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Care of the Transgender Patient

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A few questions to think about
regarding your healthcare
training experiences...

Question 1: The mandatory training I have received in my health professional program has adequately prepared me to address the specific health needs of transgender patients

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

Question 2: The mandatory training I have received in my health professional program has adequately prepared me to interact with transgender patients in a gender affirming way

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

Question 3: The mandatory training I have received in my health professional program has adequately prepared me to work in an interprofessional team to care for transgender patients

- A. Strongly Agree
- B. Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

CARE OF THE TRANSGENDER PATIENT:

How Interprofessional Education Can Address Two Needs at Once



Jonathan Hulse (he/him)

MD/PhD Student

UNM HSC

UNM IPE Day Conference

July 14, 2023

Objectives

- Define basic vocabulary related to transgender individuals and gender affirming care
- Recognize some of the health inequities experienced by transgender patients
- Recognize how inadequacies in health professional education programs contributes to transgender health inequities
- Describe a strategy for implementing IPE on transgender healthcare at the UNM HSC

Grounding Assumptions

Transgender people are real and their gender identity is valid

Trans people are human beings; *all* humans deserve dignity, respect, and healthcare

Gender affirming care is healthcare

Discrimination against transgender people is a public health issue

Defining terminology

Terms

- **Transgender**-someone whose gender identity is *different* from their assigned sex at birth
- **Cisgender**-someone whose gender identity is the *same* as their assigned sex at birth
- Gender expansive, non-binary, gender minority, gender diversity
- **Gender incongruence** (previously gender dysphoria)- ICD11 term
- **Gender affirming care**



Gender incongruence of adolescence or adulthood

A marked and persistent **incongruence** between an individual's **experienced gender** and the **assigned sex**, which often leads to a desire to 'transition', in order to live and be accepted as a person of the experienced gender, through hormonal treatment, surgery or other health care services to make the individual's body align, as much as desired and to the extent possible, with the experienced gender. The diagnosis cannot be assigned prior the onset of puberty. Gender variant behavior and preferences alone are not a basis for assigning the diagnosis.

TRANS & GENDER DIVERSE IDENTITIES HAVE
BEEN FORMALLY DE-PSYCHO-PATHOLOGIZED
BY THE WORLD HEALTH ORGANIZATION!

What is Gender Affirming Care?

A range of social, psychological, behavioral, and medical interventions *“designed to support and affirm an individual’s gender identity”*

-World Health Organization

Transition related services are only a part of gender affirming care!





- Hair and clothing styles
- Mannerisms and posturing
- Speech and vocal quality
- Name, pronouns
- Spaces that you occupy
- Activities



- Name change on legal documents and ID
- Sex Marker on legal documents



- Puberty Blockers
- Estrogen & Testosterone
- Testosterone blockers
- Top surgery
- Bottom surgery
- **Facial feminization surgery**
- **Tissue fillers/Reduction**
- **Vocal surgery**
- **Vocal training**
- **Electrolysis/hair removal**
- **Hair implants/hair loss prevention**

Health Inequities Experienced by Transgender patients

LGBTQ Youth Experience VERY High Rates of Poor Mental Health

Anxiety & depression symptoms reported among LGBTQ youth by gender identity

Experienced symptoms of anxiety



Experienced symptoms of depression





Trans Youth Experience Higher Rates of Suicide Attempts than Cisgender LGBTQ youth

Rates of considered and attempted suicide among LGBTQ youth by gender identity

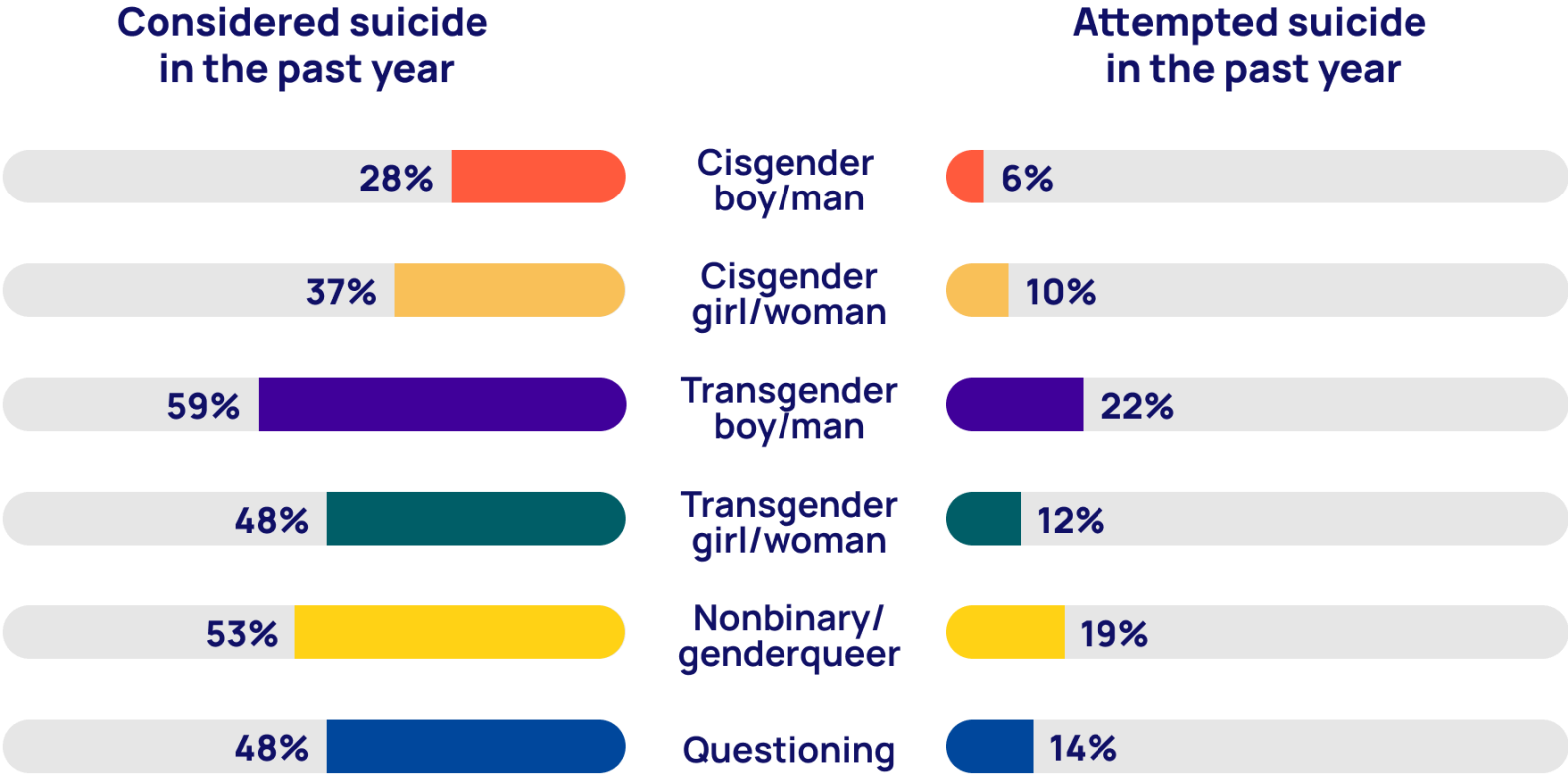
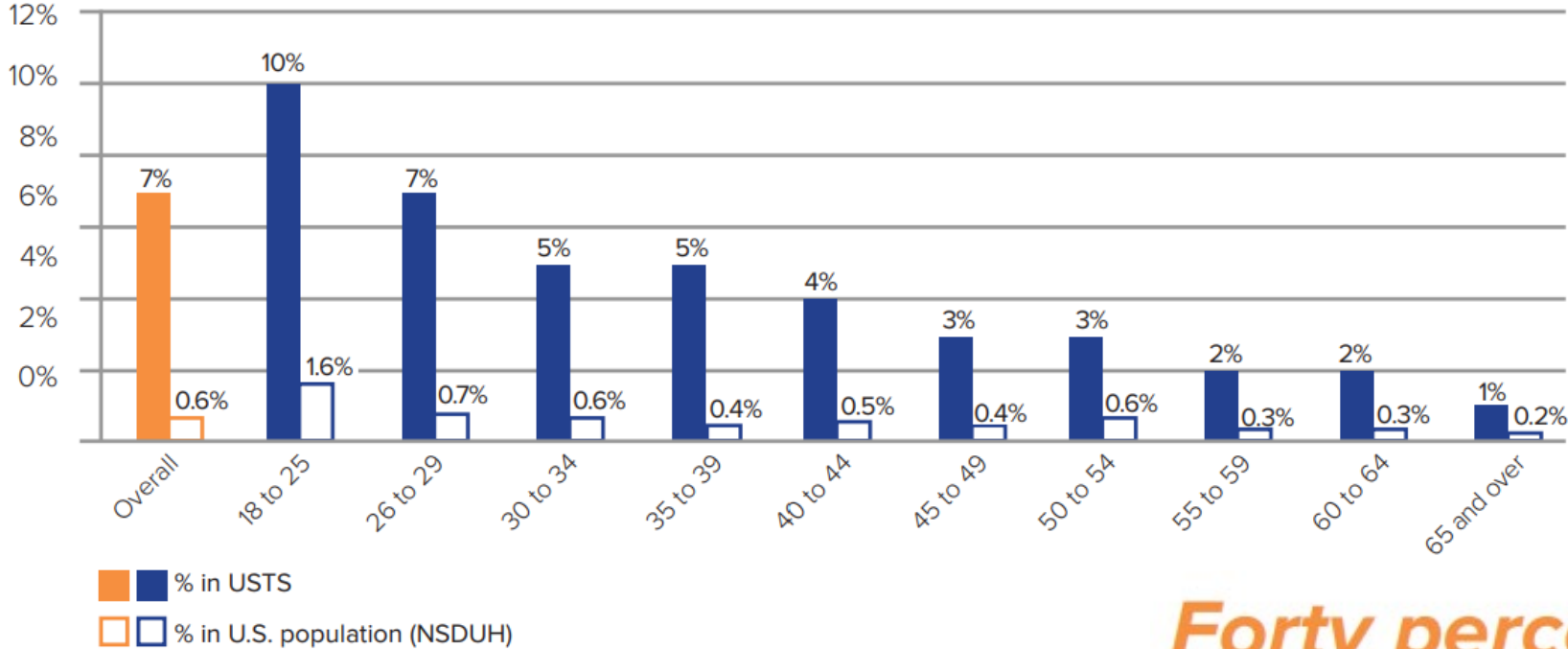


