**Instructor Key**

**Case 1**

Christine Johnson, 35 year-old, female

*Patient presents 24 hours after a low speed, rear-end MVC for gradual-onset diffuse neck and back pain.  Patient is well appearing, sitting up on stretcher and playing with cell phone.  Noted to have short haircut and masculine clothing.*

1. How should you greet the patient?

* *In this case, the patient’s gender expression gives the provider cues – this patient may identify as a woman, a man or a genderqueer/gender-nonconforming individual. Beware of gendering (i.e. making gender assumptions) about this patient.  When providers use inherently gendered words to greet patients (e.g., “Mr,” “Ms,” “Mrs,” “Sir,” “Ma’am”), there is a risk of misgendering your transgender / gender non-conforming patients.  Making an incorrect assumption about a patient’s gender will likely interfere with your patient’s ability to receive effective care.  Transgender people have a long history of being discriminated against by medical providers and being misgendered is very distressing for transgender people. Being misgendered in the ED is one of the top things trans people complain to their primary doctor about.*
* *Remember that gender identity can change over time -- it can be fluid. Moreover, patients may also decide to change their gender expression to mitigate perceived safety threats while obtaining care.  It’s always best to assure that you have the patient’s current name and pronouns correct.*
* *Ask the patient for their name and pronouns. For example: “Hi, I’m Dr. \_\_\_\_ and I’ll be taking care of you today.  Tell me what name you’d like me to call you.  And what pronouns or words should I use when I’m talking about your health … she/her, he/him, they/their?”*
* *If you are in a situation where you cannot ask about pronouns, use gender-neutral words (e.g. “Spouse,” “Sibling,” “Parent,” “They/their”).*

1. Who “counts” as transgender or gender nonconforming? And how will I know?

* *Gender is an identity so anyone who self-identifies as transgender or gender nonconforming counts.  There is no need to have hormones / surgery or look a particular way.*
* *Currently, gender identity is not captured in most EHRs. This may change in the future given that the Affordable Care Act requirements for “Meaningful Use” include collection of gender identity and sexual orientation.  Not collecting this information has significantly contributed to the invisibility of this population and ongoing health disparities.*
* *Aside from asking about your patient’s name / pronouns / gender identity, there is no way for you to know your patient’s gender identity.*
* *If name/expression/sex markers don’t match, it is incumbent upon provider to ask about name and pronouns.*

1. How will patients react when asked about pronouns?

* *It is important to acknowledge our own affective experience – our unfamiliarity and/or discomfort – with these questions as well as our fear about how patient will react.*
* *You are likely to encounter a range of affective responses … confusion, indifference, and the rare person who may take offense.  You have likely encountered many of these same reactions when asking about sexual behaviors.*
* *Keep in mind that you are challenging a status quo that has long neglected the existence of transgender / gender non-conforming people and that it is a best practice to ask these questions.*
* *Much like questions around sexual behaviors that we were trained to ask in medical school (i.e. “do you have sex with men, women or both?”), it takes practice to figure out how you will ask the questions and how to respond to people’s reactions.*

1. Is knowing this patient’s gender / correct pronouns relevant to the case?

* *While it may not impact your medical decision making in this case, it is important to use the correct pronouns and name for the patient during their encounter. If the patient has a negative experience in the ED because the wrong pronouns were used, they may avoid accessing the emergency department in the future when they need emergency care. Thus, one could argue that you have harmed your patient if you use the wrong pronouns.*
* *In this case, the clinicians should not need to perform invasive history or exam.  Many transgender people have experienced or perceived that providers have performed unnecessary genital exams out of curiosity.*

1. How should I refer to this patient when talking with staff / nursing / colleagues? How should I document my encounter with this patient?

* *You should use the correct name and pronouns at all times when talking about the patient to family, nursing staff, consulting colleagues, etc.*
* *You should document the narrative portions of your chart using the patient’s pronouns.*
* *Take responsibility for helping navigate this patient through their ED experience.  Make sure everyone on your team uses the correct name and pronouns for this patient.*

**Case 2**

23 year-old transman presents to ED complaining of dysuria and urinary frequency for the past 3 days. The attending physician enters the examination room to begin her evaluation and notices the patient looks familiar. She recognizes the patient as a student she worked with two years ago who, at that time, presented as a woman. Currently this patient is dressed in masculine clothing, has a deep voice and has facial hair. The physician asks the patient to describe his urinary symptoms.

