

Caring for the Transgender Patient in the Emergency Department

A Module from the ADIEM LGBT Curriculum



MAY 10-13 · SHERATON · NEW ORLEANS



Academy for Diversity & Inclusion in Emergency Medicine

Disclosures

- No financial conflicts

LGBT CURRICULUM MODULES*

1. Introduction
2. Law, Truth, and Ethics
3. Double Vulnerable: Adolescents, Advanced Age, LGBT of color
4. Transgender Health

*To be published on ADIEM website

Faculty

**Makini
Chisolm-Straker**



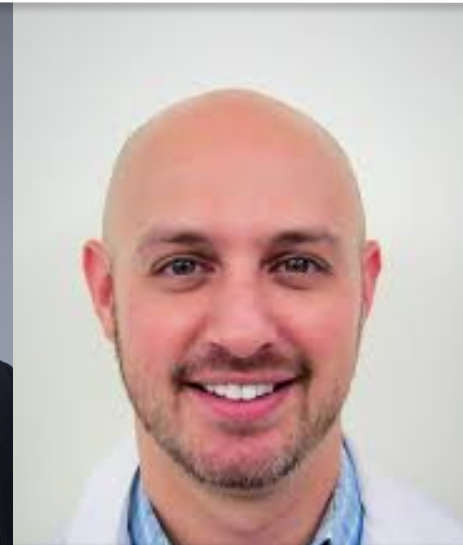
Anne Daul



Thea James



Paul Krieger



EMORY
UNIVERSITY
SCHOOL OF
MEDICINE



Boston University School of Medicine



**Mount
Sinai
Beth Israel**

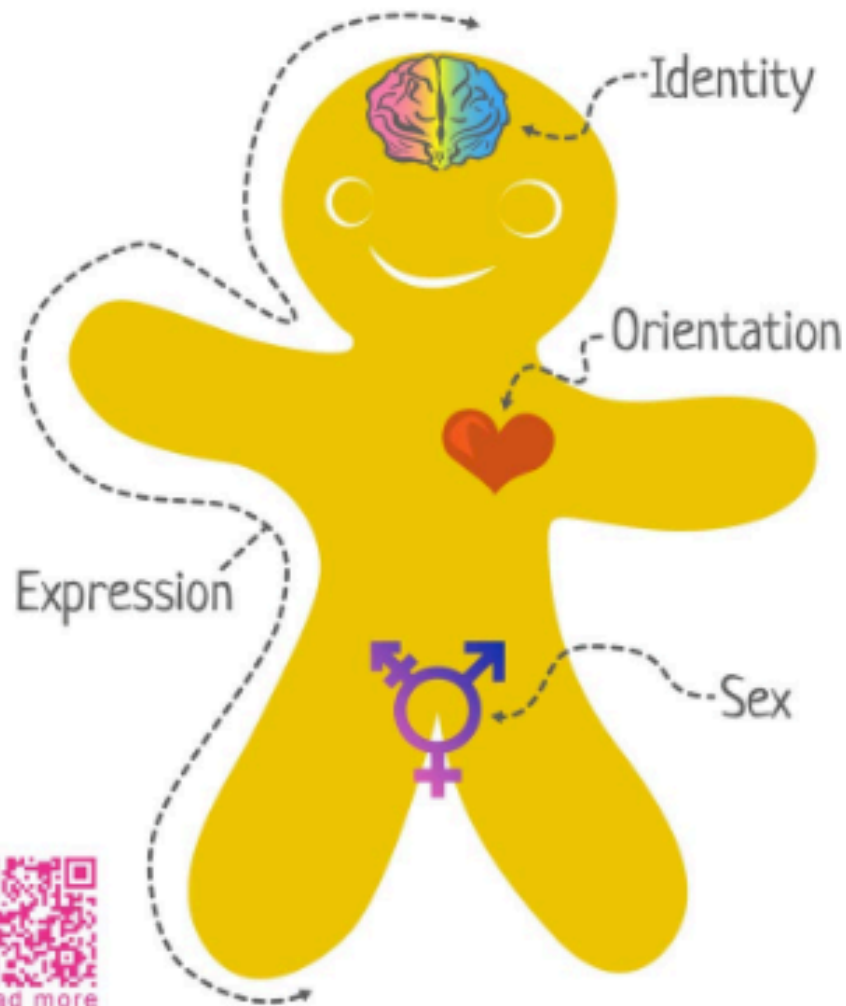
ADIEA
Academy for Diversity & Inclusion in Emergency Medicine

