

# The Status of the Gender and Sexual Diversity Curriculum at BUSM

*A report submitted to the Medical Education Committee on behalf of the Gender and Sexual Diversity Vertical Integration Group*  
January 16, 2019



# Thank you to the VIG members

## **Educators in core curriculum**

### *Preclerkship*

Ann Zumwalt, PhD - Chair

Shoumita Dasgupta, PhD

Elizabeth Ferrenz, MD

Cheryl McSweeney, MD

### *Clerkship/electives*

Mandy S Coles, MD, MPH

Pediatrics

## **Clinicians not actively involved in core curriculum**

Jennifer Siegel, MD

Dept of Medicine

Medical Director, Center for Transgender Medicine and Surgery

Carl Streed, MD, MPH

Dept of Medicine

Research Lead, Center for Transgender Medicine and Surgery

Patrick Mabray, MD PhD

Pediatrics

## **Students**

Erin Carter, Class of 2021

Isa Gell-Levey, Class of 2022

Cameron Henneberg, Class of 2019

Laurinda Jackson, Class of 2020

Nat Mulkey, Class of 2021

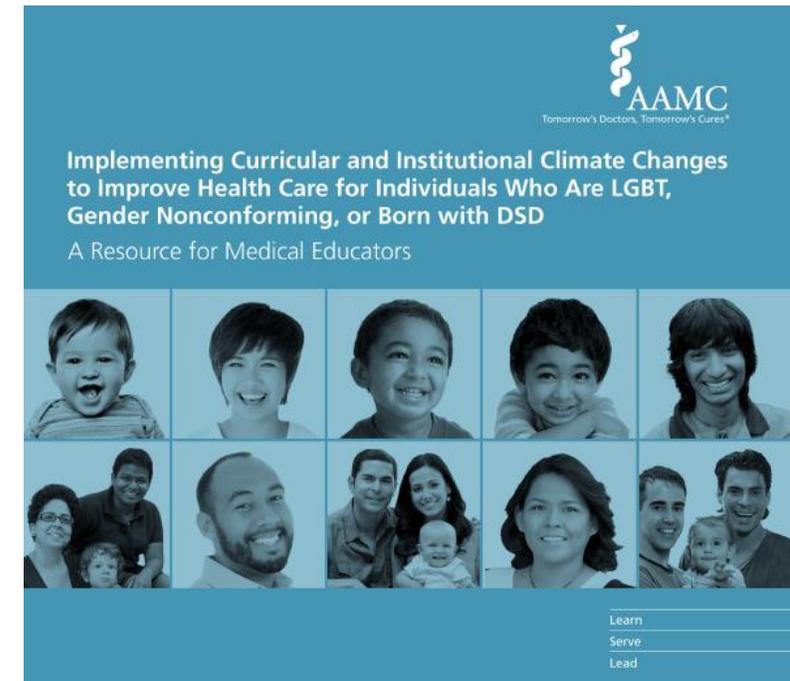
Kevin Pearlman, Class of 2020

## Gender and sexual diversity

Individuals who are gender and/or sexually diverse (GSD) are those whose **gender identities and/or sexual identities fall outside the scope of cisgender heterosexuality**. These populations have traditionally been referred to as lesbian, gay, bisexual, transgender and queer (LGBTQ), terminology which is problematic because it continues to exclude individuals from other versions of sexual and/or gender diversity

Individuals who are GSD have **well documented disparities** in health measures, access to healthcare, and treatment by healthcare professionals.

Evidence- and best practices-based recommendations for curricular and climate change with the aim of creating a welcoming and inclusive educational infrastructure within health care that is responsive to the needs of [GSD individuals].



# Goals for the VIG

**How are we doing relative to other schools?  
How can we do better?**

## **Determine the priorities we want to focus on**

- Education about health inequities
- Education about healthcare inequities
- Divorcing LGBT status from the patient overall
- Education about appropriate terminology

## **Map current curriculum**

- Where is relevant content currently being taught in our curriculum?
- What elective opportunities are offered?
- Where are there obvious gaps/opportunities?

