM populations as it occurs, and have the framework to discuss those incidents.
10. Be able to create an environment that is comfortable and welcoming to SGM patients.

These competencies should be implemented into the curriculum, with a working group created to assist in identifying areas for integration and assist in assessment of progress.

## References

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2. McLaughlin KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among black, Hispanic, female, and lesbian, gay, and bisexual individuals. *Am J Public Health*. 2010;100(8):1477-84.
3. Kinton R, Paul S, Kathryn M. A Qualitative Study Examining Young Adults' Experiences of Disclosure and Nondisclosure of LGBTQ Identity to Health Care Providers. *J of Homosexuality*. 2017; 64(10): 1390-1410
4. Macapagal K, Bhatia R, Greene GJ. Differences in Healthcare Access, Use, and Experiences Within a Community Sample of Racially Diverse Lesbian, Gay, Bisexual, Transgender, and Questioning Emerging Adults. *LGBT Health*, 2016; 3(6): 434-442
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