

**“Evaluating Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Representation in
Pharmacy School Curricula”**

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ABSTRACT

Specific Aims/Purpose: To 1) quantify hours devoted to lesbian, gay, bisexual, and transgender (LGBT)-related content, 2) identify the most frequently covered topics, and 3) determine Curricula Chairs' perception of the quality of their institutions' LGBT-related educational content in Doctor of Pharmacy (PharmD) programs in the United States (US).

Methods: Between March 1, 2019 and May 1, 2019, Curriculum Chairs (or equivalent) from accredited schools of pharmacy throughout the US were invited to complete an anonymous 14-item web-based questionnaire to capture the quantity and quality of LGBT health curricular content at each school.

Main Results: Of the 137 accredited pharmacy schools in the US enrolling students at the survey's initiation, a total of 21 completed the survey (15.3%). Amongst respondents, the mean reported time spent teaching LGBT-related content in the entire curriculum was 3.38 hours(SD=3.82). The topic most frequently taught included human immunodeficiency virus (HIV) in LGBT patients (76.2%). The majority (33.3%) of institutions self-rated as "fair" on their overall coverage of LGBT content. A third of schools reported not including LGBT specific content in required didactic curriculum at all. However, the perceived quality of instruction, as assessed by the Chair of the Curriculum Committee (or equivalent), varied substantially.

Conclusions: The mean reported time dedicated to LGBT-related topics in 2019 was small across US pharmacy schools. Further assessment of LGBT health content coverage in pharmacy curricula is needed, and expansion made as appropriate.

INTRODUCTION

LGBT stands for Lesbian, Gay, Bisexual and Transgender. It is an umbrella term for people who are attracted to the same sex, are attracted to multiple sexes, identify as a different gender than what was assigned at birth, are intersex, are non-binary, or are a combination of all of the above (such as a bisexual transgender person).¹ However, despite improvements in diversity and inclusion, historically, health profession education programs offer limited LGBT-related information in their curricula and often include only a few important health issues that the community faces.

According to Healthy People 2020, LGBT people are at higher risk for certain cancers, depression, substance use, tobacco use, body dysmorphia, alcoholism and eating disorders.² Additionally, many people within the LGBT community have experienced some type of health disparity during their lives.³ They may have experienced discrimination from their provider which affected their care, or their provider may have missed important factors pertaining to their health due to lack of education on specific health needs of LGBT populations.³ LGBT patients may also have a general distrust for healthcare providers due to discrimination they have experienced in the past.³ Yet, a survey conducted by Mandap et al, in 2012 concluded that the median time dedicated to teaching LGBT related content to PharmD students was only 3 hours during the entire course of their four year program.⁴ The same study found that the topics most often taught to PharmD students were HIV and sexually transmitted infections in LGBT people.⁴

Despite the complexity of issues facing the LGBT community, there is a major gap in the education of PharmD students in the treatment of this patient population. This is important in the curriculum because the Center for Advancement of Pharmacy Education (CAPE) Educational Outcomes of 2013 include “recognizing social determinants of health to diminish disparities and inequities in access to quality care” (3.5 Cultural Sensitivity). Under this same educational outcome, pharmacy students must also be able to recognize and avoid biases and stereotyping (3.5.1) while interacting with their patients.⁵ The future pharmacists of the US need to know how to properly address their LGBT patients by their preferred pronouns, education on pre-exposure prophylaxis (PrEP) and why individuals use it, and proper questions to ask lesbian women about their sexual wellness. They also need to be able to discuss cervical cancer screenings, body dysmorphia, and depression with transgender men. If these topics are not addressed to

students when they are in school, they will not have the opportunity to master these skills before going out into the community to work with real patients. If a pharmacist is unprepared to address these healthcare problems with their LGBT patients, this may further increase the patient's distrust of healthcare providers and result in significant gaps in patient care and ultimately affect the patient's overall health. Therefore, the purpose of this study is to characterize LGBT-related curricula and associated curricular development practices within pharmacy schools across the United States (US), and to determine curricula chairs' perception of the quality of their institutions' LGBT-related educational content. This study is intended as an update to the 2012 survey conducted by Mandap et al. to determine what improvements in LGBT curriculum delivery have been made in the last 7 years.

METHODS

Design: This was an observational study utilizing an anonymous internet-based questionnaire to assess the quality and quantity of LGBT-related curricula as perceived and reported by Curricula Chairs within pharmacy schools across the US. This study was approved by the University of Arizona Human Subjects Protection Program.

