

2026 Davee Foundation Lecture and Resident Research Day

Abstract

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Title: Enhancing Resident-Patient Interactions for Gender-Affirming Care in a Family Medicine Residency Clinic

Background: Transgender and gender non-conforming (TGNC) patients frequently encounter structural and operational barriers within primary care settings, including challenges related to scheduling, documentation, referrals, and lab workflows. Residency clinics play a key role in shaping future physicians' ability to provide gender-affirming care (GAC), yet little research has examined how clinic operations influence residents' capacity to deliver consistent GAC. Understanding these operational barriers and facilitators is essential for developing sustainable systems that support both learners and TGNC patients.

Methods: This qualitative study invited all 20 resident physicians in the Northwestern Family Medicine Residency clinic to participate in two in-person focus groups. Sessions were audio-recorded, transcribed verbatim and de-identified. Using NVivo, the research team conducted thematic analysis informed by an iterative, consensus-based coding approach. The discussion guide explored residents' experiences with GAC-related clinic workflows, EHR navigation pathways, communication structures, and proposed operational improvements.

Results: Results are forthcoming and will describe major themes related to operational and workflow barriers that hinder consistent GAC; structural and communication challenges within the residency clinic; resident-reported facilitators that support TGNC patient care; and actionable workflow and systems-level recommendations generated by residents.

Conclusions: Preliminary conclusions will be refined following analysis but are expected to indicate that residents identify meaningful operational barriers that affect their ability to provide gender-affirming care. Findings will guide the development of workflow changes and clinic process improvements aimed at enhancing resident confidence, efficiency and engagement with TGNC patients. Future efforts may include piloting resident-generated solutions and evaluating their impact on clinic operations and patient access to GAC.