Body System: Patient-Based Care		
Session Topic: Adolescent LGBTQ Issues		
Educational Format		**Faculty Expertise Required**
REQUIRED	Interactive Lecture	Expertise in the field of study. Experience teaching in the field of study is desired. Preferred experience with audience response systems (ARS). Utilizing polling questions and engaging the learners in Q&A during the final 15 minutes of the session are required.
OPTIONAL	Problem-Based Learning (PBL)	Expertise teaching highly interactive, small group learning environments. Case-based, with experience developing and teaching case scenarios for simulation labs preferred. Other workshop-oriented designs may be accommodated. A typical PBL room is set for 50-100 participants, with 7-8 each per round table. Please describe your interest and plan for teaching a PBL on your proposal form.

Professional Practice Gap	**Learning Objective(s) that will close the gap and meet the need**	**Outcome Being Measured**
• Although family physicians may not intentionally discriminate against patients of specific sexual orientations or gender identities, they still may require additional tools or resources to appropriately address and manage patients of the gay, lesbian, bisexual or transgender (LGBTQ) community. • While certain elements of care for LGBTQ patients are no different than what is included in a family physician's usual scope of care (e.g., diet/exercise, substance abuse, mental health), other topics have a higher incidence among LGBTQ patients and may be of particular concern to family physicians (e.g., STDs, HIV, mental health, obesity, eating disorders). Family physicians should therefore be prepared to offer a standard of treatment	1. Identify strategies to create affirming and competent clinical spaces, history taking, physical exam, screening, and communication with LGBTQ youth and their families 2. Establish protocols for monitoring psychosocial well-being of LGBTQ adolescent patients. 3. Become familiar with consent and confidentiality issues related to sexual orientation and gender identify of minors. 4. Offer education, support, and referral to mental health providers as indicated for those with evidence of gender dysphoria; coexisting anxiety, depression, or suicidality; or significant interpersonal conflicts with peers (e.g., bullying) or parents.	Learners will submit written commitment to change statements on the session evaluation, indicating how they plan to implement presented practice recommendations.

that is inclusive of heterosexual men and women and those in the LGBTQ community. • Family physicians should assess their level of training in caring for transgender patients, as many may not be familiar with or may not have been exposed to such individuals. As such, they should be prepared to offer unique elements of care or referral to sub-specialists for counseling or surgical services or management of hormonal medications. • In offering care to all LGBTQ patients, family physicians should prepare to discuss family dynamics and interactions, community support groups and resources, conflict management and specific health issues.		

ACGME Core Competencies Addressed (select all that apply)

X	Medical Knowledge		Patient Care
X	Interpersonal and Communication Skills		Practice-Based Learning and Improvement
	Professionalism		Systems-Based Practice

Faculty Instructional Goals

Faculty play a vital role in assisting the AAFP to achieve its mission by providing high-quality, innovative education for physicians, residents and medical students that will encompass the art, science, evidence and socio-economics of family medicine and to support the pursuit of lifelong learning. By achieving the instructional goals provided, faculty will facilitate the application of new knowledge and skills gained by learners to practice, so that they may optimize care provided to their patients.

- Provide up to 3 evidence-based recommended practice changes that can be immediately implemented, at the conclusion of the session; including SORT taxonomy & reference citations
- Facilitate learner engagement during the session
- Address related practice barriers to foster optimal patient management
- Provide recommended journal resources and tools, during the session, from the American Family Physician (AFP), Family Practice Management (FPM), and Familydoctor.org patient resources; those listed in the References section below are a good place to start
    - Visit http://www.aafp.org/journals for additional resources

  - Visit http://familydoctor.org for patient education and resources
- Provide strategies to create affirming and competent clinical spaces, history taking, physical exam, screening, and communication with LGBTQ youth and their families
- Provide recommendations for establishing protocols for monitoring psychosocial well-being of LGBTQ adolescent patients.
- Provide resources to help physician-learners offer education, support, and referral to mental health providers as indicated for those with evidence of gender dysphoria; coexisting anxiety, depression, or suicidality; or significant interpersonal conflicts with peers (e.g., bullying) or parents.
- Explain consent and confidentiality issues related to sexual and reproductive health care for minors and young adults.
- Provide recommendations for adjusting intake forms, charts, and EHR records to more accurately reflect LGBTQ patient status.
- Provide strategies and resources for developing staff training to increase LGBTQ cultural competencies.
- Provide evidence-based recommendations for screening LGBTQ patients for health conditions, for which they are at high risk
- Provide specific evidence-based recommendations to establish standard treatment protocols for treatment of common health conditions and comorbidities experienced by LGBTQ patients
- Provide examples of community-based and patient resources for LGBTQ patients who may require support or conflict management.
- Provide recommendations to maximize office efficiency and guideline adherence to the care and management of LGBTQ patients.

