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Insights
INTO RISK MANAGEMENT

RISK: TRANSGENDER ISSUES IN HEALTHCARE — *The Time Has Come*

Developed by the **LRS Loss Prevention Division** in consultation with **Jaye Watts, LICSW, Trans* Health Program Manager, Pronouns: he/him/his, Thundermist Health Center.**

This article and the contents within is an enduring activity approved for 1.0 *AMA PRA Category 1 Credit(s)*™ and 1.0 category 1 credit in Risk Management Study. *(See link on p. 10.*
Please note: the link will expire two (2) years from the date this newsletter is issued.)

"I'm the boy that was born as a girl, and has to prove to myself everyday that I'm man enough for the world."

- Anonymous

IT'S STEPHEN, NOT SARAH!

An 8-year-old child, born female who identified and expressed externally (e.g., clothing, haircut, behavior) as a boy, presented for a new patient appointment at a clinic. When making the appointment, the patient's mother had alerted the clinic of the child's preferred name, which was not consistent with his legal name and sex. At the time of the clinic visit, the medical provider, not being made aware of the registration documentation regarding the patient's preferred name, called for the patient in the waiting room using his legal (feminine) name.

Both mother and child felt embarrassed and humiliated and were visibly upset. The provider spent additional time during the clinical visit addressing the emotional impact of inappropriately calling this patient a feminine name. The clinic staff had received training in addressing transgender and gender non-conforming people by their preferred names but a communication process hadn't been developed to best convey this information.

The provider immediately acknowledged the error and apologized for the harm done, reassuring the mother and child that the clinic did not intend to have the child feel his identity was questioned or undermined. The provider suggested that the parent contact the ombudsperson's office to comment specifically on what was done well at that visit and what could be improved in the future care of her child. The patient's mother did just that.

This unfortunate situation is one example of a common experience for transgender individuals who often report acute discomfort when addressed according to a gender that is different (discordant) from how they see themselves, or self-identify. When use of the incorrect name/pronoun occurs in health care settings, patients report lower satisfaction and are less likely to continue to seek care at that setting. Inside this issue we explain some of the terminology related to TGNC—Transgender and Non-Conforming—people, explore some of the issues faced by this population, and offer best practice guidance.

INSIDE THIS EDITION

SPECIAL POINT OF INTEREST

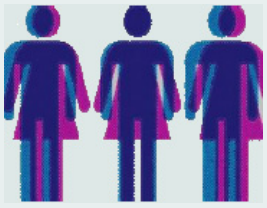
Other than where referenced, the content for this newsletter was derived in large part from a Best Practices training document developed by the NATIONAL LGBT HEALTH EDUCATION CENTER: A PROGRAM OF THE FENWAY INSTITUTE. The document itself is intended as a starting point to help train front-line health care staff and clinicians to provide affirming services to Transgender and Non-Conforming (TGNC) patients, and all patients. Consider utilizing the resource which may be copied and distributed after downloading at:

https://www.lgbthealtheducation.org/wp-content/uploads/2016/12/Affirmative-Care-for-Transgender-and-Gender-Non-conforming-People-Best-Practices-for-Front-line-Health-Care-Staff.pdf

The "Transgender Pride" flag; a symbol of transgender pride, diversity, and transgender rights

The Transgender Pride flag was created by American trans woman Monica Helms in 1999 and was first shown at a pride parade in Phoenix, AZ in 2000. She describes its meaning as follows:

"The stripes at the top and bottom are light blue, the traditional color for baby boys. The stripes next to them are pink, the traditional color for baby girls. The stripe in the middle is white, for those who are intersex, transitioning or consider themselves having a neutral or undefined gender. The pattern is such that no matter which way you fly it, it is always correct, signifying us finding correctness in our lives."



TRANSGENDER TERMINOLOGY:

Sex vs. gender — For most individuals, the terms sex and gender are synonymous and used interchangeably giving little thought to the distinction between the two.

Sex refers to measurable, biological components (anatomy, chromosomes, hormones) that determine the sex someone is assigned at birth. *Gender* refers to an inner-sense of self that develops independent of the sex assigned at birth.

