Purpose Emerging research in lesbian, gay, bisexual, transgender, queer, and other gender and sexual identities (LGBTQ+) patient experiences in hospice and palliative care (HPC) has shown disparities in access and quality of care compared to patients who are not sexual and gender minorities, such as increased discrimination and stigma resulting in increased psychological distress culminating in poor health outcomes including delayed seeking of palliative/hospice/end-of life care. While much current research has made recommendations to address these disparities, there is a paucity of research data to demonstrate the strength of evidence behind these recommendations in practice. This paper proposes elements for a medical school communication training curriculum based on current communication recommendations and existing general HPC and LGBTQ+-focused curricula to improve interactions between physicians and LGBTQ+ patients in need of end-of-life/palliative/hospice care. To ensure its relevancy and scalability, the future curriculum will be iteratively designed by collecting and analyzing survey data from learners, session facilitators, administrators of curriculum, and eventually patients' experiences to provide evidence of efficacy or otherwise.

Methods Available literature on recommendations for improving LGBTQ+ HPC/end-of-life care was searched on PubMed and Web of Science as well as consultations with faculty from the University of Colorado School of Medicine (CUSOM) involved in the Health and Society curriculum, Foundations of Doctoring (FDC) Communication Skills curriculum, faculty from CUSOM's internal medicine residency and palliative care fellowship programs, and an assistant professor and a post-doc fellow from the Colorado Clinical and Translational Sciences Institute (CCTSI).

Results Common communication themes in current LGBTQ+ HPC recommendations centered around history-taking that thoughtfully gathers sexual orientation and gender identity (SOGI) information and who the patient regards as members of their family of choice. Curriculum elements would be administered over different years of medical school and included in existing HPC/end-of-life care curriculum. Elements include a problem-based learning (PBL) style patient case featuring a same-gender dyad held at the end of the first year of medical school following a lecture on the basics of advance care planning (APC), a communication session during clinical year with (a) standardized patient(s) and facilitator, and further small-group and communication sessions during Integrated Clinicians Courses (ICC) held during the fourth year of medical school.

Rationale Choice of curriculum elements builds upon familiarity with PBL-format and foundational communication skills taught via FDC. Gauging progress and quality of the curriculum would depend on feedback from learners and facilitators through post-session surveys, and this can lead to further improvement and refinement of the curriculum. Surveys can also generate quantitative and qualitative data to provide evidence to bolster recommendation. It may be of further benefit to select a number of willing learners to follow longitudinally, and to have them survey the experience of any LGBTQ+ patients they encounter during their clinical training year of medical school and beyond into residency and/or fellowship.

Current Status and Future Directions The first element of the curriculum (in the form of a PBL-style patient case for small-group discussion) has been developed in collaboration with palliative care faculty and will be administered to CUSOM's class of 2025 in February 2022. Later elements of the curriculum have not yet been written and

approved by CUSOM curriculum faculty. Survey questions for longitudinal investigations of learners' experience have not yet been written. Future directions for studying LGBTQ+ disparities in HPC include investigating the experiences of LGBTQ+ people of color in HPC settings for additional disparities from the intersection of multiple minority attributes.