



National Organization of Nurse Practitioner Faculties

Patient- Centered Transgender Health

A Toolkit for Nurse Practitioner Faculty and Clinicians

*A Work Product from the
Sexual and Reproductive Health
Special Interest Group*

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Introduction

Transgender individuals are those who do not identify with the gender they are assigned at birth. This is a broad term that may include many different variations of gender, is non-binary and may include a desire for hormone therapy, surgery or dressing in the process of transitioning to the desired gender expression. Not all transgender individuals seek treatment to modify their gender expression to conform to heteronormative binary gender identifiers that mimic the cisgender population. Many choose to express themselves solely with clothing, hairstyle, voice or in other ways. It is important to note that gender and sexuality are two distinct entities. Sexuality refers to whom one is attracted sexually and is not related to gender expression.

Historically, there has been limited research on this population and therefore, limited knowledge of their specific health care needs. The Institute of Medicine released “The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding” in 2011, which shed light on the number of transgender individuals in the U.S. and the unique primary care, mental health and transitioning health needs of this population. Since this publication was released, there has been an increase in research and awareness of the needs of the lesbian, gay, bisexual and transgender or LGBT population; however, many health care providers lack the most basic knowledge of the needs of this population, cultural humility in their approach to transgender individuals or how to provide services to them.

The purpose of the Patient-Centered Transgender Health Toolkit is to close the gap in knowledge of nurse

practitioner or NP faculty and practicing clinicians by providing faculty, students and clinical NPs with evidence-based information on caring for transgender populations. Resources, vetted by practicing clinicians in the field of transgender care who are also nurse practitioner faculty, are provided. These include websites, videos, definitions of terms related to transgender care, ethical implications and a resource list of published research and systematic reviews. Information on the clinical, social, emotional, cultural and educational needs of this population are offered.

Faculty can use the multimedia information in the toolkit to create evidence-based learning modules for students on this topic that increase awareness of the needs of the transgender population and provide solutions to meeting these needs. Of particular interest to NP faculty is the section on alignment with National Organization of Nurse Practitioner Faculties (NONPF) core competencies. Competencies are listed and various resources are provided which enable faculty to meet the required competency alignment.

Clinical NPs may use the toolkit to attain up-to-date information on the care of transgender populations. Resources provided in the toolkit may be used to create clinical care protocols and modifications to primary care or other clinical sites so that they are more accessible to the transgender population.

Every effort has been made to ensure that the information within this toolkit is current and complete. This toolkit will be re-evaluated every two (2) years for accuracy and updated by NONPF Sexual and Reproductive Health Special Interest Group members.

Cultural Humility

Cultural humility begins with an understanding of the collective lived experience of a given group. Creating a lifelong process of self-evaluation and reflection of one's own biases and assumptions that may perpetuate health disparities is essential for understanding the population served. Provider awareness of implicit bias is an essential step in providing care with cultural humility. Transgender individuals and those who are gender variant experience a great deal of stress in coming out with family and friends who may or may not be supportive. Many trans men and trans women experience prejudice and discrimination from their families, health care providers, employers and society at large. Many are either unemployed or underemployed and thus experience the additional strain that inadequate resources impose. Trans men and trans women of color experience the added stress that many individuals of color experience. This intersectionality

stress load from various fronts may lead to fear, anxiety, depression, substance use disorders and poor general health habits alongside the lack of preventive health care services.

It is misleading to assume that care for the transgender and gender-variant population is limited to hormone treatments and referrals for surgery. There is an enormous need for primary care services for this population. In most instances, culturally appropriate primary care services are not available for transgender and gender-variant populations. This may be due to inadequate knowledge in providing these services. To reduce barriers to care and improve the general health of this population, information on hormone treatment within the primary care environment can be offered to clinicians and simple modifications can be made to clinics (Table 1 below).

