February 24, 2015

Susan Sawning, M.S.S.W.

Research Director

530 South Jackson Street

University of Louisville School of Medicine

Louisville, KY

Dear Ms. Sawning:

We are pleased to offer you the opportunity to serve on the Association of American Medical Colleges Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development (Axis) as a member of the *Interprofessional Education Ad Hoc Committee*. If you choose to accept this offer, please reply to this message with a completed copy of the attached membership acceptance form.

The applicant review committee feels that your background, experience, and expertise will be valuable assets in advancing the committee’s mission to support academic medicine and the biomedical sciences at the local, regional, national, and international levels to promote the health of people who are lesbian, gay, bisexual, transgender (LGBT), gender nonconforming (GNC), and/or born with differences of sex development (DSD).

**Committee Project**

We invite you to begin your work with the committee by developing one or more clinical case scenarios for our ongoing Faculty Development Video Series. This 14-part video series will support faculty around the country in teaching and training health professional students to care for people who are LGBT, gender nonconforming, or born with DSD. Information about the video series and desired scenarios is attached to this message as well as an example script.

**Project Director**

Your point of contact for the Axis Committee is Tiffani St.Cloud, Director of Educational Initiatives, tstcloud@aamc.org, 202-828-0891.

**Membership Acceptance and Videography Forms**

Please return the forms on the following pages to Marsha Jones, Administrative Assistant, mjones@aamc.org.

We look forward to welcoming you formally to the project.

Best regards,

|  |  |
| --- | --- |
| Marc A. Nivet, Ed.D.Chief Diversity OfficerAssociation of American Medical Colleges | Kristen. L. Eckstrand, Ph.D.Committee ChairVanderbilt Program for LGBTI Health |

**Attachments:**

* Membership Acceptance Form
* Faculty Development Video Series Overview
* Example Case Scenario and Script

# **Ad Hoc Committee Membership Acceptance Form**

**MEMBER AGREEMENT**

As a member of an ad hoc committee of the AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development, I agree to fulfill the below-listed requirements. I understand that failure to meet these requirements will result in my removal from the committee.

1. Support the decisions of the Advisory Committee and Steering Committee.
2. Respect fellow Advisory Committee members, AAMC program staff, and their time.
3. Attend all committee meetings and participate actively and responsibly, barring extenuating circumstances. Annual meetings will include:
	1. Six virtual meetings (via webinar or conference call).
	2. Additional virtual meetings as needed for committee projects.
4. Actively participate in the development and advancement of all active committee projects.
5. Stay informed about the healthcare disparities experienced by and best practices in patient care for individuals who are LGBT, GNC, or born with DSD.
6. Learn and stay informed about the AAMC-its mission, strategic direction, programs, challenges and opportunities.
7. Participate in ongoing assessment of the performance of the Advisory Committee as a whole and my own performance as an Advisory Committee member. Identify areas of improvement and acknowledge what’s working well.

|  |  |  |
| --- | --- | --- |
| **Printed Name:**Susan Sawning |  | **Signature:** |

**ADDITIONAL DETAILS**

|  |  |
| --- | --- |
| Cell Phone: | 919-360-1209 (Susan’s Cell) |
| Assistant’s name and email: | Emily Carr / eecarr01@louisville.edu |
| Twitter handle: |  |
| Preferred gender pronouns:  | She/hers/hers |

**ADDITIONAL DETAILS**

|  |  |
| --- | --- |
| Cell Phone: | Stacie Steinbock – 502-795-6433 |
| Assistant’s name and email: | stacie.steinbock@louisville.edu  |
| Twitter handle: |  |
| Preferred gender pronouns:  | She/hers/hers |

Faculty Development Video Series

**Faculty Development Video Series**

The faculty development video series is organized around the following topics.