Figure 7.31: Attempted suicide in the past year
CURRENT AGE (%)



Forty percent (40%) of respondents have attempted suicide in their lifetime, nearly nine times the rate reported in the U.S. population (4.6%).

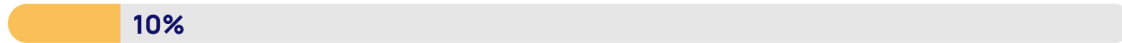


LGBTQ youth who attempted suicide in the past year, comparison across those who have ever been physically threatened or harmed due to either their sexual orientation or gender identity

Experienced threat or harm due to sexual orientation or gender identity

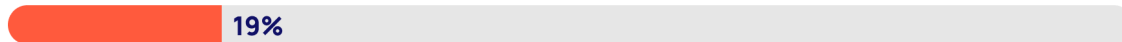


Did not experience threat or harm due to sexual orientation or gender identity



LGBTQ youth who attempted suicide in the past year, comparison across those who have ever experienced discrimination

Experienced discrimination based on sexual orientation or gender identity



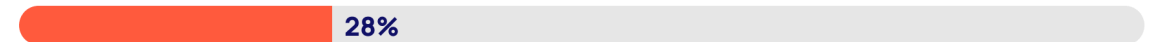
Did not experience discrimination based on sexual orientation or gender identity



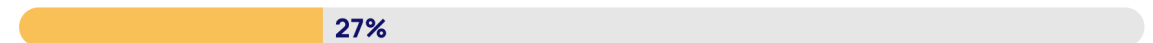
Higher suicide rates are linked to discrimination, stigmatization, and marginalization of LGBTQ people

LGBTQ youth who attempted suicide in the past year, comparison across those subjected to conversion therapy

Subjected to conversion therapy



Threatened with conversion therapy



Not subjected to or threatened with conversion therapy

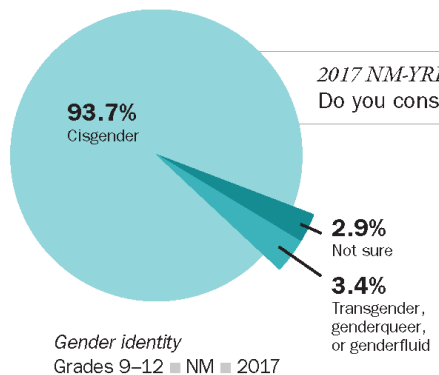


2017 NM-YRRS Results:

Gender Identity

Gender identity is an individual's concept of self as male, female, a blend of both or neither. A person's gender identity may or may not correspond with the sex they were assigned at birth. When a person's gender identity does not correspond with their sex assigned at birth, they may consider themselves *transgender*, *genderqueer*, *genderfluid*, or another gender. When a person's

gender identity matches their sex assigned at birth they are considered *cisgender*. People who are transgender, genderqueer, or genderfluid may experience health inequities due to unequal access to resources, a history of violence, trauma, and discrimination, and minority stress¹. In 2017, a question about gender identity was added to the high school YRRS questionnaire.

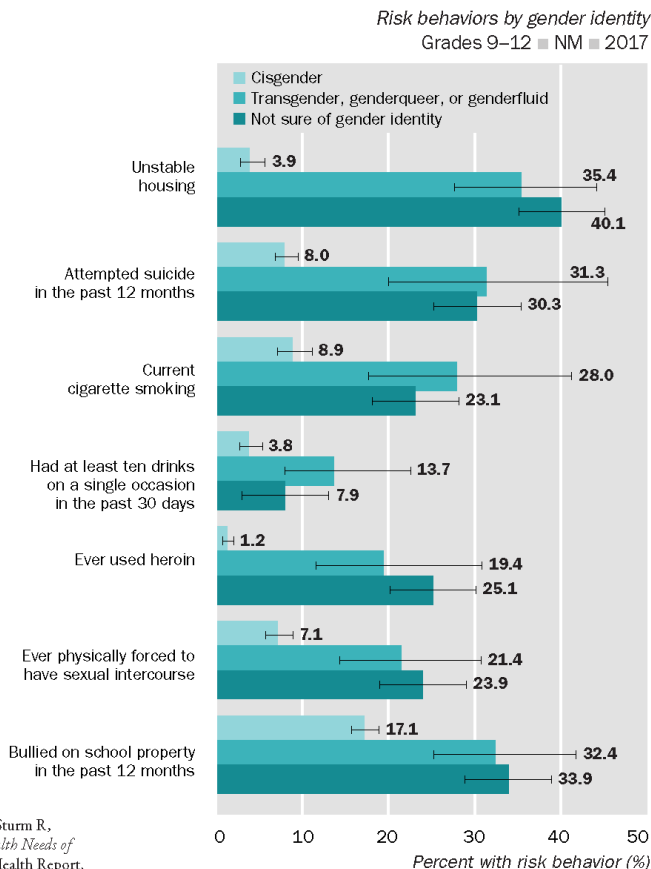


There were no differences in gender identity based on sex, race/ethnicity, grade level, or parent education.

Compared to cisgender students, those who identified as transgender, genderqueer, or genderfluid, or who were not sure of their gender identity, were at much higher risk for housing instability, suicidal behaviors, substance use, and being victims of bullying and sexual violence.

TERMINOLOGY

Current use: The term "current" refers to behaviors that took place within the past 30 days.



- **35%** experienced unstable housing
- **31%** attempted suicide in past year
- **28%** currently smoke cigarettes
- **14%** severe binge drinking in past month
- **19%** ever used heroin
- **21%** ever physically forced to have sexual intercourse
- **33%** bullied on school property in past year

¹ Calderwood D, Dakota R, Hunter D, Jaramillo E, Padilla J, Shattuck D, Sturm R, Tomedi L, Weinstein S, and Willging C. (2018, June). *Addressing the Health Needs of Sex and Gender Minorities in New Mexico*. New Mexico Department of Health Report.