Subjects: An electronic link to a questionnaire was distributed to the Chair of the Curriculum Committee (or equivalent) of all accredited pharmacy schools (n=136) in the United States enrolling students at the survey's initiation. Accreditation status was determined via the Accreditation Council for Pharmacy Education (ACPE) website. The Chair of the Curriculum Committee (or equivalent) was identified through the online program directories for each institution. Schools were excluded from survey distribution if they were not ACPE accredited or if they were not pharmacy schools located in US territories. Surveys were excluded from data analysis if they were incomplete or if informed consent was not obtained. Surveys to be excluded were identified by one of two ways; if the person marked the survey as "I do not consent" when asked for informed consent, and if the surveys were incomplete.

Measures: The questionnaire was adapted from a 2011 study assessing inclusion of LGBT related topics in medical schools in the US and Canada.⁶ The questionnaire included 15 topics validated by a panel of LGBT health and community health experts for accuracy, timeliness, and current priorities regarding health issues affecting LGBT communities. The topics we included were designed to be representative of potentially critical features of LGBT experiences that affect health and to which pharmacy students may

be exposed. A copy of our questionnaire is attached in Appendix A. The survey was administered via Qualtrics using secure sockets layer (SSL) encryption. Informed consent was obtained prior to questionnaire access. Each institution was asked to complete a single questionnaire. To encourage candor and ensure confidentiality, all responses were collected without individual names, and school identities were kept confidential.

Data Collection: Data were collected between March 1 and May 1, 2019. Initial survey invitations were distributed via email and repeated contacts with non-respondents were made two additional times via email. Data from those institutions that completed surveys were analyzed. As an incentive to complete the survey, participants were offered a five dollar (\$5.00) Starbucks gift card. Upon completion of the survey, respondents were directed to email a screenshot of the survey completion screen to the designated surveyor with the email address at which they would like to receive the electronic gift card, if they chose to redeem the gift offer.

Data Analysis: Once the electronic questionnaires were completed, the information was exported to an Excel spreadsheet for statistical analysis via SPSS version 26.0. The primary outcome being measured in the study was the number of LGBT-related content hours in pharmacy school curricula. Secondary outcomes included frequency of institutional instruction in 15 different LGBT health areas, extent of coverage in each area, methods of evaluating LGBT-related content learning, and strategies for increasing LGBT-related content. Descriptive and demographic variables included whether the schools were private or public, student population size, and inclusion of LGBT content during didactic instruction versus experiential learning (Table 1, Figure 2).

RESULTS

Of the 137 accredited pharmacy schools in the US enrolling students at the survey's initiation, a total of 21 (15.3%) completed the survey. Amongst respondents, the mean reported time spent teaching LGBT-related content in the entire curriculum was 3.38 hours (SD=3.82). The total average time spent teaching LGBT-related content for public institutions was 4.09 hours, versus 2.60 hours in private institutions, which did not represent a significant difference ($p=0.38$). The demographic characteristics of pharmacy school survey respondents are shown in Table 1. There was about an equal number of public and private school respondents ($n=11$ public, $n=10$ private). Table 2 depicts the areas of LGBT education

content in the curricula based on survey responses. HIV in LGBT people was the most covered topic of all fifteen topics (76.2%), followed by barriers to accessing care for LGBT people and transitioning (male to female or female to male)(57.1% for both). Nearly all respondents felt there was too little coverage in all LGBT topic areas in their curricula except the topics of HIV, non-HIV STI's, and safer sex for LGBT people. No respondents felt that there was too much coverage of any topic. These results are shown in Table 3. Figure 1 depicts curriculum chairs' self-ratings of overall LGBT content coverage with most (n=7, 33%) of the respondents feeling that they had "fair" coverage on a scale of "very poor" to "very good". No respondent felt that their school had "very good" coverage. Finally, Figure 2 depicts the percentage of LGBT content in required didactic curriculum for the surveyed pharmacy schools. 61.9% of schools (n=14) did have some sort of content either interspersed throughout the curriculum or in discrete modules dedicated to LGBT content.

Eight schools (38.1%) reported having a clinical rotation available specifically designed to facilitate LGBT patient care, while eleven schools (52.4%) reported not having any available, and two schools (9.5%) abstained from responding. Six schools (28.6%) reported that their institution provides faculty development for teaching LGBT health. Thirteen (61.9%) reported no faculty development for teaching LGBT health, and two schools (9.5%) abstained from responding. Twelve schools (57.1%) reported that while learning how to conduct sexual history, students at their institution are taught to obtain information about same-sex relations, three schools (14.3%) reported this was not covered at their institution, and 6 schools (28.6%) abstained from answering. Eight schools (38.1%) reported students at their institution are taught the difference between sexual behavior and sexual identity, four schools (19.0%) reported this is not covered and nine schools (42.9%) abstained from answering.