Outline

- Introductions
- Definitions and Terms
- Literature
- Cases
- PowerPoint Module
- Summary and Questions

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



♀♂ Biological Sex
Female Intersex Male

Gender Identity
Woman Genderqueer Man

Gender Expression
Feminine Androgynous Masculine

Sexual Orientation
Heterosexual Bisexual Homosexual



read more

TGGNC in US EM

A brief review of the literature

Makini Chisolm-Straker, MD MPH
Icahn School of Medicine at Mount Sinai
Mount Sinai Brooklyn



Summary ▾ 20 per page ▾ Sort by Most Recent ▾

Send to: ▾

Search results**Items: 16**

- ☐ [Mental health and psychosocial wellbeing of Syrians affected by armed conflict.](#)
 1. Hassan G, Ventevogel P, Jefe-Bahloul H, Barkil-Oteo A, Kirmayer LJ. *Epidemiol Psychiatr Sci.* 2016 Feb 1;1-13. [Epub ahead of print]
PMID: 26829998
[Similar articles](#)
- ☐ [LGBT Trainee and Health Professional Perspectives on Academic Careers-Facilitators and Challenges.](#)
 2. Sánchez NF, Rankin S, Callahan E, Ng H, Holaday L, McIntosh K, Poll-Hunter N, Sánchez JP. *LGBT Health.* 2015 Dec;2(4):346-56. doi: 10.1089/lgbt.2015.0024. Epub 2015 Aug 3.
PMID: 26788776
[Similar articles](#)
- ☐ [Provision of Contraception: Key Recommendations from the CDC.](#)
 3. Klein DA, Arnold JJ, Reese ES. *Am Fam Physician.* 2015 May 1;91(9):625-33.
PMID: 25955737
[Similar articles](#)
- ☐ [Health status, behavior, and care of lesbian and bisexual women in Israel.](#)
 4. Mor Z, Eick U, Wagner Kolasko G, Zviely-Efrat I, Makadon H, Davidovitch N. *J Sex Med.* 2015 May;12(5):1249-56. doi: 10.1111/jsm.12850. Epub 2015 Mar 9.
PMID: 25754520
[Similar articles](#)
- ☐ [Improving Care for Lesbian, Gay, Bisexual, and Transgender Patients in the Emergency Department.](#)
 5. Jalali S, Sauer LM. *Ann Emerg Med.* 2015 Oct;66(4):417-23. doi: 10.1016/j.annemergmed.2015.02.004. Epub 2015 Mar 5. No abstract available.
PMID: 25748479
[Similar articles](#)
- ☐ [Prehospital emergency care training practices regarding lesbian, gay, bisexual, and transgender patients in Maryland \(USA\).](#)
 - 6.

Reported Emergency Department Avoidance, Use, and Experiences of Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey

Greta R. Bauer, PhD, MPH; Ayden I. Scheim, BA; Madeline B. Deutsch, MD; Carys Massarella, MD, FRCPC

Study objective: Transgender, transsexual, or transitioned (trans) people have reported avoiding medical care because of negative experiences or fear of such experiences. The extent of trans-specific negative emergency department (ED) experiences, and of ED avoidance, has not been documented.

