

Holistic Care for the Transgender Patient

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1

Act 1: Prompts on ~ Definition of Terms

- ▶ **Gender:** social construct-denotes legally recognized lived role as male/female, rooted in cultural expectations and drives outward appearance and behavior
- ▶ **Assigned gender:** initial assignment male or female at birth
- ▶ **Gender identity:** personal, internal sense of one's identity as female, male or somewhere in between- not necessarily tied to one's sex (genitalia, hormones, chromosomes, reproductive organs)
- ▶ **Intersex:** term for hermaphrodite born with sexual characteristics both sexes

2

Act 1: Prompts on ~ Definition of Terms

- ▶ **Gender binary:** practice of sorting bodies into male or female- diverse spectrum for both biological and identifying purposes
- ▶ **Nonbinary:** person's gender doesn't fall neatly within the gender binary's rigid male or female categories; some are transgender- some are not
- ▶ **Pangender:** nonbinary gender identity for person whose gender encompasses the entirety of gender spectrum
- ▶ **Gender fluidity (gender flexible):** different gender identities at different times

3

Act 1 Continues: Sound Check- Say the Terms

- ▶ **Bigender:** person whose gender identity encompasses both man and woman- some feel 1 side, or the other is stronger, but both sides are present
- ▶ **Gender queer:** feel his/her gender identity doesn't fit into socially constructed norms associated with his/her biological sex falls anywhere between man/boy/male and woman/girl/female on spectrum of gender identities
- ▶ **Gender questioning:** suspect they might be LGBTQ but aren't yet certain
- ▶ **Gender roles:** social roles as girls/women or as men/boys

4

Act 1 Continues: Sound Check- Say the Terms

- ▶ **Gender expression:** gender identity expressed to the world: hairstyle, clothing, colors
- ▶ **Gender non-conforming:** broad term - those who don't behave in way that conforms to expectations of their gender; gender expression doesn't fit into a category
- ▶ **Agender:** people whose gender identity and expression doesn't align with man, woman or any other gender (similar term is gender-neutral)
- ▶ **2-spirit:** Indigenous North American culture whose individual spirits were blend of male/female; now honor heritage, provide alternative to western labels (gay, etc)

5

Act 1 Continues: Visual Cue~ Watch the words

- ▶ **Transgender:** broad spectrum term for people whose gender identity and/or identity different from cultural/ social expectations based on sex assigned at birth
- ▶ **Transitioning:** social, legal, and/or medical process to go through to live outwardly as gender which you identify with rather than gender assigned at birth
- ▶ **Passing:** term used by trans which means they are perceived by others as the gender with which they self-identify

6

**Act 1 Continues:
Visual Cue~
Watch the words**

- ▶ **Misgender:** refers to addressing someone using words /pronouns that don't correctly reflect gender with which they identify
- ▶ **Detransitioner:** identify as transgender, transition to opposite gender, then regret decision, change their mind, detransition back to birth sex- can be left with irreversible body changes if surgery was performed and hormones given
- ▶ **Cisgender:** term used to describe someone whose gender identity aligns with sex assigned to them at birth

7

Setting The Stage: Graphic Depiction

THE GENDERBREAD PERSON

Identity
is how you, in your head, experience and define your gender, based on how much you align (or don't align) with what you understand the options for gender to be.

Attraction
is how you feel yourself feeling drawn (or not drawn) to some other gender, in sexual, romantic, and/or other ways (often categorized within genders)

Expression
is how you present gender (through your actions, clothing, and demeanor) to other people, and how those presentations are viewed based on social expectations.

Sex
is the physical traits you're born with or deriving that we think of as "sex characteristics," as with as the sex you are assigned at birth.

MAMA BEAR Apologetics

8

**Opening Credits:
Human Character Profile**

- ▶ Identity
- ▶ Attraction
- ▶ Expression
- ▶ Sex

9

Act 2: Point Cue is Transgender Youth

- ▶ **0.7% (150,000)** identify as transgender (ages 13-17 in United States)
- ▶ **Some surveys** show 3% youth transgender; 12% identify as trans or non-binary
- ▶ **Age parameters** vary and they often include ages in transition to adulthood (12-24); Age 18-24 more likely to trans than older generations
- ▶ **Includes** youth who identify somewhere between girl/woman and boy/man

10

Act 2: Point Cue is Transgender Youth

- ▶ **Referred to** as gender non-conforming, gender questioning, gender queer, etc
- ▶ Can be **quite uncomfortable** with their biological sex, primary and secondary sex traits and social gender roles
- ▶ **Biologists find** beyond male (XX) and female (XY), some are born with chromosomes XXY or XYY
- ▶ **Ultimately**, this can lead to various levels of distress to include behavioral, psychological, emotional physical symptoms

11

Act 2: Camera Focus on 2017 Studies

- ▶ **CDC** asked high school students if they considered themselves transgender
 - ❑ **1.8%** said YES
- ▶ **Dr. Kacie Kidd:** asked 3,000 students at "diverse" Pittsburgh high school
 - ❑ **What** is your sex, or your sex assigned at birth, on your birth certificate?
 - ❑ **Which** of the following best describes you (select all that apply)?
 - ❑ **Options:** boy, girl, trans boy, trans girl, genderqueer, nonbinary or any other?
 - ❑ **9.2%** responded they were gender diverse in some way
- ▶ **Result** proves that finding people on and off binary definition of gender is not difficult in any society~ it's the way in which you approach the study that will give the best data!

12

Act 2: Give Life to Minority Transgender Youth

- ▶ Black, Latino or other **race/ethnicity** face dangers of racism/ transphobia; Native Indian youth, age10-24: 2 ½ times more likely to report suicide attempt than non-native peers (33% to 14%)
- ▶ Socioeconomic **vulnerability**
- ▶ **3X more likely** to be impoverished, **4X more likely** to be unemployed
- ▶ Depression, anxiety, eating disorders
- ▶ Those with **disabilities** report higher rates of violence, psychological distress
- ▶ Self-harm, victimization, risky sexual behaviors =commercial sex work, unprotected anal sex
- ▶ Sharing needles and other drug paraphernalia
- ▶ **All significantly higher** compared to cisgender adolescents

13

Act 3: Shine light on Mental Health Disparities

- ▶ **2021 study** of 200 adolescents participated 2-week acute residential treatment program for psychiatric disorders: anxiety, depression, suicidality
- ❑ **35** were transgender and gender diverse
- ❑ **Question:** do transgender, gender diverse adolescents who enter program with worse symptoms experience worse outcomes than cisgender peers?
- ❑ **Compared** groups: treatment entry, discharge, 1 month post discharge
- ❑ **Assessed:** age depression onset, suicidality, self-injury and childhood trauma at program start
- ❑ **Measured:** Anxiety, depression, emotional dysregulation
- ❑ **Findings:** transgender had earlier onset of depression, higher suicidality scores, more self-injurious behavior, more childhood trauma score for emotional abuse and disparities in mental health care

