

2SLGBTQ HEALTH IN FOCUS EPISODE 1: THE CURRENT STATE OF 2SLGBTQ MEDICAL EDUCATION

Jodi: Hello there. My name's Jodi Asphall.

Alison: And I'm Alison Terpenning.

Jodi: And we're your hosts for 2SLGBTQ Health and Focus, a podcast from Rainbow Health Ontario where we talk to experts about health, healthcare systems, and 2SLGBTQ folks.

Alison: Rainbow Health Ontario is a provincial program that enhances the 2SLGBTQ clinical and cultural competencies of healthcare providers. For more information and resources, visit rainbowhealthontario.ca.

With gratitude and respect, we acknowledge that we have recorded this podcast on the traditional territory of many nations, including the Mississaugas of the Credit, the Anishinaabe, the Chippewa, the Haudenosaunee, and the Wendat peoples. And this area is now home to many diverse First Nations, Inuit, and Métis peoples. Where possible, we've included more land acknowledgments from our guests, So visit rainbowhealthontario.ca/podcast for more information.

[Theme song: Two Spirited by Ziibiwan plays]

Jodi: So this podcast is about 2SLGBTQ Health. So I want to ask you this, Alison. Why does this interest you?

Alison: Well, I have to say, Jodi, that is a very big question. It interests me from a lot of different angles. One of them is that I do feel sort of a technical interest. I'm a communications professional. I'm the communications manager at Rainbow Health Ontario and Sherburne Health.

And so I'm interested in how podcasts work and how we can share information with healthcare providers about 2SLGBTQ Health through this medium. You know, I'm also a white, queer, cisgender woman. I'm also a parent. And I think a lot about how I can work in alliance with my queer and trans siblings to improve healthcare for all of us. So that's where I'm coming from. Jodi, what is your interest in 2SLGBTQ Health?

Jodi: So let me start by saying, as a Black, queer trans person, I have navigated the healthcare system and I have experienced, unfortunately, firsthand the gaps in health care.

And so this is something that is so close to my heart, being that, you know, having firsthand experience, seeing for yourself where there's so much room for improvement, it really

sparked a passion in me. Throughout years of my life, I've spent some time working with different community building initiatives.

I did a lot of volunteer work in Durham Region. And through speaking with other trans folks, this seems to be a tale as old as time, that healthcare is just not equipped for trans folks, right? For trans and gender diverse folks specifically. And so that sort of sparked my, my want, the big why as to why I'm here. Now, in my current role, I work as a clinical system navigator with Rainbow Health Ontario.

And, you know, this is something that, again, this is something that I do day in, day out. We see the challenges that the healthcare system faces. We also see some of the challenges that our community faces. And we want to fill those gaps. And so this is why I'm here, Alison.

Today's episode is all about medical education.

Alison: Okay, so I've never been to medical school. And I don't think you have either, Jodi.

Jodi: No, no need to call me Dr. Asphalt.

Alison: So, do we know anyone who could give us an idea of what's going on in medical schools?

Jodi: Yes, actually, I had the great privilege to speak to a new doctor who feels so strongly about the state of medical education and changing it, that they helped start a national organization for queer medical students.

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Ness: My name is Ness, she/they pronouns, currently an internal medicine resident here in Newfoundland. But I trained in Ontario at Western University. As a medical student, there was a push for more connectedness among queer medical students across the country. So I helped to start the Canadian Queer Medical Students Association to kind of respond to that need. And here we are four years later, still working hard and doing good things.

Jodi: So Ness, I want you to tell us a bit about the origins of CQMSA. How are you formed? And more specifically, how do you operate? And what are you currently working towards in this current moment?

Ness: We started in 2019 to respond to a need. And the need was queer medical students across the country, not really having any way to connect with each other, meet each other or work together. As a medical student, before the CQMSA was formed, I had been

responding to quite a few different needs for research, a few different needs for, you know, better education within medical schools. And a lot of my colleagues who were at other institutions were doing very similar work. And we were duplicating a lot of work kind of in our own individual silos in our own individual medical schools. So this, this organization was formed to respond to that and kind of ensure that we could all put our best foot forward and all we're stronger together.

And if we can work on all of our projects harmoniously and synchronized, then we're not duplicating as much work. So that was goal number one. And goal number two is just to meet other really cool gay people in med school.

