

Education

Introduction

This chapter will provide a general review of the literature related to education in transgender and gender diverse (TGD) health care. Recommendations are offered at governmental, nongovernmental, institutional, and provider levels with the goal of increasing access to competent, compassionate health care. In turn, this increased access should improve health outcomes in TGD populations. As this is a new chapter in the World Professional Association for Transgender Health (WPATH) Standards of Care, the intent is to lay the groundwork for the education area and invite a broader and deeper discussion among educators and health professionals.

Health professionals involved in transgender care encompass a broad range of disciplines. Health professional education varies considerably by country or region in terms of structure, licensure, and policy. Published literature on education in TGD health care is predominantly from North America, Europe, Australia and New Zealand (Winter et al, 2021) This chapter does not provide a review of the education literature for each discipline, the needs specific to each discipline (which can be found in the relevant chapters), or the needs specific to each country/region's health education system. Greater understanding and research are needed on the intersection of health education systems, licensure, and transgender health across the world.

On a global level, TGD health education is imperative if national and international health disparities are to be addressed. Cultural competency related to TGD communities continues to be lacking. The World Bank (2018) reports widespread discrimination, harassment, violence, and abuse affecting TGD people. They also report TGD people face the highest rates of violence and discrimination (World Bank Group, 2018). Although many higher income countries have national antidiscrimination laws with gender identity as a protected characteristic, discrimination in the workplace, in education, and in health care remains problematic (World Bank Group, 2018).

Across disciplines, curricula at all levels—undergraduate, graduate, residency, or continuing education—historically have ignored TGD cultural or clinical education. The Joint Commission (US) has recommended healthcare organizations “provide educational programs and forums that support the unique needs of the LGBT community” and “offer educational opportunities that address LGBT health issues” (The Joint Commission, 2011). However, this is not enforced.

On an individual level, several questions need answers. What type of education interventions can most effectively address transphobia and lead to long-standing changes in attitudes? What interventions translate into increasing the number of care providers in this area as well as the number of TGD people receiving care? Does clinical exposure increase the confidence of providers over time? What educational interventions lead to improved health outcomes in the TGD population and, if so, when and how did these interventions accomplish this? Although health professions have begun to incorporate TGD health into education using a variety of modalities and at varying levels of training, efforts differ by health profession and are neither systemic nor systematic in nature (See, e.g. Lim et al, 2015; Obedin-Maliver et al., 2011, Brennan et al, 2012; Chinn, 2013; Eliason et al., 2010; Rondahl, 2009).

Considering these deficits, the following recommendations are made based on the large amount of background literature that supports a favorable risk-benefit ratio to providing TGD education. We recognize that, in some cases, evidence is limited and education may not be accessible.

Summary of Recommendations

Statement 1: We recommend all personnel working in governmental, nongovernmental, and private agencies receive cultural-awareness training focused on treating transgender and gender diverse individuals with dignity and respect.

Statement 2: We recommend all members of the healthcare workforce receive cultural-awareness training focused on treating transgender and gender diverse individuals with dignity during orientation and as part of annual or continuing education.

Statement 3: We recommend institutions involved in the training of health professionals develop competencies and learning objectives for transgender and gender diverse health within each of the competency areas for their specialty.

Statement 1:

We recommend all personnel working in governmental, nongovernmental, and private agencies receive cultural-awareness training focused on treating transgender and gender diverse individuals with dignity and respect.

Article 1 of the United Nations Universal Declaration of Human Rights states, “All human beings are born free and equal in dignity and rights” (United Nations, 1948). Only recently has this fundamental statement included the recognition that TGD rights are human rights (UNOCHR, 2018). Globally, training at all levels about TGD communities continues to be lacking. As recently as 2002, only 3% of Fortune 500 companies had antidiscrimination protection for TGD employees, and none offered insurance coverage for gender-affirming health care (Human Rights Campaign Foundation, 2017). By 2021, 94% of Fortune 500 companies included gender identity in nondiscrimination policies, and 71% offered TGD-inclusive insurance coverage. However, only 71% provide any form of lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) cultural knowledge training for their workforce (Human Rights Campaign Foundation, 2021). This lack of understanding fosters discrimination across the board. Taken together, these inconsistencies negatively affect the health of individuals and communities and exacerbate the health disparities and inequities they face. In Britain, only 28% of TGD workers felt that senior leadership were committed to TGD equality; only 21% of TGD employees would consider reporting transphobic harassment in the workplace (Stonewall, 2018). For those who are openly TGD 34% were excluded by their coworkers, 35% were abused by customers, 24% were denied promotion due to their gender identity, and 11% were fired (Stonewall, 2018). In southeastern Europe, the World Bank stated that there is widespread discrimination, harassment, violence, and abuse, and TGD people in that region faced the highest rates of violence and discrimination (World Bank Group, 2018). Often the discrimination went unreported with 60% of individuals not filing a report because of a lack of faith the complaint would be addressed, a fear of further discrimination or ridicule, and a reluctance to be outed (World Bank Group, 2018). Although many countries in the region have national antidiscrimination laws with gender identity as a protected characteristic, discrimination in the workplace, in education, and in healthcare remains problematic (World Bank Group, 2018). It