14

Act 3: Add strobe light on all these Health Risk Factors

- ▶ **Underlying or co-existing** mental health disorders: anxiety, depression, suicide, self-harm
- ▶ Neurodiversity on the autism spectrum
- ▶ **Substance abuse:** smoking, alcohol, drug use and eating disorders
- ▶ Stigma, discrimination
- ▶ **Ongoing** gender dysphoria
- ▶ **Lack** of family support, verbal and physical abuse, outright rejection: about **8%** report being kicked out of their house
- ▶ Bullying at school and/or social settings
- ▶ Violence, Victimization
- ▶ **Social concern:** ~ 4 in 10 experience homelessness and discrimination in shelters

15

Scene 1: No props needed- Transgender Suicide, Addiction

- ▶ **In the United States: suicide is 2nd leading cause of death for adolescents**
- ❑ **2015 study:** 42% attempted suicide
- ❑ those reporting moderate to severe rejection by family more 2X more likely to attempt suicide
- ❑ **Trans Lifeline:** hotline run by trans people for trans people for those considering suicide- 877-565-8860 and Trevor Project Suicide Hotline: 866-488-7386: calls by youth/ adults in crisis increased by150% in 2021 to both!
- ❑ **National Suicide Prevention Lifeline:** 800-273-8255
- ▶ **Addiction MtF**
- ❑ Ecstasy, other Rave drugs
- ❑ Poppers (amyl nitrate) enhanced sexual experience; comes with risk of M
- ❑ **Share The Crisis TextLine@** Text HOME to LINE at 7417411

16

Act 1: Add Voltage~ Substance Abuse Facts and Treatment

- ▶ **Prevalence:** 2.5-4 times higher substance abuse
- ▶ **Higher risk** for earlier onset and recent use
- ▶ Reckless alcohol use
- ▶ **2-21/2 times** more likely to use meth/cocaine in their lifetimes
- ▶ **2 times** more likely to report recent 30-day prescription pain drug use
- ▶ **Greater than 3 times** more likely to smoke cigarettes in school
- ▶ **Focused treatment:**
- ❑ **Screen** for all substance use/use disorders
- ❑ **Be** transparent and understanding of substance use risks
- ❑ **Develop** patient-centered treatment plan: may include medications, therapy, recovery support, appropriate referrals when indicated
- ❑ **Provide** family counseling as needed, educate/ refer to peer/community support

17

Act 3: Tilt Attention to the Trevor Project-National Survey

- ▶ **LBGQT youth mental health:** 40,000 between 13-24 years old
- ❑ **no** mental health screening; ¼ wanted mental health care but couldn't access it due to affordability; often mistreated by medical professionals
- ❑ **48%** engaged in self-harm; 2 in 5 seriously considered suicide past year
- ❑ **reportable** symptoms: consistent with anxiety, depressive disorders
- ❑ those **facing** rejection, violence, discrimination= higher suicide attempts
- ❑ those **disabled or neuro-divergent**, life can be difficult, even dangerous
- ❑ **police** more likely to stop, harass and arrest this population
- ❑ **only 20%** said their gender identity is respected
- ❑ **86%** reported having a "**rock**" – a person who strongly supports them which then results in lower rates of suicide attempts overall

18

Act 3: No Smoke or Fog~ Clearly ask, Did You Know? Trans People's Reality

- ▶ **8%** trans people reported being kicked out of their homes for being transgender
- ▶ **22%** define family as being neither supportive nor unsupportive
- ▶ **Some** parents, guardians /friends show acceptance right away, or within days, weeks or months; others can take longer
- ▶ **Some** try to change or invalidate someone's gender identity because they don't like it
- ▶ **Need** to face presumptive, dismissive or controlling conversations:
 - ❑ "Let's pretend we never talked about this"
 - ❑ "It's probably just a **phase**"
 - ❑ "Wait until you are older"
 - ❑ "Surgeries and hormones are **dangerous**"
 - ❑ "Life will be **much harder** for you"

19

Act 4: Alert, Alert Diagnoses Presenting Risk

- ▶ **10-year study** using pediatric database 4,177 youths with diagnosis gender dysphoria
- ▶ **Cardiovascular:**
 - ❑ elevation in lipids, abnormal cholesterol, hypertension, stroke, heart attack
- ▶ **Metabolic:**
 - ❑ elevated BMI
- ▶ **Suspected culprits:**
 - ❑ gender-affirming hormones
 - ❑ cultural factors
 - ❑ less physical activity, lack of access to athletics
 - ❑ healthcare disparities, societal mistreatment

20

Act 4: Check Your Program: Support Means Everything!

- ▶ **When supported** by family, friends and communities, suicides drop to same rates as the general population
- ▶ **When supported** in their gender, trans children's mental health identical to non-transgender peers
- ▶ **When there is public interest/ support** in ensuring all students, including transgenders have the opportunity to learn in an environment free of sex discrimination:
 - ❑ school experiences **will** improve
 - ❑ students **will** feel safe, comfortable and welcomed within the classroom and campus environments
 - ❑ allies **will** come forward to assist

21

Act 5: Camera Rolling on Transgender Adults

- ▶ **1 in every 200** adults, 1.4 million (0.6%) transgender in U.S; double since 2011
- ▶ **More** ethnically and racially diverse: Black, Latino
- ▶ Trans people of color: **3-4x** more likely to be improvised, unemployed
- ▶ LGBTQ American Indian & Alaskan Natives: 285,000 (**6%**) of population higher levels mental health issues, physical abuse, violence and economic instability than peer
- ▶ Prevalence of depression: **17.2%** higher in US adult men in general:
 - ❑ associated with lack of partner
 - ❑ experiencing many episodes of violence in previous 5 years
 - ❑ very high level of community alienation

22

Act 6: Remember the DRAMA- Morbidity Factors in Adults

- ▶ **Trans** and non-conforming persons face intimate partner **violence** at higher rates than other adults-they hesitate to seek help for fear of discrimination from law enforcement
- ▶ Trans living with **HIV: 5x** U.S. rate (**1.4%** vs. **0.3%**)
- ▶ **Risk:** illicit drug use, marijuana consumption and self-medication of non-prescribed drugs due to desperation: nearly 3x US rate
- ▶ **Risks:** cancer uterus, ovaries, breast in trans men; prostate cancer in trans women
- ▶ **Risk** from hormones- testosterone- increase BP, increase LDL, decrease HDL, poor lipid profile, liver damage
- ▶ **Risk:** hormones-estrogen-hypertension, increase HDL/triglycerides, decrease LDL, type 2 diabetes
- ▶ Self-injectable **silicone:** disfigurement; dirty needles=hepatitis