Jodi: Absolutely. Any opportunity to connect with the community, I think, is a valid opportunity indeed. Yeah, exactly. I'm curious, what sort of learning experiences are you hearing from med students currently?

Ness: Sadly, the experience medical students have is incomplete. That's kind of the word I would use to describe it. A lot of medical students are describing to us that they will have kind of a different sense of all of the different quote letters in the acronym and what they all mean. Sometimes the information is just lately incorrect. And there will be, you know, maybe a workshop on how to use someone's pronouns or how to use pronouns in a clinical context appropriately.

And then that's it. And queer health is so much more than that. Like when you talk about social determinants of health and how many queer people just have worse health outcomes in general, we need to be talking about that in medical school.

Like our future doctors need to know how to handle that. And they're just not learning that, unfortunately. The additional frustrating layer on top of that is that a lot of schools are doing what they consider to be their best to teach this. But unfortunately, the way they go about that leaves our queer students feeling won the burden of having to teach their colleagues and to stigmatized, honestly, because the curriculum itself is full of stigma.

It's full of, you know, stereotypes. So that's kind of the twofold pieces. One, our students aren't safe in medical school. And two, allies and non-queer people are not learning anywhere close to what they should be.

Jodi: Absolutely. And I just like to say thank you for the work that you're doing. It's not easy, but it's certainly needed. And so, Ness, I just wanted to have it a little bit here. How are 2SLGBTQ students leveling up the state of medical education? And I really want to talk about some of the accomplishments or major changes that the CQMSA has done.

Ness: Yeah. Yeah. So like I was saying, at first, a lot of the work we were doing was very siloed and very much about, you know, one person at one school seeing a case, you know, a case presentation about a patient that was very stigmatizing and speaking up about it. If you think about it, all the work that we're doing is going to take years to manifest. And in those four, five, six years, there's, you know, four, five, six cohorts of medical students that aren't learning what they need to. So we figured we'd just take it into our own hands and create this education program to kind of bridge that gap. It's not meant to be something that'll be around forever. It's meant to be something that'll be there until our medical schools kind of do their job.

The education program itself is available for free through our website. There's absolutely no fee for participating. It is just a collection of resources that already exist for free on the public domain that we have just kind of pulled together and organized into defined modules with some practice questions and some activities and some, you know, just thinking through problems attached to it just to make it a bit more complete and a bit more interactive.

But it's all things that already existed. We just decided what we wanted people to learn or what medical students were telling us they needed and made sure it was out there and accessible. And so far, over 100 medical students across the country have completed the entire program. That's amazing. Yeah.

Since its launch a year and a half ago, that's 100 people who took it upon themselves to learn what they could to show up for their patients in the future. And that's a really beautiful thing.

Jodi: Yeah. Not easy task given the workload as well. So hats off to them.

Ness: And we didn't make it easy either. Some people have told us it takes them about 20 hours to complete. So it's not an easy education project because there's so much to know and there's so much to learn about. And once you get past, you know, module one about this is what a gay person is, and these are where pronouns are, and you start delving into the stats about, you know, different cancers, how they affect queer people, HIV and the history behind that, stigmatization in the workplace and all of these kinds of things.

And you realize this is a really big topic to tackle. And then we have a resource our development team has is working on, and has developed a set of trans health guidelines per province. So essentially taking a province at a time and going through what is the legislation, what is available, what are the resources that are in place, you know, what does a trans person need to do if they want to transition, if they want to change their ID cards or anything like that. And they've put together this really beautiful comprehensive

document per province in English and in French, which are all available on our website for any clinician or any medical student that wants to help guide their patients through that process. And we have, I think, five or six different provinces up and the rest are coming very soon. So a lot of good work.

Jodi: That is a huge feat. Quite complex, as each province has different jurisdictions. So again, just highlighting that the work that you do is so needed. Well done.

Ness: Yeah, but that's again, that's our strength as the CQMSA. It's the fact that we have someone from every medical school, we can touch every jurisdiction and we can talk about what it's like in every province. And that's something that queer students or queer advocates couldn't do when we were alone in siloed before the CQMSA.

Jodi: So I wanted to touch on this question because he had mentioned earlier in terms of, you know, a lot of this work is actually being done because the schools aren't doing it, unfortunately. And so if you had the opportunity, Ness, to talk to a policymaker or somebody who is a curriculum designer, what would you say to them?