1. Speaking with Patients about Sexuality and Gender
2. Integrating LGBT and DSD Content into Medical School Curricula
3. Inclusion of LGBT and DSD Content in Faculty Development Activities
4. Using Research to Teach LGBT and DSD-Affected Health
5. Teaching Gender Identity and Transgender Health
6. Teaching Differences in Sex Development
7. Assessing Trainee Competence in LGBT and DSD-Affected Patient Care
8. Enhancing Institutional Culture and Climate for LGBT and DSD-Affected Individuals
9. The Hidden Curriculum in Academic Medicine: Sexual Orientation and Gender Identity
10. Advancing Interprofessional LGBT and DSD-Affected Health Care
11. Involvement in LGBT Health Education and Advocacy
12. Sociocultural and Behavioral Determinants of Health for LGBT Persons
13. Health Promotion Strategies for LGBT Persons
14. Disease Prevention Strategies for LGBT Persons

**Patient and Patient-Provider Video Scenarios**

The committee has identified the following scenarios to script and include in the video series. These will to assist in making the need for change real for the learners. We are seeking authors and actors for these scenarios. Authors will be recognized in the video credits and receive a citation for their CVs. Actors will be recognized in the video credits. If you are able to script any of the following scenarios or interested in acting in one, please complete and return the form on the following pages.

**Patient Stories**

Patient stories should be between 2-4 minutes in length. These will feature one person speaking to the camera about an experience they had with a health care provider and capture the perspectives outlined on the following page.

**Patient-Provider Dialogues**

Patient-provider dialogues should be between 2-4 minutes in length. They will feature a provider discussing a health care concern with a patient. During the conversation, one of the topics outlined on the following page will arise. Authors should write two versions of these scenarios:

* one in which the conversation goes poorly due to a misstep on the part of the provider
* one in which the conversation goes well.

Scenarios should not be focused on identity. The scenario should be written around an unrelated complaint (e.g. diabetes, hypertension, etc.) during which the issues arise organically.

**AAMC Clinical Scenarios**

We are seeking authors to translate the clinical scenarios which appear in the AAMC publication into condensed scripts of less than 10 minutes.

**FACULTY DEVELOPMENT VIDEO SERIES**

**I am able to develop a script for the following scenario(s) by March 20, 2015 (select all that apply)**. In volunteering for this project, please consider any other obligations you have leading up to this date.

**Patient stories:**

|  |  |  |
| --- | --- | --- |
|  |  | Gender nonconforming youth experience |
|  |  | LGB or T elder experience—coming out later in life, fears |
|  |  | Intersectionality—with race/ethnicity or disability |
|  |  | Assumptions that one is not queer (invisibility) |
|  |  | Assumptions because one is queer (stereotyping)  |
|  |  | Strategies for coping with unwelcoming healthcare system |
| X |  | Trans experience in healthcare (FTM)—preferred name, pronouns, hormones made contingent on other care, exam experience, etc. (**Our TStar Lab has committed to providing this story.)** |
|  |  | Trans experience in healthcare (MTF)— preferred name, pronouns, hormones made contingent on other care, exam experience, etc. |
|  |  | DSD experience(s) – youth |
|  |  | DSD experience(s) – parent |

**Provider-patient dialogues:**

|  |  |  |
| --- | --- | --- |
| X |  | Gender identity (how to ask about preferred name, pronouns, anatomical terminology, apologize after a misstep) (**Our LGBT Center will be providing this/expertise in transgender health policy.)** |
|  |  | Sexual health history (how to ask about sexual orientation and sexual behaviors (a few different scenarios that are stereotype-blowing) |
|  |  | Safer sex counseling (a few different scenarios; include harm reduction approach) |
|  |  | Mental health assessment for suicide risk |

**Clinical scenarios:**

The following scenarios appear in the AAMC publication. We are seeking authors to translate them into condensed scripts of less than 10 minutes.

|  |  |  |
| --- | --- | --- |
|  |  | Gender Nonconformity in a Prepubertal Child |
|  |  | Gender Dysphoria in an Adolescent |
|  |  | Iatrogenic Trauma in a Man Born with DSD |
| X |  | Possible DSD and Gender Dysphoria in an Adolescent **(Susan Sawning, Stacie Steinbock, and Suzanne Kingery, MD, Pediatric Endocrinologist will provide this.)** |
|  |  | A Child with Two Lesbian Mothers and Two Gay Fathers |
|  |  | HIV Risk Behaviors in an Adult Man |
|  |  | A Straight Man Who Has Sex With Men and Women |
|  |  | A Transgender Man with a Pelvic Mass |

