

Are We Adequately Preparing Our Trainees to Care for Transgender Patients?

With the advent of the Accreditation Council for Graduate Medical Education (ACGME) Next Accreditation System, the graduate medical education paradigm has shifted toward competency-based education. Changes have focused on improving patient outcomes, enhancing physician aptitude, and delivering high-quality care.¹ Specialties now implement individualized milestones to assess residents' knowledge, skills, and attitudes in fundamental areas. Yet in a field as innovative and pioneering as medicine, it is important that we adapt the milestones to our evolving patient populations.

Gender confirmation is focused on aligning a patient's inherent sex with the patient's true gender. The estimated global population of transgender individuals is 25 million.² Numerous studies have shown the efficacy of medical and surgical gender confirmation. Specifically, these interventions have improved the quality of life for transgender patients, and have contributed to reducing the psychosocial sequelae associated with gender dysphoria.² As the stigma surrounding the transgender population lessens, more patients will seek assistance with gender confirmation, leaving physicians with additional responsibility to care for this patient population. It is our fear that residents are not being adequately prepared to appropriately care for this population, which has been marginalized in the past.³⁻⁵

Two recent national surveys of surgical trainees demonstrated that the majority had received some exposure to care for transgender patients. Most felt that exposure to transgender care is important and endorsed that a fellowship in gender-confirming surgery would be beneficial.^{3,4} However, exposure to transgender patient care currently is limited to a median of 1 hour of didactics exposure and 2 hours of clinical exposure annually during plastic surgery or urology residencies.⁶

Residents recognize the profound impact gender confirmation may have in their future practice and on the patients they will likely encounter. Despite these trends, the ACGME does not mandate the

integration of transgender patient care topics into the resident education curriculum. There are no case log requirements in surgery specific to the category of gender-confirming surgery, and there is no ACGME-accredited fellowship for individuals interested in this subspecialty.

As we move into a new era of training and evaluating residents, it is imperative that we prepare them for all aspects of patient care they may encounter. We believe that the ACGME would benefit from the incorporation of transgender-specific milestones into all fields of medical training. This is particularly important as the field requires a collaborative effort of different medical specialties.

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