

Implementing Medical Student Teaching on Gynaecological Healthcare of Transgender Patients

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Abstract

Introduction

Transgender people have specific healthcare needs and experience difficulty in accessing health services. Medical students should receive teaching on general and gynaecological healthcare issues in this population. Our aim was to assess medical students' knowledge of healthcare needs of transgender people before and after a newly implemented teaching session on transgender healthcare.

Method

A mixed-method study was carried out over a three month period in a university obstetric and gynaecology hospital in Dublin. A one-hour teaching session was developed and delivered to final year medical students. Students completed a survey before and after receiving the lecture.

Results

Seventy-one students completed the pre-lecture survey and forty-three completed the post-lecture survey. Pre-lecture, 64 students (90%) reported some-to-no understanding of healthcare issues of transgender people, and only 13 (18%) reported understanding gynaecological issues faced by transgender people. Post-lecture, 41 (95%) had a better understanding of health issues faced by this population and 40 (93%) had a better understanding of gynaecological health issues faced. Most students (81%) wanted further teaching on the topic.

Conclusion

A one-hour teaching session was effective at improving student knowledge of care of transgender people. This teaching could be expanded to all Irish medical schools. Going forward, the teaching could be adapted for post-graduate obstetric and gynaecology teaching.

Keywords: *Transgender health; LGBT+; LGBT+ healthcare; medical education; gynaecology*

Introduction

It is widely accepted that transgender people experience health inequities and have specific healthcare needs when compared to their cisgender counterparts. Multiple international studies have found higher rates of depression, anxiety, self-harm, suicide and alcohol and drug use in LGBT+ populations^{1,2}. The LGBT in Britain Health Report 2018, which surveyed over five thousand LGBT people, reported that 46% of trans people had thought about taking their life in the last year³. The 2016 LGBT Ireland Report showed higher rates of self-harm, attempted suicide, severe stress, anxiety and depression amongst young LGBT people when compared to their non-LGBT counterparts⁴.

Transgender people experience difficulty in accessing appropriate healthcare. Real or perceived discrimination in healthcare settings may result in LGBT+ people not disclosing their sexual or gender identity, resulting in inadequate healthcare delivery and a poor therapeutic relationship^{1,3}. Lack of healthcare provider knowledge is frequently cited as a barrier to care^{5,6}, and some transgender people have reported feeling like they have to educate healthcare professionals on trans-related issues⁷.

The prevalence of transgender people in Ireland is not well-recorded. A 2014 study from the Department of Endocrine in St Columcille's Hospital estimated a prevalence of gender dysphoria of 1:10,154 male-to-female patients and 1:27,668 female-to-male patients⁸ - however, this does not account for patients seeking treatment elsewhere or those choosing not to formally transition. Global prevalence of self-identified transgender and gender non-conforming individuals was estimated by a recent review to be 100-2000 per 100,000 of the population (0.1-2%), with 1-30 per 100,000 individuals receiving gender-affirming care⁹.

In addition to specific general healthcare needs, it is recognised that transgender and non-binary people also require tailored gynaecological healthcare. Transgender men make seek gynaecological care as many do not fully transition with sex reassignment surgery and so they can continue to experience the wide range of healthcare issues associated with female pelvic organs¹⁰. Terminology around anatomy is hugely important, with some transgender people preferring to avoid terms such as vulva, vagina etc. A conversation should be had to determine the phrasing most acceptable to the patient. Of particular importance to the care of transmen is ongoing participation in screening for cervical cancer. The WHO reports that transmen are more likely to miss out on cervical screening programmes, as they may not seek out or be invited to these services¹¹. Transmen and non-binary people who have not had gender-affirming surgery can still conceive. While pregnancy outcomes do not appear to differ significantly from the general population, it is important to ensure that they receive inclusive care. Although data is lacking on infertility rates in transgender people treated with hormones, it can be extrapolated from people with gonadotoxicity due to cancer treatment and effects on fertility should be considered irreversible¹².

Discussions and decisions about fertility should happen prior to commencing hormonal treatment and/or sex-reassignment surgery¹³. Gynaecologists are also involved in gender reassignment surgery of hysterectomy +/- bilateral salpingo-oophorectomy. With regard to transwomen, they may seek gynaecological care due to issues such as recurrent neovaginal and urinary tract infections, neovaginal prolapse, voiding problems and dyspareunia¹⁰.

