

Impact of a Gender Affirmation Curriculum on Resident Confidence and Medical Knowledge

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Abstract:

Background: Residency training provides an opportunity for new physicians to practice the art of medicine in a variety of capacities. The goals of training are often dictated by the patient population in which the residency functions, and sometimes new needs arise, especially amongst the most vulnerable populations. One area of medicine that both medical schools and residency programs lack exposure and training in is gender affirmation. According to a curriculum inventory by the American Association of Medical Colleges less than 65% of curricula offer some level of transgender-related education, and less than 80% of those programs do so in required courses. Roughly 0.4-0.6% of the US population identifies as transgender, which is equivalent to the amount of type I diabetics, and yet many physicians do not feel comfortable with initiating and monitoring gender affirming care. Northwestern Medicine offers a Gender Pathways program with many resources available in the central region, however growing demand in the Grayslake clinic and north region underscored a need to supplement our current residency training.

Methods: This was a cross-sectional study conducted over the course of the 2021-2022 academic year. Participants consisted of current residents at the Northwestern McGaw Lake Forest Family Medicine program. Surveys were administered before and after the implementation of a structured gender affirmation curriculum consisting of two interactive, virtual lectures. The main outcome measure was confidence in providing gender affirming care, and secondary outcomes looked at changes in medical knowledge regarding this important aspect of patient care. Confidence was measured using a likert scale with 1 being “very uncomfortable” and 5 being “very comfortable” and medical knowledge was based on responses to multiple choice and true/false questions in pre/post implementation surveys.

Results: A total 13 residents completed the pre-curriculum survey and 11 completed the post-survey. Paired t-tests were used to analyze self-reported confidence for providing gender affirming care as well as for differences in knowledge base. All residents showed an increase in confidence for providing gender affirming care, with no resident rating confidence less than a 3 on the above mentioned scale. Difference in confidence was statistically significant even with the small sample size. Despite increased confidence in providing care, there was not a concordant increase in correct responses to knowledge based questions.

Conclusion: The implementation of a formal, structured gender affirmation curriculum at an academically-affiliated community-based Family Medicine residency program resulted in an increase in confidence for providing gender affirming care, however did not result in a corresponding increase in medical knowledge based on the selected questions. Improvements to the curriculum and to strengthen its analysis would include additional didactic sessions to solidify the knowledge base of gender affirming care, use of case studies to put new knowledge to use in clinically applicable scenarios, in person didactic sessions instead of virtual lectures, and staggered cohorts for curriculum implementation throughout the year to provide continuity of learning for residents as well as improve the overall sample size.