Table 1 - Making Clinical Sites More Transgender Accessible

1. Include a section on patient health data forms for gender identity as male, female or transgender.
2. Change signage, artwork and medical information displays in reception area and examination rooms to include male, female and gender-variant individuals.
3. Provide education to all midwifery, medical, nursing and clerical staff about ways to affirm a patient's gender identity and approaches to make all patients feel welcome.
4. Provide restrooms that are unisex as an option for care recipients.
5. Ask the transgender individual which pronoun if any is preferred.

Selix, N. and S. Rowiak. 2016. "Provision of Patient-Centered Transgender Care." *Journal of Midwifery and Women's Health*. 61(6):744-751. Retrieved from <https://onlinelibrary.wiley.com/doi/abs/10.1111/jmwh.12518>

Sexual Health History

A detailed sexual health history is essential in providing care to all populations but is of special importance in the transgender population. Care for the transgender population includes an understanding of the differences between gender and sexuality. Nurse practitioner faculty and students must be comfortable with discussing all aspects of sexual activity and must not assume the patient's sexual preferences or practices. Care must be taken to address the partners, practices, protection (from pregnancy and sexually transmitted infections), and prior history of sexually transmitted infection. The use of transitional phrases, carefully worded queries regarding sexual practices and preferences, and an attitude of acceptance and knowledge will aid in establishing a trusting patient-provider relationship and yield the most accurate information for appropriate care.

Center for Disease Control and Prevention. "The 5 'P's of Sexual Health." *A Guide To Taking A Sexual History*. Retrieved from <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Fenway Institute. 2014. *Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers*. Boston. Retrieved from http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf

Whole Health: Change the Conversation Clinical Tool: The PLISSIT Model

PLISSIT is an acronym for Permission, Limited Information, Specific Suggestions, and Intensive Therapy, a model developed to address sexuality issues with patients. This model can be adapted for other healthcare situations as well. You may find it helpful to keep the model in mind as you work with a patient to develop a Personal Health Plan. Retrieved from http://projects.hsl.wisc.edu/SERVICE/modules/3/M3_CT_The_PLISSIT_Model.pdf

Ethical Issues

Essential in providing patient centered care is addressing the ethical aspects of transgender care. Awareness of the cultural needs of this population creates a complete learning experiences for students. Faculty and providers who are not aware of these issues may inadvertently or covertly discriminate against the patient or student group, as well as may convey information that is not accurate or sensitive. Understanding the ethical underpinnings and the application of these ethical principles promotes a safe clinical and academic setting for receiving care and education about the needs of this population.

Alignment with American Nurses Association

Code of Ethics (2015)

Provisions 1, 2, 3, 4, 7, 8

Description of ethical principles applied to services for transgender individuals and populations

- **Autonomy** encompasses the patient's informed choice regarding health care options and the ability of the patient or an appointed proxy to make health care decisions that are in alignment with the patient's goals; respecting the patient's needs in seeking treatment for gender dysphoria that may include hormonal or surgical treatment, either, neither or both. The patient may at any time choose to discontinue care or seek treatment elsewhere.
 - **Beneficence** means to provide benefit to the patient while aligning with the patient's care goals; offering transgender care services that provide hormonal or surgical treatment; and includes emotional, social and mental health support promotes optimum benefits to transgender individuals.
 - **Non-maleficence** involves avoiding harm to the patient; may include emotional, physical, psychological or spiritual harm that may not be immediately apparent. Promoting an inclusive atmosphere that is supportive of the needs of transgender populations avoids harm and promotes access to care.
 - **Justice** includes aspects of distributive justice that apply to the manner in which scarce health care resources are allocated to individuals and populations who need them.
- Providing clinical services that are easily accessible both geographically and fiscally promotes optimal health outcomes. Supporting legislative efforts that promote access to care by contacting elected officials and professional organizations promotes overall wellness and improves patient outcomes.
- **Veracity** is providing evidence-based information to the patient in a manner that the patient can understand; includes providing informed consent or health care services to the patient.
 - **Fidelity** is the act of staying with the patient, providing services that are easily accessible and seamless if a consultation or transfer of care is needed. Avoid transferring care to a provider who does not possess the clinical skills or cultural humility to provide adequate services.
 - **Informed Consent**
 - Elements of informed consent and ethical principles involved in health care services for transgender individuals and education about the needs of this population are essential when providing care. Informed consent is a large part of the application of these ethical principles and should include information that is evidence-based, free from bias, culturally relevant and current. Care must be taken to consider health care literacy of each individual patient in the informed consent process.
 - Informed consent for hormonal treatment must include risks, benefits, expected outcomes and alternatives to treatment. The risks, benefits and expected outcomes of those alternative treatments should also be discussed; providing transgender individuals written informed consent on the changes that hormonal treatment provides, expected timeline for those changes and details on which changes are temporary and contingent on continued hormonal treatment and which changes are permanent.