Needs Assessment:

*Note – for the purposes of this education, faculty are instructed to place more emphasis on best practices for the care and management of LGBTQ adolescent patients; with at most, a brief overview of the social context and developmental challenges of LGBTQ youth, and the impact on their lives

The health care of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) adolescent patients may not be a component that family physicians are prepared for or incorporate into their practice. The American Academy of Family Physicians (AAFP) asserts in its policy on patient discrimination that discrimination in any form – including sexual orientation and gender identity – is unethical.[1] The AAFP further acknowledges that some physicians may require access to resources for further education and training on how to appropriately manage LGBTQ issues in the healthcare setting. Sexual-minority youth are often challenged by suicidality, body-image distortion, substance abuse, and high-risk sexual behavior, in part because of the effects of unsupportive environments.[2] Physicians themselves often have differing views on whether gender nonconformity should be regarded as a normal variation of gender expression, a medical condition, or a psychiatric disorder.[3]

CME outcomes data from 2012-2015 AAFP FMX (formerly Assembly): *Gay, Lesbian, Bisexual, and Transgender Issues* sessions suggest that physicians have knowledge and practice gaps with regard to modifying intake forms, charts, and EHR records to be more accurately reflect LGBTQ status; improving physician-patient communication to help LGBTQ patients feel more comfortable discussing concerns; educating staff to increase LGBTQ cultural competencies; managing hormone treatments in office; creating/modifying patient handouts to be more inclusive of LGBTQ community; providing more complete health screenings, specific to the needs of LGBTQ patients; being aware of LGBTQ-specific clinical guidelines; and becoming more aware of community resources for LGBTQ patients.[4-7]

More specifically, learners from two *Gay, Lesbian, Bisexual, and Transgender Issues* sessions at the 2015 FMX, using an ARS, identified their most significant educational need as:[4]

- (14.8%) How to reduce the barriers to medical care
- (27.2%) How to provide transgender care
- (11.1%) The health disparities affecting them
- (9.9%) How to train clinic staff
- (37.0%) Get updates on new developments and recommendations

This data suggest the future CME should focus on updates and new developments, and how to effectively deliver appropriate care for transgender patients.

A review of the literature reveals several health disparities in the LGBTQ community:[8-18,19]

- Significant health disparities exist in the LGBTQ community in terms of mental health services.
- Physicians are frequently uncomfortable eliciting information about sexual orientation and gender identity from their patients through thoughtful, nonjudgmental discussion and history-taking.
- LGBTQ adolescents are at an increased risk of being bullied.
- LGBTQ adolescents have greater vulnerability to a wide range of health, mental health, and social problems such as eating disorders, sexually transmitted diseases, school difficulties, forced sex, homelessness, violence and suicide.
- Stigmatization, ostracism, and parental rejection remain common; resulting struggles with self-image and self-esteem put sexual minority youth at risk
- LGBTQ adolescents are 2 to 3 times more likely to attempt suicide.
- LGBTQ adolescents are more likely to be homeless.
- Transgender individuals have a high prevalence of HIV/STDs, victimization, mental health issues, and suicide and are less likely to have health insurance than heterosexual or LGBTQ individuals.
- LGBTQ populations have the highest rates of tobacco, alcohol, and other drug use.
- Women who have sex with women (WSW) are less likely to initiate human papillomavirus (HPV) vaccination that their age-matched heterosexual peers
- 4 in 10 LGBT youth (42%) say the community in which they live is not accepting of LGBT people
- LGBT youth are twice as likely as their peers to say they have been physically assaulted, kicked or shoved at school

- 26% of LGBT youth say their biggest problems are not feeling accepted by their family, trouble at school/bullying, and a fear to be out/open
- 19% to 29% of gay and lesbian students and 18% to 28% of bisexual students experienced dating violence in the prior year.
- 14% to 31% of gay and lesbian students and 17% to 32% of bisexual students had been forced to have sexual intercourse at some point in their lives

