

Advancing Inclusion of Transgender & Gender Diverse Identities in Clinical Education

A TOOLKIT FOR CLINICAL EDUCATORS

PUBLISHED NOVEMBER 2022

TRANSGENDER HEALTH
COLLABORATIVE @ SLU



METRO TRANS
UMBRELLA GROUP

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INTENDED AUDIENCE & ACKNOWLEDGEMENTS

Intended Audience

This toolkit is designed for educators in clinical education programs seeking to advance the inclusion of transgender and gender diverse identities in their curricula. Clinical educators may be from the disciplines of medicine, nursing, social work, psychology, psychiatry, therapy, occupational therapy, physical therapy, athletic training, speech, and nutrition and dietetics, among others.



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KEY TERMS

The following key terms will be used throughout this toolkit. Note that appropriate terminology is continuing to evolve and may vary based on cultural and societal norms. Educators are encouraged to stay up-to-date with terminology endorsed by leading organizations such as the World Professional Association for Transgender Health (WPATH) and the National LGBTQIA+ Education Center. The following key terms are adapted from the Center of Excellence for Transgender Health at the University of California San Francisco.¹

Sex

Assigned at birth based on assessment of external genitalia.



Gender/gender identity

A person's internal sense of self and how they fit into the world from the perspective of gender.

Gender expression

The outward manner in which an individual expresses or displays their gender, i.e. clothing, hairstyle, speech.



Gender nonconforming

A person whose gender identity differs from that which was assigned at birth, but may be more complex, fluid, or multifaceted (“genderqueer”).



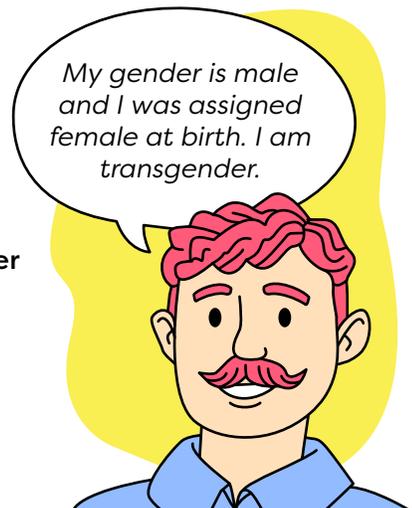
Cisgender

A person whose gender identity is the same as the sex that was assigned at birth.



Transgender

A person whose gender identity differs from the sex that was assigned at birth (“trans”). A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex.



Transmasculine & transfeminine

Terms to describe gender nonconforming or nonbinary persons, based on the directionality of their gender identity.

Nonbinary

Transgender or gender nonconforming person who identifies as neither male nor female.



INTRODUCTION TO TRANSGENDER HEALTH AND CLINICAL EDUCATION

The field of transgender health is rapidly evolving. An estimated 0.6% of adults and 0.7% of youth identify as transgender in the United States.² Despite increasing visibility and societal acceptance in recent years, the transgender population is poorly served by our current healthcare system. **According to the 2015 United States Transgender Survey (USTS), 25% of transgender adults in the United States experienced various problems with accessing care, including being denied coverage for routine care due to their transgender identity and coverage for care related to their gender transition.**

Among those who did access care, one-third (33%) reported at least one negative experience with a healthcare provider, such as being refused treatment, verbal harassment, or physical or sexual assault.³

United States Transgender Survey:

