



TRANSGENDER AND GENDER DIVERSE PATIENT CARE

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DISCLOSURE

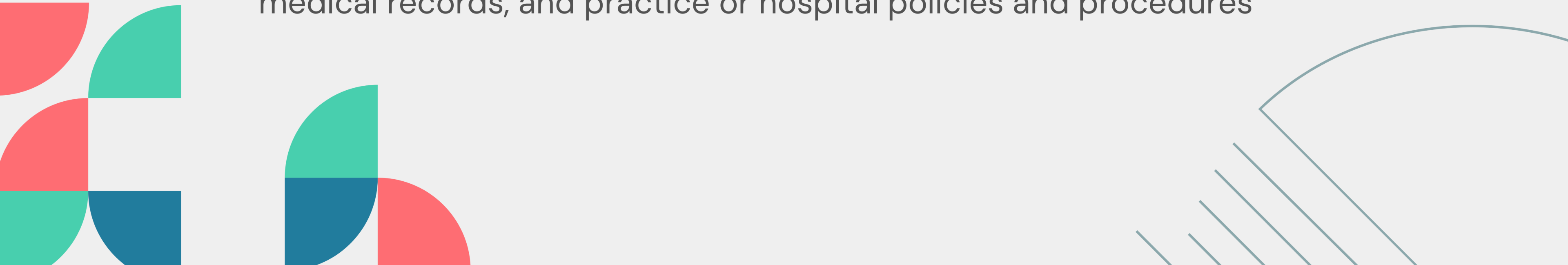
Non-Declaration Statement: I have no relevant relationships with ineligible companies to disclose in the past 24 months.

(Note: Ineligible companies are defined as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.)



OBJECTIVES

After this session, participants should be able to:

- Recall terminology and acronyms specific to the LGBTQIA+ community with a focus on transgender and gender diverse (TGD) patients
 - Describe difficulties TGD patients face within healthcare
 - Analyze strategies to provide inclusive and affirming care including reviewing personal scripts and previous patient interactions, existing forms, electronic medical records, and practice or hospital policies and procedures
- 

LGBT, GLBT, LGBTQ, LBGT

L: Lesbian
G: Gay
B: Bisexual
T: Transgender

LGBTQ, LGBTQIA

Q: Queer and/or Questioning
I: Intersex (DSD: Differences or Disorders of Sexual Development)
A: Asexual, Agender, Aromantic, Ally

2SLGBTQIA+ AND SGL

2S: Two Spirit*
SGL: Same Gender Loving
+: Nonbinary, Gender Diverse, Gender Non-conforming, Pansexual, Omnisexual, Genderqueer, and evolving terminology

Offensive	Use instead	Why?
“Homosexual”	Gay, gay man, lesbian, gay person/people	Clinical history
“Sexual preference”	Sexual orientation or orientation	Suggests it is a choice and therefore can be “cured”
“Gay lifestyle,” “Homosexual lifestyle”	Gay lives, gay and lesbian lives	“gay lifestyle” is used to denigrate LGBT people, suggesting orientation is a choice
“Admitted homosexual” or “avowed homosexual”	Openly lesbian, openly gay, openly bisexual, out	Admitted or avowed suggest being gay is somehow shameful or inherently secretive
“Preferred pronoun”	Your pronouns	Adding the word ‘preferred’ denotes that it is a choice

ADAPTED FROM: GLAAD MEDIA REFERENCE GUIDE. GLOSSARY OF TERMS: LGBTQ. ACCESSED JUNE 14, 2022.
[HTTPS://WWW.GLAAD.ORG/REFERENCE/TERMS](https://www.glaad.org/reference/terms)

GENDER TERMINOLOGY

Cisgender

Sex assigned at birth (male, female) is the same as one's lived gender and/or personal identity

Cis- latin, "on the same side as"

Transgender

Sex assigned at birth (male or female) different than one's lived gender and/or personal identity

Trans- latin "on the other side of"

Nonbinary (NB, ENBY)

Both or neither gender

Someone's gender not encompassed within a binary system

Gender Nonconforming

Behavior or gender expression not within feminine or masculine norms

Gender Diverse

Umbrella term to encompass ever-evolving expressions, identities, and perception

Gender identities beyond the binary man/woman

Examples include: agender, gender nonconforming, nonbinary, genderqueer, agender, genderfluid, gender expansive

TRANSGENDER, TRANS

NOT: transgendered (adjective), similarly, not intersexed
NOT: “a transgender” “transgenders” “tranny” “he-she” “it”

- Offensive
- Replace with “a transgender person” or “transgender people”

CAN include nonbinary (NB, ENBY) people
Patient of transgender experience

MEDICAL AND SURGICAL TRANSITION

NOT: transgendered (verb)

NOT: “sex change,” “sex reassignment,” “gender reassignment”

Replace with:

- Gender affirming surgery
- Gender affirming care
- Genital reconstruction
- Genital reassignment surgery

GENDER DIVERSE

Maybe: Gender Nonconforming

Misgendering

Ascribing the incorrect gender to someone
Can be deliberate or unintended

Deadname/ Deadnaming

A person's birth name that is no longer used
Deadnaming is the act of calling someone by the name they no longer use

Gender Dysphoria

Feelings of stress/distress about gender identity and biological sex not aligning

Gender Euphoria

Happiness experienced by someone when their gender identity matches their gender expression