Gender binary is the idea that there are only two genders matching two distinct physical sexes with people fitting into one or the other category. This has been assumed for centuries by most, though not all people in our society. At birth, a doctor assigns the baby's sex typically based on external genitalia. It is also usually assumed that as a child grows, their *gender identity and expression* will correspond to the sex they were assigned at birth and fit into this *binary* understanding of gender.

Gender identity— one's internal understanding of one's own gender—is the gender with which a person identifies.

Cisgender is the term used when one's sex and gender develop congruently. *Transgender* is the term used when a person's sex and gender are incongruent; for example, someone who was assigned female at birth and who identifies as a man.

⇒ In the medical community, *Gender Dysphoria* is the diagnosis used to describe individuals who experience incongruence between the sex they were assigned at birth and their gender identity.

⇒ According to Urmimala Sarkar, MD, MPH, Assistant Professor in Residence at the UCSF School of Medicine, this term is less than ideal, but a formal diagnosis may be required for medical care and conveys that *this is a medical condition and not the individual's choice*.

Transgender is an 'umbrella term' which encompasses a number of identities on the gender continuum, or outside of the binary.

Transgender is a good default term to use. "*Trans*" is shorthand for "*transgender*." (Note: Transgender is correctly used as an adjective, not a noun, thus "*transgender people*" is appropriate, but "*transgenders*" is often viewed as disrespectful.) *Transsexual* is a medicalized term that can feel pathologizing and is not favored by the trans community.

The transgender 'umbrella' includes people who:

⇒ Were assigned female at birth and now identify as a man (transgender men or trans men)

⇒ Were assigned male at birth and now identify as a woman (transgender women or trans women)

⇒ Identify as both a man and a woman (*genderqueer, gender fluid*)

⇒ Identify as neither (*agender, non-binary*)

⇒ Identify as a gender somewhere in between these two points on the gender spectrum

Sexual orientation describes emotional and/or sexual attraction to members of the same sex and/or a different sex, usually defined as lesbian, gay, bisexual, straight, or asexual.

⇒ Everyone has a gender identity and a *sexual orientation*. A person's gender does not determine their sexual orientation. They are different facets of identity, not directly related to each other.

Sexual orientation is defined by the individual. Transgender people may identify their sexual orientation any place on this spectrum.

For the purposes of risk assessment, asking someone about their sexual orientation is not enough information to determine risks associated with sexual activity.

Stay tuned for the policy year (PY) 2018 all new ***@ Risk Live Lecture Series*** and corresponding ***Insights Newsletters*** coming this Fall.

UNDERSTANDING THE MEANING

Gender expression describes the ways in which a person presents their gender to those around them. This may be through their clothing, hair style, mannerisms or other characteristics typically categorized as masculine , feminine or androgynous expressions of gender.

However, gender expression does not necessarily correspond to either assigned sex at birth or gender identity. There are many reasons for this including personal comfort, as well as emotional or physical safety. It is important to not assume one's identity or sex assigned at birth based on their gender expression.

Regardless of how someone presents their gender, it is important to always respect the names and pronouns that corresponds to ones identity.

If you are not sure what pronouns someone uses, it is ok to ask politely "what pronouns do you use?" and to document and communicate this information accordingly. It is also ok to clarify with the person if they wish to be called by a different name and/or pronoun in public areas vs private areas. Some individuals may wish to be called one name in the waiting area, and another in an exam room.

⇒ *He/him/his and she/her/hers* are the most commonly used pronouns which are clearly gendered

⇒ *They/Them/Theirs* are neutral, singular pronouns used by some who have a nonbinary or nonconforming gender identity. Also used are ze/hir/hirs (pronounced zee/hear/hears).

Gender non-conforming or androgynous can describe people whose gender expression is neither masculine nor feminine, or is different from societal expectations related to how a man or woman should appear or behave.

⇒ *Many gender non-conforming people are not transgender.*

For example, a person assigned as female at birth may *identify* as a woman, and also *express* oneself by wearing more traditionally masculine clothing and hair styles.