Methods: The Trans PULSE Project conducted a survey of trans people in Ontario, Canada (n=433) in 2009 to 2010, using respondent-driven sampling, a tracked network-based method for studying hidden populations. Weighted frequencies and bootstrapped 95% confidence intervals (CIs) were estimated for the trans population in Ontario and for the subgroup (n=167) reporting ED use in their felt gender.

Results: Four hundred eight participants completed the ED experience items. Trans people were young (34% aged 16 to 24 years and only 10% >55 years); approximately half were female-to-male and half male-to-female. Medically supervised hormones were used by 37% (95% CI 30% to 46%), and 27% (95% CI 20% to 35%) had at least 1 transition-related surgery. Past-year ED need was reported by 33% (95% CI 26% to 40%) of trans Ontarians, though only 71% (95% CI 40% to 91%) of those with self-reported need indicated that they were able to obtain care. An estimated 21% (95% CI 14% to 25%) reported ever avoiding ED care because of a perception that their trans status would negatively affect such an encounter. Trans-specific negative ED experiences were reported by 52% (95% CI 34% to 72%) of users presenting in their felt gender.

Conclusion: This first exploratory analysis of ED avoidance, utilization, and experiences by trans persons documented ED avoidance and possible unmet need for emergency care among trans Ontarians. Additional research, including validation of measures, is needed. [Ann Emerg Med. 2013;■:1-9.]

Please see page XX for the Editor's Capsule Summary of this article.

TGGNC in the ED

Makini Chisolm-Straker, MD MPH; Logan Jardine, MD MPH; Cyril Bennouna, MPH;
Nina Morency-Brassard, MPH; Lauren Coy, MPH; Maria Egemba MS, MPH; Peter L. Shearer MD

- National, qualitative survey
- 240 participants
- Examined:
 - Patient experiences in US EDs
 - Reasons for ED avoidance
 - Recommendations to improve care
- Largely white, female-assigned participants

In Patients' Words

- *...I tried to use the woman's restroom before I left, they threatened to call security on me. It was humiliating. I would die before I went back there again. (R21)*
- *I always remind them when I check in that I am trans (FTM)...the providers always ask me questions about my penis and fail to ask important questions pertinent to people with female anatomy..." (R123)*

In Patients' Words

- *Referred to as a woman even after I explained to the doctor that I was a transmale, they ignored my statement and proceeded to call me “she.” (R210)*
- *I have also had doctors/nurses call over other people on duty to come look at me for no reason. It made me feel like an animal in a zoo. (R208)*



Reasons for TGGNC Non-Use of US Emergency Departments

Conceptual Frame	Reason	Frequency (n = 35)*
Personal	Lack of medical insurance	31.4% (n = 11)
	Fear of being outed, misgendered or experiencing discrimination	60% (n = 21)
Provider Behavior	Past witnessing of medical personnel gossiping, mocking or telling jokes about the TGGNC patients	45.7% (n = 16)
Patient-Provider Encounter	Past experience of being purposely outed by healthcare professional	8.6% (n = 3)
	Past experience with visibly uncomfortable providers, and/or being asked inappropriate questions	34.3% (n = 12)
	Past experience of staff refusal to use preferred pronouns	62.9% (n = 22)
	Past experience of transphobia as a patient	37.1% (n = 13)
Systems Issues	Medical facilities are unable to provide accommodations for TGGNC patients	42.9% (n = 15)
	Providers are poorly educated in TGGNC health-related issues	40% (n = 14)

*Participants who answered this question could offer multiple reasons. Recommendations were included here if they resonated with responses to other questions, not based upon frequency to one question.

