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Exposure to and Attitudes Regarding Transgender Education Among Urology Residents

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ABSTRACT

Introduction: Transgender individuals are underserved within the health care system but might increasingly seek urologic care as insurers expand coverage for medical and surgical gender transition.

Aim: To evaluate urology residents' exposure to transgender patient care and their perceived importance of transgender surgical education.

Methods: Urology residents from a representative sample of U.S. training programs were asked to complete a cross-sectional survey from January through March 2016.

Main Outcome Measures: Respondents were queried regarding demographics, transgender curricular exposure (didactic vs clinical), and perceived importance of training opportunities in transgender patient care.

Results: In total, 289 urology residents completed the survey (72% response rate). Fifty-four percent of residents reported exposure to transgender patient care, with more residents from Western (74%) and North Central (72%) sections reporting exposure ($P \leq .01$). Exposure occurred more frequently through direct patient interaction rather than through didactic education (psychiatric, 23% vs 7%, $P < .001$; medical, 17% vs 6%, $P < .001$; surgical, 33% vs 11%, $P < .001$). Female residents placed greater importance on gender-confirming surgical training than did their male colleagues (91% vs 70%, $P < .001$). Compared with Western section residents (88%), those from South Central (60%, $P = .002$), Southeastern (63%, $P = .002$), and Mid-Atlantic (63%, $P = .003$) sections less frequently viewed transgender-related surgical training as important. Most residents (77%) stated transgender-related surgical training should be offered in fellowships.

Conclusion: Urology resident exposure to transgender patient care is regionally dependent. Perceived importance of gender-confirming surgical training varies by sex and geography. A gap exists between the direct transgender patient care urology residencies provide and the didactic transgender education they receive.

Key Words: Medical Education; Residency; Curriculum; Transgender Persons

INTRODUCTION

Transgender individuals in the United States experience significant health disparities owing to social and economic marginalization, discrimination from health care providers, and inadequate provider knowledge of transgender-specific health needs.[1] Public awareness of transgender individuals has increased recently owing to mainstream media coverage and political discourse, potentially decreasing stigma surrounding gender variance. Private and public insurance providers and health care systems, including the Veterans Health Administration and Medicare, have begun to offer coverage for certain aspects of gender transition.[2–4] After an Institute of Medicine report on lesbian, gay, bisexual, and transgender (LGBT) health disparities, the National Institutes of Health acknowledged the health of this underserved group as a research priority.[5–7] These societal shifts will likely result in increased demand for health care providers equipped to care for transgender patients.

Gender-confirming surgery includes procedures that change one's body to conform to one's gender identity, encompassing

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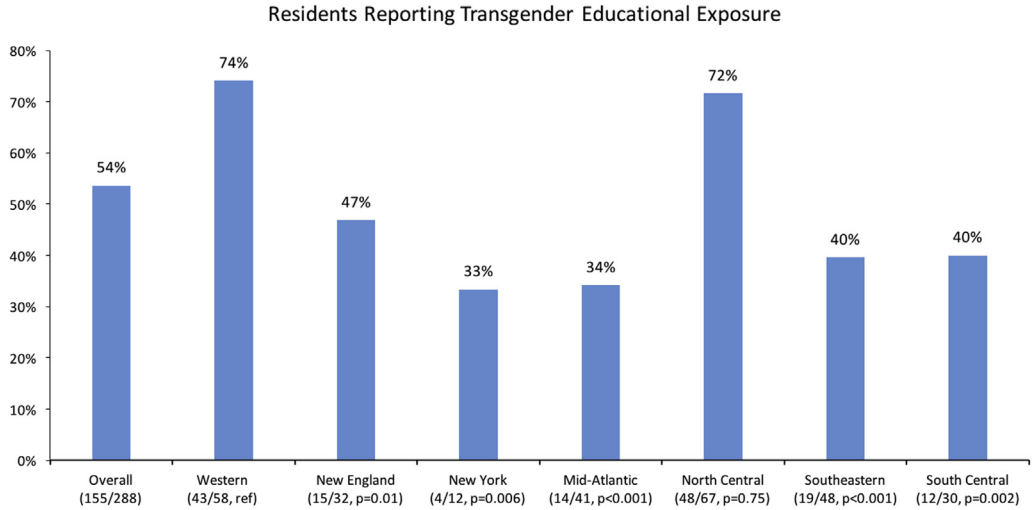

Figure 1. Percentage of residents reporting prior exposure to transgender educational content, including didactic and clinical exposure, by American Urological Association section. *P* values were obtained using χ^2 analysis. ref = reference region. Figure 1 is available in color online at www.jsm.jsexmed.org.

chest or "top" surgery (breast augmentation or removal), genital or "bottom" surgery (phalloplasty, metoidioplasty, scrotoplasty, or vaginoplasty), and facial feminization, among other procedures, including surgical castration. As surgeons of the genitourinary tract, urologists are integral to the multidisciplinary teams that facilitate gender transition and must provide general urologic care for transgender patients. However, in the absence of transgender curricular requirements in postgraduate training, urology residents might be underprepared to care for this patient population. This study sought to evaluate urology residents' exposure to the care of transgender patients and their perceptions regarding the need for transgender-related education in residency training. We hypothesized that urology resident exposure to transgender-specific education would vary widely, reflecting the lack of a uniform educational requirement.

METHODS

Institutional review board exempt status was granted for this project before the distribution of survey materials.

Survey Instrument

The survey was adapted from a previously validated instrument used to assess LGBT-specific content in medical school curricula.[8] A panel consisting of six urology residents from four American Urology Association (AUA) sections, two plastic surgery residents, and two academic urologists tailored the survey for specificity to transgender patient care exposure in urology residency training. The final instrument surveyed respondents for demographic information; didactic, clinical, and surgical exposure to care of transgender patients; opinions regarding the importance of transgender surgical education in urology residency training; and the perceived need for gender-confirming surgical training in urology fellowships (Appendix 1). The final anonymous survey was circulated in electronic and print formats. The Catalyst web tool served as the platform for electronic survey circulation.

Study Population

To obtain a representative sample of urology residents across the United States, programs were selected from each of the eight AUA sections: Mid-Atlantic, New England, New York, North Central, Northeastern, South Central, Southeastern, and Western. Institutions within each region were chosen as representative samples, targeting 25% of total programs per section. Resident liaisons from these institutions were chosen as local champions to distribute the survey to their co-residents. Urology interns were excluded from the study given their variable exposure to urology within the first year of general surgery training, as was one respondent identifying as postgraduate year (PGY) 7, because the survey targeted residents rather than fellows. Survey responses were collected from January through March 2016.

Study Outcomes

Outcomes of interest included resident exposure to transgender patient care and gender-confirming surgery and the perceived importance of gender-confirming surgery education in urology residency and fellowship training using the following Likert scale: not important = 1, neutral = 2, somewhat important = 3, and very important = 4. Variables of interest included respondent sex, PGY level of training, and geographic region by AUA section.

Data Analysis

Statistical analyses were performed using SPSS 23 (IBM Corp, Armonk, NY, USA). Significance was set at a *P* value less than .05. For categorical variables, all bivariate analysis consisted of χ^2 tests, unless any cell in the contingency tables contained fewer than five variables, in which case the Fisher exact test was used.