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Development and Implementation of a Residency Area-of-Distinction in Lesbian, Gay, Bisexual, and Transgender Mental Health

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The term “sexual minorities” refers to broad and diverse community of individuals who do not conform to normative standards for sexual orientation, gender identity, or sexual practice; these individuals are often grouped under the term LGBT (lesbian, gay, bisexual, or transgender). Numerous studies have found that LGBT individuals demonstrate unique patterns of mental health issues, including increased rates of suicidal behavior, substance use disorders, and mood and anxiety disorders compared with non-LGBT peers [1]. Stigma, victimization, exclusion, and perceived discrimination are thought to contribute to the increased rates of mental health conditions among LGBT populations, [2] and, in turn, perceived discrimination may reduce help-seeking behavior among these individuals [3]. Therefore, there is a pressing need to train future psychiatrists to recognize and address mental health issues in their LGBT patients, while creating a welcoming environment for them.

The current state of adult psychiatry residency LGBT-specific training is not well documented. The Accreditation Council for Graduate Medical Education (ACGME) Program Requirements in Psychiatry specify that residents should gain competence in medical knowledge and professionalism related to “sexual orientation” [4]. However, the ACGME does not delineate how training programs are to achieve those goals. A recent survey of program directors and trainees within 19 adult and child-psychiatry New York City-based training programs revealed that 42.4% of respondents reported no coverage of LGBT-specific topics, though 89.9% of trainees and 62.5% of program directors expressed interest in hearing from guest speakers about such issues [5].

Here, we describe the development and early implementation of an LGBT “area-of-distinction” (AoD) within an adult psychiatry residency program. We anticipate that this narrative (and supplemental material, available upon request) will serve as a resource for

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training program leaders who are considering ways to integrate LGBT-specific education into their curricula.

Early Stages: Concept Development and Organization of an LGBT curriculum

In late 2011, one of the authors (W.S.F.), who was a resident at the time, discussed with a faculty member, the possibility of creating an LGBT “track” for interested residents. He based this proposal on the recently implemented women’s mental health track, which allowed residents to participate in specific rotations and engage in tailored mentorship to advance their knowledge and skills in women’s mental health. Over the ensuing year, he brought together program faculty members from various clinical sites and co-residents to discuss how this track would take shape. Specifically, they discussed what LGBT-specific clinical rotations residents might complete, different methods for conveying LGBT-specific medical knowledge (e.g., readings, presentations, peer-to-peer education), and required scholarly output (e.g., publications, posters).

This informal group of faculty members and residents coalesced into a more formal working group as the LGBT track took shape. Following the model of the Women’s Mental Health track, the group decided that interested residents would be invited to apply to the LGBT track as a supplement to their general psychiatry training. They compiled a list of relevant clinical rotations that already existed within the residency (at the time, these clinical experiences included an HIV clinic in the city’s safety-net hospital, an LGBT-focused outpatient clinic in the academic hospital, and a women’s outpatient clinic in the VA Hospital). They also considered other potential rotations that did not have a formal affiliation with the training program, such as a nonprofit AIDS mental health clinic with a robust outpatient service.

By the summer of 2012, the track took on the new name of the LGBT Psychiatry AoD, and a formalized list of clinical rotations was created. Working-group members, (all of whom had expertise in the LGBT mental health field), were asked to generate a list of topics and competencies that they envisioned for the LGBT AoD. These items were compiled, and the group then organized them into three broad categories through a consensus-building process. These categories included:

1. *LGBT minority stress* (including the concept of “conversion therapy,” LGBT-specific immigration issues, characteristics and effects of homophobia, impact of homelessness among LGBT youth, generational differences, and intersectionality [simultaneous effects of multiple marginal identities]),
2. *medical and psychiatric issues specific to LGBT communities* (including commonly encountered medical issues such as HIV disease; substance use among LGBT individuals; rates, screening for, unique characteristics of, and treatment approaches for psychiatric conditions among LGBT individuals; and medical and psychiatric aspects of gender transitioning), and

3. *identity and lifespan issues in LGBT individuals* (including the coming out process, spirituality, relationship issues, parenthood, cultural and religious backgrounds, aging, and gender identity).

To address these three topics, the group delineated five different required components of the AoD: (1) clinical experiences, (2) knowledge base review, (3) near-peer teaching, (4) mentorship, and (5) scholarship. Clinical experiences included pre-existing rotations that already had a significant LGBT component. Rather than face-to-face didactics, adult learning theory suggested we connect the knowledge base content to the clinical experiences, and so a passport style collection of readings and videos was developed and paired with the various clinical rotations based on related content. Near-peer teaching was defined as any activity in which AoD residents conveyed LGBT-specific knowledge or skills to their peers by, for instance, a journal club or patient-case presentation and discussion. Mentorship would be achieved both within each clinical experience (i.e., by the faculty leaders for each rotation), and longitudinally by assigning AoD residents to an AoD faculty member, with whom residents would meet on a twice-yearly basis throughout residency to discuss their progress in the AoD. Last, scholarship was broadly defined as any activity that synthesized and disseminated relevant information or generated new knowledge about LGBT mental health.

