Purpose

To implement integrative curricula that embraces osteopathy’s holistic approach to patient care. To promote cultural proficiency as valued at both the individual and institutional level.

*By allowing diversity to redefine and reshape our current medical education, we hope to create multicultural physicians that can competently and compassionately practice osteopathic medicine.*

Program Founders:

- Jessica Lapinski, BS, BA, OMS III (Medical Education Fellow)
- Patricia Sexton, MS, DHEd
Educational Objectives

1. Discuss the value of cultural proficiency at both the individual and institutional level.

2. Evaluate the three core constituents of the DREAM model and their role in increasing cultural proficiency.

3. Examine how the DREAM model can be applied to the LGBT population.
Background

- Study → “Enhancing LGBT Acceptance in Osteopathic Medical Schools: A Pilot Curricular Program”

- Overall purpose = determine levels of LGBT acceptance in a sample of Osteopathic medical schools in order to review current curriculum

- Sample
  - 6 osteopathic schools
  - 41.3% response rate = 1334 participants
Brief Overview of Results:

• Approximately 15% of respondents self-identified within LGB spectrum
• No respondents identified as transgender
• Attitudes were more positive among self-identified LGB students ($P<.001$)
• When assessing LGBT medically relevant knowledge, only 12.9% of respondents obtained passing score
• 4th year medical students more likely to provide substandard care to their LGBT patients in comparison to 3rd years ($p = .019$)
• 45% of students did NOT take complete sexual history
• LGB students had 2.2 times greater odds of being depressed (95% CI, 1.5 to 3.2; $P<.0001$)
• When examining LGBT-friendly Campus Climate Score majority of students (66.1%) rated their campus with 3 stars or less
The DREAM Model

- Takes integrative approach toward enhancing cultural competency by emphasizing osteopathic principle of holistic healthcare
- Stresses need for acknowledging variety of aspects in order to ensure comprehensive result
- Proposes that cultural competency occurs at both institutional, as well as, individual level
- Three core constituents must be addressed:
DREAM Model for Increased Cultural Competency:
Basic Medical Knowledge

• Exposure, understanding and mastery of health related topics pertaining to given population

• Cognition of risk factors, prevalence and incidence rates as they pertain to certain diseases within that population

• Foundation upon which our field is centered

• Critical element in development of cultural competency
Campus Culture

• Overarching environment that students exposed to on day-to-day basis
• Includes institutional policy inclusion, grievance procedures, and overall exposure and attitude towards diverse populations
• Positive campus culture ensures equal treatment of diverse populations and addresses any discrimination that may occur in timely and productive fashion
Awareness

• Allows for recognition and acknowledgement of diversity, working to dispel any prejudices or stereotypes that may be present

• Includes creation of organizations, both at student and institutional level, which cater to diverse student populations

• Exposing students to diversity and to concept of working with diverse patient populations will ensure reduced anxiety and increased comfort
Practical Implementation

• Purpose = integration of LGBT health issues into current medical curricula
• Previously, LGBT health approached in static method
  – Stand-alone workshops or patient encounters
  – Long-term effectiveness may be somewhat limited
• Repeated exposure allows for not only enhanced awareness, but also more effective internalization of material
• Goal = integrate pertinent aspects of LGBT health into already existing medical classes
What’s Included?

• Instructors Guide
• LGBT curriculum guide
  – Brief overview of why LGBT health important
  – Basic LGBT medical competencies
  – Potential assessments
  – Additional LGBT environmental support & other resources
• LGBT PowerPoint slide set
  – Variety of slides and topic guide (provides corresponding slide number) and suggestions on what courses topics may be applicable
  – Allows for flexibility
  – Doesn’t force entire curriculum to be taught at same time – ideally, it won’t be
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LGBTQ

