



Tomorrow's Doctors, Tomorrow's Cures

Creating a Welcoming Environment for Sexual and Gender Minority Students

August 4, 2016

Presenters:

Anne Daul, MD, MPH, FACEP

Leon Jones, MD

Bobby Kelly, MD

Kelly McGarry, MD, FACP

Nix Sitkin, MS3

Danny Teraguchi, EdD

Moderator:

Kristen Eckstrand, MD, PhD

Learn

Serve

Lead



Association of
American Medical Colleges

Presenters

Anne Daul, MD, MPH, FACEP

Assistant Professor of Medicine
Department of Emergency Medicine
Emory University School of Medicine

Pronouns: None

Leon Jones, MD

Associate Dean of Student Affairs, School of Medicine
Clinical Professor, Department of Psychiatry
and Behavioral Sciences
UC Davis Health System

Pronouns: He, Him

Bobby Kelly, MD

Paul Ambrose Fellow
NH Dartmouth Family Medicine Residency at Concord
Hospital & Dartmouth-Hitchcock Leadership
Preventive Medicine Residency
Geisel School of Medicine at Dartmouth

Pronouns: He, Him

Kelly A. McGarry, MD, FACP

Associate Professor of Medicine
Division of General Internal Medicine
Department of Medicine
Rhode Island Hospital
The Warren Alpert Medical School of
Brown University

Pronouns: She, Her

Nicole (Nix) Sitkin, BS

Medical Student (MS3)
Yale University School of Medicine

Pronouns: She, Her

Danny Teraguchi, EdD

Associate Dean for Student Affairs
Elson S. Floyd College of Medicine
Washington State University

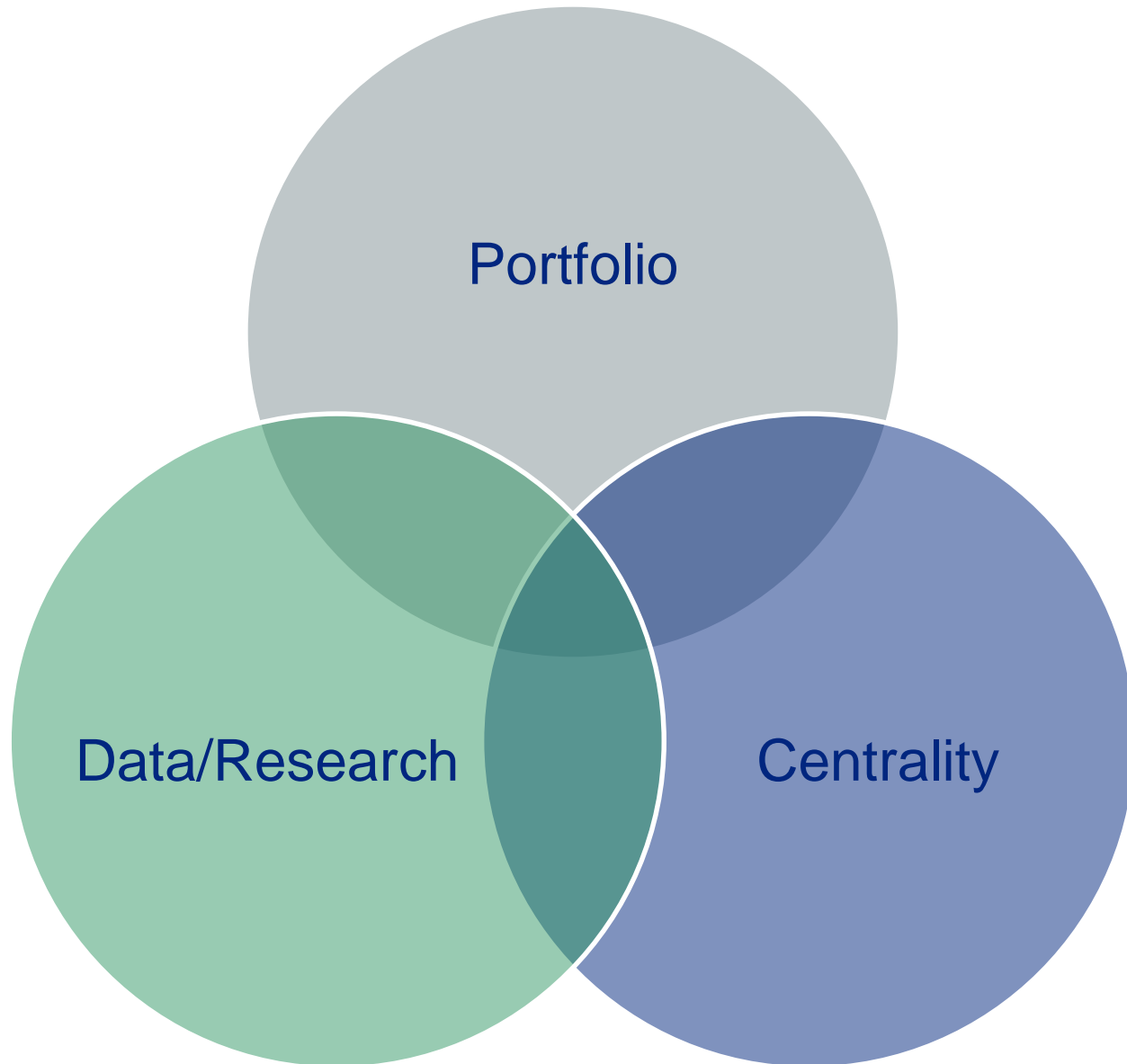
Pronouns: He, Him or Zi, Hir



Learning Objectives

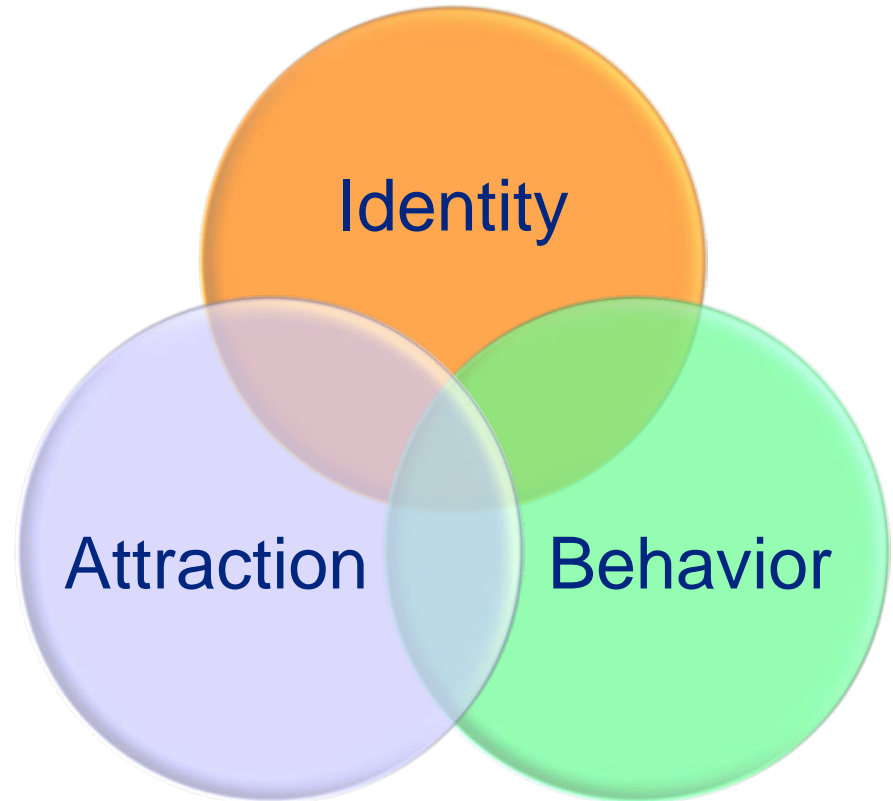
- Describe a framework for institutional commitment to sexual and gender minority (LGBTQ+) students.
- Discuss the necessary institutional portfolio of programs and resources to support the success of LGBTQ+ students and improve campus climate for diversity.
- Identify the unique growth opportunities and resources to advance LGBTQ+ priorities at your institution.