DISCUSSION

The primary finding of this study is that the mean reported time spent teaching LGBT-related content in accredited pharmacy programs throughout the entire curriculum was 3.38 hours (SD=3.82). The secondary findings were that the topics most frequently taught by schools are HIV in LGBT patients (76.2%), barriers to accessing medical care for LGBT people (57.1%), gender transitioning (57.1%), sexually transmitted infections (non-HIV) in LGBT people (52.4%), and sexual orientation (52.4%). Approximately one-third (33.3%) of schools reported LGBT-specific content was not included in the

required didactic curriculum, and the majority (n=7, 33%) of institutions self-rated as “fair” on their overall coverage of LGBT content.

Similar results were reported in the study from which this one was adapted. Like this study, curriculum deans at US pharmacy schools were asked to complete a 14-item questionnaire regarding the number of hours as well as specific health topics taught for LGBT content in both required and elective didactic and experiential courses. Additionally, questionnaire participants were asked to provide their opinions on the overall coverage of LGBT-related content in their school’s current curriculum. Of the 28 respondents, 50% of the schools reported teaching one to three hours of LGBT-related health content in their curriculum, while three schools reported teaching more than three hours. Of that content, a majority (71%) of the required education was related to treatment of HIV in LGBT people.⁴ Additionally, 68% of schools reported that LGBT health education was not included as a requirement in their curriculum. With regard to overall coverage of LGBT content, four (14%) schools reported ratings of good to very good, ten (36%) schools reported coverage as fair, and 11 (39%) schools reported poor to very poor coverage.⁴

The significance of this study is that as current PharmD students and faculty, we stand in a unique position to make the future of healthcare for LGBT patients more welcoming and inclusive. By determining what and how much PharmD programs are teaching students in regards to LGBT-related health concerns, we can understand areas needing greater focus and expansion in general curricula, begin advocating for more inclusion, and incite change within the curricula across PharmD programs in the United States. The findings of this study are expected to have a meaningful impact by identifying these gaps in pharmacy education and areas for potential improvement. Improving health outcomes in LGBT people is imperative to ensure that health disparities in minority groups are reduced and eliminated.

This review has several potential limitations. The surveys were limited to pharmacy schools accredited with the ACPE in the US. Increasing the scope of schools surveyed to international institutions and those not currently accredited would have produced more generalizable results, but would have made the findings less representative of standardized pharmacy curriculum nationally. It was also assumed that the appropriate respondents are completing the survey with full knowledge of the curriculum at their respective school. While attempts were made to contact the school official most

knowledgeable of their school's curriculum, responses may have been skewed due to bias, inaccurate recall, or uncertainty due to changing curricula. It is assumed that the respondents understood what was being asked in each question, and that they answered accurately, truthfully, and without bias. Based on similar published curricular review surveys, we expected a response rate of between 22-25%, but received a far lower response rate of 15.3%.⁴ A possible reason behind the low response rate is the question on the survey regarding what state the institution was located. Respondents may have felt that this would void the anonymity of the survey and therefore did not participate (although this information was not used in data analysis or reporting). Therefore, our results may not fully represent all of the pharmacy schools in the United States. Finally, since didactic content is more frequently and easily indexed and standardized than clinical content, the questionnaire may have been more effective in capturing reported in-class instructional hours than experiential learning opportunities. However, reported hours of instruction remain a uniform means of curricular comparison used by pharmacy school accreditation bodies. Previous studies have also used reported hours as an important quantitative measure across non-standardized curricula.^{4,6}

CONCLUSIONS

Further assessment of LGBT health content coverage in pharmacy curricula is needed, and expansion should be made as appropriate. The mean reported time dedicated to LGBT-related content in pharmacy schools between March 1, 2019 and May 1, 2019 was 3.38 hours, and HIV in LGBT patients remains the most covered single topic. A third of schools reported not including LGBT specific content in required didactic curriculum at all. The perceived quality of instruction as assessed by the Chair of the Curriculum Committee (or equivalent) varied, but the majority of respondents felt that their institution's coverage of LGBT content was "fair". This aligns with the previous data by Mandap et al which found that 75% of respondents rated their schools coverage of LGBT content as either fair, poor or very poor.