Being Out

Who you have chosen to disclose about sexual or gender identity

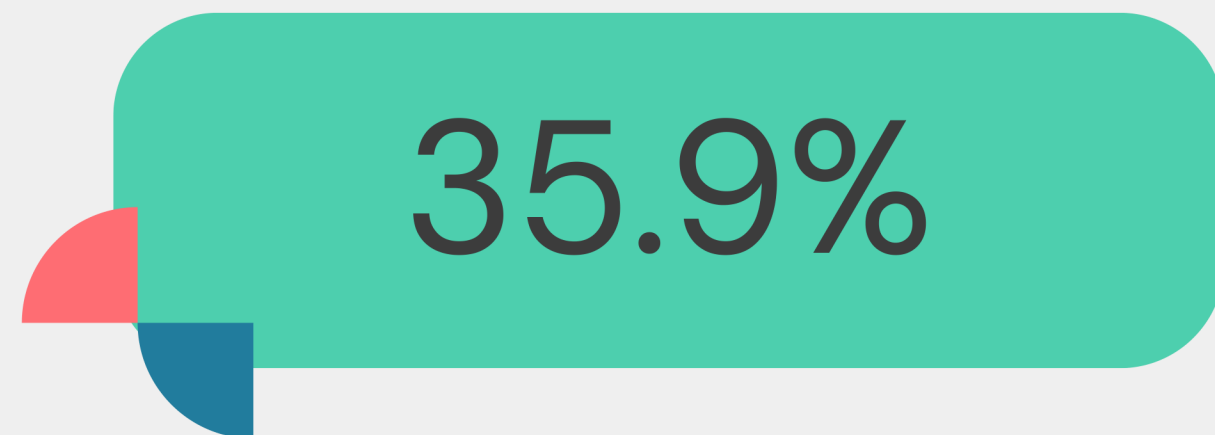
Outing

Disclosing someone else's sexual or gender identity without that person's permission