Access to mental health care

60% Wanted but did not receive care
40% Wanted and received care



LGBTQ youth who wanted mental health care but were unable to get it cited the following top ten reasons

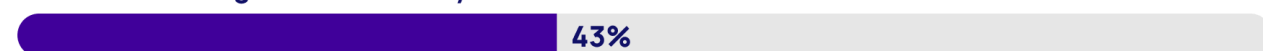
Fear of discussing mental health concerns



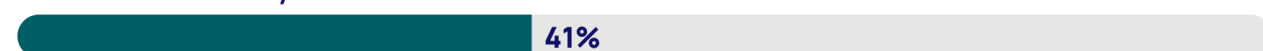
Concerns with obtaining parent/caregiver permission



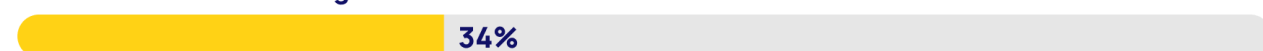
Fear of not being taken seriously



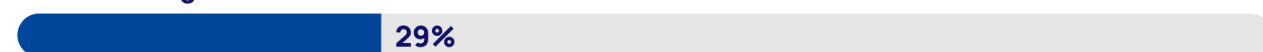
Lack of affordability



Fear of care not working



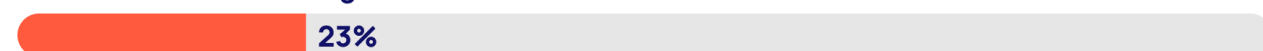
Fear of being outed



Fear of my identity being misunderstood



Concerns with receiving virtual care at home



Lack of transportation options



Lack of parent/caregiver permission



Suicide attempt rate by LGBTQ youth social support

Family

Friends

16%

Low to moderate support

17%

6%

High support

12%

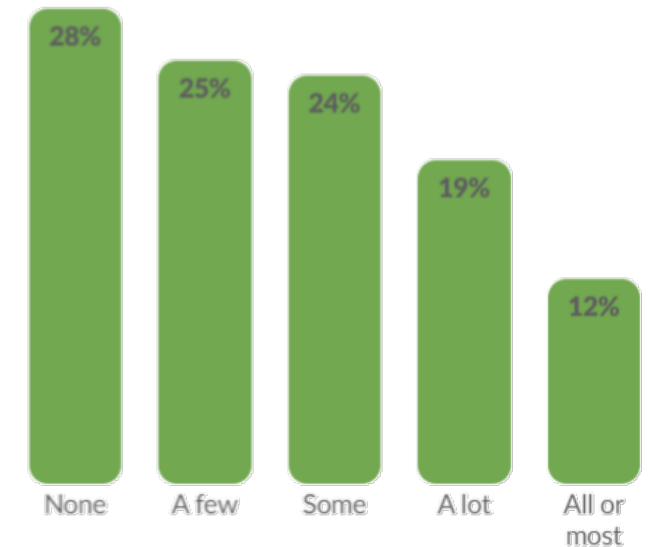
Affirming gender identity among transgender and nonbinary youth is consistently associated with lower rates of suicide attempts.

Gender affirmation and social support decrease suicidality

Transgender and nonbinary youth who report having their pronouns respected by **all or most** of the people in their lives attempted suicide at **half the rate** of those who did not have their pronouns respected.

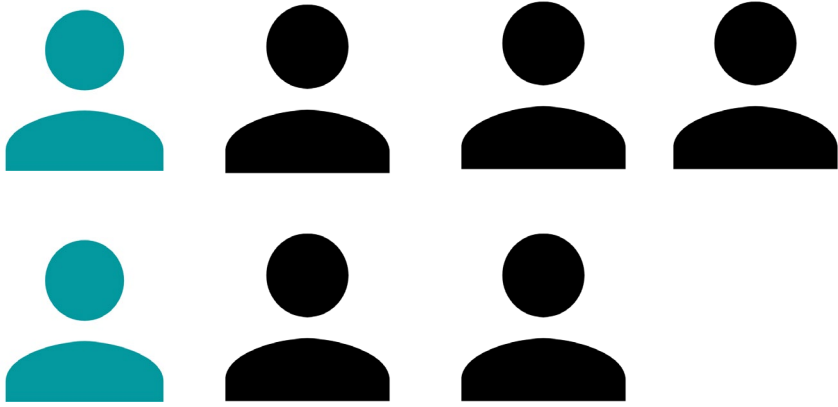
Only 1 in 5 transgender and nonbinary youth reported having their pronouns respected by all or most of the people in their lives, including **less than one in ten** among those who primarily identified as nonbinary.

Youth who attempted suicide, comparison of number of people who respected their pronouns:



**Recognizing how health
profession training
contributes to health
inequity**

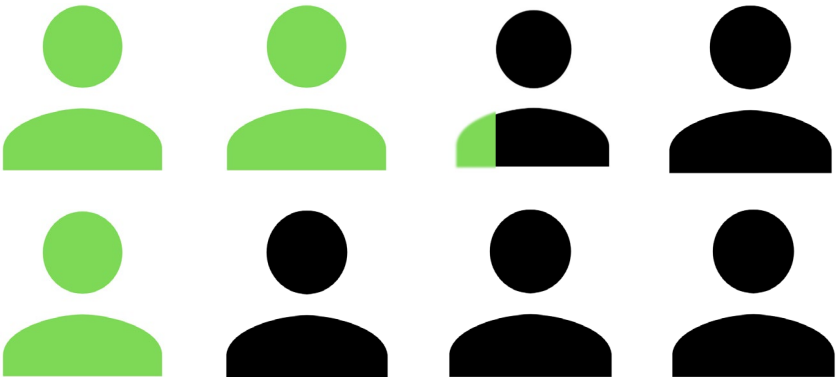
Provider discrimination



23% did not see a doctor when they needed to because of fear of being mistreated as a trans person (**34%** in NM)

33% have at least one negative experience related to being trans in a healthcare setting (**44%** in NM)

Insurance Denial



55% of those who sought coverage for transition-related surgery in the past year were denied

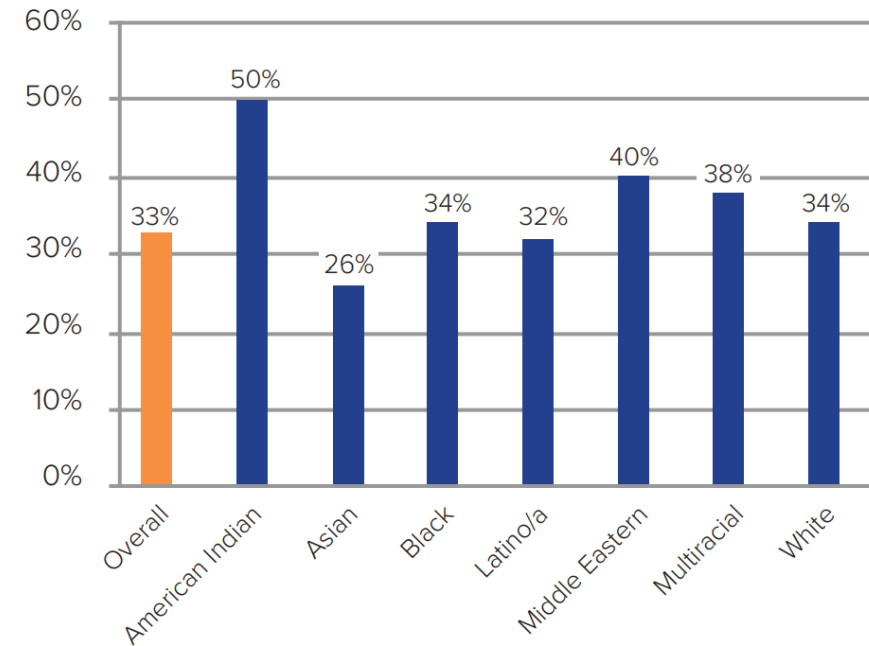
25% of those who sought coverage for hormones in the past year were denied. (**29%** in NM)

Negative experience	% of those who had seen a provider in the past year
They had to teach their health care provider about transgender people to get appropriate care	24%
A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit	15%
A health care provider refused to give them transition-related care	8%
They were verbally harassed in a health care setting (such as a hospital, office, or clinic)	6%
A health care provider used harsh or abusive language when treating them	5%
A health care provider refused to give them care not related to gender transition (such as physicals or care for the flu or diabetes)	3%
A health care provider was physically rough or abusive when treating them	2%
They were physically attacked by someone during their visit in a health care setting (such as a hospital, office, or clinic)	1%
They were sexually assaulted ⁹ in a health care setting (such as a hospital, office, or clinic)	1%
One or more experiences listed	33%

THINGS WE CAN DO BETTER ON!