⇒ *We can never assume a person's gender identity , or sexual orientation based on their appearance.*

Transition or gender affirmation, refers to the steps that one make take to assert a gender identity that is different than the sex they were assigned at birth.

This may include a social transition (i.e.: asking friends and family to use a different name and/or pronoun), dressing or grooming differently. It may involve legal affirmations, such as changing identity documents (e.g. driver's license, Social Security record), as well as a medical transition (i.e.: gender-affirming hormone therapy or surgery).

The steps that people choose to affirm their gender may involve all of these, some of them, or other steps that are not listed here.

⇒ For most, the goal of any transition is to reduce the distress or discomfort that one can experience related to gender dysphoria.

⇒ As a matter of their health and well-being, it is important for TGNC people to be respected and affirmed for who they are.

Knowledge of both sex assigned at birth and gender identity are essential elements of providing affirming, quality health care.

Definitions can vary greatly across communities and individuals. It is best to give all patients an opportunity to provide information on how they identify when seeking care.

Visit the National LGBT Health Education Center website for resources and to view short videos highlighting transgender voices, speaking to their experiences with health care (https://www.lgbthealtheducation.org/).

PROVIDING LGBT AFFIRMATIVE HEALTHCARE

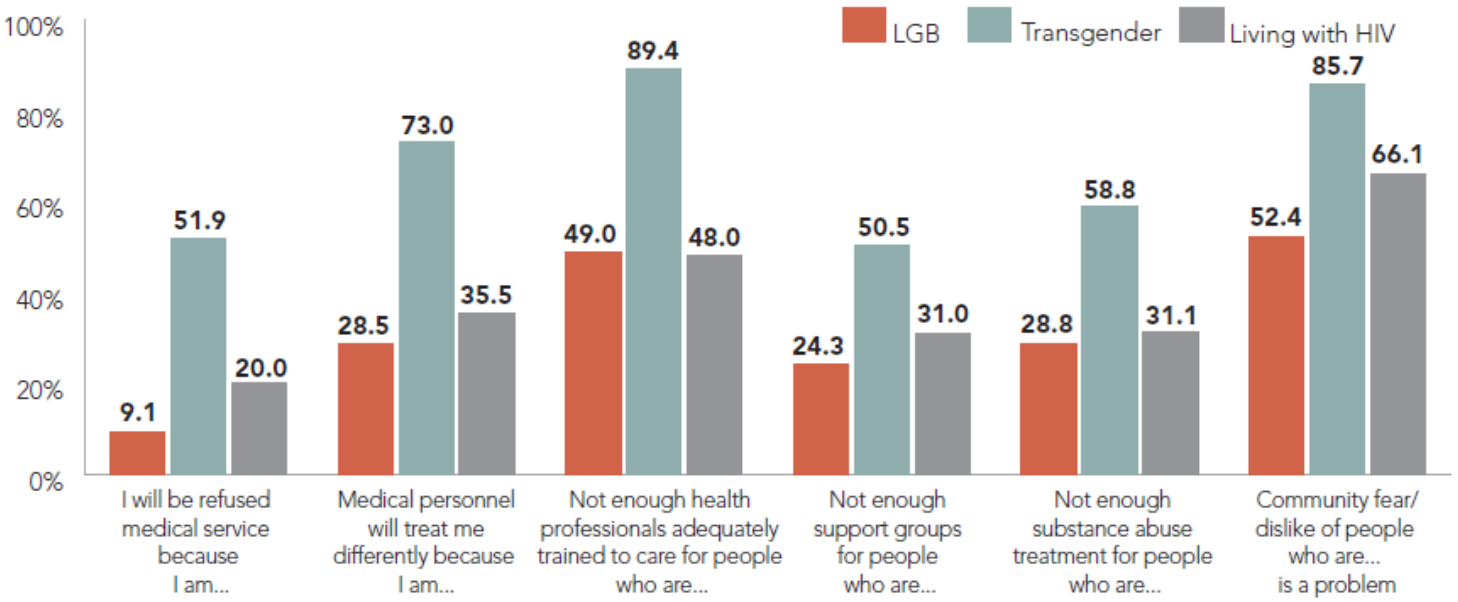
* LGBT people are a very diverse group with many unique issues, and many common bonds.
* By understanding who LGBT people are and having a common understanding of terms and definitions, health care providers will be better equipped to serve their patients and LGBT communities.
* This allows for effective and respectful communication and the delivery of culturally competent care.