**Sample Slides**

I AM THE RAINBOW SHEEP OF MY FAMILY!
Human Sexuality

- Sexual orientation consists of:
  1.) Attraction
  2.) Identity
  3.) Behavior
- The above constituents are NOT always congruent within a person; ie:
  - People who engage in same-sex sexual behavior but do not identify as lesbian, gay, or bisexual
  - People who experience same-sex attraction but do not engage in sexually activity with members of the same sex
- Gender identity, gender expression, biological sex and sexual orientation can be viewed as a spectrum
Smoking

• Members of the LGBT population have been shown to have the highest smoking rates of any sub-population
  – Gay men → Between 1.1x – 2.4x odds compared to straight men
  – Lesbians → Between 1.2x – 2.0x odds compared to straight women
  – Bisexuals seem to have highest smoking rates ranging from 30-39.1%
  – Bisexual boys twice as likely to smoke regularly in comparison to either gay or straight boys
  – Lesbian/ bisexual girls are 9.7 times more likely to smoke at least weekly
  – Transgender people → rates of 45%-74%

• Contributing Factors:
  – Social stigma
  – Stress
  – Depression
  – Social/ cultural influences
Transgender: Hormone Therapy

• Use of cross-sex hormones to balance gender
  – Estrogens to induce female characteristics
  – Androgens to induce male characteristics
• Goal = Self-actualization → bringing endocrine and psychological systems into balance
• Remember = not all transgender patients will want to take cross-sex hormones
• Need to educate patients on risk and benefits of therapy
Transwomen:

- **Anti-androgen therapy**
  - Spironolactone → Initial dose of 100mg daily, with titration up by 50mg weekly to a typical dose of 200mg daily
    - Check potassium
    - If patients have significant hair loss → Finasteride as adjunct

- **Estrogen therapy**
  - Estradiol
    - 1-4mg sublingual estradiol/day
    - 100-200mcg transdermal estradiol/day
    - 10-20mg estradiol valerate IM every 1-2 weeks
  - Medroxyprogesterone
    - Daily 5 to 10mg oral medroxyprogesterone
    - Depo-Provera 150mg IM every 3 months

- **Use of non-medical silicone injections into hips, lips, face and breasts**
Transmen

- **Testosterone**
  - Depo-testosterone 50-200mg IM every 2 weeks
  - Doses titrated to effect
  - Excessive testosterone $\rightarrow$ convert to estrogen $\rightarrow$ impeded desired effects
  - Don’t forget to discuss allergies with patients

- Remember to tell your patients that testosterone is NOT a contraceptive
Hormone Therapy Considerations

• Absolute contraindications:
  – Estrogen- or testosterone-sensitive cancer

• Important Considerations:
  – Obesity
  – Cardiovascular disease
  – Dyslipidemias
  – History of venous thromboembolism

• Documented Risks/Associations:
  – Estrogen-progestin combo → venous thromboemboic disease and increased levels of prolactin
  – Testosterone → Elevated liver enzymes, loss of bone mineral density and ovarian cancer
OMM Considerations:
Sensitivity and hand placement for transitioning/transgender patients

- Do not make assumptions about gender based on appearance or behavior
- Ask direct questions in a non-judgmental fashion
- Base physical/structural exam on organs present not perceived gender (important for hand placement)
- Communicate with your patient to determine comfort with usage of certain techniques and hand placement
Closing Remarks

• Hoping to publish curriculum in near future
• Make available to all Osteopathic schools
• Special word of thank you to students who filled out survey
• Thank you to following schools for disseminating survey:
  – A.T. Still University Kirksville College of Osteopathic Medicine
  – A.T. Still University School of Osteopathic Medicine in Arizona
  – Des Moines University College of Osteopathic
  – Medicine Western University of Health Sciences College of Osteopathic Medicine of the Pacific
  – Rocky Vista University College of Osteopathic Medicine
  – University of Pikeville-Kentucky College of Osteopathic Medicine
QUESTIONS?

No Matter Where in the Rainbow You Are...

Someone C.A.R.E.S.!