Moving forward, pharmacy schools should make efforts to increase the amount of instruction provided for students on LGBT health-related issues including increasing the range of topics included in both didactic and experiential learning environments. This training should extend to faculty as well who may need better tools to implement a broader understanding of the health-related issues inherent to the medical care for LGBT patients within the current healthcare system. With the growing focus on

interprofessional education, this training should be done in collaboration with other health care professionals and members of the LGBT community to ensure the most accurate and relevant information about LGBT health needs is included. In the future, collaborative research on interventions that are effective in training our students and equipping patients with the appropriate tools and strategies to maintain their health may also be done.

REFERENCES

1. Lesbian, Gay, Bisexual, Transgender. American Psychological Association. Web. 3 Apr. 2019.
2. U.S. Department of Health and Human Services. Lesbian, Gay, Bisexual, and Transgender Health; Healthcare-Associated Infections. Healthy People 2020. Web. 19 Dec. 2018.
3. McLaughlin, KA, Hatzenbuehler ML, Keyes KM. Responses to discrimination and psychiatric disorders among Black, Hispanic, female, and lesbian, gay, and bisexual individuals. *Am J Public Health*. 2010;100(8):1477-84.
4. Mandap M, Carillo S, Youmans SL. An Evaluation of Lesbian, Gay, Bisexual, and Transgender (LGBT) Health Education in Pharmacy School Curricula. *Curr Pharm Teach Learn*. 2014;6(6):752-58.
5. Medina MS, Plaza CM, Stowe CD, et al. Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes 2013. *Am J Pharm Educ*. 2013; in press.
6. Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, Gay, Bisexual, and Transgender Content in Undergraduate Medical Education. *JAMA*. 2011;306(9):971-77.

Table 1

Characteristics of pharmacy school survey respondents

	Public	Private
Total number of participating pharmacy schools (%)	11 (52%)	10 (48%)
TOTAL number of students enrolled in institution's pharmacy program across ALL program years (Median)	240-640 (450)	216-1000 (350)

Table 2

Areas of LGBT education content in pharmacy school curricula across the US

Does your institution provide education for students in the following content areas at any point in the curriculum	Available N (%)	Not available N (%)	No Answer N (%)
Barriers to accessing medical care for LGBT people	12 (57.1%)	6 (28.6%)	3 (14.3%)
Alcohol, tobacco, or other drug use among LGBT people	6 (28.6%)	12 (57.1%)	3 (14.3%)
Safer sex for LGBT people	10 (47.6%)	4 (19.0%)	7 (33.3%)
Sexually transmitted infections (not HIV) in LGBT people	11 (52.4%)	7 (33.3%)	3 (14.3%)
HIV in LGBT people	16 (76.2%)	1 (4.8%)	4 (19.0%)
Chronic disease risk for LGBT populations	6 (28.6%)	9 (42.9%)	6 (28.6%)
Sexual orientation*	11 (52.4%)	7 (33.3%)	3 (14.3%)
Coming out**	4 (19.0%)	14 (66.7%)	3 (14.3%)
Gender identity†	9 (42.9%)	9 (42.9%)	3 (14.3%)
Transitioning‡ (e.g. male-to-female, female-to-male)	12 (57.1%)	9 (42.9%)	0 (0%)
Sex reassignment surgery¶	9 (42.9%)	11 (52.4%)	1 (4.8%)
LGBT adolescent health	3 (14.3%)	14 (66.7%)	4 (19.0%)
Mental health in LGBT people	7 (33.3%)	10 (47.6%)	4 (19.0%)
Body image in LGBT people	7 (33.3%)	11 (52.4%)	3 (14.3%)
Unhealthy relationships (e.g. intimate partner violence) among LGBT people	7 (33.3%)	11 (52.4%)	3 (14.3%)

* **Sexual Orientation:** An individual's self-identified state of physical and/or emotional attraction. "Heterosexual," "bisexual," and "homosexual" are all examples of sexual orientation.

** **Coming Out:** A process of disclosure of one's sexual orientation or gender identity to oneself and/or others.

† **Gender Identity:** A person's deeply felt psychological identification as male, female, transgender, no gender, or another gender which may or may not correspond to the person's body or designated sex at birth.

‡ **Transitioning:** The process through which a person modifies physical characteristics and/or manner of gender expression to be consistent with gender identity. This process, also referred to as "gender affirmation," may include hormone therapy, sex reassignment surgery, and/or other components and is generally conducted under medical supervision based on a set of standards developed by medical professionals.

¶ **Sex Reassignment Surgery:** The genital alteration surgery that transgender individuals sometimes undergo to change their physical bodies to match their gender identities. This was previously referred to as a "sex change operation." This process is also referred to as "sex affirmation treatment."