American Nurses Association. 2015. "Code of ethics with interpretive statements." *American Nurses Association*. Silver Spring.

Alignment with NONPF Core Competencies

NP Competency Area: Scientific Foundations

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
Critically analyzes data and evidence for improving advanced nursing practice.	Comparison of patient data sets with evidence-based standards to improve care of the transgender population.	<p>HHS Office of Minority Health/Improving Data Collection for the LGBT Community. 2013. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=57</p> <p>National Center for Transgender Equality/2015 U.S. Transgender Survey Report. http://www.ustranssurvey.org/reports</p> <p>Office of Disease Prevention and Health Promotion/Lesbian, Gay, Bisexual, and Transgender Health Healthy People 2020. https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health?topicid=25</p>
Translates research and other forms of knowledge to improve practice processes and outcomes.	Monitoring health outcomes of the LGBTQ population.	National LGBT Education Center/Meeting the Health Care Needs of Transgender People. http://www.lgbthealtheducation.org/wp-content/uploads/Sari-slides_final1.pdf
Develops new practice approaches based on the integration of research, theory and practice knowledge.	<ul style="list-style-type: none"> • Include science from other disciplines relevant to health care in breaking down disparities for the transgender population outcomes. • Theories/conceptual frameworks/principles for practice: <ul style="list-style-type: none"> - Population health - Communication - Evidence-based care - Behavior change 	<p>American Speech-Language-Hearing Association/Providing Transgender Voice Services. https://www.asha.org/Practice/multicultural/Providing-Transgender-Transsexual-Voice-Services/</p> <p>University of California, San Francisco. Center of Excellence for Transgender Health/ http://transhealth.ucsf.edu/</p> <p>World Professional Association for Transgender Health. 2018/ https://www.wpath.org</p>

NP Competency Area: Policy

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
Advocates for ethical policies that promote access, equity, quality and cost.	Health policy and health care reform: <ul style="list-style-type: none"> • Federal budget • National health priorities • Methods for appropriation of funding • Vulnerable populations and needs • The relationship between the USPSTF guidelines and Affordable Care Act implementation. 	HealthCare.Gov/Transgender Health Care. https://www.healthcare.gov/transgender-health-care/ HHS.gov/ Office for Civil Rights (OCR). http://www.hhs.gov/ocr/office/index.html Lambda Legal/Creating Equal Access to Quality Health Care for Transgender Patients: Transgender-Affirming Hospital Policies. http://www.lambdalegal.org/publications/fs_transgender-affirming-hospital-policies The Human Rights Campaign/Healthcare Equality Index 2018. http://www.hrc.org/hei
Analyzes ethical, legal and social factors influencing policy development.	Population health model and its impact on policy planning.	The National LGBT Health Education Center/ Meeting the Health Care Needs of Transgender People. http://www.lgbthealtheducation.org/wp-content/uploads/Sari-slides_final1.pdf The United States Department of Justice (Links to State and Local Human Rights Agencies)/ http://www.justice.gov/crt/legalinfo/stateandlocal.php
Contributes in the development of health policy.	Ethical issues in health care planning: <ul style="list-style-type: none"> • Fairness • Equity and health disparities • Access and resource allocation • Health behavior • Social determinants of health. 	Transgender Law Center/Model Transgender Employment Policy. https://transgenderlawcenter.org/wp-content/uploads/2013/12/model-workplace-employment-policy-Updated.pdf
Advocates for policies for safe and healthy practice environments.		American College of Obstetricians and Gynecologists/ Health Care for Transgender Individuals. https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Health-Care-for-Underserved-Women/Health-Care-for-Transgender-Individuals Stroumsa, D. 2014. "The State of Transgender Health Care: Policy, Law, and Medical Frameworks." American Journal of Public Health. 104(3), e31–e38. https://ajph.aphapublications.org/10.2105/AJPH.2013.301789

