**Appendix 1: Gender Affirming Care Survey**

Obstetricians and gynecologists provide healthcare for a diverse group of people including those who identify as transgender and gender diverse (TGD). Over the next year, you will engage in a series of lectures and discussion during Thursday didactics that will serve as a roadmap for closing gaps to equitable care for TGD patients. Prior to beginning this curriculum, we ask that residents complete a survey to assess their current level of knowledge and confidence in providing care to TGD patients.

We expect this survey to take about 8 minutes for you to complete. Your participation is voluntary, and you may skip any questions that you do not want to answer. Even if you start, you are not required to complete it. You can stop at any time by simply closing your web browser. Your answers will be kept confidential and the information you provide will not be published in a way that would allow you to be personally identified. There are minimal risks to participants.

If you have questions about the survey, please feel free to contact Laura Hanks at lhanks@wisc.edu or Abbey Knickerbocker at aknickerbocker@uwhealth.org. You may go back to earlier pages by clicking the 'BACK' button at the bottom of the screen. To advance to the next page of the survey click the 'NEXT' button. After the entire survey has been completed, please click on the 'SUBMIT' button on the last page. After you click 'SUBMIT', you will not be able to re-enter the survey.

1. Overall, how would you rate your understanding of transgender care in the field of Obstetrics and Gynecology?

   *Answer choices: Poor, Fair, Good, Very good, Excellent*

2. Based on the training you have received in the program, how confident are you in your ability to counsel a patient for gender-affirming…

   - Hysterectomy?
   - Oophorectomy?

   *Answer choices: Not at all confident, A little confident, Somewhat confident, Very confident, Extremely confident*

3. How comfortable are you with discussing Hormone Replacement Therapy, also called HRT, for transgender and gender-diverse (TGD) patients who are interested in…

   - Testosterone?
   - Estrogen?

   *Answer choices: Not at all comfortable, A little comfortable, Somewhat comfortable, Very comfortable, Extremely comfortable*

4. How comfortable are you with prescribing the following for gender-affirming care?

   - Testosterone
   - Estrogen

   *Answer choices: Not at all comfortable, A little comfortable, Somewhat comfortable, Very comfortable, Extremely comfortable*

5. How comfortable are you with continuing someone already taking...

   - Testosterone?
   - Estrogen?

*Answer choices: Not at all comfortable, A little comfortable, Somewhat comfortable, Very comfortable, Extremely comfortable*

6. How comfortable are you describing the irreversible effects of estrogen for transgender and gender-diverse (TGD) individuals?

   *Answer choices: Not at all, A little, Somewhat, Very, Extremely*

7. How comfortable are you describing potential adverse side effects of estrogen for TGD individuals?

   *Answer choices: Not at all, A little, Somewhat, Very, Extremely*

8. How comfortable are you describing the irreversible effects of testosterone for TGD individuals?

   *Answer choices: Not at all, A little, Somewhat, Very, Extremely*

9. How comfortable are you describing potential adverse side effects of testosterone for TGD individuals?

   *Answer choices: Not at all, A little, Somewhat, Very, Extremely*

10. What year in residency are you?

11. What sex were you assigned at birth?

    *Answer choices: Male, Female, Prefer not to disclose*

12. What is your current gender identity?

    *Answer choices: Cis-man, Non-binary, Cis-woman, Transman, Transwoman, Not listed? Please tell us, Prefer not to disclose*

13. Please select all of the following that describe your race or ethnicity:

*Answer choices: American Indian or Native American or Alaskan Native, Asian, Black or African American, Hispanic or Latino/a/x, Middle Eastern or North African, Native Hawaiian or Other Pacific Islander, White, Something not listed? Please tell us*

14. In the last year, approximately how many TGD patients have you...
    - Performed gender affirming surgery on?
    - Counseled in a clinic setting?
15. Did you rotate through gender affirming care clinic?
    - Yes
    - No

Display these questions if answer is 'yes':

*Answer choices: Strongly Disagree, Disagree, Neutral, Agree, Strongly Agree*

a) The Gender Affirming Care Clinic was a valuable part of my residency training.
b) My time in the clinic increased my confidence in providing gender-affirming care.
c) The experience in the clinic complemented the didactic (classroom-based) gender-affirming care curriculum.
d) The clinic provided meaningful hands-on learning opportunities.
e) I feel more comfortable initiating conversations about gender-affirming care with patients after working in the clinic.
f) I gained practical skills in hormone therapy management during my time in the clinic.
g) I gained practical skills in surgical counseling for gender-affirming procedures during my time in the clinic.
h) I feel comfortable performing gender-affirming exams (e.g., pelvic exams, chest/breast exams) with sensitivity and competence.

**The remaining items are open-ended questions that will help improve the gender-affirming care curriculum for future residents. Please answer the following questions as openly and honestly as possible.**

1. What one or two concept(s) from the gender-affirming care curriculum was new or surprising to you?
2. Since completing the curriculum, describe one patient interaction that was influenced by what you learned. What changed in your approach?
3. If you might redesign one part of the curriculum to be more effective or relevant, what should be changed?
4. Describe how this curriculum influences/influenced your role in supporting gender-affirming care.
5. What components of this learning experience (curriculum and/or clinical experience) do you expect to apply after you graduate?