STATISTICS



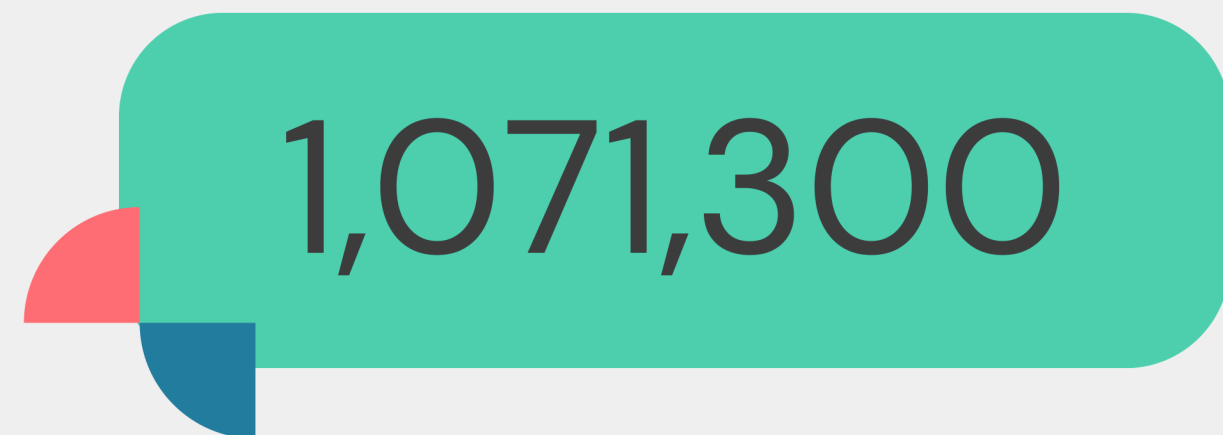
LGBT: 13.9 million adults



35.9%

SOUTH

HIGHEST PERCENTAGE OF ANY REGION



1,071,300

TEXAS

RANKED SECOND NATIONWIDE



STATISTICS



Adults

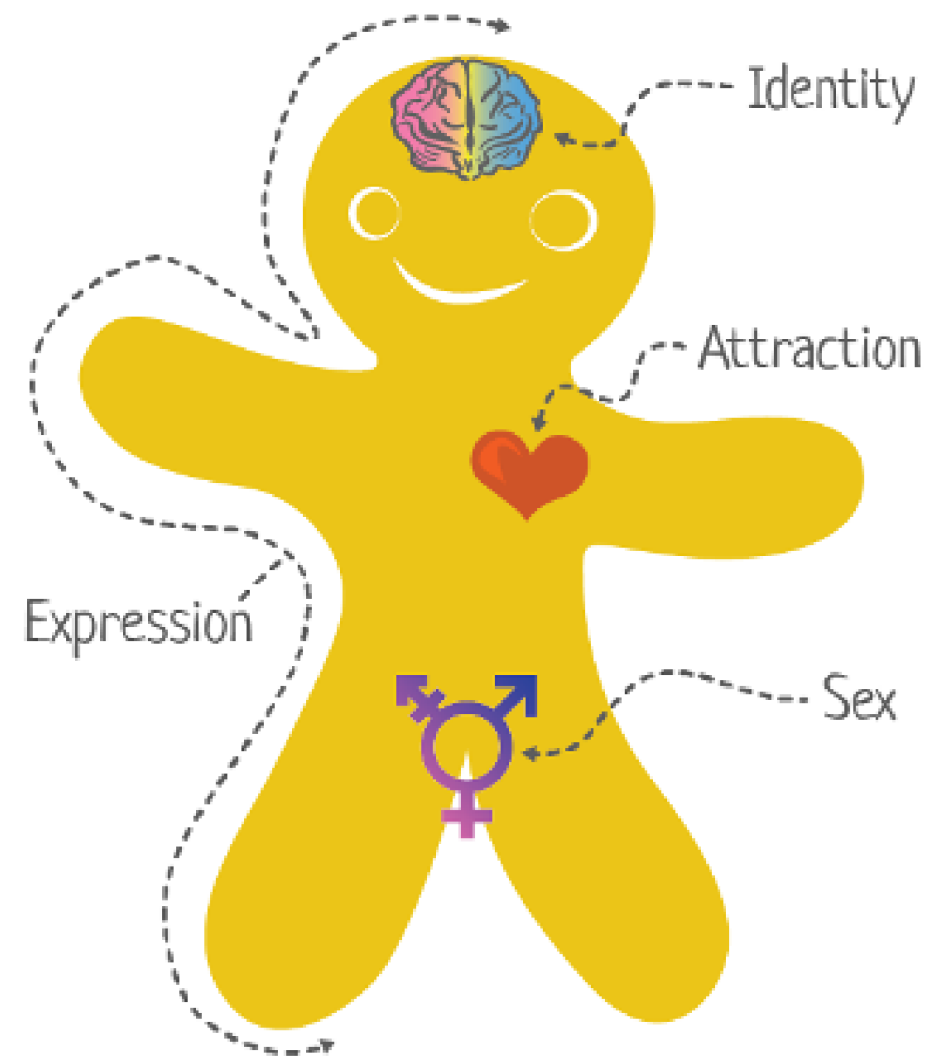
1.4 Million

TRANSGENDER ADULTS
2016 WILLIAMS INSTITUTE

1.2 Million

NONBINARY, 18-60 YEARS OLD
2021, WILLIAMS INSTITUTE





⊘ means a lack of what's on the right side

Gender Identity

- Woman-ness
- Man-ness

Gender Expression

- Femininity
- Masculinity

Anatomical Sex

- Female-ness
- Male-ness

Identity ≠ Expression ≠ Sex
Gender ≠ Sexual Orientation

Sex Assigned At Birth
 Female Intersex Male

Sexually Attracted to... and/or (a/o)

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Romantically Attracted to...

- Women a/o Feminine a/o Female People
- Men a/o Masculine a/o Male People

Romantic and Sexual Orientation & Gender Identity and Expression

Different Concepts

Sex: Chromosomes, hormones, physical features, hormone response, anatomy

Gender Identity, Expression: Male, female, masculinity, femininity; range of characteristics; based on social construct