NP Competency Area: Health Delivery System

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
Effects health care change using broad-based skills including negotiating, consensus-building and partnering.	<ul style="list-style-type: none"> • Inter-professional collaborative partnerships • Policy • Legislative and regulatory issues: <ul style="list-style-type: none"> • Process of health care legislation • Cultural competence • Theories of vulnerability • Social determinants of health. 	<p>CDC. 2017/Lesbian, Gay, Bisexual, and Transgender Health. https://www.cdc.gov/lgbthealth/transgender.htm</p> <p>National Center for Transgender Equality. 2018/ Know Your Rights. https://transequality.org/know-your-rights</p> <p>The Fenway Institute/Improving the Health Care of Lesbian, Gay, Bisexual, and Transgender People: Understanding and Eliminating Health Disparities. https://www.lgbthealtheducation.org/wp-content/uploads/Improving-the-Health-of-LGBT-People.pdf</p> <p>The Oregonian. 2016/Transgender Health Care Horror Stories. https://www.youtube.com/watch?v=pvRYamafT0c</p> <p>Transgender Healthcare Equality: https://www.youtube.com/watch?v=DKKKsu8sv-8</p> <p>Transgender Law Center/Transgender Health and the Law: Identifying and Fighting Health Care Discrimination. 2004. http://translaw.wpengine.com/wp-content/uploads/2012/07/99737410-Health-Law-Fact.pdf</p> <p>U.S. Department of Health and Human Services/ Advancing LGBT Health and Well-Being 2016 Report. https://www.hhs.gov/sites/default/files/2016-report-with-cover.pdf</p>
Collaborates in planning for transitions across the continuum of care.	<ul style="list-style-type: none"> • Needs assessment of transgender individuals • Transitional care • Scope and standards of practice. 	<p>CARDEA/Introduction to Gender and Sexuality in a Health Care Setting. https://www.onlineregistrationcenter.com/register/222/page1.asp?m=330&c=406</p> <p>National Resource Center on LGBT Aging/ http://www.lgbtagingcenter.org</p>

NP Competency Area: Ethics

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
<p>Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</p>	<ul style="list-style-type: none"> Population-specific complex ethical issues occurring in clinical practice. 	<p>The Joint Commission Division of Health Care Improvement. 2016/“Implicit Bias in Health Care.” <i>Quick Safety</i>. https://www.jointcommission.org/assets/1/23/Quick_Safety_Issue_23_Apr_2016.pdf</p> <p>Trent Center for Bioethics, Humanities & History of Medicine Duke University & School of Medicine. 2017/Transgender Medicine: A Wealth of Ethical Dilemmas. https://trentcenter.duke.edu/events/transgender-medicine-wealth-ethical-dilemmas</p>