*In addition to considering the needs of LGBT people in programs designed to improve the health of entire communities, there is also a need for culturally competent medical care and prevention services that are specific to this population. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Members of the LGBT community are at increased risk for a number of health threats when compared to their heterosexual peers. Differences in sexual behavior account for some of these disparities, but others are associated with social and structural inequities, such as the stigma and discrimination that LGBT populations experience.**

*Lesbian, Gay, Bisexual, and Transgender Health: Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/lgbthealth/index.htm

FEARS AND CONCERNS ABOUT ACCESSING HEALTH CARE

~ From the 2010 Lambda Legal Survey ~ When Health Care Isn't Caring



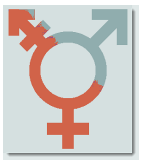
23% did not see a doctor when they needed to because of fear of being mistreated as a transgender person...

FINDINGS FROM THE 2015 U.S. TRANSGENDER SURVEY (*USTS*)

- **25% of respondents experienced a problem in the past year with their insurance related to being transgender,** such as being denied coverage for care related to gender transition or being denied coverage for routine care because they were transgender.
- **55% of those who sought coverage for transition-related surgery in the past year were denied,** and 25% of those who sought coverage for hormones in the past year were denied.
- **33% who saw a health care provider in the past year reported having at least one negative experience related to being transgender,** with higher rates for people of color and people with disabilities. This included being refused treatment, verbally harassed, physically or sexually assaulted, or having to teach the provider about transgender people in order to get appropriate care.
- **23% did not see a doctor when they needed to because of fear of being mistreated as a transgender person,** and 33% did not see a doctor when needed because they could not afford it.
- **1.4% were living with HIV— nearly 5 times the rate of the non-TGNC population in the U.S. (0.3%).**
- **HIV rates were higher among transgender women (3.4%)**, especially transgender women of color. **19% Black transgender women were living with HIV.** American Indian (4.6%) and Latina (4.4%) women also reported higher rates.
- **39% experienced serious psychological distress** in the month before completing the survey (based on the Kessler 6 Psychological Distress Scale), compared with only 5% of the U.S. population.
- **Nearly half (46%) were verbally harassed** in the past year because of being transgender.
- **Nearly one in ten (9%) were physically attacked** in the past year because of being transgender.
- **40% have attempted suicide in their lifetime, nearly 9 times the rate in the U.S. population (4.6%).**

ABOUT THE 2015 USTS *(CONT'D FROM PAGE 4)*

This survey is the largest to examine the experiences of transgender people in the United States, with 27,715 respondents from all fifty states, the District of Columbia, American Samoa, Guam, Puerto Rico, and U.S. military bases overseas.



The findings reveal disturbing patterns of mistreatment and discrimination and startling disparities between transgender people in the survey and the U.S. population when it comes to the most basic elements of life, such as finding a job, having a place to live, accessing medical care, and enjoying the support of family and community. Survey respondents also experienced harassment and violence at alarmingly high rates.

HOW MANY PEOPLE IDENTIFY AS LGBT?

There are challenges in measuring the population of the LGBT community for a variety of reasons, such as differences in the definitions of who is included in the LGBT population, survey methodology, and a lack of consistent questions asked in a particular survey over time.

With that in mind, recent survey-based research reports have estimated that 3.5% to 5% of the U.S. population identify as gay, lesbian, bisexual or transgender — roughly nine million people. For those identifying as transgender, the number according to one 2016 report based on national data is approximately 0.6% of the U.S. population (~ 1.4 million adults, or 3 out of every 500 people).

Little research has been done on the experiences of transgender people in the United States, though results from the 2015 U.S. Trans Survey (see page 4) offer insight into the population.