Sexual and Romantic Orientation: Attraction

SPECTRUM, CONTINUUM, SCALES

SEX

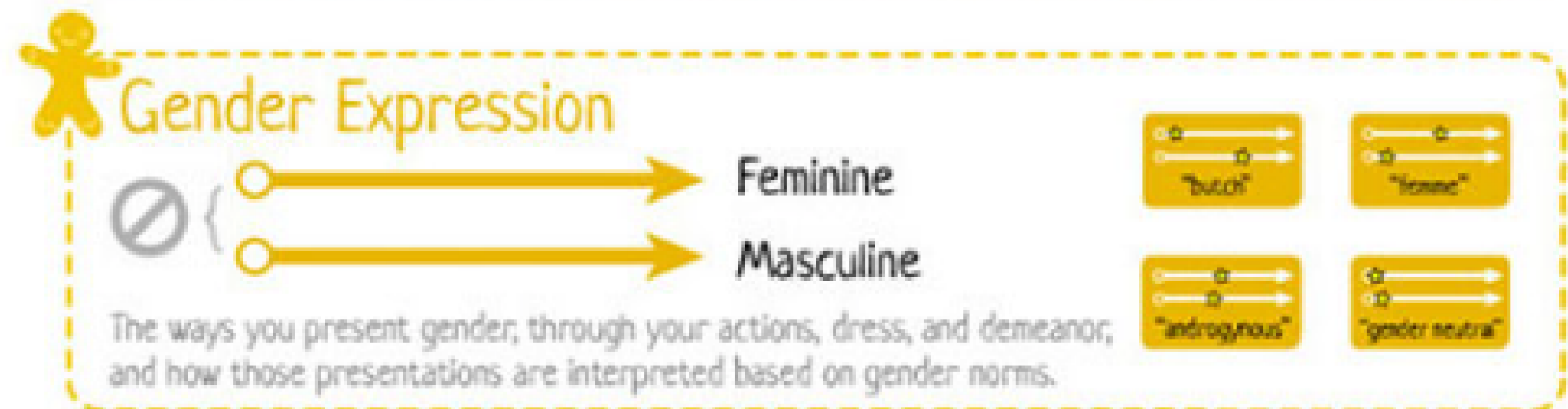
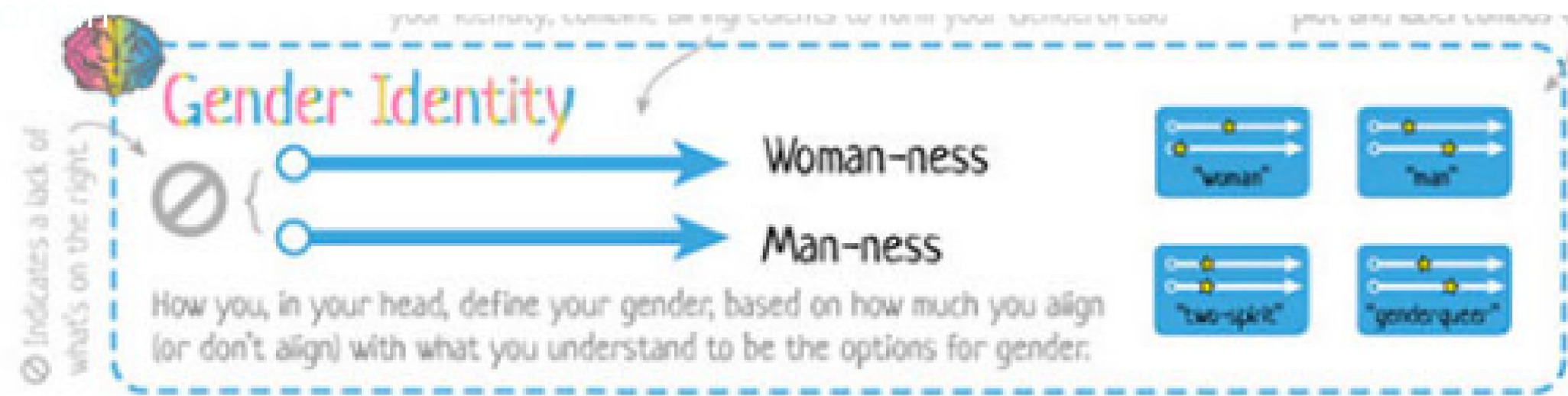
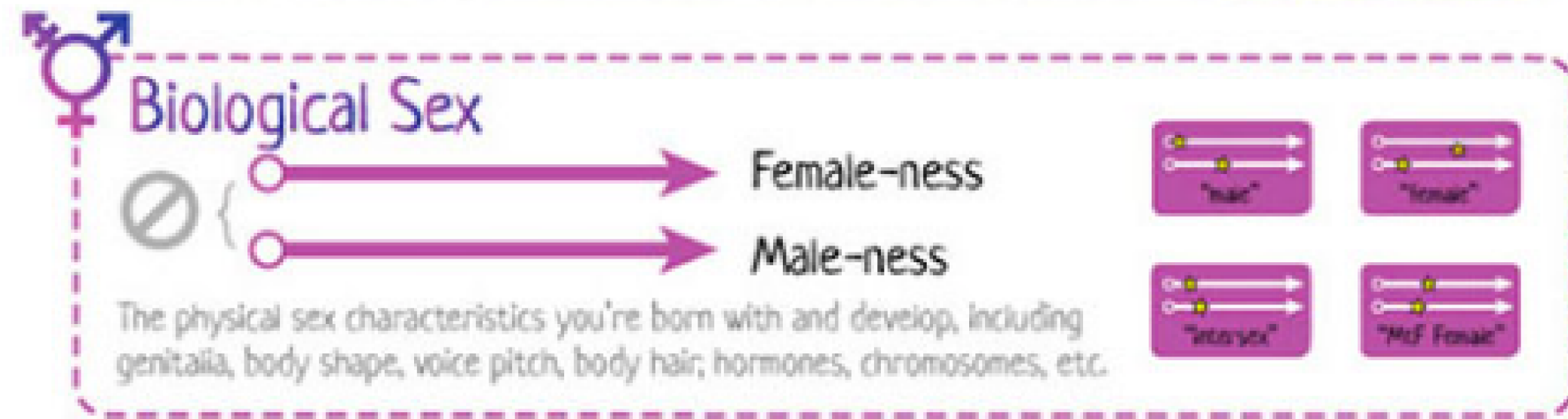
Differences in Sex Development, Intersex

- Chromosomes
- Gonads
- Internal sex organs
- Hormone production
- Hormone response
- Secondary sex characteristics



Gender

- Gender Identity: Internal
- Gender Expression: Self interpretation and representation
- Gender Presentation: Perception by others



TGD PATIENTS AND THEIR HEALTHCARE

ERASURE
MARGINALIZATION
STIGMATIZATION
DISCRIMINATION
VIOLENCE
MINORITY STRESS
STRUCTURAL VIOLENCE
STEREOTYPES

TERMINOLOGY
STATISTICS
HEALTH OUTCOMES
PRACTICE RECOMMENDATIONS



48%

2022 survey: Nearly half of the 92,329 trans and nonbinary respondents who had seen a healthcare provider in the 12 months preceding the survey reported one or more negative experience related to being transgender, including:

- refused care
- being misgendered
- use of harsh or abusive language by a provider
- enduring physically rough treatment or abuse by a provider



“
What person in all of this chaos do I tell? What— who— needs to know? Because I feel like I don't really want to have to repeat myself 12,000 times.
”

“
Sometimes I would rather deal with them misgendering me, and mispronouncing than having to be my own advocate. I have, so many times, just been, like 'Yep, that's my name' when they say the wrong name or say 'she' because I am almost too nervous to bring up trans because I'm afraid of a more violent, or a more negative reaction.
”

“
I had a massive seizure... such a closed community there. Like, I just feel like I would be beat to death if anybody found out there.
”

“
... you just never know what providers you're gonna get. You don't know if they're gonna be trained or not trained.
”

> [Ann Emerg Med.](#) 2018 Feb;71(2):170-182.e1. doi: 10.1016/j.annemergmed.2017.05.002. Epub 2017 Jul 14.

