The Current State of Surgical Training in Transgender Care

A National Survey of Urology and Plastic Surgery Residency Programs

Geolani Dy, Shane Morrison, Jonathan Chong, Sarah Holt, Nicholas Vedder, Jeffrey Friedrich, Byron Joyner, Mathew Sorensen

Sexual Medicine Society of North America
Fall Meeting
November 5, 2016
Gender dysphoria

• Estimated to occur in 0.6% of US population\(^1\)
• Transition requires multidisciplinary care\(^2\)
• Healthcare providers receive limited training\(^3-5\)

1. Flores et al. The Williams Institute 2016
2. WPATH Standards of Care 2011
3. Obedin-Maliver et al. JAMA 2011
Urologic needs of transgender patients

• Gender-confirming surgery (GCS)
  – Castration
  – Phalloplasty, metoidioplasty, vaginoplasty
  – Management of complications

• General urologic conditions
  – Prostate disease
  – Voiding dysfunction
Objectives

Assess:

1. Number of hours dedicated to transgender (TG)-specific education
2. Program director (PD) attitudes towards TG-specific education
3. Plans to add curricular content
Methods

- Database query of LGBT + med/surg education terms
- Initial survey instrument design based on validated instrument on LGBT medical education
- Pilot testing with surgery PDs, HCPs in transgender community, residents
- Dissemination of web-based survey
  - Nov 2015 – March 2016

1. Obedin-Maliver et al. JAMA 2011
Respondent Demographics

Survey Sent to 219 ACGME-Accredited Program Directors (PD)

- 154 Respondents
  - 78 Plastic Surgery PDs
  - 76 Urology PDs

- 9 Respondents with Incomplete Survey
- 145 Respondents with Complete Survey
  - 71 Plastic Surgery PDs
  - 74 Urology PDs

Participants by Region

Northeast: 41 Respondents
  - 19 Plastic Surgery PDs
  - 22 Urology PDs

Midwest: 43 Respondents
  - 23 Plastic Surgery PDs
  - 20 Urology PDs

West: 24 Respondents
  - 11 Plastic Surgery PDs
  - 13 Urology PDs

South: 37 Respondents
  - 18 Plastic Surgery PDs
  - 19 Urology PDs

70% Response Rate
Didactic Hours on Transgender Patient Care

Urology
Median: 1 hour

Plastic Surgery
Median: 2 hours

p<0.001
Regional differences in PD attitudes

p = 0.017
PDs who rank transgender education as important offer more clinical exposure.
PDs who rank transgender education as important offer more **didactic exposure**

* * *

<table>
<thead>
<tr>
<th>Number of Didactic Hours Dedicated to Transgender Patient Care</th>
<th>Percentage of Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>100%</td>
</tr>
<tr>
<td>1 - 2</td>
<td>80%</td>
</tr>
<tr>
<td>≥ 3</td>
<td>60%</td>
</tr>
</tbody>
</table>

- Very Important
- Somewhat Important
- Neutral
- Not Important

*p=0.003*
Perception of Importance of Transgender Education

Plans to add curricular content in next 5 years

- Don't Know
- No
- Yes
- Already

p<0.001
Qualitative themes

Mandates from higher organization desired

Development of multidisciplinary initiatives

Unsuitability for smaller programs

Appropriateness for fellowship

Influence of local politics and payer coverage
Mandates from higher organization desired

“Until the subject matter becomes a regular part of the AUA core curriculum, I do not believe that it will be added to our resident training.”

“The ABU should weigh into this conversation before snap judgements are made about the role of urologists or the imperatives to include training.”

“Would be great if the AUA took the lead.”
Appropriateness for fellowship

“[V]ery small area for additional education and should be left for the focused fellowship setting.”

“Fellowships which address reconstruction would be more appropriate to train urologists to appropriately care for these patients.”
Influence of local politics and payer coverage

“We do not offer surgeries in Urology due to political climate within our institution. It is disgraceful that we do not offer these surgeries.”

“Being located in the South where the majority of State Legislators are very conservative and narrow-minded, it will be difficult to launch a full scaled educational program. However, I strongly feel that LGBT and Transgender topics need to be included in the Core Curriculum.”
Conclusions

Variable exposure to transgender education
42% no didactic content
30% no clinical content

Regional differences in attitudes

PD perspectives impact resident exposure

Standardized curriculum and focused training opportunities needed