Ness: I would say, first, thank you for the hard work. We know you're trying. And I'm sorry that it's not good enough. That's the messaging I want to put forward because I've talked to so many policymakers about this and I've talked to so many educators about this and they always say, we're trying and we don't know what to do. Once that conversation is had, I think step two is talk to queer people.

That's really it, that that's what you need, like that's what's missing, that's the puzzle piece. And a lot of educators will come back and say, yes, we do talk to our queer medical students. And that's not what I mean. Talking to queer medical students is not enough. First of all, it places an undue burden on medical students. Second of all, there is an inherent power dynamic between a medical student or a doctor and a patient, even if both of them are queer, the power dynamic is there. So you are not getting the perspective that you need by talking only to your queer medical students.

You got to go out, find queer organizations in your community, find people who want to be doing this work, find, you know, patient advocates, people who have lived this, people who have interacted with the healthcare system as a queer or a trans person and just haven't had a good time and find out why they didn't and what you need to do to address that. That's what's missing.

Jodi: The information that you've provided has been so incredibly valuable and I know that you're quite busy. So again, thank you for taking the time today to be here.

Ness: Of course. And thank you so much for giving the CQMSA one more voice to try and, you know, get people to know who we are. I appreciate your time as well.

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Alison: To add a quick note as well, the CQMSA has come up with eight recommendations for building a standardized curriculum that were presented to the Association of the Faculties of Medicine of Canada, which is the accrediting body for med schools. And those recommendations are currently under review. Jodi, is there anything that stood out for you in your conversation with Ness?

Jodi: You know what, there actually is. I was really impressed with what the next generation of doctors is doing to increase their own 2SLGBTQ competency, as well as push forward these skills for other doctors. It's all really amazing. I agree. I also had the pleasure of speaking with two other folks who were working on a similar task, but from a different angle. Miranda Schreiber and Tamina Ahmed were two of the authors of a CMAJ article published in 2021 that talked about the need for a national standard in the curriculum. And they called on the Royal College of Physicians and Surgeons to make this change. Here's our conversation.

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Jodi: Thank you for being here to the both of you. So why don't we start with Miranda? If you could, tell us a little bit about who you are and what you do.

Miranda: Hi, I'm Miranda. She/her pronouns. I'm a Toronto-based writer and researcher. And I've been looking into questions related to queer and trans health care and queer and trans health inequities.

So I'm here with my colleague to talk about one of the articles we published in 2021 looking at how we can ideally standardize health care education for our communities. Excellent.

Jodi: And Tehmina, why don't you go ahead and introduce yourself and tell us a bit about what you do?

Tehmina: Sure. So I'm Tehmina Ahmad. She, her pronouns. I'm currently a physician in endocrinology, which is the study of hormones over at Toronto Western Hospital. But I have been an advocate and expert in this field for many years. We've been publishing on 2SLGBTQ education from the medical perspective.

Jodi: In 2021, you wrote an article for the CMAJ titled, The Case for a Canadian Standard for 2SLGBTQIA+ Education. Can you give us a summary of the article and process?

Miranda: So we wanted to just make a very straightforward case for the national standardization of health care for our communities. And we laid it out basically just by saying there's a need for change. We have these inequities among queer and trans communities. Medical education doesn't fix the problem, but it's been shown that it can help.

We've shown that it's lacking in postgraduate medical education. And here are some ways it's been demonstrated and proven empirically to make a positive difference. So it was that straightforward of an argument.

It was like pretty easy to make that kind of a claim because all the work's actually already been done by people. And then, you know, towards the end, we called on medical schools as sort of powerful institutions with these very deeply embedded histories of colonialism, white supremacy, heteropatriarchy, every system basically to self-reflect and try to think about how they can start instigating more systemic changes.

Tehmina: We really wanted to tackle this project not only from our personal experiences and anecdotes, but actually ground it in science and the literature to say, you know, what does literature actually say about 2SLGBTQ health? And moreover, how do we start to address these inequities, particularly from a medical education perspective? And when we're talking about medical education, we're not just talking about med school, but seeing how this actually results in inequities that we see not only through residency, but even as we become practicing physicians.

Jodi: I'm really interested in knowing from the both of you, why is it important for medical schools to have a national standard when it comes to 2S LGBTQ health?

