

Appendix

Appendix 1: PRISMA- ScR checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	Title Page
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable) background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	Abstract Page
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	Introduction
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	Introduction
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	Methods
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	Methods
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	Methods
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	Appendix 2
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	Methods; Eligibility Criteria
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	Methods; Data Extraction
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	Methods; Data Extraction
Critical appraisal of individual	12	If done, provide a rationale for conducting a critical appraisal of included sources of	N/A

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
sources of evidence§		evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	Methods; Data Extraction
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	Results; Study Characteristics
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Appendix 3
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Appendix 4
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	Results
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	Discussion
Limitations	20	Discuss the limitations of the scoping review process.	Discussion; Strengths and Limitations
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	Discussion; Further recommendation
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	Funding

Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Review (13)

Appendix 2 : Search Strategy

Embase <1974 to 2025 October 23>

1	exp Gender Identity/	26223
2	"gender inclusi*".mp.	482
3	"gender equ*".mp.	6658
4	exp Gender Minorities/	64320
5	(Transgender\$ or Trans?sexual\$ or Transmasc\$ or trans?masc or transfem\$ or trans?fem\$ or nonbinary or non binary or gender non conform\$ or gender nonconform\$ or gender diverse or genderfluid\$ or genderqueer or gender queer or gender continuum or two spirit* or 2spirit\$ or gender affirm\$ or LGBT\$ or 2SLGBT\$ or transnormative or transnormative or transperson or trans people or trans person? or sexual minority\$ or gender dysphoria\$ or trans\$ affirm\$ or gender incongruen\$).mp.	59719
6	1 or 2 or 3 or 4 or 5	113521
7	"Inclus* Language".mp.	365
8	exp Language/ and (Gender Identity/ or Transgender Persons/ or Diversity/)	617
9	7 or 8	939
10	exp Education, Medical, Undergraduate/ or exp Education, Dental, Continuing/ or exp Education, Pharmacy, Graduate/ or exp Education, Nursing, Baccalaureate/ or exp Education, Predental/ or exp Education, Veterinary/ or exp Education, Nursing, Continuing/ or exp Education, Nursing, Associate/ or exp Education, Public Health Professional/ or exp Education, Nursing, Diploma Programs/ or exp Education, Pharmacy, Continuing/ or exp Education, Medical, Continuing/ or exp Education, Nursing/ or exp Education, Pharmacy/ or exp Education, Nursing, Graduate/ or exp Education, Medical/ or exp Health Education, Dental/ or exp Education, Dental, Graduate/ or exp Education, Premedical/ or exp Education, Medical, Graduate/ or exp Health Education/	920333
11	exp Allied Health Personnel/ or exp Allied Health Occupations/ or "allied health* profession*".mp.	1143624
12	exp curriculum/	120326
13	(Curriculum/ or Education, Medical/ or Education, Nursing/ or Program Development/) and (undergraduate or graduate or residency or continuing education).ti,ab.	67354
14	10 or 11 or 12 or 13	1929956
15	6 and 9 and 14	183

Ovid MEDLINE(R) <1946 to October Week 3 2025>

1	exp Gender Identity/	29030
2	"gender inclusi*".mp.	287
3	"gender equ*".mp.	4347
4	exp Gender Minorities/	22690
5	(Transgender\$ or Trans?sexual\$ or Transmasc\$ or trans?masc or transfem\$ or trans?fem\$ or nonbinary or non binary or gender non conform\$ or gender nonconform\$ or gender diverse or genderfluid\$ or genderqueer or gender queer or gender continuum or two spirit* or 2spirit\$ or gender affirm\$ or LGBT\$ or 2SLGBT\$ or transnormative or transnormative or transperson or trans people or trans person? or sexual minority\$ or gender dysphoria\$ or trans\$ affirm\$ or gender incongruen\$).mp.	32834
6	1 or 2 or 3 or 4 or 5	64202
7	exp Education, Medical, Undergraduate/ or exp Education, Dental, Continuing/ or exp Education, Pharmacy, Graduate/ or exp Education, Nursing, Baccalaureate/ or exp Education, Predental/ or exp Education, Veterinary/ or exp Education, Nursing, Continuing/ or exp Education, Nursing, Associate/ or exp Education, Public Health Professional/ or exp Education, Nursing, Diploma Programs/ or exp Education, Pharmacy, Continuing/ or exp Education, Medical, Continuing/ or exp Education, Nursing/ or exp Education, Pharmacy/ or exp Education, Nursing, Graduate/ or exp Education, Medical/ or exp Health Education, Dental/ or exp Education, Dental, Graduate/ or exp Education, Premedical/ or exp Education, Medical, Graduate/ or exp Health Education/	578463
8	exp Allied Health Personnel/ or exp Allied Health Occupations/ or "allied health* profession*".mp.	113508
9	exp curriculum/	107301
10	(Curriculum/ or Education, Medical/ or Education, Nursing/ or Program Development/) and (undergraduate or graduate or residency or continuing education).ti,ab.	25222
11	7 or 8 or 9 or 10	717245
12	"Inclus* Language".mp.	223
13	exp Language/ and (Gender Identity/ or Transgender Persons/ or Diversity/)	720
14	12 or 13	930
15	6 and 11 and 14	53