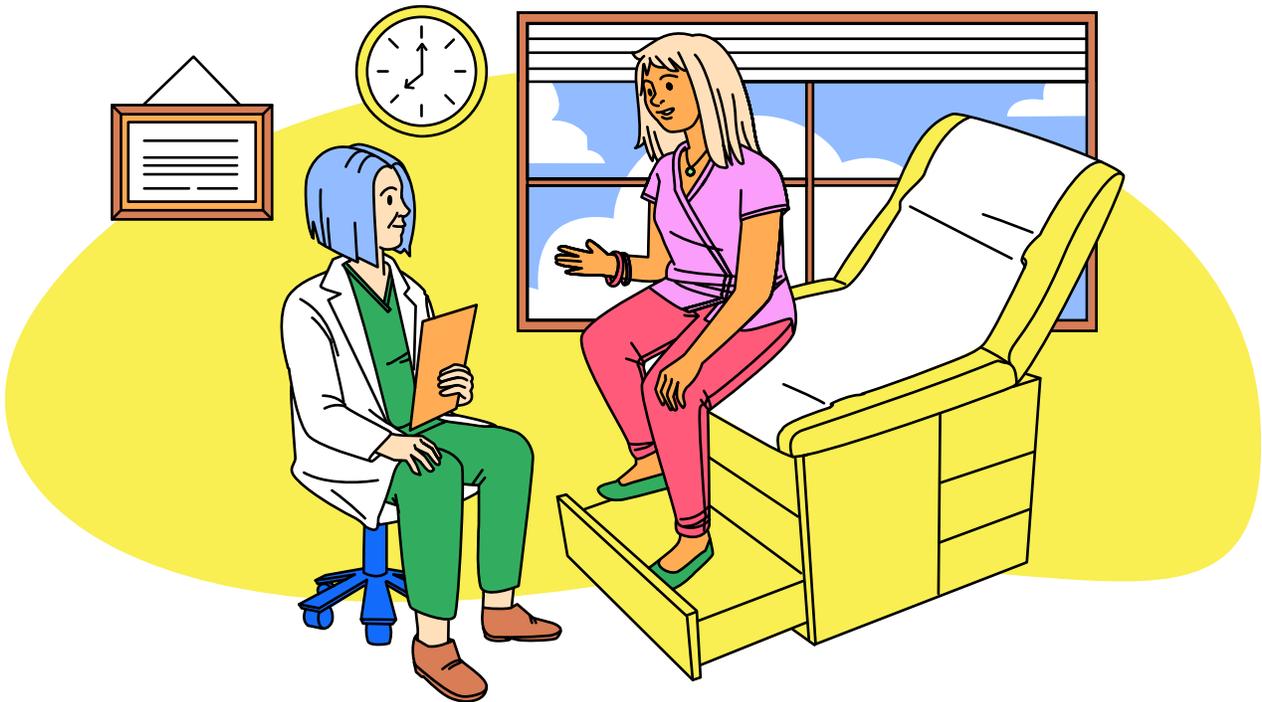
The United States Transgender Survey (USTS) is the largest survey of the transgender population in the United States. The survey findings are the main data source for policymakers, educators, and the general public regarding transgender people. This is especially relevant given that transgender people have not been accounted for or acknowledged in the United States Census.

Access to gender-affirming healthcare is limited by a lack of adequate training for students in clinical education programs; the majority of medical students receive little or no training specific to transgender health.⁴⁻⁷ Leading organizations including the American Association of Medical Colleges, the Institute of Medicine, and the Joint Commission have called on medical educators to adapt their curricula to address the health needs of lesbian, gay, bisexual, transgender, and queer (LGBTQ) patients.⁸⁻¹⁰ While most attention has been paid to medical education, training for students in clinical education programs across all healthcare disciplines is requisite to creating a pipeline of gender-affirming clinicians.

Fortunately, education interventions that specialize in transgender health or the broader LGBTQ population have advanced in recent years. Most have focused on medical students and residents,¹¹⁻²⁹ with some attention to pharmacy, physician's assistant, nursing, dentistry, and general health profession students.^{13,16,19,21,26,27,30,34} Educators have delivered lectures, case studies, modules, simulations, small group discussions, live patient interviews, and community forums that involve the transgender community.^{11-15,17-22,27,29,31-35,39} While most delivered content at a specific point in time, some educators have integrated transgender health content at multiple points throughout their curricula.^{23,26,39} Others have created an elective course or certificate program.^{14,24,30} Existing research unequivocally supports that training and educating students on transgender health can significantly improve student knowledge, attitudes, beliefs, and competency in caring for transgender patients.¹¹⁻⁴⁰

Clinical education programs are positioned to train future healthcare professionals to provide excellent healthcare for transgender and gender diverse patients. The purpose of this toolkit is to providing a starting point for clinical educators to advance inclusion of transgender and gender diverse identities in their clinical education programs.