Miranda: Right now, there is some LGBTQ education in medical schools and in postgraduate training programs across the country. Like some of it is there, it's just that it's very inconsistent. And in some places, it doesn't exist at all and in other places, it's like really good. So just like any other scientific field where you need to have it be at some level regulated and consistent with like local needs, but also to sort of meet some kind of like collective standard that's been agreed upon as something that will serve the public.

That's what we realized. We needed it to be systematized because as it was, it really just reflected sort of like the whims of faculty members or pressure students were able to put on their peers or their teachers. And it was really a matter of like, this should be in curricula. This is healthcare and it will help people live fairer, healthier lives.

Tehmina: I completely agree. I think that we need to understand and why we need this standardization is like, again, coming back to the point, queer people exist everywhere.

And like queer rights are human rights and human rights are a baseline and we're failing at that. We need to do better. But if we don't standardize it, then what you're getting in one end of the country is going to be different than what you're getting in another end of the country.

Queer people are existing everywhere. So we need to be able to actually address these issues from a systemic approach. It's not good enough in 2023 just to be a medical expert because you know who's also a medical expert? Dr. Google and our patients.

Jodi: [Laughs]

Okay. Our patients can look this up. We need to better understand the health inequities that have brought them to our office while integrating the medical expertise that we have, the ability to understand the patterns that we're seeing and associating them with the social determinants of health that have actually brought them in. When did things like anti-racism and anti-oppression become quote unquote problematic? Because at baseline, this is really about humanity. And should we not all be anti-racist and anti-oppressive, particularly in the medicine we deliver?

Jodi: I'm really curious to know what's the response been like since your article went live. And more specifically, have you heard anything from the regulating bodies or colleges in response?

Miranda: This group called Sex Med reached out to us, which is I think a McGill-based organization looking at how health inequities affect queer and trans communities. So they started this petition calling on the world college to just respond to the article we published because they hadn't. And after about 7,000 signatures, we did get a tweet from the Royal College committing to implementing some kind of national standard for this education by 2025.

Jodi: In conversations, we've heard frustrations from folks over how slow the wheels of change are taking to turn. I think we can all agree on that front, even with years of advocacy. Why do you think a national curriculum has yet to be established? And what do you think it will take to finally get things rolling?

Tehmina: I feel like we're peeling back layers on layers of an onion. I think many of those frustrations are actually shared by queer medical students, residents, physicians. And we do see that this push is moving forward. We know that any sort of change is slow because it's often met with backlash. And it's met with evolving language and what's the appropriate language that we should be using now such that it is not outdated by the time something is

instituted. I think that although the wheels are definitely moving in the right direction, we also have been seeing a certain weaponization of 2SLGBTQ identities.

And this is becoming quite public. And I think that that causes a pause in the wheels that are moving forward. Suddenly reflection as if, again, there is some sort of pathology that is driving what we are actually seeing. It's not that there are quote unquote more 2SLGBTQ folks. They've always existed. If anything, what we are seeing is just this public recognition that we actually existed. So with that public recognition, there are certainly public outcry that we should be providing better care. And I think it certainly will take more time to get that standardization because again, things look differently coast to coast. And there are going to be certain issues that are more at the forefront in different communities.

And how we begin to standardize this, I think we're actually starting to ask those questions. But we're developing that evidence. If we look at the 2019 House of Commons 2SLGBTQ report on health inequities, one of their main recommendations is that we should actually have better training for professionals, for health professionals across the board. And we are just not there yet, but we're starting to get organized. And I think that this is moving from being something grassroots or nuanced to something that's actually like, no, no, no, wait a minute. This is affecting everyone across Canada at all levels. Let's begin to get organized so that we can support this change. Because if we're looking for quote unquote medical experts, my God, ask the queer community. We are the experts on our own healthcare and our own experiences. And I think this is finally getting headway.

Jodi: I encourage folks to take a look at our show notes page at rainbowhealthontario.ca to find links to the original article, as well as a response from the Royal College of Physicians and Surgeons. You'll also find more information about the CANMEDS framework the Royal College is introducing to bring EDI to the forefront of medical education.

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Alison: For our next segment, Sil Hernando talks to doctors Amy Bourns and Anna York-Lyon about the Enhanced Skills Fellowship in LGBTQ Health and the ways this model helps train the experts of tomorrow while building community.