Participant Recommendations to Improve the ED Care of Persons with a TGGNC Experience

Conceptual Framework	Recommendation	Frequency (n = 123)*
Provider Behavior	Do not discuss gender identity or TGGNC experience with others, including healthcare providers, unless it is relevant to provision of care.	22.8% (n = 28)
	Ask sensitive questions in private spaces only.	5.7% (n = 7)
	Call out last names only (no prefixes) in group-areas, like waiting rooms.	2.4% (n = 3)
Patient-Provider Encounter	Standard practice of providers should be to ask patients' preferred pronoun and name and use these throughout care.	44.7% (n = 55)
	Do not ask about gender and/or TGGNC experience if it is not relevant to ED care.	35.8% (n = 44)
	Use gender-neutral language (e.g., "Mr./Ms. _____")	1.6% (n = 2)
Systems Issues	Systematic, required training of ED providers on TGGNC medical issues, including gender-affirming surgeries, potential postoperative complications, common hormone therapies and related side effects. Providers should also be trained on the social stigma and marginalization this population experiences generally and in healthcare settings.	13.8% (n = 17)
	Incorporate pronoun and name preference in registration forms†	9.8% (n = 12)
	Establish communication protocols for sensitive gender information.	4.1% (n = 5)
	Offer gender-neutral spaces, including hospital rooms and restrooms.	2.4% (n = 3)

*Participants could offer more than one recommendation. Recommendations were included here if they resonated with responses to other questions, not based upon frequency to one question.

Case Discussions

A red ECG line graphic that runs horizontally across the top of the slide, with a blue gradient background above it. The line starts flat, then has a sharp upward spike followed by a sharp downward dip, and then continues flat.

