

Transgender Health 101

An Introduction to Transgender Healthcare for Medical Students

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Ice-breaker: Name, specialty interest, something interesting from the past week

About The Class

Scholarly Project: “Impact of a ‘Transgender Health 101’ Enrichment Week Course on Medical Students’ Knowledge of Transgender Healthcare and Attitudes Towards Transgender Patients”

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You should have already filled out the pre-class survey, and you will be sent a post-class survey after this session.



Learning Objectives

1. Differentiate between biological sex, sexuality, gender identity, and gender expression, and understand how gender can be viewed as a spectrum.
2. Define transgender, and understand how to respectfully refer to transgender people.
3. Understand how a person knows their own gender identity, and differentiate between gender dysphoria and gender euphoria.
4. Describe common gender-affirming medical treatments and their purposes, including hormone replacement therapy, puberty blockers, and affirming surgeries.
5. Describe health disparities affecting transgender patient populations and common barriers that transgender people face when accessing care, including institutional, financial, geographic, social, cultural, and personal barriers.
6. Describe how to respectfully interact with trans patients, and the role of the medical student in transgender care.

Terminology

LO #1: Differentiate between biological sex, sexuality, gender identity, and gender expression, and understand how gender can be viewed as a spectrum.

LO #2: Define “transgender”, and understand how to respectfully refer to transgender people.

Discuss: How do you differentiate sex and gender?

The “Basics”



(Lehman, Diaz, Ng et al. 2020)

Sex: natal phenotype

Gender identity: a person’s inner sense of being a particular gender

Gender expression: the outward presentation of one’s gender identity

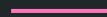
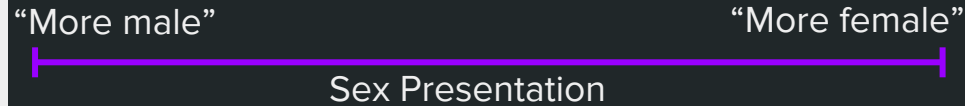
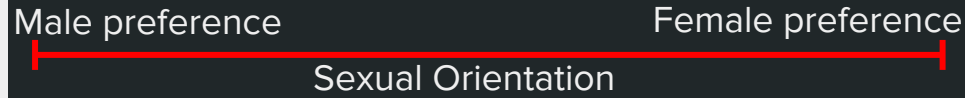
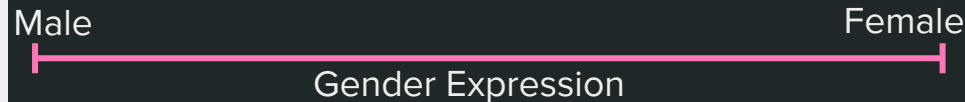
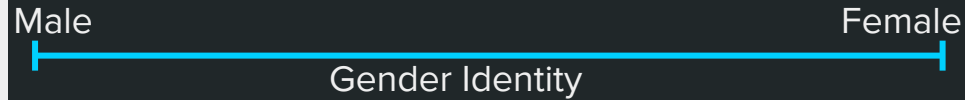
Sexuality/sexual orientation: based on sexual attraction, behavior, identity





Spectrums, not binaries!

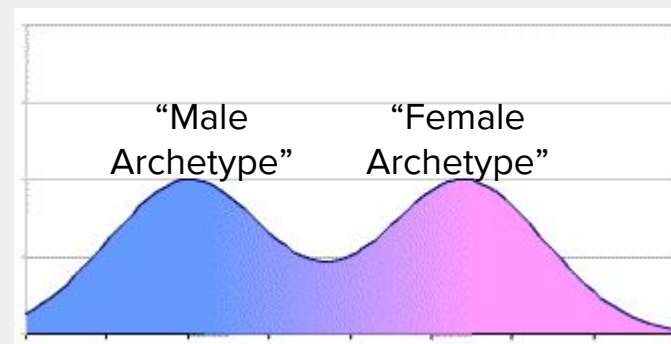
Even sex can roughly be thought of as a spectrum when intersex and trans presentations are taken into consideration.



Serano's Intrinsic Inclination Model

Gender identity, sexual orientation, and “subconscious sex” (self-concept of sex, which may differ from biological sex) are deeply-held inclinations that remain relatively stable throughout our lives

“Whipping Girl” (2007) - “Each of these inclinations roughly correlates with physical sex, resulting in a bimodal distribution pattern (i.e., two overlapping bell curves) similar to that seen in gender differences such as height. While it may be true that on average, men are taller than women, such a statement becomes virtually meaningless when one examines individual people, as any given woman may be taller than any given man. Most people have heights that relatively close to the average, but others fall in outlying areas of the range (for instance, some women are 6 feet 2 inches and some men are 5 feet 4 inches). Similarly, while women on average are more feminine than men, some women are more masculine than certain men, and some men are more feminine than certain women.”