Considering these specific healthcare needs, there is growing awareness of the importance of providing medical students and healthcare professionals with dedicated teaching on LGBT+ health. A study of UK medical students found that their attitudes to LGBT patients are positive, but their awareness and confidence regarding clinical encounters are variable¹⁴. While 69% of students reported no specific teaching on LGBT health, 85% wanted to receive more.

A teaching programme in a London-based medical school, including a visit from a transgender patient, significantly increased students' confidence in their use of appropriate language regarding LGBT+ patients and in their clinical assessment of these patients, particularly transgender patients¹⁵. Similarly, a half-day educational intervention for first and second year medical students in an American medical school was shown to significantly improve students' comfort with a perceived knowledge about transgender patients¹⁶.

Studies have shown that the quantity and quality of medical education on LGBT+ health varies considerably between different UK and North American medical schools, with low median hours of LGBT+ teaching^{17,18}. Of note, "Maternity and childbirth in LGBT people" was the area least covered within the UK medical schools¹⁷. A busy curriculum with a lack of available teaching hours is widely reported as a barrier to implementing more teaching.

The aims of this study were to assess medical students' awareness of the health issues faced by transgender people, in particular their gynaecological health needs, assess their comfort in dealing with transgender patients, and assess the impact of a one-hour teaching session on this topic on medical students' awareness and comfort.

Methods

This was a mixed-method survey-based study conducted over a three month period in a tertiary obstetric and gynaecological university hospital in Dublin. The study was deemed to be low-risk by the Office of Research Ethics in University College Dublin (UCD) and was exempt from requiring full ethical review.

In light of UCD's membership and support of the Equality, Diversity, and Inclusion pillar of the Irish Universities Association¹⁹, the current medical students were surveyed on transgender issues in contemporary obstetrics and gynaecology. This [survey](#) was made available to medical students on an online learning platform and via social media. After positive expressions of interest, a didactic lecture was developed based on the latest literature.

The primary author of this article completed a one-day e-learning course entitled “Teaching LGBTQ+ Health” from Stanford Medicine²⁰. A lecture titled “Care of Transgender Patients” was developed, providing an introduction to terminology associated with transgender health, general healthcare issues and specific gynaecological healthcare issues faced by this population. Information was gathered from online sources including the World Professional Association for Transgender Health Standards of Care²¹, the Irish College of General Practitioners (ICGP) “Guide for Providing Care for Lesbian, Gay and Bisexual Patients in Primary Care Quick Reference Guide”²², and research articles^{8,9-13}. The lecture content was reviewed by the National Gender Service Ireland. The lecture was delivered as a didactic powerpoint slideshow to two separate groups of final year medical students, each undertaking a six week obstetric and gynaecology rotation. At the second lecture, a transgender man was invited to attend to provide a patient perspective on the topic.

Both groups of medical students were surveyed after receiving this lecture to assess the impact of the teaching on their knowledge of and comfort in dealing with transgender health issues. Data was recorded from the survey-hosting website and analysed.

Results

Pre-Lecture Results

The pre-lecture [survey](#) was completed by seventy-one medical students (response rate of 68%). Of these, 57 (80%) reported a good understanding of what transgender means and 14 (20%) reported some understanding. However, with regard to understanding of the healthcare issues unique to transgender people, only 7 (10%) of students reported understanding these, with 48 (68%) having some understanding and 16 (22%) reporting no understanding. Only 13 students (18%) reported knowledge of the role of gynaecology in the care of transgender patients.

While 37 students (52%) reported having received some teaching on transgender health, only 9 (13%) felt that this had been adequate. The vast majority of reported teaching was on endocrinology rotations. Three-quarters of students reported being comfortable with history-taking from a transgender patient. Formal teaching on transgender health was seen as important by 67 (94%) of medical students.

Post-Lecture Results

The post-lecture [survey](#) was completed by 43 medical students (response rate 41%) and 42 (98%) of these reported enjoying the lecture. The students’ understanding of the meaning of transgender, specific health issues and the role of gynaecology are displayed in Figure 1.