23

Scene 2-NO BLACK OUTS on MORTALITY

- ▶ **Check the action and then your PULSE!**
- ▶ **Significant increase** in mortality in transgender population as compared to general population
- ▶ **Trans feminine** dying faster than the general population: cardiovascular event, DVT
 - ❑ **Increased** smoking rates, increase in obesity
 - ❑ suicide ideation: trans women of color at **highest risk** for suicide
- ▶ **Trans masculine:** possible cardiovascular event
 - ❑ Increased smoking rates, increase in obesity
- ▶ **Both male and female:** increase in higher rates of HIV/AIDS, suicide, drugs led to higher mortality rates

24

Act 1: Follow the Dialogue: Trans Disparities, Discriminatory Practices

- ▶ > **70%** report experiencing some type of discrimination in healthcare; >50% believe basic care would be refused/delayed /substandard due to status
- ▶ Turned away or had **negative** experiences: provider refusing to touch them, use excessive precautions, use harsh/abusive language
- ▶ **Focused**, purposeful discussions between clinicians and administrations is sorely lacking, leading to inadequate/inequitable policies and procedures: i.e. inappropriate restrictions or limits on visitation
- ▶ Knowledge **deficit**: education gaps remain in academic institutions
- ▶ **Misgendering** by healthcare professionals: paperwork/ EMR are insensitive to needs of transgender community through mislabeling; patient then blamed for health status
- ▶ Individuals interested in sex reassignment surgery find medical approval can be a **challenge**; sometimes due to provider **bias**

25

Act 2: No Cat Call Please -Try Understanding These Efforts!

- ▶ **2021**: out of the **25** states that introduced "discriminatory" bills, **10** now ban youth from participating in sports
- ▶ **2021**: **20** states introduced bills to prohibit treatment of gender dysphoria for minors, regardless of parental approval & 1 state passed the bill into law!
- ▶ Many other laws seek to **punish** medical providers and parents with felony criminal charges if they provide any gender-affirming care to a minor, including delaying puberty
- ▶ **5 states** have introduced bills to explicitly allow medical providers to **refuse** to provide medical treatment to an LGBTQ person, including emergency care, if the provider believes being LGBTQ is wrong or immoral!

26

Act 3: No Censor~ Other Issues Facing Trans

- ▶ **"Community"-Employment /Housing/ Legal**
- Real IDs are the law, so trans persons are **prevented** from changing name without court order
- Economic **instability**: 3x US unemployment rate
- Higher rates of **poverty-twice** the likelihood of living this way
- Almost **4 in 10** have medical debt, > **4 in 10** postpone medical care - costs
- If employed, **victims** of harassment /discrimination in workplace and lack adequate medical/ mental health coverage by insurance companies
- Higher rates of housing **instability**
- **86 %** feel overall community **fear/dislike** them and leads to: discrimination in public accommodation and anti-gender movements

27

Scene 3: Acoustics Up Please! Gender Dysphoria

- ▶ Medical condition: person **suffers** psychological distress caused by **conflicts** between assigned gender at birth not matching person's expressed mental and psychological gender identity or **conflicts** between societal interaction not reflecting person's true preferred gender; it can feel **overwhelming!**
- ▶ **2020** study: **78%** trans men, **73%** trans women experienced gender dysphoria
- ▶ One over-arching diagnosis with separate, specific criteria for children, adolescents and adults
- ▶ **Symptoms** need to persist for **6 months** and **vary** by individual
- ▶ Gender dysphoria during childhood can **dissipate**
- ▶ **Persistence** of dysphoria into adulthood seems to be higher for adolescents
- ▶ Adolescence time of **marked distress**: going through puberty (development of secondary sex characteristics) that may differ from person's sense of gender

28

Act 1: Maintain Strong Grid~ Gender Dysphoria- When?

- ▶ Gender dysphoria: **earliest memory** can occur between **4 and 6** years old but not able to articulate why they felt different, too afraid to talk about it
- ▶ **By 7**, most can remember experiencing some feelings of dysphoria and knew feeling was related to something forbidden- it felt like keeping a tormenting secret that I could not understand
- ▶ For others, symptoms can occur around **puberty** or later
- ▶ May be **continuous** or **come and go** with time
- ▶ **Later in adolescence**, may experience symptoms out of the blue influenced by social media or peer groups

29

Act 2: Actors Don't Freeze Now Gender Dysphoria Symptoms

- ▶ Strong **dislike** of one's sexual anatomy (genitalia) or characteristic (name)
- ▶ Feel your name, appearance, anatomy, voice, reactions, feelings or character traits **don't line up** to sex assigned at birth-fell trapped inside wrong body
- ▶ **Strong desire** for physical sex characteristics matching one's affirmed gender
- ▶ **Low** self-esteem, social isolation, dissociation
- ▶ Sadness, regret for **not being born** different gender
- ▶ Confusion, humiliation, shame, feelings of inferiority, interpersonal **conflicts**
- ▶ **Neglecting** personal care
- ▶ Depression, anxiety, eating disorders, self-harm, suicide
- ▶ **Strong rejection** of toys, games, activities typical of assigned gender

30

Act 3: Stay Seated-Gender Dysphoria

- ▶ seeks to **name** any discomfort and disconnect that happens so person experiencing it **can find** the support, resources and care **they need**
- ▶ when sex assigned at birth and the genitalia a person has are prioritized as representing a picture of his/her identity, it is a **total denial** of their complete personhood

transquote #263
 "I didn't suddenly decide I was trans, but I did decide to be me and only me, even if that does mean changing my gender."
 Submitted by /s/

31

Act 4: Guest Presenter~ MA. Pediatric Specialist: Dr. Cronyn

- ▶ **2021:** Opened **first** independent, comprehensive clinic devoted entirely to care of transgender and gender-diverse patients in US
- ▶ January, **2022:** 900 patients seen- **4-26** years old for various reasons:
 - ❑ **Very young:** meet parents/child and help put clues together
 - ❑ **advice** on what to say to school, how to handle sleepovers, talk to grandma
 - ❑ **introduce** them to other parents with young kids
 - ❑ **provide** primary physical care
 - ❑ **Entering puberty:** puberty blockers might be prescribed after ongoing discussions and stopped if person decides it's not the journey to take
 - ❑ **16 and older** who had gender affirmation surgery: ongoing support/advice