VISION FOR EXCELLENT TRANSGENDER HEALTHCARE



We aim to manifest transgender healthcare that is routine, accessible, respectful, and considers the whole person.

All providers and medical staff, regardless of specialty, will be equipped to *host* transgender people in their settings. Hosting is a sacred act of preparation and attuned care for esteemed guests. We aim for this type of approach to transgender healthcare - the kind that carefully prepares for the arrival of transgender people and is ready to attend to what is needed or desired.

We should be prepared to treat transgender patients as human beings who deserve access to quality healthcare no matter what. Like care for many marginalized populations, this work requires education and accommodation without further alienating or “othering” the humans we aim to serve.

We know that this care has the opportunity to be lifesaving. As healthcare providers many of us have entered this work as a way to show up and care for others - this is a chance to do just that.

CLINICAL PRACTICE GUIDELINES & STANDARDS OF CARE

The following clinical practice guidelines and standards of care are published by leading organizations in transgender health and are designed to complement one another.

The World Professional Association for Transgender Health (WPATH) Standards of Care (SOC)

WPATH provides clinical guidance for health professionals caring for transgender patients in the areas of primary care, gynecologic and urologic care, reproductive options, voice and communication therapy, mental health services, and hormonal and surgical treatments:

[Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, Volume 7](#)

The University of California San Francisco Center of Excellence for Transgender Health

The University of California San Francisco Center of Excellence for Transgender Health guidelines focus on evidence-based primary care and relevant topics of physical and mental health, as well as socio-ecological considerations such as health insurance coverage, legal and identity documents, and homelessness:

[Guidelines for the Primary and Gender-Affirming Care of Transgender and Nonbinary People](#)

History of WPATH

The WPATH, formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA), has been the leading voice of transgender healthcare for over four decades. Established in 1978, WPATH has been the source of many highs and lows for trans people. Their earlier publications, while helpful to some people accessing healthcare for the first time, included things now deemed problematic and thoroughly unnecessary by most medical professionals. This includes, but is not limited to: Setting the standard for “gender dysphoria” as a needed medical diagnosis to receive healthcare; the “real life test” or “real life experience” forcing trans people seeking healthcare to have formally lived in their gender identity for a year or more (often judged by arbitrary standards) before being able to access affirming surgery; and failure to push back against the pathologization of “being” transgender, especially in the context of the Diagnostic and Statistical manual (DSM) classification of “transsexualism” as a mental disorder. In recent years, WPATH has made notable improvements and updates to the Standards of Care, such as prioritizing informed consent over other methods of determining eligibility for care. However, many still criticize the organization for not doing enough to combat gatekeeping and barriers to access care (and in some cases actively propagating barriers, such as the SOC-7 requirement of multiple letters from mental health professionals and hormone providers before allowing transgender people to access affirming and life-saving surgeries, despite the lack of affirming providers available and the financial capabilities of the community dictated by these guidelines). There is much more to learn about the context the WPATH exists within as they continue to publish the most widely regarded standards for transgender healthcare to date; society should continue to review these standards through the lens of how it affects the most vulnerable among us and hold WPATH accountable for criteria that better serve institutions than humans.

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CLINICAL PRACTICE GUIDELINES & STANDARDS OF CARE (CONTINUED)

The following clinical practice guidelines and standards of care are published by leading organizations in transgender health and are designed to complement one another.