About 60-76% of transgender people have used feminizing or masculinizing hormonal therapy, and about 20-40% have had some surgery to match their body with their gender identity. The decision of whether to have medical or surgical treatment is based purely on a person's relationship to their body for some, though cost of treatment is always a consideration.

While some insurance companies now cover gender-affirming medical and surgical treatments, it can still be difficult for many transgender people to get that coverage, or access to insurance due to high unemployment rates in that population. There is also a scarcity of health professionals who are trained in transgender medical and behavioral health care, and 50% report having to teach their doctors about transgender care.

Due to these barriers, some transgender people try to provide their own care using the Internet, friends, and other non-medical people in their social circle. They may use medically-unmonitored and potentially dangerous hormones, silicone injections to enhance their appearance, or other treatments from illicit sources. This may lead to higher risk of illness and injury, further complicating already poor access to care.

There is good news though. Gender affirmative care can create very positive health outcomes for trans people. For example, 78% who received some type of gender-affirming treatment or surgery reported they felt more comfortable at work, and their job performance greatly improved.

The other good news is that RI is considered a TGNC–friendly state. According to Jayeson Watts, LCSW, Director of Trans* Health at Thundermist Health Center and a member of the transgender community, there are 4200 trans adults in the state and Rhode Island has been a leader in transgender rights including being the 2nd to pass trans nondiscrimination laws in 2001.^

Due to…barriers, some TGNC (Transgender and Gender Non-Conforming) people try to provide their own care using…medically-unmonitored and potentially dangerous hormones…or treatments from illicit sources. This may lead to higher risk of illness and injury, further complicating already poor access to care.

^September 2016 interview by ABC 6 news anchor, John DeLuca, Retrieved from www.ABC6.com on June 29, 2017

Please click on this link for comprehensive information on RI's equality profile: https://transgenderlawcenter.org/equalitymap

People who are transgender *are members of every community. They are diverse, come from all walks of life, and include people of all races and ethnicities, all ages, all socioeconomic statuses, and from all parts of the country. The perspectives and needs of transgender people should be routinely considered in public health efforts to improve the overall health of every person and eliminate health disparities.**

Biggest Mistakes Providers Make in Dealing with Transgender Patients**

- ◊ Not asking, or making assumptions, about sexual orientation and/or gender preference
- ◊ Not asking personal questions about a patient's sex life and/or activities that carry a health risk
- ◊ Referring to a transgender person by the wrong pronoun
- ◊ Not acknowledging a transgender patient's gender preference
- ◊ Asking questions in a judgmental tone
- ◊ Not providing requested medical information to same-sex spouses
- ◊ Not respecting the right of same-sex spouses to make medical decisions if the patient is incapacitated

What Trans People Need***

- ◊ Be treated with the same basic respect, dignity and excellent customer service that is provided to all
- ◊ Ability to accurately report identity on existing documentation
- ◊ Be addressed and identified by preferred name & pronouns
- ◊ Access to gender neutral restrooms
- ◊ Trauma informed/sensitive care
- ◊ Interact with trained staff from beginning to end
- ◊ Receive care that is free of questions or exams unrelated to the presenting problem

*Lesbian, Gay, Bisexual, and Transgender Health: Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/lgbthealth/index.htm

**Johnson, S. R., (2015, August 22). Learning to be LGBT-friendly; Systems train providers to consider sexual, gender orientation in all treatment decisions. *Modern Healthcare*, Retrieved July, 18, 2017, from http://www.modernhealthcare.com/article/20150822/MAGAZINE/308229979?template=print

***@ Risk Live Lecture: Transgender Issues in Healthcare: Slide # 22, Jaye Watts, LCSW, Trans* Health Program Manager, December 16, 2016 & March 14, 2017

CREATING A TRANS-COMPETENT OFFICE PRACTICE

The American Medical Association (AMA) believes that "the physician's nonjudgmental recognition of patients' sexual orientations, sexual behaviors, and gender identities enhances the ability to render optimal patient care in health as well as in illness. In the case of lesbian gay bisexual and transgender (LGBT) patients, this recognition is especially important to address the specific health care needs of people who are or may be LGBT." The physician's response to LGBT patients will influence how staff in the practice interact with LGBT patients as well.