Design of the Webinar



Terminology : Sexual Orientation

- WSW/MSM
- Lesbian/Gay
- Bisexual
- Queer
- Pansexual
- Same-gender loving

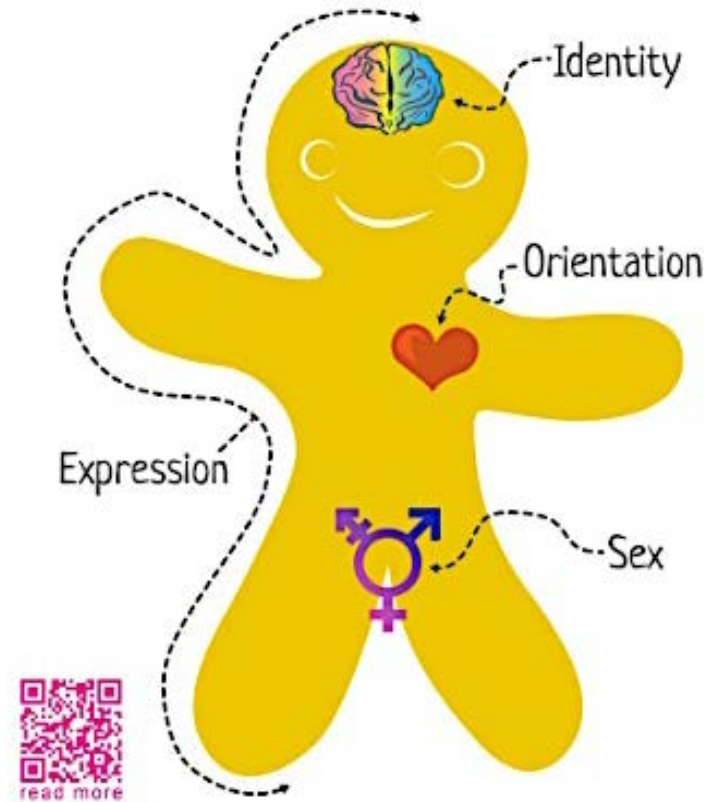


Sexual Minorities

Terminology : Gender

- Woman, man
- Transgender, cisgender
- Genderqueer
- Non-binary
- Two spirit
- Gender variant
- Gender non-conforming

Gender Minorities



**Gender pronouns:
she/her, he/his,
they/their, zi/zir**

Importance & Urgency of Support for SGM: *Student Voices*



Importance & Urgency of Support for SGM: *National Data*

In medical school...

- Harassment, threat
- Social support
- Concealment
- Anxiety, depression

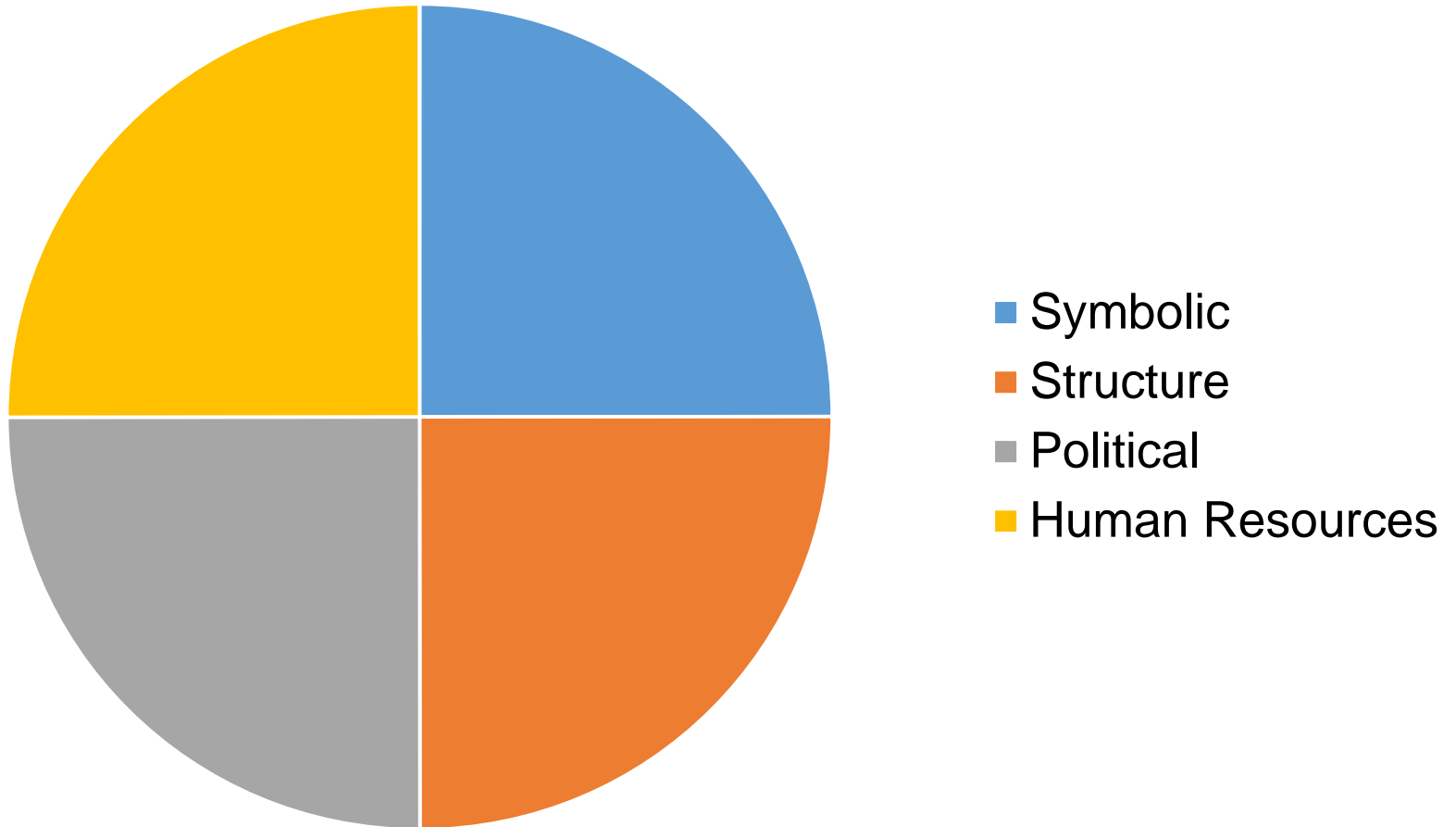


And beyond....

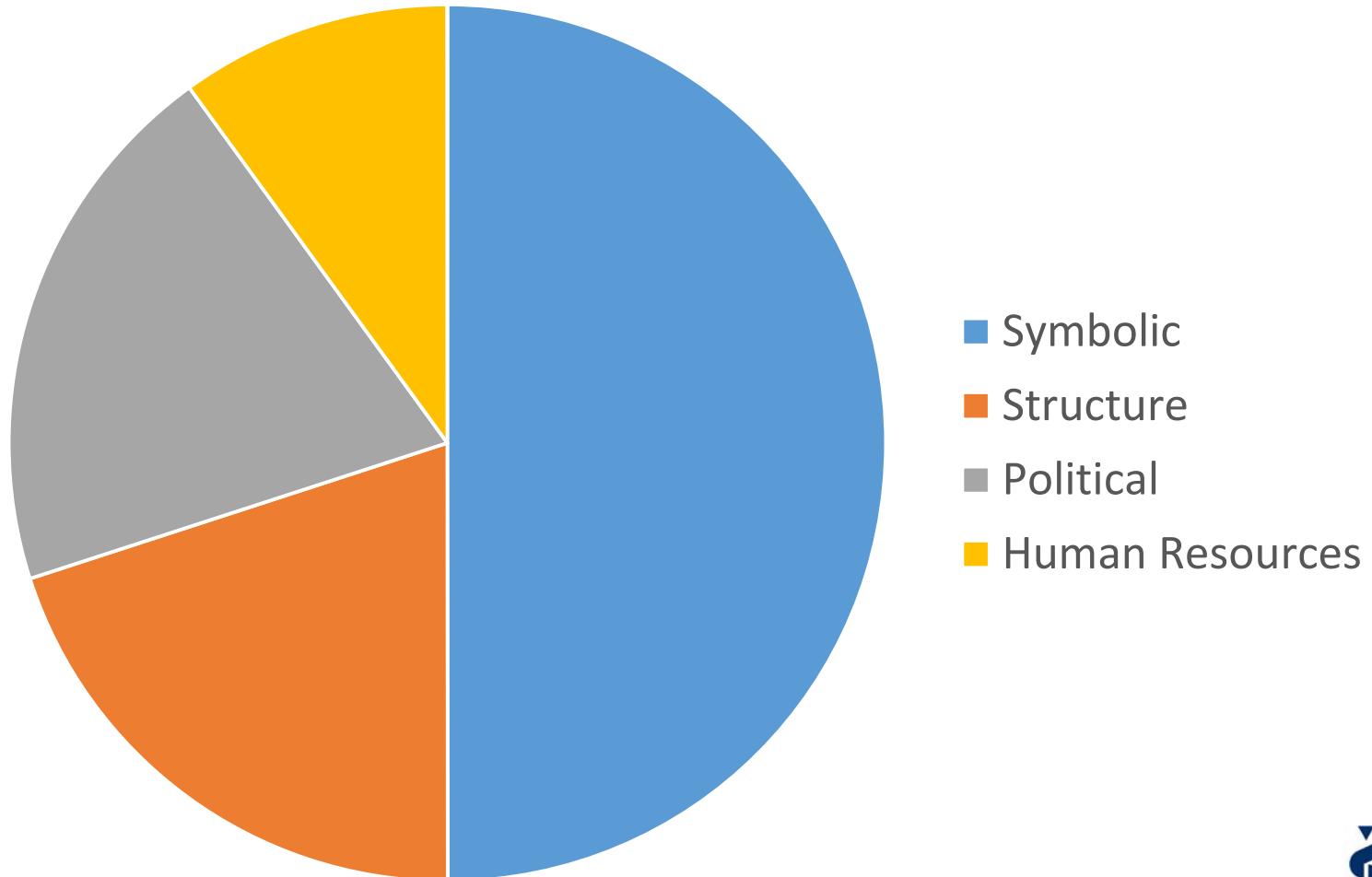
- Choice of medical specialty
- Concealment during residency application
- Experiences of harassment and discrimination in the workplace

