OBJECTIVES FOR THE ENHANCED SKILLS RESIDENCY PROGRAM IN 2SLGBTQ PRIMARY CARE

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In addition to maintaining and fostering all key and enabling competencies in family medicine, as set out by the College of Family Physicians of Canada, the completion of the Enhanced Skills Residency Program in 2SLGBTQ (Lesbian, Gay, Bisexual, Transgender, and Queer) Primary Care will enable acquisition of the following competencies in each of the following domains.

Medical Expert

At the end of the fellowship the resident will be able to:

1. Recognize the importance of a patient's sexual orientation, gender identity, and sexual practices in their primary care and overall medical management.

- O Describe the differences between gender identity, gender expression, sexual orientation, and biological sex, and recognize that these parameters occur on a spectrum within the human population
- Demonstrate an understanding of the culture and language of 2SLGBTQ communities and why this knowledge is essential in providing optimal primary care to members of this population
- o Demonstrate an understanding of the barriers to the delivery of optimal primary care to the 2SLGBTQ population in Canada
- o Describe the specific health disparities experienced by the 2SLGBTQ population and understand the mechanisms by which these disparities occur
- O Describe the factors that influence the decision by 2SLGBTQ patients to disclose their orientation/identity to healthcare professionals
- O Demonstrate an understanding of how cultural factors may impact a patient's self-identity
- Describe the ways that homophobia, heterosexism, transphobia, and cissexism can adversely affect the development of a therapeutic patientprovider alliance
- o Define intersectionality and describe how it relates to the health and wellness of 2SLGBTQ patients who belong to multiple minority groups
- o Describe the differences in incidence and prevalence of common and serious illnesses amongst members of the 2SLGBTQ community

2. <u>Apply knowledge of the clinical, socio-behavioral, and fundamental biomedical sciences relevant to 2SLGBTQ health.</u>

2.1. Transgender/Non-binary (TNB) Primary Care

- Perform an appropriate and culturally sensitive general medical history with TNB patients
- o Perform an appropriate and culturally sensitive gender history in patients presenting with gender-related concerns

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- o Perform an appropriate and culturally sensitive physical examination of TNB patients
- Demonstrate knowledge of evidence and expert opinion regarding cancer risk and cancer screening recommendations in TNB populations based on hormonal and surgical status
- o Perform an internal visual examination of the neovagina, and accurately identify the post-operative location of the urethral meatus
- o Perform digital-vaginal examination of the prostate in post-operative transfeminine patients
- o Perform a culturally sensitive pelvic examination of trans masculine patients
- Identify unexplained vaginal bleeding in trans masculine patients as malignancy until proven otherwise and initiate appropriate investigations and referrals as needed
- o Interpret the results of bone mineral density testing and identify indications for bisphosphonate treatment in TNB patients
- o Identify strategies that may be used to adapt the Framingham risk calculator in estimating cardiovascular risk in TNB patients
- o Identify indications for ASA prophylaxis in TNB patients on hormone therapy
- o Identify unique considerations for STI screening and treatment in TNB patients
- o Recommend vaccinations specific to a TNB patient's risk factors and identify the criteria for public funding of Hepatitis A, Hepatitis B, and HPV vaccines

2.2. Gender-affirming Hormone Therapy

- Review the physiologic functioning and feedback loops within the hypothalamic-pituitary-gonadal axis
- Demonstrate knowledge of the criteria for cross-sex hormone therapy according to current World Professional Association for Transgender Health (WPATH) standards of care
- O Discuss the approaches of 'informed consent' versus the evaluation of 'eligibility and readiness' as they apply to the initiation of hormone therapy
- Consistently utilize collaborative decision-making that fosters rapport in the therapeutic relationship with patients seeking hormone therapy
- o Identify the initiation of hormone therapy as an opportunity to reduce high-risk behaviours and encourage positive lifestyle changes
- o Complete a full assessment, including gender history, focused physical exam, and appropriate investigations in a patient seeking hormone therapy
- O Assist the patient in optimizing preparedness and social supports prior to the initiation of hormone therapy, and provide ongoing support throughout the transition process
- Select an appropriate route of hormone administration based on patient preference, risk factors, pre-existing medical conditions, and financial means/funding
- O Demonstrate comfort and confidence with the initiation of hormone therapy in TNB patients

