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# Implementing LGBTQ Curricular Change: A Trainee-Driven Interdisciplinary Approach

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## Implementing LGBTQ curricular change:

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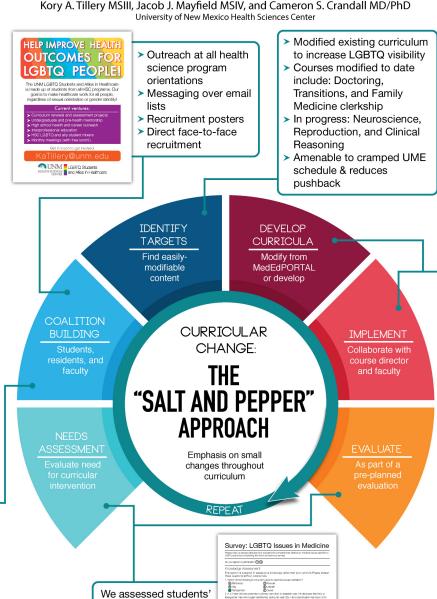
- Lesbian, gay, bisexual, transgender, and people continue to face myriad health disparities
- Most US medical schools do not adequately address LGBTQ issues in their curriculum
- The Association of American Medical Colleges (AAMC) released comprehensive guidelines in 2014 regarding implementing institutional change to address these issues
- Stakeholders within each school are responsible for making these changes

## **Objectives**

- Understand the approach our institution has taken to create meaningful curricular change
- Discuss the educational benefits of involving trainees in LGBTQ curriculum development
- Engage with a trainee from our institution to discuss first-hand experience



Members of the UNM LGBTQ Students and Allies in Healthcare preparing to march at Albuquerque Pride, June 2016



baseline knowledge

and then followed a

cohort through the

curriculum with the same assessment

and attitudes regarding

the LGBTQ community

### **Benefits to Trainees**

Knowledge for Practice

Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

- ► Trainees work with course directors to deploy AAMC recommendation-based curricula
- Practice-Based Learning and Improvement

Participate in the education of patients, families, students, trainees, peers, and other health professionals

Curriculum development, modification, and

Continually identify, analyze, and implement new knowledge, guidelines, [etc.] that improve outcomes

- Refer to and adapt from AAMC guidelines to improve and create curricula
- Interprofessional Collaboration

Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide care that is safe timely efficient effective and equitable

- Learners utilize input from students and faculty of multiple disciplines to inform the development
- Systems-Based Practice

Participate in identifying system errors and implementing potential systems solutions

- Cataloging deficits in existing medical curriculum Advocate for quality patient care and optimal patient care
- Presentation of new curricula to university curriculum committee and at conferences and in journals

## Conclusions

- When change is needed in health education curricula, building a coalition of interested parties is a key first step
- Trainee leadership spurs innovation and creates opportunities for learners to develop critical leadership skills not otherwise presented in medical education
- Finally, by involving all health disciplines, change can be made at multiple levels and a lasting campus-wide collaborative can be established