The Gay and Lesbian Medical Association, the world's largest and oldest organization of LGBTQ healthcare professionals, notes that "there is still considerable ignorance about LGBTQ health issues, with many assuming that LGBTQ health involves only HIV/AIDS. In fact, the full scope of the LGBTQ health agenda includes breast and cervical cancer, hepatitis, mental health, substance abuse, tobacco use, depression, access to care for transgender persons, and other concerns."[20] While many of these are elements that a family physician assesses in his or her usual scope of care, there are additional topics that should be discussed with a healthcare provider. The Institute of Medicine (IOM) indicates that the primary risk factors for LGBTQ patients are stigma, victimization, violence, substance use, childhood abuse; and discrimination, including perceived discrimination by health care providers, which may be a significant barrier to access to and utilization of health care services.[21]

Despite the IOM recommendations and official American Public Health Association policies recommendations that opportunities be expanded to increase public health practitioners' knowledge of minority health issues, there remains substantial variation in the quality of planned curricula, offered in medical schools, that address comprehensive lesbian, gay, bisexual, and transgender health.[21-23] The American Academy of Family Physicians (AAFP) recommends that all family medicine residents should possess the following competencies:[24]

- Be able to communicate effectively and sensitively with the LGBTQ 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)
- Be able to take a comprehensive health history of the LGBTQ patient, including a detailed social and sexual history, including transitional health care both within and outside of a medical setting. (Patient Care, Medical Knowledge)
- Be able to perform a systematic physical examination of the LGBTQ patient, including a comprehensive breast, pelvic/urogenital, rectal and prostate exam, as deemed appropriate by the organs present. (Patient Care, Medical Knowledge)
- Be able to demonstrate effective primary care counseling skills for the psychosocial, behavioral, sexual and reproductive issues of the LGBTQ patient. (Patient Care, Interpersonal and Communication Skills)
- Be able to develop recommendations for appropriate screening tests, health risk factor reduction, and wellness support (based on relevant guidelines) for the LGBTQ patient. (Medical Knowledge, Practice-based Learning)
- Be able to craft patient-centered treatment plans and coordinate care for common conditions affecting the LGBTQ 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)

Transgender individuals may present additional challenges for some family physicians because they may not have had exposure to such patients. Physicians should also be knowledgeable of the changes with regard to transgender individuals in the DSM-V, which aims to avoid stigma by replacing the diagnostic name "gender identity disorder" with "gender dysphoria", defined as people whose gender at birth is contrary to the one they identify with.[25] Physicians are also often not be comfortable addressing gender reassignment (which encompasses counseling, hormonal medications and surgery).[26] Thus, family physicians that provide care for transgender patients may be asked to offer guidance on surgery options, injectable or oral medications (particularly estrogen in men seeking female reassignment) and counseling services. Family physicians can also use the opportunity in treating transgender (and gay, lesbian and bisexual) patients to address other issues that may be prevalent in the LGBTQ community, such as educating family members, finding community resources and support groups, and discussing potential conflicts around specific health issues. If family physicians face uncertainty about treatment of patients in the LGBTQ community, they can provide referral to additional health care providers, community services or resources to aid the medical management of this particular population of patients.

Physicians may improve their care of LGBTQ patients by engaging in continuing medical education that provides practical integration of current evidence-based guidelines and recommendations into their standards of care, including, but not limited to the following:[2,27-37]

- The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
- The AAFP recommends high-intensity behavioral counseling to prevent sexually transmitted infections (STIs) for all sexually active adolescents and for adults at increased risk for STIs.
- The AAFP concludes that the current evidence is insufficient to assess the balance of benefits and harms of behavioral counseling to prevent STIs in non-sexually active adolescents and in adults not at increased risk for STIs
- The AAFP recommends screening for chlamydial infection for all sexually active non-pregnant young women aged 24 and younger and for older non-pregnant women who are at increased risk.
- The AAFP recommends that clinicians screen all sexually active women, including those who are pregnant, for gonorrhea infection if they are at increased risk for infection (that is, if they are young or have other individual or population risk factors); see clinical consideration for further discussion of risk factors
- The AAFP concludes there is insufficient evidence to recommend for or against screening for gonorrhea infection in pregnant women who are not at increased risk for infection; see clinical consideration for further discussion of risk factors.
- The AAFP recommends against routine screening for gonorrhea infection in men and women who are at low risk for infection; see clinical consideration for further discussion of risk factors.
- The AAFP recommends that clinicians screen adolescents and adults ages 18 to 65 years for HIV infection. Younger adolescents and older adults who are at increased risk should also be screened. See the Clinical Considerations for more information about screening intervals