Marginalization as a Disease

Moving from Marginalization to Centrality



Moving from Marginalization to Centrality: *Starting a Movement*



Symbolic

- Include “sexual orientation” and “gender identity and expression” in nondiscrimination policy
- Include LGBTQ+ language in ALL institutional policies and procedures (e.g., benefits, health care)



Symbolic

- Diversity statements inclusive of LGBTQ+ in workplace, classroom & healthcare settings
- Allow LGBTQ+ students and employees to self-identify on institutional surveys and forms, including admissions forms
- Recognize LGBTQ+ cultural events



Symbolic & Structure

Drexel UNIVERSITY ONLINE

ONLINE DEGREES FINANCING MILITARY PARTNERSHIPS SUPPORT

Home / Programs / Program Details

CERTIFICATE IN LESBIAN, GAY, BISEXUAL AND TRANSGENDER HEALTH

Overview

Curriculum

Admissions Criteria

Tuition

Academic Calendar

Apply

LGBT populations hold a unique set of health needs often unaddressed in standard healthcare. Drexel's accredited online Certificate in LGBT Health focuses on these concerns and the disparities particular to the LGBT community.

The program places a strong emphasis on understanding the complex medical and ethical considerations involved in the study of LGBT healthcare, and examines how sexual identities impact health and the subsequent treatment received. Participants will critique the research, sampling, and measurement methodologies used to investigate LGBT healthcare and its corresponding disparities.

PROGRAM FEATURES

- Fully online program is convenient for working professionals
- Offered by the Department of Community Health & Prevention at the Dornsife School of Public Health
- Led by nationally recognized Dr. Randall Sell, ScD, whose experience investigating and measuring sexual minorities' public health outcomes provide a foundation for the curriculum

Stanford MEDICINE | LGBT-Meds

HEALTH CARE RESEARCH EDUCATION GIVE ABOUT

Stanford Medicine » School of Medicine » OSA » LGBT-Meds

INDE 215: Queer Health Lecture Series

Everyone is welcome at our Spring lunchtime lecture series about queer health issues. The lecture series began with great success in the spring of 2003 and has continued since. Topics include everything from LGBT veteran health to caring for gender creative and transgender youth.

Prominent speakers such as Dr. Kate O'Hanlon, former president of the Gay and Lesbian Medical Association (GLMA), Dr. Ben Barres, Professor of Neurobiology at SMS, and Dr. Dawn Harbatkin, former director of the Callen Lorde Clinic of New York City have lectured in the series.

The lecture series this Spring is on **Tuesdays from 12:30-1:20pm in LKSC 120** of the medical school. The series is sponsored by the department of Pathology at Stanford as well as Stanford QuEST and is coordinated by a student teaching-assistant. Feel free to email this year's TA, AJ Millet (amillet@stanford.edu) with any questions or concerns.

The 2016 Lecture Series:

3/29: *The Biological Basis of Human Sexuality and Gender*
Dr. Marcia Stefanick, PhD, Professor of Medicine at Stanford Prevention Research Center and of Obstetrics and Gynecology

4/5: *Fundamentals of Gay Men's Health*
Dr. Michael Harbour, MD, Infectious Disease Specialist at Santa Clara Valley Medical Center

4/12: *Issues in Lesbian Health*
Dr. Mickey Eliason, PhD, Professor of Health Education at San Francisco State University

4/19: *Gender and Sexual Identities in Mental Health Care*
Dr. Inge Hansen, PsyD, Stanford Counseling and Psychological Services

LGBT-MEDS INFO

- Home
- News
- Out to the Castro
- Coming Out Day
- Queer Health and Medicine Lecture Series
- Real Deal from your Queer Peers
- Applying to SMS
- LGBTQ Health Resources
- Queer Resources at Stanford
- Contact Us
- + Stanford OUTList

Political & Symbolic

Patient Care • Faculty & Staff Directory • Events • Careers • Donate

f t YouTube Instagram g+

EDUCATION AND TRAINING

NYU School of Medicine
NYU LANGONE MEDICAL CENTER

Home • MD Admissions • Resources • Faculty • Research • Alumni • About

Home > Resources > Diversity Affairs > LGBTQ Resources

A | A

Resources

- General Resources
- Student Affairs
- Diversity Affairs
 - About Us
 - Recruitment
 - Education
 - Professional Development
 - Highlights and Announcements
 - LGBTQ Resources
 - OUTlist
 - Safe Zone: Med
 - External Resources

OUTlist

The NYU School of Medicine OUTlist is an initiative of the Office of Diversity Affairs. The list consists of individuals within the NYU School of Medicine Community, including faculty, staff, residents, post-graduate students, and medical students, who identify as members of the LGBTQ community (including but not limited to individuals who are lesbian, gay, bisexual, transgender, queer, intersex, and/or asexual).

The goals of the OUTlist are as follows:

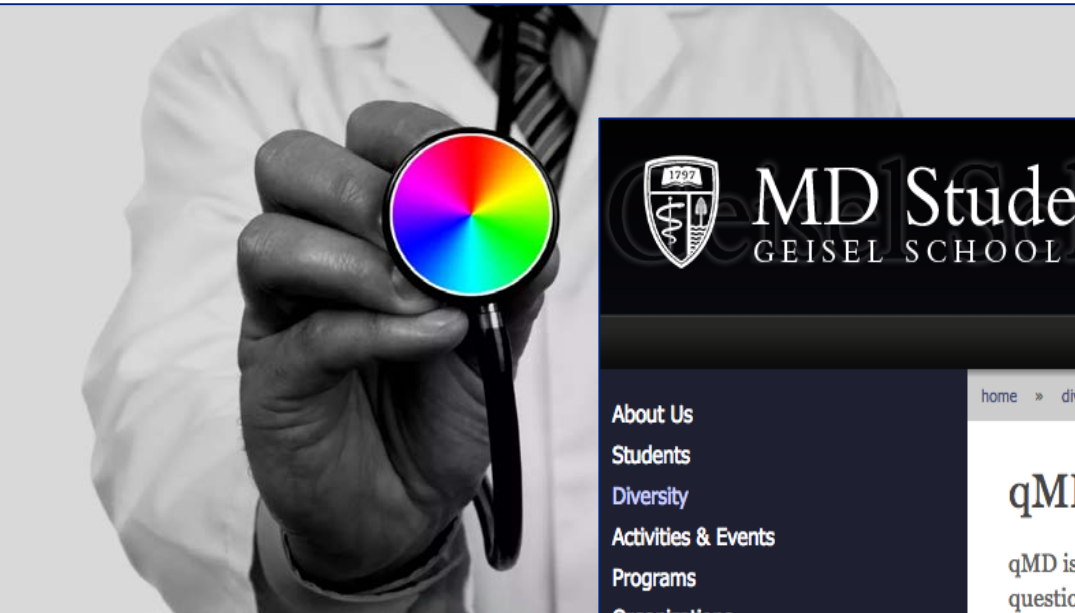
- To foster an inclusive community across the School of Medicine
- To demonstrate the commitment of the School of Medicine and the Office of Diversity Affairs to LGBTQ equity and inclusion
- To provide members of the LGBTQ community both within and outside of the School of Medicine with informal networking and mentoring opportunities

Current, future, or prospective faculty, staff, residents, or students may contact the individuals on this list to connect or to ask any questions.