**I am willing to serve as a speaker on the following topics in the video series (select all that apply)**.

|  |  |
| --- | --- |
|  | Speaking with Patients about Sexuality and Gender |
| X | Integrating LGBT and DSD Content into Medical School Curricula |
|  | Inclusion of LGBT and DSD Content in Faculty Development Activities |
|  | Using Research to Teach LGBT and DSD-Affected Health |
|  | Teaching Gender Identity and Transgender Health |
|  | Teaching Differences in Sex Development |
|  | Assessing Trainee Competence in LGBT and DSD-Affected Patient Care |
| X | Enhancing Institutional Culture and Climate for LGBT and DSD-Affected Individuals |
|  | The Hidden Curriculum in Academic Medicine: Sexual Orientation and Gender Identity |
|  | Advancing Interprofessional LGBT and DSD-Affected Health Care |
|  | Involvement in LGBT Health Education and Advocacy |
|  | Sociocultural and Behavioral Determinants of Health for LGBT Persons |
|  | Health Promotion Strategies for LGBT Persons |
|  | Disease Prevention Strategies for LGBT Persons |

**Please discuss your relevant experience and background related to the video topics you selected.**

*Integrating LGBT and DSD Content into Medical School Curricula* - The LGBT Center at U of L, the School of Medicine’s Undergraduate Medical Education (UME) Office, and the Health Sciences Center’s Office of Diversity and Inclusion have partnered to initiate ***eQuality****,* a project that will involve mapping the new AAMC medical education guidelines to improve health care for people who are LGBT, gender nonconforming, or born with differences of sex development. We are in the beginning stages of this project and think it would be useful to talk about barriers, lessons learned, and our successes thus far. Amy Holthouser, MD, Associate Dean of Medical Education, is offering to serve as a speaker on the topic.

*Enhancing Institutional Culture and Climate for LGBT and DSD-Affected Individuals* – Brain Buford, M. Ed., Assistant Provost for Diversity and Director of the LGBT Center at U of L, and Stacie Steinbock, M. Ed., Director, LGBT Center Satellite Office -Health Sciences Center Campus, are offering to speak about the multiple ways they have enhanced institutional culture and climate for LGBT and DSD-affected individuals at the University of Louisville, which can include any of the following:

* Becoming the **first LGBT Center** at a university in Kentucky in 2007,
* Being the first public university in the South to achieve a perfect **Five Star Rating** for LGBT friendliness in the national LGBT Campus Climate survey,
* Being the first school in Kentucky to offer **health insurance benefits** to domestic partners in 2007, and subsequently the first Kentucky school to include other benefits like family medical, bereavement, and parental leave,
* In 2009, the LGBT Center led the effort to include “gender identity” in the university’s **non-discrimination policy**, sending a strong message of support to transgender and gender-nonconforming students, faculty, staff, and alumni. In 2014, the statement was amended to read “gender identity and expression” in an effort to be even more inclusive,
* In 2012, the LGBT Center collaborated with the **Office of Residence Life and Housing** to host the South’s first themed housing community for students interested in LGBT issues and social justice, responding to students’ mental health needs for safe, supportive community,
* In 2014, the LGBT Center played a leadership role in working with Institutional Technology to allow students to change their name to a **preferred name** for online learning environments, and classroom and grade rosters,
* In 2014, the university implemented a recommendation from the LGBT Center to add **transgender-inclusive medical procedures** and care to its healthcare plan, the first in the state to do so,
* In 2013, the LGBT Center collaborated with the Vice President of the Health Sciences Center (HSC) and the Dean of the Medical School to open a **satellite LGBT office on the HSC** starting with one part-time person to coordinate an LGBT Health and Wellness Certificate Program for students across the health sciences center campus: medical school, dental school, nursing school and public health,
* In 2014, the LGBT Center’s satellite office had over 250 students attend at least one Certificate session and 26 students earned an **LGBT Health and Wellness Certificate** by attending four sessions,
* In 2014, the LGBT Center’s satellite office provided three **Safe Zone I** trainings with a total attendance of 124, resulting in 78 additional names for the online “Ally List” and distribution of 120 Safe Zone stickers, as well as increased institutional buy-in to the need for LGBT health training and positive institutional climate change,
* In 2015, the LGBT Center hosted a **Safe Zone II** training for the Health Sciences Campus with 25 faculty, staff and administration attending, resulting in action plans for each of the participants to impact their own departments. The LGBT Center plans to offer 2 Safe Zone I and 1 Safe Zone II trainings per year on an on-going basis,
* In 2014, the LGBT Center’s satellite office supported the creation of a new **student group, “HSC Pride”** for LGBT students and allies, with programming that included a mentorship program “**Networking Nights”** and student-run activism such as a highly successful blood drive and petition campaign to change the FDA’s stance on blood donation by MSM,
* In 2013-2014 the LGBT Center responded to multiple **training requests** from diverse residency and graduate programs for LGBT affirming care, including Women’s Health in the School of Nursing, Adolescent Psychology, and residency programs in Emergency Medicine, Pediatrics and Radiology, and
* In 2015, the **University of Louisville Hospital** reached out to the LGBT Center for advising on LGBT health policies and in discussion with the Center committed to becoming an HEI “LGBT Health Leader”

