**LGBTQA+**

**LESSON Curriculum Development Proposal**

This target audience of this curriculum is (check all that apply):

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| **x** Residents  | o Residency Program Directors, APDs, etc.  |
| o Residency Program Faculty  | o Residency Program Coordinators |
| **x** Fellows  | o Fellowship Program Directors  |
| o Fellowship Program Faculty  | o Fellowship Program Coordinators |
| o Pediatric subinterns  | o Medical students o Other, specify  |
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If residency programs or residents are involved, which kinds will be involved (check all that apply):

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| --- | --- |
| x Categorical Pediatrics  | x Medicine-Pediatrics  |
| x Combined Pediatrics  |   |
| o Other kind or other specialties, please explain:  |

If fellowship programs or fellows are involved, which subspecialities will be involved (check all that apply)

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| **X Any / All**  | o Adolescent Medicine  |
| o Pediatric Cardiology  | o Child Abuse Pediatrics  |
| o Pediatric Critical Care Medicine  | o Developmental-Behavioral Pediatrics  |
| o Pediatric Emergency Medicine  | o Pediatric Endocrinology  |
| o Pediatric Gastroenterology  | o Pediatric Hematology-Oncology  |
| o Pediatric Hospital Medicine  | o Pediatric Infectious Diseases  |
| o Neonatal-Perinatal Medicine  | o Pediatric Nephrology  |
| o Pediatric Pulmonology  | o Pediatric Rheumatology  |
| o Other subspecialties, please explain:  |

**Course description** A VERY brief description of the course content, typically 1-2 sentences.

We propose that implementation of an LGBTQA+ curriculum for pediatric residents will increase the likelihood of resident continuity clinic patients being asked confidential questions regarding their sexual orientation in an appropriate nonjudgmental way. This has the potential to impact their health in a positive way as they are a population facing multiple health disparities with providers often unsure how to best address these issues.

**Overall Course Goal:** Provide a detailed description of what will happen in the course, including topics to be covered.

Provide a curriculum on LGBTQA+ youth, covering definitions, health disparities, and lack of access to care, as well as appropriate interviewing techniques that are non-judgmental and gender neutral will increase a Pediatric Resident’s knowledge

**Student Learning** **Objectives** Please list specific, measurable, and observable skills that the students will be able to demonstrate by the end of the course. *If several topic categories/modules, provide learner objectives for each.*

* Identify issues faced by LGBTQA+ youth, including health inequities and barriers.
* Increase comfort and willingness to ask about a patient’s sexual orientation
* Know essentials for gender affirming care
* Describe essentials for contraception and prophylaxis
* Explain advocacy efforts, including legislation, political climate, and policy
* Describe best practices for healthcare delivery including affirming clinical space and EMR usage.
* Identify resources for the continued care of at risk LGBTQA+ youth

**Background and rationale** (2 page limit).

*Explain why this curriculum is important and needed, and how this will address gaps found in existing literature or needs assessments. In reviewing the literature, be selective, rather than exhaustive, favoring the most important previous work.*

There is a large body of literature that has captured the health disparities faced by lesbian, gay, bisexual, transgender, questioning and androgynous (LGBTQA+) youth. Risk behaviors and health disparities include smoking, alcohol and substance abuse, anxiety, depression, suicide attempts, HIV and STI’s, pregnancy, emotional and physical abuse, including bullying, eating disorders and obesity, limited access to care, and homelessness.1 A survey of LGBTQA+ youth found they were more than twice as likely to have experienced suicidal ideation in the previous year. Compared to heterosexual youth, they were more likely to report feeling sad or helpless within the past two weeks (40% compared to 20%).2 Approximately 38% of surveyed LGBTQA+ youth reported at least one suicide attempt.3 84% of out LGBTQA+ youth reported verbal harassment and 30% reported experiencing physical violence.4 Substance abuse is significantly higher in sexual minority groups, as well as sexual and reproductive health disparities. For example, gay or lesbian youth were about half as likely, compared to heterosexual youth (35.8% vs. 65.5%) to have used a condom during most recent intercourse.5 It is estimated that as many as 40-50% of homeless youth identify as LGBTQA+. When sexual minority teens come out and acknowledge their sexuality, there are often significant repercussions, especially victimization. Sometimes it is simply the perception that an individual might be LGBTQA+ that may lead to bullying, harassment, and violence. Victimization can occur in their homes, communities, schools, and areas of worship.