"Sometimes You Feel Like the Freak Show": A Qualitative Assessment of Emergency Care Experiences Among Transgender and Gender-Nonconforming Patients

[Elizabeth A Samuels](#)¹, [Chantal Tape](#)², [Naomi Garber](#)³, [Sarah Bowman](#)⁴, [Esther K Choo](#)⁵

Affiliations + expand

PMID: 28712604 DOI: [10.1016/j.annemergmed.2017.05.002](#)

“
I actually had a CNA brag to me about making a trans woman expose her genitalia in front of another CNA to prove that this person had a penis... I could be at this hospital and I could be forced to do the same thing... that's terrifying.
”

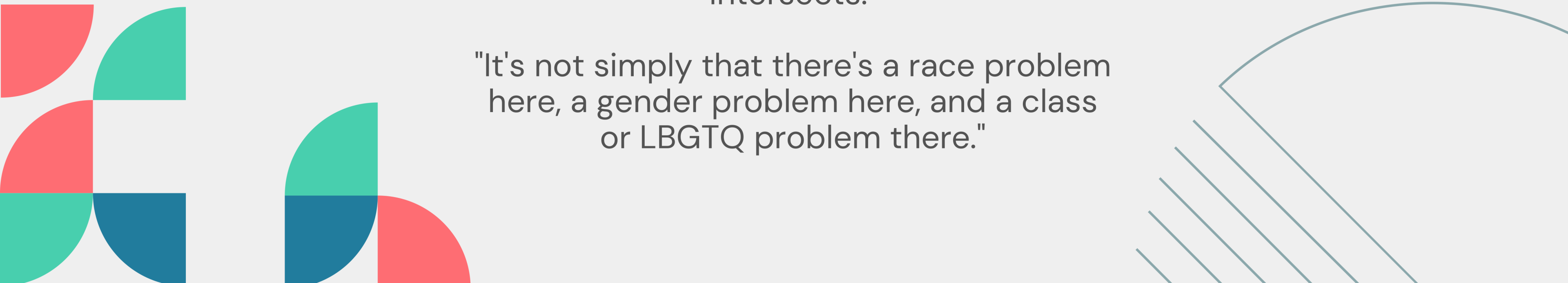


INTERSECTIONALITY

Kimberlé Crenshaw

"Intersectionality is a lens through which you can see where power comes and collides, where it interlocks and intersects."

"It's not simply that there's a race problem here, a gender problem here, and a class or LGBTQ problem there."



CLINICIAN CHALLENGES

- Knowledge gaps
- Awareness of the importance or relevance to clinical care
- Awkward topic, discomfort
- Stereotypes
- Misinformation
- Bias (implicit or intentional)



Anti-LGBTQ+ laws?

Know before you go.

hrc.im/emergency

KNOW MY RIGHTS



HUMAN
RIGHTS
CAMPAIGN®

National State of Emergency for LGBTQ+ Americans

IMPACT ON FAMILIES

Texas Parent Wendy: Being forced to leave our family and friends, with Texas roots over a hundred years, is going to be the hardest thing we'll ever do," said Wendy, a mother of four in Texas who is relocating to Minnesota this summer. "Our close-knit family, especially my mom, is devastated. Going from seeing each other every week to every other month is going to be emotionally challenging."

Shappley Family: Kai, her mother Kimberly, and brother moved from Texas after fighting anti-trans legislation starting the age of 5. She received death threats and recounts the loss of family and friends. More of Kai and her family's story is featured in "Trans in America: Texas Strong," which went on to win an Emmy. She co-authored a book "Joy, To the World" with co-author Lisa Bunker. She continues advocacy and involvement in Connecticut.

Waiting areas, front desk staff

Setting the tone for the entire encounter

Magazines (Advocate, Out Magazine), Patient Education Flyers, Stickers

Do I see myself represented? Do I matter to this practice?

Bathrooms

Patient Resources

Referral list: voice therapy, surgical options

How to change legal documents and insurance

Community centers

Support groups

HIV pre-exposure (PrEP), HIV testing and treatment

Behavioral health services

Sponsor, cohost, or post about events

April 18 National Transgender HIV Testing Day

June Pride Month

November 20 Transgender Day of Remembrance



CREATING AN INCLUSIVE AND AFFIRMING ENVIRONMENT

NEW PATIENTS

Spouse/ Partner vs wife/husband

Is this your sister? No, this is my wife--> "Who is here with you today?"

Avoid sir or ma'am with people you are meeting for the first time

PATIENT WISHES

Use terminology that the patient would like you to use

ONLY ASK FOR INFORMATION THAT IS NEEDED AND REQUIRED

Do I need to know this or is this curiosity?

What do I need to know?

How do I ask this in a sensitive way?

