**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?
2. Who “counts” as transgender or gender nonconforming? And how will I know?
3. How will patients react when asked about pronouns?
4. Is knowing this patient’s gender / correct pronouns relevant to the case?
5. How should I refer to this patient when talking with staff / nursing / colleagues? How should I document my encounter with 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 discomfort when urinating.

1. How should one navigate the situation when the attending recognizes the patient?
2. How can the physician make the patient feel comfortable when asking about body parts?
3. Should the attending order a pregnancy test?
4. Does a pelvic exam need to be performed? If so, how should the physician go about this exam?

**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 vitals signs, and the nurse has already sent of 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?
2. How would you inquire about this patient’s gender and sex?
3. How should you inquire about the patient’s surgical history?
4. What are common surgeries for transgender females and what are the common complications for those surgeries?
5. What are the most common medications used by transgender patients?

1. What are the common complications of hormone therapy?

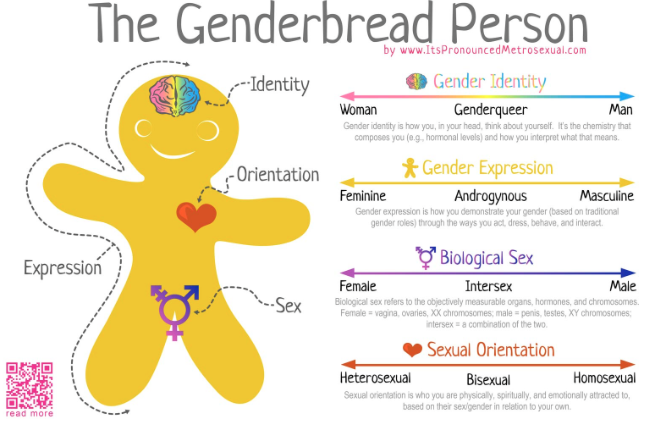
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| **TERM** | **DEFINITION** |
| Bisexual | Sexual attraction to males and females |
| Cis-Gender | Gender identity aligns with assigned sex |
| Disorder of Sex Development | Umbrella term for congenital conditions with atypical development of chromosomes, gonads, or anatomical sex |
| Female-to-Male (FTM) | Assigned “female” at birth, but gender identity is male |
| Gay | A man (or woman) whose primary sexual attraction or romantic feelings are toward someone of the same gender |
| Gender | Psychological, behavioral, and cultural characteristics associated with maleness and femaleness |
| Gender Affirming | Behaviors or interventions that affirm a transgender person’s gender identity (e.g. hormone use, choice of clothing, mannerisms, etc) |
| Gender Discordance | Mismatch between assigned sex and gender identity |
| Gender Expression | Behavior, clothing, or personal traits that communicate one’s gender identity |
| Gender Identity | Personal or subjective sense of self as belonging to a particular gender |
| Homophobia | Prejudice against and dislike of people who are lesbian, gay or bisexual |
| Lesbian | A woman whose primary sexual attraction or romantic feelings are for someone of the same gender |
| Male-to-Female (MTF) | Assigned "male” at birth, but gender identity is female |
| Queer | Umbrella term for people who do not identify as heterosexual and/or cisgender |
| Sex (Natal Sex) | Biological traits associated with being male or female |
| Sexual Orientation | Sexual attraction or arousal to a particular gender or genders |
| Transgender | Gender identity does not align with assigned sex |
| Transitioning | Process of newly presenting oneself as another gender |
| Transphobia | Prejudice against and dislike of transgender people |
| Transsexual | Historically used to refer to gender-affirming expressions of identity |

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**RESOURCES FOR HEALTHCARE PROVIDERS**

“Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff,” by the National LGBT Health Education Center, available at:

<http://www.lgbthealtheducation.org/wp-content/uploads/13-017_TransBestPracticesforFrontlineStaff_v9_04-30-13.pdf.>

“Understanding Transgender: Frequently Asked Questions about Transgender People,” by the National Center for Transgender Equality, available at: http://transequality.org/issues/resources/understanding-transgender-people-faq.

“Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People.” World Professional Association for Transgender Health, 7th Version, 2012. Available at www.wpath.org.

“Transgender Patients in the ED.” Emergency Physicians Monthly, August 19, 2015. Available at: http://epmonthly.com/article/transgender-patients-in-the-ed/