32

Scene 4: Dramatic Twist~ Parental Role

- ▶ **Timeline** to understanding and acceptance: immediately, within days, weeks, or months-but can be longer
- ▶ "More than anything else, your goal as a parent of a transgender, nonbinary or questioning teen is to **reassure** your child that you love them and to keep the communication between you open."
- ▶ About **22%** define their family as being neither supportive or non-supportive
- ▶ **Cannot** wish this complex reality away, only by naming and working with the problem of family acceptance can youth **feel supported!**
- ▶ As a parent, **ask** yourself: is there anything more important than that child being happy, healthy and fulfilled in life?
- ▶ **Look** for statistics, content from experts, testimony from trans families

33

Act 1: No Improv Allowed Coping Strategies

- ▶ **Reach out** to local or national LGBTQ+ organizations, nonprofits for resources
- ▶ **Reach out** to others who have experienced or shared feelings of gender dysphoria to remind yourself that you are **not alone**
- ▶ **Consider** using support line or chat line: talk through things anonymously with a peer who understands and is trained in crisis management
- ▶ **Seek** safe places where you can experiment with different names, pronouns, clothes, accessories
- ▶ **Find** creative outlet or hobby where you can express yourself or gain respite from thinking about dysphoria
- ▶ **Practice** meditation or visualization techniques: **clarify** goals for your mental and physical health and what a fulfilling life looks for you
- ▶ **Educate** yourself about how gender is constructed: useful context for your experiences

34

Act 2: Action Please~ Gender Dysphoria Treatment

- ▶ **Psychotherapy:** psychological adjustment for individual, parents, family
 - ❑ may **seek** or be **referred** at beginning, middle or end of treatments
 - ❑ **explore** gender identity, role expression and improve body image
 - ❑ **enhance** social and peer support and **promote** resilience
 - ❑ **being** transparent and accepting where they are
 - ❑ compassionate listening
 - ❑ **frequent** and **ongoing** follow up care in collaboration with medical management team
- ▶ Gender affirming medical therapy + supported social transition in childhood showed **positive** correlation with **improved** psychosocial functioning for gender-variant children and adolescents
- ▶ Bioethical **concerns:** capacity for informed decision making, regret after treatment, future fertility

35

Act 3: Sing Your Song~ Real Life Experience

- ▶ **Act** of fully adopting new or evolving gender role for events/processes of everyday life
- ▶ **Essential** to transition process to a new gender role that confirms with personal agenda identity
- ▶ Professionals have responsibility to **discuss** all predictable consequences that **represent** external reality issues that **need** to be confronted, addressed for success in new gender role
- ▶ This **may differ** significantly from personal happiness in new gender role imagined prior to real life experiences
- ▶ **Includes** counseling, learning available options, effects of medical treatments, communication between therapist and physician to **determine** readiness to proceed

36

Act 4: Repeat The Chorus: Parameters of Experience

- ▶ **Review** of certain abilities:
 - ❑ **Maintain** full or part-time employment
 - ❑ **Function** as a student, if pertinent
 - ❑ **Function** in community-based volunteer effort
 - ❑ **Undertake** some combination of items 1-3
 - ❑ **Acquire** new legal first or last name
 - ❑ **Provide** documentation that persons other than therapist know the person functions in new gender role

37

Scene 5: Remove Your Mask for Clarity~ Gender Affirmative Reassignment

- ▶ **Choice** of direction or transition: **Social**
 - ❑ **use** of gender-affirming name, pronoun/gender expression
 - ❑ **assume** social roles of affirmed gender
 - ❑ **wear** different clothing, change hairstyle
 - ❑ **use** of suitable restroom of assigned gender
- ▶ **Nonsurgical:**
 - ❑ Body, face hair removal by dermatologist: electrolysis, low-energy beam laser
 - ❑ Speech therapy/ voice lessons: changes to resonance, inflection, rate of speech, habitual speaking pitch range/variability, volume/intensity, vocal control/stability, vocal endurance, articulation, pragmatics

38

Scene 6: Stay in the Control Path~ FIM Hormone Therapy

- ▶ **Hormones:** minimize undesired feminine characteristics/promote masculinization with possible changes to note:
 - ❑ voice, sweat/odor **patterns**
 - ❑ **increased** muscle mass, redistribution of body/facial subcutaneous fat
 - ❑ **development** of facial hair
 - ❑ frontal/temporal hairline **recession**, male baldness **pattern**
 - ❑ **deepening/lowering** the vocal register, uterine atrophy
 - ❑ **lifelong** testosterone, off-label use
 - ❑ injectable, transdermal gels; patches, pellet, buccal: risk of high triglycerides, low HDL, > sleep apnea/insulin resistance, mental health changes
 - ❑ **sexual effects:** increase in libido, vaginal dryness, cessation of menses

39

Scene 7: No Condenser Lenses Please! MIF Hormone Therapy

- ▶ **Hormones** feminize/minimize undesired masculine characteristics with notable changes and use is off label
 - ❑ Breast **development** with nipple **enlargement**, **redistribution** facial/body subcutaneous fat, **softening** of skin, reduction muscle mass, hair, **change** in sweat and odor patterns
 - ❑ **Sexual effects:** reduction erectile function, changes in libido, reduced/absent sperm count, ejaculatory fluid, reduced testicular size
 - ▶ **Estrogens:** PO or SL, Premarin PO or injectable estrogen (estradiol)and
 - ▶ >40 prefer transdermal estrogen patch: watch VTE, lipid profile changes
 - ▶ **Antiandrogens:** Spironolactone (Aldactone), Finasteride (Proscar): risk for low BP, increased K+, renal insufficiency
 - ▶ **Progestins:** increase breast development but increased CV risk, weight gain, depression

40

Scene 8: No Time for Intermission~ Puberty Blockers

- ▶ **GnRH: agonists** (gonadotrophin) – Leuporelin, Triptorelin, Goserelin:for central precocious puberty in children- very expensive (\$500-\$1500/month) not covered by insurance
- ▶ **Ideally begun** in Tanner2 stage (early start of puberty)
- ▶ **Can begin** in Tanner 3-5: the goal is to stop puberty /prevent secondary gender characteristics
- ▶ **Effects are reversible**
- ▶ **Not for** gender dysphoria, as they can make affirmation surgeries more difficult when youth eventually transition , such use is **off label**
- ▶ Puberty blockers + cross sex hormones “may” **impact later** sexual health and ability to find intimacy

