# Laniakea—"Pride in Medical Education: LGBT Medical Curriculum Integration"

## I. Specific educational aims:

The goal of this project is to develop and implement a curriculum aimed at improving the knowledge and skills of medical students at the Stanford School of Medicine for the care of sexual and gender minority (SGM) patients, a group in critical need of attention in graduate medical education. We hope to use this funding to support teaching and innovation in the domain of diversity and inclusion.

#### II. Project rationale:

In 2012, over 50% of US medical schools had no lesbian, gay, bisexual, and transgender (LGBT) health training whatsoever, even though interest in the topic was high among faculty members<sup>1</sup>. Despite being on the cutting edge for much in the medical field, Stanford lags behind in ensuring that our medical students receive the knowledge and skill sets they need in order to provide excellent care for sexual and gender minority (SGM) patients. Sexual and gender minority persons are estimated to account for as high as 13%<sup>2</sup> and 0.6%<sup>3</sup> of the population, respectively, and have suffered historically from stigma and discrimination<sup>4,5,6</sup> which often deterred them from seeking medical care<sup>7</sup>. This is a patient population with unique medical and psychosocial needs which are not sufficiently addressed within our current medical curriculum and requiring specific competency training tailored to address its needs<sup>8,9</sup>.

Sex, Gender, and Sexual Function (SGS) curriculum working group at Stanford School of Medicine has identified key benchmarks which will allow us to advance the curriculum on this topic and ensure that students graduating from Stanford School of Medicine are among the best trained in the nation regarding sexual and gender minority health. By increasing medical student competency in this topic, we hope to expand access to care for this vulnerable patient population and to spur interest in research efforts in the field.

This project aims to expand upon the well-received work piloted by the SGS curriculum working group by securing time and resources for a faculty theme lead who can be dedicated to creating and curating SGM curriculum for the Stanford School of Medicine to bridge the gap between the scant amount of material currently in the curriculum and the core competencies listed by the American Academy of Medical Colleges (AAMC) in 2014<sup>10</sup>.

## III. Approach:

The curriculum will be created and curated by the theme lead using the most current research and tools available in order to meet core competencies as listed by the AAMC as well as those determined by the SGS curriculum working group. The theme lead has already created lectures on the topics of "Introduction to Sexual and Gender Minorities", "Primary Care in the Sexual and Gender Minority Patient", and "Gender Affirming Care". Local content experts such as Dr. Tandy Aye will be tapped for their expertise on SGM cultural competency and care, as well as

transgender health issues in pediatric and adult populations. We plan to integrate SGM healthcare into the existing curriculum at points where it will be most accessible for the students (e.g. examining dermatologic ramifications of testosterone in transgender men during the dermatology block), creating web-based modules that can easily be accessed for up-to-date resources, real patient experiences (e.g. a panel interview with transgender patients at several stages during transition), and simulated patient experiences (e.g. standardized patient encounter teaching skills for addressing depression in LGBT youth).

# IV. Timeline and plan for implementation:

Starting in October 2018, the theme lead will expand upon the lecture and case-based curriculum which has already been piloted by the SGS curriculum working group for the first and second quarters of the academic year. The theme lead will also connect with leads in other areas of the medical school curriculum to integrate SGM curriculum wherever it is relevant such that it does not become isolated in the curriculum. We expect that by February 2019 work will be started on creating web-based modules and simulated/non-simulated patient experiences. By June 2019 student and faculty feedback will be analyzed for future development of the curriculum.

# V. Anticipated work product:

The product will be up-to-date lectures and modules for the advancement of SGM health that will be integrated within the medical school curriculum at large, thereby advancing knowledge and skill sets required for competency with this unique patient population.

#### VI. Evaluation plan:

Student feedback will be gathered on each lecture and module in order to assess efficacy and reception of the material using a combined qualitative and quantitative electronic survey. Additionally, each part of the curriculum will be evaluated by the SGS curriculum working group by using a rubric to evaluate the effectiveness of meeting the core competencies as set by the AAMC. Materials will be examined and refined for the following academic year.

#### VII. Dissemination of results:

This is a transformative addition to the medical school curriculum which will prepare students to address the healthcare needs of a rapidly changing patient population. We expect the project to have a substantive impact on the medical school which will last for years to come and hopefully be disseminated to other medical schools. The curriculum will be reviewed at CCAP meetings and considered for publications in educational peer-reviewed journals such as the AAMC MedEd Portal and the Journal of Academic Medicine. The curriculum will be presented at conferences such as Society of Teachers of Family Medicine.

# **Appendix 1: References**

- Khalili J1, Leung LB, Diamant AL. Finding the perfect doctor: identifying lesbian, gay, bisexual, and transgender-competent physicians. Am J Public Health. 2015 Jun;105(6):1114-9
- 2. Heilman, B., Barker, G., and Harrison, A. (2017). The Man Box: A Study on Being a Young Man in the US, UK, and Mexico: Key Findings. Washington, DC and London: Promundo-US and Unilever.
- 3. Flores, A.R., Herman, J.L., Gates, G.J., & Brown, T.N.T. (2016). How Many Adults Identify as Transgender in the United States? Los Angeles, CA: The Williams Institute.
- 4. Context for LGBT health status in the United States. In: The Health of Lesbian, Gay, Bisexual, and Transgender People. Washington, DC: National Academies Press, 2011.
- 5. Daniel H, Butkus R; Health and Public Policy Committee of American College of Physicians. Lesbian, Gay, Bisexual, and Transgender Health Disparities: Executive Summary of a Policy Position Paper From the American College of Physicians. Ann Intern Med. 2015
- 6. James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). Executive Summary of the Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.
- 7. When Health Care Isn't Caring: Lambda Legal's Survey of Discrimination Against LGBT People and People with HIV (New York: Lambda Legal, 2010). Available at www.lambdalegal.org/health-care-report
- 8. Graham, Robert, et al. "The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding." *Washington, DC: Institute of Medicine* (2011).
- 9. Healthy People 2020. Lesbian, Gay, Bisexual, and Transgender Health. Accessed at <a href="https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health">https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health</a> in May 2018
- 10. Hollenbach, Andrew D., Kristen L. Eckstrand, and Alice Domurat Dreger, eds. *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.* Association of American Medical Colleges, 2014.