## **Compare our curriculum to others**

- What are other schools doing?
- Search the literature: recommended curricula, published competencies (for medical schools, specialty national guidelines, etc.)

**Make recommendations for  
adjustments to our curriculum**

## **Study/publish on our efforts**

**e.g. Do we want to study our students  
knowledge & attitudes about LGBT patients,  
issues, etc.?**



## Methods used to develop these recommendations

### *Data collection from faculty leadership*

- Surveyed all course, module and clerkship directors
- Asked whether 11 specific topics were addressed in the directors' curriculum, whether each topic was covered for all students (i.e., core curriculum), some students (i.e. in some rotations or in optional sessions), or not at all.
  - Topics were initially pulled from the AAMC list of recommendations for curricula to improve health care for GSD individuals and the list of topics was then modified for brevity
- VIG members followed up on answers for clarification and elaboration

### *Data collection from students*

- Surveyed current medical students about their experiences learning about topics specific to GSD patients.
- Questions were sent to students via class pages on Facebook as well as through the Student Activity Digest. Aside from requesting current class year, the survey was anonymous. Responses were in free text format.
- Examined content of the Sexual Health and Medicine student-run elective

### *Examination of policies*

- The VIG examined current BU and BUSM administrative policies as they influence student perception of our climate toward our GSD community members.

# Summary of results

## Strengths

The primary strength of our curriculum is a **general openness and willingness on the part of our leadership and faculty** to strive for the strongest curriculum on GSD topics and patient care.

### *General strengths:*

- In addition to faculty openness we have **strong student investment** and interest in ensuring that our GSD curriculum is up to date and appropriately sensitive.
- **Some educators already address GSD topics** in their curricula, where appropriate.
- “Introduction to cultural sensitivity and humility” during **Orientation** allows students to appreciate the GSD diversity in their own class.
- We already have a **small core of faculty who are well versed in these topics** and can provide leadership and faculty development opportunities.
- **Strong relationship with the BMC Center for Transgender Medicine and Surgery** is a benefit that most medical schools do not have.

## Gaps and opportunities

Lack of intentional focus on these topics in the curriculum has led to significant gaps.

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.

# Recommendations: General

Provide faculty development resources and learning opportunities to improve faculty knowledge and comfort with GSD terminology and topics

- Specifically, faculty desire education about GSD terminology and language, GSD health inequalities, and appropriate clinical care specific to GSD patients

Provide curriculum oversight to ensure the recommended curricular adjustments are (1) created and (2) comprehensive and appropriate. Some suggestions:

- Create a working group/subcommittee of the MEC
- Assign one or more individuals on curriculum committees to oversee diversity topics

# Recommendations: Fundamentals

In alignment with our institutional principles which value the diversity of our patients and healthcare community, we see opportunity to intentionally normalize a diversity of patient types within our curriculum.

Recommendation	Suggested curriculum to target
Increase the number of opportunities in the curriculum for students to engage in GSD-specific health care	Everywhere (e.g. cases, standardized patients)
Standardize how we teach appropriate (medical) terminology surrounding sexual and gender identities.	Human Behavior and Medicine Doctoring
Develop an intentional and comprehensive curriculum on sexual and gender identities across the lifespan	Human Behavior and Medicine Body Structures Reproduction modules (PrISM and DRx) Family Medicine Internal Medicine Pediatrics Geriatrics Medicine 2/Ambulatory medicine

# Recommendations: Communication with patients

As all of our patients have a sexual orientation and gender identity, our physician workforce must be prepared to address these with all patients. We must ensure that our students know how to take a comprehensive sexual history, including accurately and compassionately collecting information about sexual orientation and gender identity.

Additionally, it appears that we do not currently have any standardized curriculum on sexually transmitted infection screening for any patients, not just GSD patients. [NB: This topic comes up frequently but unpredictably in clinical settings.]