41

Act 1: Listen Up~ Hormones-Supply and Demand

- ▶ Gender-variant and transgender teens going **accessing** online services and Planned Parenthood Clinics in the United States for puberty blockers and sex hormones
 - ❑ better clinics have **waiting lists** with months for initial visit
 - ❑ both parents and young people **don't want to wait**
 - ❑ **WPATH's** Global education institute **trained** 5000 clinicians worldwide but most practicing US mental health professionals have no training in transgender care
 - ▶ Planned Parent Hood:
 - ❑ **administers** hormones to anyone > 18 with informed consent ; in some states to those 16 or 17 with consent
 - ❑ mental health evaluation **not required**

42

Scene 9: NEON lighting Please~ Tanner Stages: Sexual Maturity Ratings

- ▶ Based on **development** of external genitalia: phallus, scrotum, testes volume in males; breasts in females and pubic hair in both sexes
- ▶ **Use:** rating important where delay or precocious puberty is suspected
- **means** to document, assess, standardize pubertal development
- **to perform** appropriate screenings, monitor for deviations in normal timing/sequence of physical signs of puberty that might represent problems
- ▶ **Stage 1:** represents prepubertal breast – elevation only of papilla
- ▶ **Stage 2:** a “breast bud” forms below the areola
- ▶ **Stage 3:** further enlargement, elevation of both breast and areola
- ▶ **Stage 4:** areola forms secondary mound above contour of breast
- ▶ **Stage 5:** breast fully mature, presence of secondary mound, smooth contour

43

Act 1: No Mystery Plot Involved in Male Staging

- ▶ Male genitalia **development:** puberty onset ranges from **9-14** years of age
- **Stage 1:** describes prepubertal genitalia
- **Stage 2:** enlargement of testes/scrotum, reddening, thinning of scrotum but no penis enlargement
- **Stage 3:** penis begins to enlarge-first in length, later in diameter; testes and scrotum continue to enlarge
- **Stage 4:** sperm development, continued scrotum and glans enlargement
- **Stage 5:** represents adult size and proportion of genitalia

44

Act 2: No Lasers Necessary~ Staging Pubic Hair

- ▶ **Prepubertal Stage 1:** may be fine hair –no different than on abdominal wall
- ▶ **Stage 2:** growth sparse straight hair, primarily at base of penis or along labia
- ▶ **Stage 3:** hair increases in quantity and is darker and curlier
- ▶ **Stage 4:** characterized by pubic hair- that resembles adult but smaller area
- ▶ **Stage 5:** hair increased further in volume, spread into medial thighs and taken on characteristic of female or male configuration

45

Act 3: No Melodrama~ Study: Hormone Therapy

- ▶ **Based on findings of 2015 survey of 27,715 adults**
- **focus** on 21,598 who wanted treatment, 40% 18-24 years old, 83% white, 35% transgender male, 41% transgender females
- **41% never** received hormones, **0.6% had therapy** in early teens, **1.7% received** it late teens, **56.8%** as adults
- **Purpose:** gain insight into impact hormone therapy has on youth
- trans adults who received hormones as teenagers: **mentally healthier** than those who didn't or those who received them as adults
- **lower odds** of past-year suicidal ideation
- **lower odds** of past-month, severe psychological distress as adults
- **Findings:** adolescent care givers need proper training in gender-affirming care to include **hormones- will not prevent pregnancy**, to promote good mental health outcomes which “is not part of standard medical education curricula”

46


Scene 10: No Cheat Sheets Needed! GAS: Medical Management

- ▶ Gender affirming surgeries (GAS) **threefold rise** in rate of these surgeries in past decade in United States; **1 in 4** transgender and non-binary persons
- **Attributed to** increased recognition gender dysphoria
- **Decreasing** social stigma
- **Greater** clinical experience
- **Expanding** insurance coverage
- ▶ **Objectors to this approach:**
- **Limited, low-quality** evidence base for benefits leading to unrealistic expectations
- Irreversible, long-term adverse treatment impact on fertility, sexual function leading to regret
- **Adverse impacts** on bone, brain and cardiovascular functioning

47

Act 1: Possible Option

Allow deliberate use of innovative therapies, explicit integration of patient input, ongoing systemic evaluation to identify the specific groups who would or would not benefit from their use?



48

Act 2: Microphone on and Ready~ Progress with Surgeries

- ▶ **2014:** Medicare **lifted** its 33 -year ban on offering coverage for gender-affirming surgery
- ▶ **Currently,** Medicaid has opened coverage options for medically necessary transition-related care state by state
- ▶ **Since 2017:** 8 new fellowship programs created which span multiple specialties of plastic surgery, urology, gynecology, otorhinolaryngology
- ▶ More providers and centers have **grown** in **understanding** of this vulnerable population and do offer services in a caring and compassionate manner

49

Act 3: Don't Falter on These Lines~ Wrath Standards of Care

- ▶ World Professional Association for Transgender Health (**WRATH**)
- ▶ **Criteria** for change of primary or secondary sex characteristics
 - ❑ **Age** 18 years or older
 - ❑ **Letters of readiness:** 1 or 2 separate mental health professionals- Master's degree
 - ❑ **Need ability** to make informed treatment decision and to consent for treatment
 - ❑ **Persistent, documented** gender dysphoria
 - ❑ **12 continuous months** living full time in gender role congruent with one's gender identity
 - ❑ **Pharmacy records** showing 12 months hormone therapy
 - ❑ **Medical records** from PCP closely following care
 - ❑ If significant medical or mental health concerns present, must be **reasonably well controlled**
 - ❑ Surgery as intervention: **considered irreversible!**

50

Scene 11: Hide the Hook- Keep Content Coming Gender Affirming Surgeries

- ❑ **Female to male (FtM)** – “**top surgery**” is breast augmentation or a double mastectomy with breast reconstruction
- ❑ **FtM “top surgery”** gives chest appearance to a male; boys may also receive breast implant if estrogen doesn't grow enough breast tissue
- ❑ **FtM: may involve** hysterectomy, removal of ovaries, phalloplasty (complex, multi-staged procedure to create a penis and scrotoplasty-create scrotum)
- ❑ **Male to female (MtF):** remove testicles/ penis or penile inversion to form neo- vagina~ labia/clitoris reconstruction (vaginoplasty) or create external appearance female genitalia without creation neovaginal canal~ only labia, clitoris involved (vulvoplasty)
- ❑ **MtF:** facial plastic surgery(brow lift),(rhinoplasty),reshaping mandible/frontal bones
- ❑ **MtF:** body contouring –reshape body to appear more feminine
- ❑ **MtF:** thyroid chondroplasty-cartilage reduction (tracheal shave) to reduce size Adam's apple; vocal cord shortening if voice therapy insufficient

51

Act 1: Redirect on this Study: Surgical Outcomes After Puberty Suppression

- ▶ **Puberty Suppression:**
 - ❑ successfully **reduces** physical development sex characteristics
 - ❑ **offers** opportunity for gender affirming surgical techniques
 - ❑ **gives** adolescents **time** needed to **explore** gender identity prior to **start** of irreversible sex-hormones
- ▶ **Study** particulars: **confirmed** gender dysphoria diagnosis
- ❑ **184 (61%)** trans men, **116 (39%)** trans women with **50** of each for control
- ❑ **18** at time data collection, < **18** when treatment given, average **23** at follow-up, completed **entire** treatment
- ▶ **Outcome:** more favorable, less invasive for trans men: less mastectomies
- ▶ **Trans women:** significant effect on penile development, need for intestinal vaginoplasty
- ▶ **For both:** much dialog, planning vital and awareness of need for skilled surgeons!

