

QUICK REFERENCE GUIDE FOR LGBTQ+ INCLUSIVE COMMUNICATION

Use this tool as a reference at any point during a clinical and professional encounter. It can also be supplemental material for training office staff, residents, fellows and other clinicians.

Your commitment to using inclusive language and understanding the experiences of LGBTQ+ clinicians supports equity in health care for LGBTQ+ individuals and belonging for all members of the ACC community.

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EXPERIENCES AMONG LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER (LGBTQ+) CLINICIANS



LGBTQ+ medical students are more likely to experience **burnout**; because of **mistreatment**, compared to their heterosexual peers.



Based on discrimination, either observed or through personal experience, disclosure of LGBTQ+ status is associated with distress, discomfort and concern about repercussions on social, academic standing and future career options.



The current culture of medicine is described as **'hetero-normative'** by LGBTQ+ trainees given the lack of LGBTQ+-specific education, discriminatory language used by peers and educators and exclusion of LGBTQ+ individuals by peers.

- Heteronormative cultures that lack LGBTQ+-specific education, reinforce not only a **lack of cultural awareness** for the LGBTQ+ community but also their health care needs. Thus, contributing to cardiovascular disparities among LGBTQ+ adults seeking care.
- The lack of LGBTQ+-specific content within graduate medical education may foster a more exclusive environment and a greater sense of invisibility among LGBTQ+ trainees.
- Physicians lacking this cultural competency create negative experiences not only for LGBTQ+ trainees but also LGBTQ+ patients who may avoid seeking future cardiovascular care.



Studies have shown that the more 'prestigious' the medical specialty was determined to be (e.g. more competitive entry requirements), the lower the proportion of LGBTQ+ trainees in those programs, and the less likely it was perceived as an inclusive program for sexual and gender minority trainees.



15% of LGBTQ+ physicians experience **harassment** in the workplace.



Highly qualified LGBTQ+ clinicians select urban over rural areas to seek LGBTQ+ communities in cities perceived as friendly for personal and professional development. This limits LGBTQ+ professionals in the selection of highly desirable jobs, as positions are sought based on social adaptation and well-being rather than qualification.

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The **2022 ACC/AHA Health Policy Statement on Building Respect, Civility and Inclusion in the Cardiovascular Workplace** has outlined the spectrum of uncivil behaviors that include bias, discrimination, bullying, and harassment (BDBH), which have direct negative effects on the healthcare organization, the individual and the patient.¹

BDBH in the cardiology workforce, particularly for those with LGBTQ+ identities, is being recognized.² As a cornerstone of the document, the ACC acknowledges its special responsibility for the cardiovascular workplace and seeks to be a robust source of strategic leadership, education, training and support for all LGBTQ+ members. This includes fostering personal behaviors and undertaking anti-BDBH initiatives within their places of employment.

Specific anti-BDBH measures in cardiology for the LGBTQ+ community can include:



▶ **Formal multidisciplinary team:** Establish a dedicated team or office that reports directly to leadership.



▶ **Designated leadership:** Appoint a leader to work within existing structures and collaborate with external consultants.



▶ **Policy development and review:** Create, regularly review, and update institutional/ workplace policies. Design and implement educational programs.



▶ **Data analytics and reporting:** Use data analytics to assess and investigate reports of BDBH, manage oversight groups, compare desired and actual outcomes, and provide continuous improvement.



▶ **Just-culture framework:** Implement a just-culture framework to address and overcome BDBH.



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