is the responsibility of the governmental, nongovernmental, and private agencies in these countries with anti-discrimination laws to ensure the rights of the TGD population. They are, therefore, obligated to find ways in which discrimination and stigma are decreased. One of these is through education. Local culture that often fosters anti-TGD sentiment is often a barrier to this needed education. Although cultural competency trainings have led to equivocal results, Shepherd (2019) recommends that providing cultural knowledge training that prioritizes local cultural issues and focuses on the values of openness, non-judgment, and responsiveness may lead to the desired results. Implementing cultural knowledge training requires a leadership willing to prioritize the training and to dedicate the time, money, and human capital to delivering initial and ongoing training.

Statement 2:

We recommend all members of the healthcare workforce receive cultural-awareness training focused on treating transgender and gender diverse individuals with dignity during orientation and as part of annual or continuing education.

Across disciplines, curricula at all levels— undergraduate, graduate, residency, or continuing education— historically have ignored TGD cultural or clinical education. Factors contributing to this lack of inclusion include lack of faculty knowledge, experience, and comfort with the subject matter, faculty bias, limited space within the existing curriculum, and lack of guidance on how to integrate the topics (McDowell et al., 2015). Research into the lack of and the need for such education does not specifically address TGD health concerns. Rather, the existing literature subsumes TGD health education within the broader discussion of the lack of LGBTQ-focused cultural and clinical-competency training. As an example, nursing baccalaureate programs included only an average of 2.12 hours of instruction on LGBT health (Lim et al, 2015). A fair assumption is that the amount of time devoted to TGD-specific health issues constituted only a fraction of this time.

Within the broader context of LGBTQ competency, the lack of TGD cultural- and clinical-competency training is a long-known shortfall of healthcare education (Aldridge et al, 2021). In the US, The United States Department of Health and Human Services' *Healthy People 2020*, (United States Department of Health and Human Services (2013, April 10)) the National Academy of Medicine (The Institute of Medicine, 2011) and the Joint Commission (The Joint Commission, 2011) all recognized that lack of education negatively impacts the ability of LGBTQ people, including TGD individuals, to obtain appropriate, medically necessary care. The UK's House of Commons Women and Equalities Committee found lack of education contributed to TGD health disparities in the National Health Service (House of Commons Women and Equalities Committee, 2015, December 8). The lack of TGD healthcare education has been identified in the US (Obedin-Maliver et al, 2011), UK (Tollemache et al, 2021), South Africa (Wilson et al., 2014; Taylor et al., 2018; deVries et al, 2021), Canada (Bauer et al., 2014), Australia (Riggs & Bartholomaeus, 2016), Sweden, Spain, Serbia, Poland (Burgwal et al., 2021), and Pakistan (Martins et al, 2020) among other countries.

In addition to developing curriculum, Shepherd (in press) states that both clinical and organizational components are necessary to improve clinical encounters and consumer satisfaction. On an organizational level, it must be feasible and practically oriented (Shepherd, in press). On an individual level, in addition to knowledge training, clinicians are better served employing generic traits that focus on the values of openness, non-judgment, and responsiveness (Shepherd, 2018).

Statement 3:

We recommend institutions involved in the training of health professionals develop competencies and learning objectives for transgender and gender diverse health within each of the competency areas for their specialty.

Each health profession has its own educational institutions, administrative, and licensing bodies, which vary by country and specialization within the profession. No major health professional organizations, educational institutions, or licensing bodies appear to require training in TGD health. While these organizations increasingly recommend including lesbian gay bisexual transgender queer questioning intersex (LGBTQI) health, rarely do they specify competencies, skills, or learning objectives for working with TGD people within their specialty. Published material on health professional education in TGD health is focused primarily on nursing, medicine, and mental health, and is predominantly from North America, Europe, Australia, and New Zealand (Winter et al., 2021). An increased understanding of transgender health and medical/health professional education systems and requirements globally is essential.

