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Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators



Executive Summary

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This report was produced by the AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development, which helps the academic medicine community advance the health care of individuals who are LGBT, gender nonconforming, or born with a difference of sex development.

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Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD

A Resource for Medical Educators

First Edition, 2014

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List of Abbreviations

- AAMC:** Association of American Medical Colleges
AASECT: American Association of Sexual Educators, Counselors, and Therapists
ABIM: American Board of Internal Medicine
ABMS: American Board of Medical Specialties
ACGME: Accreditation Council for Graduate Medical Education
AMA: American Medical Association
AMSA: American Medical Student Association
CE: Continuing Education
CEX: Clinical Evaluation Exercise
CEU: Continuing Education Unit
CIR: Curricular Inventory and Reports
CME: Continuing Medical Education
CBME: Competency-Based Medical Education
CPI: Campus Pride Index
DSD: Differences of Sex Development
DSM: Diagnostic and Statistical Manual of Mental Disorders
EBM: Evidence-Based Medicine
EPA: Entrustable Professional Activities
FtM: Female to Male
GB: Gay and Bisexual
GLMA: Gay and Lesbian Medical Association
GME: Graduate Medical Education
GQ: Graduation Questionnaire
GSA: Group on Student Affairs
HBIGDA: Harry Benjamin International Gender Dysphoria Association
HEI: Healthcare Equality Index
HRC: The Human Rights Campaign
ICM: Introduction to Clinical Medicine
LB: Lesbian and Bisexual
LCME: Liaison Committee on Medical Education
LGB: Lesbian, Gay, and Bisexual
LGBT: Lesbian, Gay, Bisexual, and Transgender
LGBTI: Lesbian, Gay, Bisexual, Transgender, and Intersex
LGBTQ: Lesbian, Gay, Bisexual, Transgender, and Queer
LGBTQI: Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MERG: Medical Education Research Group
MSLS: Medical Student Life Survey
MSM: Men who have Sex with Men
MtF: Male to Female
PBL: Problem-Based Learning
PBLI: Problem-Based Learning Initiative
PPM: Professionalism and the Practice of Medicine
QIKAT: Quality Improvement Knowledge Assessment Tool

OSCE: Objective Structured Clinical Exam

OSR: Organization of Student Representatives

RIME: Reporter, Interpreter, Master, and Educator

SAGE: Services and Advocacy for GLBT Elders

SAMHSA: Substance Abuse and Mental Health Services Administration

SSSS: Society for the Scientific Study of Sexuality

STI: Sexually Transmitted Infection

TACCT: Tools for Assessing Cultural Competency Training

UME: Undergraduate Medical Education

WPATH: World Professional Association for Transgender Health

WSW: Women who have Sex with Women



Foreword

Diversity in academic medicine today faces both exciting momentum and important challenges. A growing appreciation for diversity and inclusion as drivers of excellence is coupled with the charge of building and sustaining the capacity to positively affect health care for all. In addition, significant legal and societal advances have resulted in encouraging improvements in the health and well-being of lesbian, gay and bisexual (LGB) members of the population. Still, disparities persist both in the delivery of quality health care and in the health outcomes experienced by people in these populations. Transgender individuals and people born with differences of sex development (DSD) face even greater difficulties in obtaining compassionate, evidence-based, and patient-centered care.

In response to these disparities, the Association of American Medical Colleges (AAMC) convened a multidisciplinary team of experts to form the AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development. Together, the AAMC and the committee have spearheaded the development of appropriate educational resources for undergraduate medical education in addressing the health needs of people who are or may be LGBT, gender nonconforming and/or born with DSD. After more than two years of work by some of the most respected voices in the relevant disciplines, you are now reading the result: *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. The committee's work represents one of many steps being taken by the AAMC to assist our member institutions in providing outstanding training to our nation's health care workforce and exemplary levels of care to diverse patient populations.