Sil: My name is Sil Hernando. My pronouns are she and her. I'm the Senior Program Manager at Rainbow Health Ontario and I'm speaking today with Dr. Amy Bourns and Dr. Anna York-Lyon. Amy, could you tell us what the Enhanced Skills Fellowship in LGBTQ Health is and why does it exist?

Amy: Yeah, so just to give a little bit of a background about Enhanced Skills programs, they're essentially training that family medicine graduates would do after they complete

their family medicine residency when they're essentially brand new doctors, that they would do this extra training in order to get enhanced skills in a certain area of medicine or in providing care to a certain patient population. So that could be, for example, the big ones are emergency medicine, obstetrics, these kinds of things. If you're going to be practicing in that area, you're going to want some extra training in those things. And we've also identified 2SLGBTQ Health as an area where it's really underrepresented in medical education, both at the undergrad level and in family medicine. And for that reason, many folks hoping to provide high-level care to this population want to do some extra training to feel more comfortable and gain that expertise.

That's where it came from. And in terms of the day-to-day, there are several rotations that our residents will go through. And they'll spend time in primary care with endocrinology, learning about gender-affirming hormones, with infectious disease, learning about HIV care, learning about transition-related surgeries, there's pediatric rotation, mental health, sexual health, and fertility medicine.

Sil: Anna, what was it like for you?

Anna: So the LGBTQ+ Enhanced Skills program was a really lovely experience. I went into it with the goal of learning more both like a greater depth of knowledge and also to learn it as quickly as possible. So like Amy mentioned before, there was not as much education as I had wanted around certain topics in medicine, like in medical school and then in residency.

There are a bit more now than there was when I was doing it, even just like some of the programs developed just as I was leaving. I wanted to be able to provide care to a lot of patients quicker, essentially. And I knew that if I had graduated residency, not done the program that I could then slowly learn and attend workshops and connect with people and gain a few patients over time, and I would be able to gain the skills. But I really wanted to be able to increase access faster.

And so that was part of it for me was being able to gain those skills quicker. And so yeah, it was a really lovely experience. It was in 2020 and so it was a bit full of COVID and restrictions and things like that, a lot of virtual care. But I got an opportunity to connect with some really lovely providers in endocrinology and through the Women's College surgery program, a lot of primary care, a lot of integration of some of the ideas from the specialty clinics into primary care every week, which is really lovely. I could bring it from a rotation in like psychiatry on Tuesday and then kind of come back and run it by one of the preceptors I saw on Friday. And I think that it also really gave me a chance to meet some

people that have been able to be either mentors or I've been able to go back to now that I'm a bit more independent.

I'm doing it on my own in a different city. So when I have questions or concerns, they're not these like nameless or like faceless people that I don't know. They're people that I've talked to and felt comfortable with that I can reach out to and ask questions. And it's made my further learning also much better.

Sil: It sounds a little bit like building a community of practice.

Anna: Yeah, yeah, it really is community-building. Yeah, it also breaks down some of those barriers. So education and community become like enmeshed, right? You learn from each other and you like each other and then you ask each other questions and then you get to learn what someone else is doing, you know, in their current research or things like that.

Sil: Amy, you were both a participant in this program and now the director. How has your experience been?

Amy: Yeah, I mean, as being the program director for this, it allows me also to be part of that community and also to welcome new residents into that community. For me, when I did the program myself, it didn't really exist. It was considered a self-designed program at the time.

And so it really has evolved quite a lot over time from something that was a bit ad hoc to something that is more formalized now. But when I did the program, I had an amazing time. It was, I had the opportunity to actually travel around to a lot of cities in Canada and the US. I mean, fortunately now that we have clinics here like Women's College and Sick Kids, residents don't have to travel in order to get the expertise that I had to travel to get.

But at the same time, it was wonderful to travel around and see how this care was being delivered in different urban centers in the continent. I also feel like I really found my place in when I did this program. I enjoyed the learning and I enjoyed seeing patients, but I just found an area that I felt like I could fully be myself, use my strengths, use my lived experiences and really feel passionate about what I was doing. And so I really found a place that I could thrive sort of as a person and as a physician. And yeah, it's also as the program director really nice to be able to sort of represent this area of medicine sort of at the Department of Community Family Medicine at University of Toronto. I'm just sort of having a seat at the table, having that administrative position and yeah, I'm just representing the area of medicine amongst other areas of important areas of family practice that residents are learning more about.

