Recommended Curriculum Guidelines for Family Medicine Residents

Lesbian, Gay, Bisexual, Transgender Health

This document was endorsed by the American Academy of Family Physicians (AAFP).

Introduction

This Curriculum Guideline defines a recommended training strategy for family medicine residents. Topic competencies, attitudes, knowledge, and skills that are critical to family medicine should be attained through longitudinal experience that promotes educational competencies defined by the Accreditation Council for Graduate Medical Education (ACGME), www.acgme.org. The curriculum must include structured experience in several specified areas. Most of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center. Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum, with an emphasis on outcomes-oriented, evidence-based studies that delineate common and chronic diseases affecting patients of all ages. Targeted techniques of health promotion and disease prevention are hallmarks of family medicine. Appropriate referral patterns and provision of cost-effective care should also be part of the curriculum.

Program requirements specific to family medicine residencies may be found on the ACGME website. Current AAFP Curriculum Guidelines may be found online at www.aafp.org/cg. These guidelines are periodically updated and endorsed by the AAFP and, in many instances, other specialty societies, as indicated on each guideline.

Each residency program is responsible for its own curriculum. This guideline provides a useful strategy to help residency programs form their curricula for educating family physicians.
Preamble

A growing body of research identifies health disparities that negatively affect lesbian, gay, bisexual, and transgender (LGBT) populations. LGBT individuals are at increased risk for experiencing mental health problems; engaging in substance use and abuse; and experiencing discrimination, violence, and victimization. LGBT individuals generally receive less preventive care and fewer cancer screenings, which is likely related to access barriers such as lack of adequate health insurance coverage and discrimination in medical settings. It is particularly important for medical educators to recognize that LGBT communities encounter unique barriers to accessing and using appropriate health services.

Historically, LGBT-focused health issues have been neglected in medical education due to lack of awareness, discomfort with the topic, time demands, and lack of faculty development. Several studies, however, support the position that medical education efforts regarding the health needs of LGBT individuals improve learner attitudes and willingness to clinically engage LGBT patients. Education has also been successful in improving knowledge about the unique care needs of LGBT populations. This Curriculum Guideline provides an outline of the attitudes, knowledge, and skills that family physicians should attain during residency training to provide high quality care to their LGBT patients.

Competencies

At the completion of residency training, a family medicine resident should be able to:

- Communicate effectively and sensitively with the LGBT patient and identified family by demonstrating active listening skills, a respectful approach to sensitive issues, and collaborative care planning, in the context of confidentiality (Patient Care, Interpersonal and Communication Skills, Professionalism)

- Take a comprehensive health history of the LGBT patient, including a detailed social and sexual history, as well as transition-related health care both within and outside of a medical setting (Patient Care, Medical Knowledge)

- Perform a systematic physical examination of the LGBT patient, including a comprehensive breast, pelvic/urogenital, rectal, and prostate exam, as deemed appropriate for the organs present (Patient Care, Medical Knowledge)

- Demonstrate effective primary care counseling skills for the psychosocial, behavioral, sexual, and reproductive issues of the LGBT patient (Patient Care, Interpersonal and Communication Skills)

- Develop recommendations for appropriate screening tests, health risk factor reduction, and wellness support (based on relevant guidelines) for the LGBT patient (Medical Knowledge, Practice-based Learning)
Craft patient-centered treatment plans and coordinate care for common conditions affecting the LGBT population by acting as a patient advocate and utilizing community and health system resources to optimize patient care when indicated (Patient Care, Medical Knowledge, Practice-based Learning, Systems-based Practice)

Attitudes

The resident should develop attitudes that encompass:

- Awareness of “unconscious or implicit bias” and how the physician’s own beliefs may compromise care
- Recognition of how one’s attitudes and knowledge about LGBT issues may influence assessment and treatment, and willingness to address these biases through training, consultation with colleagues, and systems-based practice
- Recognition that LGBT patients are underrepresented in research studies
- Recognition that LGBT patients are affected by social determinants of health and health care disparities
- Awareness of the effects of stigma on the health and well-being of LGBT patients
- Respect for the importance and validity of lesbian, gay, and bisexual relationships
- Respect for the validity of a transgender or gender non-conforming patient’s self-identified gender
- Acceptance that same-sex attractions, feelings, and behavior fall within the normal range of human sexuality
- Recognition that the families of LGBT individuals may include people who are not legally or biologically related
- Consideration of how a person's lesbian, gay, or bisexual orientation or gender identity may impact the family of origin and the relationship with that family of origin
- Consideration of the influences of multiple—and sometimes conflicting—norms, values, and beliefs faced by LGBT individuals with multiple salient social identities, including, but not limited to, ethnicity, race, socioeconomic status (SES), religion, and disability
- Recognition that individuals live across a gender spectrum and that the medical community should be a form of support for patients to live in the gender with which they identify, rather than a gatekeeper acting as a barrier to services
Knowledge

In the appropriate setting, the resident should demonstrate the ability to apply knowledge of:

1. Identity and relationship terminology associated with the LGBT population and appropriate application of that terminology. This concept implies:
   a. Knowledge of and comfort with distinctions between sexual identity, orientation, and behavior
   b. Knowledge of the difference between gender identity, gender presentation, assigned sex, and the multiple components of biological sex
   c. 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; use of gender-neutral terms until patients identify their preferences

2. Evidence demonstrating that efforts to change sexual orientation or gender identity have not been shown to be effective or safe, are not endorsed by any major medical body, and are illegal in some states

3. Common terminology, sexual practices, and associated safer sex/risk reduction recommendations for women who have sex with women (WSW) and men who have sex with men (MSM)

4. Health disparities, including health risks and health-related behaviors that disproportionately affect LGBT individuals

5. Appropriate vaccinations for LGBT patients

6. Appropriate cancer and health screenings based on individual sexual behaviors and, for transgender patients, the organs and tissues present and history of medical and surgical transition

7. Unique health care needs of transgender patients, including:
   a. The existence of controversy surrounding “gender dysphoria” as a mental health diagnosis versus the access to care that an official diagnosis facilitates
   b. The difference between social transition (e.g., name, clothing style, presentation) and phenotypic transition (i.e., medical or surgical treatment)
   c. The developmental and psychosocial challenges faced by transgender children and adolescents as they approach puberty, and the availability of puberty-blocking medications to delay development of secondary sexual characteristics
   d. Understanding that not all people who identify under the broad umbrella of transgender are currently undergoing or desire to have medical or surgical treatment
e. Mental health manifestations, consequences, and treatment related to transition, and resilience strategies to cope with social stressors and potential discrimination; understanding that counseling may have therapeutic benefit but is not a legal requirement before beginning phenotypic transition

f. Basic understanding of surgical options for transitioning, including common post-operative complications and follow-up issues

g. Basic understanding of hormonal treatment options for transitioning and awareness that these treatments can be provided by family physicians without specialist consult based on informed consent and patient-centered care models

h. Familiarity with various treatment recommendations (e.g., the Endocrine Society Clinical Practice Guidelines, the World Professional Association for Transgender Health [WPATH] Standards of Care)

8. The compounded needs of LGBT “special populations,” including youth, the elderly, people with disabilities, same-sex parents, people of color, and abuse survivors

9. Barriers to health care access faced by LGBT individuals, including the concerns with which LGBT patients may enter the health care system and distrust caused by prior experience or reputation

10. Community resources available to support LGBT patients’ health (e.g., targeted smoking cessation programs, substance abuse treatment, psychological support), as well as basic health care resources directed toward LGBT individuals

11. Law, policy, and insurance issues affecting LGBT patients, including:
   a. Risks and health effects of having chosen family be excluded from hospital visitation or health decision making
   b. Use of medical power of attorney to designate a health care proxy
   c. Effects of local and national policies on hospital visitation rights in limiting or improving access to care (the Patient Protection and Affordable Care Act [ACA] has made such limitations illegal, but they may still persist in some areas)
   d. Various ways in which health insurance policies may limit access for transgender persons; these exclusions are increasingly being repealed within companies, cities, or entire states (e.g., California, Massachusetts, for federal employees)
   e. Various ways in which health insurance policies may limit access and health care for family members of LGBT individuals