If sensitive information or exam, explain to the patient why it's relevant or indicated

SPEAKING ABOUT THE PATIENT

Respect name and pronouns even when patient is not present

Do not out a patient

Do not make jokes, patients and celebrities alike

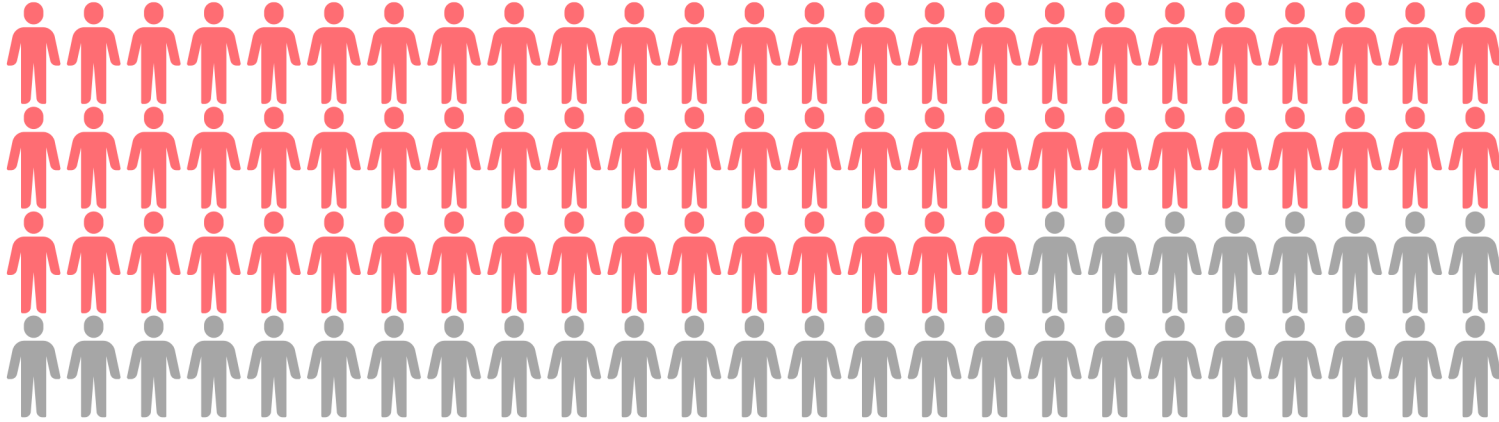
Accountability for each other, create and foster a culture of respect

IDENTIFICATION

Showing an ID with a name or gender that does not match gender presentation leads to verbal harrassment (25%), denial of care (16%), and violence (2%)



11% all IDs and Records have current name and gender



67% No ID or record has an updated gender

INSURANCE, IDENTIFICATION DOCUMENTS, REGISTRATION FORMS, RECORDS

WHAT IF THEY DON'T MATCH?

“

You're standing there
[with] a bunch of other
people behind you,
and you're going,
'Yeah, I'm a
transgender woman...

”

Polite and straightforward questions

"Could your chart be under a different name?"

"What name is on your insurance?" and then cross
check with date of birth and address

Avoid 'outing' your patient-- private area OR have
the patient write down information

Don't ask "what is your real name?"

PRONOUNS

- Not “preferred”
- “What are your pronouns?” or “I want to be respectful. What names and pronouns would you like me to use?”
- Talking to the patient and talking about the patient
- Documenting in the chart
- On your badge, email signature, introducing yourself
- Thank someone for correcting you if you use the wrong pronoun or, if you notice first, correct yourself and move on
- Neopronouns
- Singular they/them/theirs

PATIENT FORMS

Legal Name

First name used

Sex assigned at birth

Gender identity

Pronouns (NOT preferred)

Change default gendered language

- parent
- spouse
- partner

Patient: Name as appears on Legal ID: Candice CALHOUN Preferred Name

Preferred Pronoun: She/her Sex assigned at birth: Gender Identity:

Date of Birth: Age:

Occupation: Ethnic extraction: Ht: Wt:

Please check all that apply: Single Married Divorced Widowed Committed relationship
 Civil Union Domestic Partnership Partnered, Not living together

Previous Marriages: Yes No If yes, date of divorce:

Partner: Name as appears on Legal ID: Preferred Name:

Preferred Pronoun: Sex assigned at birth: Gender Identity:

Date of Birth: Age:

Legal Name
Candice Calhoun
First name used

Please share some additional information below about how you identify yourself.

What is your gender identity?

- Woman
 Man
 Trans Woman / Trans Feminine
 Trans Man / Trans Masculine
 Non-Binary / Genderqueer / Gender Fluid
 Two Spirit
 Prefer to self-describe:

What are your pronouns (check all that apply)?

- She/Her
 He/Him
 They/Them
 Other:

What is your sexual orientation?