Sil: One of the goals of this program is to help create more expertise in the field of 2SLGBTQ health. Why is this expertise important?

Amy: So when we're talking about expanding medical education across the country, we really need people who can speak from a place of expertise when they're developing curriculum and when they're teaching these topics that, you know, often really require a nuanced understanding of the community and queer and trans patients health needs and how to break down the barriers to care that exist. While we hope that there's going to be a basic level of competencies for all graduating physicians, we are always going to need people who have that additional expertise to speak with confidence to do teaching and to act as a resource to other providers when complicated cases arise.

So essentially, we want to grow the pool of leaders that can pass their knowledge on to the next generation. And I don't want to imply that this program is the only way that we can create that expertise. There's a lot of people doing really amazing work in all of these areas as clinicians, as teachers, as advocates. But what our program really offers is for people to sort of hit the ground running with all of those pieces in place as Anna eloquently described, kind of creating that community of practice.

Sil: As a former fellow, Anna, do you think the program reached the aim of creating more experts in the field of 2SLGBTQ health?

Anna: I think so. I think that whenever you finish any program, you're very convinced that you know a lot and then you go out into the world and you realize there's always more to learn. So I do think that I gained a lot of knowledge and that, like Amy said, part of the goal for that is not to keep that knowledge for yourself, but to just keep giving that knowledge other places. And so I'm involved with a new program we're trying to set up in Ottawa to further kind of spread more knowledge from some of the different people in Ottawa that are doing specifically trans health, so especially through like Centretown and some of the endocrinologists in town and pediatric endocrinologists. So I do think that I gained a lot of knowledge and like I said before, a lot of connections that when I run into kind of like the limits of my knowledge, I can then reach back for more support and then reach forward to help more people. And so I think that it has done that goal of trying to create experts and then these experts could then create more many experts and more many experts.

And then eventually there's not as much of a need because hopefully more general primary care just has this as part of baseline knowledge or knows where to access that knowledge if they need to.

Sil: Thank you. Thank you, Anna. And thank you Amy. And thank you for everything you are doing out there in the field.

Anna: Thanks for having me. Thanks for having us. It was great.

[Podcast transition bumper plays]

Jodi: Anna's words on sharing knowledge are really at the heart of what everyone we've spoken to so far is trying to achieve. No one's inventing anything or trying to be the first in a field of expertise. It's really about sharing what's already been known, you know, quilting the existing patchwork of our community knowledge.

Alison: I think that's so right on Jodi. I spoke with Sil about this piece and she shared that Anna has actually started up her own version of this program in Ottawa. She's doing a really great job there of supporting others in making a positive change.

Jodi: So we've spoken to a number of folks who are making change in medical education. We've heard a passionate case for standardization of medical education when it comes to issues that especially impact 2SLGBTQ people.

Alison: For our final segment in this episode, Juan-Sebastian Ortiz speaks to Dr. Jordan Goodridge about his approach to teaching medical students as well as the importance of continuing education as well as a few of the opportunities available for healthcare providers.

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Juan: Hello, my name is Juan-Sebastian Ortiz. Pronouns they/them, or he/him. I'm a clinical educator at Rainbow Health Ontario and today I'm joined by Dr. Jordan Goodridge. Welcome, Jordan.

Jordan: Thanks for having me.

Juan: Jordan, can you tell us a little bit about yourself and what you do?

Jordan: Yeah, thank you so much. By training, I'm a family physician. I work out of Toronto primarily. I do a lot of work in sexual health. I do a lot of HIV primary care and 2SLGBTQ care in general. These are really my passions. I'm also a lecturer in the Department of Family and Community Medicine at University of Toronto, a course director, and I am also a facilitator and teacher with Rainbow Health Ontario and CAMH or the Centre of Addictions and Mental Health in Toronto. Thanks for having me.

Juan: You are doing so much. Can you tell us what are the ways that you are teaching both the next generation of providers as well as established doctors about 2SLGBTQ health?

Jordan: Yeah, so in terms of the next generation, I guess I'll primarily focus on my work with the University of Toronto in the MD program. So we're training the next generation of

doctors to be competent and deliver culturally safe care to 2SLGBTQ populations. So pretty well, the program has intentionally positioned some material into 2SLGBTQ health care and sprinkled it throughout the curriculum.