What does it mean to be “transgender”?

Your gender identity differs from the identity you were assigned at birth based on your sex.

The opposite of this is called “cisgender” (using the Latin *trans/cis* naming schema)

Different people, different pronouns!

What's in a name?

We all have different ways we prefer to be referred to.

In general, it's polite to call people what they ask to be called - name, pronouns, identity

Most trans people use certain general community-accepted terms, but terms need appropriate context (ex. AFAB/AMAB, FTM/MTF)

Different times for academic vs individual-focused language

Knowing Your Identity

LO #3 Understand how a person knows their own gender identity, and differentiate between gender dysphoria and gender euphoria.

Discuss: In general, how does a person know their own identity?

Gender Identity Formation

A person can realize that they are transgender at any age.

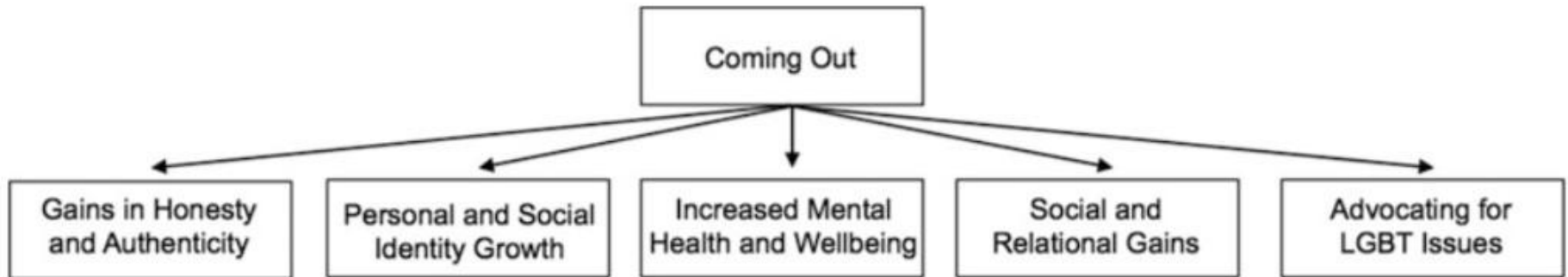
Basic gender identity at 2-3 years, stable gender identity by 6 (one of Serano's "intrinsic inclinations")

Coming out: **recognition and self-actualization**

We value our identities!



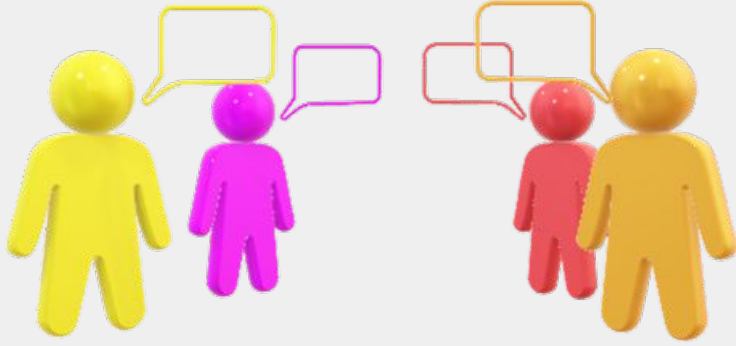
(Eckstrand and Potter 2017)



Gender Dysphoria and Euphoria

Different trans people have
different experiences with each.
Dysphoria not required!





Prevalence

How common are transgender people?

0.6%

Americans identifies as transgender (per the CDC).

It is estimated that there are around 700,000 trans people in the US.



There are an estimated 15 million transgender people worldwide.

If a patient wants to address their gender dysphoria, how can a medical provider help them?

Gender-Affirming Care

LO #4: Describe common gender-affirming medical treatments and their purposes, including hormone replacement therapy, puberty blockers, and affirming surgeries.

Discuss: What are some forms of gender-affirming medical treatment that you are aware of?



Affirming Medical Therapies

HRT agents are partially-reversible, while puberty blockers are fully-reversible.