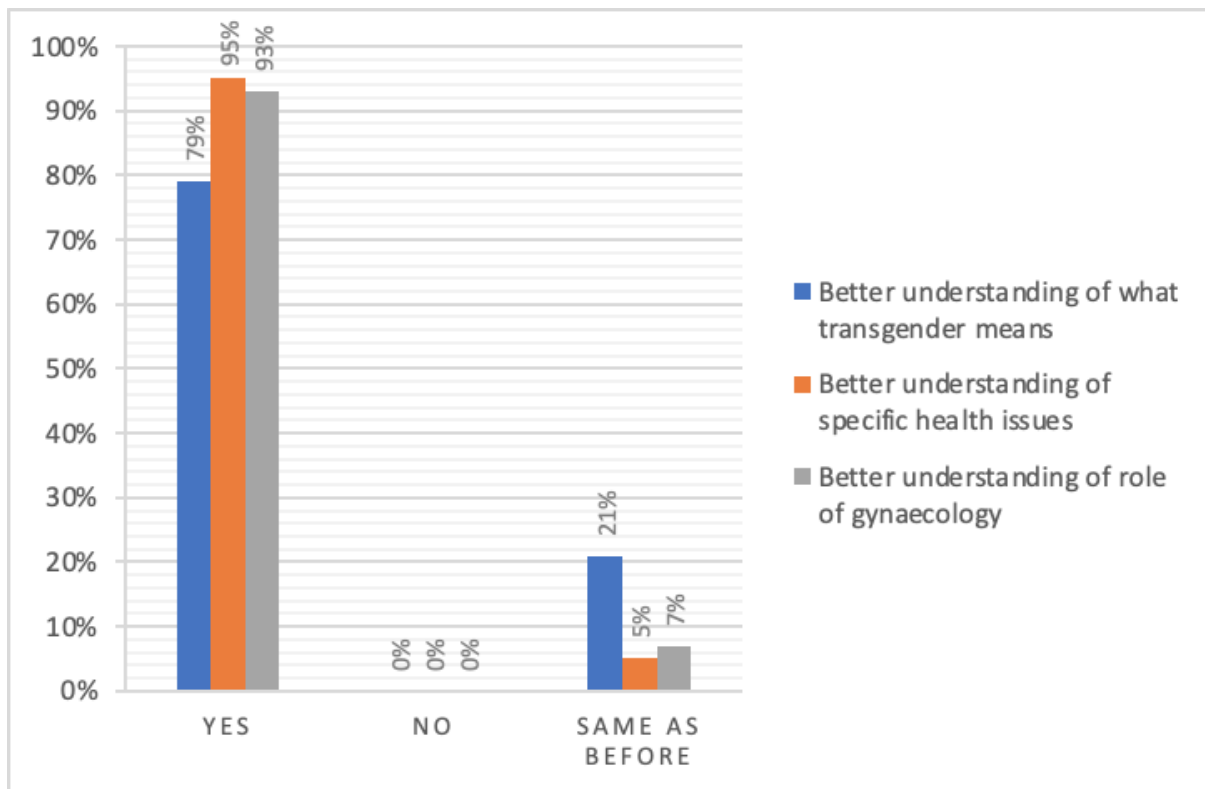


Figure 1: Student understanding post-teaching session.

Increased confidence in talking to transgender patients was reported by 39 (91%) medical students following the lecture, with 4 (9%) stating their confidence was unchanged. 35 (81%) of students reported that they would like to receive further teaching on this topic. The form that the students would prefer this further teaching to take is shown in Figure 2.