Scopus Search Terms: Run on October 28th, 2025

(TITLE-ABS-KEY ("gender ident*" OR "gender inclusi*" OR "gender equ*" OR "gender minorit*" OR non?binary OR trans?gender* OR trans?exual* OR transexual* OR trans?masc* OR trans?fem* OR non?binary OR male?to?female OR female?to?male OR "gender varian*" OR "gender non conform*" OR "gender

non?conform*" OR "gender diverse" OR "gender identity" OR gender?fluid* OR
 gender?queer OR "gender expression*" OR "gender continuum" OR "two spirit*" OR
 2Spirit* OR "gender affirm*" OR 2SLGBTQ* OR LGBT* OR GLBT* OR queer* OR
 trans?normative OR trans?m?n OR trans?wom?n OR trans?people OR trans?person?
 OR "trans identified" OR "trans patient" OR "trans health*" OR "sexual minorit*" OR
 "sexual ident*" OR "gender dysphori*" OR trans?affirm* OR "gender incongruen*"))
 AND (TITLE-ABS-KEY ("inclus* language" OR (LANGUAGE AND ("gender ident*" OR
 trans?gender OR divers*)))) AND (TITLE-ABS-KEY ((education AND (medic*
 OR dent* OR nurs* OR pharmac* OR pre?dent* OR pre?med* OR health* OR "allied
 health* profession*")) OR curriculum))

Appendix 3: Study Characteristics

Author, Year of Publication	Title	Journal	Country	Type of Study	Discipline
Tollemache et al., 2021 (11)	Que(e) rying undergraduate medical curricula: a cross-sectional online survey of lesbian, gay, bisexual, transgender, and queer content inclusion in UK undergraduate medical education	BMC Medical Education	United Kingdom	Cross Sectional Study	Medicine
Hodax et al., 2024 (35)	Online learning modules improve confidence in providing gender affirming care for youth	BMC Medical Education	United States and Canada	Pre-post-test comparative study (Mixed method)	Healthcare Providers
Linsenmeyer et al., 2023 (16)	The power to help or harm: student perceptions of transgender health education using a qualitative approach	BMC Medical Education	United States	Pre-post-test comparative study (Mixed method)	Healthcare Students
Napolitano, 2022 (17)	Implementation and analysis of a LGBTQ cultural competency module on pharmacy student knowledge	Currents in Pharmacy Teaching and Learning	United States	Pre-post-test comparative study (Mixed method)	Pharmacy
Longhurst et al., 2024 (37)	Student's perspectives of inclusive practices in anatomy education	Anatomical Sciences Education	United Kingdom	Cross- Sectional Study	Anatomy
Primeau et al., 2023 (33)	Students' attitudes, beliefs and perceptions surrounding 2SLGBTQIA + health education and inclusiveness in Canadian physiotherapy programs	BMC Public Health	Canada	Cross- Sectional Study	Physiotherapy
Carroll et al., 2025 (36)	Linguistic equity: Anatomy educators and inclusive language		United States and Canada	Retrospective Study	Anatomy

		Anatomical Sciences Education			
Jewell et al., 2025 (18)	Evaluation of LGBTQ+ Health Education in the Preclinical Curriculum at a Public Midwest Medical School	Wisconsin Medical Journal	United States	Cross- Sectional Study	Medicine
Kariyawasam et al., 2025 (34)	Beyond inclusion politics: A critical discourse analysis of sex and gender in medical education	Medical Education	Canada	Qualitative Study	Medicine
King et al., 2025 (19)	Simulation Bridges LGBTQ+ Educational Gaps in Gynaecologic Care: Menstrual Suppression for a Gender and Sexually Diverse Patient	MedEd Portal	United States	Pre-post-test comparative study (Quantitative)	Medicine
Dullea et al., 2024 (20)	LGBTQIA+ medical student sexual healthcare workshop: peer learning and student leadership	Discover Education	United States	Pre-post-test comparative study (Mixed method)	Medicine
Beltran et al., 2024 (21)	Practice Makes Perfect: Objective Structured Clinical Examinations Across the UME-to-GME Continuum Improve Care of Transgender Simulated Patients	Journal of Graduate Medical Education	United States	Cross- Sectional Study	Medicine
Willson et al., 2024 (22)	Training Student Pharmacists in Microaggressions and Gender Inclusive Communication	American Journal of Pharmaceutical Education	United States	Pre-post-test comparative study (Mixed method)	Pharmacy
Fimognari et al., 2024 (40)	Inclusion of genital, sexual, and gender diversity in human reproductive teaching: impact on student experience and recommendations for tertiary educators	Advances in Physiology Education	Australia	Pre-post-test comparative study (Mixed method)	Physiology