Figure 7.4: One or more negative experiences with health provider in the past year
RACE/ETHNICITY (%)



Trans POC experience higher rates of discrimination

Respondent experienced at least one form of discrimination or mistreatment from a health care provider

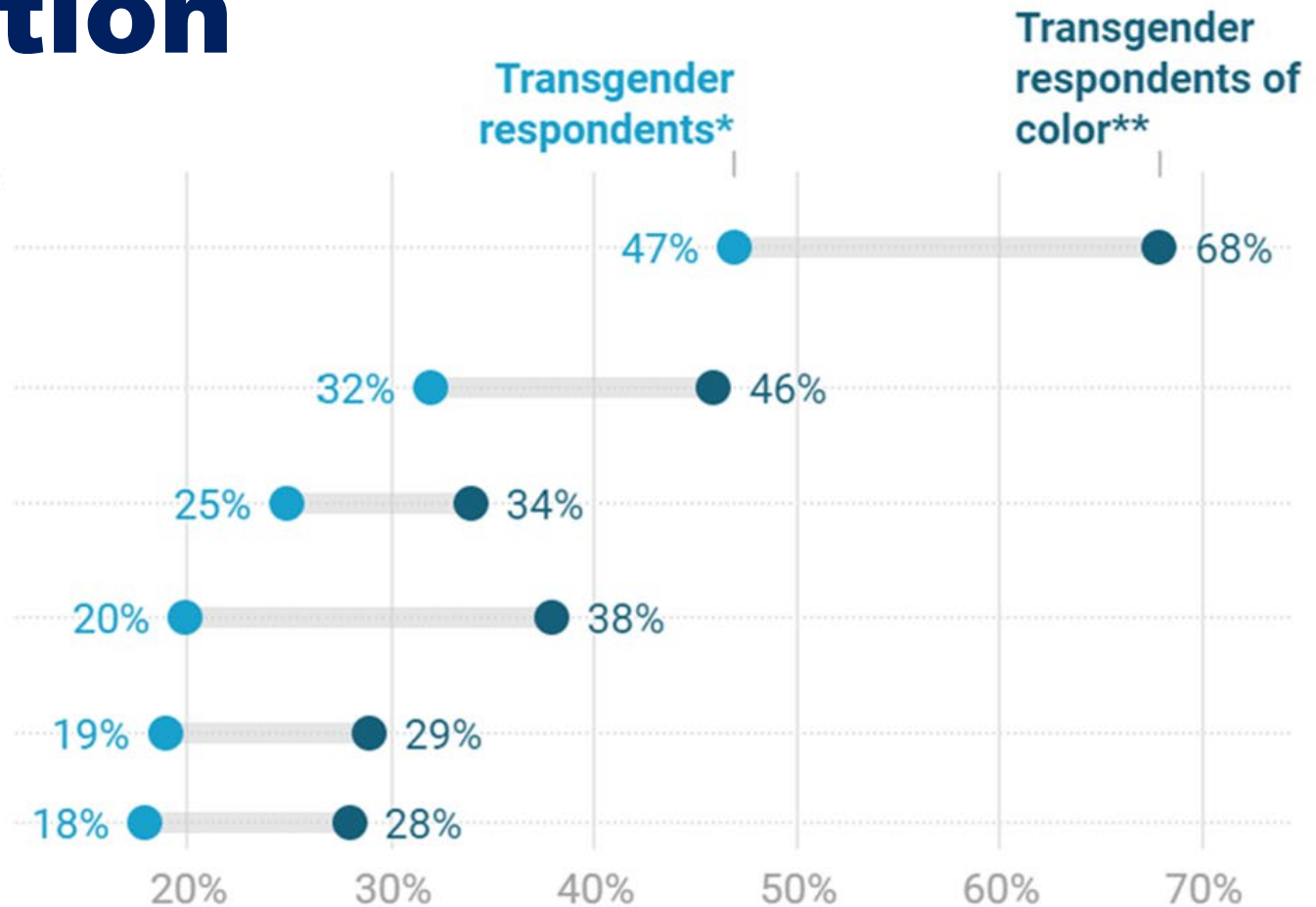
Doctor intentionally misgendered or used the wrong name

Doctor refused to give health care related to gender transition

Doctor was physically rough or abusive when treating

Doctor used harsh or abusive language when treating

Doctor refused to see patient



How many hours of LGBTQ content are needed to prepare students to work with LGBTQ patients?

Nowaskie & Patel. BMC Med Educ. 2020 doi: 10.1186/s12909-020-02381-1.

Dustin et al. Journal of the American Pharmacists Association. 2021 doi: 10.1016/j.japh.2021.02.009.





Hours of LGBTQ content in health professions programs

Nursing

Avg: 2.12 hours

Lim et al. *Nursing Education Perspectives*. 2015.