NP Competency Area: Independent Practice

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
<p>Practices independently managing previously diagnosed and undiagnosed patients:</p> <p>a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management and palliative, and end-of-life care.</p> <p>b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</p> <p>c. Employs screening and diagnostic strategies in the development of diagnoses.</p> <p>d. Prescribes medications within scope of practice.</p> <p>e. Manages the health/illness status of patients and families over time.</p>	<ul style="list-style-type: none"> • Clinical decision making based on evidence and patient/provider partnership. • Current and emerging professional standards. • Screenings specific to the LGBTQ person. • Health promotion, prevention and disease management for the transgender person. • Provider-patient relationship: <ul style="list-style-type: none"> • Role of culture in patient-centered care • Contracting a management plan with patient and/or family • Culture of trust in interpersonal relationship w/ patient and/or families. 	<p>CARDEA/Clinical Care of Transgender and Gender Nonconforming Patients. https://www.onlineregistrationcenter.com/register/222/page1.asp?m=330&c=393</p> <p>CDC/HIV Risk Reduction Tool. https://wwwn.cdc.gov/hivrisk/</p> <p>Center of Excellence for Transgender Health. 2008-2009/8 Best Practices for HIV Prevention among Trans People. http://transhealth.ucsf.edu/pdf/bp-prevention.pdf</p> <p>Center of Excellence for Transgender Health, Department of Family & Community Medicine, University of California San Francisco. 2016/Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People. http://www.transhealth.ucsf.edu/pdf/Transgender-PGACG-6-17-16.pdf</p> <p>Fenway Health. 2010/Glossary of Gender and Transgender Terms. http://fenwayhealth.org/documents/the-fenway-institute/handouts/Handout_7-C_Glossary_of_Gender_and_Transgender_Terms_fi.pdf</p> <p>Gay and Lesbian Medical Association. 2012/Ten Things Transgender Persons Should Discuss with Their Healthcare Care Provider. http://www.glma.org/index.cfm?fuseaction=Page.viewPage&pageID=692</p> <p>Gay and Lesbian Medical Association/Guidelines For Care of Gay, Lesbian, Bisexual and Transgender Patients. http://glma.org/data/n_0001/resources/live/GLMA%20guidelines%202006%20FINAL.pdf</p> <p>Monstrey S. and A.E. Eyler. 2014. Principles of transgender medicine and surgery. New York: Routledge, Taylor & Francis Group.</p> <p>National LGBT Health Education Center/Learning Modules. https://www.lgbthealtheducation.org/lgbt-education/learning-modules/</p> <p>World Professional Association for Transgender Health. 2012/<i>Standards of care for the health of transsexual, transgender, and gender-nonconforming people.</i> Minneapolis.</p>

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NP Competency Area: Independent Practice

NP Core Competencies	Curriculum Content to Support Competencies <i>Neither required nor comprehensive, this list reflects only suggested content.</i>	Selected Faculty/Program Resources
<p>Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making:</p> <p>a. Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration.</p> <p>b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect.</p> <p>c. Incorporates the patient’s cultural and spiritual preferences, values and beliefs into health care.</p> <p>d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.</p> <p>e. Develops strategies to prevent one’s own personal biases from interfering with delivery of quality care.</p> <p>f. Addresses cultural, spiritual and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</p>	<p>Age, gender identity, gender expression and culturally appropriate standardized assessment instruments or processes in relationship to:</p> <ul style="list-style-type: none"> • functional status/activity level • falls risk/mobility • cognition • decision-making capacity • pain • skin integrity • nutrition • sexuality • immunization status • neglect and abuse • substance use and abuse • quality of life • genetic risks • health risk behaviors • safety • advance care planning/end-of-life preferences. 	<p>Adolescent Health Initiative University of Michigan Health System. 2015/Voices of Transgender Adolescents in Healthcare. https://www.youtube.com/watch?v=CHN3YhMi-5A</p> <p>CDC/“The 5 ‘P’s - Partners, Practices, Protection from STIs, Prevention of Pregnancy, Past History of STIs. <i>A Guide to Taking a Sexual History</i>. Retrieved from https://www.cdc.gov/std/treatment/sexualhistory.pdf</p> <p>National LGBT Health Education Center and National Association of Community Health Centers. 2014/ Taking Routine Histories of Sexual Health: A System-Wide Approach for Health Centers. http://www.lgbthealtheducation.org/wp-content/uploads/COM827_SexualHistoryToolkit_August2014_v7.pdf</p>
<p>Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care.</p>		<p>Lev Al. <i>Transgender emergence: therapeutic guidelines for working with gender-variant people and their families</i>. London: Routledge.</p> <p>NYC Health and Hospitals. 2011/To Treat Me, You Have to Know Who I Am. https://www.youtube.com/watch?v=NUhvJgXgAac</p> <p>TRANSforming Healthcare: Transgender Cultural Competency for Medical Providers. 2014. https://vimeo.com/ondemand/21493</p> <p>Transsexual in Iran (Be Like Others). 2015. https://www.youtube.com/watch?v=qHmi3WAieew</p>
<p>Collaborates with both professional and other caregivers to achieve optimal care outcomes.</p>		