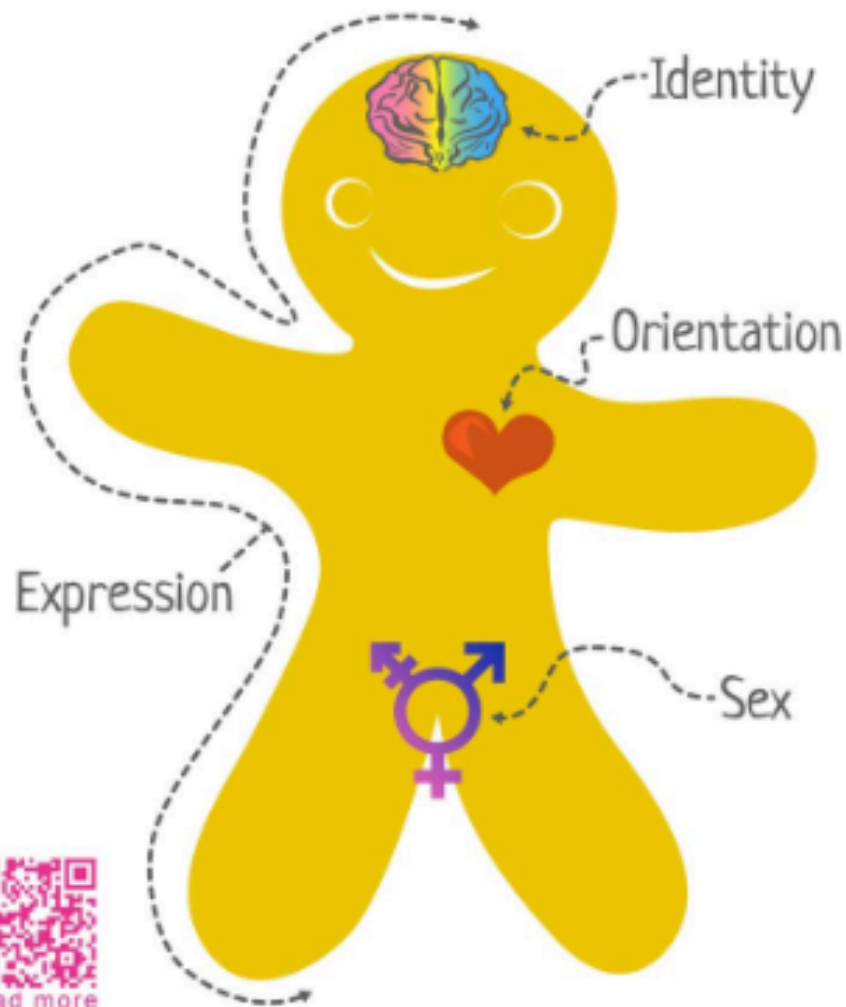
MODULE 4: TRANSGENDER HEALTH

Overview

- Definitions
- History of disparity
- Communication

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



♀♂ Biological Sex
Female Intersex Male

Gender Identity
Woman Genderqueer Man

Gender Expression
Feminine Androgynous Masculine

Sexual Orientation
Heterosexual Bisexual Homosexual



read more

History of Disparity

- Chronic stress related to trans identity
 - Discrimination / bullying
 - Rejection of gender identity by family / friends
 - Pressure to hide identity (e.g., at workplace)
 - Facing wrong assumptions about gender

History of Disparity

- Chronic stress related to trans identity
- Lack of legal protections in workplace

History of Disparity

- Chronic stress related to trans identity
- Lack of legal protections in workplace
- Less access to healthcare
 - Less insured
 - Transphobic medical personnel

Statistics

- **42%** of people surveyed experienced verbal harassment, physical abuse, or denial of equal care by health providers
- **19%** were refused care completely
- **65%** reported not seeking medical care when they needed it due to fears of discrimination

History of Disparity

- Chronic stress related to trans identity
- Lack of legal protections
- Less access to healthcare
- Worse health outcomes
 - 56% of black transgender women have HIV
 - 41% with suicide attempt

Greeting Your Patient

- Mismatch of name / sex marker / expression?
- Elicit name & pronouns
- Inform your team

Asking About Pronouns

“What pronouns / words should I use when I’m talking about your health today ... he/his, she/hers, they/theirs?”

Gender Neutral Terms

- Partner / Spouse / Sibling / Child / Parent
- Pronouns
 - Patient name (ie “Jamie’s”)
 - They / their / theirs
- Mx (pronounced “Mix”)

Documentation

27^y yo **genderqueer** patient (assigned female at birth, pronouns they/their) presents with ankle pain after minor inversion injury. **They** report 10/10 pain to lateral aspect of ankle.

Medical Considerations

- Sensitive gather organ inventory
- Consider complications of gender-affirming therapies
- Patient-centered physical exam

Two Step Gender & Sex Questions

What is your current gender identity?

What sex were you assigned at birth?

TABLE 12. Hormone regimens in the transsexual persons

	Dosage
MTF TRANSSEXUAL PERSONS^a	
Estrogen	
Oral: estradiol	2.0–6.0 mg/d
Transdermal: estradiol patch	0.1–0.4 mg twice weekly
Parenteral: estradiol	5–20 mg im every 2 wk
valerate or cypionate	2–10 mg im every week
Antiandrogens	
Spirolactone	100–200 mg/d
Cyproterone acetate ^b	50–100 mg/d
GnRH agonist	3.75 mg sc monthly
FTM TRANSSEXUAL PERSONS	
Testosterone	
Oral: testosterone	160–240 mg/d
undecanoate ^b	
Parenteral	
Testosterone enanthate	100–200 mg im every
or cypionate	2 wk or 50% weekly
Testosterone	1000 mg every 12 wk
undecanoate ^{b,c}	
Transdermal	
Testosterone gel 1%	2.5–10 g/d
Testosterone patch	2.5–7.5 mg/d

Hormone Therapy Risks

Risk Level	Feminizing hormones	Masculinizing hormones
Likely increased risk	Venous thromboembolic disease ^A Gallstones Elevated liver enzymes Weight gain Hypertriglyceridemia	Polycythemia Weight gain Acne Androgenic alopecia (balding) Sleep apnea
Likely increased risk with presence of additional risk factors ^B	Cardiovascular disease	
Possible increased risk	Hypertension Hyperprolactinemia or prolactinoma	Elevated liver enzymes Hyperlipidemia
Possible increased risk with presence of additional risk factors ^B	Type 2 diabetes ^A	Destabilization of certain psychiatric disorders ^C Cardiovascular disease Hypertension Type 2 diabetes