Pharmacy

54% 0 hours, 39%
1-3 hours

Mandap et al. *Currents in Pharm Teach & Learn*. 2014

Medicine

Median: 5 hours

Obedin-Maliver et al. *JAMA*. 2011

OT

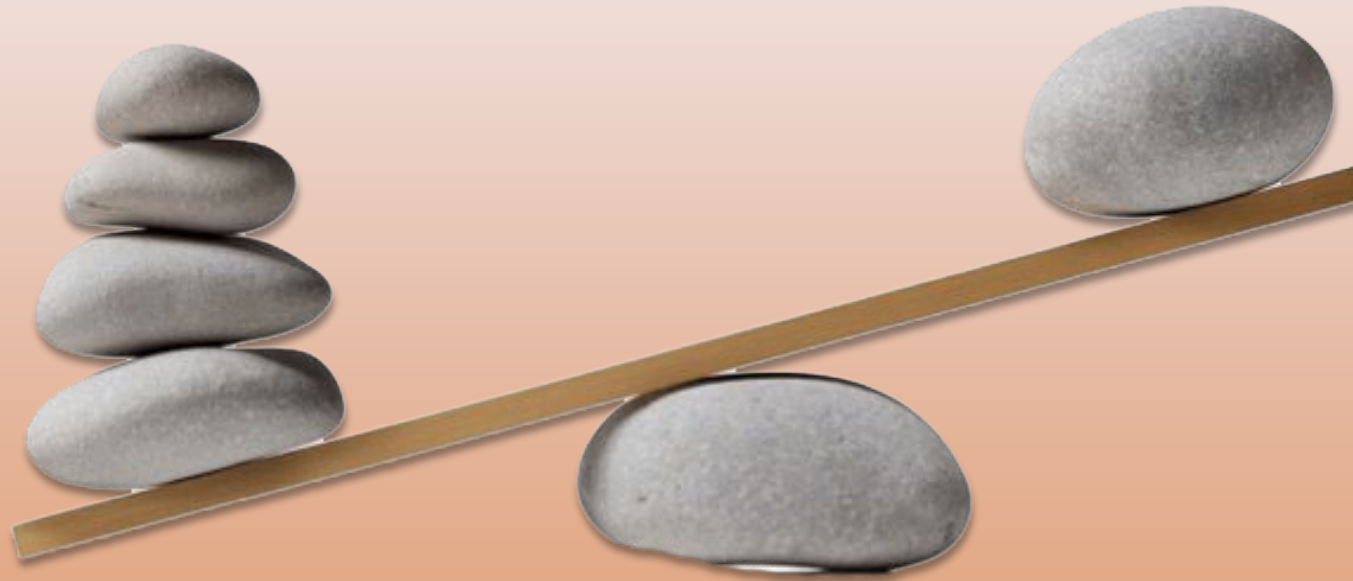
21% 0 hours, 68%
<2 hours

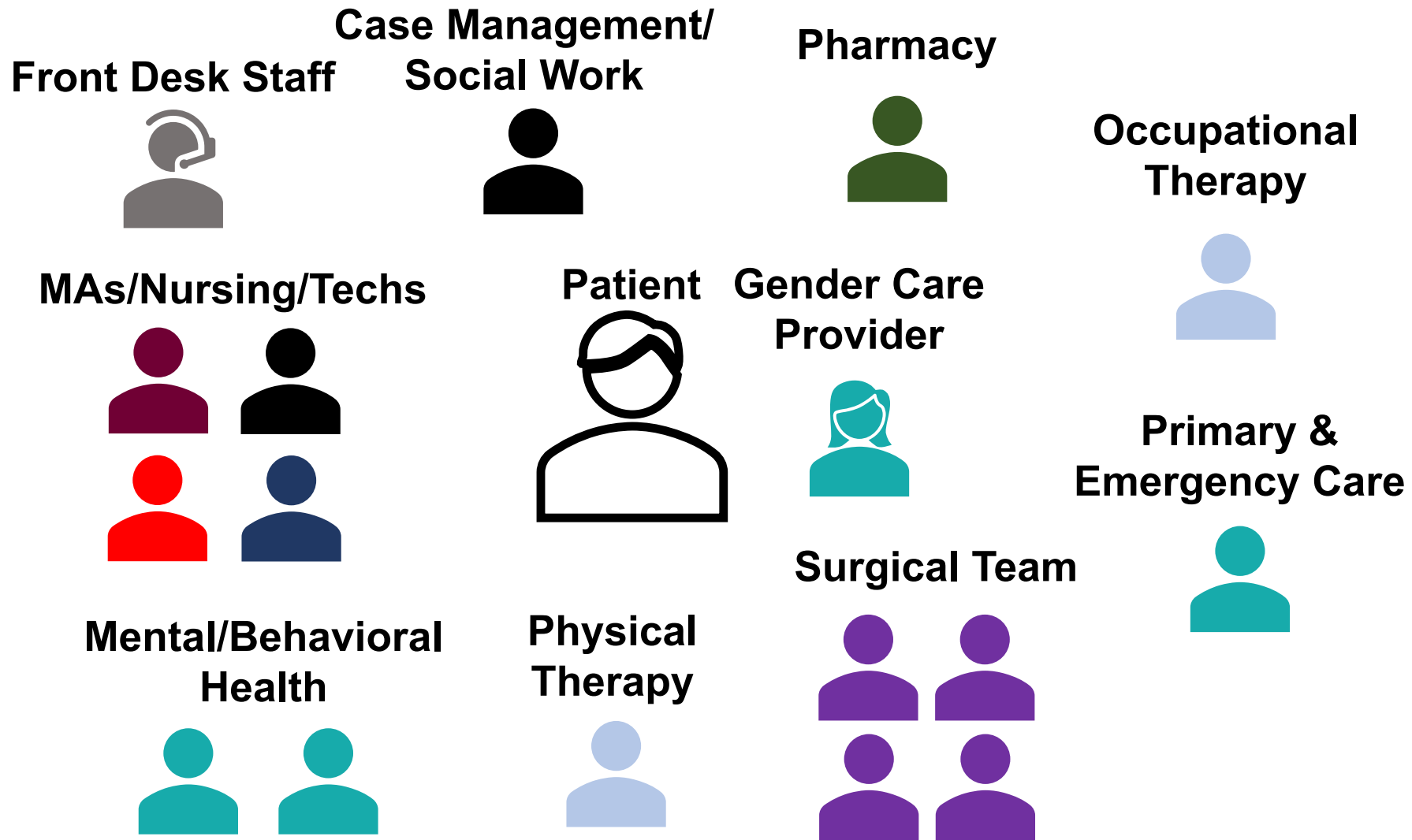
Bolding et al. *Journal of Occupational Therapy Ed*. 2020

What content is being covered?

HIV & STI
management

Gender
affirming care





*“We suggest health care professionals assessing transgender and gender diverse adults seeking gender-affirming treatment liaise with professionals from **different disciplines** within the field of transgender health for **consultation** and **referral**, if required.”*

-WPATH SOC Guidelines

So what do we do?



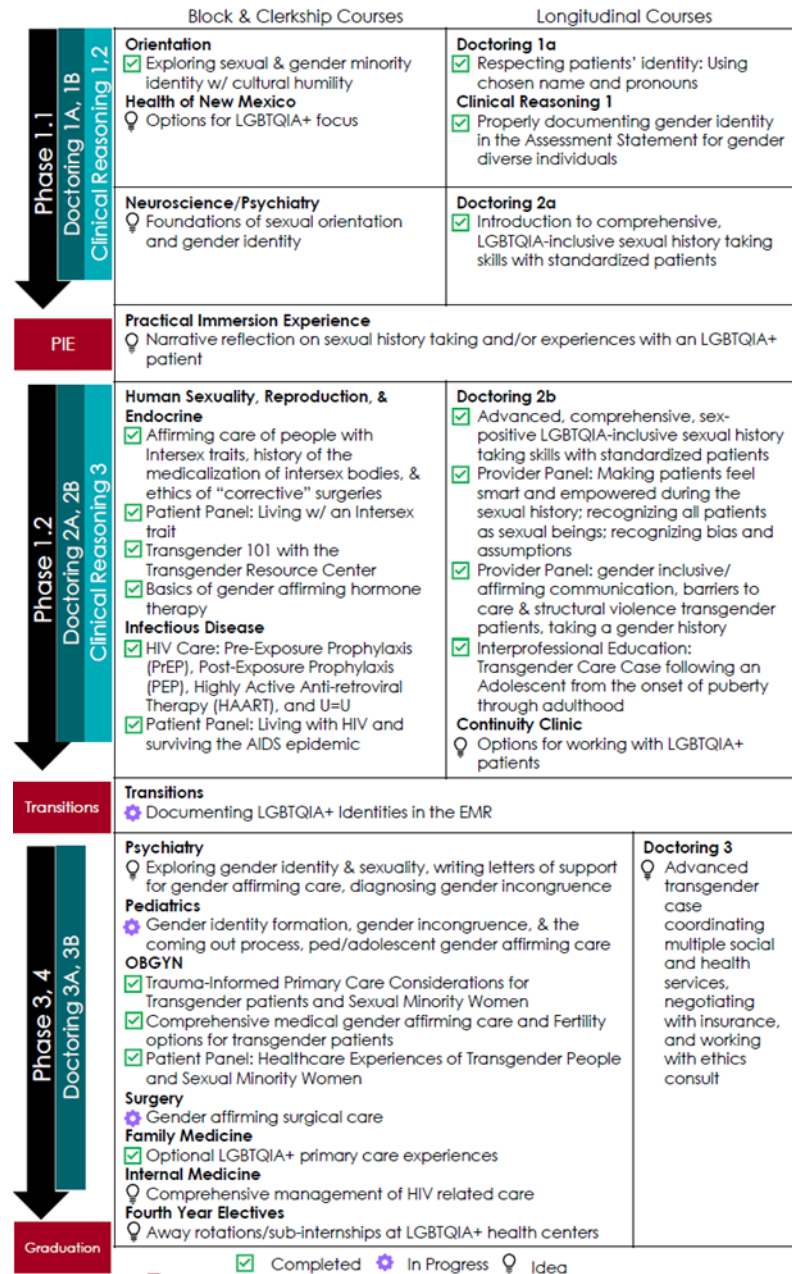


UNM



LGBTQ Students
and Allies in Healthcare

UNM LGBTQIA+ Curricular Vision



☒ Completed
 ☒ In Progress
 ☒ Idea



LGBTQ Students
 and Allies in Healthcare

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25 hours of required curriculum on LGBTQ healthcare incorporated into the Medical School Curriculum!



To read a detailed report about the activity on the data presented here please view the following document by scanning the QR code

IPE Activity on Care of the Transgender Patient

- **30 minutes: Introduction to Gender Affirming Care** (Large group Zoom; Molly McClain MD presents an overview of the importance and practices of Gender Affirming Care)
- **2 hours: Small group case-based discussion** (participants move to breakout rooms in interprofessional groups)
- **30 minutes: Debrief** (return to Large group Zoom where groups share their experiences and a panel of experts is available to answer questions)
- 232 total zoom participants; SOM, COP, CON (NP, Psych, Midwifery)

Survey Instruments

- **Interprofessional Collaborative Competencies Attainment Survey**

- 20-questions assessing 6 IPE competency domains
- Validated survey instrument for assessing effectiveness of IPE

- **Objective-based feedback and curriculum evaluation form**

- Retrospective pre- post-survey
- 6-questions with “Before” and “After components (12 total)
- 1 free response question for providing feedback

All data from the ICCAS was de-identified prior to analysis by the study members and the study was conducted in compliance with the approved University of New Mexico Institutional Review Board Study Protocol Number 21-070.