Crosby et al., 2024 (24)	Faculty Training on Navigating Gender and Sex in Medical Education	MedEd Portal	United States	Pre-post-test comparative study (Mixed method)	Medicine
Crosby et al., 2023 (23)	Comparison of faculty and student perceptions of sexual and gender minority content in a preclerkship medical curriculum	BMC Medical Education	United States	Cross- Sectional Study	Medicine
Hayes et al., 2022 (39)	Teaching vulval anatomy in the twenty-first century: The Australian experience	Anatomical Sciences Education	Australia	Qualitative Study	Anatomy
Bi et al., 2020 (25)	Teaching Intersectionality of Sexual Orientation, Gender Identity, and Race/Ethnicity in a Health Disparities Course	MedEd Portal	United States	Pre-post-test comparative study (Mixed method)	Medicine
Salkind et al., 2019 (38)	LGBT+ Heath Teaching within the undergraduate medical curriculum	International Journal of Environmental Research and Public Health	United Kingdom	Pre-post-test comparative study (Mixed method)	Medicine
Sequeira et al., 2012 (26)	Integrating Lesbian, Gay, Bisexual, and Transgender (LGBT) Content Into Undergraduate Medical School Curricula: A Qualitative Study	The Ochsner Journal	United States	Pre-post-test comparative study (Mixed method)	Medicine
Najor et al., 2020 (27)	Transgender Health Care Curriculum Development: A Dual-Site Medical School Campus Pilot	Health Equity	United States	Pre-post-test comparative study (Quantitative)	Medicine
Berenson et al., 2020 (28)	The Case of Sean Smith: A Three-Part Interactive Module on Transgender Health for Second-Year Medical Students	MedEd Portal	United States	Pre-post-test comparative study (Mixed method)	Medicine
Frasca et al., 2019 (29)	A Mixed Methods Evaluation of an Inclusive Sexual History Taking and HIV Prevention Curriculum for Trainees	Journal of internal medicine	United States	Pre-post-test comparative study (Mixed method)	Medicine

Mayfield et al., 2017 (30)	Beyond Men, Women, or Both: A Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized-Patient-Based Sexual History Taking Curriculum	MedEd Portal	United States	Pre-post-test comparative study (Mixed method)	Medicine
Ruud et al., 2021 (31)	Health History Skills for Interprofessional Learners in Transgender and Nonbinary Populations	Journal of midwifery and women's health	United States	Pre-post-test comparative study (Mixed method)	Multiple (Midwifery, Residents)
Vance et al., 2021 (32)	Using Standardized Patients to Augment Communication Skills and Self-Efficacy in Caring for Transgender Youth	Academic Paediatrics	United States	Pre-post-test comparative study (Mixed method)	Multiple (Medical students, paediatric interns, psychiatry interns, nurse practitioner trainees)

Appendix 4: Study Outcomes and Key Findings

Author, Year of Publication	Interventional Study	Outcomes measured	Key Findings
Tollemache et al., 2021 (11)	No	1. Current LGBT teaching practice in UK medical schools 2. The intentions of UK Medical schools' curriculum development toward creation of new LGBT teaching programs 3. Assessing barriers to implementing LGBT teaching 4. Opinions of survey respondents about current LGBT teaching	- Significant variation in coverage of LGBTQ+ teaching in medical schools. - Strong inclination amongst schools to implement additional teaching. - Lack of time or space within curriculum, a key barrier.
Hodax et al., 2024 (35)	Yes	1. Provider Confidence 2. Self- Reported Provider Behaviours	- Increased confidence in providing gender affirming care - While improvement was seen in communicating inclusively, it failed to remain statistically significant over time.
Linsenmeyer et al., 2023 (16)	Yes	1. Student Perceptions 2. Reflections on Professional Identity and Responsibility 3. Reflection on sociocultural systemic factors	- Understanding the value of inclusive language - Student desire for teaching to be included in healthcare education - Value of working with community-based organisation - Importance of keeping a posture of humility: to listen and learn - Potential conflict between current views and religious upbringing
Napolitano, 2022 (17)	Yes	1. Student Knowledge of LGBTQ- related healthcare 2. Confidence in using inclusive language and communication	-Increased confidence in inclusive communication -Value of providing low stake environments for students to practice and apply terminology - Lack of validated assessment tools
Longhurst et al., 2024 (37)	No	1. Students perception of inclusivity in anatomy education 2. Difference in perception across demographic groups	- Students reported that anatomy education could be more inclusive. - Varied student desire for inclusive language in anatomy