Individuals who are LGBTQA+, gender nonconforming, and/or born with disorders of sex development (DSD) often experience challenges when interacting with the health care system. These challenges may translate into disparities in the quality of care received and, subsequently, into health disparities. These populations experience inadequate or inappropriate care ranging from unconscious bias to overtly discriminatory acts, and they suffer from disparities in mental and behavioral health, physical health, and are more susceptible to risk-taking behaviors.

In a study of men who have sex with men, primary care provider (PCP) knowledge of sexual orientation was associated with a higher likelihood that PCPs recommended disease screening and preventive health measures.6 However, whether identified as LGBTQA+ or straight, adolescents are often uncomfortable with initiating discussions about sex including sexual orientation. LGBTQA+ youth are less likely to disclose their sexual orientation to their healthcare provider. Many adolescents report that they did not disclose their sexual orientation or gender identity to their pediatrician even if they described themselves as being out to almost everyone in their lives. A survey conducted by the Human Rights Campaign in 2012, 10,030 youth were questioned. Those who identified as LGBTQA+ were asked who they had come out to: 90% had come out to close friends, between 60-75% came out to classmates and to their immediate family and 16% had come out to their doctor. In another study of LGBTQA+ youth, 33% of them reported they were not asked about their sexual orientation by their provider, 30% reported that their parents never left the room, and 14% reported fear that their sexual orientation would not be kept confidential.7 64% of LGBTQA+ youth in the same study suggested “just ask me” would make disclosure more comfortable. All this supports that we must have the skills to initiate the conversation and make the atmosphere open and friendly so patients feel comfortable disclosing to their health care provider.

According to the AAMC publication, “ Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals who are LGBTQA+, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators” the demand for medical education to train physicians to care for these populations is growing at a faster pace than materials can be developed to fulfill this demand. They wrote that medical education can serve to increase a health care professionals’ awareness and knowledge of health risk and potential resiliency of LGBTQA+ and gender nonconforming individuals, and individuals born with DSD. Students need to be trained to provide high-quality, patient-centered care to people who are or may be LGBTQA+, gender nonconforming, and/or born with DSD. They also noted that national medical organizations are listening to this need and are advocating for improvements in medical curricula to address the needs of individuals who are or may be LGBTQA+, gender nonconforming, and/or born with DSD.

Healthcare providers find it difficult to care for LGBTQA+ youth because of lack of formal training and few professional resources. While primary care provider knowledge of sexual orientation is important for preventive health care as well as for mental health for LGBTQA+ youth, in a study of pediatric residents, 52.6 percent of respondents reported receiving formal training regarding issues of sexual orientation in medical school, where 42 percent reported no specific education at all**.**8 Obedin-Maliver and colleagues from the Stanford LGBT medical education research group surveyed 176 allopathic and osteopathic medical school and discovered that the median reported time dedicated to teaching LGBTQA+ content in the entire 4 year curriculum was 5 hours with one third reporting zero hours.9 Barriers to content inclusion include lack of curricular materials demonstrated to be effective and absence of faculty able to teach relevant content.10

Poor clinical practice behaviors among attending physicians reinforce the sense that sexual education does not matter to medicine. Teachers do not regularly model for their trainees the skills and attitudes relevant to the provision of high quality, compassionate care for LGBT, gender nonconforming or DSD patients. Unfortunately, according to a 2010 survey, most physicians did not discuss sexual orientation, sexual attraction, or gender identity. A majority indicated they would not discuss or address these topics even if their patients were depressed, had suicidal thoughts, or attempted suicide. Many reported lack of knowledge about the topics and/or resources to provide to their patients as the reason for not addressing this important aspect of the patient’s health. Physicians reported they did not feel they could adequately address sexual orientation issues with their patients.

Currently, there are no uniform training requirements on LGBTQA+ health at the graduate medical education level. We propose that implementation of an LGBTQA+ curriculum for pediatric residents will increase the likelihood of resident continuity clinic patients being asked confidential questions regarding their sexual orientation in an appropriate nonjudgmental way. This has the potential to impact their health in a positive way as they are a population facing multiple health disparities with providers often unsure how to best address these issues.

