QUEERICULUM:
creating a culture of inclusion

Shana Zucker
8% refused care for being lesbian, gay, or bisexual

Center for American Progress, 2017
1 in 4 gender and/or sexual minority patients experienced discrimination in a healthcare setting

Center for American Progress, 2017
29% refused care for being trans* or gender non-conforming

Center for American Progress, 2017
23% of trans* or gender non-conforming did not seek care for fear of mistreatment

U.S. Transgender Survey, 2015
Question 30 of 31

You can select text in the case or question to highlight it.

Question

A homosexual man describes his 32-year-old, college educated partner of

Answer Choices

1. schizotypal personality disorder
2. AIDS-related dementia
3. delirium secondary to viral encephalitis
4. Alzheimer dementia with presenile onset
5. dementia from normal pressure hydrocephalus
Social Innovation Research

- Identify a problem
- Dive into the literature

Original Contribution
September 7, 2011

Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education

Juno Obedin-Maliver, MD, MPH; Elizabeth S. Goldsmith, BA; Leslie Stewart, MD; et al

Context Lesbian, gay, bisexual, and transgender (LGBT) individuals experience health and health care disparities and have specific health care needs. Medical education organizations have called for LGBT-sensitive training, but how and to what extent schools educate students to deliver comprehensive LGBT patient care is unknown.

Objectives To characterize LGBT-related medical curricula and associated curricular development practices and to determine deans’ assessments of their institutions’ LGBT-related curricular content.

Design, Setting, and Participants Deans of medical education (or equivalent) at 176 allopathic or osteopathic medical schools in Canada and the United States were surveyed to complete a 13-question, Web-based questionnaire between May 2009 and March 2010.

Main Outcome Measure Reported hours of LGBT-related curricular content.

Results Of 176 schools, 150 (85.2%) responded, and 132 (75.0%) fully completed the questionnaire. The median reported time dedicated to teaching LGBT-related content in the entire curriculum was 5 hours (interquartile range [IQR], 3-8 hours). Of the 132 respondents, 9 (6.8%; 95% CI, 2.5%-11.1%) reported 0 hours taught during preclinical years and 44 (33.3%; 95% CI, 25.3%-41.4%) reported 0 hours during clinical years. Median US allopathic clinical hours were significantly different from US osteopathic clinical hours (2 hours [IQR, 0-4 hours] vs 0 hours [IQR, 0-2 hours]; P = .008).

Although 128 of the schools (97.0%; 95% CI, 94.0%-99.9%) taught students to ask patients if they “have sex with men, women, or both” when obtaining a sexual history, the reported teaching frequency of 16 LGBT-specific topic areas in the required curriculum was lower: at least 8 topics at 83 schools (62.9%; 95% CI, 54.6%-71.1%) and all topics at 11 schools (8.3%; 95% CI, 3.6%-13.0%). The institutions’ LGBT content was rated as “fair” at 58 schools (43.9%; 95% CI, 35.5%-52.4%). Suggested successful strategies to increase content included curricular material focusing on LGBT-related health and health disparities at 77 schools (58.3%; 95% CI, 49.9%-66.7%) and faculty willing and able to teach LGBT-related curricular content at 67 schools (50.8%, 95% CI, 42.2%-59.3%).

Conclusion The median reported time dedicated to LGBT-related topics in 2009-2010 was small across US and Canadian medical schools, but the quantity, content covered, and perceived quality of instruction varied substantially.
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
I WANT TO BE A CATALYST for change.
The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self-Assessment for Health Providers

Markus P. Bidell

Next steps
THANK YOU

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