1. How should one navigate the situation when the attending recognizes the patient?

* *Respectfully and thoughtfully acknowledge the situation – although the patient has transitioned (from female to male) since the last time you interacted with him, it is natural to acknowledge your relationship with the patient.*
* *Explain the need to ask more questions to conduct a thorough evaluation and get the patient’s consent to ask more questions about his medical history.*

1. How can the physician make the patient feel comfortable when asking about body parts?

* *Use neutral words like “lower” or “genital” to refer to sex organs*
* *Ask the patient to describe his symptoms and notice what words he uses to describe his body parts.*
* *If necessary, ask follow up questions to elicit what words the patient uses to describe his body parts.*

1. Should the attending order a pregnancy test?

* *If the patient has not had genital surgery to remove his natal female anatomy, then a pregnancy test should be ordered as it would for any female of child-bearing age with this complaint.*
* *Testosterone use will not necessarily prevent a pregnancy.*
* *It is important to take a sexual history and to avoid assumptions about sexual behaviors in transgender patients.*

1. Does a pelvic exam need to be performed? If so, how should the physician go about this exam?

* *Given the patient’s complaint, you will need to explore symptoms and risk factors for sexually transmitted infection(s).*
* *If you feel that a pelvic exam is warranted, discuss why you think a “lower genital” exam is necessary for work up of patient’s symptoms.*
* *Recognize that a pelvic exam may be very uncomfortable / triggering for a transman. Pay exceptional attention to modesty and see if they want to call a support person.*
* *If patient declines the exam, consider self swab / urine gonorrhea and chlamydia testing*

**Case 3**

A 35 year-old transgender female presents to the Emergency Department with lower abdominal pain. The patient reports having a fever, discomfort with urination and reports decreased appetite. Per the electronic medical record the patient is registered as a male, but the triage note states the patient goes by the “Genna.” The patient is placed in chair in the hallway. The triage note states the patient has a past medical history of high blood pressure and is taking the spironolactone and estradiol. You note the patient has stable vital signs. The nurse has already sent off labs and started an IV. The ED is very busy and, when you ask to move patient to a room, the charge nurse says he does not have one and you will have to take care of the patient in the hallway. He tells you “why does it matter? …. they won’t need a pelvic exam.”

1. How would you go about taking this patient’s history and how would you address the charge nurses comments?

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| * *Discuss what is ethically appropriate in this case, including moving the patient to a private location and securing a history in private. Acknowledge that providers should pay particular attention to privacy for transgender patients.* * *The charge nurse’s comments convey a gap in knowledge around transgender people and patient care. Seize the opportunity as a teachable moment. Take the nurse aside to a private place to discuss the need for transgender patient privacy and the need to avoid assumptions about transgender patients.* |