The Endocrine Society

The Endocrine Society guidelines provide detailed recommendations regarding optimal gender-affirming healthcare for individuals with gender dysphoria or gender incongruence:

[Endocrine Treatment of Gender-Dysphoric/
Gender-Incongruent Persons: An Endocrine Society
Clinical Practice Guideline](#)

The Fenway Health

The Fenway Health protocols specialize in the medical and behavioral healthcare of transgender patients and are informed by the WPATH Standards of Care:

[Medical Care of Trans and Gender Diverse
Adults](#)

The American Psychological Association

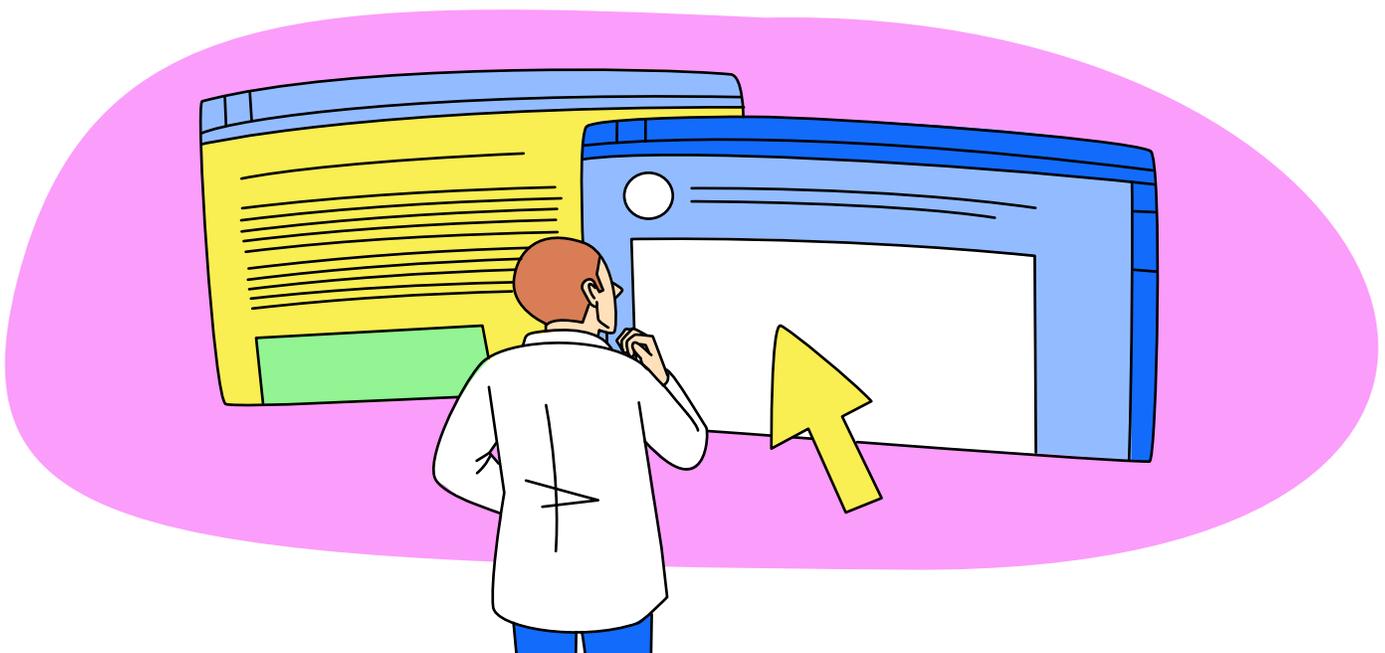
The APA guides are designed to assist psychologists in providing culturally competent, developmentally appropriate, and trans-affirming practice:

[Guidelines for Psychological Practice with
Transgender and Gender Nonconforming People](#)

The Callen Lorde Community Health Center

The Callen Lorde Community Health Center protocols guide practitioners on the provision of hormone therapy for patients 18 years of age and older:

[Protocols for the Provision of Hormone Therapy](#)



SUMMARY OF BEST PRACTICES FOR INCLUSION OF TRANSGENDER & GENDER DIVERSE IDENTITIES IN CLINICAL EDUCATION

Best Practice 1

Position transgender individuals as the authoritative voices on their own lived experiences in healthcare.

Best Practice 2

Start with gender-affirming communication.

Best Practice 3

Educate students on the broader historical and sociopolitical context of transgender health.

