Student education on transgender health care: transgender patient perspectives

Elizabeth Anne Stark

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The University of Toledo

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Dedication

This project is dedicated to the wonderful individuals from the transgender support group. I greatly appreciate their willingness to share their past experiences to help me understand what is lacking in transgender healthcare. Also, I would like to dedicate this project to Vipul, my co-adviser, whom answered every email and met me often to assist with anything I needed. I am honored to have worked with him and admire him for his work toward better serving the LGBTQ community's healthcare needs.

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Introduction

According to Flores et al, there are an estimated 1.4 million adults in the United States that identify as transgender (Flores, Herman, Gates & Brown, 2016). Yet this population is one plagued by discrimination and injustices in almost all aspects of life (Grant et al., 2010). The injustices are especially prevalent in the health care industry, where transgender patients often postpone or avoid health care all together. According to the National Transgender Discrimination Survey, this avoidance is due to the many barriers transgender patients face when trying to access healthcare (Grant et al.). Of the 6,450 transgender or gender non-conforming individuals surveyed, 19% experienced refusal of care because of their gender identity and 28% experienced harassment in medical settings. In addition to the mistreatment, many patients found their health care providers to be uninformed about transgender medicine. Fifty percent of respondents had to teach their health care providers about transgender care. To avoid the disrespect and discrimination experienced in health care settings, 28% postponed medical treatment when they needed it and 33% avoided or did not seek preventive health care. Another study by Lambda Legal (2010) found that 21% of respondents had reported being subjected to abusive or harsh language from a medical provider. It is evident that a large number of transgender patients seeking out health care experience maltreatment and injustice in the process. This could lead to transgender patients seeking medical advice outside of professional services. A study focused on transgender individuals living in Virginia found that 50% of the study participants obtained their hormone treatment from someone other than a doctor (Xavier, Honnold, & Bradford, 2007). The study also found that 46% had administered hormones through self-injection or received an injection from someone other than a doctor or nurse. Due to the discrimination faced at health care establishments, some transgender patients are seeking out other outlets for their medical

care, which could lead to negative consequences. Therefore, efforts must be made to make a more positive health care experience for transgender patients.

In order to counter some of the discrimination and poor treatment of transgender patients, health care providers should be trained to appropriately treat and care for transgender patients. Needs assessments were reviewed in a 2008 study, and it was determined that educational or training programs needed to be developed to increase awareness in transgender care (Hanssmann, Morrison, & Russian, 2008). Educational programs could increase quality of care and familiarize health care providers with the barriers that transgender patient's experience. Participants in a study to gauge the effectiveness of transgender medicine trainings felt that learning about barriers to care would allow them to advocate for transgender and gender non-conforming patients and clients. Health care provider training on transgender medicine could dispel stigma and create more culturally competent providers.

It is evident that training on transgender medicine is needed, but determining what to include in a training program depends on the knowledge gaps of the health care providers treating transgender patients. The depth of knowledge may differ, depending on the extent to which the provider is treating the transgender patient (Feldman & Goldberg, 2006). A surgeon would need to be able to perform the surgeries required for transition whereas an endocrinologist would need to know the specifics about dosing requirements and standards of care for transgender patients seeking those treatments. Even a primary care physician, who may see very few transgender patients, should learn and understand the basic medical care of transgender patients. Regardless of the specialty, transgender medicine education should be created using providers' gaps in knowledge (Hanssmann, et al. 2008). This will lead to an educational course catered toward what providers do not know and what they should know to provide competent

care. The purpose of this study is to assess provider knowledge gaps and health care experiences from a transgender patient perspective.

Methods

From March-April 2016, members of a transgender support group were recruited to participate in a study at a local LGBTQ safe space to assess their previous health care experiences. Experiences discussed included office visits, urgent care and emergency room visits. During one of their monthly support meetings, a volunteer sign-up sheet was distributed for study participation. Each volunteer was then contacted via email by the researcher with the given date, time, and location of the interview. Fourteen volunteers were contacted and seven participants were able to attend. The study took place in April 2016. There was no monetary incentive for participating in this study. All participants were 18 years or older and no identifying information was used during the interview to protect participants privacy. The interview was audio recorded using Notability on an iPad2 and using Voice Memos on an iPhone6 as backup. The interview was one hour and eighteen minutes in duration. The recordings will be deleted exactly one year from the interview date. All study protocols were approved by the Biomedical Institutional Review Board at the University of Toledo.

