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Recommended Curriculum Guidelines for Family Medicine Residents

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and Asexual 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.

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, transgender, questioning/queer, and asexual (LGBTQA) populations. LGBTQA individuals are at increased risk for experiencing mental health problems; engaging in substance use and abuse; and experiencing discrimination, violence, and victimization. LGBTQA 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 LGBTQA communities encounter unique barriers to accessing and using appropriate health services.

Historically, LGBTQA-focused health issues have been neglected in medical education due to lack of awareness, discomfort with the topic, time demands, lack of faculty development, and lack of directed educational resources. Several studies, however, support the position that medical education efforts regarding the health needs of LGBTQA individuals improve learner attitudes and willingness to clinically engage LGBTQA patients. Education has also been successful in improving knowledge about the unique care needs of LGBTQA populations. Such interventions ultimately lead to improved health outcomes for the LGBTQA patient. This curriculum guideline provides the competencies, attitudes, 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 with sensitivity, respect, and confidentiality with the LGBTQA patient and the patient's identified family (Patient Care, Interpersonal and Communication Skills, Professionalism)
- Understand key differences in the health history of the LGBTQA patient, including transition-related health care (Patient Care, Medical Knowledge)
- Understand differences in performing a physical examination of the LGBTQA patient, including breast and sexual organ examination, especially in situations where the internal organs and external organs are incongruous (Patient Care, Medical Knowledge)
- Discuss psychosocial, behavioral, sexual, and reproductive health issues with the LGBTQA patient (Patient Care, Interpersonal and Communication Skills)
- Recommend screening tests, perform health risk factor reduction, and provide

wellness support and mental health care for the LGBTQA patient (Medical Knowledge, Practice-based Learning and Improvement)

- Craft LGBTQA sensitive and patient-centered treatment plans, including coordinating care for common conditions by utilizing community and health systems (Patient Care, Medical Knowledge, Practice-based Learning and Improvement, Systems-based Practice)
- Discuss hormone replacement therapy options and other gender-affirming care topics with the transgender patient (Patient Care, Medical Knowledge)

Attitudes

The resident should demonstrate attitudes that encompass:

- Awareness of “unconscious” or “implicit bias” and how the physician’s own beliefs may influence and at times compromise care of the LGBTQA patient
- Recognition that research studies may have different applicability in the LGBTQA patient since the LGBTQA community is underrepresented in medical research
- Recognition that LGBTQA patients may be disproportionately affected by social determinants of health (SDoH) and health care disparities
- Awareness of the effects of stigma on the health and well-being of LGBTQA patients
- Awareness of the mental health conditions that may disproportionately impact the LGBTQA patient population
- Respect for a range of sexual relationships and a range of gender identities
- Recognition that the families of LGBTQA individuals may include people who are not legally or biologically related
- Recognition and understanding of how a person's sexual orientation or gender identity may impact the relationship with the patient's 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
- Appreciation of the challenges faced by LGBTQA health 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 LGBTQA identity

Knowledge

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

1. Identity and relationship terminology associated with the LGBTQA population and appropriate application of that terminology, including:

- a. Distinctions between sexual identity, orientation, and behavior
 - b. Gender identity, gender presentation, assigned sex, and the multiple components of biological sex
 - c. Use of preferred names, pronouns, sex and sexual identity terms, terminology around reproductive organs, and relationship terms, as determined by the LGBTQA patient
2. Efforts to change an individual's 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), men who have sex with men (MSM), polyamorous, as well as bisexual persons
 4. Health disparities, including health risks and health-related behaviors that disproportionately affect LGBTQA individuals
 5. Screening at-risk individuals for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
 - a. Knowledge of the 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. Immunizing LGBTQA patients as recommended by the Advisory Committee on Immunization Practices (ACIP)
 7. Cancer and health screenings based on individual sexual behaviors and organs present
 8. Knowledge of Centers for Disease Control and Prevention (CDC)-recommended sexually transmitted infection (STI) screenings based on sexual behavior
 9. Knowledge of the risk factors for mental health issues and substance use that disproportionately affect LGBTQA patients
 10. Unique health care needs of transgender patients, including:
 - a. Controversy surrounding the mental health diagnosis of "gender dysphoria"
 - b. Developmental and psychosocial challenges of puberty and the availability of puberty-blocking medications
 - c. Mental health manifestations, consequences, and treatment related to transition, and resilience strategies to cope with social stressors
 - d. Basic understanding of surgical options for transitioning, including common post-operative complications and follow-up issues
 - e. Understanding of gender-affirming treatment options (medical and non-medical) in the scope of family physicians without specialist consult based on informed consent and patient-centered care models
 - f. Familiarity with various treatment recommendations (e.g., the Endocrine Society

Clinical Practice Guidelines, the World Professional Association for Transgender Health [WPATH] Standards of Care)