12. Challenges faced by LGBT health professionals, including:
   a. Stress of decision making concerning coming out to peers, colleagues, and/or patients
   b. Consequences of coming out in terms of professional advancement
   c. Lack of mentors to offer guidance in professional issues surrounding LGBT
Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following:

1. Responding sensitively and non-judgmentally to a patient’s disclosure of LGBT status

2. Responding proactively to LGBT patients’ concerns about the possibility of biased treatment

3. Describing and explaining terminology associated with sexual orientation, gender identity, and related behavioral and health care practices (see Addendum 1)

4. Creating a welcoming environment for LGBT patients through:
   a. Publicly posted non-discrimination statement
   b. Staff training in non-discrimination, including inclusive language and non-judgmental approach
   c. Waiting area materials that include depictions of same-sex couples and families, as well as transgender and gender non-conforming individuals, and that do not promote “treatment” to change LGBT individuals

5. Applying or advocating for information collection systems that allow LGBT patients to identify as such, including:
   a. Broadly inclusive intake forms for accurate data collection, as recommended by the Center of Excellence for Transgender Health and the U.S. Department of Health and Human Services (see Addendum 2 for examples), or forms that allow patients to freely enter gender and relationship status rather than having set, limited choices
   b. Survey or research instruments that similarly allow for self-definition of demographic factors
   c. Electronic medical records that facilitate easy identification and consistent use of a patient’s preferred name and pronoun when that may differ from the legal identification or insurance

6. Explaining the degree (if any) to which information about a patient’s LGBT status will be shared verbally, in writing, or electronically

7. Performing a full sexual history with an LGBT patient and responding sensitively and non-judgmentally to information received

8. Conducting an appropriate and sensitive physical examination of a transgender
Assessing one’s own LGBT-related bias and addressing it by pursuing knowledge and experiences, and actively working to lessen the impact of bias

Asking appropriate professional questions tailored to the clinical scenario and avoiding intrusive questions that primarily stem from personal curiosity about an LGBT patient’s life or body

Responding effectively to witnessed bias toward an LGBT patient or colleague

Referring appropriately to support services for patients needing additional care for gender transition, mental health, sexual health, social services, or other services related to LGBT identity, but not assuming that all LGBT patients will need these services

Managing the transition-related health care of transgender patients of all ages through either hormone administration (and/or puberty-blocking medications) or appropriate referral, as well as referral to any necessary mental health services and/or gender affirmation surgeries and related follow-up care

Counseling LGBT patients about reproductive options and adoption, and offering resources to assist in pursuing these options

Implementation

Medical educators play an important role in addressing health disparities for lesbian, gay, bisexual, and transgender populations by providing medically accurate, culturally appropriate education to medical students and residents. It is challenging to include this important topic in a crowded curriculum without relegating it to a position that reinforces a marginalized stance. Therefore:

- LGBT health curriculum should be taught during both focused and longitudinal experiences throughout the residency program.
- LGBT health curriculum should not be relegated solely to modules on psychiatry, sexuality, or HIV, because being exposed to LGBT individuals only in these contexts may imply associations that do not represent the breadth of this population.
- LGBT health curriculum could take the form of lectures, discussions, guest speaker panels, case-based didactics, elective rotations, research experiences, or online modules. Required reading lists, learner pre-assessment tests, video case reviews, standardized patient encounters (objective structured clinical examinations [OSCEs] for training or evaluation) are also appropriate curricular elements.
- LGBT health curriculum should occur in sessions dedicated to LGBT care and should also be integrated into modules and cases focused on other topics in order to normalize LGBT individuals as typical patients.
Multidisciplinary approaches are advantageous.