52

Act 2: Skip the Melodrama~ What About These Issues?

- ▶ **Is surgery regret or reality?** yes, regret caused by feeling coerced to have surgery, dissatisfaction with results
- ❑ **research:** shown prevalence of regret regarding gender-affirmation surgeries is extremely low; one physician doing 600 cases/year has none!
- ❑ **what isn't talked about:** cisgender regret after major surgeries
- ▶ **What about** proper discussions about gender-affirmative care models?
- ❑ **held** mainly among academia
- ❑ **oppose use** of lay press, social media or political slant/viewpoints
- ❑ **2017 Endocrine Society Clinical Practice Guideline** on hormonal treatment of gender-dysphoric incongruent persons must have **thorough mental health evaluation** with **diagnosis** made by mental health professional with training or experience in child/adolescent gender development and psychopathology
- ❑ **AMA, APA, Pediatric Endocrine Society** are in agreement with Guideline

53

ASPAN Support is Classical and True

- ▶ Perianesthesia Nurses: “more equitable, inclusive care to population having surgery procedures”
- ▶ We **must** “recognize this population's distinct identities, cultural values and healthcare vulnerabilities that must be acknowledged”
- ▶ We **must** “increase awareness and education to “promote understanding and skills that meet the needs of LGBTQ population”



54

Nursing Code of Ethics: Perfect Lines!



- ▶ **Nursing Code of Ethics:**
- ▶ “The nurse **practices** with compassion and respect for the inherent dignity, worth, and unique attributes of every person.”
- ▶ Nurses have often been seen on the frontlines of **providing** compassionate care to LGBTQ+ individuals and **will remain** as the leaders in this vital role of ensuring that care is safe and that disparities are eliminated!

55

Scene 12: All Hands-on Deck~ Holistic Plan: At the Beginning

- ▶ **Gathering Information-** ask, don't assume, if mistake happens, correct and move on; be aware of contexts that increase health risks/behaviors and mental health status
- ❑ **intake forms:** sex assigned at birth, current gender identity ; EMR flags, and adding patients' preferred names on ID bracelets and eliminate genders
- ❑ **use of sex hormones,** gender affirmation surgeries; substance use, medical conditions
- ❑ **insurance gender:** check for accuracy

56

Scene 12: All Hands-on Deck~ Holistic Plan: At the Beginning

- ❑ ask patients if they have any **relevant concerns** and anything you say will be kept **confidential**; state, if topic isn't relevant to you, tell me and I will move on (legal)
- ▶ **Avoid** gender labels: what is your real name? what is your legal name?
- ❑ **Best Practice:** how can I help you and how would you like to be addressed? Or what is your preferred name and preferred pronoun? Could your chart be under a different name?
- ❑ **start conversation w/ yourself:** hi, I'm Meg. My pronouns -she/ her, how about you?

57

Act 1: Hold Your Applause~ Holistic Plan: Population Specific

- ▶ **Physiological Goal:** assessment questions/forms catered to trans patients, detailed reports, handoffs of care: all leading to smooth, safe transitions/ positive outcomes
- ❑ **monitoring** vital signs
- ❑ **managing** post-operative pain/tightness/swelling
- ❑ **managing** post-op nausea, vomiting, dizziness
- ❑ **complications-** DVT, PE due to estrogen use by trans woman, smoking, cancer diagnosis, length of surgery, duration of immobilization; heparin, sequential compression devices essential
- ❑ PACU **stay** approximately 1-3 hours, depending on patient and surgery
- ▶ **Anatomical goal: raise awareness** to potential issues such as
- ❑ surgery involving urethra: **may require** smaller urinary catheter
- ❑ laryngoplasty/chondroplasty: **may affect** airway management in O.R.- be alert for respiratory compromise

58

Act 2: Pay Attention Now~ Holistic Plan: More Goals

- ▶ **Psychological goal:** to foster feelings of respect and maintain trust
- ❑ **team** approach: pharmacological, non-pharmacological interventions
- ❑ **know** and consistently **use** preferred pronouns, be patient with learning curve
- ❑ **use** same care giver in pre-operative and post-operative areas, maintain privacy
- ❑ **assign** room in accordance with gender identity
- ❑ careful **communication** (especially if EMR unable to accommodate gender/sex as distinct values),
- ❑ **avoid** awkward, negative interactions, choose kindness, don't assume anything
- ▶ **Pharmacological goal is safety:** presence HIV-potential interactions w/antiviral meds
- ❑ sedatives, anxiolytics, hypnotics, antibiotics can cause altered metabolism
- ❑ parenteral testosterone: >stroke risk; CAD-watch for CV complications

59

Act 3: Appropriate Credits Please~ Holistic Post Surgery Plan

- ▶ **Multiprong approach** addresses intertwined, complex needs:
- ❑ **education/awareness** of symptoms and **when** to report them: swelling (different for area involved – 1-4 weeks) and pain/soreness that doesn't ease with time or meds
- ❑ **care** of drains, dressings and surgical site
- ❑ **resume activities** varies with surgery; sit, walk gently within hours; light work to strenuous activities takes weeks or more

60

Act 3: Appropriate Credits Please~ Holistic Post Surgery Plan

- ❑ watching for **complications**: bleeding, infection, trouble with urination
- ❑ **check** social support: need for family/friends for home care; aware of rejection
- ❑ **need** for support system right after surgery and long term, peer support groups
- ❑ **immediate**, close follow ups: physical therapy, rehabilitation, mental health therapist/counselor, social worker, spiritual advisor
- ❑ **education** to avoid smoking /illicit substance use negatively impacts recovery

61

Act 4: No Costumes Needed~ Holistic Thinking Beyond The Hospital...