Front-line staff play a key role in creating a health care environment that responds to the needs of transgender and gender non-conforming (TGNC) people. Everyone, *no matter their gender identity or expression*, appreciates friendly and courteous service. In addition, TGNC people have unique needs when interacting with the health care system. First and foremost, many TGNC people experience stigma and discrimination in their daily lives, including when seeking health care. In light of past adverse experiences in health care settings, many fear being treated disrespectfully by health care staff, which can lead them to delay necessary health care services. Additionally, the names that TGNC people use may not match those listed on their health insurance or medical records. Mistakes can easily be made when talking with patients as well as when coding and billing for insurance.

Issues and concerns from TGNC patients often arise at the front desk and in waiting areas because those are the first points of contact for most patients. These issues, however, are almost always unintentional and can be prevented by incorporating basic principles and strategies.

RESOURCES & GUIDELINES

An area of confusion for many primary care providers *is prevention screening in transgender patients.*

◊ In general, transgender persons who have not undergone gender-affirmative surgeries or used hormonal therapy should be screened according to the guidelines established for their birth sex.

◊ For patients who have undergone surgery or hormonal treatments, screening recommendations must be modified.

A resource available for consideration is the UCSF Center of Excellence for Transgender Health website which contains *Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People* (http://transhealth.ucsf.edu/trans?page=guidelines-home).

The guidelines provide information about:

◊ General prevention and screening for transgender patients.

◊ Transgender-related medical treatments that may have an impact on a patient's well-being.

Another resource available through the American College of Physicians (ACP) is entitled, "Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health, 2nd edition," found at https://store.acponline.org/ebizatpro/Default.aspx?TabID=251&ProductId=21572

The Centers for Disease Control and Prevention (CDC) also has information devoted to caring for LGBT persons, along with numerous links to other sites including the AMA, Fenway Health, UCSF, Healthy People 2020, and so on. That site is: https://www.cdc.gov/lgbthealth/index.htm

Long term follow up case control studies have not identified differences in cancer rates in trans patients undergoing hormone therapy compared to birth-sex controls, according to Madeline Deutsch, MD, Assistant Clinical Professor in the department of Family and Community Medicine and the Clinical Lead for the Center of Excellence for Transgender Health at UCSF.

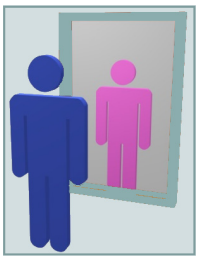
The studies had limitations, with insufficient evidence to determine if transgender people had increased or decreased risk overall, as well as organ-specific cancer risk. Dr. Deutsch recommends that primary care providers should conduct an organ based routine cancer screening for all transgender patients in accordance with current guidelines as a component of comprehensive primary care.

As a rule, if an individual has a particular body part or organ and otherwise meets criteria for screening based on risk factors or symptoms, screening should proceed regardless of hormone use. Therefore, an ongoing and thorough medical and surgical history is crucial to determine an individual patient's screening needs.*

*From http://transhealth.ucsf.edu/trans?page=guidelines-cancer, Retrieved on 07/12/2017

Patients who have undergone gender-affirming surgeries may have varying physical exam findings depending on:

* the procedures performed
* approaches used
* occurrence of complications



Providers should maintain an organ inventory to guide screening and management of certain specific complaints.

It is important to remember that compassion and respect for the patient's expressed gender identity are guiding principles in caring for transgender populations. Resist the temptation to define the person by their sex assigned at birth or by the organs present in their body; give weight to the patient's gender identity and preferred pronouns; provide care for the anatomy that is present, regardless of the patient's self-description or identification, presenting gender, or legal status; provide care in a sensitive, respectful, and affirming manner that recognizes and honors the patient's self-identification. Treat the body as if it belongs to the patient, not as if the body defines who they are.

