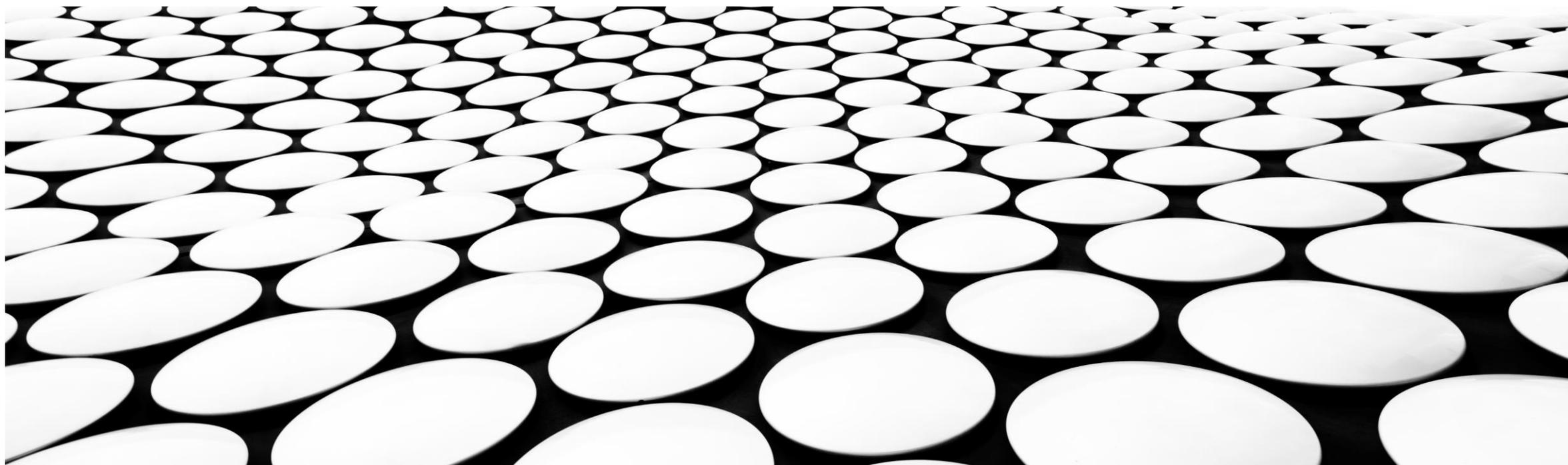

ATTITUDES TOWARD TRANSGENDER PEOPLE AMONG CARIBBEAN MEDICAL STUDENTS AND FACULTY

MIKE CAMPBELL, ARIANNE HARVEY, JILL GROMER THOMAS



INTRODUCTIONS: WHY TRANSGENDER HEALTHCARE RESEARCH?

- Our Team: Mike, Arianne, & Jill (Maisha Emmanuel, Natalie Greaves, Heather Harewood, and Azim Majumder as well)
- Transgender stigma contributes to negative health outcomes, including these key concerns identified by PAHO (2014):
 - Disproportionately high levels of exposure to verbal and physical violence, including deadly assaults
 - High levels of psychological distress correlated with external causes (e.g., employment discrimination)
 - Disproportionate rates of HIV and other STIs
 - High levels of substance / alcohol use
 - Negative consequences resulting from self-administered hormones / medications
- State of transgender research in the Caribbean
 - Rambarran & Grenfell (2016) identified deficits in knowledge, training, and experience supporting LGBT healthcare among primary care practitioners in Barbados
- Implications of provider attitudes for transgender healthcare

STUDY 1: ATTITUDES TOWARD TRANSGENDER PEOPLE AMONG MEDICAL STUDENTS

- Medical students (N = 205; 155 women, 43 men, 7 unstated) enrolled at a publicly-supported Caribbean university completed the Transgender Attitudes and Beliefs Scale (TABS; Kanamori et al., 2017).
- The TABS 3 subscales are:
 - **Interpersonal comfort**
 - e.g., “I would feel comfortable having a transgender person into my home for a meal.”
 - **Sex / Gender Beliefs**
 - e.g., “Humanity is only male or female; there is nothing in between.”
 - **Human Value**
 - e.g., “Transgender individuals should be treated with the same respect and dignity as any other person.”

RESULTS OF STUDY 1

- The boring technical stuff:
 - Internal consistency was strong for the total TABS ($\alpha = .93$) and variable for the three subscales: Interpersonal Comfort (IC: $\alpha = .91$), Sex/Gender Beliefs (SGB: $\alpha = .89$), and Human Value (HV: $\alpha = .74$). Confirmatory factor analysis (CFA) demonstrated acceptable overall fit for the three-factor model.
- Surprising: There were no significant gender differences in overall attitudes toward transgender people as measured by the total TABS score
- Not surprising: Women reported higher Interpersonal Comfort scores.
- Surprising: Scores were not correlated with age or with year in medical school.
- **“Ceiling effect” for Human Value**
 - Students reported significantly more tolerant attitudes on the Human Value scale than on Interpersonal Comfort or Sex / Gender Beliefs scales.
 - The HV factor did not correlate as strongly as expected with the other two factors

STUDY 2: QUALITATIVE INVESTIGATION OF MEDICAL FACULTY ATTITUDES

- Butterfly Barbados provided advice and funding support
- Fifteen of 18 eligible educators participated in two focus groups (FG1n=7, FG2 n=8). Educators ranged in experience from one year to over two decades.
- Overarching theme: Pragmatism
- Emerging themes:
 - Knowledge Gaps (perceived and actual) about transgender people and healthcare
 - Tensions: time and resources
 - Position and Content (pragmatism)
 - Environment of stigma and discrimination, barriers to care

UWI: CURRENT STATE OF CURRICULUM

- Pre-clinical years: formal part of general introduction to ethics of diverse patient care
- Clinical years: encountered (usually informally) in clerkships
 - More formally covered in Psychiatry and Medical Ethics and Humanities Clerkship
 - with help from Butterfly Barbados
 - Endocrinology
 - Genitourinary health
 - Child and adolescent health
 - Plastic and reconstructive surgery
 - Dermatology
 - Psychiatry
 - Infectious disease
- Not (generally) included in assessment



IMPLICATIONS AND FUTURE RESEARCH DIRECTIONS

- Impact on the Faculty and University culture in how we treat our students
 - Inclusivity
 - Modeling of representation
- Impact on curriculum and teaching
 - More formal and focused teaching for general etiquette
 - Incorporation into general clinical teaching
 - More detail and focus at post-graduate training level (specialty- specific) and continuing medical education level



IMPLICATIONS AND FUTURE RESEARCH DIRECTIONS

- Exploration of attitudes in other medical education institutions in the region
- Exploration of attitudes in paramedical professions
 - Nursing
 - Ambulance and paramedics
- Curriculum reform
 - Teaching module development
 - Continuing medical education (CME)—discussions ongoing



Q&A?