Despite the increasing visibility of TGD people, access to knowledgeable and culturally-competent health professionals remains an overwhelming need around the world (James et al., 2016; Müller, 2017; Lerner et al., 2020). Lack of knowledgeable providers is a major barrier to gender-affirming care for trans persons (Safer et al., 2016; Puckett et al., 2018) and contributes to large health disparities (Giffort & Underman, 2016; Poteat et al., 2019; Reisman et al., 2019). The lack of adequate professional education in TGD health is a global problem (Parameshwaran et al., 2017; Do & Nguyen, 2020; Martins et al., 2020) that occurs at all levels of training (Dubin et al., 2018) and traverses health disciplines (Johnson & Federman, 2014; Glick et al., 2020; Gunjawate et al., 2020) and medical specialties (Korpaisarn & Safer, 2018; Fung et al., 2020).

Challenges remain as studies to date have small sample sizes, involve one-time training, include multiple disciplines at multiple career levels, focus on short-term outcomes, and often cover all LGBTQI topics rather than TGD-specific which are usually acquired post licensure and not the focus of most currently studied educational interventions (Dubin et al., 2018).

To successfully implement the recommendations, institutions may need to consider developing: 1) systemic and systematic approaches to developing and implementing competencies for each health discipline across the professional lifespan, 2) standardized assessments for learners, with input from the TGD community, and 3) allotment of curricular resources, including trained faculty, as well as time in accordance with clear, consensual learning objectives (Dubin et al., 2018; Pratt-Chapman, 2020). In addition, evaluations of these interventions should not only focus on outcomes but also strive to understand how, when and why these outcomes are occurring (Allen et al., 2021).

References:

Aldridge, Z.A.F., Thorne, N., Marshall, E., Nixon, E., Yip, A.K.T, Witcomb, G.L., Bouman, W.P., Arcelus, J. (2021, 11th-13th August). *Understanding factors that affect well-being in trans people "later on" in transition: A qualitative study.*[Conference Presentation] European Professional Association for Transgender Health, Online, Göteborg, Sweden.

Allen, L.M., Hay, M., Palermo, C. Evaluation in health professions education—Is measuring outcomes enough? *Medical Education*. 2021;1–10.

Austin, A., Craig, S. L., & McInroy, L. B. (2016). Toward transgender affirmative social work education. *Journal of Social Work Education*, 52(3), 297-310.

Bauer, G. R., Scheim, A. I., Deutsch, M. B., & Massarella, C. (2014). Reported emergency department avoidance, use, and experiences of transgender persons in Ontario, Canada: Results from a respondent-driven sampling survey. *Annals of Emergency Medicine*, 63(6), 713-720. doi: 10.1016/j.annemergmed.2013.09.027

Brennan, A. M., Barnsteiner, J., Siantz, M. L., Cotter, V. T., & Everett, J. (2012). Lesbian, gay, bisexual, transgendered, or intersexed content for nursing curricula. *Journal of Professional Nursing*, 28, 96-104. doi:10.1016/j.profnurs.2011.11.004

Chinn, P. (2013). Commentary lesbian, gay, bisexual and transgender health: Disparities we can change. *Nurse Educator*, 38, 94-95.

de Vries, E., Kathard, H., & Müller, A.. *BMC Medical Education* (2020) 20:51
<https://doi.org/10.1186/s12909-020-1963-6>

Do, T. T., & Nguyen, A. T. V. (2020). 'They know better than we doctors do': providers' preparedness for transgender healthcare in Vietnam. *Health Sociology Review*, 29(1), 92-107.

Dubin, S. N., Nolan, I. T., Streed Jr, C. G., Greene, R. E., Radix, A. E., & Morrison, S. D. (2018). Transgender health care: improving medical students' and residents' training and awareness. *Advances in medical education and practice*, 9, 377

Eliason, M., Dibble, S., & De Joseph, J. (2010). Nursing's silence on lesbian, gay, bisexual, and transgender issues: The need for emancipatory efforts. *Advances in Nursing Science*, 33, 206-218. doi:10.1097/ANS.0b013e3181e63e49

Fung, R., Gallibois, C., Coutin, A., & Wright, S. (2020). Learning by chance: Investigating gaps in transgender care education amongst family medicine, endocrinology, psychiatry and urology residents. *Canadian Medical Education Journal*, 11(4), e19.

Giffort, D. M., & Underman, K. (2016). The relationship between medical education and trans health disparities: a call to research. *Sociology Compass*, 10(11), 999-1013.