- Demonstrate knowledge of monitoring parameters and identify indications for dose adjustments in the ongoing care of patients on hormone therapy
- O Summarize the existing knowledge of the effects of cross-sex hormones on cardiovascular risk and contributing risk factors, counsel patients on preventative measures, order appropriate monitoring investigations, and manage these risk factors when indicated
- Summarize the existing knowledge of the effects of gender-affirming hormones on bone mineral density, counsel patients on measures to counteract bone loss, and order bone mineral density testing as indicated
- Summarize the existing knowledge of the effects of gender-affirming hormones on VTE risk, counsel patients on preventative measures as well as warning signs and symptoms
- Support patients for whom hormone therapy is contraindicated in exploring nonpharmacologic means of aligning their gender presentation with their experienced gender

Feminizing Regimens

- Discuss the options for androgen blockade and their respective side effects, risks, monitoring parameters, and expected physiologic changes
- List the absolute and relative contraindications for the available methods of androgen blockade
- Demonstrate knowledge and counsel patients appropriately regarding treatment with exogenous estrogen, including timeline of expected therapeutic effects, potential unwanted side effects, risks, and monitoring parameters
- Discuss the options for estrogen formulations and routes of administration, as well as their respective benefits and risk profiles
- List the absolute contraindications and precautions to estrogen therapy
- Interpret serum hormone levels and apply these results to recommend dose adjustments that are aligned with patient goals for therapy
- Monitor for and effectively manage side effects and complications arising from feminizing hormone therapy, including fatigue, sexual dysfunction, hyperprolactinemia, and elevated thromboembolic risk
- Demonstrate knowledge and counsel patients appropriately regarding the use of progesterone as part of a feminizing hormone regimen

Masculinizing Regimens

- Recognize and offer, when appropriate, the option for therapeutic cessation of menses in the absence of (or use of low-dose) masculinizing therapy
- Discuss the options for testosterone formulations and routes of administration, as well as their respective benefits and risk profiles
- List the relative and absolute contraindications to testosterone therapy
- Demonstrate knowledge and counsel patients appropriately regarding treatment with exogenous testosterone, including timeline of expected

- therapeutic effects, potential unwanted side effects, risks, and monitoring parameters
- Interpret serum hormone levels and apply these results to recommend dosing adjustments that are aligned with patient goals for therapy
- Monitor for, and effectively manage, complications arising from masculinizing therapy, including acne, male-pattern baldness, dyspareunia/dryness, and polycythemia

2.3. Gender-affirming Surgeries

- o Demonstrate knowledge of the criteria for surgical treatments for Gender Dysphoria, according to the current version of the WPATH standards of care
- O Conduct all aspects of gender-affirming surgery planning (assessment, review of options, preparation, funding application, and referral) with a patient seeking surgical intervention(s) that are covered by provincial health programs
- o Consistently utilize collaborative decision-making that fosters rapport in the therapeutic relationship with patients seeking gender-affirming surgery
- o Identify pre-operative measures to optimize surgical outcomes for gender-affirming surgeries
- o Demonstrate an understanding of individual-level and systems-level barriers that make it difficult for some patients to access surgical interventions

Feminizing Surgeries

- List the feminizing surgeries available for transfeminine patients, and identify those that are covered by provincial health insurance
- For each of the provincially-funded surgeries available for transfeminine patients (see below), describe the procedure and its intended results, review techniques and options, list the common and serious side effects and complications, and describe the expected pre- and post-operative course
 - o Breast augmentation
 - o Orchiectomy/scrotectomy
 - o Penectomy
 - o Vulvoplasty
 - Vaginoplasty
- Diagnose and manage post-operative complications arising from feminizing surgery that are within the scope of primary care (including but not limited to wound infection, wound dehiscence, UTI, urinary retention, pain with dilation/penetration, vaginitis)

Procedure-Specific Objectives:

Vaginoplastv

 Describe in detail the steps in the surgical process of penile inversion vaginoplasty (as performed in Canada) and demonstrate knowledge of the tissue origins of all post-op genital structures

- Counsel a patient on the technique and importance of post-operative neovaginal dilation
- Use cauterization in the treatment of neovaginal granulation tissue

Masculinizing Surgeries

- List the masculinizing surgeries available for transmasculine patients, and identify those that are covered by provincial health insurance
- For each of the provincially-funded surgeries available for transmasculine patients (see below), describe the procedure and its intended results, review techniques and options, list the common and serious side effects and complications, and describe the expected pre- and post-operative course
 - o chest reconstruction
 - o hysterectomy
 - o bilateral salpingo-oophorectomy
 - o scrotoplasty
 - o mons resection
 - o clitoral release
 - o metoidioplasty
 - o phalloplasty
- Diagnose and manage post-operative complications arising from masculinizing surgery that are within the scope of primary care (including but not limited to wound infection, seroma/hematoma, urinary tract infection, urinary retention, hypertrophic scarring, pain)

