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FAMILY PHYSICIANS

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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. Attitudes, behaviors, 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 family medicine curriculum must include structured experience in several specified areas. Much of the resident's knowledge will be gained by caring for ambulatory patients who visit the family medicine center, although additional experience gained in various other settings (e.g., an inpatient setting, a patient's home, a long-term care facility, the emergency department, the community) is critical for well-rounded residency training. The residents should be able to develop a skillset and apply their skills appropriately to all patient care settings.

Structured didactic lectures, conferences, journal clubs, and workshops must be included in the curriculum to supplement experiential learning, with an emphasis on outcomes-oriented, evidence-based studies that delineate common diseases affecting patients of all ages. Patient-centered care, and targeted techniques of health promotion and disease prevention are hallmarks of family medicine and should be integrated in all settings. Appropriate referral patterns, transitions of care, and the 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.

Please note that the term “manage” occurs frequently in AAFP Curriculum Guidelines. “Manage” is used in a broad sense to indicate that the family physician takes responsibility for ensuring that optimal, complete care is provided to the patient. This does not necessarily mean that all aspects of care need to be directly delivered personally by the family physician. Management may include appropriate referral to other health care providers, including other specialists, for evaluation and treatment.

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, behaviors, 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 and Behaviors

The resident should demonstrate attitudes and behaviors 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
- Recognition 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, with consideration of how a person's sexual orientation or gender identity may impact the relationship with the family of origin
- 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
- Awareness of challenges faced by LGBT health care professionals, including:
 - Stress of decision making concerning coming out to peers, colleagues, and/or patients
 - Consequences of coming out in terms of professional advancement
 - Lack of mentors to offer guidance in professional issues surrounding LGBT identity

Knowledge

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

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. Screening at-risk individuals for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)

- a. Knowledge of the Centers for Disease Control and Prevention (CDC) recommendations for appropriate candidates for PrEP and nPEP usage
 - b. Ability to provide PrEP and nPEP as part of a comprehensive risk-reduction strategy
6. Appropriate immunizations for LGBT patients as recommended by the Advisory Committee on Immunization Practices (ACIP)
 - a. Include consideration of hepatitis A, hepatitis B, meningococcal, and human papillomavirus (HPV) vaccination (until age 26) for at-risk MSM patients
 7. 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
 - a. Recognition of the role of Pap smears per current guideline recommendations for all patients at risk for cervical cancer, based on organs and tissues present
 - b. Knowledge of anal Pap smears, including current controversy within the medical literature in regard to anal Pap smear collection
 8. Knowledge of CDC-recommended annual sexually transmitted infection (STI) screenings based on sexual behavior, including HIV screening recommendations
 - a. HIV screening recommended annually for all MSM and transgender patients, with increased frequency for those patients at higher risk
 - b. HIV screening recommended for all other patients at least once in lifetime
 9. Unique health care needs of transgender patients, including:
 - a. Existence of controversy surrounding “gender dysphoria” as a mental health diagnosis versus the access to care that an official diagnosis facilitates
 - b. Difference between social transition (e.g., name, clothing style, presentation) and phenotypic transition (i.e., medical or surgical treatment)
 - c. 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)
10. Compounded needs of LGBT “special populations,” including youth, the elderly, people with disabilities, same-sex parents, people of color, and abuse survivors
 11. 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
 12. 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
 13. 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] 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

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 physical examination
 - a. Ability to conduct a physical examination that is sensitive to the needs/medical history of a transgender patient
 - b. Ability to perform anoscopy
 - c. Ability to collect cervical and anal Pap smears
 - d. Understanding of collection techniques for STI testing, including testing of the oropharynx, urethra, and rectum
9. Assessing one’s own LGBT-related bias and addressing it by pursuing knowledge and experiences, and actively working to lessen the impact of bias
10. 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
11. Responding effectively to witnessed bias toward an LGBT patient or colleague

12. 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
13. 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
14. 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 and should not be relegated solely to modules on psychiatry, sexuality, or HIV.
- LGBT health curriculum can 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, and 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, attitudes, and behaviors 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 ensure even LGBT patient distribution, while respecting patients' explicit requests to be assigned to an LGBT or special-interest health care professional.

- 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.
- All clinics and programs should perform appropriate outreach to the LGBT community in order to welcome patients, faculty, residents, and staff. Residents should be exposed to faculty and administrative leaders who model appropriate communication with and care of LGBT individuals.

Resources (organized by primary category)

[secondary categories appear in brackets]

Major Organization/General

[Resources for Major Organization/General]

LGBT Health. Mary Ann Liebert, Inc; New Rochelle, NY. [data research]
<http://www.liebertpub.com/overview/lgbt-health/618/>. Accessed August 16, 2016.

Out2Enroll: the Affordable Care Act and LGBT communities. Baltimore, Md.: Hopkins Center for Health Disparities Solutions; November 2013.
http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/Events/Hopkins%20Out2Enroll%20webinar_final.pdf. Accessed August 16, 2016.