Jaime Amengual, PhD
Postdoctoral Fellow, *Cardiology*
Jaime.Amengual.Terrasa@gmail.com

Christopher Angeles
Research Associate, *Department of Biochemistry and Molecular Pharmacology*

Political & Structure



The screenshot shows a website header with the text "MD Students & Multicultural Affairs" and "GEISEL SCHOOL OF MEDICINE" next to a crest. A navigation menu on the left lists: About Us, Students, Diversity, Activities & Events, Programs, Organizations, Calendars, Resources, and Contact Us. The main content area is titled "qMD" and contains a paragraph describing the group as an LGBTQQIA interest group. Below the paragraph is a bulleted list with two items: "Core Competencies" and "Concerns in Medical Education". At the bottom of the content area, there are two lines of text providing contact information for Yike Jiang and a link to the GLBT student community.

MD Students & Multicultural Affairs

GEISEL SCHOOL OF MEDICINE

Home • Help • Site Index • Search

home » diversity » qMD

qMD

qMD is the Geisel School of Medicine's LGBTQQIA (lesbian, gay, bisexual, transgender, questioning, queer, intersex, and ally) interest group. We are a social club and meet regularly to have dinners and movie nights, as well as discuss LGBTQQIA-relevant health issues and navigate the queer-friendly social opportunities available in the Upper Valley. All are welcome. We encourage a healthy dialogue about the intersections between sexual orientation, gender identity, the health care system, and our role as future medical practitioners.

- [Core Competencies](#)
- [Concerns in Medical Education](#)

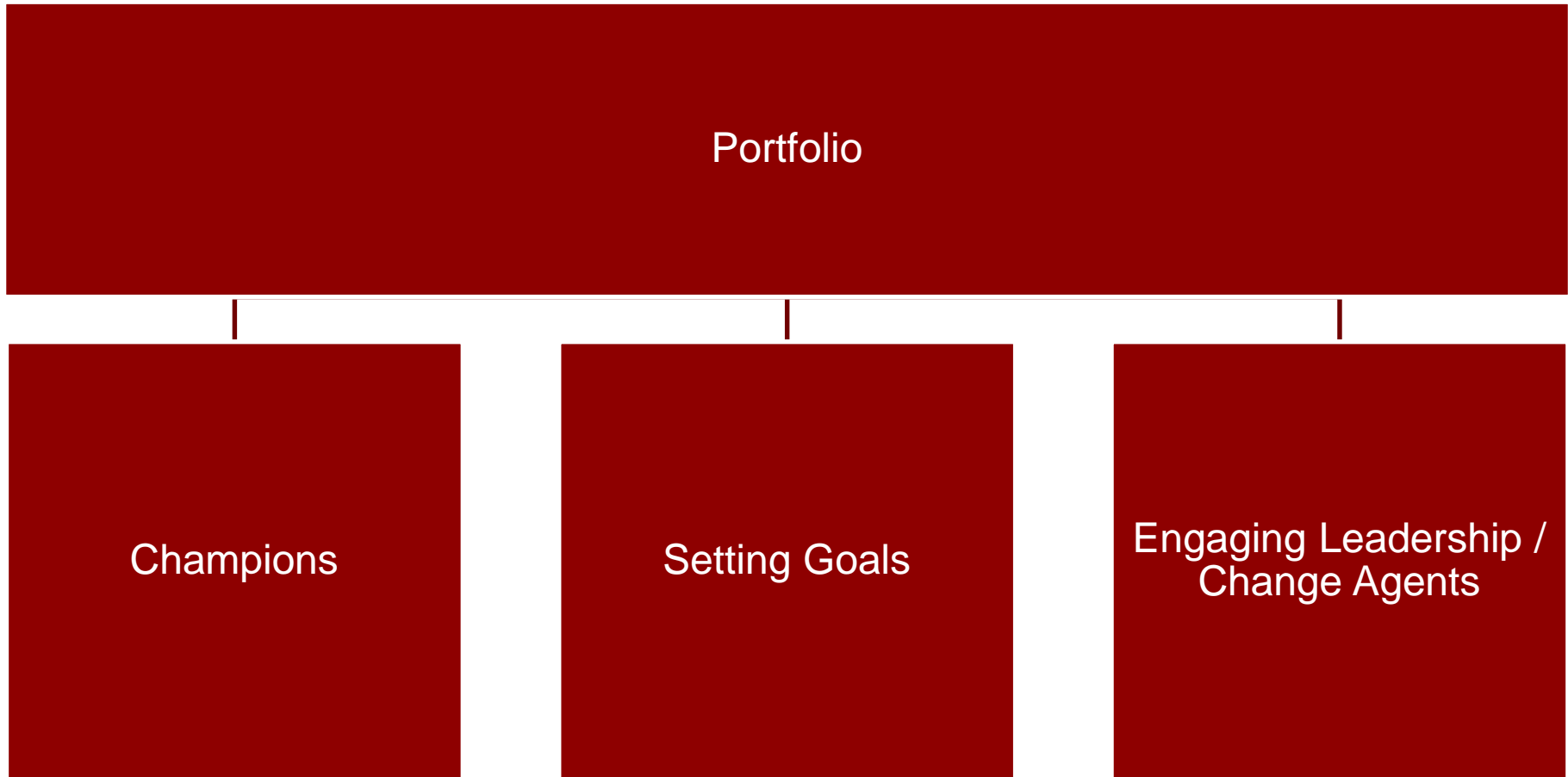
For more information, contact Yike Jiang at Yike.Jiang.DM@gmail.com

For more information on Geisel's GLBT student community, [click here](#).

