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Introduction

Often, when we think of “bias” in CE we consider the potential for pharmaceutical industry influence on educational content. But today, bias has an alternative meaning. There is extensive evidence and research that finds implicit biases can lead to differential treatment of patients by race, gender identity, immigration status, sexual identity, weight, age, language, culture/religion, income, and insurance status. Bias in clinical decision-making can result in overuse or underuse problems that can directly lead to patient harm. There continues to be a lack of adequate healthcare for households living in poverty, especially ethnic and racial minorities. Ethnic and racial inequality in medical education is also prevalent. It is imperative that Continuing Professional Development (CPD) professionals provide education to clinician learners about these inequalities to improve sensitivities and to provide quality healthcare to populations who are currently underserved or lacking access to culturally responsive healthcare. CPD professionals must incorporate innovative thinking so that clinicians are better prepared to take on the changes necessary to achieve real equity in healthcare. Partnerships amongst CPD providers can further increase the impact of health equity education. For example, Historically Black Colleges and Universities have the potential to be significant public health partners for strengthening health equity policies to ultimately increase awareness and optimize disease prevention and treatment efforts to reduce disparities.¹

States such as Maryland and Massachusetts have instituted requirements for implicit bias training as part of their licensure renewal process. CPD providers should understand these requirements and how to help both faculty and learners stay current with both language and content in this area. This poster highlights PIK’s recent LGBTQIA+ Initiatives.

Examples of PIK DEI Activities

- Addressing Racial Disparities in Multiple Myeloma
- Individualized Treatment for a Black Adolescent Patient With Moderate Atopic Dermatitis
- A Team Effort—Multidisciplinary Management of Chronic Kidney Disease (CKD) - The Bigger Picture: Improving Healthcare Equity in CKD Care
- Racial Disparities in Cancer
- Advance Notice: Early Recognition of Nonalcoholic Steatohepatitis (NASH) in At-Risk Populations
- Actionable Strategies for Immunotherapy in Underrepresented Trial Populations
- Fast-Forward to Diagnosis-Improving Timeliness in Detecting Bladder Cancer Among Women and African Americans
- Real-World Strategies for Addressing Melanoma Management in Non-White Patients
- Addressing Barriers to Achieving Health Equity in HIV Care
- Psoriasis in Skin of Color: Diagnosis & Management

Background

A 2023 Gallup poll estimates 7.2% of Americans self-identify as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual (LGBTQIA).² This translates to about 23 million individuals — up two-fold from the 2012 Gallup poll where 3.5% of respondents shared that they identified as such. As our society becomes more inclusive of gender diverse individuals, recognizing that a patient’s gender may be different than the socially constructed binary can help

clinicians understand new terminology and the specific stressors encountered by patients in gender transition. According to the 2015 U.S. Transgender Survey, 24% of transgender patients have needed to teach their providers about their health needs, causing them to feel frustrated, unsafe, anxious and/or burdened.⁴ Likewise, health professionals have admitted their lack of training regarding LGBTQIA care.⁵

In a 2019 study of oncologists at NCI-designated comprehensive cancer centers, 70% agreed or strongly agreed that they would be interested in education regarding the unique health needs of LGBTQIA individuals.³

Objectives

This poster highlights specific initiatives that PIK is developing to address the needs of diverse patient populations, namely PIK’s curriculum “LGBTQIA Healthcare: A Practical Approach” and other DEI focused programs. The learning objectives for this poster are to improve the ability of continuing professional development (CPD) professionals to:

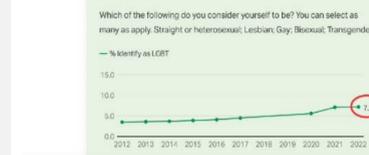
- DEVELOP strategies to mitigate implicit bias in CE activities
- CALL UPON resources to share with faculty to help them create bias-free education
- IMPROVE sensitivities toward providing quality healthcare to populations who are currently underserved

Methods

LGBTQIA Healthcare: A Practical Approach—General Knowledge

Why It Matters

Americans' Self-Identification as Lesbian, Gay, Bisexual, Transgender or Something Other Than Heterosexual, 2012-2022



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This educational activity is supported by Projects In Knowledge and Kaplan North America, LLC.
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Table 1. The Basics

L	Lesbian	<i>Other letters you might see:</i>
G	Gay	
B	Bisexual	2S 2-spirited
T	Transgender	P Pansexual/ Polyamorous/ Polysexual
Q	Queer/Questioning	
I	Intersex	
A	Allied/Asexual/Agender	