We believe this groundbreaking publication represents a significant advance towards ensuring that all people receive quality, equitable health care. Our goal is ambitious: to have this publication serve as a primary resource for the medical education community to use in determining whether trainees can provide clinically sound, culturally competent care to these patient populations. Our goal can be so ambitious because this publication is targeted, specific and, most of all, flexible and easily adapted to each institution's unique needs. The first of its kind, this publication provides support for medical school administrators, faculty, and students in learning about populations who are or may be LGBT, gender nonconforming and/or born with DSD, evaluating cultural climate, and facilitating the implementation and assessment of new curricula to address these important issues. Thank you for reading this publication; we look forward to continuing this valuable work in the years to come.



Marc A. Nivet, Ed.D., M.B.A.
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Preface

Understanding health disparities requires acknowledging that a greater burden of suffering exists for certain populations. Long-standing ethical and humanitarian foundations of medicine compel physicians and other health care providers to alleviate suffering in individuals and to advocate for social justice as a means to eliminate the structural sources of those disparities. Further, recent advances in health equity and diversity research have led medical schools and teaching hospitals to shift their education and training strategies to better serve diverse patient populations. Medical education, for example, is actively engaged in identifying the competencies necessary for future physicians to care for all patient populations, as is discussed in this publication.

Great strides have been taken nationally and globally to promote equality over the past several decades. Acts of violence against LGBT people are now recognized as hate crimes; federal employers can no longer deny jobs to LGBT individuals; and increasingly, states are recognizing same-sex marriage and adoption in support of LGBT couples and families. Despite these advances, people who identify as lesbian, gay, bisexual, transgender (LGBT) and/or gender nonconforming continue to experience health disparities. Individuals born with differences of sex development (DSD) have received little national attention, yet they too are burdened by distinct disparities. The challenges faced by individuals who are or may be LGBT, gender nonconforming, and/or born with DSD in accessing and receiving quality, personalized care commands the attention of all professions that are dedicated to human health.

The AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development first convened in 2012 and is proud to introduce *Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators*. This publication offers 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 people who are or may be LGBT, gender nonconforming, and/or born with DSD, whether those individuals are patients, trainees, faculty, and/or administrators. Inherent in this aim is the challenge to redefine health to affirm identity and sexuality as important components of personhood. These include not only sexual orientation and gender identity/expression, but also how these constructs interact with other aspects of identity and culture across the lifespan. The intersections of these identities create the spectrum of diversity among people who are or may be LGBT, gender nonconforming, and/or born with DSD-, and contribute to each individual's unique health needs.

As demonstrated by larger societal changes, now is the right time for a transformation in medical education. We believe this publication will equip health care-related educational institutions to make substantial strides paralleling the national movement toward equality for all people.

The members of the AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development look forward to supporting learners, educators, and institutions as they embark on this journey. Further, we invite the academic medicine community to join us in advancing curricular change to improve health care delivery, as outlined in **Chapter 7, Using AAMC's MedEdPORTAL to Advance Curricular Change.**

With best regards,

A handwritten signature in blue ink, appearing to read "Kristen L. Eckstrand". The signature is fluid and cursive.

Kristen L. Eckstrand, Ph.D.
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Acknowledgements

The AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development is grateful to a number of individuals for their direct assistance in the production of this publication:

Special thanks go to Marc A. Nivet, AAMC Chief Diversity Officer, whose commitment to a health care system that works for all led him to initiate this project, and to Tiffani St.Cloud of the Diversity Policy and Programs unit, who provided invaluable project management for our Advisory Committee, especially during the extra year of work we undertook after we decided to produce this publication. Marc's commitment and Tiffani's steady guidance and can-do attitude have been exemplary. Thanks also to the AAMC's Robert Englander for providing critical feedback on the discussion of competency-based education in Chapter 2 as well as the specific competencies we put forth in this document. We are also thankful to Jessica Vaughan for scheduling numerous meetings and conference calls and Sean Compas, Sara Hunt, Robby Reynolds, Michael Saleh, and Eric Wilkerson, AAMC staff members who assisted in bringing this project to fruition.

On request (and often on short notice), several individuals provided feedback on various chapters of this publication. These include: Kimberly D. Lomis, who provided thoughtful contributions on assessment and evaluation; Harvey J. Makadon and Shane Snowdon, who provided critical perspectives on the history of medical education; and Alison Alpert, who kindly shared focus group feedback on the original version of our proposed competencies. Brian Mavis posted our request for information on programs and services to the DR-ED listserv, bringing in contributions about a number of exciting programs we would have otherwise missed.