Best practices also include co-location of mental health services, peer support & clinician training in transgender & gender-variant health issues.

EXAMPLE SCENARIO 1

Stephanie, a 25 year-old female first-time patient enters a primary care practice. She has not seen a physician in over 4 years and is looking forward to a check-up. She fills out the intake form, noting her current gender identity as female and her sex assigned at birth as male. She indicates on the form that her first name is Stephanie, but her identification lists a masculine first name, Stephen.

While sitting in the waiting area, she enters the women's room. Another patient comes out of the restroom and tells the receptionist that she thinks a man is using the women's restroom. The receptionist sends a medical assistant into the bathroom to see if there is a problem. The medical assistant returns and says everything is alright.

Stephanie exits the restroom and sits down to wait. A nurse appears and calls for Stephen. Stephanie looks around uncomfortably. The nurse again calls for Stephen. The patient who reported a man in the women's room laughs derisively. Embarrassed, Stephanie reluctantly stands and walks to the nurse, who takes her to an exam room.

Anxious and upset about the experience in the waiting room, Stephanie sits nervously. Her appointment is off to a bad start and she hasn't even seen the physician or been examined yet. She desperately wants to leave, but knows that she needs this check up.

QUESTIONS AND ANALYSIS

◊ **How would you handle restroom-related complaints about a transgender patient from other patients?**

Rather than policing bathrooms, which functions more to make cisgender people feel comfortable instead of alleviating the stress transgender people may experience in having to access gendered spaces, your practice could make the restrooms gender-neutral so that other patients do not fixate on the gender of the bathroom and who is in it.

◊ **What is the best way to address a patient whose preferred name doesn't match the name on their state-issued identification?**

It's best to always use the preferred name and pronoun that the patient writes down on their forms, even if their ID does not match. Work to implement a system within the EMR to allow for the recording and clear visibility of preferred name and pronoun so that when the patient is called, the correct name is read, even if the state ID (with a different name) is needed for payment, insurance purposes, etc. This will make the patient feel more comfortable and let them know that your office is a safe place to receive healthcare.

In this particular situation, the receptionist could also apologize to the transgender patient for not communicating her name correctly to the nurse.

◊ **How would you address patients who criticize or harass transgender patients in the waiting room?**

Most practices have a policy on how to handle difficult patients. If such a policy is not already operative, make sure one is created and adhered to. With good training, the staff could let the patient who made the comment know that *"We don't allow intolerance or bullying in our clinic."*

Best practice tip: **Bathroom policies should either define all single room bathrooms as gender-neutral, or specifically state that patients may choose the bathroom that corresponds with their gender identity in accordance with Rhode Island law. Making at least one gender-neutral bathroom available will provide a safe space for trans people and is also sensitive to other individuals who require bathroom assistance and have a caregiver who is a different gender.**

EXAMPLE SCENARIO 2

Trevor, a 25-year old male, arrives at a health clinic for a work physical. He notices that the intake form asks for current gender identity and sex at birth. He is surprised and pleased to see that the clinic might actually be trans-affirming.

Dr. A, a female physician, greets him pleasantly and asks, "What brings you in today?" Trevor reports that he has not seen a physician in over 6 years. Dr. A glances at his paperwork and says, "Well, welcome to being a woman." Trevor is horrified. He thought that this clinic would be different, especially with the forms he filled out earlier. He asks Dr. A, "Didn't you see how I identify? I'm not a woman; I'm a man!"

Dr. A gathers herself and apologizes. "I am so sorry, I did not see that. This is new to me and I am slowly learning how to treat our patients who identify as transgender. Let's try this again." Trevor accepts her apology and proceeds to tell Dr. A that he has not seen a physician for many years because of treatment like what just happened. He mentions he needs a physical for his new job.

Dr. A tells Trevor to let her know if she says something not correct regarding his body parts, then offers him a gown in case he is shy about his body. She begins conducting the physical exam and ordering required tests, explaining each step in the process as she does it. Trevor is feeling more comfortable with the doctor and begins to share more about his medical history.