Best Practice 4

Incorporate transgender health education throughout the curriculum.

Best Practice 5

Seek clinical affiliations that are gender-affirming.

Best Practice 6

Create safe and inclusive spaces for transgender and gender diverse students.

Best Practice 7

Emphasize ongoing education on transgender health.

BEST PRACTICE 1: POSITION TRANSGENDER INDIVIDUALS AS THE AUTHORITATIVE VOICES ON THEIR OWN LIVED EXPERIENCES IN HEALTHCARE

The mantra of “nothing about us, without us” regarding scientific research in collaboration with— rather than on— the transgender community translates intuitively to clinical education.⁴¹⁻⁴³

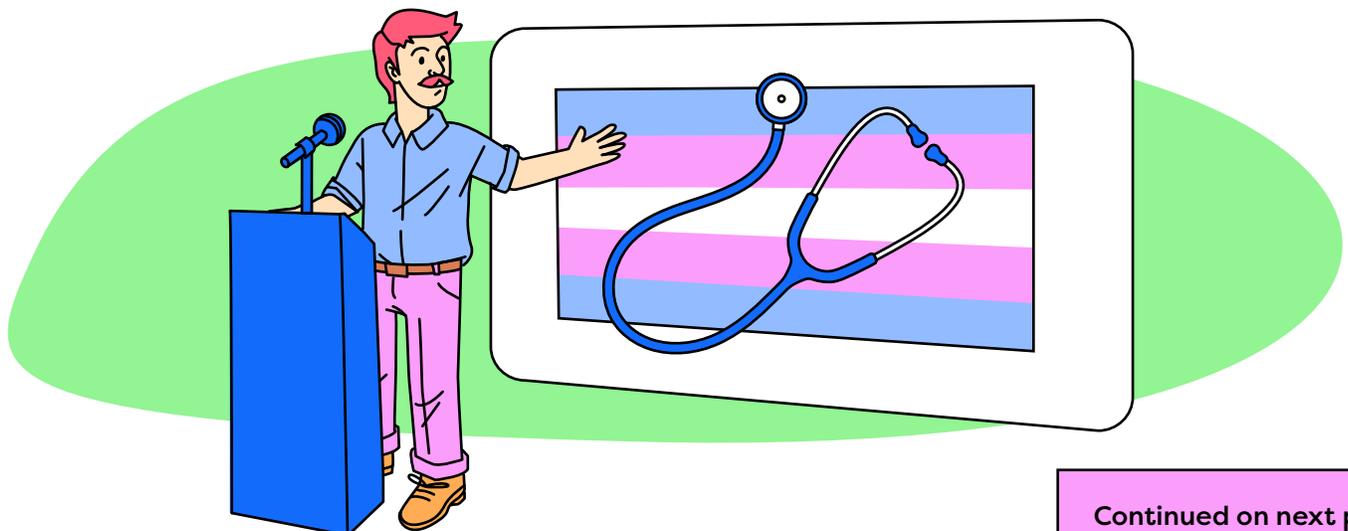
Ideally, a clinical program’s faculty makeup would include transgender or gender diverse educators. Representation of gender diversity among faculty can ensure gender diverse students feel included if they can “see” themselves in the profession. Educators who are transgender should be respectfully invited, but not expected, to educate students on transgender health.

When a program’s faculty makeup does not reflect gender diversity, cisgender clinical educators are strongly encouraged to seek partnerships with educators who are transgender. This approach can position transgender individuals as the authoritative voices on their own lived experiences in healthcare and society at large, foster a powerful and memorable student learning experience,⁴¹ and help to build relationships with transgender community members for future collaborations.³⁷

Existing programming has utilized the following strategies in partnership with the transgender community:

- Lectures provided by educators who are transgender³¹
- Panel discussions or community forums with transgender community members^{14,15,20,21,36,37}
- Interviews or small group sessions with transgender patients (see “Simulation and Transgender Health” for more information)^{14,16,20,21,27,32}

This approach can be achieved by using one’s institutional and positional power to contract or partner with local, community-based organizations that serve the transgender or broader LGBTQ population. In areas where community-based organizations may not exist, clinical educators can integrate publicly available resources such as webinars or assigned readings (see Resources).