Results

Seven transgender individuals participated in this study. They were a mixed group of four transwomen and three transmen of different ages and ethnicities. After completing the interview and analyzing the responses, five major themes emerged. The first theme was the fear of seeking care because of stigmatization and then being unable to find care once a transgender individual moved past that fear. Another common theme was the desire for healthcare providers to have cultural competency when it came to transgender healthcare. One such component of cultural competency and another emerging theme was asking transgender patients about the pronouns they use and addressing them as such at all subsequent visits. If a provider is unsure about issues concerning the transgender patient, participants insisted it is always best to ask and never assume anything as each transgender person's journey is different. Lastly, the participants made it known that gender specific exams are necessary, but that each should be address on a case-by-case basis as each patient would be comfortable with different approaches.

Fear of seeking care and unable to find providers

The majority of the participants stated they do not have a primary care provider and would only seek medical care if it were an emergency. As one participant stated "there's a real fear. It's a fear of being stigmatized; it's a fear of being treated inhumanly. It's a fear of having to… explain ourselves." Many participants voiced statements about health care providers having preconceived notions or learned stereotypes in their mind about transgender people. One transman explained the challenges he has in his everyday life; "for me, it's what bathroom do I use? And if I go in the women's bathroom am I going to get dirty looks or are mothers going to pull their children closer? Are people going to be afraid of who I am? And that carries on into the

doctors office and how your doctor looks and you and how that makes you feel. And sometimes it scares you."

All participants acknowledged that there are numerous stereotypes and misconceptions of transgender people, but all made it clear that the stereotypes and misconceptions are incorrect. "We're not the stereotypes everyone thinks of when they think of us." When asked about the specific stereotypes, all participants offered ones they had heard but did not agree with and did not want to perpetuate. For transwomen specifically, some stereotypes include: drag queen, gay, prostitute, escort, or hooker. For transmen, one participant stated others had claimed he was really just a "butch lesbian." Other misconceptions participants discussed were that "all transgender people have AIDS," "transgender people are promiscuous," "transgender people just can't pick a sex," and "it's just a phase." Another stigma that brought on its own conversation is the idea of "passing" as a transgender person. One participant explained the idea behind the term, stating that people think "you have to look male enough to pass male [or] you have to look female enough to pass female." One participant explained that regardless of "passing," a health care provider should accept what gender a patient identifies with and makes known to that provider. It is important to note that after expressing these stereotypes and expressing the stigmatization they experience every day, one participant spoke about words he had heard from a transwoman speaker which explained exactly how he felt. That transwoman had said "Do you think I would choose to be as ostracized and as basically looked down upon as we are? You think I would choose that? You don't choose that."

When some participants finally made the decision to seek care, they had a difficult time finding a provider who was willing to treat a transgender person. One participant stated "looking for a doctor out here who's willing to treat someone who is transgender is very hard." She

continued, “for therapy, I have to drive all the way to Toledo. I have to drive north of my hometown for my family care doctor, and for my hormones I have to drive to Ann Arbor for their gender program.” Many participants shared they have to drive one to two hours for counseling. When asked about how they found their various providers, the participants stated word-of-mouth from other transgender people to be their best source of information. They reported online searches provided little information about what providers treat transgender patients.

