

Executive Summary & Recommendations

I. Introduction

The gender and sexually diverse (GSD, i.e., lesbian, gay, bisexual, transgender, and queer) population has well documented disparities in health care outcomes and healthcare measures. Further, the GSD population is often subjected to discrimination by healthcare providers and society at large. This Vertical Integration Group examined the state of how our medical curriculum addresses care for the gender and sexually diverse patient population to address these potential gaps in clinician behavior and preparedness to provide competent and compassionate care.

II. Current State of GSD Medical Education Nationally

We summarize the current literature on GSD medical curricula in the US. Given the relative dearth of this literature, we encourage BUSM to innovate in this field and publish on our ideas and curriculum.

1. Boston University School of Medicine faculty and administration should continue to innovate in this field and the administration should support and encourage such innovation
2. BUSM faculty and students should publish on curricular innovations including this VIG process and its results

II. Current State of GSD Medical Education at BUSM

We collected data from two different perspectives: faculty in curricular leadership positions and students. Despite a general willingness and enthusiasm on the part of our faculty and leadership to champion a progressive curriculum on GSD topics, we suffer from a lack of intentional focus on these topics in the curriculum. When relevant topics are addressed in our curriculum it is solely because the relevant educator chose to include them. The list of our recommendations to address gaps is below. Details on how to address these recommendations may be found within the report.

1. Continue to introduce cultural sensitivity and humility during Orientation, currently one of the few opportunities in our curriculum for students to appreciate the GSD diversity in their own class.
2. Increase the number of opportunities in the curriculum for students to engage in GSD-specific health care.
3. Provide faculty development resources and learning opportunities to improve faculty knowledge and comfort with GSD terminology and topics.
4. Standardize how we teach appropriate medical terminology surrounding sexual and gender identities.
5. Develop an intentional and comprehensive curriculum on sexual and gender identities across the lifespan.

6. Develop an intentional and comprehensive curriculum on taking a sensitive sexual history that addresses both partners and practices.
7. Develop an intentional and comprehensive curriculum on screening and treatment of sexually transmitted infections in all patient populations including GSD patients.
8. Develop an intentional and comprehensive curriculum on the identification and treatment of mental health needs of GSD patients and the disparities of mental health needs in this population.
9. The committee supports the current initiative to develop a broader intentional curricular thread that explicitly addresses health care disparities, trust/mistrust of the healthcare system, and policy/legal/ethical issues related to minority populations in healthcare.
10. Augment current curriculum on the screening and prevention of HIV.
11. Augment the current Obstetrics and Gynecology family planning curriculum to specifically address the family planning needs and concerns of GSD individuals in the healthcare system.

III. Faculty development

Our faculty have a general lack of confidence with regard to appropriate language and vocabulary related to GSD patients, which manifests as both a weakness of the curriculum and a barrier to change.

1. Assess faculty awareness of GSD issues in healthcare and medical education
2. Train educators in appropriate GSD terminology and language
3. Train faculty about GSD health inequities
4. Training in appropriate clinical care specific to GSD patients