Table 3

Curriculum chairs' assessment of specific LGBT content coverage in the curricula at their respective institutions

Describe your opinion of how the following content areas are covered at your institution	Coverage not needed N (%)	Too little coverage N (%)	Basic coverage N (%)	In-depth coverage N (%)	Too much coverage N (%)	No answer N (%)
Barriers to accessing medical care for LGBT people	1 (4.8%)	9 (42.9%)	7 (33.3%)	1 (4.8%)	0 (0%)	3 (14.3%)
Alcohol, tobacco, or other drug use among LGBT people	3 (14.3%)	7 (33.3%)	7 (33.3%)	0 (0%)	0 (0%)	4 (19.0%)
Safer sex for LGBT people	1 (4.8%)	5 (23.8%)	9 (42.9%)	1 (4.8%)	0 (0%)	5 (23.8%)
Sexually transmitted infections (not HIV) in LGBT people	1 (4.8%)	5 (23.8%)	9 (42.9%)	1 (4.8%)	0 (0%)	5 (23.8%)
HIV in LGBT people	1 (4.8%)	0 (0%)	13 (61.9%)	3 (14.3%)	0 (0%)	4 (19.0%)
Chronic disease risk for LGBT populations	0 (0%)	10 (47.6%)	7 (33.3%)	1 (4.8%)	0 (0%)	3 (14.3%)
Sexual orientation*	0 (0%)	9 (42.9%)	8 (38.1%)	1 (4.8%)	0 (0%)	3 (14.3%)
Coming out**	5 (23.8%)	8 (38.1%)	4 (19.0%)	0 (0%)	0 (0%)	4 (19.0%)
Gender Identity†	2 (9.5%)	10 (47.6%)	4 (19.0%)	1 (4.8%)	0 (0%)	4 (19.0%)
Transitioning‡ (e.g. male-to-female, female-to-male)	0 (0%)	11 (52.4%)	6 (28.6%)	1 (4.8%)	0 (0%)	3 (14.3%)
Sex reassignment surgery¶	3 (14.3%)	10 (47.6%)	5 (23.8%)	0 (0%)	0 (0%)	3 (14.3%)
LGBT adolescent health	3 (14.3%)	13 (61.9%)	1 (4.8%)	0 (0%)	0 (0%)	4 (19.0%)
Mental health in LGBT people	1 (4.8%)	13 (61.9%)	4 (19.0%)	0 (0%)	0 (0%)	3 (14.3%)
Body image in LGBT people	4 (19.0%)	9 (42.9%)	4 (19.0%)	0 (0%)	0 (0%)	4 (19.0%)
Unhealthy relationships (e.g. intimate partner violence) among LGBT people	3 (14.3%)	12 (57.1%)	2 (9.5%)	0 (0%)	0 (0%)	4 (19.0%)

Green cells emphasize the topics which over 25% (more than 5/21 respondents) reported that they had at least basic coverage.

Red cells emphasize the topics which over 25% (more than 5/21 respondents) reported that they had too little coverage.

* **Sexual Orientation:** An individual's self-identified state of physical and/or emotional attraction. "Heterosexual," "bisexual," and "homosexual" are all examples of sexual orientation.

** **Coming Out:** A process of disclosure of one's sexual orientation or gender identity to oneself and/or others.

† **Gender Identity:** A person's deeply felt psychological identification as male, female, transgender, no gender, or another gender which may or may not correspond to the person's body or designated sex at birth.

‡ **Transitioning:** The process through which a person modifies physical characteristics and/or manner of gender expression to be consistent with gender identity. This process, also referred to as "gender affirmation," may include hormone therapy, sex reassignment surgery, and/or other components and is generally conducted under medical supervision based on a set of standards developed by medical professionals.

¶ **Sex Reassignment Surgery:** The genital alteration surgery that transgender individuals sometimes undergo to change their physical bodies to match their gender identities. This was previously referred to as a "sex change operation." This process is also referred to as "sex affirmation treatment."