1. How would you inquire about this patient’s gender and sex?

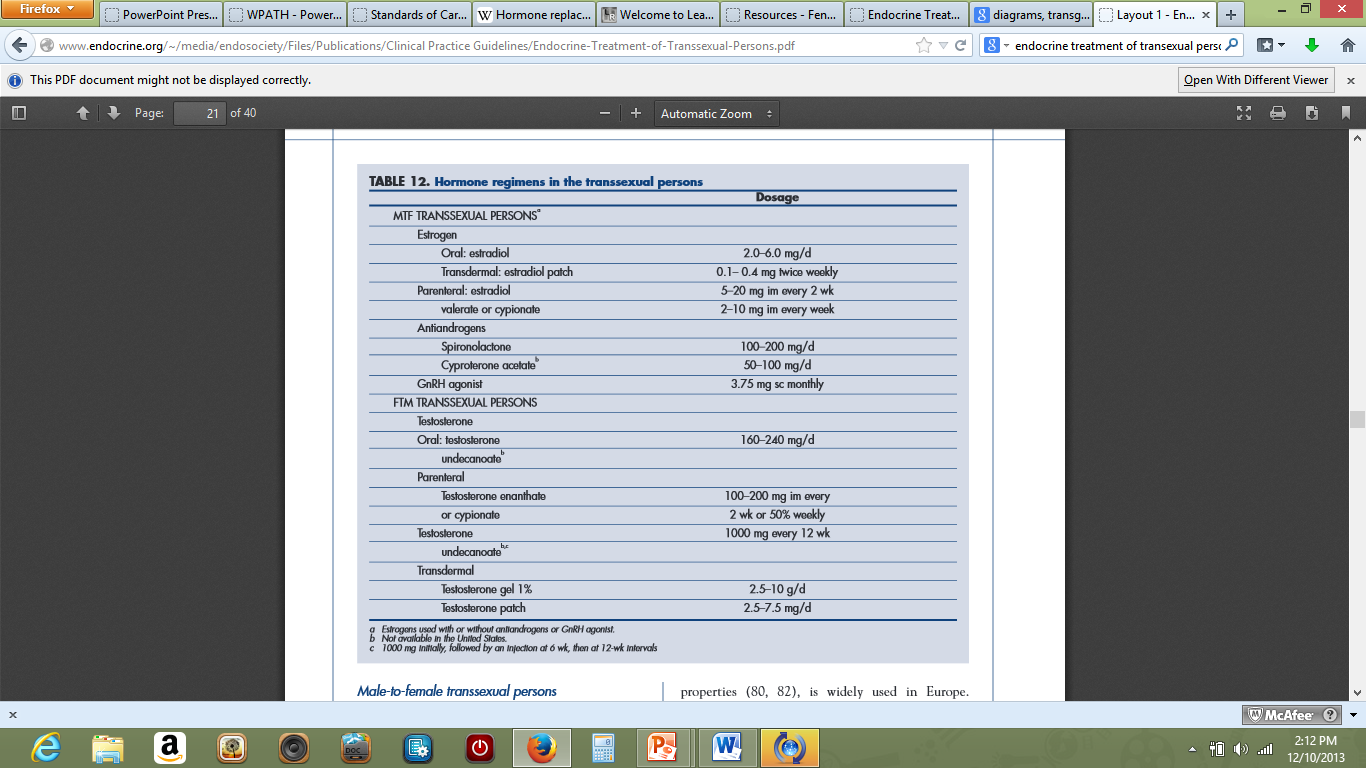
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| * *Ask the patient how they would like to be addressed and what pronouns they use to refer to themselves. Suggestions for the group might include: “Hi I am Dr \_\_\_, I would like to be respectful, how would you like to be addressed?” or “Do you have preferred name?” If you are uncertain what pronouns the patient uses, you can ask “What pronouns would you like me to use when addressing you?”. If you are unsure of the patient’s gender, you should also use gender-neutral phrases and avoid the use of Mr/Mrs/Miss/Sir/Ma’am. For example, “How can I help you?” rather than “How can I help you, sir”? (1)* * *There are scenarios where you may not know someone’s gender and/or biological sex and it is pertinent to the case. In that situation, you can ask “What is your current gender identity (man / woman / trans / gender noncomforming)?” followed by “What sex were you assigned at birth (male / female / difference of sex development)?”* * *Use the patient’s self-identified terms when discussing the patient.* * *It is important to communicate name / pronoun information with all employees caring for the patient. The purpose of this is to obviate the need for the patient to repeatedly ‘come out’ to each staff member and to enhance sensitivity around gendered testing (e.g., pregnancy tests, pelvic exams).* |

1. How would you inquire about the patient’s surgical history?

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| * *Start by inquiring if patient has had any surgeries (like you would any other patient). Some patients may be reluctant to offer information about gender affirming surgeries. Consider whether it is necessary to probe for information – is it relevant to the chief complaint? In patients that present with complaints in which surgical history may be relevant, such as abdominal pain or urinary complaints, you need to ask more specifically about genital surgeries.* * *You should ask if the patient has had any “gender affirming” surgeries rather than “gender reassignment“ surgeries. This suggests we are “affirming” their gender identity rather than “reassigning” their gender.* * *You can inquire specifically if patients have had “top” or “bottom” surgery. Discussed below.* |

