**Academic Half Day – LGBTQIA+ & Sexual Health**

**Learner Guide**

Agenda:

1:10 – 1:20 pm Theory Burst

1:20 – 2:10 pm Small Groups

2:10 – 2:20pm Questions with the Expert

2:20 – 2:30pm Break

2:30 – 3:20pm Small Groups

3:20 – 3:30pm Questions with the Expert

**Case One:**

**A 52-year-old assigned female at birth (AFAB) non-binary patient presents to establish care in your clinic for primary care.**

**PMH:** They have no known past medical history

**Family History:** Dad – MI at age 67

**PSH:** Appendectomy, Keyhole top procedure

**Social History:** Currently working as a librarian. Lives at home with their wife. Sexually active with their wife. Denies any tobacco or illicit drug use. Drinks 1-2 glasses of wine socially a few times per month.

**Medications:** Daily multi-vitamin

**Vitals:** BP 134/80, HR 84, spO2 98% on room air

1. **What preventative care should be discussed with your patient at this visit?**



**Case Two:**

**36-year-old trans femme presents to your clinic for an acute visit for evaluation of right lower extremity pain and swelling.**

1. **What additional information would you like to know?**
2. **You refer your patient for doppler which reveals an extensive proximal DVT. What are your next steps in management? How will you discuss this with your patient?**

**Case Three:**

**A 26-year-old cis woman comes to your clinic for an acute visit for vaginal discharge and discomfort. She has a past medical history of recurrent UTI’s and bacterial vaginosis.**

1. **What additional questions are important to discuss with this patient?**
2. **Your patient discloses to you that she is bisexual. She is currently sexually active with 1 cis-female partner. She is frustrated by her frequent vaginal infections/UTIs and wonders if they are related to having sex. You ask her if she is using safe sex practices and she isn’t sure (she never received any sexual education about safe sexual practices with a woman). How would you advise her?**

**Case Four:**

**A 26-year-old trans man with a PMH of tobacco use, anxiety and OSA presents to your clinic to establish care. Current medications include weekly testosterone (IM) and Zoloft.**

1. **During your physical exam, you notice that he is wearing a binder. What recommendations might you discuss with your patient regarding safe binder use?**
2. **Six months later, your patient returns to clinic for pre-op clearance prior to planned double incision top surgery. You obtain routine screening labs which reveal a hematocrit of 51. How would you advise your patient? What are your next steps in management?**

**Case Five:**

**A 22-year-old cis male is brought to the Emergency Department by his friends after he passed out at a party. He is lethargic and unable to provide any history. His friends don’t think he has been having any fevers, chills, or other symptoms but they aren’t sure. They do know he has not traveled recently.**

**Per chart review:**

PMH: Migraines

Meds: Descovy

**Physical Exam:**

Temp 99.2, BP 86/48, spO2 83% on room air, RR 28

CV: Tachycardic, no murmurs

Lungs: Tachypneic, CTAB

Abdomen: Soft, nontender

Skin: Slight erythema around the right nares and gray hue of hands and face

Neuro: Somnolent, awakens briefly to sternal rub, withdrawals all 4 extremities to pain, PERRL

**Labs:**

Renal: Na 135, K 4.2, Cl 110, Bicarb 15, BUN 24, Creatinine 0.84

CBC: WBC 8.2, Hgb 13.2, PLT 210

1. **You are the senior on long call admitting this patient. How would you triage? Level of care?**
2. **What is your differential and what orders would you place?**
3. **Your ABG returns**: ABG: 7.37/37/98 -- Methemoglobin: 13. **What medications can cause this finding?**
4. **What are Poppers and what are common health concerns associated with their use?**

**APPENDIX:**