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BEST PRACTICE 1: (CONTINUED) POSITION TRANSGENDER INDIVIDUALS AS THE AUTHORITATIVE VOICES ON THEIR OWN LIVED EXPERIENCES IN HEALTHCARE

The following approaches can foster an experience that is mutually beneficial for both the educators who are transgender and the students:



Community-based organizations should be justly compensated for the time, expertise, and emotional labor of their staff involved in the delivery of the content, especially when individuals are sharing their personal and often traumatic life experiences.

Compensation should be in a form that does not have prerequisites (i.e. grocery card preferred over direct deposit to a bank account). Gift cards, especially Amazon gift cards, are not accessible to those without a stable address for shipping. Details like these are often overlooked when seeking the most convenient way to compensate someone for their time.

Transgender and gender diverse educators should be involved in the planning of the education (rather than the delivery alone), similar to the ethical guidelines posed for research involving the transgender population.^{42,43}

Panel discussions and community forums should ideally be led by a transgender moderator who can field the appropriateness of questions, gauge the emotional burden posed on the panel members, and foster a constructive dialogue.

Thoughtful preparation of the physical space may include locating and/or creating gender neutral bathrooms and setting aside a peaceful space for people to rest.



BEST PRACTICE 2: START WITH GENDER-AFFIRMING COMMUNICATION

The importance of gender-affirming communication spans all healthcare disciplines. Regardless of whether a student will one day be directly involved in gender-affirming medical interventions (i.e. a physician prescribing hormone therapy), students in all healthcare disciplines with direct patient contact will likely care for transgender patients. Gender-affirming communication demonstrates respect for the patient and is one way to honor their gender identity.

Furthermore, gender-affirming communication can be life-saving.

The Trevor Project reported that more than half of trans and nonbinary youth seriously considered attempting suicide in the past year; those who had their pronouns respected by all people in their home attempted suicide at half the rate of those who did not have their pronouns respected.⁴⁴

Introductory principles of gender-affirming communication in clinical practice include:

1. Use a patient's name and pronouns.
2. Introduce yourself with your own name and pronouns.
3. If you make a mistake: acknowledge the error, correct it, and move on.
4. Pay attention to gender-specific language and gender-neutral alternatives in your discipline. Ask the patient for their preference and use those terms consistently (i.e. breastfeeding vs. chestfeeding, mommy/mother vs. birthing parent, maternal care vs. perinatal care, well-woman exam vs. well-person exam).
5. Do not ask invasive questions about medical interventions, sexuality, or body parts that are not relevant to the visit (i.e. a dentist does not need to know information about a patient's genitalia).



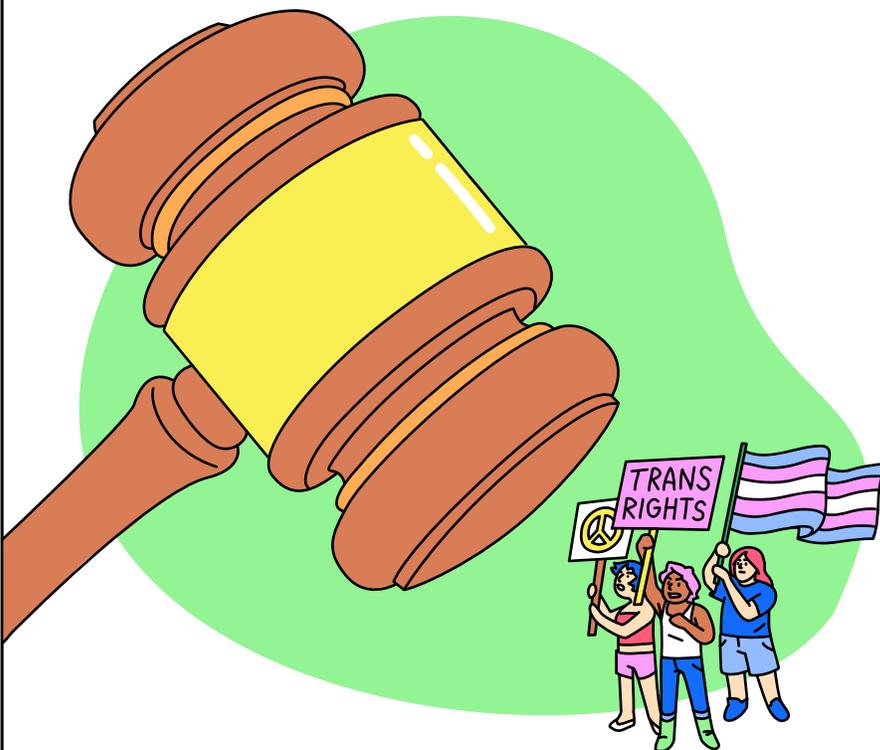
Gender-affirming communication extends beyond these introductory principles and is continuously evolving. Visit the [Trans-Affirming Language Guide](#) and the Resources section for more information.