ICCAS Questions

Survey Question	Full Survey Item Description
Communication1	Promoted effective communication among members of an IP team.
Communication2	Allowed for active listening with Interprofessional team members ideas and concerns.
Communication3	Allowed for the expression of ideas and concerns without being judgmental.
Communication4	Allowed for constructive feedback to Interprofessional team members.
Communication5	Allowed for the expression of ideas and concerns in a clear and concise manner.
Collaboration1	Promoted collaboration among Interprofessional team members to address issues.
Collaboration2	Allowed Interprofessional team members to work effectively toward their goal.
Collaboration3	Allowed you to learn from, with and about Interprofessional team members to advance care for patients and populations.
Roles & Responsibilities1	Allowed for the Identification and description of people's abilities and contributions to the Interprofessional team.
Roles & Responsibilities2	Supported your accountability for your contributions to the Interprofessional team.
Roles & Responsibilities3	Understand the abilities and contributions of the Interprofessional team members
Roles & Responsibilities4	Recognize how others skills and knowledge complement and overlap with my own
Collaborative Patient/ Family Centered Approach1	Demonstrated an interprofessional team approach with the patient to assess the health situation
Collaborative Patient/ Family Centered Approach2	Demonstrated an interprofessional team approach with the patient to provide whole person care
Collaborative Patient/ Family Centered Approach3	Demonstrated an interprofessional team approach which Includes the patient/family in decision making
Conflict Management/ Resolution1	Demonstrated how we actively listen to the perspective of Interprofessional team members
Conflict Management/ Resolution2	Demonstrated how we take into account the ideas of Interprofessional team members
Conflict Management/ Resolution3	Demonstrated how we address team conflict in a respectful manner
Team Functioning1	Demonstrated how we develop an effective care plan with Interprofessional team members
Team Function2	Demonstrated how we negotiate responsibilities within overlapping scopes of practice

Table 1: List of survey question items from the ICCAS. Responses included a 6-point Likert scale (1=Not at All, 2=Very Little, 3=Fairly Well, 4=Quite Well, 5=Very Well, 6=Perfectly).

Summary of responses to Interprofessional Collaborative Competencies Attainment Survey

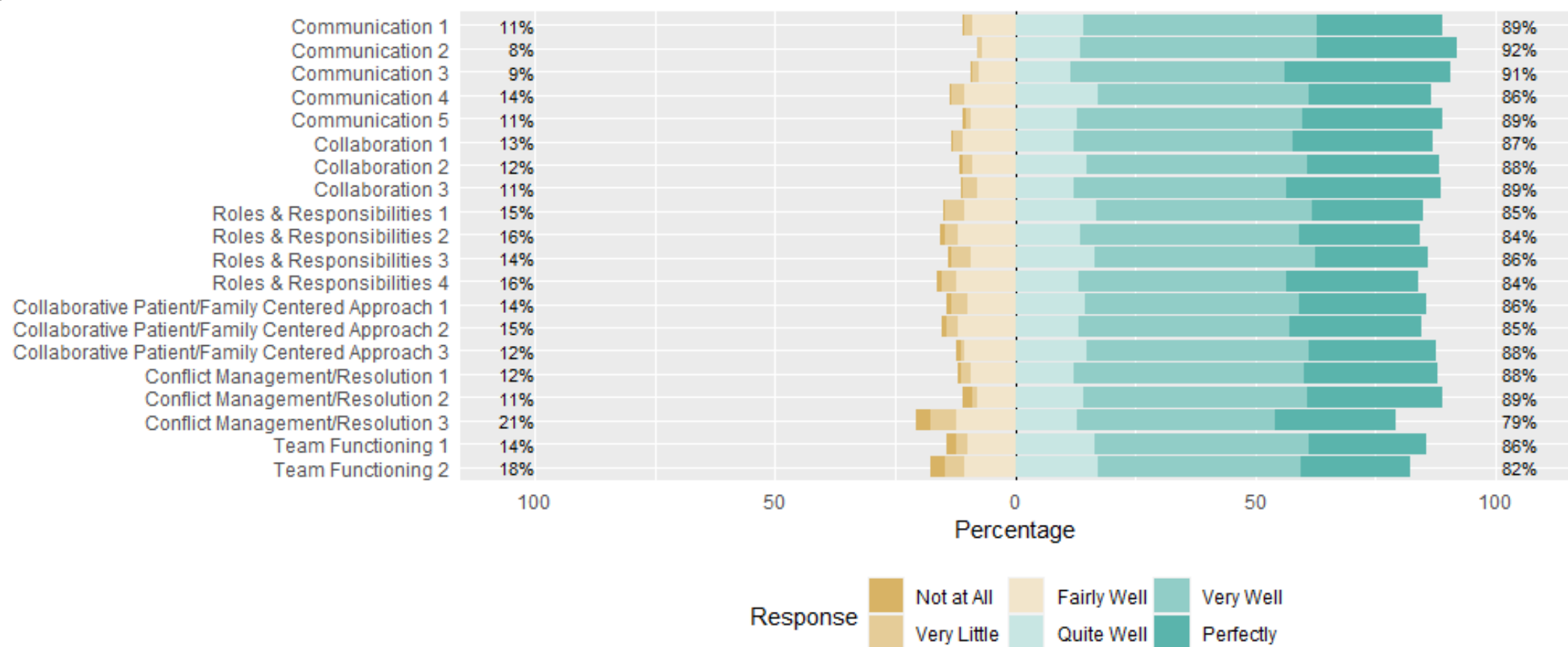


Figure 1: Stacked bar plot of Likert responses for all 20 survey items. Survey questions included general statements of interprofessional collaborative competencies to which respondents indicated how well the activity met that competency. Survey items are grouped based on the ICCAS competency domain that was being assessed.

Objective-based survey

Survey Question	Full Survey Item Description
Question1	I understand barriers gender diverse people experience in accessing healthcare systems.
Question2	I am confident in my ability to be gender-affirming in my interactions with people with diverse gender identities.
Question3	I am confident in my ability to participate in the care of people with people with diverse gender identities.
Question4	I am aware of guidelines and resources for caring for transgender patients.
Question5	I can apply knowledge of hormone pharmacology to the treatment of gender incongruence.
Question6	I understand how treating gender incongruence in youth differs from adults.

Table 3: List of survey question items assessing objectives of the activity. Responses included a 5-point Likert scale (1=Strongly disagree, 2=Disagree, 3=Neutral, 4=Agree, 5=Strongly agree).

Summary of responses to paired survey questions from Objective-based Curriculum Evaluation Survey

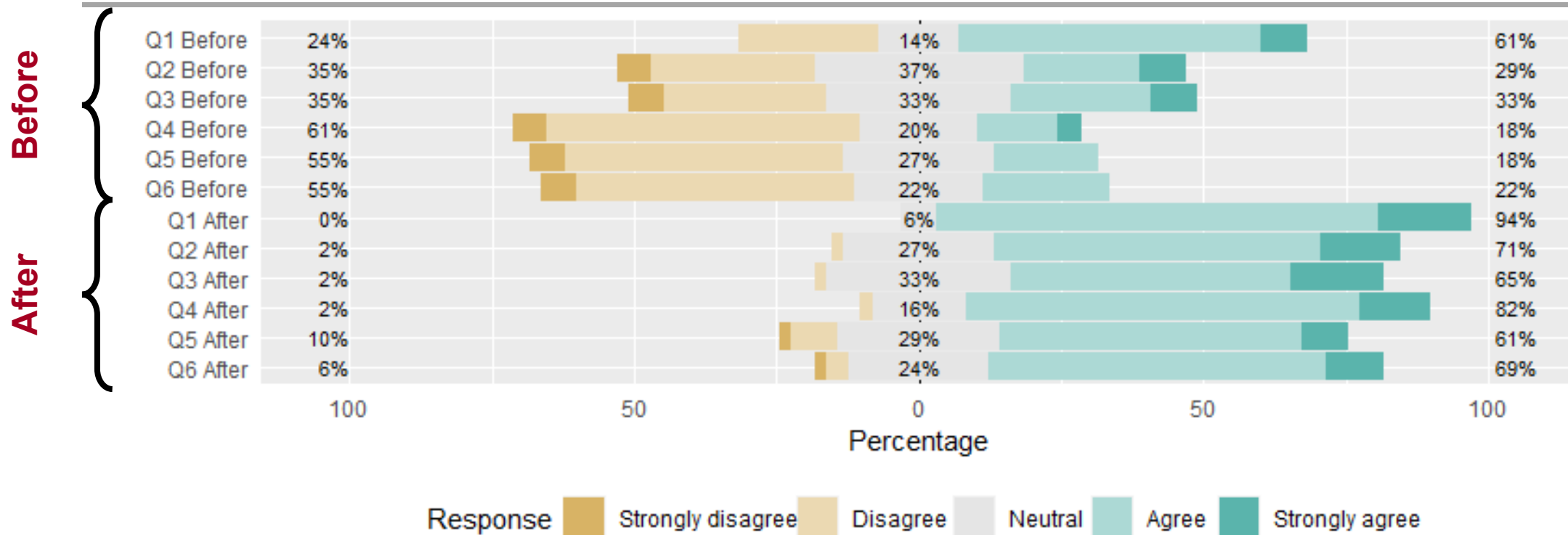


Figure 2: Stacked bar plot of Likert responses for all 12 survey items. Survey questions included general statements to which respondents indicated how strongly they agreed or disagreed. The H_0 was $\mu_{\text{Before}} - \mu_{\text{After}} = 0$. The H_A was $\mu_{\text{Before}} - \mu_{\text{After}} \neq 0$. P-values were significant at $\alpha=0.0001$ for all paired Before-After survey questions using two-sided Wilcoxon signed rank test for paired samples.

