BACKGROUND

- Previous studies report biases in medical care for transgender patients.
- This bias correlates with poor health outcomes and patient avoidance in seeking medical care for transgender patients.
- Educating medical providers about transgender and gender non-conforming medical care leads to improvement in attitudes, knowledge and perceived ability to care for such patients.

OBJECTIVE

Conduct transgender health education sessions for medical students and physicians; assess short-term changes in attitudes, knowledge and perceived ability to care for transgender patients.

METHODS

Sample: Medical students, residents and faculty from family medicine and internal medicine.

Intervention: One hour educational sessions
- 20 minutes of didactics
- 40 minutes of personal stories from trans-male and trans-female patients on interactions with the health care system

Data collection: 19 item pre and post test survey
- Attitudes towards transgender patients
- Comfort in caring for transgender patients
- Knowledge regarding caring for transgender patients
- Demographics, including religious affiliation

Analysis: SPSS version 23
- Descriptive; Sign test for pre- post-responses

RESULTS

Table 1: Participant characteristics (N=65)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td>Department</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>25 (40)</td>
<td>Family Medicine</td>
<td>37 (57)</td>
</tr>
<tr>
<td>Female</td>
<td>38 (60)</td>
<td>Internal Medicine</td>
<td>28 (43)</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td>Role</td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>61 (94)</td>
<td>Student</td>
<td>28 (43)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>2 (3)</td>
<td>Resident</td>
<td>25 (38)</td>
</tr>
<tr>
<td>Missing</td>
<td>2 (3)</td>
<td>Faculty</td>
<td>9 (14)</td>
</tr>
<tr>
<td>Religious preference (yes)</td>
<td>49 (79)</td>
<td>Age (mean and range)</td>
<td>31 (21 – 67)</td>
</tr>
<tr>
<td>Religion impact practice (yes)</td>
<td>18 (29)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Participants: n=65; mean age 31 years (Table 1)
- 60% female, 94% heterosexual, 43% students

Pre- post educational session scores improved (Figure 1)
- Attitude toward patient
- Comfort level treating
- Knowledge about treatment options

Other significant increases in knowledge
- Knowing transgender people experience sexual coercion (p=.001)
- When to order an anal cytology (p<.001)
- Check fasting lipids before feminizing hormone therapy (p=.007)

DISCUSSION

- Implementing educational sessions significantly reduced treatment biases by improving:
  - Understanding
  - Comfort level treating
  - Knowledge of transgender patients
- Limitation – small sample size at single institution
- Future work – expand education session to other departments (psychiatry and pediatrics) to assess impact of session

REFERENCES