Figure 1

Curriculum chairs' self-rating of overall LGBT content coverage in pharmacy school curriculum

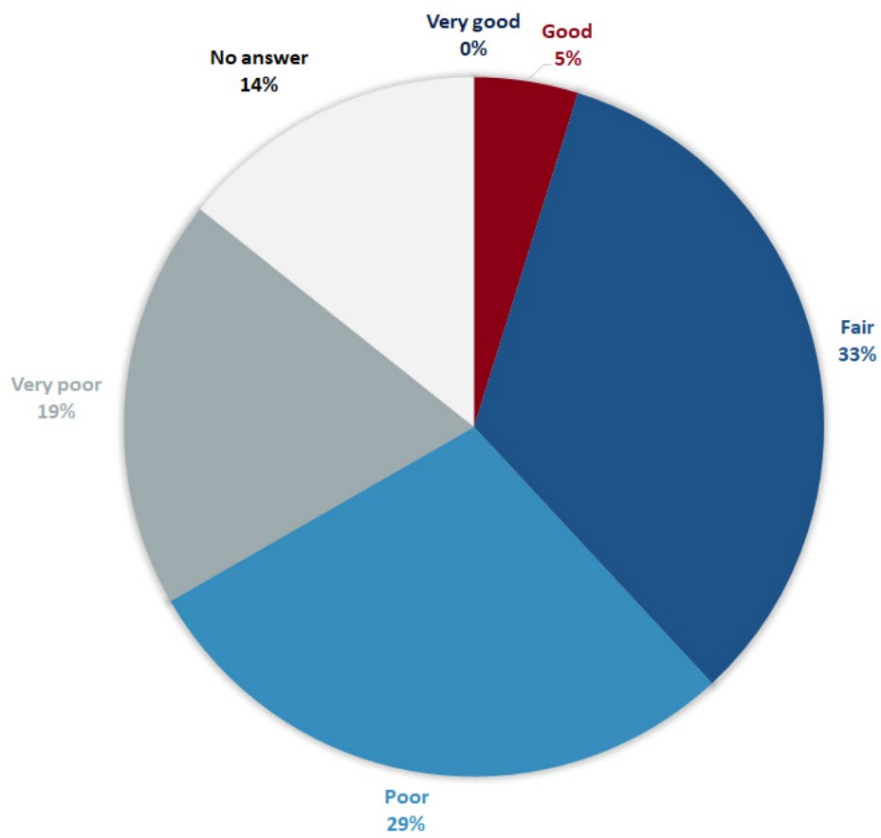
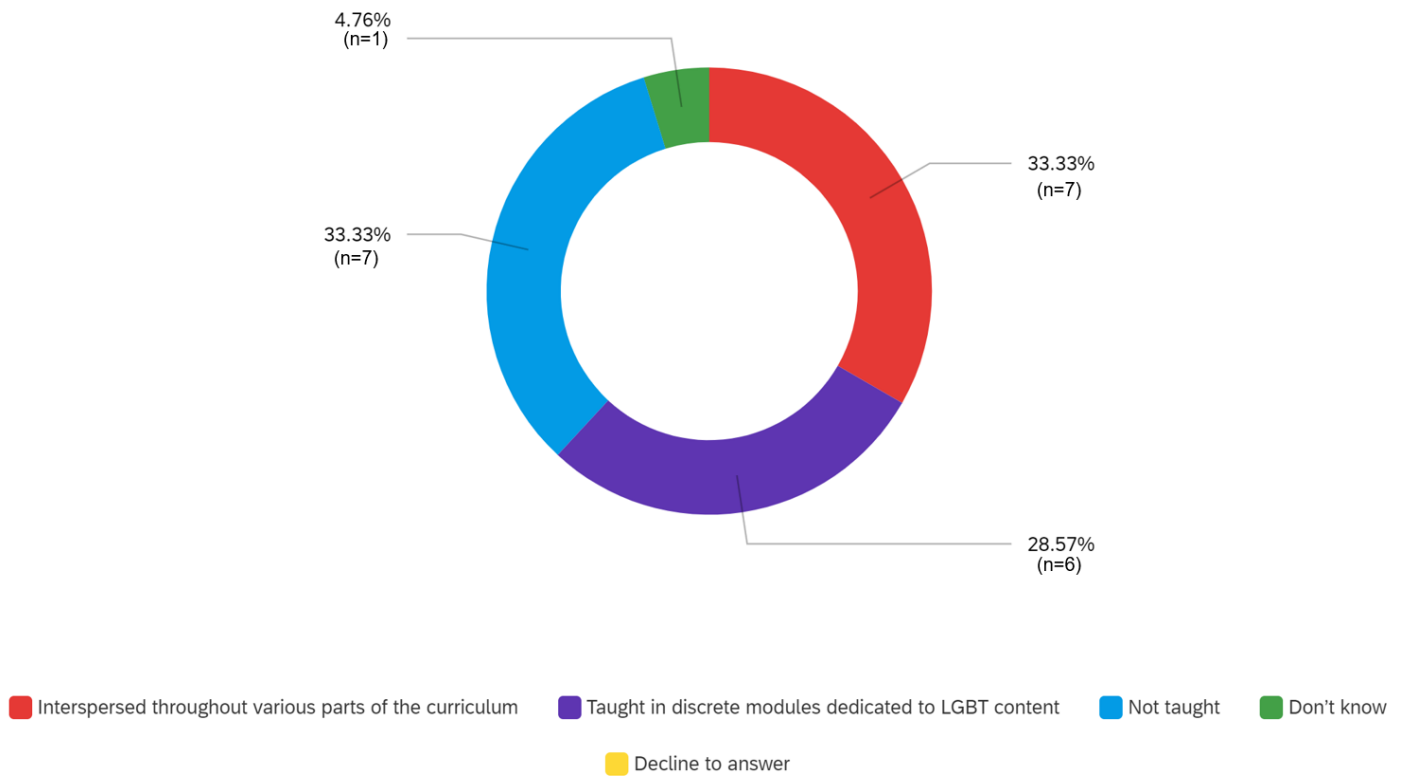