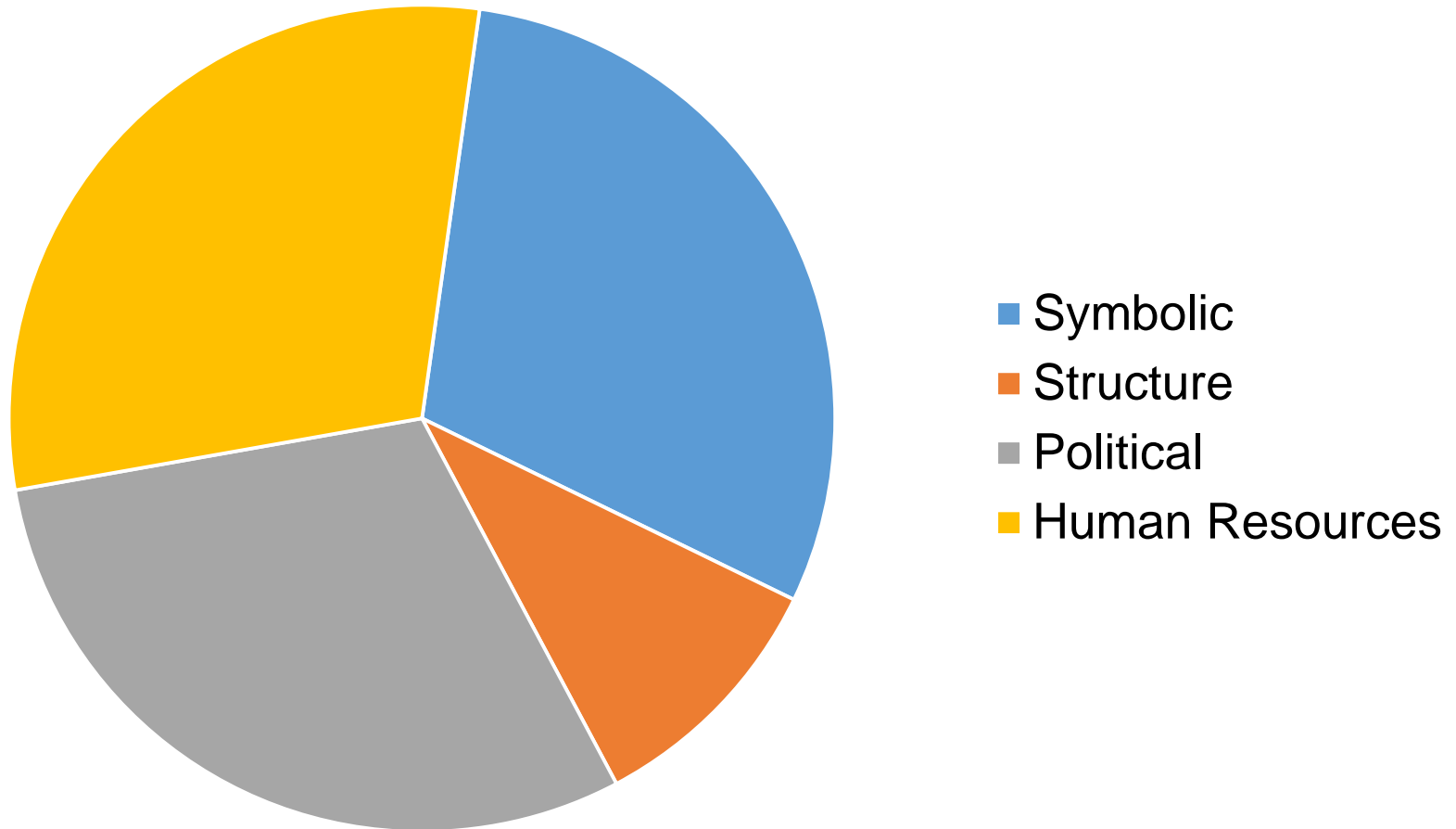
Human Resources



Portfolio Development



Moving from Marginalization to Centrality: *Building an Infrastructure*



UC DAVIS HEALTH SYSTEM | Office for Equity, Diversity and Inclusion UC Davis

Resources ▾ Inclusion Excellence ▾ Principles of Community ▾ LGBTQI ▾ Events ▾ Em

Health System / Inclusion Excellence / Committees

Committees

Chancellor's Administrative Advisory Committees:

- Chancellor's Committee on Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and Asexual Issues
- Disability Issues Administrative Advisory Committee
- Staff Diversity Administrative Advisory Committee
- Status of Women at Davis Administrative Advisory Committee (SWADAAC), UC Davis
- Status of Women at Davis Administrative Advisory Subcommittee (SWADAC), UC Davis Health System

Human Resources & Structure

UNIVERSITY OF LOUISVILLE APPLY ▾ DONATE ▾ CAMPUSES ▾

The LGBT Center at University of Louisville

Home / LGBT at HSC / LGBT at HSC - Mission and Strategies

LGBT at HSC - Mission and Strategies

Mission:


The mission of the LGBT Center's HSC satellite office is to promote exceptional LGBT healthcare and create an inclusive environment for students, faculty, and staff in the health sciences. We do this by improving the climate, services, education, research, and support within the University of Louisville and affiliated healthcare settings.

- Home
- LGBT at HSC
 - LGBT at HSC Center Staff Team
 - LGBT at HSC - Mission and Strategies
 - Programs and Services at HSC
 - LGBT Health and Wellness Competency Certificate
 - eQuality at the University of Louisville
 - Standardized Patient Program
 - 2016 UofL School of Medicine LGBT Health Summit
 - Programs
 - Student & Employee Resources
 - Show Your Support

HARVARD MEDICAL SCHOOL | **DICP** OFFICE FOR DIVERSITY INCLUSION & COMMUNITY PARTNERSHIP

Home Who We Are Research Awards HMS Offices Affiliates Affinity Groups Calendar Get Involved

Home » DICP Programs » LGBT



DICP Programs

- K-12
- College
- Medical and Graduate
- Postdoc and Fellow
- Faculty
- LGBT
 - LGBT Advisory Committee
 - LGBT Highlights
 - LGBT Events
 - LGBT News
 - Groups for the LGBT Community
 - Resources
 - Contact Us
 - Mentoring

WELCOME

The LGBT Office was established in 2014 to enhance diversity inclusion while fostering an open, affirming, and welcoming community for LGBT students, staff, faculty, trainees, and fellows at Harvard Medical School and Harvard School of Dental Medicine (HMS/HSDM). Our goal is to identify key areas of importance, programmatic interventions, and resources that support LGBT issues. We collaborate with relevant offices and programs within HMS/HSDM, Harvard University, and the broader community to build an inclusive environment. The LGBT Advisory Committee advises the Dean of the Faculty of Medicine on key priorities that address issues of importance to the HMS/HSDM LGBT community.

Please click here to join the LGBT Office mailing list >



Structure



Structure & Symbolic

Normalization of spectrum of human sexual orientation and gender within education:

- Inclusive language
- Integration of LGBTQ+ topics throughout mandatory curriculum
- Evolve beyond “typical” areas for LGBTQ+ educational content
- Ongoing faculty development



- Examples:
- Sex vs. gender
 - Inclusive language in SH taking
 - SPs, OSCEs

Political & Structural

- Admissions & Recruitment – *beyond non-discrimination*
- Inclusion of LGBTQ+ in institutional definition of diversity
- Accessible, visible support for LGBTQ+ students, faculty and staff
- Engagement of institutional leadership with internal LGBTQ+ community