Procedure-Specific Objectives:

Chest Reconstruction

- Provide direct wound care to patients who are post-op chest reconstruction including dressing and drain management
- Differentiate normal post-operative healing of the nipple-areolar complex from nipple necrosis

Phalloplasty

 Describe in detail the macro- and micro-surgical steps of forearm flap phalloplasty (as performed in Canada) and demonstrate knowledge of the tissue origins of all post-op genital structures

2.4 Fertility Medicine

- o Describe and interpret the parameters used to assess and predict fertility in both people with ova and people with sperm
- Demonstrate knowledge of the pathophysiology, diagnosis, and management of common medical conditions that may affect fertility
- o Identify the options for cycle monitoring and effectively communicate the process for home- and clinic-based monitoring to patients

- o Interpret parameters measured during in-clinic cycle monitoring and synthesize this information with patient factors to determine treatment plans
- Identify indications for pharmacologic therapy in the treatment of infertility
- o Describe the procedural options available to assist reproduction and identify clinical scenarios in which these may be indicated
- Counsel 2SLGBTQ patients on their various options for starting a family as well as their respective risks and benefits, appropriate to a patient's/family's particular set of circumstances
- Demonstrate a basic understanding of the legal issues regarding the use of donors and surrogates, and counsel patients to seek legal support when indicated
- Demonstrate an awareness of the community resources available to support 2SLGBTQ patients considering starting a family
- o Counsel patients on the options, process, and cost of preservation of gametes for those considering gender transition
- o Discuss common fertility-related ethical dilemmas faced by physicians and by patients
- o Observe and describe the procedure of intra-uterine insemination

2.5 Sexually Transmitted Infections (STIs)

- o Cite the unique epidemiological, physiological, and social factors that impact STI incidence and prevalence in members of the 2SLGBTQ population
- o Counsel patients regarding STI risk reduction based on a patient's anatomy and sexual behaviours in a culturally sensitive manner
- O Based on knowledge of patient and public health factors, select the most appropriate lab media, detection modality, and timing in relation to exposure for screening and diagnosis of gonorrhea, chlamydia, syphilis, herpes, Hepatitis A and B, and HIV
- O Select the appropriate therapeutic regimen for the treatment of gonorrhea, chlamydia (LGV and non-LGV), syphilis, herpes, and genital warts in a patient with or without concomitant HIV infection
- o Interpret and manage the results of treponemal and non-treponemal syphilis screening tests including sequential results of the RPR titer
- o Correctly diagnose, and perform cryotherapy as appropriate, for anogenital warts
- o Demonstrate an understanding of the epidemiology, pathophysiology and natural history of oncogenic HPV infection and related cellular changes
- Discuss options for anal cancer screening, appraise the anal Pap smear as a screening tool, and demonstrate an understanding of the barriers and limitations to routine screening
- o Describe the procedure of an anal Pap smear and perform basic anoscopy
- o Discuss the indications and observe and describe the procedure for high resolution anoscopy
- o Demonstrate a basic understanding of the staging and treatment options for anal cancer

2.6 Children and Youth

Differences in Sexual Differentiation (DSDs)

- o Summarize the organogenesis of the reproductive system
- Discuss the basic etiology, clinical features, and primary care considerations for DSDs, including androgen insensitivity syndrome, gonadal dysgenesis, 5-alphareductase deficiency, testosterone biosynthetic defects, and congenital adrenal hyperplasia
- o Identify ambiguous genitalia in the neonate and recognize the need to rule out life-threatening conditions (e.g. salt-losing CAH)
- O Compare the viewpoints from the medical community and members of the intersex community on the practice of surgical revision for DSDs during infancy and childhood

Gender Diversity in Children

- o Describe the range of presentations of gender diversity in childhood
- o List the DSM-5 diagnostic criteria for Gender Dysphoria in Childhood
- O Describe the mental health issues which can occur alongside gender diversity and Gender Dysphoria in childhood, often due to stigma, social ostracization and bullying by peers
- Support gender-diverse children and their families in understanding and navigating gender variance, including exploration of the option and indications for social transition
- o Support parents to develop advocacy skills as an important part of safety planning in schools and other settings

