

Introduction & Background

- Following directives from the Institute of Medicine¹ and AAFP², we aimed to create an intervention for Family and Internal Medicine Residents to gain familiarity with gender and sexual minority (GSM) / differences in sexual development (DSD) health topics.
- Existing literature regarding GSM/DSD health training interventions does not provide topic-based recommendations for instructing medical trainees within their chosen specialty. ³⁻⁴
- We aim to assess curricular content, applicability to medical practice, and subsequent attitudes and beliefs from trainees regarding readiness to interact with and treat GSM/DSD patients.

Methods & Framework

- Internal Medicine (IM) and Family Medicine (FM)
 residents will participate in a three (3) hour workshop
 focusing on GSM/DSD health topics.
- Workshop content is curated based upon an assessment of current gaps in GSM/DSD education and professional development.
- Learning objectives for trainees were identified, and accompanying constructs were developed for later assessment of integration into professional practice.
- A semi-structured protocol was also developed to collect qualitative reflections on the curriculum, as well as personal attitudes / beliefs regarding treatment of GSM/DSD patients.
- The assessment of the initial intervention was delayed due to COVID-19; this poster showcases the designed curriculum and its prospective assessment features.

Critical Content – A Novel Graduate Medical Education Intervention to Address Gender & Sexual Minority (GSM) / Differences in Sexual Development (DSD) Health

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Intervention Content & Learning Outcomes

Table 1: Intervention Curricular Outline & Learning Outcomes

Topic of Instruction	Specific Content Covered	Time Allotted	Accompanying Learning Outcomes
Population Background & LGBTQ+ Cultural Context	 LGBTQ+ cultural context, and terminology related to sex & gender Health equity framework for understanding health disparities 	1 Hour	 Participants will be able to <u>integrate</u> sex and gender terminology into patient interviews. Participants will be able to <u>value</u> health disparities risks faced by LGBTQ+ patients in the healthcare setting.
Obtaining an Inclusive Social & Sexual History from Patients	 Obtaining a comprehensive social and sexual history Patient rapport building and (patient interviewing techniques) Sexual Actions vs. Sexual Identity 	30 Minutes	 Participants will be able to <u>apply</u> interview techniques of comprehensive social and sexual history to LGBTQ+ patients. Participants will be able to <u>adapt</u> interview techniques of comprehensive social and sexual history to non-LGBTQ+ patients.
Gender-Inclusive Sexual Health	 PrEP (Pre-Exposure Prophylaxis) & PEP (Post-Exposure Prophylaxis) STI Screenings Introduction to Anal Health Preventive Healthcare 	30 Minutes	 Participants will be able to integrate prescribing PrEP and PEP into their current medical practice. Participants will be able to demonstrate comprehensive, site-specific STI screening. Participants will be able to define preventive healthcare needs related to sexual / anal health.
Transgender & Gender-Diverse Health	 Understanding and discussing medical and non-medical transition Introduction to Gender-Affirming Hormone Therapy (GAHT) Preventive Healthcare Specific to Trans & Gender-Diverse Individuals 	1 Hour	 Participants will be able to <u>define</u> medical and non-medical transition. Participants will be able to <u>describe</u> considerations for prescribing GAHT. Participants will be able to <u>define</u> preventive healthcare needs related to trans and gender-diverse patients.

References

- ¹ Institute of Medicine. (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. In *Health Policy and Management Faculty Publications*. https://hsrc.himmelfarb.gwu.edu/sphhs_policy_facpubs/548
- ² American Academy of Family Physicians. (2013). *Recommended Curriculum Guidelines for Family Medicine Residents Lesbian, Gay, Bisexual, Transgender Health*.
- https://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint289D_LGBT.pdf
- ³ Liang, J. J., Gardner, I. H., Walker, J. A., & Safer, J. D. (2017). Observed deficiencies in medical student knowledge of transgender and intersex health. *Endocrine Practice*, *23*(8), 897–906. https://doi.org/10.4158/EP171758.OR
- ⁴ Sawning, S., Steinbock, S., Croley, R., Combs, R., Shaw, A., & Ganzel, T. (2017). A first step in addressing medical education curriculum gaps in lesbian-, gay-, bisexual-, and transgender-related content: The University of Louisville lesbian, gay, bisexual, and transgender health certificate program. *Education for Health: Change in Learning and Practice*, *30*(2), 108–114. https://doi.org/10.4103/efh.EfH_78_16

Implementation of Intervention & Assessing Learning

- COVID-19 posed unforeseen challenges, which barred us from assessing this intervention along its originally intended timeline. We intend to implement the invention in its entirety for the Fall 2020 cohort.
- We encourage others seeking to adopt this curriculum to utilize innovative assessment opportunities such as simulated patients or role plays to assess trainee progress toward learning outcomes.
- Pre and post-assessment metrics will be collected from all trainees during the intervention's Fall 2020 delivery. Semi-structured focus groups will also be conducted
- We will use analyses to inform further program development, content inclusion, and supplementary learning experiences to accompany the didactic curriculum.
- This module serves as a "starting point" for trainees' continued education on GSM / DSD health topics.
 We recognize the need for continued expansion of content on marginalized LGBTQ+ communities.