We are also grateful to Emily Paulsen, Darcy Lewis, and Elizabeth Gardner for their excellent editorial contributions to this publication, and for their hard and diligent work on an accelerated timeline. We also appreciate the efforts of Nikita Zeyfman, whose design talents transformed the text of our publication into the book you are reading today.

We would also like to thank the following health care providers and advocates for allowing themselves to be featured on the cover of this publication as well as participating in our upcoming faculty development video series on LGBT and DSD health care: lore dickey, Jamie Feldman, Jennifer "Jae" Goines, Leon "Lee" Jones, David Malebranche, Melanie Davis, Siddarth "Sid" Puri, and Barbara Warren. We are grateful to all of these people as well as to all who supported the work of individual committee members and the work of the committee as a whole.

Finally, the committee would like to extend a special thanks to the Josiah Macy Jr. Foundation for recognizing that academic medicine has a critical need for this resource and funding our work in collaboration with the AAMC.

Executive Summary

Great strides have been taken nationally and globally to advance the needs of people who are LGBT, gender nonconforming, and/or born with differences in sex development (DSD); however, these populations still face disparities in accessing and receiving health care. As demonstrated by larger societal changes, now is the right time for change. Addressing the unique health needs and health disparities of these populations necessitates action in all realms of the health care system, especially medical education.

The Association of American Medical Colleges (AAMC) convened the Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development in 2012 to develop a set of competencies for undergraduate medical education and to provide a framework for implementing and assessing these resources. Committee members represent multiple disciplines, including nursing, medicine, psychology, and the basic sciences; and multiple levels of training, from student to established clinical or research faculty. Combined, they have decades of experience supporting and advocating for the best patient care for individuals who are LGBT, gender nonconforming, and/or born with DSD. The members of this committee further bring to the table their own experiences as patients, many having faced the same disparities addressed in this publication.

With this foundation of multifaceted expertise, this publication serves to:

1. Provide education about the health needs of individuals who are LGBT, gender nonconforming, and/or born with DSD, and the role of academic medicine and the health care system in supporting these populations.
2. Support medical schools by discussing how to integrate this content into medical education, with a focus on the role of institutional climates.
3. Provide a framework to facilitate the assessment of learners, curricula, and institutions.
4. Highlight national resources and curricular innovations within academic medicine.

For this publication to succeed at these ambitious goals, the reader must understand the terminology used throughout and why the committee chose specific terms. The acronym “LGBT” is an umbrella term encompassing people who identify their sexual orientation as lesbian, gay, bisexual, and/or who identify their gender identity as transgender. While these may appear to be discrete categories, sexual orientation and gender identity exist along a continuum that has the potential to change over time. The diversity of terms used to describe the sexual orientations and gender identities along this continuum are as diverse as the members of these communities. So too are the terms people may use to describe their own sexual orientations and gender identities across the lifespan.

Differences of sex development also represent a diverse array of clinical entities that require differing levels of clinical care. While individuals born with DSD may identify as LGBT and/or gender nonconforming, many will identify as heterosexual and cisgender. This publication strives

to be sensitive to the diversity that can arise for each individual patient when considering sex, sexual orientation, sexual identity, sexual behavior, gender, gender identity, and gender expression. Indeed, sexual orientation and gender identity may not always align with a person's sex, sexual history, sexual practices, and sexual orientation, gender identity, and gender expression evolve over time.

While the terms "LGBT," "gender nonconforming," and "born with DSD" are adopted here, it is crucial that health care providers respect patients' self-identities and use their preferred terminology. Individuals who are or may be LGBT, gender nonconforming, and/or born with differences in sex development (DSD) are unique, complex, and each person deserves respect and comprehensive, sensitive health care.

This publication's utility is not limited to medical education, nor do readers require expertise in the health of individuals who are LGBT, gender nonconforming, and/or born with DSD. This publication is for anyone who wants to become more familiar with medical education and desires to use medical school curricula and climate to address the health disparities and health care issues faced by these populations. Chapters progress sequentially, each building on the content of the previous chapter to add additional layers of detail and understanding:

[Chapter 1: Laying the Foundation for Inclusion and Equality](#) introduces the language for inclusion and the health disparities faced by individuals who are LGBT, gender nonconforming, and/or born with DSD.

