

# Groundwork for a Testable Communication Training Curriculum to Improve Outcomes for LGBTQ+ Patients in Hospice and Palliative Care Settings

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## BACKGROUND

- There are over 3 million LGBTQ+ adults over age 65 (1) in the USA; expected to more than double by 2030 (2)
- Compared to older heterosexual adults, older LGBTQ+ adults are at greater risk of:
  - Aging in isolation (3)
  - Multiple types of cancers
  - Cardiovascular and neurovascular disease (4)
- Systemic social disparities persist for LGBTQ+ people without a national antidiscrimination law that protects with regards to employment, housing, healthcare, and hate crimes
- LGBTQ+ barriers to healthcare include marginalization, discrimination, and physical and verbal abuse, and this extends to hospice and palliative care (HPC) (5)
- Partners of older LGBTQ+ adults are at risk of being ignored or even abused (5)

## PURPOSE

- To lay the groundwork for a communication training curriculum to improve relations between physicians and LGBTQ+ patients in HPC settings, thereby reducing one barrier to care
- Suggest methods to quantify and qualify the efficacy of this curriculum for iterative improvements over time
- Suggest a means of collecting data as evidence backing current recommendations in literature for an emerging field of study

## METHODS

- Databases searched for current recommendations in current literature: PubMed and Web of Science
- Query: ((lgbtq OR lgbt OR lesbian OR gay OR bisexual OR transgender OR "sexual gender minority" OR SGM) AND ("palliative care" OR hospice OR "end of life")) AND (adult OR adults OR geriatric OR elderly)
- For communication training curriculum elements:
  - Consultations with faculty from CUSOM's Foundations of Doctoring Communication Skills curriculum, CUSOM's internal medicine residency program and palliative care fellowship, and an assistant professor and a post-doc fellow from the Colorado Clinical and Translational Sciences Institute
  - Goals of consultations:
    - Gather information related to logistics of writing learning cases, conducting small group exercises, writing scripts for standardized patients, and surveying/data collection

## RESULTS

### CURRENT RECOMMENDATIONS

- Communication themes centered on thorough/thoughtful history-taking, acknowledgement of and engagement with any presumed partners/members of a patient's family of choice
- Sensitive approach to ask for patient's sexual orientation and gender identity (SOGI) (6)
- Thorough and thoughtful explanation of relationships important to the patient and who they define as family (7)
- Acknowledge and understand how patient's SOGI is integral to the context of their end-of-life experience (8)
- Evaluate communication training interventions for efficacy (9)
- Physician/practitioner reflection to address discomfort/lack of experience working with LGBTQ+ patients (10)
- Physician/practitioner awareness of LGBTQ+ health disparities to recognize likelihood of older LGBTQ+ patients having experienced discrimination throughout their lifetime (11)
- Addressing the potential for disenfranchised grief experienced by surviving loved ones (12)

### CURRENT STATUS OF CURRICULUM

- The first of three curriculum elements will be implemented in February 2022 for the medical school class of 2025, held after an introductory lecture on advance care planning (APC)
- This element will consist of small groups of learners discussing an APC case involving a female patient with her wife and will be presented in the form of a problem-based learning (PBL) styled document

### FUTURE CURRICULUM ELEMENTS

- These curriculum element scripts have not yet been written
- The second element would be a simulated patient encounter to be held during the class of 2025's clinical year:
  - The case would follow a patient and their same-gender partner undergoing intake through an inpatient palliative care service
- The third element would be administered during the last Integrated Clinicians Curriculum week of the class of 2025's fourth year of medical school and would also be a simulated patient encounter:
  - The case would explore more difficult situations, such as negotiating a mutually agreed-upon plan between members of an LGBTQ+ patient's family of choice and their family of origin

## STUDIES FOR ITERATIVE IMPROVEMENT

- Survey questions for the experiences of learners, facilitators, and standardized patients
- Longitudinal studies of a select group of medical students undergoing the curriculum throughout school and during residency
- Longitudinal studies of LGBTQ+ patients in HPC settings treated by residents who have undergone the complete curriculum

## FUTURE INVESTIGATIONS

- Effects of the interplay of racial minority attributes with sexual and gender minority attributes on disparities in HPC settings

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