AMAB adults:

- Estradiol
- Progesterone
- Spironolactone

AFAB adults:

- Testosterone

Most adolescents:

- GnRH agonists



Affirming Surgical Procedures

Different individuals may pursue different procedures based on their needs and desires.

AFAB:

- Mastectomy or breast reduction
- Phalloplasty
- Metoidioplasty
- Oophorohysterectomy

AMAB:

- Facial feminization
- Tracheal shave
- Orchiectomy
- Vaginoplasty
- Breast augmentation



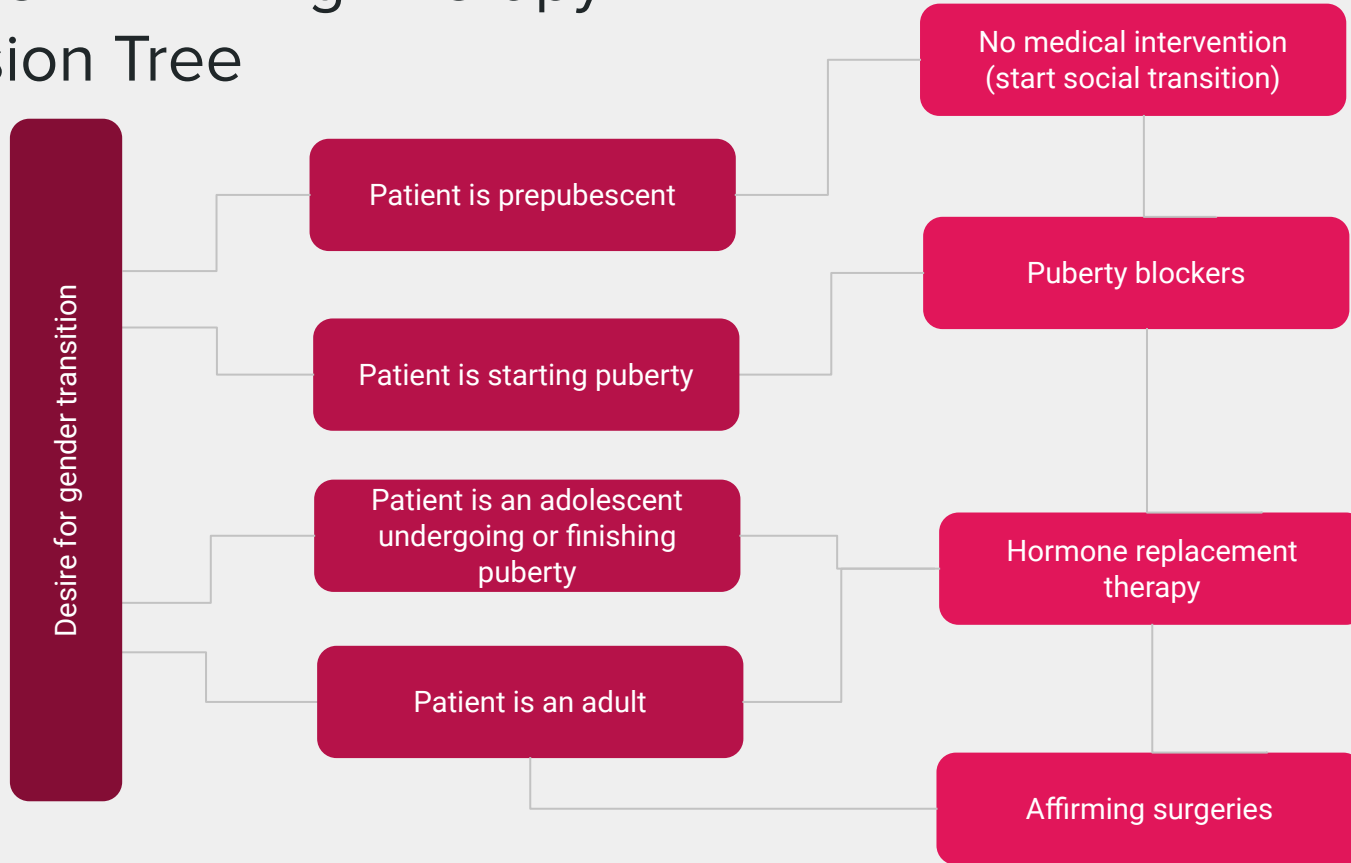
Two Surgical Procedures Explained

HOW VAGINOPLASTY WORKS PENILE INVERSION