Gender Dysphoria in Youth

- o Describe the features of Tanner stage II of pubertal development
- List the indications and contra-indications, as well as the advantages (i.e. reversibility) and disadvantages (i.e. insufficient penile growth for penile inversion vaginoplasty), of pubertal suppression
- O Describe the physical and psychological benefits of puberty suppression in youth with gender dysphoria
- o Discuss the impact of lack of parental support for hormonal treatments in youth
- O Discuss the pharmacologic options for menstrual suppression, partial and total hormone suppression in youth
- o List and describe the management of common side-effects of puberty suppression (e.g. hot flashes, injection site pain, sterile abscess)
- o List and counsel patients regarding the signs of sterile abscess
- Describe the impact of GNRH analogs on bone growth and maturation and bone mineral density and counsel patients regarding the need to optimize calcium and vitamin D intake

- o List the baseline investigations indicated when considering puberty suppression with a GNRH analog
- o List the monitoring parameters for GnRH analogs including physical examination, bloodwork, and BMD
- O Discuss the factors impacting the decision of timing for the transition from puberty suppression to cross-sex hormones in adolescents, and list relevant the investigations to be done when considering this transition

2.7 Two-Spirit and Indigenous LGBTQ Health

- Discuss the impact of colonization on the determinants of health of Indigenous populations, and the intersectional impacts on Indigenous individuals diverse in their sexual orientation and/or gender identity
- Describe the origins and meaning of the term Two-Spirit, while recognizing that not all Indigenous individuals who are diverse in their sexual orientation and/or gender identity will identify with the term
- Describe underlying principles common to many Indigenous culture's traditional beliefs around health and wellness, and support the incorporation of traditional healing modalities into an overall treatment plan if desired by the patient
- List and describe the stages along the cultural safety continuum

2.8 Mental Health and Counseling Skills

- Develop basic skills in supportive and cognitive behavioural therapy to aid the exploration of issues and coping skills development for patients dealing with complex issues that may present in relation to 2SLGBTQ identities
- o Develop basic skills in motivational interviewing, or other approach used in substance use treatment
- o Describe the psychological steps in the coming out process
- Demonstrate an understanding of the impact of minority stress on 2SLGBTQ patients and tailor health counseling appropriately to boost resilience and selfesteem
- Describe interactions and associations between 2SLGBTQ identities and depressive disorders, anxiety disorders, substance abuse disorders, risk-taking behaviours, eating disorders, trauma disorders, domestic violence, and suicidality
- o Describe the components of common therapeutic approaches used to support and treat a 2SLGBTQ patients with mental health concerns
- o Identify the barriers that 2SLGBTQ patients face in accessing culturally competent treatment for mental health issues (e.g. pathologization of sexual orientation and gender identity, religion-based substance abuse treatment programs, gender-segregated inpatient treatment programs)
- Summarize the potential impact of HIV infection on various aspects of mental health
- o Demonstrate an understanding of the importance of supportive family and community in mental health outcomes for 2SLGBTQ patients
- O Discuss and explore, when appropriate, the potential impact of a patient's 2SLGBTQ identity on the illness experience

Trans and Non-binary-specific mental health

- o Conduct a mental health assessment of a patient presenting with gender concerns
- o Demonstrate an understanding of the process of gender identity development across the lifespan and the consolidation of gender identity
- o Apply the DSM-V criteria to make the diagnosis of Gender Dysphoria
- o Identify psychiatric disorders that may present alongside Gender Dysphoria and assess the impact that these disorders may have on decisions related to hormone therapy and surgical interventions

2.9 HIV Medicine

- O Cite the unique epidemiological, physiological, and social factors that impact HIV incidence and prevalence in members of the 2SLGBTQ population
- o Demonstrate understanding of the laboratory tests used in the diagnosis of HIV and their respective sensitivities and window periods
- o Perform an HIV point of care test with comprehensive pre-and post-test counseling
- o Perform a focused history and physical exam relevant to a patient presenting with initial HIV infection or follow-up visit
- o Interpret results of laboratory investigations including lymphocyte markers, HIV viral load, and genotype/resistance testing
- o Identify common adverse effects of ARV therapy and demonstrate knowledge of their management
- Select appropriate ARV medications for the initiation of therapy and for modification of existing therapy
- Demonstrate knowledge of the current recommendations for health promotion and preventative care for HIV positive patients (i.e. vaccinations, cancer screening, cardiovascular risk)
- Identify opportunistic infections and demonstrate knowledge of their prevention/prophylaxis and management
- o Identify malignancies and other chronic complications related to HIV/AIDs
- O Identify and counsel patients appropriately regarding pre- and post-exposure HIV prophylaxis (PrEP/PEP), demonstrate comfort with the initiation and monitoring of treatment
- O Demonstrate knowledge of unique aspects of the management of HIV patients co-infected with Hepatitis B and/or Hepatitis C
- o Describe the complex relationships between HIV, stigma, psychosocial factors, and mental health