[Chapter 2: The Role of Medical Education and Health Care Professionals in Eliminating Health Disparities](#) discusses growing awareness of and changing attitudes towards the unique health care needs of these populations, and focuses on competency-based medical education as a tool for addressing disparities.

[Chapter 3: Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD](#) lays out recommended learning competencies for undergraduate medical students across eight domains of competence.

[Chapter 4: Integrating Competencies into Medical School Curricula to Improve Health Care For People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD](#) discusses the role that trainees, faculty, administrators, and institutional climate play in ensuring integration of the competencies into medical school curricula, and delineates specific examples of how competencies can be integrated using a variety of curricular modalities.

[Chapter 5: Clinical Scenarios and Discussion Points for Experiential Learning](#) provides clinical teaching cases and questions for learning that can be adapted to medical school curricula.

[Chapter 6: How to Assess Learners and Evaluate the Impact of Curricular and Climate Initiatives](#) discusses how curricula and programs are evaluated, how competency attainment can be assessed in learners, and how institutions can evaluate themselves to support an inclusive climate.

[Chapter 7: Using AAMC’s MedEdPORTAL® to Advance Curricular Change](#) introduces MedEdPORTAL as a venue for accessing and sharing curricular materials to enhance teaching about individuals who are or may be LGBT, gender nonconforming, and/or born with DSD.

[Chapter 8: Future Directions](#) highlights next steps for the integration, evaluation, and expansion of the material presented in this publication.

The Key Points for Each of These Chapters are:

Chapter 1

Laying the Foundation for Inclusion and Equality

Individuals who are LGBT, gender nonconforming, and/or born with DSD often experience challenges when interacting with the health care system.

These challenges may translate into disparities in the quality of care received and, subsequently, into health disparities.

Historically, disparities for LGBT and gender nonconforming persons arose from egregious discrimination, including the open pathologization of homosexual behavior.

Change began when larger social and political movements of the 1800s and 1900s slowly began to change societal perceptions of LGBT identities as “healthy.” Eventually, this led to homosexuality being fully de-classified as a mental disorder in the *Diagnostic and Statistical Manual of Mental Disorders*.

Significant structural, interpersonal, and individual stigma concerning homosexuality persists; efforts to “treat” homosexuality through so-called “reparative therapies” continue in some areas, even though most professional organizations recognize them as harmful to patients.

Individuals born with DSD have historically also suffered from a health care system that has reinforced cultural stigmas around sex and gender atypicality; this stigma has resulted in children diagnosed with DSD being subjected to highly invasive and even damaging medical and surgical interventions in an attempt to ensure sex and gender normalization.

Despite progress, disparities persist. These populations:

- Experience inadequate or inappropriate care ranging from unconscious bias to overtly discriminatory acts.
- Suffer from disparities in mental and behavioral health, physical health, and are more susceptible to risk-taking behaviors.
- The demand for medical education to train physicians to care for these populations is growing at a faster pace than materials can be developed to fulfill this demand.

Medical education can serve to:

- Increase health care professionals' awareness and knowledge of health risk and potential resiliency of LGBT and gender nonconforming individuals, and individuals born with DSD.
- Train students to provide high-quality, patient-centered care to people who are or may be LGBT, gender nonconforming, and/or born with DSD.
- Inspire students to be advocates for the health of individuals who are or may be LGBT, gender nonconforming, and/or born with DSD.
- Significant strides have been made in medical education, often as a result of hard work on the part of students and community health center workers.
- National medical organizations are listening to this need and are advocating for improvements in medical curricula to address the needs of individuals who are or may be LGBT, gender nonconforming, and/or born with DSD.

Chapter 2

The Role of Medical Education and Health Care Professionals in Eliminating Health Disparities

- LGBT individuals experience high rates of trauma—including discrimination, victimization, and violence—often beginning in childhood and persisting into old age.
- Understanding these experiences and their impact on the patient-provider relationship is of the utmost importance for all health care providers in order to provide comprehensive, sensitive, and optimal health care.