Figure 2

LGBT content in required didactic curriculum at US pharmacy schools



APPENDIX A

Data Collection Survey

Welcome to the Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Representation in Pharmacy School Curricula Assessment

- In what state is your institution based?
- Please identify your school as either a public OR private institution
- How many TOTAL students are currently enrolled in your institution's pharmacy program across ALL program years?

Introduction

This 14-question survey will ask you about the pharmacy curriculum at your institution. It focuses on how your institution trains pharmacy students to care for lesbian, gay, bisexual, and transgender (LGBT) individuals. We appreciate your assistance in helping us understand the range of educational practices across pharmacy schools.

If you need to stop the survey, please click "Save Survey and Return Later". You will be prompted to enter your email address, to which a personalized link will be sent for you to return at a later time. Note that the email address you provide will not be available to the investigators (*i.e.*, your answers remain anonymous).

This survey is meant to be completed by the Chair of the Curriculum Committee (or equivalent). If someone is more suited to complete part or all of this survey, please complete all that you can and pass the survey on. You can do this by clicking "Save Survey and Return Later," entering your email address, and forwarding the return ticket to that person. Contact information for the survey administrators is available at the bottom of each page. Please feel free to contact us at any time if you have questions.

1. How many **TOTAL** hours are dedicated to teaching LGBT content during the following phases of training? If your institution does not record content by number of hours, please estimate as accurately as possible. (SLIDER on Qualtrics)

	0	5	10	15	20	25	30	35	40	45	50
First Professional Year											
Second Professional Year											
Third Professional Year											
Fourth Professional Year											

2. Please complete the following statement. In the **REQUIRED DIDACTIC** curriculum, LGBT-specific content is: (select **ONE** answer)

- a. Interspersed throughout various parts of the curriculum
- b. Taught in discrete modules dedicated to LGBT content
- c. Not taught
- d. Don't know
- e. Decline to answer

3. Does your institution have lectures or small-group sessions that include LGBT-specific content in the didactic curriculum? (select **ONE** answer)

- a. Yes, in required curriculum
 - b. Yes, but not in required curriculum
 - c. No
 - d. Don't know
 - e. Decline to Answer
4. Is there a CLINICAL rotation site that is specifically designed to facilitate LGBT patient care? (e.g. rotations in LGBT-focused care centers): (select **ONE** answer)
- a. Yes, meets requirements for a required APPE/IPPE
 - b. Yes, available as an elective APPE/IPPE
 - c. Yes, meets requirements for a required rotation AND available as an elective rotation
 - d. No
 - e. Don't know
 - f. Decline to answer
 - g. If answer to #4 is A, B, or C; Please tell us more about this rotation site:
 - i.
5. Does your institution provide faculty development for teaching LGBT health? (select **ONE** answer)
- a. Yes
 - b. No
 - c. Don't know
 - d. Decline to answer
6. When learning how to conduct sexual history, are students at your institution taught to obtain information about same-sex relations? (e.g. asking "do you have sex with men, women, or both?") (select **ONE** answer)
- a. Yes
 - b. No
 - c. Don't know
 - d. Decline to answer
7. Are pharmacy students at your institution taught the difference between sexual behavior and sexual identity? (e.g. a man may have sex with other men and identify as straight) (select **ONE** answer)
- a. Yes
 - b. No
 - c. Don't know
 - d. Decline to answer
8. Does your institution provide education for students in the following content areas at any point in the curriculum?

