BACKGROUND

Previous negative experiences with the medical community often leave transgender people reluctant to seek needed medical treatment and preventive care. Inadequate training in transgender healthcare during all stages of medical education promotes the disparities experienced by this community. Undergraduate medical education is uniquely positioned to address these disparities by better preparing future physicians to provide inclusive care to transgender patients.

METHODS

The second-year clinical skills course at the Herbert Wertheim College of Medicine includes a hybrid workshop consisting of:

- One-hour lecture about the components of an inclusive sexual history.
- One and half hour, faculty-facilitated small group session, during which students interview a standardized patient.

Students were provided with an optional, anonymous pre- and post-survey to assess their perceived impact of, and satisfaction with the workshop.

RESULTS

One hundred and thirteen students participated in the sexual history workshop.

- Strongly Agree # (%): 52 (46) 50 (44) 2(2) 1(1)
- Agree # (%): 47 (42) 45 (41) 0(0) 1(1)
- Unsure # (%): 4(4) 6(5) 5(4) 2(2)
- Disagree # (%): 1(1) 4(4) 0(0) 0(0)
- Strongly Disagree # (%): 1(1) 0(0) 0(0) 0(0)

There was a statistically significant increase in:

- The number of students who reported an increase in knowledge of the components of an inclusive sexual history.
- The number of students who reported that their training had effectively prepared them to provide care for transgender patients.
- Students who reported feeling comfortable gathering a sexual history from a transgender patient.

CONCLUSIONS

Our findings suggest that the hybrid-learning workshop format effectively improved students’ knowledge and self-confidence regarding transgender healthcare.

Using well-coached cis-gender standardized patients, provided students a realistic opportunity to explore the nuances of transgender healthcare.

Future directions of this project will explore the recruitment of transgender standardized patients.

One limitation is the likelihood of students to over-report their confidence, skills, and knowledge. An Observed Standardized Clinical Encounter would allow for actual assessment of skills attainment.

REFERENCES