- ▶ Have you thought much about **post-hospital issues**?
- ❑ geographic and social isolation=**no inclusion** in outreach
- ❑ **lack of** medical and mental insurance coverage
- ❑ economically **disadvantaged**
- ❑ provider **ignorance**
- ❑ **stigma** of gender clinics and other medical settings
- ❑ **lack of** clinical research: most trials exclude or misrepresent transgender patients
- ❑ **limited** medical literature
- ❑ **political strategy**: try to pass bill to charge medical providers with a felony if they provide gender-affirming care to a minor
- ▶ **More importantly, what do you intend to do about it?**

62

Act 5: Get your Hands Clapping, Perhaps fill Gap in Political Advocacy?

- ▶ Physicians **unaware**: **2021**, there are **144 bills** aimed at restricting opportunities and rights of transgender people
- ▶ **40 aim to disrupt** trans healthcare delivery
- ▶ **Florida**: allow genital inspections of athletes accused of being transgender
- ▶ Texas, New Hampshire: **allow** age-appropriate transition-related care to be deemed child abuse
- ▶ Many **ban** hormone blockers for puberty suppression in trans youth, despite being well-supported, safe practice shown to reduce depression, suicidality
- ▶ Transphobic lawmakers **moving forward**
- ▶ Tangible change **requires** political opposition at all institutions
- ▶ **AMA, Academy Pediatrics**: offering **supportive statements**
- ▶ **It is time for us to become advocates for this vulnerable population!**

63

Time for Advocacy Efforts!



64

Act 6: Listen Up~ Truths Speak for Themselves!

- ▶ **One in five** trans patients report being "**refused** medical care due to status"
- ▶ **Over half** of trans people report **having to teach** their healthcare providers about trans health issues
- ▶ Clinicians **undertrained** in trans care: curriculums **hardly touch** transgender health; they **lack expertise** in fundamentals of care including prescribing hormones, **giving basic** recommendations chest binding or genital packing (safe techniques that modify gender expression)
- ▶ For those **experiencing racism** on top of transphobia, the experiences of dehumanization are **amplified**, and **overt** harassment often ensues
- ▶ Clinics **won't refer** transgender patients by preferred name & will write transgender identity on the problems list

65

Scene 13: Hip, Hip, Hooray~ Rise of Gender- Affirming Care

- ▶ **Integrate** gender-affirming principles into foundational medical practices
- ▶ **Promote** enlightened perspectives in academia and management levels
- ▶ **Support** innovation, research, visibility and advancement in this practice specialty
- ▶ **Advocate** for better access to care for marginalized transgender and gender diverse communities
- ▶ Willingly **share** information on services and organizations specifically focused on all aspects of transgender care
- ▶ **Remember** that preventive care and screenings are still **important part** of overall health (pap smear, prostate cancer screening)
- ▶ **Remember**, transgender people at **greater risk** for STIs, so educate them on use of external/ internal condoms or dental dams before sexual activity

66

Act 1: Come Out from Behind the Curtain~ Becoming an Ally

- ▶ **Ally:** Cisgender or heterosexual person who cares about LBGQT issues and exerts effort to challenge sexuality and gender related oppression
- ▶ **Think about where you are on this journey**
 - ❑ Repulsion
 - ❑ Pity
 - ❑ Tolerance
 - ❑ Accept
 - ❑ Support
 - ❑ Admiration
 - ❑ Appreciation
 - ❑ Nurturance

67

Act 2: Safe Zone Signage


- ▶ Safe Zone: I am an ally
- ▶ I am understanding
- ▶ I am non judgmental
- ▶ I am here to listen
- ▶ **THIS IS A SAFE ZONE!**



68

Act 3: Powerful Words on Conductor Call

- ▶ “Many people on medicine informed me that this **patient population is difficult** and that I was brave for taking them on.”
- ▶ **My reply**, “you will not meet amore generous, appreciative group of patients to care for, I am not brave, they are brave for trusting me with some of the most intimate aspects of themselves”
- ▶ **I’m not sure I can ever affirm my patients as much as they affirm me as a person and as a surgeon.”**



69

Act 4: Follow Your Favorite Star ~ Lived the Experience

- ▶ **Nurse educator: Paula Neira**
 - ❑ **Oversees** new nurse orientation, **coordinates** in-service training and tracks required regulatory instruction and practice in an emergency room
 - ❑ **host** of webinar “Caring for Transgender Patients: Raising Awareness in Healthcare Environment”
 - ▶ **Graduate** US Naval Academy: served as officer in Gulf War
 - ▶ **Nursing graduate with a law degree:**
 - ❑ **recognized** expert on LGBT military issues and transgender military service
 - ❑ **assisted** in efforts to repeal “don’t ask, don’t tell”
 - ❑ **serves** as passionate advocate for transgender population
 - ▶ **1st** conversation about gender: **11 years** old, then in **20’s** decision made to leave Navy and transgender
 - ▶ Jesuit school + Navy **gave her the needed moral courage, tenacity, resilience!**

70

Act 5: From Understudy to New Actor~ Adding a Trans Lens

- ▶ **Education, knowledge, skills**
 - ❑ **become** familiar/comfortable with terminology: add pronouns to your badge, introduce your pronouns when meeting coworkers/colleagues for first time; **practice** using they/them as singular pronoun
 - ❑ **realize** clinical care based on up-to-date anatomical inventory, past surgeries and all medications taken
 - ❑ **review/refresh** knowledge on sex hormones, gender affirmation surgery
 - ❑ **acknowledge** patient need to affirm gender identity above health concerns and the vital part counseling and psychotherapy plays in that effort
 - ❑ **allow** patient to voice concerns if something doesn’t seem right
 - ❑ **destigmatize** in word/action by awareness on priority to affirm gender identity
 - ❑ **stress** importance of healthcare maintenance
 - ❑ when you make a mistake, **take responsibility, apologize and move forward**

71

Act 6: You Know the Script~ Be Kind and Unassuming

- ▶ **Don’t assume** someone is heterosexual: if married or in a relationship- refer to partner with neutral pronouns until you have been informed otherwise
- ▶ **Don’t assume** someone is cisgender: if only looking at name on legal, medical paperwork, ask what name /pronouns they want to use; it can help for you to disclose your pronouns when you introduce yourself to your patients as it can normalize the process
- ▶ **Don’t out** someone: patients might be more or less open about disclosing different aspects of their identity in different areas of their lives
- ▶ **Respect** terms patients use to describe gender identity, sexual orientation and body-can vary by generation, geography or personal preference
- ▶ **Be part** of creating **more welcoming** approach/spaces, environment while teaching others to embrace all children and adults regardless of sexuality, gender or gender expression