Health care providers should be culturally competent in transgender care

All participants agreed that they would like to have a provider who is culturally competent in transgender medicine. One participant stated she would prefer “having culturally competent doctors [where] it’s not a learning process for them [or I don’t have] to teach them about who I am, what the issues I face are and I don’t have to combat them about my own identity.” That participant continued, explaining that many providers she encountered in the past were afraid to treat transgender patients because of the lack of knowledge on the subject matter and therefore the liability that would come with treating that specific population. Another participant shared an experience he had with a provider who was willing to treat him but who knew very little about transgender medicine. He had told his healthcare provider that he was transgender, and that provider said, “I have no idea, I don’t usually treat transmen. And I don’t know how to act, so you can explain things to me.” That participant then recalled thinking “I don’t want to explain it because I don’t quite know it myself.” Multiple participants reiterated this frustration; as patients they want a healthcare provider who already knows about the transgender population and can provide sound medical advice for treatment.

Many participants expressed the desire to have a provider who has open discussions with the patient and is not afraid to ask them questions. With open discussions, one participant explained that the provider could learn to understand that specific patient's transition or journey as a transgender individual. One participant said competency is when a provider knows "how to talk to us. How to ask the questions without thinking, "am I going to offend this person?"" An example of this form of competency is when a provider asks a patient if that person ever plans on transitioning. Multiple participants agreed that this question exemplified to patients that the provider knew how to approach the transgender population. Another signal to transgender patients is when a provider or their office asks for the pronouns they use or gender identity upon the first encounter. An additional question a participant viewed as showing competency was asking what words or phrases a transgender person does not feel comfortable with. He talked about having these questions on intake forms to avoid making the patient feel uncomfortable face to face. He said "have one line on [the intake form] that says "words I am uncomfortable with" and "words I am comfortable with in place of these" and then that way, [the provider] can open a dialogue… to be able to understand" what is acceptable language for that patient. This specific topic came up when discussing the genitalia that a participant was born with but does not like to refer to it as such. In addition, participants felt that competency is shown when a provider treats a transgender patient like any other patient. Many participants expressed the desire to be treated like any other patient, stating, "We just want to do the same things as everybody else."

Pronoun use and only outing themselves once

According to some participants, asking a transgender patient's preferred pronouns upon first encounter exemplifies a culturally competent provider. When asked what one participant

would prefer at a visit, he stated “the first thing they should ask when the physician walks in the room is preferred pronouns or your pronouns, and your name.” Some participants who do not see a physician regularly said they would be most comfortable if the intake form asks about name and pronouns so the provider already knows prior to seeing the patient and it would not be an awkward situation face-to-face.

Many of the participants were frustrated with the experience of having to repeatedly out themselves. Once a transgender person has been to a health care provider’s office, the participants state it should be noted in their medical chart and those names and pronouns should be used at subsequent visits. One participant described his discomfort in repeatedly having to state his gender identity and also his biological sex each time he donates blood through the Red Cross. He stated “I’m perfectly okay with [being asked about sex assigned at birth], because you need to know. But I’m uncomfortable coming out and saying I’m a biological woman. I just say I’m assigned female at birth. This is one of the terms. Assigned female at birth, or assigned male at birth.” Similarly, another participant stressed the importance of providers understanding gender identity. She stated “if I tell you my name is a particular gender name, use the distinction of gender identity and biological sex.”

Providers should always ask if unsure

One of the major concepts that was stressed multiple times from the participants is if a health care provider does not know something, they should ask and never assume anything. One participant stated “The biggest thing is don’t assume; ask. Because everybody’s journey is different and everyone is at different stages.” An approach that may work for one patient, may not work for the other patient, so it is always best to ask each patient his or her individual

preferences. As one participant stated “Don’t assume. Just because I’m trans, don’t assume that I’m automatically gay… Take what I tell you, and listen to me, don’t just put up this block like ‘oh well they’re trans, and here’s [how] to treat them.’ ”

One suggestion for counteracting assumptions from providers would be to have specific questions on an intake form. A participant suggested this for all patients, not only the transgender population. If there are certain tests or procedures a patient does not want, such as a pelvic exam, or a blood transfusion, those could be stated on the intake form, inputted into their medical record, and then not performed at an appointment.