Primeau et al., 2023 (33)	No	1. Attitudes and beliefs towards working with 2SLGBTQI+ clients 2. Perceptions of 2SLGBTQIA+ health education 3. Perceived inclusiveness of program 4. Witnessed discrimination and barriers to addressing it	- Lack of training dedicated towards 2sLGBTQIA+ content + - Only half the surveyed population believed that their program or placements promoted inclusion - Inconsistent use of inclusive language by program instructors - Students identifying as 2SLGBTQIA+ reported better preparedness and attitudinal awareness
Carroll et al., 2025 (36)	No	1. Current practices regarding sex- and gender- inclusive language (SGIL) use in anatomy education 2. Context in which SGD topics are covered 3. Perceived consistency and barriers to SGIL implementation	-Widespread but Recent Adoption of clarifying sex and gender - Inconsistent Timing and Application in curriculum. Lack of longitudinal integration - Persistent Inconsistency in terminology despite awareness and intent - Following focus group, highlighted transition from binary terminology towards inclusive approaches - Need for institutional and cultural support.
Jewell et al., 2025 (18)	No	1. Coverage of LGBTQ+ health topics in the preclinical curriculum 2. Frequency and placement of LGBTQ+ health teaching	-Fragmented and Uneven Curriculum Integration - LGBTQ+ health content was distributed across multiple curricular formats -Reliance on Optional Content for Depth - Emphasis on Language, Identity, and Sexual History -The most consistently addressed topics focused on inclusive terminology and language use, development of gender and sexual identity, and comprehensive sexual history taking. - Limited Clinical and Applied Representation of LGBTQ+ identities - Underrepresentation of Key Health Domains such as mental health. -Topics related to terminology and communication were more thoroughly addressed than complex clinical domains
Kariyawasam et al., 2025 (34)	No	1. Discursive patterns in the use of sex- and gender- related language 2. Identification of dominant discourse themes	- Sex and gender terms were used interchangeably, with frequently ambiguous intent - Trans inclusive language was rare - Demand for gender legibility

			-Curriculum saturated with unnecessary sexed and gender language - non-normative bodies rendered invisible
King et al., 2025 (19)	Yes	1. Learner comfort and confidence with LGBTQ+ patient care 2. Knowledge related to LGBTQ+ healthcare needs 3. Perceived helpfulness of the training 4. Other related confidence outcome	-Increased comfort using inclusive language -Reduced assumptions about identity
Dullea et al., 2024 (20)	Yes	1. Learner perceptions of confidence, comfort and satisfaction 2. Facilitatory Reflections	-Utility of lived experience in creating genuine learning - Learners felt guilty for trying to complicate learning, not wanting to scare off other learners -People most requiring the training might not attend voluntary training
Beltran et al., 2024 (21)	No	1. Transgender patient care performance 2. Standardised patient recommendation 3. Resident perceptions of educational value	-Introducing trans health training early provides trainees with learning advantages - Skill acquisition was an important area of improvement - Experiential opportunities (OSCE/ Patient as teacher forums) should be incorporated
Willson et al., 2024 (22)	Yes	1. Knowledge of microaggressions and gender- inclusive communication 2. Comfort in using gender- inclusive communication 3. Confidence in addressing microaggression	- Statistically significant increase in multiple domains assessing communication - No significant gain in knowledge when inquiring about anatomy or gender dysphoria - Gave an opportunity to reflect on implicit bias, recognition and identification of microaggression - Students want more inclusive language training
Fimognari et al., 2024 (40)	Yes	1. Student engagement with inclusive content 2. Learning experience and appreciation for diversity 3. Effects of curricular change over time	- Proportion of inclusive language use in assignment increased following changes to curriculum content - Students and staff reported positive feedback to the addition of the material -Challenges of pushing staff and students outside their comfort zone

