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

clinical guidance and pearls related to the gender transition process. The curriculum was unveiled at the 7th Annual NYS Sexual Health Conference, and then shared on the CEI YouTube channel where it is presented as 3 episodes, broken into 12 parts, each 5 to 18 minutes long. The YouTube link has been shared on multiple clinician listservs, with an international subscriber base. The link is also available on the employee learning and performance platform used by a major academic medical center. By disseminating through multiple access points, we aim to build awareness and competence to a broader audience. Utilization of YouTube enables our team to assess curriculum usage by tracking numbers of views and learner comments. Beginning in October 2021, the curriculum will also be accessible on the open source CEI website for free Continuing Education (CE) credits, both medical and nursing. As with all curricula on the CEI website, demographic information regarding viewers and evaluation feedback are collected.

Results: Preliminary results reveal that between 6/29/21 and 9/9/21, the videos have been viewed 871 times through the CEI YouTube channel. The consensus feedback received (verbal comments, responses to listserv posts) has been overwhelmingly positive. Access to CE accredited videos will open on Oct 1, 2021. Information regarding number of views, completion of the entire 3 part series, demographics of viewers (profession, age/race/ethnicity practice specialty, practice location) will be reported along with quantitative and qualitative evaluation results.

Conclusions: An accessible, short educational video curriculum has been well-received and easily disseminated via the Internet during an initial marketing rollout. It has the potential to build competence broadly among clinicians to provide an affirming and inclusive healthcare experience for transgender and gender diverse patients. The video format is particularly appropriate during a pandemic, when in-person engagement has been challenging in both patient care and continuing education activities.

Sources of Support: New York State AIDS Institute, Clinical Education Initiative.

46.

WHAT PEDIATRIC PRIMARY CARE PROVIDERS NEED TO SUPPORT GENDER DIVERSE YOUTH: PERSPECTIVES ON CONSULTATIVE SUPPORT FOR GENDER-AFFIRMING CARE

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Purpose: The demand for pediatric gender-affirming care has increased throughout the COVID-19 pandemic, highlighting the need for telehealth-based specialist-to-primary care provider (PCP) consultative support. Accordingly, the purpose of this study was to identify PCPs' perspectives on receiving training and consultation in pediatric gender-affirming care using three telehealth modalities, with the larger goal of informing the development of future consultative support offerings.

Methods: PCPs who had previously reached out to the Seattle Children's Gender Clinic for a gender care consultation were invited to participate in a semi-structured, one-hour Zoom interview. During the interview, three different telehealth modalities (tele-education, electronic consultation, telephonic consultation) were described and participants were asked to share their perspectives on 1) the benefits and drawbacks of each modality, 2) which modality would be most effective in supporting them in providing gender-affirming care in the primary care setting, and 3) factors that would make a consultation platform successful. Interviews were transcribed and analyzed using an inductive thematic analysis framework by two authors using Dedoose qualitative analysis software. All participants provided informed consent and all study procedures were approved by the Seattle Children's Institutional Review Board.

Results: Interviews were completed with 15 PCPs. For the tele-education platform, PCPs most often identified continuing medical education (67%) and the community or network it creates (47%) as benefits and the commitment required (73%) and scheduling difficulties (40%) as drawbacks. For the electronic consultation model, timeliness of response (67%) and convenience (53%) were cited as benefits and electronic medical record system requirements (60%) and difficulty conveying the message electronically (53%) were considered the main drawbacks. For the telephonic consultation, PCPs identified the ability to have a conversation (80%) and the timeliness of response (60%) as the main benefits and phone-tag (87%) and finding time to make the initial call (40%) as the main drawbacks. Regarding the most effective platform, responses were mixed: 27% endorsed the electronic consultation, 27% the tele-education platform, and 20% the telephonic consultation, with the remaining 27% suggesting a hybrid of the three models. Finally, responses regarding what would make a platform successful were much more varied across participants, with the most common responses including being non-judgmental and supportive (33%) and flexible with the ability to pivot to other platforms as needed (27%).

Conclusions: With the increasing demand to provide gender-affirming care in the primary care setting, further training and support is necessary for pediatric PCPs to deliver this time-sensitive care. The results of this study indicate the need for a more flexible suite of gender-focused specialist-to-PCP telehealth-based consultative services to facilitate the provision of pediatric gender-affirming care.

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47.

DEVELOPMENT OF QUALITY ASSURANCE MEASURES OF GENDER-AFFIRMING HIV PREVENTION SERVICES FOR YOUNG TRANSGENDER WOMEN

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Purpose: Human immunodeficiency virus (HIV) prevention services including HIV testing and Pre-Exposure Prophylaxis (PrEP) are a crucial component of healthcare for young transgender women (YTW), who are disproportionately impacted by HIV in the U.S. However, these services and spaces are often not inclusive or gender-affirming. The purpose of this study was to adapt and develop two quality assurance measures of HIV prevention services for use with transfeminine identified youth quality evaluators in order to assess HIV and sexually transmitted infection (STI) services for gender-affirming competencies.

Methods: Focus groups were conducted with provider and research experts in transgender health and HIV care for adolescents (N=14) and transfeminine identified youth experts (N=7) in transgender health to obtain feedback on two measures adapted from the Quick