Definitions of Terms Used in Caring for Transgender Individuals

Cisgender/cis: A person whose sense of gender is congruent with their sex assigned at birth. For example; a woman who was assigned female at birth is regarded as cisgender.¹⁻⁵

Cross-dresser: Typically used to refer to men who occasionally wear clothes, makeup and accessories culturally associated with women. Those men typically identify as heterosexual. Replaces the term transvestite.^{1,2}

Female-Assigned-at-Birth or FAAB: A person assigned female at birth. Also, AFAB or Assigned-Female-at-Birth.^{1,2,4,5}

Female-to-Male/Trans man or FtM: A person whose sex assigned at birth is female and whose gender identity is male. Some find this term offensive because it excludes those who identify as non-binary, such as genderqueer or gender-nonconforming people.¹⁻⁷

Gender Dysphoria: Emotional distress about the disconnect between one's sex assigned at birth and one's gender identity. Gender dysphoria replaces the outdated term gender identity disorder as a psychiatric diagnosis. The necessity of this diagnosis remains controversial, but is often necessary for insurance to cover individualized medical treatment through hormones and/or surgeries.³⁻⁵

Gender Identity: The inherent feeling within an individual of what gender they are: male, female, in between or outside the binary gender.²⁻⁶

Gender-Neutral Pronouns: It is best to ask what pronouns a person uses. Do not assume they are a Ms. or Mr. Singular pronoun examples include: they/them/theirs, he/him/his, she/her/hers. Use chosen pronouns in all conversations and documentation.^{1,2,5,7}

Genderqueer: A gender identity that denotes someone who does not define themselves under the male/female binary, but in between or outside of it. This term is not a synonym for transgender and should only be used if someone self-identifies as non-binary and/or genderqueer.^{1,2,4,5}

Heteronormative: An assumption that heterosexual sexual expression is normative for a given population. This assumption erroneously promotes stigmatization of LGBT individuals.²

Intersex: Also known as Disorders of Sexual Development or DSD. A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not fit typical definitions of female or male. For instance, a baby born with a penis and ovaries but no testicles. The

physical body and or hormones/chromosomes do not adhere to the medical categories of male/female. This has been a medical term historically and recently is a term used in gender identity.^{2,4,5,7}

Living Stealth: A transgender person who "passes" as a cisgender person, where no one is aware of their transgender history. Some who are living stealth do not feel the need to disclose their history, while others may do so for safety or employment reasons. While some transgender people may use this term among themselves, it is not appropriate to use the term in charting or conversations about them.^{2,4,5}

Male-Assigned-at-Birth or MAAB: A person assigned male at birth. Also, AMAB or Assigned-Male-at-Birth.¹⁻⁶

Male-to-Female/Trans woman or MtF: A person whose sex assigned at birth is male and whose gender identity is female. This term is found offensive by some because it excludes those who identify as non-binary, such as genderqueer or gender-nonconforming people.^{2,4,5}