BEST PRACTICE 3: EDUCATE STUDENTS ON THE BROADER HISTORICAL AND SOCIOPOLITICAL CONTEXT OF TRANSGENDER HEALTH

Clinical educators may be initially inclined to limit their training to discipline-specific topics and clinical care considerations within their field. However, educators are strongly encouraged to incorporate training on broader historical and sociopolitical considerations to provide context for current topics in transgender health.

Critical topics include:

- Experiences of transgender patients in the healthcare system^{36,45,46}
- Barriers transgender patients face to accessing healthcare^{3,45,46}
- Mental and physical health disparities impacting the transgender population^{3,47}
- Intersectionality of gender and race, including the disproportionate impact of health disparities on black and brown transgender populations³
- Anti-transgender legislation, such as bills that criminalize medical providers who provide gender-affirming healthcare for transgender youth⁴⁸
- Historical and current erasure of transgender population from multiple levels of society, including the media, national surveys, and medical education⁴⁹ (i.e. conflation of sex and gender and reduction to a binary male/female response option in federal data collection)



Clinical educators may not be equipped to educate students on these topics. Ideally, educators who are transgender would plan and deliver content on the broader context of transgender health (see Strategy #1: Position transgender individuals as the authoritative voices on their own lived experiences in healthcare). At minimum, clinical educators can require reading or reflection on key publications that touch on these topics, such as:

[2015 U.S. Trans Survey Report](#) by the National Center for Transgender Equality

[Protecting and Advancing Health Care for Transgender Adult Communities](#) by the Center for American Progress

BEST PRACTICE 4: INCORPORATE TRANSGENDER HEALTH EDUCATION THROUGHOUT THE CURRICULUM

While a single lecture on transgender health may be a starting point, ideally clinical educators can examine the breadth of their curricula to identify logical intersections with transgender health.^{23,26,50} This approach can allow educators to address different aspects of transgender health at relevant points in their curricula, incorporate multiple perspectives (i.e. biological, psychosocial), and reinforce learning.^{26,50} The following table depicts the types of courses common among clinical education programs, potential content, and examples using an undergraduate medical education curriculum, psychotherapy and counseling curriculum, and a nutrition and dietetics curriculum.

Table 1. Common courses in clinical education programs, potential transgender health-related content, and examples using three curricula.