Sex-specific exams

Many of the participants have not had gender confirmation surgery, and therefore still have the anatomical parts of the gender they were born. One transman participant talked about his experience with pelvic exams and mammograms. He said that his primary care provider performed pelvic exams which made it a much more pleasant experience than if he had to see a gynecologist. He stated “I have issues with those parts, but it’s so much easier since I don’t have to [see a gynecologist specifically].” When questioned about whether a provider should ask if a patient wants a pelvic exam or if a provider should let the patient approach the topic, many of the participants said it would be best to have the provider to approach that topic.

Sometimes however, transgender patients do not feel comfortable with the anatomical terms for specific body parts. One participant stated “I am very uncomfortable with the word vagina in reference to me. I know that I have one, but I call it my front hole.” It was suggested that information like this could be documented in the patient’s chart so others could use those preferred terms with the patient.

When performing sex-specific examinations, or when asking a patient their preference about something, one participant stressed the importance of making it brief and concise and not dragging it out or reacting in any sort of way. The participant described a situation when he had to have a mammogram done, and although it is typically a place where only female patients go, he said “when I saw the radiology technician, [it was] not a big deal. It did not phase him to see this hairy dude with a beard, and I was impressed.” Instead of asking unnecessary questions or reacting surprised or confused, the technician performed his job as if it were any other female patient.

Discussion

In the United States, the transgender population is one that is often discriminated against, especially in the healthcare field (Grant et al. 2010). Many transgender patients will avoid healthcare, or if they seek healthcare, they often find their providers abrasive or incompetent in treating them (Grant et al.). Unfortunately, this can lead to transgender patients never seeking care, or seeking treatment or hormones from another source (Xavier et al., 2007). Therefore, it is necessary to educate health care providers on the proper treatment of transgender people. Educational or training programs are needed to improve transgender care and decrease barriers that this population often faces in healthcare (Hansmann et al., 2008). It is suggested that such educational programs should be created based on the healthcare providers' gaps in knowledge. This study sought to understand the transgender patient perspective in regards to their experiences with healthcare and the knowledge gap they have seen in their providers.

This study determined five themes that the transgender participants felt healthcare providers should understand when handling their care. One theme expressed the participants' fear of seeking healthcare because of stigmatization and preconceived notions about transgender people. In addition, once that person moves past the fear, participants stated it is difficult to find a provider who is willing to treat transgender people. The second theme is the desire for healthcare providers to have cultural competency when it comes to transgender healthcare. Participants felt they should not need to teach their healthcare professionals about transgender care, and instead the provider should understand their care and acknowledge sensitive topics. One such example of cultural competency and an additional theme is the use the correct pronouns. All participants stated inquiring about pronoun usage is essential to making a

transgender patient feel comfortable, and then continuing to use those pronouns in subsequent visits so patients do not have to repeatedly out themselves.

Similar to asking about pronouns used, all participants stressed that when a provider is unsure about a topic that provider should always ask and clarify with the patient about their comfort level. The participants stressed that each transgender person's journey is unique and the provider should never assume what each patient wants. This idea is especially important in regards to physical exams performed on the opposite gender such as pelvic exams. The final theme relates back to this topic of approaching sex-specific examinations. Many transgender patients have the anatomical parts of the gender that they were born, which can result in a lot of discomfort and awkwardness for the patient and the provider if it is not approached sensitively. This further relates back to the theme of never assuming anything and asking the patient directly. As each patient has a different journey, individualized care is important and a provider should always ask the patient for his or her preferences. These five themes illustrate the perspective of seven transgender individuals in regards to their experiences with healthcare and the knowledge gap they have seen and wish to improve upon.

For a new or experienced health care provider who has never encountered a transgender patient, this information can be very useful. The five basic themes lay a foundation for interacting with a transgender patient that will make that person comfortable and confident in their decision to seek healthcare. A transgender patient may only seek out medical care rarely or in an emergency situation, which makes it essential that each interaction is a positive one so they will seek healthcare in the future. Education, therefore, is one of the most important aspects of medical care. It is important to educate the health care provider, as shown by this study, to make the experience a positive one. In addition, as a healthcare provider, it is very important to educate

the transgender patient during their medical visit. Certain instances, like gender specific exams or sexual history questions can be very uncomfortable for transgender patients, so it is pertinent to explain their necessity before beginning.