**PHALLO
PLASTY**
HOW IT WORKS

Gender-Affirming Therapy Decision Tree



Models of Care

Diagnostic Model



**Informed Consent
Model**

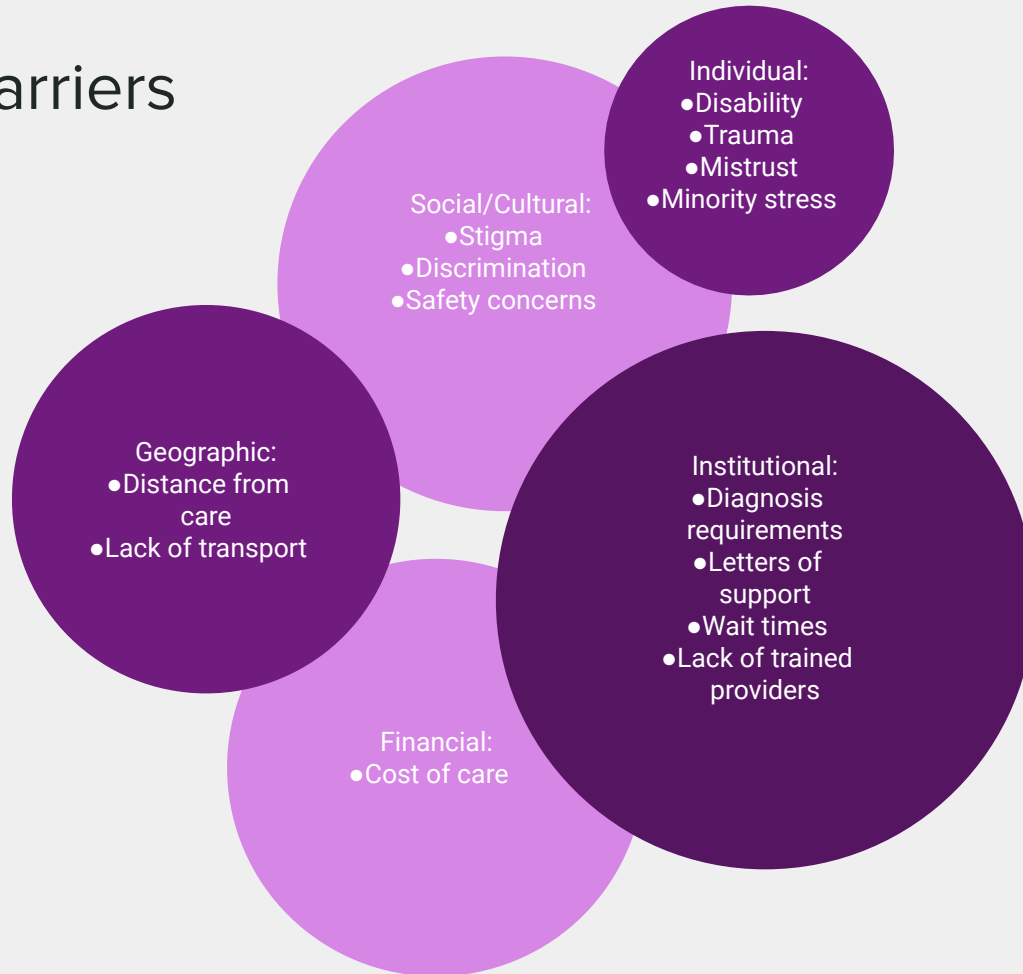


Barriers to Care

LO #5: Describe health disparities affecting transgender patient populations and common barriers that transgender people face when accessing care, including institutional, financial, geographic, social, cultural, and personal barriers.

Discuss: What barriers to care might affect trans people more than other groups of people?