Table 2. Language Strategy for Healthcare

Outdated	Replace with:
Mother/Father	Parent/Guardian
Husband/Wife	Spouse/Partner(s)
Marital status	Relationship status
Sexual preference/lifestyle	Sexual orientation
Homosexual	Mirror own stated language
Transexual	Mirror own stated language
Family history	Blood relatives
Nursing mother	Currently nursing
Pregnant woman	Pregnant person

Erroneous assumptions may lead to unfounded beliefs about the needs, desires, and behaviors of LGBTQIA patients and undermine their willingness to seek health-related services. LGBTQIA patients are at increased risk for various cancers, substance use disorders, mood disorders, physical violence, STDs, cardiovascular disease, and obesity that should be considered when evaluating and treating these patients. Fear of being judged inhibits many LGBTQIA patients from seeking healthcare. Understanding and adopting LGBTQIA terminology and pronouns and asking patients how they want to be addressed can be significant steps in making LGBTQIA patients feel safe, understood, and accepted. Specialization in trans and non-binary health care is not a prerequisite for providing trans and gender-diverse patients with appropriate health care in an accepting environment. Transgender men and transgender women may still be at risk of breast/cervical cancer and prostate cancer, respectively, and should be screened for these diseases. Transgender women of color are at a particularly high risk for HIV.

Revising intake forms to include non-binary self-identifiers is one adjustment clinicians can make that will provide an affirming experience for their LGBTQIA patients.

Projects In Knowledge Powered By Kaplan (PIK) has applied a lens of inclusivity to our educational activities to reflect upon both the guidance that we share with faculty as well as the content recognize and account for potential implicit bias through out our activities. In some cases, activities are designed to point out that there are under-recognized groups of patients who may be at higher risk than average for specific diseases. In other cases, the guidance may apply more globally to creating inclusive education.

PIK considers a foundational approach to offering an understanding the current lexicon for describing this group—most commonly referred to as LGBTQIA (**Tables 1 and 2**).

Learner competence improved with DEI education

PIK self-funded a DEI series with the following three activities. Competence increased significantly. 6,159 learners engaged with these activities.

- Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA) Healthcare: A Practical Approach—General Knowledge
- LGBTQIA Healthcare: A Practical Approach—Caring for Lesbian, Gay, and Bisexual Folks
- LGBTQIA Healthcare: A Practical Approach—Trans and Gender Diverse-Specific Care

Figure 1. Competence increased significantly with PIK DEI Initiatives



Conclusion

Creating bias-free CME programs that recognize diversity can result in improved healthcare and potentially better patient health and well-being. Partnering with organizations and institutions such as Historically Black Colleges and Universities and using faculty that reflect the patient population are strategies that can help developers create culturally-sensitive education that will not only be well received but also shift current practices toward more equitable care that is welcoming of all individuals.

Lessons learned / best practices specific to LGBTQIA care include the following:

- Lexicon is dynamic and always changes
- Ask patients “what are your pronouns”
- Write pronouns in the patient chart
- Don’t victim blame/shame
- Refer to patients with gender-neutral language
- Include Sexual Orientation and Gender Identity (SOGI) Questions on intake forms
- Introduce yourself with your pronouns
- To know which pronouns to use, ask “what pronouns do you use?”
- Invite the patient to feel empowered to correct mistakes if they occur

Resources

- Inclusive Language for Reporting Demographic and Clinical Characteristics
<https://amnetwork.com/pages/inclusive-language>
LGBT Affirming Intake
<https://www.lgbtqcenter.org/resources/pdf/LGBT%20Affirming%20Intake.pdf>
Focus on Forms and Policy: Creating an Inclusive Environment for LGBT Patients
<https://www.lgbtqhealtheducation.org/wp-content/uploads/2017/08/Forms-and-Policy-Brief.pdf>
Providing Inclusive Services and Care for LGBT People: A Guide for Health Care Staff
<https://lgbtqiahealtheducation.org/wp-content/uploads/Providing-Inclusive-Services-and-Care-for-LGBT-People.pdf>
Collecting Sexual Orientation and Gender Identity Data in Electronic Health Records
<https://lgbtqiahealtheducation.org/wp-content/uploads/Collecting-Sexual-Orientation-and-Gender-Identity-Data-in-EHRs-2016.pdf>

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