

A 22-year-old woman enters the clinic as a first-time patient. She tells the receptionist that she has not seen a physician for over 4 years, and she would like a check-up. She is given an intake form to fill out, on which she reports that her current gender identity is female, and her sex assigned at birth was male. Her first name is Markesha but her identification lists a masculine first name, Mark. While she is waiting to see a physician, she enters the women's restroom. Another patient comes out of the women's restroom and reports to the receptionist that she thinks a man is using the women's restroom. The receptionist sends a medical assistant into the women's restroom to see if there is a problem. The medical assistant returns and says everything is all right. Markesha exits the restroom and sits in the waiting area. A nurse appears with a chart and calls for Mark. Markesha looks around sheepishly. The nurse calls again for Mark. The patient who had reported a man in the women's room laughs derisively. Markesha gets up and goes to the nurse, who takes her to an exam room. Markesha waits nervously for the physician.

QUESTIONS

1. How would you handle the restroom-related complaints about a transgender patient from other patients?
2. What is the best way to address a patient whose preferred name doesn't match the name on their state-issued identification?
3. How would you work with clinic staff to address patients who criticize or harass transgender patients in the waiting room?

ANSWERS

1. You could do exactly what the receptionist did, or the site could make sure that all of their restrooms are gender neutral so that other patients do not fixate on the gender of the bathroom and who is in it.
2. It's best to always use the preferred name and pronoun that the client writes down on their forms even if their ID does not match. Work to implement a system within the electronic medical record to allow for the recording of—and clear visibility of—preferred name and pronoun, so when the medical assistant calls the name, they are reading the correct name, even if the state ID (with a different name) is needed for payment, insurance purposes, etc. This will make the patient feel more comfortable and let them know that this is a safe space to receive healthcare.
3. Most clinics have a policy on how to handle difficult patients. If such a policy is not already operative in the policies and procedures at your site, make sure such a policy is created and adhered to. If you have this on site, you should refer to what it says. With good training, the receptionist could let the patient who made the comment know that, "We don't allow intolerance or bullying in our clinic." And the receptionist could apologize to the transgender patient for not highlighting her name on the file for the medical assistant.

Trevor, a 25-year old male, arrives at the local health clinic to get a physical for work. He notices the forms ask for his current gender identity and his sex at birth. He is surprised, but glad to see that the clinic might actually be trans-affirming. A woman physician enters, greets him pleasantly, and asks, "What brings you in today?" Trevor reports that he has not seen a physician in over 6 years. The physician notices his paperwork and says, "Well, welcome to being a woman." Trevor is horrified. He thought that this clinic would be different, especially with the forms he filled out earlier. Trevor tells the doctor "didn't you see how I identify? I'm not a woman; I'm a man!" The doctor tries to gather herself and says, "I am so sorry, I did not see that. This is new to me and I am slowly learning how to treat our patients who identify as transgender. Let's try this again." Trevor accepts her apology and proceeds to tell the physician that he has not seen a physician for many years because of treatment like what just happened. He mentions he needs a physical for his new job. The physician tells Trevor to let her know if she says something not correct regarding his body parts, offers him a gown (in case he is shy about his body), and begins conducting the physical exam and ordering required tests, explaining each step in the process to him as she does it. Trevor is feeling more comfortable with the doctor and begins to share more about his medical history.

QUESTIONS

1. How did this clinic make the client feel welcome from the start? Is there anything they might have done differently?
2. What assumptions did the physician place on Trevor prior to looking at the forms he filled out?
3. How does the physician in this case provide good clinical care? How can her care be improved?

ANSWERS

1. The clinic is using the 2-step gender and sex question on their forms, but staff needs to learn how to utilize the data they obtain. Better sensitivity and awareness of transgender experience, minimizing the tendency to rely on stereotypes, and dealing with clients as individuals would decrease the likelihood of errors.
2. The physician assumed that because the client was transgender, they would be identifying as female. She did not bother to ask the patient's name nor pay attention to the paperwork that described how they identified. If she had paid attention to the information contained in the two-step question, she would have been far less likely to make that kind of mistake.
3. The physician makes a nice process comment, saying she made a mistake and asking to start over. She also asks the client to let her know if she says something that does not work with how the client identifies other aspects of their body, which is especially important since the client is in for a physical. The provider's care can be improved by making sure she reviews the new paperwork more thoroughly, and she should look into further training to develop greater comfort when working with transgender patients. Too many providers rely on their patients to teach them about "what transgender means." The patient is there to seek care from the physician as the expert in dealing with the health issue they came in to talk about, and they should not have to train providers in how to respond to their individuality. Tips on conducting physical exams are available in the Primary Care Protocol for Transgender Patient Care at: <http://www.transhealth.ucsf.edu/trans?page=protocol-00-00>

An 18-year-old individual comes into the clinic experiencing pain in the lower abdomen. The patient fills out the intake form, indicating that their current gender identity is "N/A" and their sex at birth is "decline to state." Their preferred name is Wolf, and their preferred pronoun is "they."

QUESTIONS

1. Describe the sequence of care that ensues once Wolf is called to the exam room.
2. Discuss any uneasiness you perceived while meeting and engaging with Wolf; describe how you resolved your uneasiness or questions, if you did resolve them, and if you did not resolve them, list any remaining questions you have.
3. What notations will go in the electronic medical record?
4. If Wolf has health insurance coverage, what problems, if any might be expected when trying to obtain reimbursement?
5. What principles of transgender care apply in this case?

ANSWERS

1. Discuss the intake form response by saying (something similar to), "I appreciate your answers about your gender identity and your assigned sex at birth. The reason we ask these questions is to learn about the organs that are present in your body so we can ask the right questions to appropriately treat the health concerns you have. I see you're complaining about pain in your lower abdomen. To help me diagnose the problem, I need to ask if you think the issue has to do with food you're eating, or if you have a uterus that might be contributing to the pain you're experiencing." Proceed to an appropriate diagnostic sequence; if they do have a uterus, proceed without insisting that Wolf is female.
2. [Answer is dependent on participants' feelings and ideas.]
3. [Answer is dependent on clinic procedures discussed in the group.]
4. If Wolf has a problem with their uterus or ovaries, but is listed as male on insurance records, Clinic staff may need to argue for coverage that is routinely denied to males. Resist the carrier suggestion (if it comes) to change the patient's sex to facilitate access to treatment; ask for an over-ride in the system to preserve patient's identity and facilitate treatment.
5. Resist the temptation to define the person by their sex assigned at birth or by the organs present in their body; give weight to the patient's gender identity and preferred pronouns; provide care for the anatomy that is present, regardless of the patient's self-description or identification, presenting gender, or legal status; provide care in a sensitive, respectful, and affirming manner that recognizes and honors the patient's self-identification. Treat the body as if it belongs to the patient, not as if the body defines who they are. Learn more from the Primary Care Protocol for Transgender Patient Care, found online at: <http://www.transhealth.ucsf.edu/trans?page=protocol-00-00>.