- The AAFP recommends that clinicians screen all pregnant women for HIV, including those who present in labor whose HIV status is unknown. See the Clinical Considerations for more information about screening intervals.
- The AAFP strongly recommends that clinicians screen persons at increased risk for syphilis infection.
- The AAFP recommends that clinicians screen all pregnant women for syphilis infection
- The AAFP recommends screening adults for depression when staff-assisted depression care supports are in place to assure accurate diagnosis, effective treatment, and follow-up.
- GLMA: Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients
- A comprehensive diagnostic evaluation should include an age-appropriate assessment of psychosexual development for all youths.
- The need for confidentiality in the clinical alliance is a special consideration in the assessment of sexual and gender minority youth.
- Family dynamics pertinent to sexual orientation, gender nonconformity, and gender identity should be explored in the context of the cultural values of the youth, family, and community.
- Clinicians should inquire about circumstances commonly encountered by youth with sexual and gender minority status that confer increased psychiatric risk.
- Clinicians should aim to foster healthy psychosexual development in sexual and gender minority youth and to protect the individual's full capacity for integrated identity formation and adaptive functioning.
- A sexual history should be taken using the “five Ps”: partners, practices, prevention of STDs, past history of STDs, and prevention of pregnancy.
- Physicians should provide lesbians and bisexual women with education about STDs and should offer STD testing.
- Physicians should advise patients to use barrier protection when engaging in oral–genital contact or vaginal penetration with the fingers or a latex sex toy.
- Screening for cervical cancer in lesbians and bisexual women should be carried out according to the recommendations for women in general.
- Physicians can reassure parents that children who grow up with one or two gay or lesbian parents do not differ in emotional, cognitive, social, or sexual functioning compared with children whose parents are heterosexual.
- Physicians should screen lesbians and bisexual women for intimate partner violence.
- Physicians should identify life stressors in lesbians and bisexual women and screen for depression and suicidal ideation.
- Clinicians should be aware that there is no evidence that sexual orientation can be altered through therapy, and that attempts to do so may be harmful.
- Clinicians should be aware of current evidence on the natural course of gender discordance and associated psychopathology in children and adolescents in choosing the treatment goals and modality.
- Clinicians should be prepared to consult and act as a liaison with schools, community agencies, and other health care providers, advocating for the unique needs of sexual and gender minority youth and their families.
- CDC Pre-Exposure Prophylaxis (PrEP) Guidelines[38]

- Offer vaccinations for hepatitis A and B viruses (if not previously vaccinated) and for human papillomavirus for all MSM through 26 years of age.
- Offer meningococcal vaccine for MSM with at least one other risk factor (e.g., medical, occupational, lifestyle).
- Consider preexposure prophylaxis for MSM at very high risk of contracting human immunodeficiency virus because of factors such as multiple or anonymous sex partners.
- Consider postexposure prophylaxis for MSM who report a recent high-risk exposure to human immunodeficiency virus.
- Screen MSM for sexually transmitted infections at least annually or more often as necessitated by level of risk.

Physicians should also be familiar with current approaches to treating gender-nonconforming children and adolescents from the:

- Endocrine Society[39]
- American Academy of Child and Adolescent Psychiatry[40]
- World Professional Association for Transgender Health[41]

Specifically, the American Academy of Pediatrics (AAP) makes the following evidence-based recommendations:[10]