Glick, J. C., Leamy, C., Molsberry, A. H., & Kerfeld, C. I. (2020). Moving Toward Equitable Health Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients: Education and Training in Physical Therapy Education. *Journal of Physical Therapy Education*

Gunjawate, D. R., B. Kumar, R., Ravi, R., & Kunnath, L. S. (2020). Knowledge and attitudes toward transgender community among speech-language pathologists in India: A questionnaire-based exploration. *International Journal of Transgender Health*, 1-8.

House of Commons Women and Equalities Committee. (2015, December 8). Transgender equality: First report of session 2015-2016. Retrieved from
<https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf>

Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [cited July 7, 2021]. Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>.

Human Rights Campaign Foundation. (2017). Corporate Equality Index 2018: Rating workplaces on lesbian, gay, bisexual, transgender, and queer equality. Retrieved from https://assets2.hrc.org/files/assets/resources/CEI-2018-FullReport.pdf?_ga=2.12965239.1756786508.1553606493-714090009.1543867101

Human Rights Campaign Foundation. (2021). Corporate Equality Index 2021: Rating workplaces on lesbian, gay, bisexual, transgender, and queer equality. Retrieved <https://hrc-prod-requests.s3-us-west-2.amazonaws.com/CEI-2021-revised-030121.pdf?mtime=20210304182628&focal=none>.

James, S.E., Herman, J.L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.

Johnson, L., & Federman, E. J. (2014). Training, experience, and attitudes of VA psychologists regarding LGBT issues: Relation to practice and competence. *Psychology of Sexual Orientation and Gender Diversity*, 1(1), 10.

Korpaisarn, S., & Safer, J. D. (2018). Gaps in transgender medical education among healthcare providers: a major barrier to care for transgender persons. *Reviews in Endocrine and Metabolic Disorders*, 19(3), 271-275.

Lee, H., Park, J., Choi, B., Yi, H., & Kim, S. S. (2018). Experiences of and barriers to transition-related healthcare among Korean transgender adults: focus on gender identity disorder diagnosis, hormone therapy, and sex reassignment surgery. *Epidemiology and health*, 40.

Lerner, J. E., Martin, J. I., & Gorsky, G. S. (2020). More than an Apple a Day: Factors Associated with Avoidance of Doctor Visits Among Transgender, Gender Nonconforming, and Nonbinary People in the USA. *Sexuality Research and Social Policy*, 1-18.

Lim, F. Johnson, M., & Eliason, M. (2015). A national survey of faculty knowledge, experience, and readiness for teaching lesbian, gay, bisexual and transgender health in baccalaureate nursing programs. *Nursing Education Perspectives*, 36(3), 144-152. doi: 10.5480/14-1355

Martins, RS, Saleh, R, Kamal, H, Gillani, M, Merchant, AAH, Munir, MM, Iftikar, HM, Shah, Z, Hussain, MHZ, Azhar, MK, Qadri, F, and Saleem, S (2020). The need for transgender healthcare medical education in a developing country. *Advances in Medical Education and Practice*, 11, 405-413 <https://doi.org/10.2147/AMEP.S255483>

McDowell A, Bower KM. Transgender Health Care for Nurses: An Innovative Approach to Diversifying Nursing Curricula to Address Health Inequities. *J Nurs Educ*. 2016;55(8):476-479. doi:10.3928/01484834-20160715-11.

Müller, Alex. "Scrambling for access: availability, accessibility, acceptability and quality of healthcare for lesbian, gay, bisexual and transgender people in South Africa." *BMC international health and human rights* 17.1 (2017): 16.

Obedin-Maliver J, Goldsmith ES, Stewart L, et al. Lesbian, Gay, Bisexual, and Transgender-Related Content in Undergraduate Medical Education. *JAMA*. 2011;306(9):971–977. doi:10.1001/jama.2011.1255

Parameshwaran, V., Cockbain, B. C., Hillyard, M., & Price, J. R. (2017). Is the lack of specific lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health care education in medical school a cause for concern? Evidence from a survey of knowledge and practice among UK medical students. *Journal of homosexuality*, 64(3), 367-381.

Pratt-Chapman, M. L. (2020). Implementation of sexual and gender minority health curricula in health care professional schools: a qualitative study. *BMC Medical Education*, 20, 1-14.

Poteat, T., German, D., & Kerrigan, D. (2013). Managing uncertainty: A grounded theory of stigma in transgender health care encounters, *Social Science & Medicine*, 84, 22-29, <https://doi.org/10.1016/j.socscimed.2013.02.019>.

