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AND
PRIDE & EQUALITY

LGBTQ+ MEDICINE 101: INCLUSIVITY OF GENDER AND SEXUAL MINORITIES IN MEDICAL PRACTICE



Open conversation with guest speakers,
Drs. Ramiz Kseri and Jonathan
Appelbaum from the FSU College of
Medicine



WEDNESDAY NOV. 11TH 7PM AST
ZOOM ID: 94029940259
PASSWORD: UNITY



LGBTQ+ 101 Workshop

Why LGBT Health

- Health disparities
 - Common for people to drive hours to receive treatment because of stigma and being treated poorly by providers
 - Ex. Patient talked about wanting to get hormone therapy and was shocked that Dr. Kseri was so helpful and non-judgmental
 - Low SES status
- Lack of education about LGBT Health
 - Dr. Kseri went all through rotations and residency without seeing any transgendered people and only prescribed PREP once
 - Thus, important to learn on your own to better your care for your patients!
- Limited access to medical care
 - People often discharged because provider not comfortable to give care
 - “Opinion based” medicine instead of evidence based
 - PREP only to prevent HIV but not other things and providers are not asking for other screening (ie. Anal swabs)
- Stigmatization and marginalization
 - Patients would not discuss the truth of their sexual behavior because felt judged by provider and limit answers (ie. Did not discuss polygamous relationship and wanted to be on PREP) → make patients feel comfortable and not judged
- WSW Health
 - Increased risks of cancer
 - Ex. A woman got pregnant, but provider did not approve of her relationship status → provided poor care → she had an aneurysm
 - Providers need to provide care regardless of personal beliefs to improve health outcomes!
- HIV/AIDS
 - Meth use has been shown to lead to more sexual behavior
- Transgender Health
 - Easy to provide care, physicians just need to be willing to do it
 - Treat with informed consent process, do not put up barriers
 - Even after a few weeks on hormone therapy, patients feel better even if do not see physiological results
 - Unfortunately, difficult to receive surgery and patients have to go out of state because surgeons will not do it or are not trained
 - Small minority want surgery
- How to take sexual history
 - Identity DOES NOT define BEHAVIOR
 - If you do not know, it is okay to ask!
- Resources:
 - Healthy People 2020: LGBTQ+ population was identified to improve disparities

- Institute of Medicine Report: The Health of LGBT People (2011):
- AAMC: how to implement and change curriculum
- **Fenway guide:** textbook of LGBTQ Health!
- LGBT Health Journal: peer reviewed articles
- **GLMA Handbook**
- Landmark article in NEJM for providing primary care for MSM
- Ten most important things to now about caring for transgender patients
- GLMA Conference: September 2021
 - Free for students!
 - Great place to network

Open Discussion Questions

1. How to be safe in Grenada as a LGBTQ+ student?
 - a. Gay is not illegal, but GAY SEX is
 - i. Only arrested if can be proved
 - b. Not as enforced, but a lot of concern
 - c. General population acceptance is very low especially more rural areas
 - i. Woman with woman is more accepted
 - d. UN gave Grenada recommendations how to improve lives of population
 - i. Make child labor nonexistent → yes
 - ii. Legal to be gay → government will not change because “views of people”
 - e. Do not go anywhere you are not welcomed especially when alcohol is involved
 - f. Always go with people, do not go anywhere alone, have an exit strategy
 - g. Be careful on GRINDR, etc. because people are baiting on the apps
 - h. GrenChap: Grenadian LGBTQ organization to educate SGU students and community
 - i. Sarah Glusnitz: SGU faculty and advisor of Pride & Equality
 - i. If interested in learning more about legality and safety for LGBTQ
 - ii. There is a document about which countries are safe
 1. Trinidad (BAD): person was lynched a few years ago
 - j. Dr. Jane Harrington
 - i. Find your helpers!!
 - ii. Stop discrimination within small groups
2. Training in LGBTQ Care
 - a. Rotations for IMGs?
 - i. Find hospital affiliated with LGBTQ center close by
 - ii. Fenway @ Boston, New York, Howard Brown @ Chicago, LA, a lot in SF
 - iii. Month long elective during 4th year is a good idea
 - iv. Doesn't know specific locations with SGU → might have to do out of network
 - b. LGBTQ Fellowship in LA
 - i. 1 year directed at LGBTQ Health
 - c. Excellence in LGBTQ Care Workshop in March put on by Fenway and Harvard

- i. Dr. Kseri found it extremely helpful
 - d. Up to Date: Dr. Kseri learned a lot from it because was not taught in school
 - e. Diabetes is a lot harder than LGBTQ care
 - f. Join GLAMA: meetings geared towards people in training
- 3. What is the role of physician with family or parents who are not accepting of the patient and their identity/preferences?
 - a. Identify LGBTQ Kid and separate from parents and ask what gender they are attracted too
 - b. Understand that cultures and family are not safe to come out → Number 1 thing is the safety of patient so help provide them resources and do not force them to come out
- 4. Hormone Therapy
 - a. Have to start from basics and have a conversation with patient and explain
 - b. Educate and be patient
- 5. Trans children
 - a. Involves entire family and requires specialized team (medical, psychosocial)
 - b. Literature support that children identify gender early and those who do hormone therapy before puberty do better
 - c. Hormone blockers before puberty → look more “passable” → makes life a bit easier since they are not being stereotypes
 - d. If family is not supportive, provide resources and education
- 6. How do you correct colleagues poor care for LGBTQ patients?
 - a. Correct colleague because patient is wanting to change provider because they felt stigma or discrimination
 - b. Correct by education, but unfortunately a lot of people will not do the continuing education
 - c. Unfortunately, there is a lot of misogyny, racisms, homophobia in the field → give them straight face especially when you are a student → show them it is not funny or okay without needing to say anything
- 7. Nonbinary: we are taught to inform patients of what you are doing, but what do you do when they are uncomfortable
 - a. Education is the most important!
 - i. Train everyone: front desk, MA, physicians!
 - b. Use proper pronouns → Ask how they would like to be addressed and what pronoun do they prefer?
 - i. If you are being true and transparent and you use the wrong pronoun or made a mistake → patients are okay because they see you are trying to take care of them
 - ii. Pronouns are fluid and can change → adapt!
 - c. Ask patient what you call this part of your body if they are uncomfortable with their body parts
 - d. Start asking family out of the room 9/10 years

8. What is something you wish you knew
 - a. Knew nothing when graduated from medical school or in residency and learned everything outside
 - b. Just keep learning and love to learn
 - c. It is strait forward care as primary care except for transgender
 - d. Just have willingness to pursue education
9. How to deal with people unaccepting of being asked pronouns?
 - a. Pronouns aren't focusing on only LGBTQ patients → doctors take oath to take care of people
 - b. Tell them it is something we ask all patients, don't stumble or fumble → just ask like it is normal and make it part of standard of care