A special effort should be made to ensure adequate preparation and competency evaluations related to caring for the transgender population because knowledge about and care for transgender patients tends to be especially underrepresented in medical education and more stigmatized in society.

Faculty development must be made available to train those who will need to transmit knowledge, skills, and attitudes to learners.

Residents should have exposure to LGBT patients in inpatient, outpatient, and didactic settings.

Systems of care involving patient distribution should be developed to avoid having ambulatory LGBT patients disproportionately distributed to LGBT or special-interest health care professionals, while taking care not to disrupt existing patient-physician relationships or compromise patient care. This may include respecting patients’ explicit requests to be assigned to an LGBT or special-interest health care professional without defaulting to this distribution policy.

Systems of data collection about sexual orientation and gender identity should be used to ensure adequate exposure to and distribution of LGBT patients, as well as to provide a means to analyze and improve care of these patients.

In the event that the availability of LGBT patient exposure seems low, efforts should be made to welcome and identify LGBT patients in the setting of patient privacy. Training programs should recognize that low numbers of LGBT patients may be due to a lack of recognition or lack of a welcoming atmosphere on a system level and should act to create appropriate changes.

All clinics and programs should perform appropriate outreach to the LGBT community in order to welcome patients, faculty, residents, and staff. This outreach could be accomplished through institutional newsletters and advertising, but it should also be directed to LGBT community organizations and events.

Residents should also be exposed to LGBT faculty and administrative leaders, as well as to non-LGBT mentors who model appropriate communication with and care of LGBT individuals (i.e., allies).

The residency and associated clinics should strive to practice what is taught in terms of fostering an appropriate, respectful culture and clinical practices concerning LGBT acceptance and care.
Resources (organized by primary category)
[secondary categories appear in brackets]

Major Organization/General

Resources for Major Organization/General


Website Resources for Major Organization/General

Center of Excellence for Transgender Health. [transgender] http://transhealth.ucsf.edu/

Fenway Health. www.fenwayhealth.org/

Gay and Lesbian Medical Association (GLMA). www.glma.org/

LGBT Resource Center at University of California, San Francisco (UCSF). http://lgbt.ucsf.edu


World Professional Association for Transgender Health (WPATH). [transgender] www.wpath.org/

Policy Statements

Resources for Policy Statements


Website Resources for Policy Statements

American Medical Student Association (AMSA). Gender and Sexuality. [education] www.amsa.org/AMSA/Homepage/About/Committees/GenderandSexuality.aspx


Clinical

Resources for Clinical


**Website Resources for Clinical**


University of California, San Francisco (UCSF) Center of Excellence for Transgender Health. Primary Care Protocol for Transgender Patient Care. [transgender] www.transhealth.ucsf.edu/protocols

Education

Resources for Education


Website Resources for Education


Snowdon S. Checklist for LGBT Curriculum Inclusion. [https://lgbt.ucsf.edu/sites/lgbt.ucsf.edu/files/UCSF%20LGBT%20Curriculum%20Checklist.pdf](https://lgbt.ucsf.edu/sites/lgbt.ucsf.edu/files/UCSF%20LGBT%20Curriculum%20Checklist.pdf)


University of California, San Francisco (UCSF) LGBT Center. LGBT People & Issues in Medical Schools: A Tool for Institutional Self-assessment. [https://www.aamc.org/linkableblob/54770-10/data/lgbtinstitutionalselfassessment-data.pdf](https://www.aamc.org/linkableblob/54770-10/data/lgbtinstitutionalselfassessment-data.pdf)

Williams AR. My Right Self. [transgender] [www.myrightself.com/](http://www.myrightself.com/)

**Data and Research**

**Resources for Data and Research**


Website Resources for Data and Research


Geriatrics

Resources for Geriatrics


Website Resources for Geriatrics


National Resource Center on LGBT Aging. www.lgbtaggingcenter.org/


Health Care Professionals

Website Resources for Health Care Professionals

Callen-Lorde Community Health Center. www.callen-lorde.org/

Chase Brexton Health Care. www.chasebrexton.org/

Children’s Hospital, Los Angeles. Center for Transyouth Health and Development. [transgender] [youth] www.chla.org/site/c.ipINKTOAjSb.7501767/