Crosby et al., 2024 (24)	Yes	1. Self- reported knowledge about gender and sex concepts 2. Awareness of bias and relevance to teaching 3. Readiness to integrate inclusive language and content	-Significant improvement in reported comfort and awareness post teaching -Importance of avoiding conflating gender and sex -Increased awareness of relevance of gender in teaching content - Benefits of small group discussion
Crosby et al., 2023 (23)	No	1. Faculty and student perceptions of sexual and gender minority (SGM) content 2. Discordance between intended teaching and student recall	- Discrepancies between student recalling sex and gender minority topics and the faculty intended to teach the topic - Importance of explicitly outline learning in the learning outcomes
Hayes et al., 2022 (39)	No	1. Perspectives of anatomy educators 2. Barriers and facilitators to teaching	- Educators felt ignorant and did not know where to start to begin being inclusive in their practice - Reaching out to queer colleagues for help has been useful and education - Two participants were encouraged by positive student feedback - Uncertainty about how to proceed and nervous about student cohort judging their attempts
Bi et al., 2020 (25)	Yes	1. Student confidence and knowledge 2. Student satisfaction with education 3. Understanding of intersectionality	- Students better understood the meaning of intersectionality - Strong appreciation for the role of peer educators (student) in the session - Increased confidence in asking patients regarding their identities - Value of multimodal teaching
Salkind et al., 2019 (38)	Yes	1. Confidence using appropriate terminology 2. Confidence in clinical assessment skills 3. Perceived usefulness of teaching	- Significant improvement in using appropriate terminology - Learning ways to challenge inappropriate or offensive language - Students were generally more comfortable discussing sexual orientation than gender identity. - Having an externa transgender visitor was enriching - Self- Reported confidence in taking a history and examining trans patients greatly improved
Sequeira et al., 2012 (26)	Yes	1. Student perceptions of LGBT educational content 2. Interest in LGBT curriculum inclusion	-Acknowledgement of a current lack of exposure to LGBT content -Agreement that LGBTQ+ teaching is applicable to students' work as future physicians

			-Understanding that the material is relevant enough to be incorporated in the required medical school curriculum
Najor et al., 2020 (27)	Yes	1. Student attitudes toward caring for transgender patients 2. Comfort with a specific clinical scenario 3. Knowledge of transgender health concepts	-Session improved knowledge and favourable attitudes towards trans patients immediately post lecture and a year after - Students with more favourable attitudes and knowledge were often LGBT+ or had close LGBT+ friends
Berenson et al., 2020 (28)	Yes	1. Learner confidence in transgender health competencies 2. Perception of education components	- Benefits of a small group-based teaching for video-based encounters - Patient panel was the highest rated module - Students confidence improved post intervention -Note, cannot assume behaviour change from this
Frasca et al., 2019 (29)	Yes	1. Comfort and training levels around sexual history taking 2. Comfort and training around safe sex counselling including HIV prevention and PrEP	-Minimal baseline preparation: Most residents reported little to no prior training in PrEP, sexual history-taking - The online component was widely viewed as relevant, engaging, and provided greater depth -Hands-on clinical experience significantly increased residents' comfort and confidence in having sensitive sexual health conversations. - Individualized feedback was perceived as an important contributor to learning and skill development. -Limited patient volume in the clinic constrained opportunities for practice. -significant pre- to post-intervention increases in comfort across all HIV prevention domains. -Increased comfort with sexual history taking
Mayfield et al., 2017 (30)	Yes	1. Student ability to conduct a comprehensive LGBTQ-inclusive sexual history 2. Implicit bias awareness	-Improved learner self- reported confidence -Enhanced comfort with LGBTQ patients -Value of inclusive language training reinforced -Experiential learning is a strength; role play with standardised patients helped navigate sensitive sexual history conversations

			-Desire for greater clinical complexity from students -Limits of pronoun focused teaching alone
Ruud et al., 2021 (31)	Yes	1. Learner comfort with transgender and nonbinary health history taking 2. Learners perceived skills in inclusive history taking 3. Learner attitudes toward caring for transgender and nonbinary patients	-Improved clinical comfort -Enhanced history taking skills -No significant improvement in asking genders -Psychological safety in simulation -Need for stronger preparatory guidance -Value of extended reflection - Recognition of curricular insufficiency - Lack of validated measuring tools
Vance et al., 2021 (32)	Yes	1. Gender affirming communication skills 2. Self- efficacy in caring for transgender youth	-Following intervention, faculty and standardised patient assessment scores improved significantly - Enhanced communication: Better sensitive and affirming interpersonal communication

