THE EQUALITY TOOLKIT: PRACTICAL SKILLS FOR LGBTQ AND DSD-AFFECTED PATIENT CARE

PREFACE

WHAT IS THE PURPOSE OF THE eQUALITY TOOLKIT?
This manual will help providers build a foundation of inclusive clinical skills to competently care for lesbian, gay, bisexual, transgender, and queer-identified (LGBTQ) patients and individuals born with differences of sex development (DSD, sometimes called intersex). Although this toolkit was designed for medical students, any healthcare provider who wants to learn inclusive clinical skills can benefit from this manual. Other published resources address LGBTQ/DSD health and clinical skills comprehensively (see Appendix A). The purpose of this manual is to provide a brief primer that is accessible to all medical students with actionable steps to improve clinical care. It was specifically written for use at the University of Louisville School of Medicine; therefore, some resources or laws may be region/city specific. However, most of the content is applicable to any provider caring for LGBTQ/DSD patients.

WHY IS THIS MANUAL NEEDED?
Simply, this manual addresses gaps in healthcare provider training in caring for LGBTQ/DSD communities. These populations experience repeated instances of stigma and discrimination related to their identities, with consequent health and healthcare disparities that knowledgeable
healthcare providers can help to address. In 2015, the University of Louisville School of Medicine (ULSOM) established eQuality (louisville.edu/medicine/equality/), an inclusive LGBTQ/DSD health training program that was integrated across the mainstream medical student curriculum. After launching eQuality, we realized our students needed more clinical skills training to translate classroom learning into patient care. Although the focus of this manual is LGBTQ/DSD health, much of this content is applicable to all patients and can be incorporated broadly.

HOW TO USE THIS MANUAL
This manual has been used to train medical students in a classroom setting. However, it can function independently as a clinical skills supplement for practicing providers. Its five sections address the main sources of provider-driven health disparities and biases for the LGBTQ/DSD communities. This manual could be used as a supplement to a longitudinal clinical skills training course during medical school or in stand-alone LGBTQ/DSD health training. Although it is a primer, it may also be appropriate for graduate medical education (GME) training and as a faculty development tool. As you encounter terminology that is not familiar to you, please see the glossary in Appendix B for definitions.

LIMITATIONS
The purpose of this manual is to provide a brief introduction for students, and making this practical necessitates the distillation of many complex subjects. For instance, we use the umbrella terms LGBTQ/DSD in this manual, which do not reflect the vast diversity of sexual and gender minority communities (see figure below and Appendix B for examples of sexual and gender identities). It is important to remember that terminology is fluid and ever changing. Therefore, the best strategy for providers is to have an open dialogue with patients to learn the words they use. Appendix A contains a list of resources for more comprehensive consideration of the topics in this manual.

Supporting research informs our recommendations, but many federal guidelines lag behind the expertise of providers who work extensively in LGBTQ/DSD health. We provide peer-reviewed citations in this manual to help inform your decision-making. Reasons to depart from guidelines include 1) the lack of an apropos guideline for your patient, and 2) the need for shared decision-making with the patient (e.g., to still prescribe estrogen in the context of a history of atherosclerotic cardiovascular disease). If departing from guidelines, a physician should be aware of

LGBTQ/DSD health and healthcare disparities are staggering, including:

- LGB individuals are as much as 2.5x likelier to smoke
- 40% of transgender individuals attempt suicide
- Cardiovascular disease risk is 2x higher for LGB adults
- LGBTQ individuals are likelier to be uninsured than others
how other considerations, such as insurance coverage, may influence these decisions (see Part IV). Finally, LGBTQ/DSD health is an evolving field, and the authors will make efforts to periodically update this manual with current information. The information in the following sections represents best practice as of the time of this writing.

PART I: INCLUSIVE COMMUNICATION SKILLS

CREATING AN ACTIVE PARTNERSHIP WITH THE PATIENT

Many members of the LGBTQ/DSD-affected community have had previous negative experiences within the healthcare system. One of the provider’s responsibilities is to ensure that the patient’s previous experiences—both in life and in health care—are considered when discussing different treatment options. LGBTQ individuals comprise approximately 5% of the U.S. population and this proportion is growing, and these best practices can therefore have a substantial impact.

An active partnership can be developed by asking a patient open-ended questions such as “Tell me about your pain” versus “Does this hurt?” The former allows the patient to elaborate with more insightful responses. Close-ended questions, while more direct, require the provider to infer information about the patient. When provider assumptions about a patient’s sexual or gender identity are incorrect, the patient is left having to choose between correcting the provider or leaving the mistake unaddressed, resulting in suboptimal care that contributes to health disparities. The sections below will help providers develop active partnerships with all patients.

Providers can encourage openness with all patients by intentionally explaining provider-patient confidentiality, which is particularly important for patients who have previously endured bias and discrimination. Establishing trust by ensuring confidentiality can be especially important for gathering an accurate sexual history, regardless of patient identity. Patients should be explicitly