Fenway Health. www.fenwayhealth.org/


Howard Brown Health Center. www.howardbrown.org/

Los Angeles LGBT Center. www.lalgbtcenter.org/
Lyon-Martin Health Services. [www.lyon-martin.org](http://www.lyon-martin.org)


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Addendum 1: Glossary of Terms

LGBT – Overarching abbreviation for lesbian, gay, bisexual, and transgender. Equivalent to GLBT. The letters “QI” (queer, questioning, and intersex) are commonly added to the abbreviation to broaden the concept that individuals should be allowed to define, or decline to specifically define, their own gender identity and sexual orientation.

Assigned sex/Assigned gender – The sex decided at birth, usually by a physician, based on examination of external genitalia, with accompanying expectations about future gender role and future gender identity most commonly associated with that sex.

Biological sex – The multiple physical aspects of sex, including chromosomes, external genitalia, secondary sexual characteristics, predominant circulating hormone levels, type and function of hormone receptors, gonads and internal reproductive organs, etc., that may or may not all align in a typical fashion due to differences (“disorders”) of sex development, or due to specific medical or surgical interventions voluntarily undertaken.

Transgender – Overarching term for those whose gender identity does not match their assigned sex. Sometimes written as “trans*.” It is sometimes used as a wider umbrella term to include cross-dressers and others who do not adhere to socially normative gender expressions; however, the most prevalent use implies a distinct difference between sex/gender assigned at birth and current gender identity.

Genderqueer/Gender Non-conforming/Gender Variant/Non-Binary Gender – Terms denoting a gender identity that is not traditionally male or female, but may be between, beyond, or neither of these genders.

MSM – Men who have sex with men. Behaviorally-based definition that may overlap with, but is distinct from, identification as gay or homosexual.

WSW – Women who have sex with women. Behaviorally-based definition that may overlap with, but is distinct from, identification as lesbian or homosexual.

Trans woman (preferred term)/MTF (“male-to-female”) – Terminology for a transgender person who was assigned male at birth but whose current gender identity is female and who may or may not have undergone medical or surgical treatment to make her appearance or physical characteristics more congruent with her sense of self.

Trans man (preferred term)/FTM (“female-to-male”) – Terminology for a transgender person who was assigned female at birth but whose current gender identity is male and who may or may not have undergone medical or surgical treatment to make his appearance or physical characteristics more congruent with his sense of self.

WPATH – World Professional Association for Transgender Healthcare. These international guidelines provide flexible recommendations for the ethical and appropriate
treatment of transgender individuals across the stages of transition. They are not a protocol for specific clinical treatments.
Addendum 2: Examples of Appropriate Questions for Forms

Example 1

What is your current gender? (Choose all that apply)
- Male
- Female
- Trans male / Trans man / FTM
- Trans female / Trans woman / MTF
- Genderqueer / Gender Non-Conforming
- Other / self-defined: ___________
- Prefer not to answer

What sex were you assigned at birth?
- Male
- Female
- Other / self-defined: ________________
- Prefer not to answer

Which pronouns do you prefer?
- She / her
- He / him
- They / them
- Other / self-defined: ________________
- Prefer not to answer

Do you think of yourself as:
- Heterosexual / straight
- Lesbian
- Gay
- Bisexual
- Queer
- Other / self-defined: ________________
- Prefer not to answer

To whom are you attracted? (Choose all that apply)
- Men
- Women
- Other / self-defined: ________________
- Prefer not to answer

With whom have you ever had sexual contact? (Choose all that apply)
- Men
- Women
Other / self-defined: ___________________
• Prefer not to answer

Number of partners in the past year:
• Men
• Women
• Other / self-defined: ___________________
• Prefer not to answer

Example 2

What gender do you consider yourself?

What gender or sex was recorded on your original birth certificate?

How would you label or describe your sexual orientation or identity?

In the last 24 months, with whom have you had sex?