Recommendation	Suggested curriculum to target
Develop an intentional and comprehensive curriculum on taking a sensitive sexual history that addresses both partners and practices.	Doctoring Family Medicine Obstetrics & Gynecology Pediatrics Medicine 2/Ambulatory medicine
Develop an intentional and comprehensive curriculum on screening and treatment of sexually transmitted infections in <u>all</u> patient populations including GSD patients.	Doctoring Family Medicine Obstetrics & Gynecology Internal Medicine Emergency Medicine

# Recommendations: Mental health

As more research demonstrates the unique physical and mental health disparities and care needs of GSD patients, we must ensure our curriculum prepares our students to address these issues. Our curriculum should include information about social determinants of health that impinge on the well-being of GSD populations and provide insight into the “minority stress model” that accounts for many of the physical and mental health disparities experienced by GSD populations.

Recommendation	Suggested curriculum to target
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.	Human Behavior and Medicine Essentials of Public Health DRx-Psychiatry Psychiatry clerkship Pediatrics clerkship

# Recommendations: Healthcare systems and minority populations

We currently have minimal curriculum on the following three topics as they relate to sexual and/or gender minority populations:

- Health and healthcare inequities
- Mistrust of healthcare professionals by GSD individuals
- Health policy, legal, or ethical issues related to patient care

## **Suggested curriculum to target:**

These topics should be part of a broader curriculum on minorities in the healthcare system and the core themes should be handled intentionally and strongly early in our curriculum.

e.g. Human Behavior and Medicine or Essentials of Public Health (or future equivalents).

# Recommendations: Various

We currently have minimal curriculum on HIV despite the modern public health reality that availability and use of pre-exposure prophylactic medications has dramatically changed sexual health and behavior in populations impacted by HIV/AIDS.

Additionally, there is a minor and easily resolved gap in that we do not currently cover the family planning needs of GSD patients.

Recommendation	Suggested curriculum to target
Augment current curriculum on the screening and prevention of HIV.	DRx-Infectious Disease Internal Medicine
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	Obstetrics & Gynecology Family Medicine

# Next Steps

Prioritize development of resources for faculty and learning opportunities to improve faculty knowledge and comfort with GSD terminology and topics

- Specifically, faculty desire education about GSD terminology and language, GSD health inequalities, and appropriate clinical care specific to GSD patients

Develop curriculum oversight mechanism to ensure the recommended curricular adjustments are (1) created and (2) comprehensive and appropriate. Some suggestions:

- Create a working group/subcommittee of the MEC
- Assign one or more individuals on curriculum committees to oversee diversity topics

Recommend relevant course/clerkship leadership impacted in this report to read the report and make any possible recommended adjustments for the 2020-21 year

- VIG members are available to advise



## Recommendations Summary

Recommendation	Suggested curriculum to target
Increase the number of opportunities in the curriculum for students to engage in GSD-specific health care	Everywhere (e.g. cases)
Standardize how we teach appropriate medical terminology surrounding sexual and gender identities.	Human Behavior and Medicine Doctoring
Develop an intentional and comprehensive curriculum on sexual and gender identities across the lifespan	Human Behavior and Medicine Body Structures Reproduction modules (PrISM and DRx) Family Medicine, Internal Medicine, Pediatrics, Geriatrics, Medicine 2/Ambulatory medicine
Develop an intentional and comprehensive curriculum on taking a sensitive sexual history that addresses both partners and practices.	Doctoring Family Medicine Obstetrics & Gynecology Pediatrics Medicine 2/Ambulatory medicine
Develop an intentional and comprehensive curriculum on screening and treatment of sexually transmitted infections in all patient populations including GSD patients.	Doctoring Family Medicine Obstetrics & Gynecology Internal Medicine Emergency Medicine

## Recommendations Summary

Recommendation	Suggested curriculum to target
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.	Human Behavior and Medicine Essentials of Pubic Health (?) DRx-Psychiatry Psychiatry Pediatrics
Develop an 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.  *This should be part of a broader curriculum on minorities in the healthcare system	Human Behavior and Medicine Essentials of Public Health
Augment current curriculum on the screening and prevention of HIV.	DRx-Infectious Disease Internal Medicine
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	Obstetrics & Gynecology Maybe Family Medicine