Natal sex: Refers to the sex assigned at birth, which is typically determined by genitalia.⁵

Non-binary: People who do not feel male or female, but may feel some of both or neither.^{2,4,5}

Passing: The act of people in society "reading" a person as cisgender. This can be due to gendered clothing; gendered haircuts; covering up sexual organs such as the binding of breasts, crotch stuffing or packing or tucking of the penis; taking hormones; studying speech patterns; and sometimes surgery. For many transgender individuals, this is a matter of safety, especially in gendered spaces such as bathrooms and locker rooms. While some transgender people may use this term among themselves, it is not appropriate to use the term in charting or conversations about them.^{2,5,6}

Pre-Op/Post-Op: Refers to physician-supervised surgical interventions, only one small part of transition. Avoid the phrase sex change operation. Do not refer to someone as being pre-op or post-op. Not all transgender people choose to, or can afford to, undergo medical surgeries. Gender Confirmation Surgery/ SRS or Sex Reassignment Surgery is more commonly used.^{2,3,6}

Queer: Queer is a multifaceted word that is used in different ways and means different things to different people in the LGBTQ communities. One of the more complex words, queer entered the language of sexuality and gender as a derogatory term, but is now worn and embraced with pride by many in

the LGBTQ community. Sometimes it is still an offensive term among older LGBTQ individuals and should be used with caution.¹⁻⁷

Sexual Orientation: Describes who you date or who you are emotionally and sexually attracted to. It is separate from gender identity. Trans individuals can identify as straight, gay, lesbian, bisexual, asexual, pansexual etc.^{1,2,4,5}

Sexual Reassignment Surgery or SRS/gender-confirming surgery: Refers to physician-supervised surgical interventions, so only one small part of transition. Avoid the phrase sex change operation. Do not refer to someone as being pre-op or post-op. Not all transgender people choose to, or can afford to, undergo medical surgeries. SRS can be genitalia - specifically turning a penis into neo-vagina or turning a vagina into neo-phallus. Breast surgery or top surgery can include chest reconstruction -similar to a bilateral mastectomy for trans men or breast augmentation for trans women. Adam's apple shaving in trans woman would fall under the category of gender-confirming surgery or SRS.²⁻⁴

Transgender: An umbrella term for someone whose sex assigned at birth is incongruent with their gender identity. Many transgender individuals are prescribed hormones by their providers to bring their bodies into alignment with their gender identity. Some undergo surgery as well but not all transgender individuals can or will take those steps and a transgender identity is not dependent upon physical appearance or medical procedures. Some transgender individual identify with certain identities more than others and can take on one or more terms as descriptions of their own identity, including:¹⁻⁷

- Transgender
- Trans
- Male
- Female
- Trans man
- Trans boy/trans boi
- Trans girl
- Trans woman
- Transsexual
- FtM
- MtF
- Genderqueer
- Bigender
- Agender/Genderless
- Pangender

Transitioning: Transition can include some or all of the following personal, medical and legal steps: telling one's family, friends and co-workers; using a different name and new pronouns; dressing differently; changing one's name and/or sex on legal documents; hormone therapy; and possibly - though not always- one or more types of surgery. The exact steps

involved in transition vary from person to person and can occur over a long period of time. Avoid the phrase sex change.²⁻⁵

Transsexual: An older term that originated in the medical and psychological communities. It is still preferred by some people who have permanently changed - or seek to change - their bodies through medical interventions, including but not limited to hormones and/or surgeries. Unlike transgender, transsexual is not an umbrella term. Many transgender people do not identify as transsexual and prefer the word transgender. It is best to ask which term a person prefers. If preferred, use as an adjective: transsexual woman or transsexual man.^{2,4,5}

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Videos on Transgender Care

Cultural Humility

To Treat Me, You have to Know Who I Am? Welcoming lesbian, gay, bisexual, and transgender (LGBT) patients into healthcare: <https://www.youtube.com/watch?v=NUhvJgxAac>
Accessed Feb. 10, 2018.