**Modality** Is this course 100% online? **x** Yes o No

If proposing a hybrid curriculum, please describe local site portion of your curriculum.

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**Evaluation** (2 page limit)  *Describe how the curriculum will be evaluated. Include any data collection requirements. When and how often will data collection occur for each learner?*

We would like the APPD to administer a post-test and survey after participation in the curriculum as part of the curriculum and LMS.

**Eligibility.** Please explain, in detail, the target audience including any enrollment restrictions, exclusions, etc.

All current pediatric residents. No restrictions or exclusions.

**Programs and sample** (2 page limit).

*Please select one:*

o The project team has or will recruit the participating learners.

**x** The project team would like APPD LESSON to recruit the participating learners.

*Describe the estimated number learners to be involved and justify these choices. Explain any inclusion, exclusion, or selection criteria to be used for enrollees in the curricula.*

**Outcome Data analysis** (2 page limit).

*Please select one:*

o The project team has a data analyst and wants to take the lead in analysis.

o The project team has a data analyst but wants APPD LESSON and APPD LEARN to take the lead and collaborate with or mentor our analyst

**x** The project team would like APPD LESSON and APPD LEARN to conduct analyses

*Describe the plan for analysis of the data obtained.*

**Subject Matter Experts** (1 page limit). *List the proposing project lead and other subject matter experts. For each, briefly list their qualifications and explain their role in the project.* NOTE: all subject matter experts and curricula content contributors must complete the [APPD Intellectual Property](https://form.jotform.com/220665260131142) [Agreement](https://form.jotform.com/220665260131142) upon selection.

Brian Lurie, MD MPH

Associate Director, Pediatric Residency Program – Subject matter expert; project lead

Lauren Roth, MD – Subject matter expert – project co-lead

**Timeline** In your estimation, how long will it take you to develop the course materials ready to be imported into an online modality? Include your ideal “Go Live” date.

* 1 year

**Support obtained or needed** (1 page limit). *If the project has obtained internal or external support, describe it here. (Note: If the project requires resources other than instructional design, LMS hosting, or uncomplicated survey assessment, it may not be feasible for APPD LESSON to manage without outside support.*)

* No financial support obtained.

**Appendices** (no page limit):

* *Curriculum Outline* ***(below)***
* *Copies of all assessment*s

*Biosketch of project lead (NIH format encouraged: http://grants.nih.gov/grants/funding/phs398/biosketch.doc)* Biosketches attached.

* *If pursuing educational scholarship and IRB approval has already been obtained at the member program (as the project’s lead site), include a copy of the approval or exemption letter. If seeking educational scholarship, IRB approval or exemption will be required before the project can begin but IRB approval is not required before submitting the proposal for consideration.* ***No IRB approval yet.***

**Curriculum Outline**

**Culturally Competent, Inclusive, and Affirming Care for LGBTQ+ Youth**

* INTRODUCTION TO LGBTQ+ HEALTH CARE
	+ Terminology
	+ Health Inequities
	+ Barriers to Healthcare
* GENDER AFFIRMING CARE
	+ What is gender?
	+ Gender Dysphoria
	+ Gender Affirming Care
	+ Legal Affirmation & Insurance Concerns "What if they change their minds?"
* LET'S TALK ABOUT SEX
	+ Adolescent Sexual Activity & Sexual Risk Assessments
	+ Prevention: Contraception and Pre-Exposure Prophylaxis
* LET'S PRACTICE
	+ Asking about sexual orientation
	+ Asking about gender identity, pronoun usage
	+ Asking about specific sexual practices CONFIDENTIALITY, CONSENT, AND COMING OUT
	+ Confidentiality & Consent Assessing Safety Strategies for Coming Out
* ADVOCACY
	+ Legislative & Policy Advocacy
	+ National Resources
* INTERSECTIONALITY
	+ Intersectionality
* IN PRACTICE
	+ Electronic Health Record Utilization
	+ Creating an Affirming Clinical Space

**Assessment**

**Appendix A - Resident Pre/Post Test**