Interprofessional case-based activities on transgender healthcare promote cross-disciplinary collaboration for patient-centered team-based care while increasing student knowledge and confidence in their ability to provide gender affirming care to gender minority individuals.

“This was awesome! I can only imagine what wonderful outcomes this session will have on caring for future patients. However, an immediate outcome was this overwhelming joy felt in my soul that happens when we are surrounded by others that are genuinely interested in being better people and learning how to better care for/ support all people in their diverse life experiences” –Student Feedback

Thank you for listening

Contact Info:

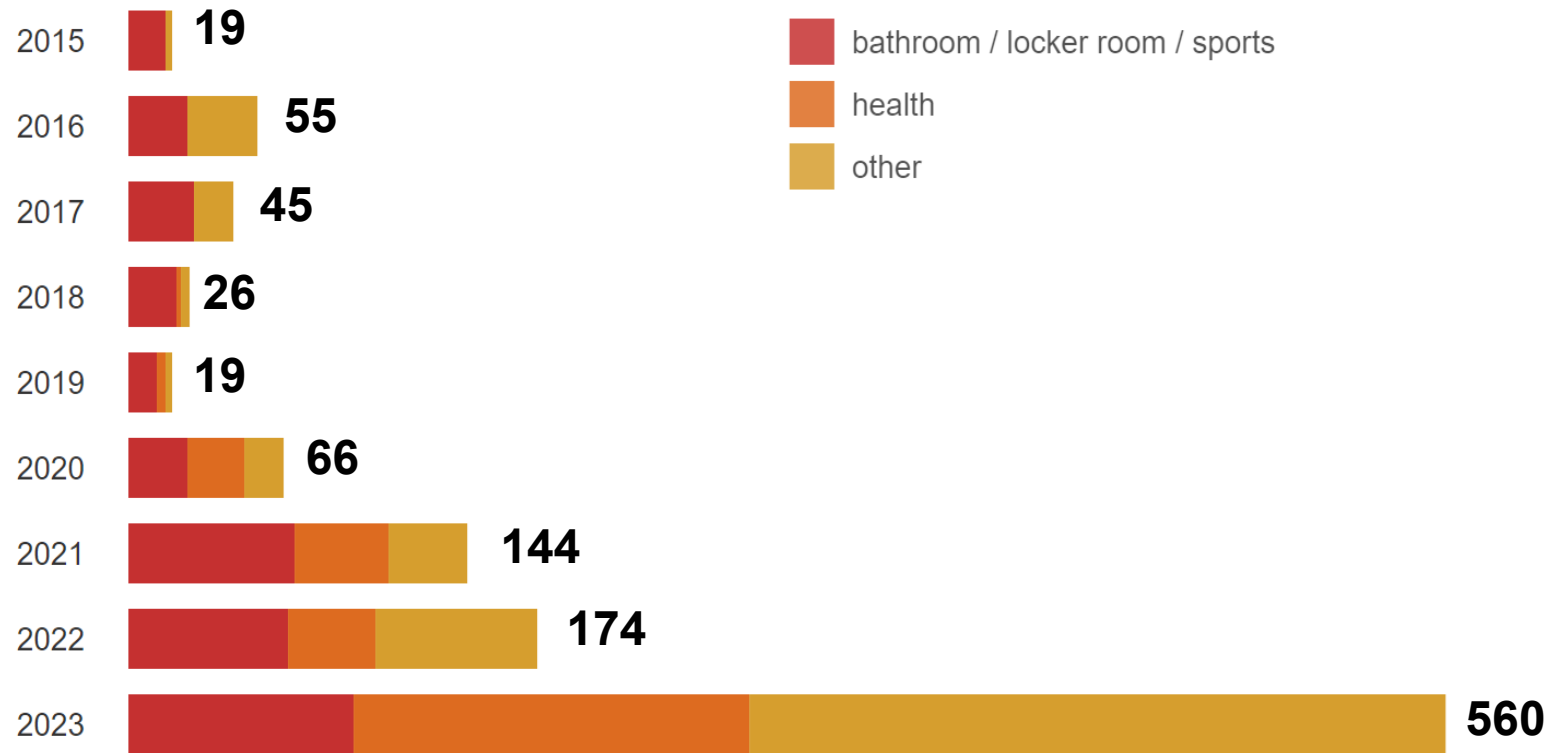
Jonathan Hulse

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Overview of the State of Anti-Trans Legislation in the US

Tracking the rise of anti-trans bills in the U.S.

The United States has experienced a long rise in anti-trans legislation. Now it's surging.



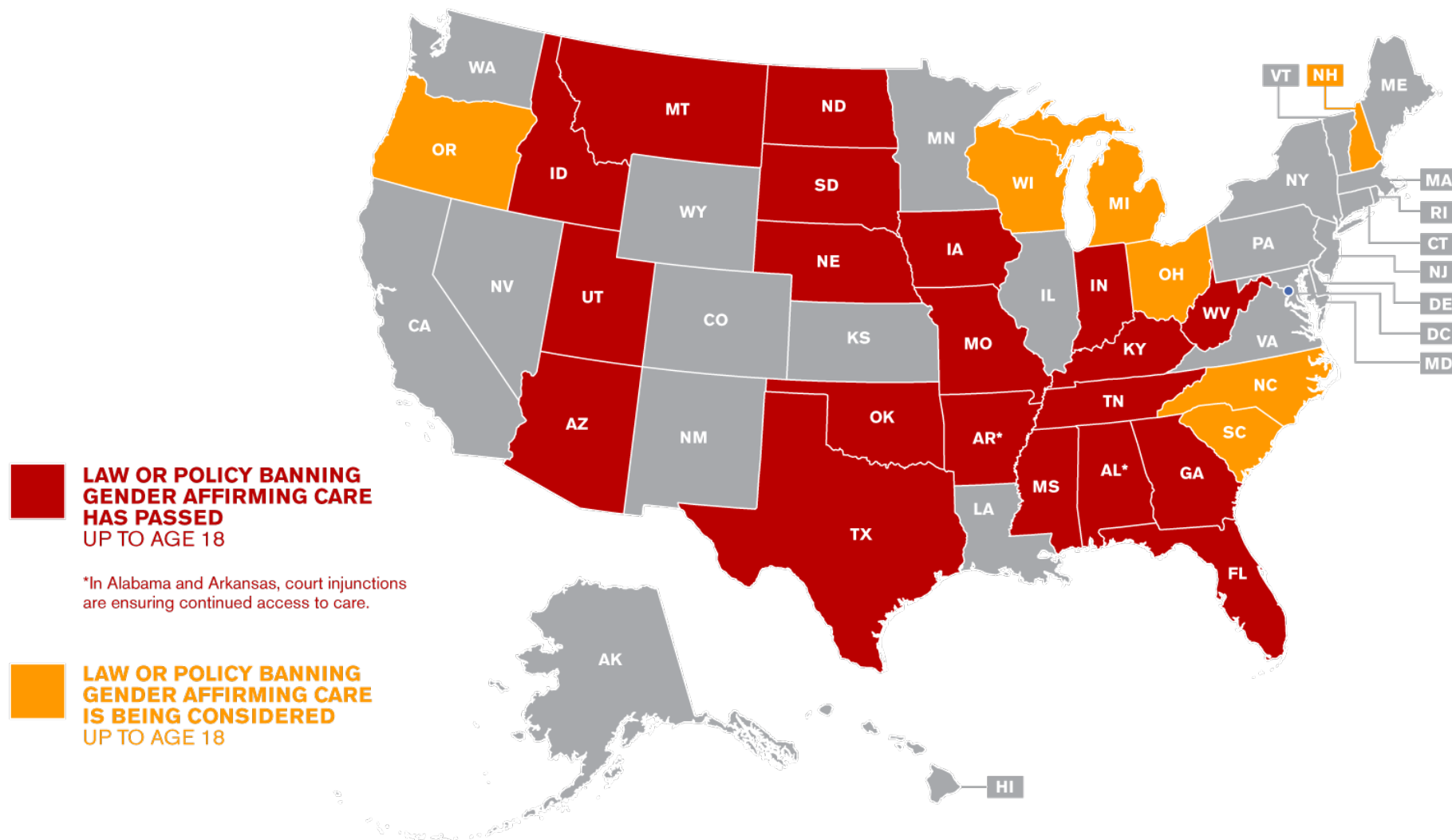
Anti-trans bills targeting gender-affirming healthcare

The United States saw more bills targeting gender-affirming healthcare in 2023 than the last 5 years combined.