Transsexual in Iran (Be Like Others):
<https://www.youtube.com/watch?v=qHmi3WAieew>
Accessed Feb. 10, 2018.

TRANSforming Healthcare:
<https://vimeo.com/ondemand/21493> Accessed Feb. 10, 2018.

Health Care Equality

Transgender Healthcare Equality:
<https://www.youtube.com/watch?v=DKKKsu8sv-8>
Accessed Feb. 10, 2018.

Experiences of Discrimination from Health Care Professionals
Transgender Health Care Horror Stories:
<https://www.youtube.com/watch?v=pvRYamaft0c>
Accessed Feb. 10, 2018.

Voices in Health Care
Voices of Transgender Adolescents in Healthcare:
<https://www.youtube.com/watch?v=CHN3YhMi-5A>
Accessed Feb. 10, 2018.

GLMA Clinical Skills for the Care of Transgender Individuals:
<https://www.youtube.com/watch?v=RM8MTuMTeSk&feature=+youtu.be> Accessed Feb. 10, 2018.

Website Resources

Children, Adolescents and Family Issues

Federation of Parents and Friends of Lesbians and Gays. 2017:
<https://www.pflag.org>
A resource for students in learning about the role of family and school/educational systems in caring for pediatric and adolescent LGBTQ patients.

Gender Spectrum. 2017:
<https://www.genderspectrum.org>
Gender Spectrum offers resources to empower relationships, work, and interactions with youth and children. From how-to guides, to respected research, to sample training materials, site provides the tools necessary to create gender inclusive environments.

Information on Health Care Services and Treatment for Transgender Populations Including Children and Adolescents

The following two resources are from Cardea and are excellent self-guided tutorials in transgender understanding and care:

Introduction to Gender and Sexuality in a Health Care Setting: <https://www.onlineregistrationcenter.com/register/222/page1.asp?m=330&c=406>

Clinical Care of Transgender and Gender Nonconforming Patients: <https://www.onlineregistrationcenter.com/register/222/page1.asp?m=330&c=393>

The Fenway Institute/Fenway Health. 2017:
<http://fenwayhealth.org/the-fenway-institute/>
The Fenway Institute at Fenway Health works to make life healthier for those who are lesbian, gay, bisexual, and transgender (LGBT), people living with HIV/AIDS, and the larger community through research and evaluation, education and

training, and public health advocacy.

GLMA Understanding the Health Needs of LGBT People:
<https://www.youtube.com/watch?v=8mQOGtVUoaM>

University of California, San Francisco Center of Excellence for Transgender Health: <http://transhealth.ucsf.edu>

World Professional Association for Transgender Health. 2012. *Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming people, Version 7*. Retrieved from <http://www.wpath.org/publications/soc>
The overall goal of the WPATH SOC is to provide clinical guidance for health professionals to assist transsexual, transgender, and gender nonconforming individuals with safe and effective pathways to achieving lasting personal comfort with their gendered selves, in order to maximize their overall health, psychological well-being, and self-fulfillment.

Legal Issues

Lambda Legal – Making the case for equality. 2017:
<https://www.lambdalegal.org>
Lambda provides legal representation, advocacy and resources for LBBTQ patients. Faculty can use this resource to address issues of legalities of LGBTQ care.

Southern Poverty Law Center©. 1991-2018. "Teaching tolerance: Test yourself for hidden bias."

Retrieved from <https://www.tolerance.org/professional-development/test-yourself-for-hidden-bias>

Hidden Bias Tests measure unconscious, or automatic, biases. Your willingness to examine your own possible biases is an important step in understanding the roots of stereotypes and prejudice in our society. Excellent resource for faculty to use for in-person or on-line courses on LGBTQ care.

Appendix

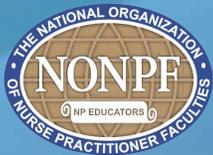
Appendix 1

Resource List

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