Portfolio Development: Next Phase

Portfolio – Moving towards Centrality

Formal
Structure of
Influence

Commitment
of
Leadership

Integration
into
Education

Faculty
Development

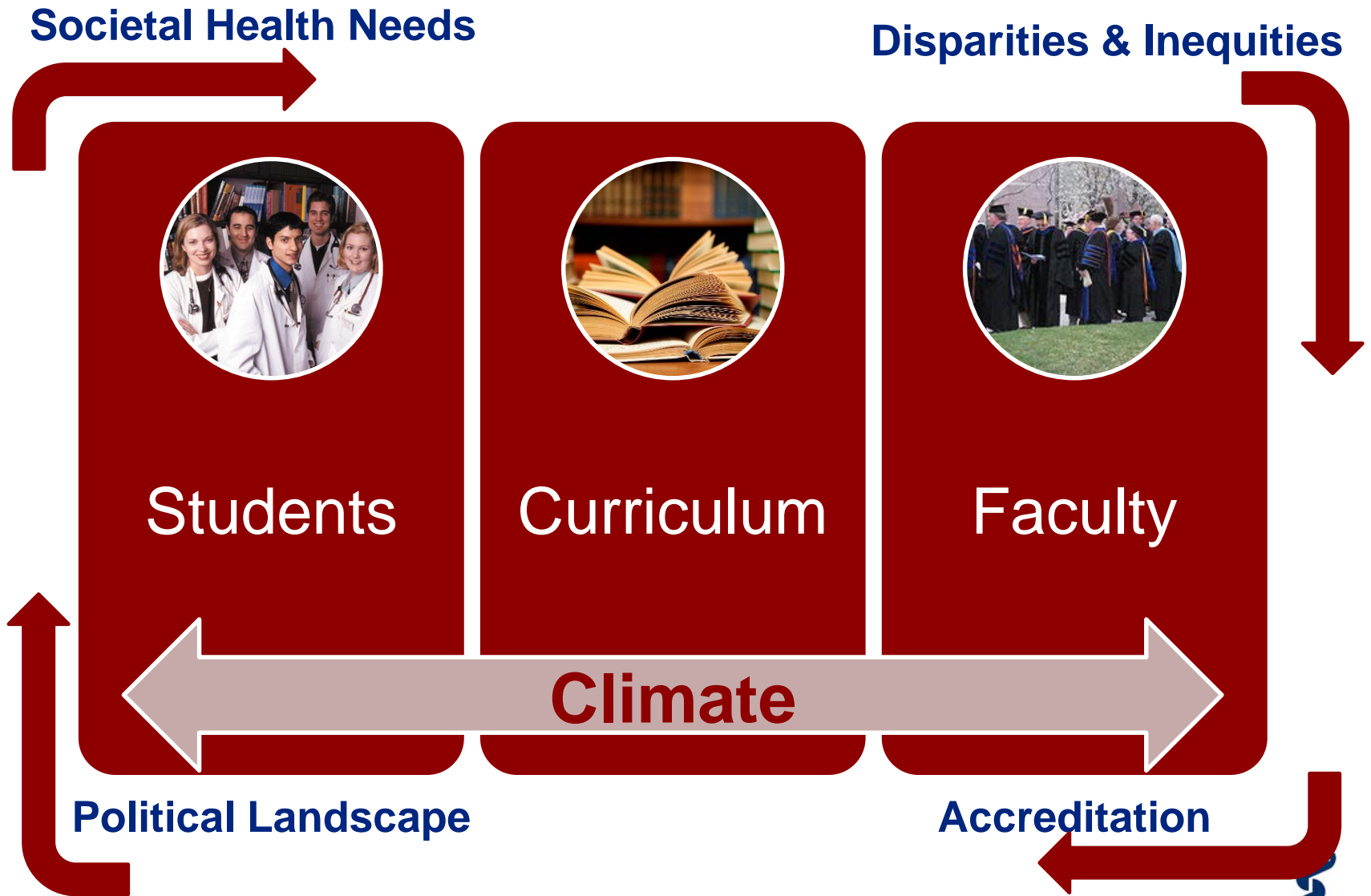
Recruitment
and
Admissions

Moving from Marginalization to Centrality: *Sustainability*



- Symbolic
- Structure
- Political
- Human Resources

Macro and Micro Perspectives



Political and Symbolic: Accreditation

How do we assess LGBTQ+ educational experiences with the goal of ongoing quality improvement?

LCME Element 7.6: Cultural Competence and Health Care Disparities (Previously ED-21 and ED-22)

The faculty of a medical school ensure that the medical curriculum provides opportunities for medical students to learn to recognize and appropriately address gender and cultural biases in themselves, in others, and in the health care delivery process. The medical curriculum includes instruction regarding the following:

- The manner in which people of diverse cultures and belief systems perceive health and illness and respond to various symptoms, diseases, and treatments
- The basic principles of culturally competent health care
- The recognition and development of solutions for health care disparities
- The importance of meeting the health care needs of medically underserved populations
- The development of core professional attributes (e.g., altruism, accountability) needed to provide effective care in a multidimensional and diverse society

AAMC Medical School Graduation Questionnaire

2015 National Data

Question 49.10: Indicate the number that best represents your confidence in your current ability to demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, ability, and sexual orientation.

Scale range from 0%=no confidence to 100%=complete confidence.

0%-60%	70%	80%	90%	100%	Mean	Count
2.5%	4.8%	13.9%	30.6%	48.1%	9.1%	13,963

AAMC Medical School Graduation Questionnaire

2015 National Data

Question 14.1: Based on your experiences, indicate whether you agree or disagree with the following statement: My knowledge or opinion was influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds.

Scale: 1=Strongly Disagree to 5=Strongly Agree

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Count
1.0%	2.1%	11.5%	47.7%	37.7%	4.2	14,435

AAMC Medical School Graduation Questionnaire

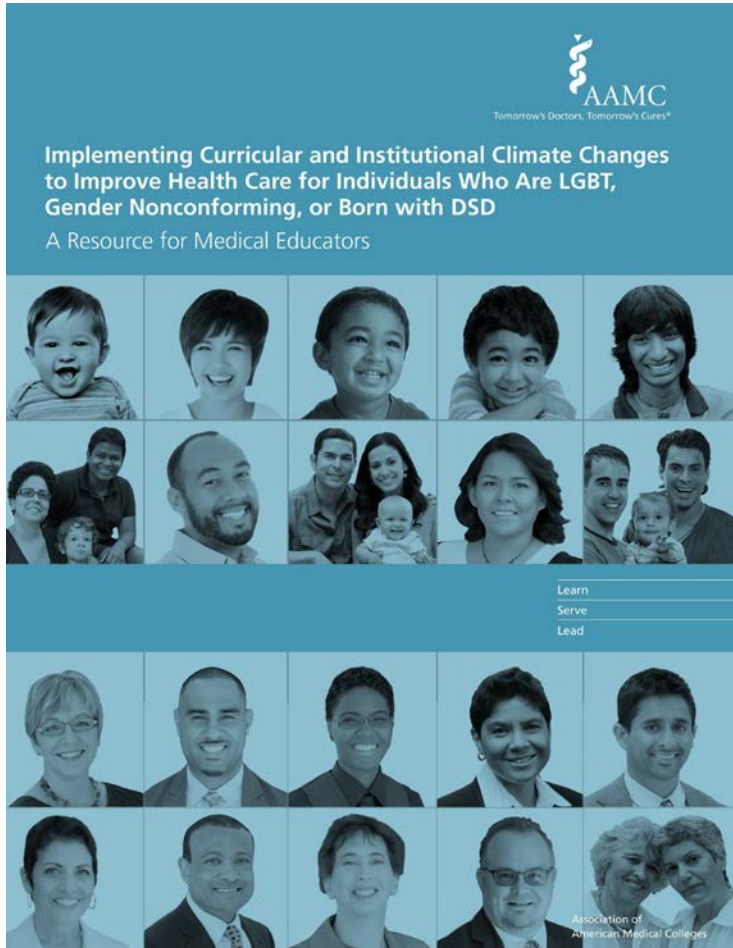
2015 National Data

Question 14.2: Based on your experiences, indicate whether you agree or disagree with the following statement: The diversity within my medical school class enhanced my training and skills to work with individuals from different backgrounds.

Scale: 1=Strongly Disagree to 5=Strongly Agree²⁰

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Mean	Count
4.1%	10.2%	23.7%	35.8%	26.2%	3.7	14,454

AAMC LGBT, Gender Nonconforming, and DSD Medical Education Guide



Chapter 3: Professional Competency Objectives to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 4: How to Integrate Competencies into Medical School Curricula to Improve Health Care for People Who Are or May Be LGBT, Gender Nonconforming, and/or Born with DSD

Chapter 6: How to Assess Learners and Evaluate the Impact of Curricular and Climate Initiatives

Available online:
<http://www.aamc.org/lgbtdsd>

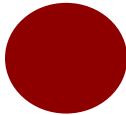
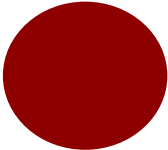
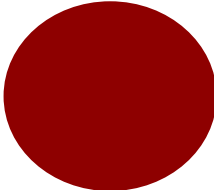
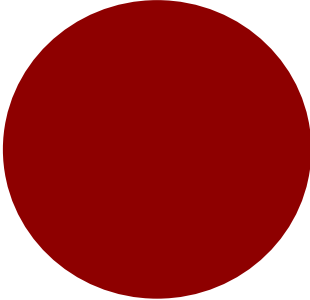
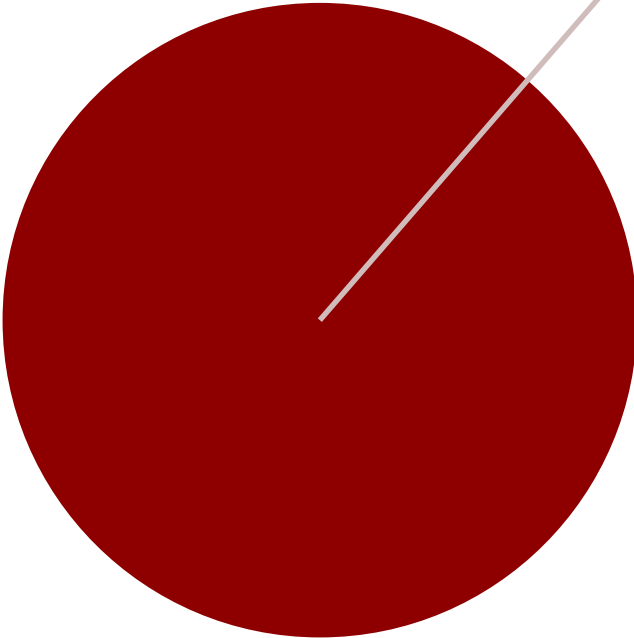
Political: Medical School Seen as a Partner

Intentional

VS

Disconnected

Location
Resources
Staffing
Influence



Structure and Symbolic: Data and Outcome Tracking

Admissions

- Opportunity to select important salient identities
- Language: demonstrate gender isn't binary, use of pronouns.
- Connection of identities, experiences, and attributes to mission driven outcomes



Outcomes

- Curricular Innovations
- More robust research agenda
- Service patterns
- Improved patient health
- Competencies

Political and Symbolic: Data

How do we know our institutional climate is appropriate?