11. Barriers to health care access faced by LGBTQA individuals, including lack of familiarity among some providers and patient distrust caused by prior experience or reputation
12. Community resources available to support LGBTQA patients' health (e.g., targeted smoking cessation programs, substance abuse treatment, psychological support), as well as basic health care resources directed toward LGBTQA individuals
13. Law, policy, and insurance issues affecting LGBTQA patients, including:
 - a. Health decision making
 - b. Hospital visitation rights
 - c. Health insurance policy limitations
 - d. Legality around name changes and other transgender-specific issues

Skills

In the appropriate setting, the resident should demonstrate the ability to independently perform or appropriately refer the following:

1. Assess and address one's own implicit bias related to LGBTQA patients or issues
2. Respond sensitively and with acceptance to a patient's disclosure of LGBTQA status
3. Proactively address concerns related to biased treatment of the LGBTQA patient
4. Describe and explain terminology associated with sexual orientation, gender identity, and related behavioral and health care practices (see Addendum 1)
5. Create a welcoming environment for LGBTQA patients
6. Apply or advocate for information collection systems that allow LGBTQA patients to identify as such, including:
 - a. Broadly inclusive intake forms or forms that allow patients to freely enter gender and relationship status
 - b. Survey or research instruments that 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 differs from the legal identification or insurance
7. Explain the degree (if any) to which information about a patient's LGBTQA status will be shared in relation to their medical care
8. Avoid questions that relate primarily to personal curiosity about an LGBTQA patient's life or body
9. Conduct a physical examination that is sensitive to the needs/medical history of the LGBTQA patient

10. Refer to support services for patients needing additional care for gender transition, mental health care, sexual health care, social services, or other services related to LGBTQA identity
11. Assist the transition-related health care of transgender patients by managing, or referring for hormone administration, social services, such as name changes, mental health services, and/or surgeries, as indicated by the transgender patient
12. Counsel LGBTQA patients about reproductive options, including adoption and fertility preservation, such as sperm banking or egg freezing

Implementation

Medical educators play an important role in addressing health disparities for LGBTQA 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:

- LGBTQA health curriculum should be taught during both focused and longitudinal experiences throughout the residency program. This should be done through sessions dedicated to LGBTQA care and by integrating into modules and cases focused on other topics in order to normalize LGBTQA individuals as typical patients. This should also be done by caring for LGBTQA patients in inpatient, outpatient, and didactic settings.
- LGBTQA health curriculum could take the form of lectures, discussions, guest speaker panels, case-based didactics, elective rotations, research experiences, and online modules. Multidisciplinary approaches may be advantageous.
- Required reading lists, learner pre-assessment tests, video case reviews, standardized patient encounters (objective structured clinical examinations [OSCEs] for training or evaluation) may also be appropriate curricular elements.
- 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. Ideally, one or several faculty members at a residency program will become subject matter experts on this topic to guide residents as they care for transgender patients in inpatient and outpatient settings.
- Faculty development should be made available to train those who will need to transmit knowledge, skills, and attitudes to learners.
- Systems of data collection about sexual orientation and gender identity should be used to ensure adequate ability for all residents in a particular program to care for LGBTQA patients, as well as to provide a means to study and thereby improve the care of these patients.
- Clinics and programs should perform appropriate outreach to the LGBTQA community in order to welcome patients, faculty, residents, and staff.
- Residents should be exposed to faculty and administrative leaders who exemplify and model behaviors and communication with LGBTQA individuals.

Resources

Major Organization/General

Center of Excellence for Transgender Health. University of California San Francisco School of Medicine. <https://prevention.ucsf.edu/transhealth>

Center of Excellence for Transgender Health. University of North Carolina at Charlotte. <https://trans.uncc.edu/center-excellence-transgender-health>

Fenway Health. www.fenwayhealth.org/

Gay and Lesbian Medical Association (GLMA). www.glma.org/

LGBT Resource Center. University of California San Francisco. LGBT Resource Center. <http://lgbt.ucsf.edu>

National Coalition for LGBT Health. <https://healthlgbt.org/>

World Professional Association for Transgender Health. www.wpath.org/

Policy Statements

American Academy of Pediatrics. LGBT Resources. www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/LGBT-Resources.aspx

American Medical Association. Policies on Lesbian, Gay, Bisexual, Transgender & Queer (LGBTQ) issues. www.ama-assn.org/delivering-care/population-care/policies-lesbian-gay-bisexual-transgender-queer-lgbtq-issues

American Psychological Association (APA). APA LGBT Resources and Publications. www.apa.org/pi/lgbt/resources/

American Society for Reproductive Medicine. Access to Fertility Services for Transgender Persons: An Ethics Committee Opinion. www.asrm.org/globalassets/asrm/asrm-content/news-and-publications/ethics-committee-opinions/access_to_care_for_transgender_persons.pdf

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. <http://contentmanager.med.uvm.edu/docs/aamclgbtrecommendations/diversity-inclusion-documents/aamclgbtrecommendations.pdf?sfvrsn=2>

Healthy People.gov. Lesbian, Gay, Bisexual, and Transgender Health. www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health.