- Lesbian
 Gay
 Bisexual
 Queer
 Asexual
 Straight
 Other:

GENDER AFFIRMING CARE IS LIFE SAVING CARE

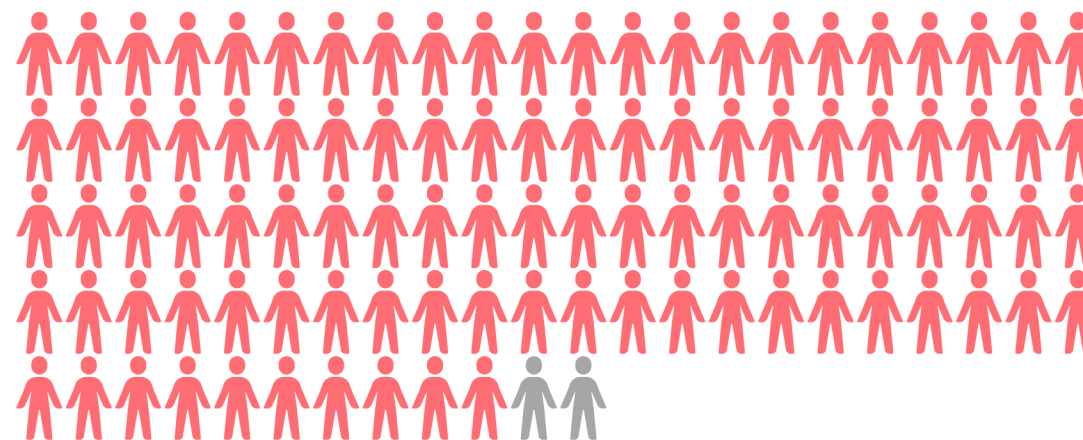
94%

“a lot more satisfied” (79%) or “a little more satisfied” (15%) with their life post transition



98%

Receiving hormones for transition or identity reporting “a lot more satisfied” (84%) or “a little more satisfied” (14%) with their life



Gender Affirmation Modalities

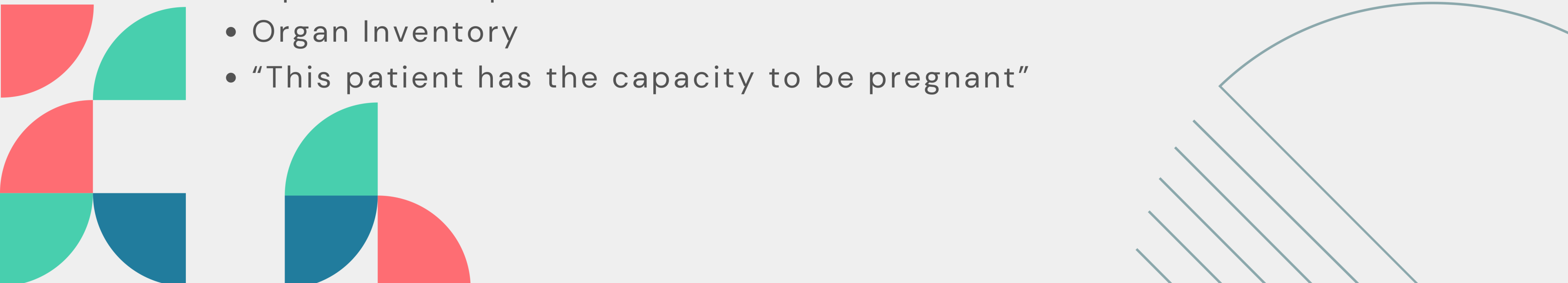
- Legal
- Social
- Medical
- Surgical



APA Policy Statement February 2024



ELECTRONIC MEDICAL RECORDS

- Legal name on chart--> looking in the chart for preferred name
 - Should you put a diagnosis? "transgender..."
 - Discharge paperwork has legal name
 - Is there a way for others to see gender identity if patient self discloses? Do patients have to 'come out' with each encounter?
 - Inpatient bed placement decisions
 - Organ Inventory
 - "This patient has the capacity to be pregnant"
- 

DOCUMENTATION

- 62 y/o transwoman (she/her) PMH HTN, DM, HLD c/o chest pain intermittently over the past two days associated with dyspnea and nausea.
- 62 y/o F of transgender experience PMH HTN, DM, HLD c/o chest pain...
- 52 y/o FtM (he/they) PMH HTN who presents for a physical exam.
- 41 y/o NB AFAB (they/them) c/o heavy menses. They have been experiencing this for the past three cycles.
- 18 y/o M concerned about an ingrown toenail.
- 18 y/o transM (he/him) presents for a routine physical exam.

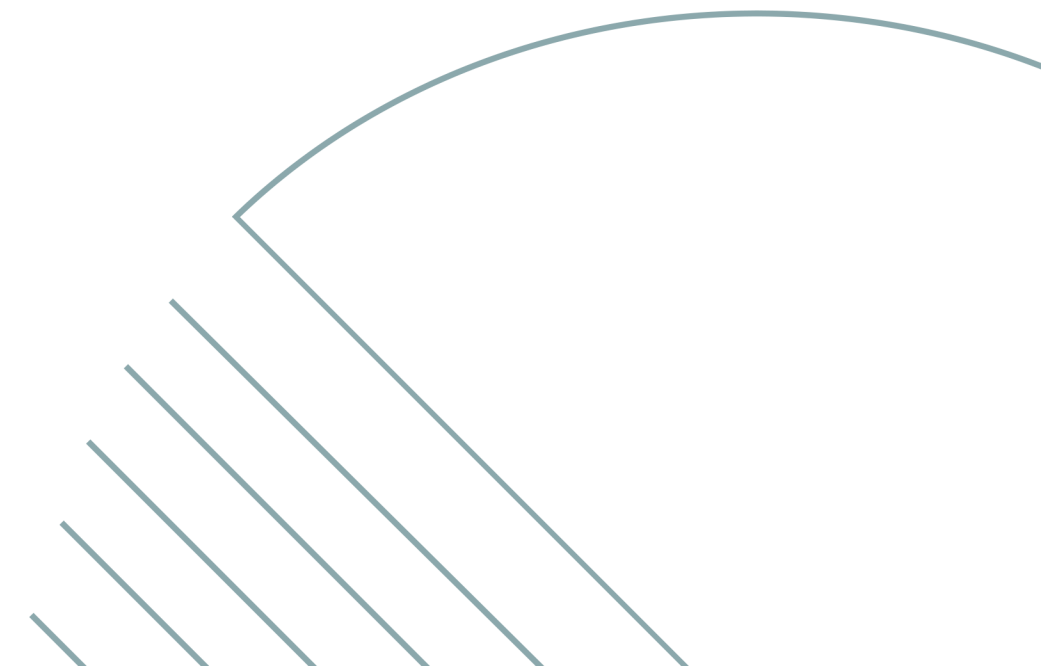
Unresponsive, coding, or altered patient? Use pronouns or gender that match how the patient presents OR gender neutral if unsure