From Concept to Implementation: the LGBT Area-of-Distinction

In the summer of 2013, the LGBT AoD was presented to residency program leadership and was formally approved; AoD leaders then began accepting residents from the PGY-1 through -3 years of training. Applications, which consisted of a series of short-answer essay questions, asked residents to describe their previous experiences with LGBT mental health, their goals for participation in the AoD, and how they planned to use this supplementary training in their post-residency careers. A panel of LGBT AoD faculty evaluated applications before accepting residents as formal members of the AoD.

LGBT AoD clinical rotation directors were asked to generate a list of relevant resources (e.g., book chapters, articles, documentaries), which were then discussed among the AoD faculty and divided into required and optional components of each elective. Examples of resources included written material from *Queer Theory: An Introduction* (1997) by Annamarie Jagose and select chapters from the *Handbook of AIDS Psychiatry* (2011) by Mary Ann Cohen and colleagues; documentaries such as *We Were Here* (2011), directed by David Weissman; and internet-based, interactive material such as the Association of Gay and Lesbian Psychiatrists (AGLP)-Advancement of Psychiatry LGBT Mental Health Syllabus (<http://www.aglp.org/gap>), (a complete resource list is available upon request). Residents track their progress through the AoD using a customized Qualtrics survey form, which includes dates of mentor-resident meetings and peer-to-peer educational sessions, as well as self-reported completion of the required resources within each elective rotation.

In order to receive special mention and a certificate of AoD completion at graduation, residents are required to complete at least two LGBT-oriented rotations with their associated resources, two peer-to-peer educational sessions each year they are enrolled in the AoD, as

well as a final “senior talk” to a larger audience (e.g., a department-wide grand rounds session), regular mentorship meetings and a scholarly project that reaches an audience beyond the residency program (e.g., a poster presented at a scholarly meeting or a peer-reviewed case report).

Along with the required elements of the LGBT AoD, within the past two years, AoD residents and faculty members have hosted well-attended book clubs, film screenings with discussions, and local guest speakers on LGBT mental health-related topics. The AoD has garnered significant attention within the larger residency program, and many residents have chosen to complete its clinical electives and attend its events without applying to formally join the AoD.

Our residency program has 16 residents in each year; to date, the AoD has graduated 5 residents, and 6 residents are currently active in the AoD. Twelve faculty members, associated with 8 clinical rotations across 3 training sites volunteer their time as AoD mentors, and an additional 3 research faculty volunteer time to assist residents with their scholarly projects.

Lessons Learned

First, the importance of clear definitions and guidelines became increasingly apparent as the AoD was being developed. For instance, initially the scholarly project requirement was vaguely described; only after the first few AoD residents presented their work did the AoD leadership decide to clarify that all projects needed to undergo “reflective critique, peer-review, and dissemination.” Second, the early and strong support of residency-program leadership was integral to AoD development; inviting training program leaders (e.g., program and site directors) into the planning phase helped propel the AoD from concept to reality in a relatively short time. Last, the recent integration of informal, social events like book clubs has solidified the LGBT AoD community; these types of events might even precede and stimulate the creation of something like an LGBT AoD in other programs.

Generalizability

Potential challenges to creating and fostering an LGBT AoD in other residency training programs include: limited funding and LGBT-focused clinical electives, weak support and “buy-in” from program and/or department leaders, few interested or qualified faculty members with LGBT mental health experience, and latent or overt stigma. Nonetheless, certain elements from this model may be integrated into most programs, such as journal or book clubs, peer-to-peer teaching, and completion of a scholarly project.

Future Directions

As the AoD evolves, we expect to increase the number of affiliated faculty members within our institution and to disseminate our experiences with this AoD to other training programs. Specifically, within our institution, we have already encouraged currently AoD-affiliated faculty to personally reach out to their colleagues and invite them to participate in this curriculum. Similarly, we are planning educational and informational events (e.g., grand

rounds, in-service educational meetings, departmental newsletter pieces) to bring in allied clinicians, such as psychologists and social workers. Further, to share our experiences and encourage adaption of all or parts of this LGBT AoD in other training programs, we anticipate summarizing our work at national conferences with interactive learning sessions and workshops. Furthermore, we plan to identify site-based curricular leaders who attend conferences such as those hosted by the Gay and Lesbian Medical Association. Similarly, we will contact self-identified educational leaders through site-specific LGBT resource centers and membership organizations such as the AGLP, which often maintain directories of LGBT champions on their websites. We also plan to broaden the scope of this program beyond academic faculty members to the wider community (e.g., local LGBT-focused organizations).

In terms of the AoD content, we anticipate updating and expanding the resource list annually. Simultaneously, we are discussing—with the training program curriculum leaders—ways to integrate LGBT-specific education into the core curriculum for all residents in the program. Last, we anticipate surveying current and graduated AoD residents regarding their perceptions and experiences within the AoD.

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