Bills targeting access to gender-affirming care by year.

Gender-Affirming Care Bans Impacting Youth

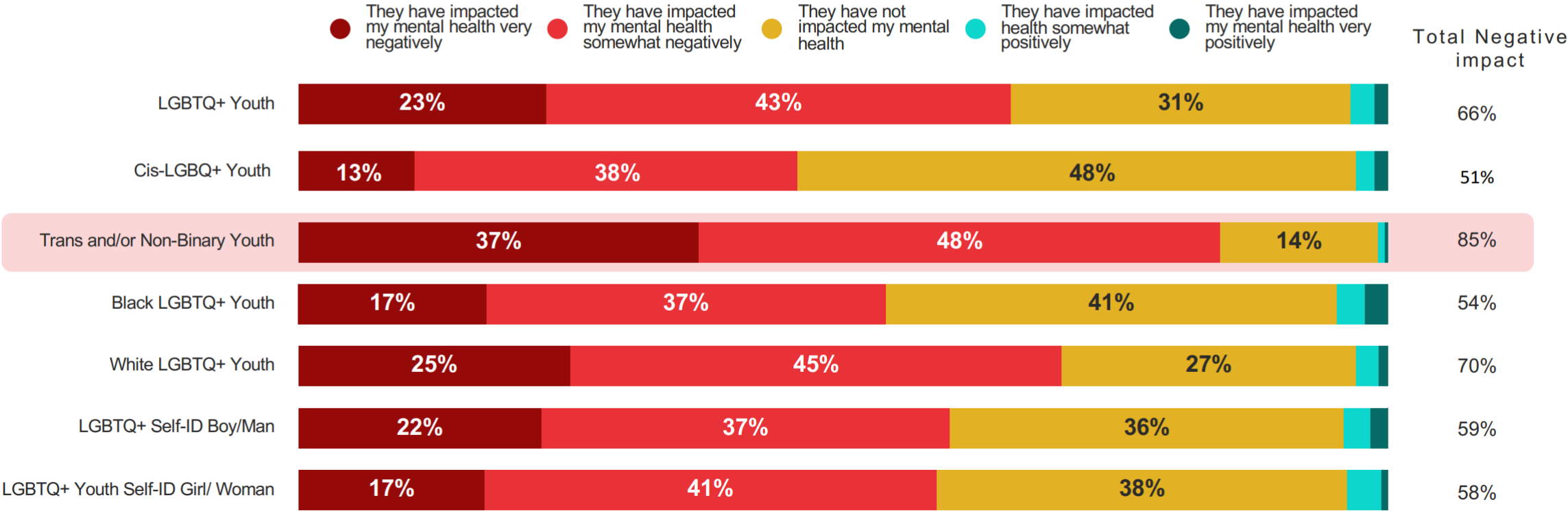




ISSUES IMPACTING THE TRANSGENDER COMMUNITY

Two-thirds of LGBTQ youth report that the recent debates about state laws restricting the rights of transgender people has impacted their mental health negatively. This impact is even more dramatic among transgender and/or non-binary youth where more than four in five of them (85%) report it has impacted their mental health negatively.

How have recent debates about state laws restricting the rights of transgender people impacted your mental health?



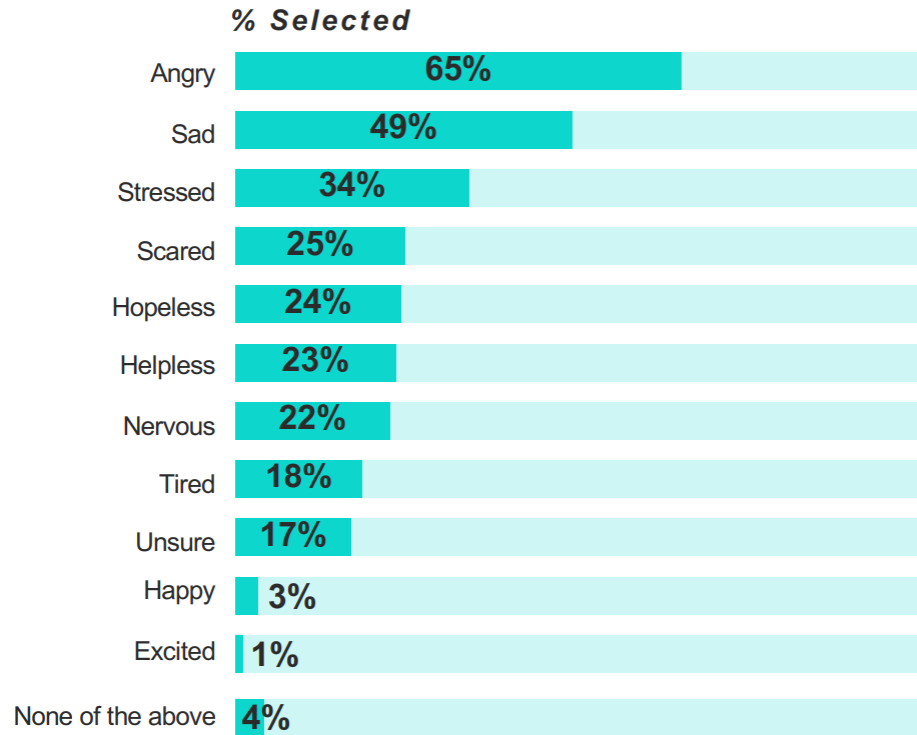
Total Negative impact= Very + Somewhat negatively



ISSUES IMPACTING THE TRANSGENDER COMMUNITY

LGBTQ youth, across key demographics, are most likely to report feeling *angry* and *sad* at a policy that would ban doctors from prescribing puberty blockers or hormone replacement to transgender and/or non-binary youth. Transgender and/or non-binary youth disproportionately report feeling *stressed* and *scared*.

Some states have suggested policy changes that would ban doctors from prescribing puberty blockers or hormone replacement therapy to transgender and nonbinary youth. How does this policy make you feel? Please select all that apply.



	LGBTQ+ Youth	Cis-LGBQ+ Youth	Trans and/or Non-Binary Youth	Black LGBTQ+ Youth	White LGBTQ+ Youth	LGBTQ+ Youth Self-ID Boy/Man	LGBTQ+ Youth Self-ID Girl/Woman
Angry	65%	58%	73%	55%	68%	60%	64%
Sad	49%	43%	57%	38%	54%	45%	48%
Stressed	34%	22%	47%	25%	38%	27%	32%
Scared	25%	14%	40%	12%	29%	24%	18%
Hopeless	24%	16%	36%	12%	29%	24%	19%
Helpless	23%	15%	35%	16%	26%	20%	21%
Nervous	22%	14%	34%	11%	27%	22%	17%
Tired	18%	13%	25%	12%	19%	18%	15%
Unsure	17%	20%	14%	19%	16%	15%	20%
None of the above	4%	6%	1%	4%	4%	7%	5%
Happy	3%	5%	2%	6%	2%	5%	3%
Excited	1%	1%	1%	3%	0%	2%	1%

TOP-TIER EMOTION
MIDDLE-TIER EMOTION
LOWER-TIER EMOTION



New Mexico has become a safe haven for LGBTQ people fleeing discriminatory legislation across the US

HB31 -

No Trans/NB people changing their name has to “out” themselves in newspaper ads.

EQNM
EQUALITY NEW MEXICO



Major data sources for this presentation

- **Trevor Project-** National Data on LGBTQ youth conducted annually
- **NM Youth Risk and Resiliency Survey-** Statewide data on NM youth in middle and high school with breakdowns by LGBTQ identity
- **Behavioral Risk Factor Surveillance System-** National Data on adults with breakdowns by LGBTQ identity
- **2015 US Transgender Survey-** Largest national dataset on Trans adults (update coming soon)