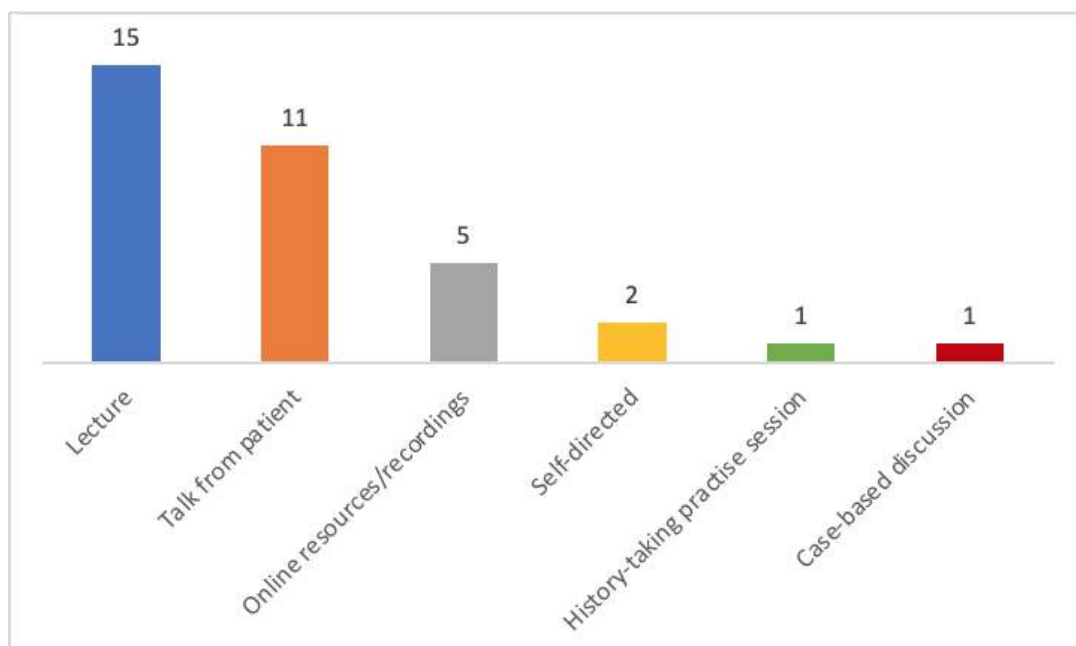


Figure 2: Students' preferred forms of future teaching.

Discussion

Our results demonstrate that a simple one-hour teaching session was effective at significantly improving students' knowledge of and comfort with the healthcare needs of transgender people. Feedback from the students emphasised how "important" and "interesting" they found the lecture, with one student describing it as "a really informative talk on a topic that is chronically under-addressed in modern medical education". The pedagogical formats that students nominated for further teaching shows the value of a patient-led session to supplement a formal lecture. This supports other studies that have demonstrated the importance of input from LGBT+ patients for learning material^{17,19}.

The straight-forward and effective nature of this teaching intervention and the positive feedback from students shows that this is something all medical schools in Ireland could consider implementing. Providing evidence-based education for medical students on this important topic will ensure that future clinicians are adequately prepared to provide optimal care of all patients of any gender, ensuring inclusivity and promoting engagement in health services by transgender people. In the LGBT Ireland Report 2016, respondents identified education as one of the key methods of making LGBTI people feel safer in Ireland, with education on transgender people in particular mentioned by several respondents⁴. The National LGBT Inclusion Strategy 2019-2021, published by the Department of Justice and Equality, provides a framework for actions to address the needs of LGBT+ people in Ireland. Under the pillar "Healthy", the following outcome is identified: "Healthcare providers and practitioners are trained to understand the identities and needs of their LGBTI+ patients and to avoid making heteronormative assumptions"²³. Medical schools have an important role to play in providing education at the medical student level to achieve this outcome of the National LGBT Inclusion Strategy.

The ICGP guide lists as one of their key recommendations: "Demonstrate that your practice is welcoming of LGB patients by ensuring all relevant paperwork, information leaflets and history taking questions use language which is inclusive of LGB people and their family and by displaying LGB leaflets and/or posters in your waiting room"²². This can be expanded to include transgender people, and should be adopted by obstetricians and gynaecologists in their clinics. The Health Service Executive (HSE) Ireland provides a free online training course for HSE staff entitled "LGBT+ Awareness and Inclusion Training: The Basics", and many units around Ireland have implemented 'rainbow badge' initiatives to create welcoming healthcare spaces for LGBT+ people. Obstetrician-gynaecologists may also wish to consider measures such as providing gender-neutral toilets and displaying inclusive symbols like the Rainbow flag or the Transgender flag.

While this study focuses on medical students, it is important to consider education for already-qualified healthcare professionals on this topic. Gynaecologists need to be knowledgeable about general and specific gynaecological principles of transgender health. There currently exists no postgraduate training for obstetric and gynaecology trainees in Ireland on the care of transgender people, and many Irish colleagues expressed concerns regarding their knowledge of specific needs of this population.

A 2015 survey of American gynaecologists revealed 80% of respondents did not receive training in the care of transgender patients in residency, and only 29%-35% were comfortable in the care of transgender patients²⁴. The Royal College of Obstetricians and Gynaecologists has committed to educating its members to support trans and non-binary people²⁵, and the role of the gynaecologist is acknowledged as being important to the care of these patients¹³. In addition to healthcare needs, obstetricians and gynaecologists should pay particular attention to the use of gender-specific language. As a speciality that traditionally focuses on “women’s” health, gynaecologists need to be aware and play a leading role in neutralising language around healthcare. Using terminology like “sexual and reproductive health” can be considered.

Going forward, further research is required on the knowledge base amongst obstetricians and gynaecologists on transgender gynaecological issues. The educational session developed in this study could be adapted to the level of clinicians to improve their knowledge in this area and ensure high-quality, inclusive care is provided to all transgender people accessing obstetric and gynaecology services in Ireland.

Declaration of Conflicts of Interest:

The authors have no conflicts of interest to declare. No funding was received for this study.

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