- Providers must understand an individual's reactions to trauma, how their responses may facilitate positive or negative health outcomes, and the key role health care providers can play in fostering resilience among patients.
- Even in the most optimal care environment, being a patient and/or having to cope with illness involve a level of exposure and vulnerability that most people find traumatic to some degree. This feeling is exacerbated among individuals who have experienced multiple, cumulative prior traumas.
- Patients responding to trauma may appear to providers as disengaged, unfriendly, defensive, and/or demanding, which can lead providers to respond reactively. A self-perpetuating pattern is thus set into play whereby a patient who is LGBT, gender nonconforming, or born with DSD avoids receiving care to avoid feelings of fear and discrimination. This, in turn, leads to the development of additional risk behaviors and adverse health outcomes.
- Providers can break this cycle by promoting resilience to foster positive health outcomes.
- Health professions' training programs are increasingly focused on assessing clinical competencies that demonstrate a learner's readiness for unsupervised practice; competency-based medical education (CBME) delineates what physicians must do to care for all patients using observable combinations of knowledge, skills, and attitudes across eight domains of competence.
- CBME can serve as an educational framework for addressing health disparities.

Chapter 3

Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

The Reference List of General Physician Competencies was adopted and expanded Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD, which appear in Chapter 3.

These competencies are built within eight existing competency domains:

1. Patient Care
2. Knowledge for Practice
3. Practice-Based Learning and Improvement
4. Interpersonal and Communication Skills
5. Professionalism
6. Systems-Based Practice
7. Interprofessional Collaboration
8. Personal and Professional Development

Chapter 4

Integrating Competencies into Medical School Curricula to Improve Health Care For People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

The scope of these competencies is broad, allowing latitude for individuals or institutions to examine their specific situations to determine how best to incorporate and evaluate the competencies.

Successful integration requires an inclusive climate, including:

- Broad institutional engagement
- Inclusive nondiscriminatory policies and practices
- Valuing and celebrating diversity
- Community outreach and engagement
- Technological infrastructure to support commitment to diversity

Trainees, faculty members, or administrators can each serve as champions at their institutions to support competency integration.

Trainees can:

- Support the development of curricular innovations
- Take on a research project with a defined, narrow scope to contribute to national and local data collection about curricular needs and assessment
- Advocate for inclusive curricula and climate

Faculty can:

- Identify barriers to competency inclusion
- Implement strategies for competency inclusion
- Identify strategies for influencing the curriculum outside of the classroom setting
- Mentor students in curricular improvement projects

Administrators can:

- Value cultural competency and diversity
- Ensure an inclusive culture and climate
- Support partnerships within the institution and community organizations
- Support champions

Competencies can be integrated across learning modalities, including didactic instruction, case-based and active learning, and in clinical rotations.

Each competency can be taught in a variety of ways with different clinical scenarios; diversity of topics and of learning modalities is important for effective training.

Any champion, regardless of training level, must be supported by professional and productive collaborations addressing curricular changes suited to their unique environments and, given the slow pace of change, the work of champions and any meaningful change must be positively recognized and prioritized to promote its sustainability.

Chapter 5

Clinical Scenarios and Discussion Points for Experiential Learning

Clinical scenarios provide an excellent opportunity for experiential learning.

Discussion points appropriate to student learning needs should accompany scenarios to facilitate exploration of ways to improve care for different populations.

This chapter consists of eight clinical scenarios with discussion points across a wide range of topics and clinical experiences:

1. Gender Nonconformity in a Prepubertal Child
2. Gender Dysphoria in an Adolescent
3. Iatrogenic Trauma in a Man Born with DSD
4. Possible DSD and Gender Dysphoria in an Adolescent
5. A Child with Two Lesbian Mothers and Two Gay Fathers
6. HIV Risk Behaviors in an Adult Man
7. A Straight Man Who Has Sex With Men and Women
8. A Transgender Man with a Pelvic Mass

Chapter 6

How to Assess Learners and Evaluate the Impact of Curricular and Climate Initiatives

Evaluation of the effectiveness of a curriculum is as important as the curriculum itself and should be designed as the program is being developed.

Several theoretical models are available for the evaluation of curricula/programs, learners, and institutions.