So these are things like terminology definitions that are used by sexual and gender minority groups, important health topics and health disparities in these populations, actual interactive clinical skills sessions that are intended to help train our next generation of learners to be able to speak confidently and professionally as well as empathetically with these populations. So I'm really, really passionate about that work. I think that the University of Toronto, I am a little bit biased, but I'd like to say has done a really great job of really boosting and bolstering the material that it has within the curriculum. I'm a course director as well, so I get to have a direct say in some of that material, which I'm really fortunate about. And I work really closely with the 2SLGBTQ health theme lead, which is something that to my knowledge is unique to Toronto. I think it's one of the few schools that actually have a position that's dedicated to overseeing the 2SLGBTQ health curriculum. So it's great.

I think, you know, we do take a really intentional approach to including this material and sprinkling it throughout. I also teach established doctors with Rainbow Health Ontario and CAMH. So this is primarily through sessions that I lead on gender affirming hormones in transgender and gender diverse patients, as well as transition related surgeries and managing postoperative complications from these surgeries.

Juan: One of your current projects at the Temerty Faculty of Medicine is the Trans Curriculum Project. Can you tell us more about this and why it's necessary?

Jordan: So yeah, it's a really exciting project. I'm very fortunate to have the support of the dean of the medical school, really backing it up and promoting it and really seeing that we have the resources we need to actually get it off the ground. One of the things that actually also makes this project really unique and something that I don't think we do enough in medical education is the curriculum itself will actually be informed by transgender and gender diverse individuals themselves. So we have the funding to put together a committee, an advisory committee that will help make sure that the content that we deliver and the ways that we deliver it are appropriate, you know, are safe, are, you know, informed by the populations to whom we'll ultimately be delivering this care. We recognize that transgender and gender diverse populations have been historically underserved and continue to be underserved. And we also know that more individuals are seeking medical transition, be it gender-affirming hormones and or transition related surgeries. So I really feel like it's our responsibility, the onus is on us, to actually meet the health needs of these populations. And really, in order to do that, the first step I think is education.

Juan: What an amazing and powerful project that sounds. As someone with lived experience, I'm so happy to hear that it will be informed by lived experience and will meet the needs of the population. And the accessibility piece in terms of a wide uptake is so important. Can you tell us about the role of continuing education and filling the knowledge gaps into 2SLGBTQ care?

Jordan: Yeah, yeah. We recognize that the project will primarily focus on those new learners. But we also recognize that there are a lot of practicing providers out there who unfortunately maybe don't have the training or the experience in working with these populations. And so that's really the gaps we're trying to fill with Rainbow Health Ontario and CAMH, the different kind of continuing education modules and lectures and things that we offer. The reason that we really need this continuing education is that individuals who are trained in our current residency programs and medical school, they may only interact with a limited number of individuals who are trans or gender diverse and potentially a smaller subset of those patients who are actually seeking hormones or surgery at the time of their training. And we find this is common in medicine actually in any areas that if you're training an individual and they don't meet a certain kind of critical mass or volume of patients, then our learners often will go out into practice and may not feel fully comfortable or competent in providing this care. It's also important to note, of course, medicine and health in general is always, always evolving, right?

So even if you feel like you had a robust experience in your training programs, when you go out into practice in five years and 10 years or 20 years, things will change, right? Terminology will change the treatments we have available to us to change how we actually use them may change. So that's why it's really important for us to stay up to date in kind of all of the areas. But I think in trans and gender diverse health, this is an area that is so rapidly changing that we're so quickly in a lot of ways coming to learn about, right? And to become more, more understanding of that. Yeah, I really think the onus is on us as providers to catch ourselves up whenever we need to.

Juan: That's such a good point about how much changes and how quickly it changes in healthcare. For providers who are continuing their education, what would you say to them to answer the question, why should providers choose to learn about 2SLGBTQ health?

Jordan: I would honestly say providing 2SLGBTQ health is some of the most rewarding work that I do. I mean, being a part of the larger 2SLGBTQ community myself, I think I have a perspective. I can see where those unmet health needs are. And it's disheartening to see, right? I think that it's something that hasn't received as much attention or priority as some other areas in medicine. But I can see the real positive impact we have by focusing on and prioritizing these populations, right? One of the examples I like to highlight in terms of the

impact that our care can have is the mental health of our populations, right? We recognize that for different reasons, for being minority individuals ourselves, from facing discrimination day to day, you know, we face something called minority stress.

