Improving Confidence in Gender Affirming Care in a Regional Family Medicine

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Background

Gender affirming therapies can include hormonal therapy and surgical therapy. Initiation of hormonal therapy was often performed by other medical specialties, but often now falls within the scope of Family Medicine. Current standard of care includes hormonal therapy for male-to-female transition with spironolactone, estrogen, and finasteride and female-to-male transition with testosterone therapy. It's common to obtain 3-month follow-up levels of estrogen and testosterone levels. Generally, surgery can be considered after the patient has been on continuous hormonal therapy for one year, which applies strictly to genital surgeries and not chest reconstruction. Gender confirmation surgery is often the last step in the treatment process.

Prior to initiating gender affirming therapy, it's required that you give the patient a thorough assessment of their risks associated with hormone therapy. The CDC has highlighted the specific challenges faced by transgender patients when seeking medical care. Lack of medical provider knowledge and discrimination in health care settings are listed as barriers that dramatically impact the health of transgender patients. Even when providers are informed and willing to provide services, transgender and gender nonbinary persons avoid or delay preventive care services out of fear of experiencing discrimination. These delays can result in missed opportunities for HIV and STI prevention services, in addition to routine preventative care. Gender-inclusive and trauma-guided health care might increase the number of transgender patients who seek sexual health services, including STI testing (*CDC*), because transgender persons are at high risk for sexual violence (*342*). Considering these high barriers to access of baseline primary care, proceeding with gender affirming therapy requires that providers show high levels of confidence with treating transgender patients and initiating approved methods of gender affirmation. Familiarity with terminology related to gender, sex, and sexuality can lead to improved rapport building and ease of discussion with transgender patients.

Aim

Strengthen medical knowledge regarding gender affirming therapy, improve resident physician comfort levels regarding discussions about gender dysphoria with their patients, increase the overall frequency of discussions, and increase the frequency of providing appropriate care to patients when warranted.

Methods

A questionnaire was developed to assess residents' overall knowledge and comfort level regarding the care of transgender patients seeking gender affirming surgery and/or therapy. On February 17, 2023, a baseline survey consisting of 6 questions was distributed in person and completed by residents classified by PGY-1/PGY-2/PGY-3. A formal presentation on the topic of gender affirming therapy was given by a resident. A post-survey including the same questions as the baseline survey was then completed by the same group of residents.

Results

I am knowledgeable about gender affirming hormonal therapies.

There was a 69.23% increase in confidence after the lecture.

	Pre	Post
Strongly Agree (5)	0	0
Agree (4)	1	11
Neutral (3)	4	0
Disagree (2)	4	0
Strongly Disagree (1)	2	0

Results

I feel comfortable discussing gender affirming therapies.

There was a 65.38% increase in confidence after the lecture.

	Pre	Post
Strongly Agree (5)	0	1
Agree (4)	1	8
Neutral (3)	4	2
Disagree (2)	4	0
Strongly Disagree (1)	2	0

Persons whose experience or expressed __________ differs from their __________ assigned at birth may identify as transgender.

Initially, only 90% of residents answered correctly. This improved to 100% correct following the lecture.

	Pre	Post
Gender, Sex (1)	10	11
Sex, Gender (0)	1	0

Clinicians who are neither comfortable nor willing to become sufficiently knowledgeable to treat TGD (transgender and gender diverse) patients should __________.

Initially, only 90% of residents answered correctly. This improved to 100% correct following the lecture.

	Pre	Post
Provide requested care (0)	0	0
Refer to a clinician who is comfortable and willing (1)	10	11
Recommend patient explore alternatives to gender hormone therapy (0)	1	0

True or False: patients can consent to therapy only after being informed of the potentially irreversible changes in physical appearance, fertility potential, and social circumstances, as well as other potential benefits and risks of hormonal therapy.

All residents (100%) answered correctly before and after the lecture.

	Pre	Post
True (1)	11	11
False (0)	0	0

Results

Criteria for starting male-to-female hormone therapy include all except:

Only 72% of residents correctly identified criteria. This improved to 80% correct following the lecture.

	Pre	Post
Persistent, well-documented gender dysphoria/gender incongruence (0)	2	2
Capacity to make a well-informed decision (0)	0	0
Relevant medical or mental health issues are well controlled (0)	1	0
Need a psychiatric evaluation to confirm gender dysphoria (1)	8	9

Conclusion

Our study suggests that formal education on gender and gender affirming therapy through residency didactic lectures may be associated with an overall increase in resident knowledge, comfort with, and wider discussion of gender affirming therapy with patients. Limitations to our study include the number of lectures provided and participation in pre-/post-lecture surveys as only 1 lecture was given. Additional limitations to our study include the number of the participating residents who attended the lecture and participated in the pre/post surveys. The study also did not account for the participants' baseline knowledge regarding gender affirming therapy, which likely differed among individuals. The survey questions varied in difficulty and subjectivity, potentially impacting the results.

Future Directions

Future directions of our study would be to include additional residency programs located in the area to participate in similar didactic surveys in order to increase the sample size. Further interventions in this study once other programs are evaluated in the area would be to evaluate patient comfort with discussing gender dysphoria for reasons including but not limited to social stigma with medical providers. Based on the results from the evaluation on patient comfort with discussing gender dysphoria, lecture series for residents could be actualized and tailored to the patient population being treated in these clinics. While not necessarily part of the main focus of our research study, potential future interventions could include "templates" and "smart phrases" that are standardized for provider notes to ensure residents are able to consistently address and facilitate these discussions with patients, regardless of whether they desire gender affirming therapy or not.

References

Centers for Disease Control and Prevention. (2021, July 22). *Transgender and gender diverse persons*. Centers for Disease Control and Prevention. https://www.cdc.gov/std/treatment-guidelines/trans.htm