

Results: A major pattern to emerge from the qualitative analysis revealed the unique and critical role of the discretionary (decision-making) power of adult authority figures in granting or denying access to safety, resources, and affirming healthcare. Participants described gender-rejecting parents using their authority during participants' childhood and adolescence to surveil and/or deny participants' access to privacy, freedom of movement, healthcare, and connections to social networks (e.g., friends, phone, social media, email, the internet). Participants whose healthcare was covered by parents' insurance during young adulthood were especially vulnerable to parent's discretionary violence in denying them gender-affirming healthcare even as adults. Teachers were described as using their authority to excessively discipline participants for their gender identities, resulting in hostile and stressful school environments and loss of educational opportunities. Participants described experiences when physicians would deny the participant's gender and therefore deny gender-affirming healthcare. Physicians were also described using their authority to pathologize the participant's gendered behavior, resulting in involuntary hospitalizations, over-medicating participants, and ignoring or missing signs of abuse and neglect.

Conclusions: These findings contribute to the growing literature demonstrating the clear role of social environments in the health and wellbeing of children and adolescents, specifically transgender and nonbinary young people. During childhood and adolescents, transgender and nonbinary youth are particularly vulnerable to the decisions made by those adults with power over them. Physicians, teachers, parents, and other adult authority figures have a duty to protect vulnerable youth and this duty starts with managing their own decision-making powers. Parents, teachers, and physicians need clear education on how their decisions to affirm or reject transgender and nonbinary young people can have a direct impact on their health and wellbeing.

Sources of Support: University of California President's Dissertation Year Fellowship; SHARE Program at University of California, Berkeley.

44.

EXPANSION AND INTEGRATION OF A NOVEL LGBTQ+ CURRICULUM INTO THE PRE-CLINICAL MEDICAL EDUCATION AT A MIDWESTERN SCHOOL

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Purpose: An estimated 4.5% of the US population identifies as LGBTQ+, and significant health disparities exist due to discrimination. Despite high prevalence, there is limited training in medical schools in LGBTQ+ healthcare. To address this educational gap, a curriculum, which was previously piloted with volunteer students (N=29), was integrated into the second year clinical skills course in order to increase knowledge of LGBTQ+ health issues and improve comfort with taking an inclusive sexual history. This study examines the impact of the now mandatory curriculum on the students' knowledge, attitude, and perspective regarding the LGBTQ+ population.

Methods: The required curriculum included implicit bias testing, one hour lecture, standardized patient encounters with feedback, and a debrief session with faculty. Medical students participating in this experience were recruited for an evaluation of the program via voluntary survey. Data were collected anonymously via

surveys pre- and post-curriculum, and participants were assigned a unique identifier to measure the individual effect. Demographic data including year of training, age, race/ethnicity, gender identity, and sexual orientation were collected. Student comfort discussing sexual orientation and gender identity and perceived preparation for taking an inclusive sexual history and providing care for LGBTQ+ patients was assessed via Likert scale (scale 1 [strongly disagree] through 5 [strongly agree]). Additional data were collected on student's perception of the curriculum meeting learning objectives such as learning strategies for creating a safe space and understanding the spectra of gender identity and sexual orientation. Descriptive feedback was also collected on the educational intervention. This data was subsequently analyzed using SPSS version 24. This project was approved by the institutional IRB and was supported by a grant through the University of Oklahoma College of Medicine Academy of Teaching Scholars.

Results: 78 second year medical students completed both pre- and post-surveys. Statistical improvements in student scores post-curriculum were observed with all p-values <0.001 including comfort in: discussing sexual orientation (pre 3.47, post 4.26), discussing gender identity (pre 3.22, post 4.23), and collecting an inclusive sexual history (pre 2.92, post 4.21). Students felt that the learning goals and objectives were met, with mean scores for each objective greater than 4.0. Students reported a high overall satisfaction with the curriculum (mean 4.42, SD 0.57).

Conclusions: This now mandatory curriculum successfully improved student comfort levels in collecting an inclusive sexual history, and there was high student satisfaction with the curriculum.

Sources of Support: This project was supported by a grant through the University of Oklahoma College of Medicine Academy of Teaching Scholars.

45.

BUILDING COMPETENCY IN GENDER INCLUSIVE HEALTHCARE: AN INNOVATIVE VIRTUAL CURRICULUM

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Purpose: The COVID-19 pandemic has challenged the health care and education systems on all fronts: safely providing care for patients, restructuring how care is delivered, and rapidly innovating to deliver stimulating medical education via tele-technology. The pandemic also highlighted multiple health disparities, resulting in an urgent call to action to promote health equity. In response to these challenges, the New York State (NYS) Clinical Education Initiative (CEI) Sexual Health Center of Excellence developed a video-based educational curriculum entitled, "Building Blocks for Trans & Gender Diverse Care." The curriculum aims to guide clinical providers to create a practice space for delivering care that is gender affirming and inclusive.

Methods: The curriculum provides a quick, easy to access, graduated learning experience that engages learners at multiple levels. Content includes foundational concepts and terminology, creating inclusive healthcare spaces and non-stigmatizing encounters. It also offers