Enhancing Pediatric Trainees’ and Students’ Knowledge in Providing Care to Transgender Youth

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Purpose: To enhance pediatric trainees’ and students’ knowledge of the psychosocial and medical issues facing transgender youth through a comprehensive curriculum.

Methods: During the 2015-2016 academic year, we administered a transgender youth curriculum to fourth-year medical students, pediatric interns, psychiatry interns, and nurse practitioner students on their 1-month adolescent and young adult medicine rotation. The curriculum included six interactive, online modules and an observational experience in a multidisciplinary pediatric gender clinic. The online modules had a primary care focus with topics of general transgender terminology, taking a gender history, taking a psychosocial history, performing a sensitive physical examination, and formulating an assessment, psychosocial plan, and medical plan. At the completion of the curriculum, learners completed an evaluation that assessed change in perceived awareness and knowledge of transgender-related issues and learner satisfaction with the curriculum.

Results: Twenty learners participated in the curriculum with 100% completing the curriculum evaluations, 100% reporting completing all six online modules, and 90% attending the gender clinic. Learners demonstrated a statistically significant improvement in all pre-post knowledge/awareness measures. On a Likert scale where 5 indicated very satisfied, learners’ mean rating of the quality of the curriculum was 4.5 ± .7; quality of the modules was 4.4 ± .7; and satisfaction with the observational experience was 4.5 ± .8.

Conclusions: A comprehensive curriculum comprised interactive online modules and an observational experience in a pediatric gender clinic was effective at improving pediatric learners’ perceived knowledge of the medical and psychosocial issues facing transgender youth. Learners also highly valued the curriculum.

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Transgender children and adolescents have internal gender identities that are not congruent with the gender assumed from their birth-assigned sex, and those who have persistent distress from this incongruence meet criteria for the diagnosis of gender
An increasing number of transgender youth and their families are presenting for care to explore their gender nonconformity and/or physically transition to their affirmed gender [4–6]. In one study, transgender youth and their caregivers pointed out that the overall lack of providers trained in gender-affirming care is an obstacle to their care [7]. Unfortunately, transgender-related medicine has not been emphasized in medical and postgraduate education and training [8,9]. One study found that adolescent medicine and pediatric endocrinology providers are not confident in their ability to provide transgender-related care to youth, and they cite lack of training in transgender-related care as a significant barrier [10]. This study focused on pediatric specialists who most often provide transgender-related medications in the form of pubertal blockers and gender-affirming hormones [11]. Their perceived lack of training in caring for transgender youth is likely experienced by general pediatric providers although this has not been evaluated.

Although it may be reasonably within their scope of practice, some general pediatric providers may not feel comfortable prescribing transgender-related medications; however, these providers still play a crucial role in the care of transgender youth. General pediatric providers are often the first clinicians from whom these youth and their families seek guidance, so it is also important that these providers be knowledgeable of the medical and psychosocial issues that face this population and know how to sensitively approach these youth clinically. Taking a gender history; addressing concerns about gender identity; using appropriate language regarding the youth’s affirmed gender; establishing the preferred name, pronoun, and terms for body parts; confidently staging the youth’s pubertal status; understanding the different stages of social and physical transition to the affirmed gender; and knowing how to refer youth to gender medical and psychological specialists are example concepts of which general pediatric providers should be knowledgeable when caring for transgender youth.

Overall, there is a general paucity of educational materials that provide guidance for medical providers caring for transgender children and adolescents. Examples of the few resources are the Endocrine Society Clinical Practice Guidelines [2]; the materials provided by the American Medical Association and American Psychiatric Association; and articles in the Pediatric literature [12–16]. Many of these materials lack primary care considerations and instead focus on medical management with pubertal suppression and gender-affirming hormones—which are typically beyond the scope of the general pediatric provider.

Existing resources that provide instruction on transgender health issues in a primary care context include review articles oriented toward general pediatric providers; [17–19] the organization Physicians for Reproductive Health provides a PowerPoint presentation and online standardized case videos which include primary care considerations for providers [20]. The organization Gender Spectrum has online reading materials for providing care to both transgender children and adolescents [21]. However, these resources lack user interactivity, which can improve learning outcomes and user satisfaction with learning tools [22]. These resources also lack a clinical observational experience in a pediatric gender clinic, and observational experiences for learners potentially augment their confidence and competence in future clinical roles [23]. In addition, the satisfaction and efficacy of these educational resources have not been formally evaluated or described in the literature.

To fill the aforementioned educational gap, we developed a transgender youth curriculum for pediatric trainees and students rotating through an adolescent medicine block. The curriculum is comprised two components: interactive, asynchronous e-learning modules with a primary care focus and observational experiences at the University of California San Francisco (UCSF) Benioff Children’s Hospital Child and Adolescent Gender Center Clinic. This multidisciplinary clinic is housed in the division of pediatric endocrinology, with collaboration of providers from pediatric endocrinology, adolescent and young adult medicine, nursing, psychology, social work, advocacy, and law. Our primary objective was to determine if a comprehensive curriculum could enhance pediatric students’ and trainees’ perceived knowledge and awareness of the medical and psychosocial issues facing this vulnerable population.

Methods

Setting and participants

The Division of Adolescent and Young Adult Medicine at UCSF is based in an urban academic medical center and hosts trainees and students from multiple disciplines for 1-month rotations. The rotation combines inpatient and outpatient clinical work at both a hospital-based adolescent clinic and community clinics. Target learners for this study included students and trainees rotating through the division; trainees include pediatric interns who are required to do a 1-month rotation, psychiatry interns that elect to do a 1-month rotation, and fourth-year medical students who elect to do a 1-month clerkship. In addition, nurse practitioner trainees from the UCSF School of Nursing have a year-long didactic participation with the division. All rotating trainees were invited to participate in the study. The study was designated as exempt from review by the UCSF Committee on Human Research, which is the UCSF Institutional Review Board.

Curriculum development

Based on a comprehensive literature review and expert consultations, the two lead investigators (S.R.V. and S.M.B.) created the Transgender Youth Curriculum. S.R.V. has clinical experience working with transgender youth, and S.M.B. has expertise in curricular design and is also the division’s clinical rotation director. The curriculum consisted of two elements: online modules and an observational experience at a child and adolescent gender clinic.

Online modules were developed between March 2016 and June 2016. In the concept development phase, the lead investigators created a storyline throughout the six modules featuring the character of “Dr. Resident” assessing and developing plans for three transgender youth—a prepubertal child, an early adolescent, and a late adolescent. This storyline served as a platform that provided example questions for assessing transgender youth, physical examination approaches, and information
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