Types of Barriers

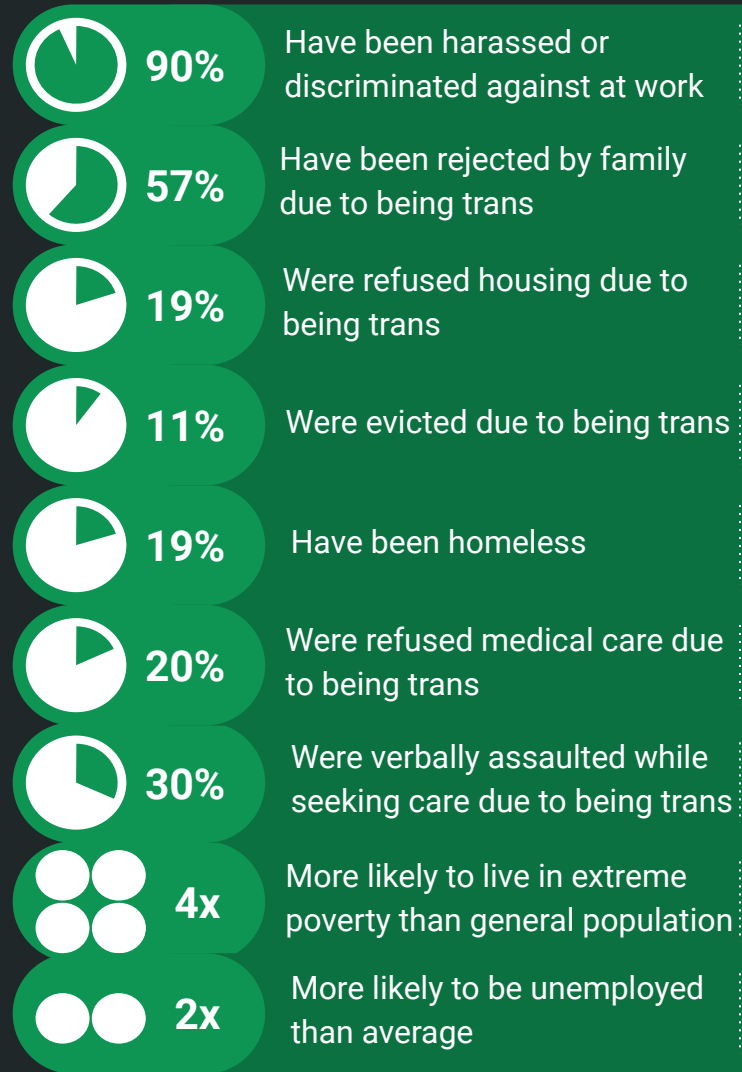




Discrimination

Statistics from the National
Transgender Discrimination
Survey (US)

(James, Herman, Rankin et al. 2016)



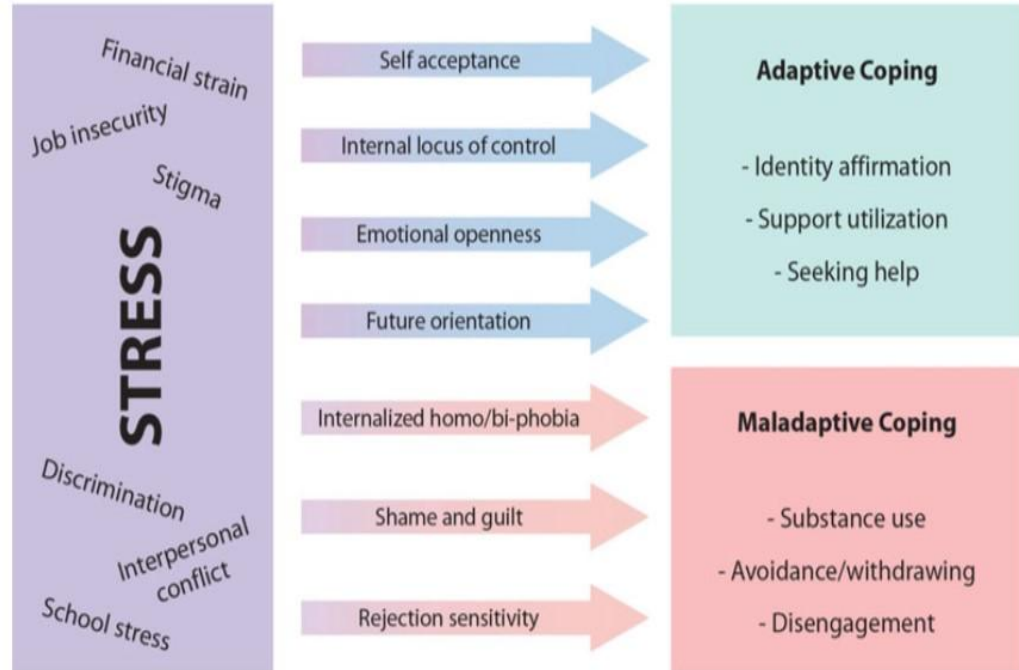
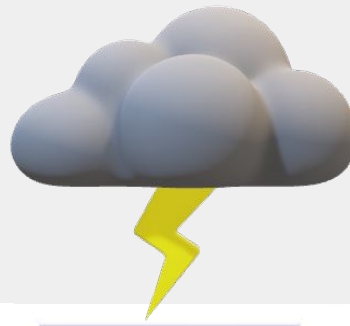
Gatekeeping

Restricting or limiting access to something through implementation of barriers, usually with a regulatory intent.