And we know that that can impact so many different aspects of our lives, our physical health, our mental health. To the point where we see from a study called the Trans Pulse Study, 27% of individuals who are trans and gender diverse who want to seek medical transition but are unable to access it actually have attempted suicide in the last year. When you compare to individuals who have been able to medically transition the way that they seek out, that past year suicidality rate drops from 27% down to 1%. And honestly, in medicine and healthcare, we don't really have other treatments that are as effective, right? When it comes to reducing suicidality, aka mortality rate. So I see this as really being life saving treatment, the care of our minority patients, our gender and our sexual minority patients.

Juan: It absolutely is life-saving care. And I can think of many examples in my own experience where affirming care has absolutely changed my life. And still, there's work to be done. Because you work in both established medical schools as well as continuing education, as we've spoken about, where do you see the knowledge gaps for providers? What more needs to be done?

Jordan: Yeah, and it varies so much from one provider to another, from one setting to another. I think first and foremost, I encourage providers to be reflexive and to identify where their own gaps are. I think a common great area to start at is just the basics, right? What terms do sexual and gender minority patients use to describe themselves? How can you actually make your clinical or your teaching environments more inclusive of these populations? And there's some really easy ways to do it actually. So think about the signage in your clinic. Think about the pamphlets you have. Are you representing different minority groups, be it racial minorities, religious minorities, sexual and gender minority groups?

Do you have a rainbow flag or trans flag anywhere in your office? With these visual cues alone can make a huge, huge impact in helping an individual feel more comfortable in your environments, right? Even just the basics, getting down a patient's pronouns correctly, making sure that your clinic has the ability to record these things in your electronic medical record, in your intake forms, that's all really, really crucial.

And I'd encourage providers to actually seek out the various resources that are out there, be it through Rainbow Health Ontario and other teaching programs, be it the resources that are available online for kind of self-directed learning.

Juan: Can you tell us more about CAMH's ECHO program?

Jordan: Yeah, so CAMH has a number of different ECHO programs, which are really intended to reach out to providers across Ontario, actually primarily focusing on individuals in rural communities, often that are underserved, and helping to educate providers in various areas of health care. And I'm part of the Transgender and Gender Diverse CAMH ECHO, which is a 16-week program every Thursday morning for about an hour and a half. And each of the weeks, we have a lecture that's dedicated to the area of transgender and gender diverse health, be it psychotherapeutic approaches with these populations, be it other conditions that disproportionately affect these populations, hormones, surgeries, lots and lots of different topics. But it's also an opportunity for providers to actually bring cases that they have, that they've, patients they've interacted with, or that their colleagues have interacted with, where they need some additional help or support. And really, it's great because we have a hub team that's composed of family physicians who do this care, endocrinologists, psychotherapists, psychiatrists, social workers, and the idea is that it's a community of practice where we're all able to help contribute and help provide recommendation and support to the individual who brings forth a case. So I highly recommend it to anyone who might benefit from this program.

It's free of charge. It's a great way to make connections with other people who are doing this really meaningful and impactful work. And I think it'll have positive consequences down the road for really all the providers that are involved and hopefully all of their patients as well.

Juan: There's so many amazing resources out there and so much to learn. What are some last words of wisdom that you can leave our listeners with and providers specifically?

Jordan: I just want to encourage everyone again, this is work that you can do. Even if you feel like you're coming from a place where you know very little in the area of transgender, gender, vigorous health, whether you feel like you know a lot, but you don't have quite the experience to do it, you can do this work. The supports are out there. The people who are doing this work are really, really passionate about it and are always happy to help you.

So whether it be calling into the Rainbow Health Ontario Mentorship Call, whether it be reaching out to other colleagues, you maybe know who are doing this work, whether it's

signing up for these training programs, I'd really encourage you to view yourself as someone who is capable of learning and of doing this work and that it doesn't have to be a specialized area of medicine that only certain providers can do. Beautiful.

Juan: Thank you so much for joining us today, Jordan. And thank you for all the work that you do in being a 2SLGBTQ health champion.

Jordan: Thank you so much for having me. It's my pleasure.

[Outro music plays]

Jodi: This episode was reported by myself, Jodi Asphall, Juan-Sebastian Ortiz, and Sil Hernando. Production support provided by JP Davidson and Luke Quinton, as well as TalkBack Studios and Pop Up Podcasting.

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