QUESTIONS AND ANALYSIS

- **How did this clinic make the patient feel welcome from the start? Is there anything they might have done differently?**

  The clinic is using the 2-step gender and sex question on their forms, but needs to learn how to utilize the data obtained. Better sensitivity and awareness of transgender experience, minimizing the tendency to rely on stereotypes, and dealing with patients as individuals would decrease the likelihood of mistakes.

- **What assumptions did the physician place on Trevor prior to looking at the forms he filled out?**

  Dr. A assumed that because the patient was transgender, he would be identifying as female. She did not ask the patient's name nor note the paperwork stating how he identified. Reading the information contained in the two-step question would have made it far less likely to make that kind of mistake.

- **How does the physician in this case provide good clinical care? How can her care be improved? (see tip below)**

  Dr. A makes a nice process comment, saying she made a mistake and asking to start over. She tells Trevor to let her know if she says something inconsistent with how he identifies other aspects of his body. This is especially important since he is in for a physical.

Best practice tip: Providers should take advantage of further training to develop greater comfort when working with transgender patients. It is not the responsibility of the patient to explain "what transgender means" and asking may make the patient feel less confident or comfortable. If more information is needed specific to a patient, it is helpful to ask clarifying questions such as: "What does this mean for you?" or "What do I need to know to be able to help you?"

GOOD CUSTOMER SERVICE

BEST PRACTICES	EXAMPLES
When addressing patients, avoid using gender-specific terms like "sir," "ma'am," or "Mr./Mrs./Miss/Ms."	"How may I help you today?" "Excuse me, we're ready for you now. Please come this way."
When talking about patients, avoid pronouns or other gender-specific terms. If you have a record of the name used by the patient, use it in place of pronouns. Never refer to someone as "it" or "he-she," "she-male," "tranny," "real" woman, "real" man, transgendered, and "a transgender." These terms are considered offensive .	"Your patient is here in the waiting room." "Max is here for a 3 o'clock appointment." 
Politely ask if you are unsure about a patient's name and/or pronouns used; be sure to use them consistently in all interactions.	"What name would you like us to use, and what are your pronouns?" "I would like to be respectful—how would you like to be addressed?"
Ask respectfully about names if they do not match in your records. Never ask a person what their "real" name is.	"Could your chart be under another name?" "What is the name on your insurance?"
Did you make a mistake? Politely apologize. Many TGNC people have faced healthcare discrimination; if a patient responds negatively, try your best not to take it personally.	"I apologize for using the wrong pronoun—I did not mean to disrespect you. How would you like for me to refer to you?"
Only ask information that is necessary for providing care.	Ask yourself: What do I know? What do I need to know? How can I ask in a sensitive way?

MAINTAINING A RESPECTFUL WORKPLACE CULTURE

⇒ **Stay relaxed and make eye contact.**

* *Speak with TGNC patients just as you speak with all patients.*

⇒ **Avoid asking unnecessary questions.**

* *Some people are curious about what it means to be TGNC; some will want to ask questions. However, like everyone else, TGNC people want to keep their medical and personal lives private.*
* *Before asking a TGNC person a personal question, first ask yourself: Is my question necessary for their care or am I asking it out of my own curiosity? If it is out of your own curiosity, it is not appropriate to ask.*
* *Think instead about: What do I know? What do I need to know? How can I ask for the information I need to know in a sensitive way?*

⇒ **Do not gossip or joke about TGNC people.**

* *Gossiping about someone's transition, or making fun of a person's efforts to change their gender expression should not be tolerated.*

⇒ **Only discuss a patient's TGNC identity with those who need to know for providing appropriate and sensitive care.**

* *This is consistent with policies concerning discussion of all patients.*

⇒ **Continue to use the name and pronouns indicated by the patient, even when they are not present.**

* *This will help maintain respect for the patient and help other staff members learn the patient's preferences.*

⇒ **Create an environment of accountability.**

* *Don't be afraid to politely correct your colleagues if they use the wrong names and pronouns, or if they make insensitive comments. Creating an environment of accountability and respect requires everyone to work together.*

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