Transgender medicine education needs to be incorporated globally but should begin being integrated at various medical campuses, including University of Toledo Health Science Campus. A 2015 survey of 484 medical, nurse practitioner, and physician assistant students at the University of Toledo found that the vast majority of respondents received less than two hours of education on transgender medical care or transgender sexual health (Shukla, Dundas, Asp, Saltzman, & Duggan , 2015). Even with the transgender population being so high, students are not being educated on their health needs or how to appropriately interact with them. In a qualitative study of 13 physicians in Ontario about barriers to providing healthcare to transgender patients, several participants supported the inclusion of transgender medicine in the curricula, or exposing students to transgender people early in their education (Snelgrove, Jasudavisius, Rowe, Head & Bauer, 2012). The participants felt that those approaches, in combination with existing trans health guidelines, would normalize trans identity and the transgender population for the healthcare professional students. By educating healthcare professional students, first encounters with transgender patients will hopefully be more comfortable and pleasant for both the student and the patient.

In the future, further research on this topic could include the best model to teach health care professional students about transgender medicine. There are two models that were discussed in a study, which included a trans-focused care model or a trans-friendly primary care model (Snelgrove, et al. 2012). Both models could be investigated to determine which model is most appropriate and effective in educating students about transgender medicine. In addition, further

research could look into the best approach to educate transgender patients when it comes to sensitive questions or exams. Another research topic could be determining the ideal intake form for providers who treat transgender patients. As mentioned in this study, intake forms that include preferred pronouns or topics not to discuss could assist in easing the discomfort of a transgender patient.

There were a number of limitations for this study. Although fourteen participants signed up originally, due to timing and availability, the study only had seven participants. Of the seven participants, only two have contact with a provider on a regular basis, so many participants could not answers some questions regarding experiences with health care providers. This study only focused on a small population of transgender individuals in one geographic location, which may not be representative of a major city or country as a whole.

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Figure 1. Focus Group Questions

What does transgender health care mean to you?

How frequently do you seek medical care?

Do you have a primary care physician? Why or why not?

What are some barriers to seeking health care?

What has been your experience when visiting a health care provider? Do you feel accepted/welcomed? If it was a negative experience, why? Did you change providers?

Did you ever encounter a medical professional who "got it"? Did they have formal training? What made them knowledgeable to you? How did you find this medical professional?

Have you tried seeking out a health care professional who understands LGBT issues? What methods did you use to find them?

Can you think of a situation where a health care provider has offended you? What was said or done? Did you confront or correct the health care provider? Did they change their behavior the next time you came in?

What do you wish more health care providers understood about your care?

What type of training would you hope your health care professional would have gone through, if any, before treating a transgender person?

Have you had to teach your health care provider about transgender health care? If so, what are some topics you had to teach your health care provider? Were they willing to learn or do research on their own?

If I were to give a lecture to my peers and other health care students, what would be something you wish all new health care professionals knew about?

Abstract

Objective: The transgender population is often omitted from health care professional curriculum despite their specific health needs. This study sought to understand what medical professional students should learn regarding transgender medicine from the perspective of transgender individuals.

Methods: Seven members of a local transgender support group were interviewed regarding their past experiences with health care professionals and what they wish providers knew about treating transgender patients. Responses were compiled into five emerging themes.

Results: Overall, transgender patients want a health care provider who is culturally competent in transgender medicine and understands the underlying medical issues within that population. If that provider did have a question, the participants stressed the importance of a provider asking the patient directly. Another theme involved the fear of seeking care and, once surpassed, being unable to find providers. Inquiring about pronouns use is important and not requiring patients to out themselves after the initial visit is essential. Lastly, participants felt although it can be uncomfortable, providers should always discuss options with transgender patients regarding sex-specific exams or labs, such as pelvic exams or prostate cancer screenings.

Conclusion: Educating health care professionals about transgender medicine should be a part of their curriculum. This is essential in order to have a knowledgeable provider who can make a transgender patient’s experience a positive one.

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