Institutional:

- Diagnosis requirements
- Letters of support
- Wait times
- Lack of trained providers

Minority Stress



Health Disparities



(Eckstrand and Potter 2017)

2015 Transgender Discrimination Survey:

25% - insurance denied coverage for trans care (25% denied hormones, 55% denied surgeries)

33% - negative experience with a provider related to being trans (verbal harassment, refusal of tx, needing to teach the provider)

23% avoided medical care due to fear of mistreatment

(James, Herman, Rankin et al. 2016)

Barriers to Care In Action



Comfort in Clinic

LO #6: Describe how to respectfully interact with trans patients, and the role of the medical student in transgender care.

Discuss: What is the role of the medical student in transgender healthcare?



Transgender Health Education

Are physicians-in-training being prepared to work with trans patients?

(Deschamps and Singer 2017)

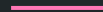
2013	“Medically appropriate high-quality care for transgender individuals is not taught in most medical curricula...” -Dr. Joshua Safer
2014	AAMC released first guidelines for integration of trans cultural competency into med school curricula.
2016	Safer, Coleman, Feldman et al.: after just one lecture on trans care residents reported significantly more confidence and knowledge on the topic.
2018	Park and Safer: medical students felt more comfortable caring for transgender patients after both didactics and clinical experience, vs didactics alone.
2018	“The lack of education in transgender care continues among providers across all levels of medical education...” -Safer and Korpaisarn
Change is happening, but there’s still much work to be done.	

Trans People are People

Trans people deserve the same respect as any other patients.

Treat trans patients as people first!

Gender-affirming care makes up only a small portion of the medical care that trans people receive.



Role of the Medical Student

What can med students do to support transgender patients?

1 Help the patient feel welcome

2 Learn from your patient

3 Be a patient advocate

1

Help the patient feel welcome

This is the most important part of
our role!

Build rapport

Affirmed name and pronouns

Trauma-informed approach

Assume nothing



2

Learn from your patient

We are here to learn, after all.

Listen, engage, validate, empathize

Ask relevant questions

Keep exam focused

Respect and maintain boundaries

Hold yourself accountable



3 Be a patient advocate

Advocacy can take a wide variety of forms.

Practice pronouns and in everyday life

Educate yourself, and others when appropriate

Know when and how to report



Cases

Case 1

Jesie is a 25-year-old trans woman who presents to adult gender clinic to establish care. She tells you that she has only recently started to live as her affirmed gender and has been taking OCPs as a source of estrogen, but has never been prescribed any medications by a doctor. Which of the following lines of questioning is the most appropriate to pursue at this time?

- A. Survey of patient's anatomy
 - B. Patient's goals for transition
 - C. Information about her OCPs
 - D. Detailed sexual history
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Case 2

James is a 43-year-old trans man who presents for a follow-up visit. He has been taking testosterone for 4 years now and is happy with its effects. He recently established care with a surgeon who will be performing a mastectomy on him in 3 months. He says that he really likes this surgeon and is happy that his insurance is going to completely cover the surgery. However, he finds it difficult to attend his pre-op visits because he lives 4 hours away from the surgical clinic, and is unsure how he will return home after the surgery. Which of the following types of barriers to care is most affecting this patient based on the given information?

- A. Geographic
 - B. Institutional
 - C. Financial
 - D. Social
-

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 - C. Financial
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Case 3

Ash is a 10-year-old AFAB nonbinary person who presents for a well-child checkup. They are doing well overall.

The patient's mother says she has noticed some dark hairs growing in their underarm area, and thinks that they may be starting puberty. Ash says that they are scared to undergo puberty as they feel that growing breasts and menstruating would cause them gender dysphoria. Which of the following treatment options is most appropriate for this patient?

- A. Testosterone
 - B. Oral contraceptive
 - C. GnRH agonist
 - D. Oophorohysterectomy
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Educational Resources

[Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People | Gender Affirming Health Program \(ucsf.edu\)](#)

[Center of Excellence for Transgender Health | Division of Prevention Science \(ucsf.edu\)](#)

[Standards of Care - WPATH World Professional Association for Transgender Health](#)

[PFLAG Publications | PFLAG](#)

[Hotline | Trans Lifeline](#)

(877)565-8860



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Questions?

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