

## Transgender Content in United States Medical Education

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Despite the prominence of transgender issues in contemporary culture in the United States, little has been published concerning the effect of medical education on physician attitudes toward transgender people. Qualitative studies published to date suggest that transgender patients often experience negative clinical experiences which include, but are not limited to, being classified as mentally ill, navigating forms that lack gender-neutral identifiers, and interacting with providers who are unfamiliar with their needs.<sup>1-3</sup> Since many transgender patients may require long-term treatments to affirm their gender, their relationship with clinicians has unique importance, especially for primary care physicians, specialists, and other health professionals involved in their care.<sup>1-3</sup> Thus, training physicians to be more comfortable with transgender individuals and providing medical care to them could prove to be an optimal intervention approach.

Sufficient data does not exist on the health risks and medical challenges of transgender people. Between 1979 and 2016, PubMed searches reveal only six-peer reviewed journals with “Transgender” in their title and between those journals, a total of 4,352 articles published.<sup>1</sup> The absence of appropriate information regarding the needs of transgender population further perpetrates stigma, discrimination, and other consequences that harm transgender wellbeing.<sup>3</sup> Similarly, when assessing community health data sets for Southern California, only Baldwin Park, and Los Angeles included transgender specific information.<sup>4,5</sup> The community health need assessments of Riverside, Moreno Valley, and seven other regions did not include transgender specific information, and most only mentioned the transgender population when referring to social services for those more at risk for mental health issues or being of low socioeconomic standing.<sup>6-16</sup> Overall, the United States population is conservatively estimated to comprise of 0.5% transgender individuals and the unmet needs of this community are expected

to grow proportionally, increasing the importance of addressing the lack of data to better understand their needs.<sup>2</sup>

The trans community is reported to have decreased access to healthcare and specifically, published data approximates that almost half of the transgender population lack primary care physicians and lack coverage for transgender care.<sup>17,18</sup> This population's seemingly health averse behavior could be linked to many barriers such as lack of acceptance, lack of insurance, and fear of rejection.<sup>19</sup> The trans community expects providers to ask relevant questions pertaining to not only health, but also social determinants, which are not reported to be asked routinely.<sup>17,18</sup> Almost one fourth of primary care doctors never or rarely inquire about sexuality in reproductive health patient presentations.<sup>17,18</sup> Further, transgender patients expect their primary care physician to be accepting, educated, and psychologically supportive.<sup>1-3</sup> Some authors attribute the lack of clinician support for transgender issues to healthcare provider's self-reported lack of knowledge and education for LGBTQ care.<sup>18,20</sup> Thus, refining transgender education in United States medical schools may help clinicians overcome this barrier.

Many medical schools offer content related to transgender medical care only on an elective basis or include it only in the context of a broader lecture on LGBT healthcare. Various surveys measuring hours of LGBT instruction have been distributed amongst United States allopathic medical schools, osteopathic medical schools, and residency programs all generally report less than two hours of LGBT educational content, with significant improvement of educational efficacy for institutions reporting over two hours.<sup>21,22</sup> Notably, 44 of the medical schools reported zero hours of LGBT content during clinical years and another 9 reported zero in preclinical years.<sup>22</sup> Limited research has been published on LGBT healthcare electives that measure changes in clinical knowledge domains following the elective course featuring transgender patients and transgender lecture content.<sup>23-25</sup> Yet, no one has thus far studied the effect of small-group learning on student knowledge of transgender medical issues and attitudes, whether it be interviewing a standardized patient, or small group discussions of transgender related content.

On a larger scale, the concept of non-binary gender poses a significant barrier to many healthcare providers.<sup>26</sup> A survey that collected responses from over 400 physicians reported the majority as having treated a transgender patient without training on care for that population and a self-reported low confidence outside of the realm of hormonal treatment.<sup>26</sup> Increased educational exposure to transgender population topics will provide clinicians with more foundational knowledge to craft better healthcare for the transgender population.<sup>27</sup> Additionally, more educational instruction and cooperation between the

healthcare system and transgender patients could create more opportunities for healthcare professionals to offer social support for transgender patients beyond medical care, leading to more holistic care.<sup>27</sup> Thus, medical education represents an ideal place to create and study interventions regarding the training of future physicians to be more comfortable with transgender individuals and to provide better medical care to them.

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