WPATH WORLD PROFESSIONAL ASSOCIATION for TRANSGENDER HEALTH

Standards of Care
for the Health of Transsexual,
Transgender, and Gender
Nonconforming People

The World Professional Association for Transgender Health

Gender Affirming Surgeries

- Male to Female genital surgeries
 - Penectomy, orchiectomy
 - Vaginoplasty, clitoroplasty
- Complications: Urethral / rectal fistula, tissue death, closed loop abscesses

Gender Affirming Surgeries

- Female to Male genital surgeries
 - Hysterectomy, salpingo-oophorectomy
 - Metoidioplasty: clitoral +/- urethral modification
 - Complications: urethral strictures & fistulas
 - Phalloplasty & scrotoplasty
 - Complications: tissue necrosis, implant failure, urethral complications

Patient-centered Physical Exam

- Explain why exam is relevant to care
- Use neutral words (e.g., chest, genital)
- Get patient's consent for exam
- Attention to modesty
- Call support person

Module Summary

- Trans population is vulnerable within healthcare system
- Ask & use correct pronouns at all times
- Consider complications of gender affirming therapies
- Patient-centered physical exam



MULTIPLE CHOICE QUESTIONS

Which of the following statements about gender is correct?

- A. Biological sex determines gender
- B. Gender is determined by chromosomes
- C. Gender identity is informed by social constructs
- D. Sex and gender are synonymous terms

Which of the following statements about gender is correct?

- A. Biological sex determines gender
- B. Gender is determined by chromosomes
- C. Gender identity is informed by social constructs**
- D. Sex and gender are synonymous terms

Which of the following represents a good practice in the care of TGGNC patients?

- A. Call out first names when looking for patients
- B. Take a detailed history of gender affirming surgeries for all TGGNC patients
- C. Ask and use patients' chosen names / pronouns
- D. Perform preliminary exams in non-private areas
- E. Let the patient tell each person on the care team about their gender identity

Which of the following represents a good practice in the care of TGGNC patients?

- A. Call out first names when looking for patients
- B. Take a detailed history of gender affirming surgeries for all TGGNC patients
- C. Ask and use patients' chosen names / pronouns**
- D. Perform preliminary exams in non-private areas
- E. Let the patient tell each person on the care team about their gender identity

Which of the following contributes to more effective care for trans people in the ED?

- A. Standardized collection of gender identity in EHR
- B. Presence of gender neutral bathrooms
- C. Specific training for ED providers / staff on caring for transgender patients
- D. Hospital policies that specifically protect transgender patients
- E. All of the above

Which of the following contributes to more effective care for trans people in the ED?

- A. Standardized collection of gender identity in EHR
- B. Presence of gender neutral bathrooms
- C. Specific training for ED providers / staff on caring for transgender patients
- D. Hospital policies that specifically protect transgender patients

E. All of the above

Which of the following is a correct pairing of gender affirming therapies?

- A. Transgender woman and spironolactone
- B. Transgender woman and testosterone
- C. Transgender man and vaginoplasty
- D. Transgender man and breast augmentation

Which of the following is a correct pairing of gender affirming therapies?

- A. Transgender woman and spironolactone**
- B. Transgender woman and testosterone
- C. Transgender man and vaginoplasty
- D. Transgender man and breast augmentation

Concluding Remarks

- Heighten awareness & knowledge
- Communication is key & words matter
- Be an agent of change at your institution

Resources for Providers

- National LGBT Health Education Center
- WPATH “Standards of Care”
- Center of Excellence for Transgender Health

Makini Chisolm-Straker

makini.chisolm-straker@mountsinai.org

Anne Daul

anne.m.daul@emory.edu

Thea James

Thea.James@bmc.org

Paul Krieger

PKrieger@chpnet.org

Joel Moll

joel.moll@vcuhealth.org

QUESTIONS?