Institute of Medicine. Committee on Lesbian, Gay, Bisexual and Transgender Health Issues and Research Gaps and Opportunities. Board on the Health of Select Populations;

The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding.

www.ncbi.nlm.nih.gov/books/NBK64806/pdf/Bookshelf_NBK64806.pdf

Lambda Legal. Human Rights Campaign. Hogan Lovells. New York City Bar. Creating Equal Access to Quality Healthcare for Transgender Patients: Transgender-Affirming Hospital Policies. www.lambdalegal.org/sites/default/files/publications/downloads/hospital-policies-2016_5-26-16.pdf

Clinical

American Association of Medical Colleges. Sexual and Gender Minority Health Resources. www.aamc.org/initiatives/diversity/lgbthealthresources/

American College of Obstetricians and Gynecologists (ACOG). ACOG Committee Opinion no. 525: Health Care for Lesbians and Bisexual Women. www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2012/05/health-care-for-lesbians-and-bisexual-women

American College of Obstetricians and Gynecologists. ACOG Committee Opinion no. 512: Health Care for Transgender Individuals. www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2011/12/health-care-for-transgender-individuals

American Counseling Association. Counseling LGBTQ Adults Throughout the Lifespan. www.counseling.org/docs/default-source/default-document-library/counseling-lgbtq-adults-throughout-the-life-span-final.pdf?sfvrsn=2

Centers for Disease Control and Prevention (CDC). Lesbian, Gay, Bisexual, and Transgender Health. www.cdc.gov/lgbthealth/index.htm

Endocrine Society. Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline. <https://academic.oup.com/jcem/article/102/11/3869/4157558>

American College of Physicians. Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. www.lgbthealtheducation.org/publication/textbook/

The Joint Commission. Advancing Effective Communication, Cultural Competence, and Patient- and Family-Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community: A Field Guide. www.jointcommission.org/lgbt/

Education

American Medical Student Association (AMSA). Sexual Health Leadership Course. www.amsa.org/members/career/sexual-health-leadership-course/

Human Rights Campaign. LGBTQ Training. www.hrc.org/hei/lgbtq-training

National LGBT Health Education Center. Fenway Institute. www.lgbthealtheducation.org/

Data and Research

LGBT Health. Mary Ann Liebert, Inc. Publishers. www.liebertpub.com/overview/lgbt-health/618/

Cahill S, Makadon H. Sexual orientation and gender identity data collection in clinical settings and in electronic health records: a key to ending LGBT health disparities. *LGBT Health*. 2014;1(1):34-41.

The Fenway Institute. Center for Population Research in LGBT Health. <http://lgbtpopulationcenter.org/>

UCLA School of Law. Williams Institute. LGBT Data and Demographics. <https://williamsinstitute.law.ucla.edu/visualization/lgbt-stats/?topic=LGBT&area=9#density>

Geriatrics

American Psychological Association. Lesbian, Gay, Bisexual and Transgender Aging. www.apa.org/pi/lgbt/resources/aging

American Society on Aging. LGBTQ Aging. www.asaging.org/education/5

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

Pediatrics

American Academy of Child & Adolescent Psychiatry. Practice Parameter on Gay, Lesbian, or Bisexual Sexual Orientation, Gender Nonconformity, and Gender Discordance in Children and Adolescents. [www.jaacap.org/article/S0890-8567\(12\)00500-X/pdf](http://www.jaacap.org/article/S0890-8567(12)00500-X/pdf)

American Academy of Pediatrics. Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents. <https://pediatrics.aappublications.org/content/142/4/e20182162>

American Academy of Pediatrics. LGBT Resources. www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Pages/LGBT-Resources.aspx

American College of Obstetricians and Gynecologists. ACOG Committee Opinion 685: Care for Transgender Adolescents. www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Care-for-Transgender-Adolescents

Center of Excellence for Transgender Health. UCSF School of Medicine. Health Considerations for Gender Non-conforming Children and Transgender Adolescents. www.transhealth.ucsf.edu/trans?page=guidelines-youth

Human Rights Campaign. Explore: Transgender Children & Youth. www.hrc.org/explore/topic/transgender-children-youth

Addendum 1: Glossary of Terms

LGBTQA – Overarching abbreviation for lesbian, gay, bisexual, transgender, questioning, and asexual. 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, type and function of hormone receptors, gonads and internal reproductive organs, etc., that 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 sex assigned at birth. Sometimes written as “trans.” It is sometimes used as a 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 identity that is not traditionally male or female, but may encompass both, be beyond, or neither of these genders.

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

WSW – Women who have sex with women. 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.

Intersex – Terminology regarding people who were born with reproductive anatomy that is

not typically considered male or female. Some individuals are assigned their gender by surgical means after birth. However, these individuals may not always identify with that gender (e.g., XXY, androgen insensitivity)

Gender expression – The way a person uses appearance, mannerisms and other personal traits to communicate their gender.

Cis-gendered/Cis-male/Cis-female – Terminology for a person who identifies with their sex assigned at birth.

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 hours, with whom have you had sex?