Communicator

At the end of the fellowship the resident will be able to:

- O Demonstrate awareness of and willingness to explore one's own feelings and possible biases in regards to sexuality and gender, and recognize any personal reactions which may be detrimental to the physician-patient relationship
- o Consistently develop rapport with patients to promote respectful and affirming interpersonal exchanges
- o Describe approaches within a clinical encounter that can help foster a culturally safe experience for 2S and other Indigenous LGBTQ patients
- o Exhibit effective communication skills, including verbal and written presentation of patient consultations with the respectful and culturally sensitive use of language to describe patients of diverse sexual orientation and gender identity
- O Demonstrate sensitivity in determining the constitution of a patient's family and/or other main social supports, communicate with a patient's supports and encourage their involvement in shared decision making when appropriate
- Sensitively manage the communication of patient information regarding sexual orientation and gender identity and demonstrate understanding of the consent requirements for communication with third party agents
- Obtain informed consent, providing sufficient information regarding risks and benefits of treatment alternatives
- Demonstrate skills in working with other providers and patients to overcome communication challenges, including anger, confusion, sensory or cognitive impairment, socio-economic or ethno-cultural differences

Collaborator

At the end of the fellowship the resident will be able to:

- Demonstrate an understanding of the roles and specific expertise of endocrinologists, pediatricians, psychiatrists, urologists, gynecologists, plastic surgeons, infectious disease experts and other specialists in the care of 2SLGBTQ patients
- Consult with other professionals in a timely manner, when needed for optimal care of the patient
- Actively involve appropriate members of a patient's health care team, including allied health workers when appropriate, in the assessment, planning, and provision of care
- o Collaborate with community agencies, when appropriate, to optimize patient care
- O Demonstrate ability to function as part of a multi-disciplinary health-care team by contributing to team effectiveness, managing differences, resolving conflict and asking for assistance when needed
- o Identify and implement strategies for safe handovers and transfer of accountability for ongoing patient care

Leader

At the end of the fellowship the resident will be able to:

- o Contribute to the improvement of 2SLGBTQ health care delivery in teams, organizations, and systems
- Assist a patient in accessing public health insurance funding for treatments related to gender transition
- o Assist a patient in accessing public funding for anti-retroviral medications
- o Demonstrate awareness of resources available to support 2SLGBTQ patients
- o Demonstrate fiscally responsible allocation of government resources in support of patients' needs
- Set realistic priorities and use time effectively in order to optimize professional performance while balancing professional, personal and institutional commitments

Health Advocate

At the end of the fellowship the resident will be able to:

- Recognize special needs, impairments, disabilities, and resource limitations of patients
- o Identify and, when appropriate, inform patients of available specialized resources and community supports
- O Describe the scope of actions taken and progress made to date by organizations advocating for 2SLGBTQ health in Canada
- o Advocate for optimal provision of care to individual 2SLGBTQ patients
- Advocate for unbiased and sensitive care of all 2SLGBTQ patients by healthcare professionals
- Encourage health care professional's self-examination of biases that may affect the provision of optimal care, and self-evaluation of needs for change and adaptation
- o Advocate for the use of 2SLGBTQ-inclusive intake forms, questionnaires, and other information-collecting tools in clinical practice and medical research

Scholar

At the end of the fellowship the resident will be able to:

- o Recognize the need for research in 2SLGBTQ health and identify ways to advocate for the allocation of resources to fund such research
- o Apply lifelong self-directed learning skills to keep up-to-date on advancements in medical practice and enhance areas of professional competence
- o Appropriately apply evidence-based approaches and knowledge of the current literature to inform clinical decision-making
- o Critically appraise medical information and successfully integrate information from a variety of sources

 Contribute to the creation, dissemination, and application of knowledge on 2SLGBTQ health issues

Professional

At the end of the fellowship the resident will be able to:

- Identify and appropriately respond to unique ethical issues arising in the care of the 2SLGBTQ patient
- o Respect personal/professional boundaries with patients, residents, and faculty
- o Demonstrate a commitment to excellence in clinical care and personal ethical conduct
- o Demonstrate insight into their limitations and respond appropriately to constructive feedback
- o Demonstrate a commitment to patients and their families, as well as to their profession, to the 2SLGBTQ community and to broader society