72

**Act 7: Strut Your Stuff~
Be Understanding and Supportive**

- ▶ **Decision** to seek gender-affirming therapy **made early** in reproductive lifespan- well before child-bearing consideration
- ▶ **Many unknowns** on fertility preservation with use of long-term gender affirming hormonal treatment
- ▶ **Thought and planning essential** to place on all productive options and future strategies to include such egg freezing, sperm banking, pregnancy discussions
- ▶ **Requires multidisciplinary** involvement, time and counseling while dealing with limited research data and patients who endured bad experiences with physicians in the past and have lost trust in the medical community as a whole

73

**Act 8: Go for The Gold~
Be Teacher and Mentor**

- ▶ **Administer** periodic competency training on transgender identity and health
- ▶ **Utilize** trans-affirmative language/symbols in your practice
- ▶ **Support** environment of cultural sensitivity, accountability and safety
- ▶ **Encourage /maintain** safe workplace culture by enhanced communication skills
- ▶ **Collect** feedback from LGBTQ patients, families and surrounding LGBTQ community for process improvement

74

**Act 8: Go for The Gold~
Be Teacher and Mentor**

- ▶ **Visit online** National LGBTQ Health Education Center: a program of Fenway Institute- providing welcoming care and services – a Learning Guide for staff
- ▶ **TransLine** (<http://project-health.org/transline>): has current clinical information
- ▶ **Visit online** National Center for Transgender Equality (NCTE) <http://transequality.org>- learn how to address implicit bias

75

Act 9: Before you Leave, Check Seat for Guide to Practice Improvement

- ▶ **ACA Provision of Care** and institution **Standards of Care** includes coverage to uninsured & those with pre-existing conditions, lower health care costs, improve system efficiency
- ▶ **Joint Commission Hospital Standards:** pertain to patient-centered, effective communication – accepted as vital part of quality care, patient safety, hospital visitation: put into action!
- ▶ **Repeat support: ASPAN Position Statement on Gender Diversity!**
- ▶ **National Academy of Medicine and Centers for Medicare/Medicaid services:** prohibit discrimination based on such factors as sexual orientation, gender identity/expression; **CMS**= equal coverage to care in same nursing home regardless of sexual orientation; equal use of FMLA

76

**Act 10:
Available in the theater lobby~
Inclusive Resources**

- ▶ **Trans Buddy Program:** use of community volunteers to accompany patients to appointments : helps when patient arrives for pap smear with beard
- ▶ **Department of Health and Human Services** rules: require sexual orientation, gender identity data collection in HER and address all issues:
 - ❑ sex assigned at birth
 - ❑ anatomical or organ inventory
 - ❑ **purpose:** cancer screening can be conducted for appropriate body parts
- ▶ **Healthcare Equality Index: Human Rights Campaign- free tool**
 - ❑ **allows** health systems/practices to rate themselves on policies: patient non-discrimination, equal visitation, employment non-discrimination
 - ❑ if score is 100 points: designation of "Leader in Healthcare LGBTQ Equality" is received to demonstrate inclusive policies!

77

**Act 11: Sign up for more information~
Free Resources**

- ▶ **Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People, 2nd ed:** treatment considerations when cardiovascular disease, diabetes and cancer are present:
- ❑ **Free download:** <http://www.transhealth.ucsf.edu/trans?page=guidelines-home>.
- ▶ **The World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People**
- ❑ **Free download** http://www.wpath.org/site_page.cmf?pk_association_webpage_menu=1351&pk_association_webpage=3926

78

Act 12: Don't leave uninformed~ Vital Resources

- ❑ Injustice at every turn: **report** of National Transgender Discrimination Survey: http://www.thetaskforce.org/reports__and_research/ntds
- ❑ **Human Rights Campaign:** <http://www.hrc.org/resources/entry/resources-for-people-with-transgender-family-members:Transgender-learning-the-basics-and-increasing-awareness>
- ❑ **The Trevor Project:** Trans + Gender Identity and a Guide to Being an Ally to Transgender and Non-binary Youth, Trevor Chat for LBGQT in crisis

79

Act 12: Don't leave uninformed~ Vital Resources

- ❑ **Support groups/networks:** PFLAG.org, Genderspectrum.org
- ❑ **GLADD resources:** <http://www.glad.org/transgender>
- ❑ **GLMA.org:** search affirming provider directory- locale, specialty transition
- ❑ **GLSEN:** supporting trans and gender nonconforming students
- ❑ **Befrienders Worldwide:** international helpline network- help find local help

80

Act 13: Conclusion Imminent: so Get Ready for the Sequel

- ▶ **Quality/ Safety** begins with **Awareness:**
- ❑ **Compassionate** caring matters: that includes protecting privacy (HIPPA)
- ❑ Gender science **is still evolving** as well as treatments and therapies: health literacy is a must
- ❑ **Addressing** co-occurring disorders early is a must
- ❑ **Advocating** that others treat them with respect: promotes ethical behavior
- ❑ **Spreading** kindness avoids deliberate or inadvertent gender discrimination leading to "I didn't know" situations and legal ramifications
- ❑ **Treating** patients with respect and **not assuming** gender identity or status results in nonjudgmental and **accepting** environment of care

81

Scene 14: Transgender Celebrations

- ▶ **Pride Month: July**~ Posters, Parades, Flags, Music
- ❑ recognize/commemorate important part of LGBGT history-uprising known as **Christopher Street Liberation Day T**
- ▶ **Transgender Awareness Week: November 13-19**
- ❑ educate public about who transgender people are share stories, experiences
- ❑ advance advocacy around prejudice, discrimination and violence
- ▶ **Transgender Day of Remembrance: November 20th**
- ❑ honor memories of those who died because of transphobia/ violent acts in past year by attending a vigil where their names are read
- ▶ **National Coming Out Day: October 11th**
- ❑ remind us how powerful the seemingly simple act of being visible can be
- ❑ remind LBGQT+ people to take pride in who they are

82

Scene 15: Curtain Closes on Presentation- From Amy to Leo

- ▶ Veterinary professional currently working in client service
- ▶ Have been in the field since 2015 and recently joined New England Veterinary Partners team on a hospital level in Stoneham and Acton, MA.
- ▶ Mainly in general practice, but was oncology secretary for BluePearl for quite some time
- ▶ Has AA and BA in Technical Theatre, studying at Holyoke Community College and Salem State University
- ▶ Takes supporting her community through education very seriously

83

Standing Ovation on this Success Story

- ▶ I have done my part to bring his story forward.
- ▶ Will you join me in this effort?
- ▶ If so, begin by taking the information I shared with you today, read it, absorb it, clarify it and then use your skills and knowledge to share it with your peers, your practice setting and your community!

My contact information is: megabucks@verizon.net
Thank You! Producer Meg



84