**EXAMPLE CASE SCENARIO & SCRIPT**

“Reception,” by Daniel Markwalter

Vanderbilt University School of Medicine Program for LGBTI Health

**Note**: The following case is the exclusive property of the Vanderbilt University School of Medicine Program for LGBTI Health and is only provided as an example. If you would like to utilize this case for another purpose, please seek permission from the program.

**Objectives:**

1. Identify three ways front desk and intake staff are important in the care of transgender patients
2. Describe how non-verbal, verbal, and written communication can be used by front desk and intake staff to support transgender patient care
3. Discuss what additional training, beyond what is mandatory for employment, is necessary to help front desk and intake staff to improve their care of transgender patients

**Case:**

This scenario involves Claire Brooks, a transgender woman, and Danielle Colatino, a front desk receptionist. Claire’s natal sex is male, and billing name on her insurance is Charles. When Claire first started going to her health center, she was still using the name Charles and expressing her gender as male, even though she always felt female. Over the last few months, she has begun her gender affirmation process and is now asking people to call her Claire. Her primary care provider is aware that Claire is transitioning, but Claire’s medical records, registration, and insurance forms remain under the name Charles Brooks, and her sex is listed as male. When Claire comes in for an appointment, she approaches Danielle at the registration desk:

**Danielle:** Good afternoon. How may I help you?

**Claire:** Hello. I have an appointment with Dr. Brown at 2:30.

**Danielle:** Your name please?

**Claire:** Claire Brooks.

**Danielle:** Thank you. I’m sorry but I don’t have you listed here. Might your appointment be under a different name?

**Claire:** Oh yes. It is probably under Charles Brooks. I’ve changed my name recently, but I guess it isn’t in the records yet.

**Danielle:** Okay, it must not be. I have the appointment under Charles. Do you prefer to go by Claire?

**Claire:** Yes.

**Danielle:** Thank you for letting me know, Claire. I’ll make a note of that in your record so we don’t make that mistake again. Just to be sure we are using the right records, would you mind giving me your birthdate and current address?

**Claire:** Sure. It is November 12, 1987. I live at 10 Maple St. in Nashville.

**Danielle:** Great. And are you still with the same insurance?

**Claire:** Yes I am.

**Danielle:** Okay, thank you. I will put a note in here that your preferred name is Claire. I will let Shavonne, the medical assistant know, and also Dr. Brown. For billing purposes, the insurance records will need to remain under Charles unless that is changed directly with the insurance company. While we can’t do that for you here, we can refer you to a website on how you can make that change. What else can we do to help you?

**Claire:** Well, I do need to use the restroom, and I feel uncomfortable using the male restroom in the hallway.

**Danielle:** We have a single-stall restroom in the patient area that you can always use when you are here. Walk with me, I can show you where it is.

**Claire:** Thank you.