Curricular and program evaluation begins with curricular planning and preparation, before moving to teaching, data collection, reflection, analysis, and revision. Evaluation models can help guide assessment and the outcomes of interest.

Cost, perceived impact, and conformity with program objectives or goals all influence the evaluation process.

Assessment of learners demonstrates the effectiveness of curricula, and should have the following goals:

- To provide direction and motivation for continuous improvement and lifelong learning.
- To protect the public by upholding high professional standards and screening out learners who are incompetent or who need remediation.
- To provide a basis for selecting applicants for advanced training and positions of leadership, including the evaluation of attitudes, knowledge, skills, and competencies of learners.

Learner assessments should:

- Begin with the end goals in mind before delineating specific learning objectives, training methods, and assessment tools
- Use assessment methods chosen to evaluate learning gains congruent with learning objectives, type of instructional activity, and level of the learner
- Include a variety of assessment methods, including direct observation and incorporating the patient's voice.

Each school or training program should decide at what level (pre-clinical, clinical, residency, etc.) their students or residents should achieve mastery of specific learning objectives.

Institutional climate should be evaluated across five major categories:

1. Efforts to educate
2. Protections against mistreatment
3. Promotion of equality
4. Leadership and commitment
5. Welcoming patient care environment

Institutional diversity and inclusion can support students' ability to care for patients who are or may be LGBT, gender nonconforming, and/or born with DSD.

Chapter 7

Using AAMC's MedEdPORTAL® to Advance Curricular Change

MedEdPORTAL®, a free, online service provided by AAMC, is a powerful resource for sharing knowledge, publishing peer-reviewed health education tools and, ultimately, transforming health education.

MedEdPORTAL® provides health educators opportunities to access and publish educational materials that prepare tomorrow's physicians to provide better care to their patients, including individuals who are or may be LGBT, gender nonconforming, and/or born with DSD.

MedEdPORTAL is divided into three services:

1. *Publications*
2. *iCollaborative*
3. *CE Directory*

Publications peer reviews and publishes educational modules that represent various methodologies. These include standardized patient cases, team-based learning activities, faculty development sessions, assessment tools, and many others. All materials are fully classroom tested; authors earn a scholarly citation.

iCollaborative provides a platform for the easy sharing of materials across the health education community. AAMC encourages faculty, students, and administrators to submit their innovative ideas and materials for inclusion in this helpful resource.

CE Directory offers a listing of online continuing education activities developed by faculty or staff at a noncommercial health institution. These CE programs are officially certified by an accrediting body and may be completed in their entirety through the online learning format. Activity postings in the CE Directory include information about credit awarded and costs as well as direct links to the website of the institution hosting the online course.

Chapter 8

Future Directions

Adopting strategies outlined in this publication will accelerate more formal curricular and climate transformation to quickly improve care for patients who are or may be LGBT, gender nonconforming, and/or born with DSD.

This publication has application beyond physician education. Other health care disciplines, including but not limited to nursing, dentistry, physician assistants, psychology, and social work, are also key to providing comprehensive and sensitive health care to patients who are or may be LGBT, gender nonconforming, and/or born with DSD. Each of these disciplines has their own core learning competencies that students must master, and many of these competencies are similar to the competencies that form the core of this publication. The Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development believes that the principles, ideas, concepts, and roadmaps laid out in this publication can be easily adapted to serve the needs of champions leading change efforts in any health care profession.

The committee hopes that this publication will serve as a useful guide for much-needed change within and across all health care professions. By designing, implementing, and evaluating curricular inclusion efforts and effecting changes in institutional climate, together we can transform the education of tomorrow's health care providers. Through the effective teaching of health care trainees to be attentive and sensitive to the unique needs of each patient, we can further improve health care delivery and outcomes for patients who are or may be LGBT, gender nonconforming, and/or born with DSD.

Read the Complete Publication and Learn More

Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born with DSD: A Resource for Medical Educators is available as a free PDF.

Download the Complete Publication:

<http://www.aamc.org/lgbtdsd>

MedEdPORTAL LGBT and DSD Curriculum Project:

<http://www.mededportal.org/lgbt>

AAMC Diversity & Inclusion Initiatives

<http://www.aamc.org/diversity>



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