- Physicians' offices should be teen-friendly and welcoming to all adolescents, regardless of sexual orientation and behavior; this includes training all office staff and ensuring that office forms do not presume heterosexuality of patients (or parents).
- If a physician does not feel competent to provide specialized care for sexual minority teenagers and their families, he or she has the responsibility to evaluate families and then refer for medically appropriate care.
- Physicians who provide care to sexual minority youth should follow prevention and screening guidelines as outlined in Bright Futures.
- All adolescents should have a confidential adolescent psychosocial history. Verbal histories and/or written questionnaires should use a gender-neutral approach. Screening and referral for depression, suicidality, other mood disorders, substance abuse, and eating disorders should be included.
- LGBTQ adolescents and MSM and WSW should have sexual behaviors and risks assessed and should be provided STI/HIV testing according to recommendations in the most recent sexually transmitted diseases treatment guidelines from the CDC.
- Contraception, including use of emergency contraceptives, should be offered to women regardless of their stated sexual orientation, and the importance of consistent condom/dental dam use should be discussed.
- Strengths, resources, and risks should be assessed, and targeted behavioral interventions should be implemented to allow the adolescent to maximize strengths and acknowledge and minimize risky behaviors.
- Physicians should be available to answer questions, to correct misinformation, and to provide the context that being LGBTQ is normal, just different.
- Transgender adolescents need to be supported and affirmed; they need education and referral for the process of transition and about avoiding the pitfalls of using treatments that were not prescribed by a licensed physician.

- Physicians should support parents in working through adjustment issues related to having a child who is LGBTQ while continuing to demonstrate love and support for their children.
- Physicians should support or create gay-straight alliances at schools and support the development and enforcement of zero-tolerance policies for homophobic teasing, bullying, harassment, and violence.
- Physicians should educate themselves about organizations that serve sexual minority youth and families in local communities and national organizations with information, support Web sites, and hotlines.

These recommendations are provided only as assistance for physicians making clinical decisions regarding the care of their patients. As such, they cannot substitute for the individual judgment brought to each clinical situation by the patient's family physician. As with all clinical reference resources, they reflect the best understanding of the science of medicine at the time of publication, but they should be used with the clear understanding that continued research may result in new knowledge and recommendations. These recommendations are only one element in the complex process of improving the health of America. To be effective, the recommendations must be implemented. As such, physicians require continuing medical education to assist them with making decisions about specific clinical considerations.

Resources: Evidence-Based Practice Recommendations/Guidelines/Performance Measures

- Communicating Effectively with Transgender Patients[42]
- Care of a Transgender Adolescent[2]
- CDC Pre-Exposure Prophylaxis (PrEP) Guidelines[38]
- Updated recommendations from the world professional association for transgender health standards of care[43]
- Transgender care resources for family physicians[26]
- Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents[28]
- AAP Office-based care for lesbian, gay, bisexual, transgender, and questioning youth[10]
- Guidelines for the primary care of lesbian, gay, and bisexual people: a systematic review[44]
- CDC Special populations. In: Sexually transmitted diseases treatment guidelines[45]
- Provision of Contraception: Key Recommendations from the CDC[46]
- Human Rights Campaign: Resources: LGBTQ Cultural Competence (numerous guidelines & recommendations for care, intake forms, etc.)[47]
- Achieving a more minority-friendly practice[48]
- CDC Lesbian, Gay, Bisexual and Transgender Health (provider & patient resources)[49]
- AAFP Transgender Health Resources[50,51]
- (ACOG) Transgender Health Resource Guide[52]
- Introducing Sexual Orientation and Gender Identity Into the Electronic Health Record: One Academic Health Center's Experience[53]
- Adding health education specialists to your practice[54]

- Envisioning new roles for medical assistants: strategies from patient-centered medical homes[55]
- The benefits of using care coordinators in primary care: a case study[56]
- Engaging Patients in Collaborative Care Plans[57]
- The Use of Symptom Diaries in Outpatient Care[58]
- Health Coaching: Teaching Patients to Fish[59]
- Medication adherence: we didn't ask and they didn't tell[60]
- Encouraging patients to change unhealthy behaviors with motivational interviewing[61]
- Integrating a behavioral health specialist into your practice[62]
- Improving Patient Care: Cultural Competence[63]
- Simple tools to increase patient satisfaction with the referral process[64]
- FamilyDoctor.org. Homosexuality: Facts for Teens (patient education)[65]
- FamilyDoctor.org. Tobacco Addiction | Overview (patient education)[66]
- FamilyDoctor.org. Depression (patient education)[30]
- FamilyDoctor.org. Sexually Transmitted Infections (STIs) | Overview (patient education)[67]
- FamilyDoctor.org. HIV and AIDS | Overview (patient resource)[68]

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