Please use the following definitions for terms marked with an asterisk "**":

- Sexual Orientation: An individual's self-identified state of physical and/or emotional attraction. "Heterosexual," "bisexual," and "homosexual" are all examples of sexual orientation.
- Coming Out: A process of disclosure of one's sexual orientation or gender identity to oneself and/or others.
- Gender Identity: A person's deeply felt psychological identification as male, female, transgender, no gender, or another gender which may or may not correspond to the person's body or designated sex at birth.
- Transitioning: The process through which a person modifies physical characteristics and/or manner of gender expression to be consistent with gender identity. This process, also referred to as "gender affirmation," may include hormone therapy, sex reassignment surgery, and/or other components and is generally conducted under medical supervision based on a set of standards developed by medical professionals.
- Sex Reassignment Surgery: The genital alteration surgery that transgender individuals sometimes undergo to change their physical bodies to match their gender identities. This was previously referred to as a "sex change operation." This process is also referred to as "sex affirmation treatment."

Please select **ONE** box per row

	Yes, in REQUIRED curriculum	Available in ELECTIVE curriculum	Not in curriculum	Don't know	Decline to answer
Barriers to accessing medical care for LGBT people					
Alcohol, tobacco, or other drug use among LGBT people					
Safer sex for LGBT people					
Sexually transmitted infections (not HIV) in LGBT people					
HIV in LGBT people					
Chronic Disease Risk for LGBT populations					
Sexual orientation*					
Coming out*					

Gender Identity*					
Transitioning* (e.g. male-to-female, female-to-male)					
Sex reassignment surgery					
LGBT adolescent health					
Mental Health in LGBT people					
Body image in LGBT people					
Unhealthy relationships (e.g. intimate partner violence) among LGBT people					

9. Please describe your opinion of how the following content areas are covered at your institution. Please use the aforementioned definitions for terms marked with an asterisk “*”:

Please select ONE box per row

	Coverage not needed	Too little coverage	Basic coverage	In-Depth Coverage	Too much coverage	Don't know	Decline to answer
Barriers to accessing medical care for LGBT people							
Alcohol, tobacco, or other drug use among LGBT people							
Safer sex for LGBT people							
Sexually transmitted infections (not HIV) in LGBT people							
HIV in LGBT people							
Chronic Disease Risk for LGBT populations							
Sexual orientation*							
Coming out*							

Gender Identity*							
Transitioning* (e.g. male-to-female, female-to-male)							
Sex reassignment surgery							
LGBT adolescent health							
Mental Health in LGBT people							
Body image in LGBT people							
Unhealthy relationships (e.g. intimate partner violence) among LGBT people							

10. Please describe your opinion on the coverage of LGBT content **overall** at your institution: (select **ONE** answer)

- a. Very good
- b. Good
- c. Fair
- d. Poor
- e. Very Poor

- f. Don't know
 - g. Decline to Answer
11. The items in the previous questions may not comprise a complete list of LGBT health topics or learning opportunities. Other topics may include LGBT geriatric care, reproductive health in LGBT people, or using LGBT people as research subjects. Other learning opportunities may include incorporating LGBT related topics into co-curricular learning like community events, health fairs, etc.
Please list other LGBT-related topics that your institution teaches, if any.
- a.
12. Please list other LGBT-related topics that your institution would like to provide, if any.
- a.
13. What method(s) does your institution use to evaluate the efficacy of teaching LGBT-specific content to students? **(Please check all that apply)**
- a. Written examination
 - b. Faculty observed patient interactions
 - c. Peer-to-peer evaluations
 - d. Evaluations by standardized patients (patient actors)
 - e. Evaluation by patients
 - f. Does not evaluate
 - g. Decline to answer
 - h. Other: _____
14. What strategies do you think are or would be successful in increasing LGBT-specific content at your institution? **(Please check all that apply)**
- a. Curricular material focusing on LGBT-related health/health disparities
 - b. Faculty willing and able to teach LGBT-related curricular content
 - c. Increased financial resources
 - d. Logistical support for teaching LGBT-related curricular content
 - e. More time in the curriculum to be able to teach LGBT-related content
 - f. More evidence-based research regarding LGBT health/health disparities
 - g. Curricular material coverage required by accreditation bodies (e.g. American Association of Colleges of Pharmacy CAPE outcomes)
 - h. Questions regarding LGBT health/health disparities on national examinations (e.g. NAPLEX)
 - i. Methods to evaluate LGBT curricular content
 - j. Don't know
 - k. Decline to answer
 - l. Other

Do you have any additional comments or feedback for us?