1. What are common surgeries for transgender females and what are the common complications for those surgeries?

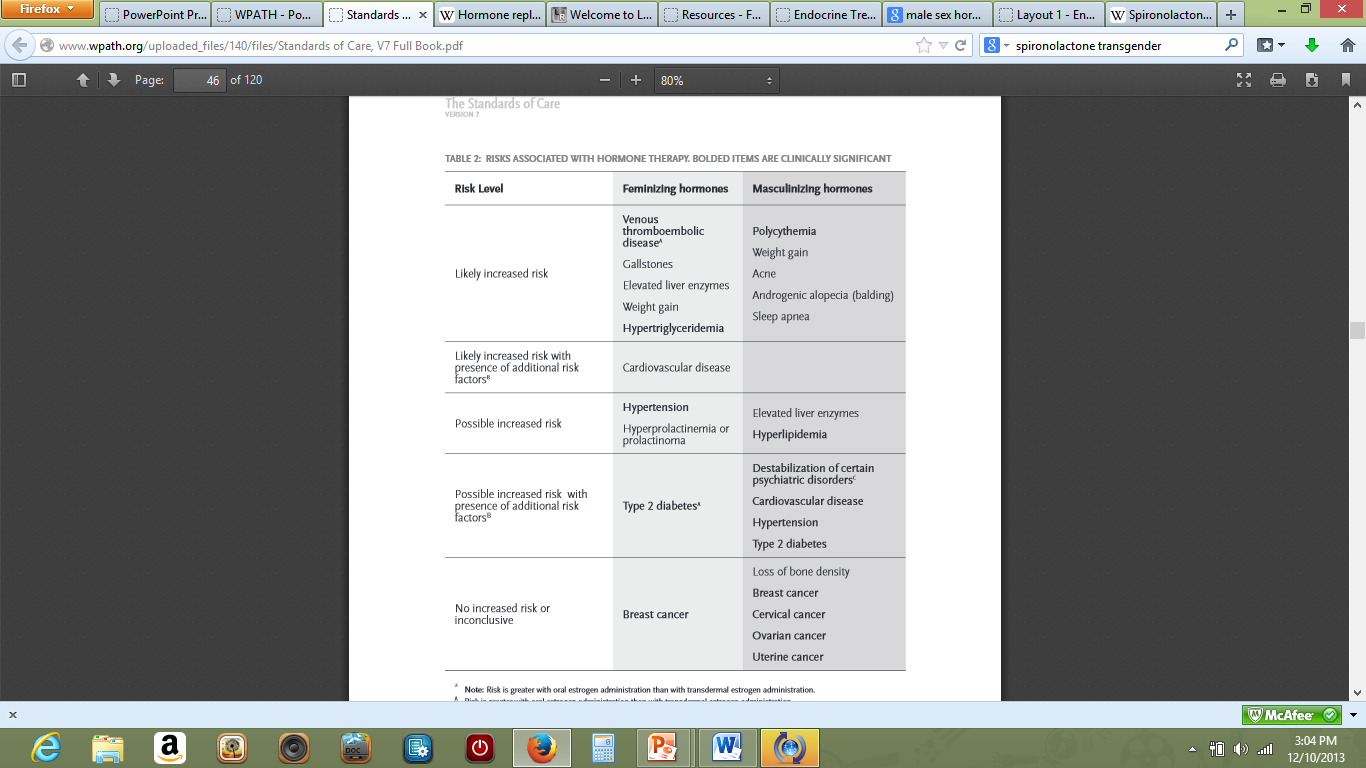
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| * *Top surgery (breast / chest surgery): Breast augmentation*   + *Complications: implant leak or rupture* * *Bottom surgery (genital surgery):*   + Penectomy, orchiectomy   + Clitoroplasty, labiaplasty   + Vaginoplasty     - Penile inversion (preferred), colovaginoplasty       * *Major complications: Urethral and rectal fistulas, tissue death, closed loop abscesses, nerve injury*       * *Minor complications (and most common): minor bleeding, swelling, foley catheter displacement, superficial wound dehiscence, minor adhesions* * *Other surgeries*   + *Facial feminization surgery, liposuction, lipofilling, voice surgery, thyroid cartilage reduction, gluteal augmentation (implants/lipofilling), hair reconstruction, and various aesthetic procedures* |

1. What are the most common medications used by transgender patients? 

(2)

Hormonal interventions may include endogenous hormonal suppression (blocking male sex hormone production), exogenous estrogen and occasional progesterone use, and anti-androgen use to block androgen receptors (spironolactone to prevent terminal hair growth and finasteride to prevent scalp hair loss). (3)

1. What are the common complications of hormone therapy?



(4)

Resources:

1. The National LGBT Health Education Center. “Affirmative Care fof the Transgender and Gender Non conforming People: Best Practices for Front-Line Health Care Staff. Avaialbe at: <http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v9_04-30-13-1.pdf>
2. Hembree etal. “Endocrine Treatment of the Transexual persons: An Endocrine Society Clinical Practice Guideline”. The Journal of Clinical Endocrinology and metabolism, 2013 July.
3. Brandy PanuntiSheryl .“Culturally Competent Care of the Transgender Patient”. Heron, eds. *Diversity and Inclusion in Quality Patient Care.* Spring Science and Business Media. January 2016
4. The World Professional Association for Transgender Health . “Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People: Health Version 7. Available at: <http://www.wpath.org/uploaded_files/140/files/Standards%20of%20Care,%20V7%20Full%20Book.pdf>