## Appendix 2: Codebook with Illustrative Quotes

| **Theme:** Clinical Exposure and Applied Learning<br>*Definition:* Hands-on participation in clinical and surgical settings is central to learning, building confidence, and application of developing skills. | |
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| **Codes:**<br>• Clinical opportunities<br>• Participation in clinic (not "just shadow")<br>• Patient counseling and hormone therapy management<br>• Surgical procedures<br>• Team-based care/multidisciplinary approach | **Illustrative quotes:**<br>"More time in GAC clinic! I only had two half days and wish I could spend more time there" (Resident.1004)<br><br>I wish we could go more often (R.1017)<br><br>Having a chance to watch an attending counsel and then work on counseling patients on your own about hormone therapy. Becoming more familiar with what questions are important to ask in the history. (R.1021)<br><br>more repetition - I only had one clinic day and it's hard to feel comfortable with these skills with just one day. I wish there were more opportunities to participate in clinic throughout the year. (R.1021)<br><br>Have not had a relevant patient interaction yet (R.1022)<br><br>Have residents take more responsibility for seeing patients and creating plans instead of just shadowing. This would promote learning. (R.1029)<br><br>more experience in the clinic earlier on (R.1031)<br><br>Requirements to be able to obtain gender-affirming surgeries with ObGyn and/or Plastic Surgery (R.1010)<br><br>It's helped significantly in learning how to counsel patients though I wish I could have gotten more practice on prescribing hormonal meds (R.1003) |
| **Theme: Barriers and Challenges to Practice**<br>*Definition:* External and contextual factors that serve as barriers or limit residents' opportunities to provide gender-affirming care. | |
| **Codes**<br>• Systems-based challenges<br>• Complex political climate<br>• Legal barriers<br>• Limited patient access<br>• [perceived] Gaps in colleague knowledge; | **Illustrative Quotes:**<br>"legal and systems based (ie EHR, hospital, insurance) [challenges]. Address through advocacy for both individual and larger scale. (R.1030)<br><br>Legal issues depending on the political climate (R.1003) |

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| experiences (e.g., lack of training/experience) | ... the conversation about ovary retention during gender affirming surgeries in interesting to think about when counseling patients in the current political environment (R.1027)<br><br>Surprised by challenges to providing care in current political climate. (R.1029)<br><br>I think the number of patients limits our familiarity with it especially in a field that's changing and has new data out. (R.1009)<br><br>Access to the population (continue holding space for these patients like gender affirming clinic) (R.1034)<br><br>Lack of experience among colleagues (R.1022) |
| **Theme: Transformative Impact and Professional Identity**<br>*Definition:* Residents described shifts in how they saw themselves as future clinicians | |
| **Codes**<br>• Advocacy<br>• Commitment to stay current with literature, best practices | **Illustrative Quotes:**<br>It's helped significantly in learning how to counsel patients though I wish I could have gotten more practice on prescribing hormonal meds (R.1003)<br><br>…will continue to learn and provide this care! (R.1030)<br><br>I will definitely offer gender affirming surgery (R.1003)<br><br>I learned to discuss whether patients are actively using their vagina and to discuss vaginal estrogen before and after a hysterectomy (R.1003)<br><br>I feel more empowered to support patients seeking gender affirming care. (R.1029)<br><br>I plan to offer gender affirming hysterectomies and will use the counseling I have learned in the future (R.1027)<br><br>I think in the future, keeping up with literature will be important as the patient population is small. (R.1009)<br><br>I would definitely perform hysterectomies on patients who would like them for gender affirming reasons. (R.1009) |

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| | Hormone replacement regimens (actual dosing, scheduling etc) (and I guess not surprising, but totally new helpful information) (R.1034)<br><br>Encourages me to incorporate it into my future practice. (R.1022) |
| **Theme: Recommendations for Curricular Improvement**<br>*Definition:* Feedback provided to strengthen the curriculum | |
| **Code**<br>• Application of knowledge and influence of subject-matter on practice<br>• Curricular/instructional modifications | **Illustrative Quotes:**<br>I plan to offer gender affirming hysterectomies and will use the counseling I have learned in the future (R.1027)<br><br>The conversation about ovary retention during gender affirming surgeries in interesting to think about when counseling patients in the current political environment (R.1027)<br><br>It is very affirming as a trainee here to know our department invests in this kind of care, and invests in training its residents to provide that care. It provides us the tools and support to graciously work with gender diverse patients.<br>(R.1034)<br><br>Maybe [include] clinical vignettes, particularly those highlighting maybe more gender diversity like providing GAC to non-binary individuals. (R.1034)<br><br>Smaller, more frequent chunks of learning. (R.1022)<br><br>More content. Different sessions on counseling patients on gender-affirming care (R.1033) |

**Reflexivity statement**

Kristina Kaljo is an experienced health professions educator who contributed to the open-ended post-survey question development and the qualitative analysis. Her role in curricular development and evaluation may have influenced the interpretation of experiences and impact.