[Website Resources for Major Organization/General]

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

Fenway Health. www.fenwayhealth.org/

GLMA: Health Professionals Advancing LGBT Equality. www.glma.org/

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

National Coalition for LGBT Health. www.healthhiv.org/sites-causes/national-coalition-for-lgbt-health/

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

Policy Statements

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American Medical Association (AMA). H-295.878 Eliminating health disparities—promoting awareness and education of lesbian, gay, bisexual, and transgender (LGBT) health issues in medical education. [education] <https://searchpf.ama-assn.org/SearchML/searchDetails.action?uri=%2FAMADoc%2FHOD.xml-0-2177.xml>. Accessed August 16, 2016.

Association of American Medical Colleges (AAMC). Joint AAMC-GSA and AAMC-OSR recommendations regarding institutional programs and educational activities to address the needs of gay, lesbian, bisexual, and transgender (GLBT) students and patients. Washington, DC: AAMC; 2007. [education]

Committee on Lesbian, Gay, Bisexual and Transgender Health Issues and Research Gaps and Opportunities; Board on the Health of Select Populations; Institute of Medicine. The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding. Washington, DC: The National Academies Press; 2011. [data/research]

<http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>. Accessed August 16, 2016.

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

HealthyPeople.gov. 2020 Topics & Objectives: Lesbian, Gay, Bisexual, and Transgender Health. [data/research] www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health

Clinical

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<http://www.tandfonline.com/doi/abs/10.1080/15532739.2011.675233>. Accessed August 16, 2016.

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Gay and Lesbian Medical Association (GLMA). Guidelines for care of lesbian, gay, bisexual, and transgender patients. Washington, DC: GLMA; 2006. [http://glma.org/_data/n_0001/resources/live/GLMA guidelines 2006 FINAL.pdf](http://glma.org/_data/n_0001/resources/live/GLMA_guidelines_2006_FINAL.pdf). Accessed August 16, 2016.

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Informed Consent for Access to Trans Health (ICATH). [transgender] www.icath.org/

University of California, San Francisco (UCSF) Center of Excellence for Transgender Health. Guidelines for the primary and gender-affirming care of transgender and gender nonbinary people. [transgender]
www.transhealth.ucsf.edu/protocols

U.S. Department of Health and Human Services. Health & Well-being for Lesbian, Gay, Bisexual and Transgender Americans. www.hhs.gov/programs/topic-sites/lgbt/index.html#

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The Fenway Institute. The National LGBT Health Education Center. Learning Modules. www.lgbthealtheducation.org/training/learning-modules/

GLMA: Health Professionals Advancing LGBT Equality. Cultural Competence Webinar Series: Quality Healthcare for Lesbian, Gay, Bisexual, and Transgender People.

www.glma.org/index.cfm?fuseaction=Page.viewPage&pageId=1025&grandparentID=534&parentID=940&nodeID=1

National LGBT Cancer Network. Reexamining LGBT Healthcare. www.cancer-network.org/cultural_competence_training/

Physicians for Reproductive Health. Adolescent Reproductive and Sexual Health Education Program (ARSHEP) modules: Caring for Transgender Adolescents. [youth] <http://prh.org/teen-reproductive-health/arshep-downloads/#transgender>

Physicians for Reproductive Health. Adolescent Reproductive and Sexual Health Education Program (ARSHEP) modules: Lesbian, Gay, Bisexual, Transgender, and Questioning Youth. [youth] <http://prh.org/teen-reproductive-health/arshep-downloads/#lgbtq>

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<http://lgbtpopulationcenter.org/>

Mautner Project of Whitman-Walker Health. [WSW] www.whitman-walker.org/mautnerproject

National Center for Transgender Equality. [transgender] <http://transequality.org>

Stanford University School of Medicine. LGBT Medical Education Resource Group.
[education] <http://med.stanford.edu/lgbt/>

Geriatrics

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Simone MJ, Appelbaum JS. Addressing the needs of older lesbian, gay, bisexual, and transgender adults. *Clin Geriatr*. 2011;19(2):38-45.

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FORGE. Transgender Aging Network (TAN). Trans Aging. [transgender] <http://forge-forward.org/aging/>

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

Services & Advocacy for Gay, Lesbian, Bisexual, & Transgender Elders (SAGE).
www.sageusa.org

Health Care Professionals

[Website Resources for Health Care Professionals]

The Association of Lesbian, Gay, Bisexual, and Transgender Addiction Professionals and Their Allies (NALGAP). [mental health/substance abuse]
www.nalgap.org/

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/the-center-transyouth-health-and-development

Fenway Health. www.fenwayhealth.org/

Hartford Gay and Lesbian Health Collective (HGLHC). www.hglhc.org/

Howard Brown Health Center. www.howardbrown.org/

Los Angeles LGBT Center. www.lalgbtcenter.org/

Lyon-Martin Health Services. www.lyon-martin.org

Mazzoni Center. <http://mazzonicenter.org/>

Whitman-Walker Health. www.whitman-walker.org/

First Developed 7/2012 by STFM Group on LGBT Health

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Revised 8/2016 by Bayfront Health St. Petersburg, FL

Addendum 1: Glossary of Terms

LGBT – Overarching abbreviation for lesbian, gay, bisexual, and transgender. Equivalent to GLBT. The letters “QQI” (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; and type and function of hormone receptors, gonads, and internal reproductive organs, which 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 identify that is not traditionally male or female, but may be between, beyond, or neither of these genders

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

WSW – Women who have sex with women. This is a 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 Health. This organization’s 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?