CHILDREN AND YOUNG ADULTS

- How accepting are parents or guardians?
- Are they still on their parent(s) insurance? Could this affect their housing, finances, or safety?
- What do you do if parents refuse to use the patient's pronouns or any name other than birth name?

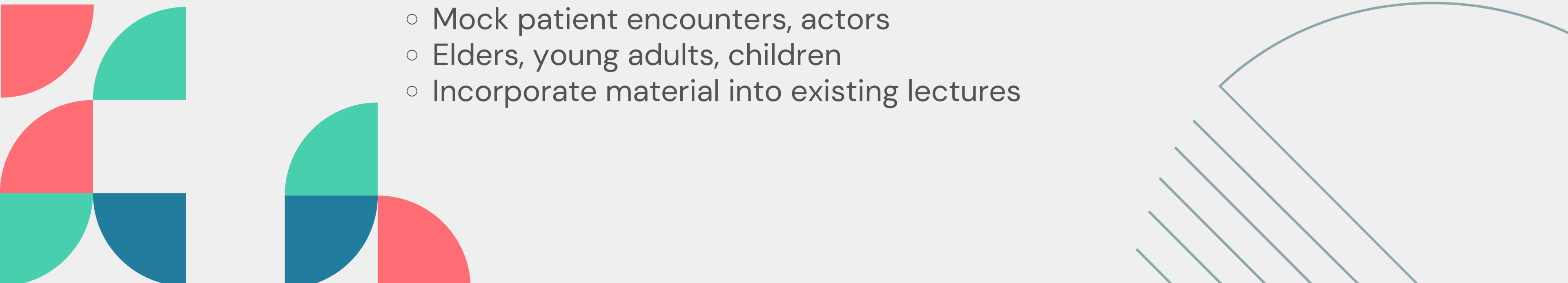
OLDER ADULTS

- How accepting are caretakers or family members?
- Coming out later in life
- Going back into the closet for safety and/or housing
- How do you know whether or not extended care and rehab facilities are inclusive?



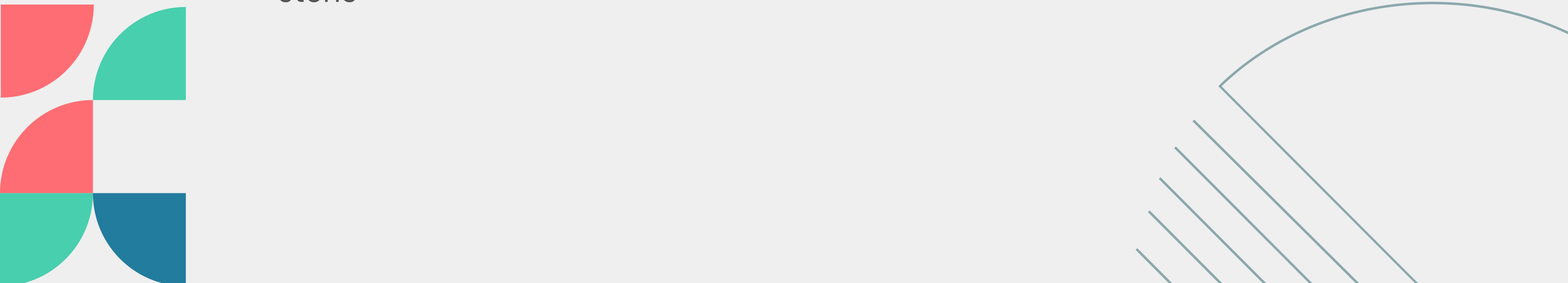


CULTURAL HUMILITY

- Not cultural competence
 - Inclusion
 - Normalizing and validating difference
 - Including LGBTQIA+ patients in general patient scenarios, particularly trans and NB patients
 - In-depth discussion and subpopulations require baseline knowledge
 - Lecture series
 - Mock patient encounters, actors
 - Elders, young adults, children
 - Incorporate material into existing lectures
- 



TAKE AWAY POINTS

- Allowing space for diverse expressions of identity and representation is part of serving our patients
 - Everyone can do it!
 - Transgender and gender diverse patients often come under our care with a history of trauma, marginalization, and erasure. Our affirming and inclusive practices are important.
 - Keep learning, the community is not a monolith nor are these concepts set in stone
- 

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THANK YOU!!!

QUESTIONS?



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