Puckett, J. A., Cleary, P., Rossman, K., Mustanski, B., & Newcomb, M. E. (2018). Barriers to gender-affirming care for transgender and gender nonconforming individuals. *Sexuality Research and Social Policy*, 15(1), 48-59.

Reisman, T., Dacarett-Galeano, D., & Goldstein, Z. (2019). Transgender Care and Medical Education. In *Transgender Medicine* (pp. 283-292). Humana Press, Cham.

Riggs, D. W., & Bartholomaeus, C. (2016). Australian mental health nurses and transgender clients: Attitudes and knowledge. *Journal of Research in Nursing*, 21(3), 212-222. doi: 10.1177/1744987115624483

Rondahl, G. (2009). Students' inadequate knowledge about lesbian, gay, bisexual and transgender persons. *International Journal of Nursing Education Scholarship*, 6(1), 1-15. doi: 10.2202/1548-923X.1718

Rotondi, N. K., Bauer, G. R., Scanlon, K., Kaay, M., Travers, R., & Travers, A. (2013). Nonprescribed hormone use and self-performed surgeries: "do-it-yourself" transitions in transgender communities in Ontario, Canada. *American journal of public health*, 103(10), 1830-1836.

Safer, Joshua D., et al. "Barriers to health care for transgender individuals." *Current opinion in endocrinology, diabetes, and obesity* 23.2 (2016): 168.

Sanchez, N. F., Sanchez, J. P., & Danoff, A. (2009). Health care utilization, barriers to care, and hormone usage among male-to-female transgender persons in New York City, *American Journal of Public Health*, 99 (4), 713-719. doi: 10.2105/AJPH.2007.132035

Scioias, M. E., Marshall, B. D. L., Aristegi, I., Romero, M., Cahn, P., Kerr, T. & Sued, O. (2014). Factors associated with healthcare avoidance among transgender women in Argentina. *International Journal for Equity in Health*, 13(81), 1-8. doi: 10.1186/s12939-014-0081-7.

Shepherd SM. (2018). Cultural Awareness training for health professionals may have unintended consequences. *The British Medical Journal Opinion*. <https://blogs.bmj.com/bmj/2018/01/22/stephane-m-shepherd-cultural-awarenesstraining-for-health-professionals-can-have-unintended-consequences/>

Shepherd SM. (2019). Cultural awareness workshops: limitations and practical consequences. *BMC Medical Education*. 19:14. <https://doi.org/10.1186/s12909-018-1450-5>

Shepherd SM. (2021). Introducing an integrated cross-cultural assessment framework. Submitted to: *Australasian Psychiatry*.

Stonewall. (2018). LGBT in Britain: Work report. Retrieved from https://www.stonewall.org.uk/system/files/lgbt_in_britain_work_report.pdf

Taylor AK, Condry H, Cahill D. Implementation of teaching on LGBT health care. *Clin Teach*. 2018;15(2):141–4.

The Institute of Medicine. (2011). The health of lesbian, gay, bisexual, and transgender people: Building a foundation for better understanding. Retrieved from <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>

The Joint Commission. (2011). Advancing effective communication, cultural competence, and patient- and family-centered care for the lesbian, gay, bisexual and transgender (LGBT) community [Field Guide]. Retrieved from https://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf

Tollemache, N., Shrewsbury, D. & Llewellyn, C.. *BMC Medical Education* (2021) 21:100 <https://doi.org/10.1186/s12909-021-02532-y>

United Nations. (1948). Universal Declaration of Human Rights. Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>

United States Department of Health and Human Services (2013, April 10). Lesbian, gay, bisexual and transgender health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

UN Office of the High Commissioner for Human Rights. Statement on the occasion of International Transgender Day of Visibility, the IACHR and a UN expert urge States to guarantee the full exercise of the human rights of transgender persons. <https://www.ohchr.org/en/NewsEvents/Pages/DisplayNews.aspx?NewsID=22906&LangID=E> (accessed October 25 2021).

Wilson, D., Marais, A., de Villiers, A., Addinall, & Campbell M. M. (2014). Transgender issues in South Africa, with particular reference to the Groote Schuur Hospital Transgender Unit. *South African Medical Journal*, 104(6), 449. doi: 10.7196/SAMJ.8392

World Bank Group. (2018). Life on the margins: Survey results of the experiences of LGBTI people in Southeastern Europe. Retrieved from <http://documents.worldbank.org/curated/en/123651538514203449/pdf/130420-REPLACEMENT-PUBLIC-FINAL-WEB-Life-on-the-Margins-Survey-Results-of-the-Experiences-of-LGBTI-People-in-Southeastern-Europe.pdf>