AAMC Medical School Graduation Questionnaire

2015 National Data

Accessed at: <https://www.aamc.org/download/440552/data/2015ggallschoolssummaryreport.pdf>.

Question 38.14: During medical school, how frequently have you been denied opportunities for training or rewards based on sexual orientation?

Never	Once	Occasionally	Frequently	Count
99.5%	0.2%	0.3%	0.1%	13,853

Question 38.15: During medical school, how frequently have you been subjected to offensive remarks/names related to sexual orientation?

Never	Once	Occasionally	Frequently	Count
97.9%	0.9%	1.1%	0.1%	13,854

Question 38.16: During medical school, how frequently have you received lower evaluations or grades solely because of sexual orientation rather than performance?


Never	Once	Occasionally	Frequently	Count
99.6%	0.2%	0.1%	0.1%	13,832

Human Resources and Structure: Curricular Innovations

Ongoing Educational Opportunities:

- Leadership/Development
- Education/Scholarship – Scholarly
Concentration in LGBTQ+ Health
- Faculty mentors with salary coverage
- Integration across the curriculum
- Curriculum framework that specifies
commitment to LGBTQ+ Health

Human Resources and Structure: Curricular Innovations




BROWN
Alpert Medical School

Search Brown Search AMS

[About](#) [Education](#) [Student Affairs](#) [Diversity](#) [Admission](#) [Financial Aid](#) [MED A TO Z](#) [PEOPLE DIRECTORY](#)

ALPERT MEDICAL SCHOOL > SCHOLARLY CONCENTRATION PROGRAM



Scholarly Concentration Program

[Preclinical Curriculum Overview](#)

[Clinical Curriculum Overview](#)

[Combined MD-ScM, The Primary Care—Population Medicine Program](#)

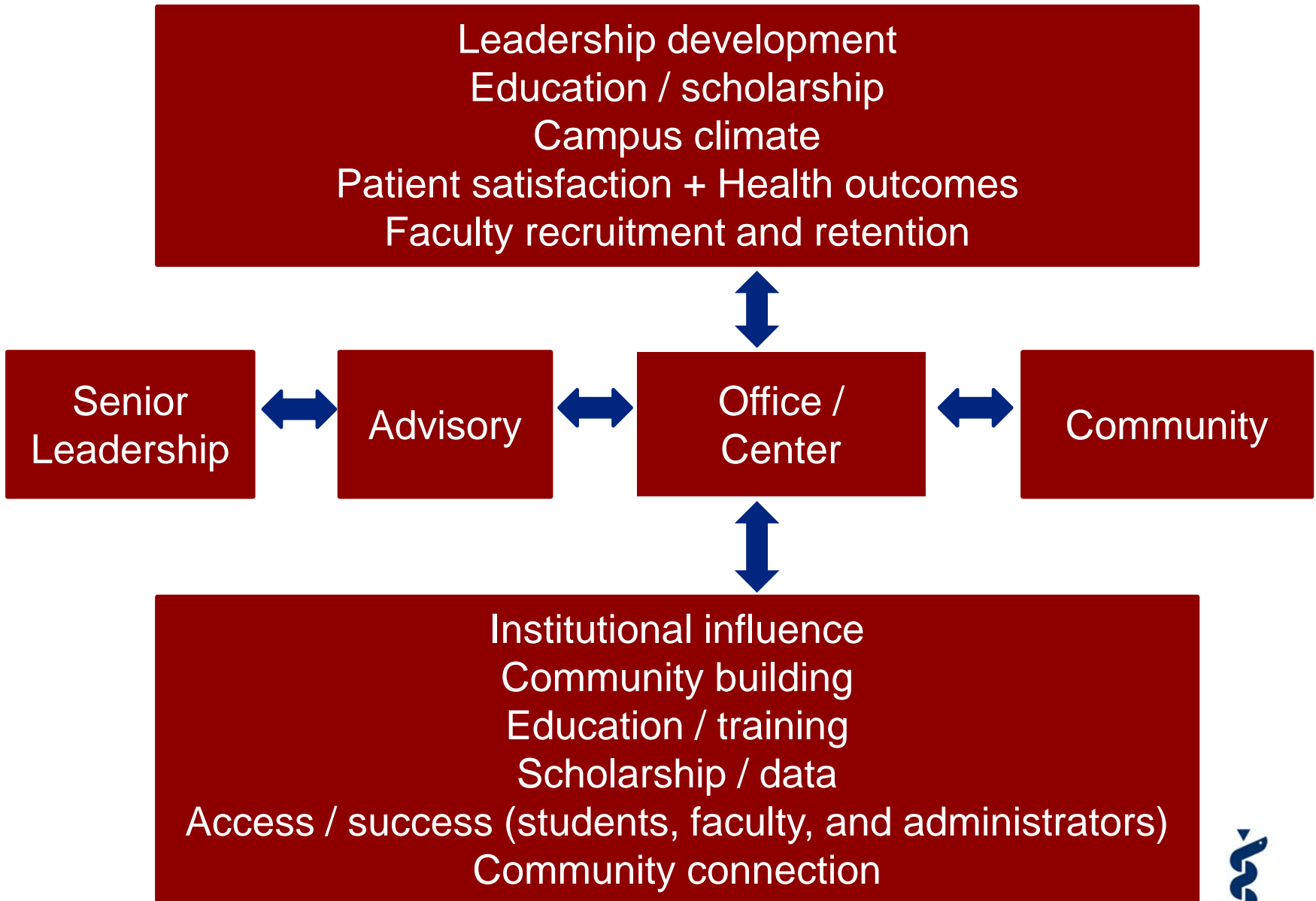
[MD/MPA Program](#)

This is an elective program through which Alpert medical students may pursue a course of study beyond the scope of their conventional curriculum and to translate personal interests and activities into scholarship. Students who participate in a Scholarly Concentration undertake rigorous independent scholarship in a cross-disciplinary field of interest related to medicine, public health, engineering, or a biomedically relevant topic in the sciences, arts, or humanities. Currently there are thirteen scholarly concentration areas:

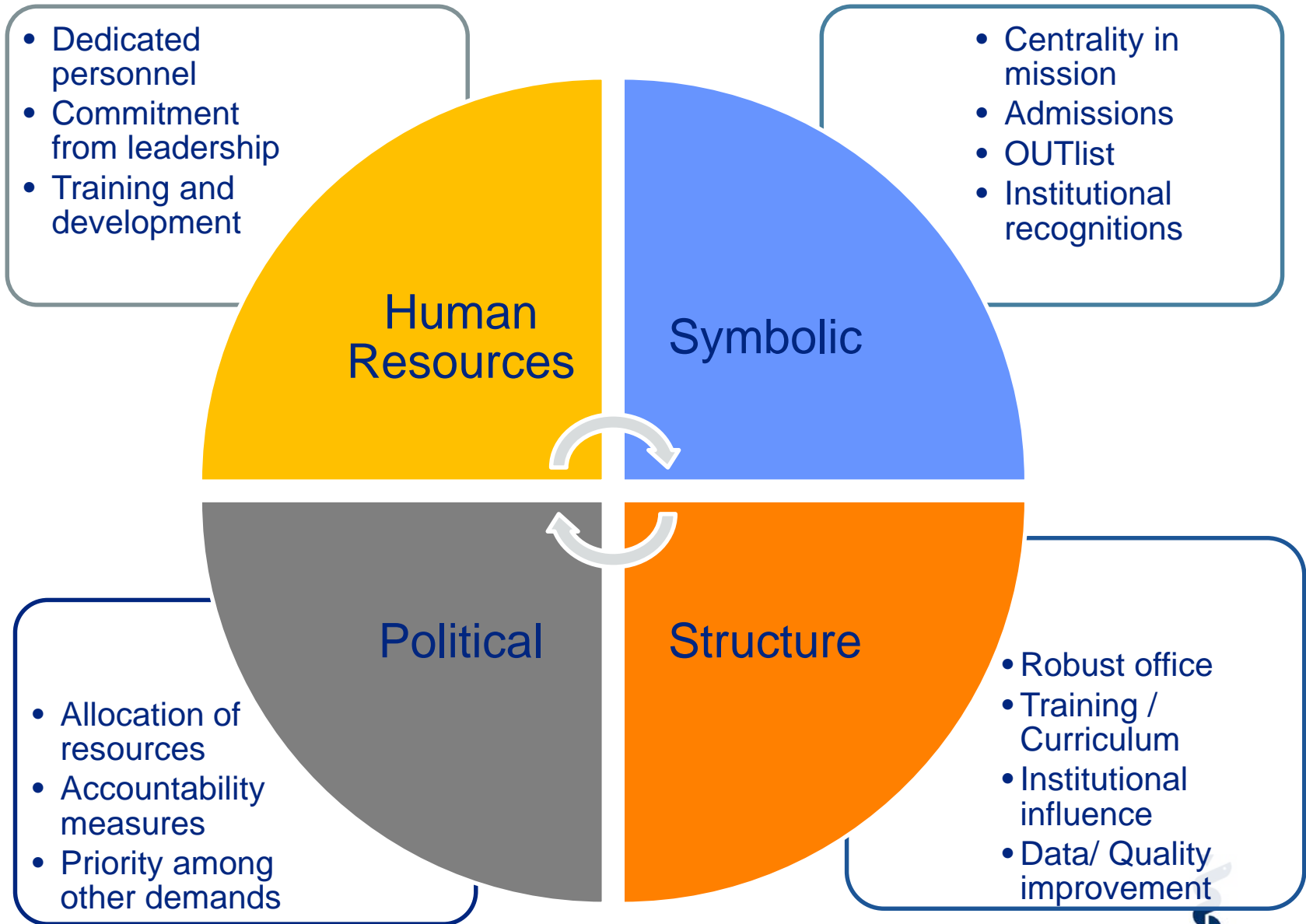
JUL

- Lefschetz Center for Dynamical Systems Seminar: Ivan Ovsyannikov – Lorenz attractors in flows and maps
- NO COBRE & Orthopaedic Research Meeting –On Summer Hiatus

Human Resources and Structure



Moving from Marginalization to Centrality: Sustainability



Questions

Please use the **Q&A panel** located on the right side of your screen to submit your questions. Send your questions to “All Panelists”.

A screenshot of a web-based Q&A interface. At the top, there is a grey header bar with a dropdown arrow and the text 'Q&A', and a close button 'X'. Below this is a white box containing the text 'All (0)'. The main area features an 'Ask:' label followed by a dropdown menu currently set to 'All Panelists'. A red arrow points from the right towards this dropdown menu. Below the dropdown is a text input field with the placeholder text: 'Select a panelist in the Ask menu first and then type your question here. There is a 256-character limit.' To the right of the input field is a 'Send' button.

National Data: Citations

- More likely to report verbal insults, harassment or threats, isolation in medical school. (*Przedworski, 2015*)
- LGBT and first-to-attend-college medical students report the least social support of any social groups. (*Grbic, 2015*)
- 30% SM and 60% of GM students conceal SO/GI in medical school (*Mansh, 2015*)
 - Most common reasons for concealment: “nobody’s business” (61%), Fear of discrimination in medical school (44%), social or cultural norms (41%), concern over career options (37%), and fear of discrimination in residency (37%)
- More likely to experience anxiety disorders in medical school (*Przedworski, 2015; Lapinski 2014*)
- 2x as likely to experience depression in medical school (*Przedworski, 2015; Lapinski 2014*)
- 89% of SGM surgical residents did not disclose SO/GI when applying to residency; 30% of SGM surgical residents did not disclose **explicitly** due to fear of not being accepted into a general surgery program; 23% **advised by faculty** to conceal SO/GI. (*Lee, 2007*)
- Over 2/3 of lesbian and gay students report considering of how others might perceive them as a SGM physician as influencing their specialty choice (*Oriel, 1997*)
- Prestigious specialties (i.e. higher income, more competitive entry) perceived as less SGM-inclusive by SGM in medicine. Percentage of SGM in each specialty inversely related to specialty and positively related to perceived SGM inclusivity. (*Sitkin, Under Review*)

Student Voices

The hardest part about being a queer-identifying medical student isn't necessarily just a lack of official LGBTQ-oriented curricula -- it's the "unwritten" curriculum that is so disheartening. It's the fact that many of my gay male classmates felt pressured to act straight during medical school orientation, even when they were comfortably out in undergrad. It's the fact that my anesthesiology resident referred to a transgender patient as 'it' and 'he-she' as soon as they were sedated. It's the fact that my lesbian classmate grew out her short hair before clinical rotations because she didn't want her identity to affect her evaluations. It's the fact that my transgender classmate is scared that her transition will stop her from matching into residency. Despite all the well-meaning efforts to incorporate more LGBTQ training into medicine, more modules won't be enough. We need to address and drastically alter the attitudes in the medical hierarchy that stop queer medical students from feeling like they are in a safe space.

One of the most important factors for me when choosing between medical schools was not only having a large and supportive LGBTQ student community, but also knowing that there were people like me within the school's administration and faculty that I could turn to for support and mentorship. Our LGBTQ student group has worked a lot with our administration over the past year to improve the LGBTQ content in our curriculum, and having LGBTQ and allied faculty on our side makes the process feel more like a partnership as opposed to an us-versus-them kind of situation.

As a lesbian, I have often felt frustrated by the lack of support for LGBTQ people in the medical school. Both on a curricular level and a social level, there are many gaps in my experience here that I think would have been ameliorated with closer attention to the ways in which queer people are marginalized by the medical community. For example, I have been extremely frustrated by the silence of the medical school curriculum on trans issues. I have asked about health issues specific to trans people numerous times and I've consistently been met with hesitation or outright ignorance on the part of faculty. The curricular attempts to educate students about LGBTQ issues exclusively focus on MSM. Furthermore, on a social level, the lack of visibility of queer students and faculty has often made me feel marginalized. My undergraduate college celebrated queer identities in a way that the medical school never has. I feel silenced here. at times I have intentionally stayed in the closet because of the pervasiveness of the heteronormative assumptions that people make, which create a culture in which being gay is a subversion from the norm. As such, I do not always feel safe in my identity here.

Last week, I ran into my attending at a restaurant. We hugged and talked excitedly about our upcoming rotation together. Then I introduced him to my girlfriend who was sitting next to me. He went "ohhh" and walked away without saying another word. Now I'm worried about my upcoming rotation with him.

(Lesbian-identified MS3)

In our medical ethics course, we were poised with multiple scenarios to advocate for both parties with opposite opinions. Most scenarios were things like withdrawing life support for a parent with limited hope for recovery. One was a case of an in vitro fertilization clinic that refused to provide services to a lesbian couple. The course directors made no statement about how this was an example of clear discrimination (the real lesbian couple actually won a lawsuit against the clinic) — that there was a clear answer—and it sent a pretty terrible message about what is acceptable for a physician

As a queer student, I am constantly asked to clarify misunderstandings about gender and sexual orientation. I am often the lone voice of dissent when a professor uses incorrect pronouns or makes statements that erase queer identities. Luckily I am in an organization that wants to do it right, but the basic knowledge level of the faculty and practitioners is low.

One of the most difficult aspect of being a lesbian medical student was having to listen to my supervising physicians say disparaging comments about LGBT individuals, not realizing they were actually talking about me. The hierarchal structure of medicine in which saying something may lead to negative evaluations makes it very difficult to stick up for not only your own, but also your patients' rights.

I am a bisexual, cis-female, pre-clinical medical student. My experience has been that, while my classmates are in general very progressive and supportive, as are the staff and faculty dedicated to student support and diversity, it is not equally comfortable to be out around older faculty. I also find that older faculty are the least informed about LGBT issues (particularly trans issues) and I wish there was a way to “teach up,” but there is very little forum for it in medical school. In addition, in the transition from college to graduate/professional school, planning for work-life balance and balancing career with the needs of partners and family is a greater part of the advice and mentoring I receive, which sometimes forces me to come out. This is even more complicated for me because I’m in a polyamorous relationship, and am committed to more than one partner. I wish that there were more faculty who were visibly out or allies that I could feel comfortable having those conversations with. I think it’s wonderful that our school recognizes LGBT students as a diversity group/underrepresented in medicine. However, our group exists in a sort of limbo because no national organization or group of medical schools seems to consider LGBT at a URM category, and LGBT admission statistics are not collected nor reported by anyone. It’s even more complicated because not everyone who is LGBT is out, the way that most are “out” about their race category, etc.

I want to hear from now residents how they handled being out during their 3rd year or during their residency applications. But I don't have any vehicle for meeting these people.

Going to medical school is a full time job. Providing all student support, facilitating networking between medical students, residents and faculty, and counseling and mentoring opportunities should not fall completely on students. We need administrative support.



Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

Association of
American Medical Colleges