| Type of Course | Potential Content | Example: Undergraduate Medical Curriculum | Example: Psychotherapy and Counseling Curriculum | Example: Nutrition and Dietetics Curriculum |
|---------------------|--|---|---|--|
| Clinical assessment | Collection of sex, gender, sexual orientation, and pronouns as routine intake ⁵¹ | A Medical Interviewing course could discuss gender-affirming intake process, communication skills, and physical exam technique. Consider utilizing a simulation experience with a gender minority standardized patient. | A Foundational Counseling Skills class could follow an intake process that is inclusive of gender and sexualities; a Diagnosis and Assessment course could de-pathologize transgender and gender diverse expressions. | A Nutrition Assessment course could demonstrate the recommended method for collecting sex, gender, sexual orientation and pronouns during a standard nutrition assessment. |
| Clinical practice | The nature of gender-affirming medical interventions for adolescents and adults, including existing clinical guidelines such as the WPATH, UCSF, and Endocrine Society guidelines ^{1,52,53} | Endocrinology and Reproductive Medicine courses could include exploration of gender-affirming medical and surgical treatments, as well as reproductive considerations. | Practicum courses could cover assessment skills for gathering gender identity, diagnostic skills, writing letters of support, and advocating on the client and family's behalf. | A Medical Nutrition Therapy course could cover nutrition-related implications of gender-affirming medical interventions (i.e. changes in body weight and composition). |
| Counseling | Practice with gender-affirming communication | Psychiatry/Behavioral Health courses could explore the mental health needs within the transgender population and the need for trauma-informed care. | Counseling courses could address foundational and advanced skills, theories, and models for working with transgender clients. | A Nutrition Counseling course could train students on the skill and impact of using a patient's name and pronouns correctly and consistently. |

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BEST PRACTICE 4: (CONTINUED) INCORPORATE TRANSGENDER HEALTH EDUCATION THROUGHOUT THE CURRICULUM

Table 1. Continued

| Type of Course | Potential Content | Example: Undergraduate Medical Curriculum | Example: Psychotherapy and Counseling Curriculum | Example: Nutrition and Dietetics Curriculum |
|-------------------|---|--|---|---|
| Lifespan approach | Gender identity development in childhood, adolescent, and adulthood | Endocrinology and Reproductive Medicine courses could include discussion on human sexual development that acknowledges, but does not pathologize, the wide range of human sexual development and expression. | Human Development courses could address sexual and gender identity development for transgender, intersex, and nonbinary youth and adults. | A Nutrition in the Life Cycle course could address gender identity development and implications for eating patterns in different life stages. |
| Research methods | Collection of sex, gender, and sexual orientation data in human subjects research ⁵¹ | An Epidemiology course could include discussion on the paucity of medical research measuring sex, gender, and sexual orientation and explore best practices in this area. | Research Methods and Ethics courses could address best practices in measurement and methodology of sex, gender, and sexual orientation. | A Research Methods in Nutrition course could address the recommended approach for collecting sex, gender, and sexual orientation in nutrition surveillance programs and evaluate how existing programs are collecting this data (i.e. NHANES) |
| Sociological | Historical and sociopolitical context of transgender health | A course exploring Social Determinants of Health could include material on transgender health disparities and experiences within the healthcare system. | A theories class could critique theories of counseling/therapy from a cisnormative lens. | A Cultural Aspects of Foods course could incorporate gender in discussions of culture that typically center on race, ethnicity, religion, and geography. |

In addition, clinical educators can normalize language regarding sex, gender, and pronoun use throughout their curricula in other ways, such as:

- Including the sex, gender, and pronouns of a patient or client when presenting case studies
- Ensuring clinical intake forms include sex, gender, and pronouns for cisgender and transgender patients alike
- Demonstrating the recommended method of collecting of sex, gender identity, and sexual orientation data in research classes⁵¹



BEST PRACTICE 5: SEEK CLINICAL AFFILIATIONS THAT ARE GENDER-AFFIRMING

Clinical educators can seek to establish clinical affiliations with sites and/or individual preceptors who are gender-affirming. These may include healthcare sites and providers who provide gender-affirming medical interventions (i.e. gender centers), as well as healthcare providers in any field who model gender-affirming communication and care. Sites and/or individual preceptors should be vetted or screened to ensure they are genuinely gender-affirming. To identify a potential clinical affiliation in your region, explore the following lists of gender clinics throughout the United States:

[Gender Centers at Academic Medical Centers](#)

by the Transgender Legal Defense & Education Fund

[Interactive Map: Clinical Care Programs for Gender-Expansive Children and Adolescents](#)

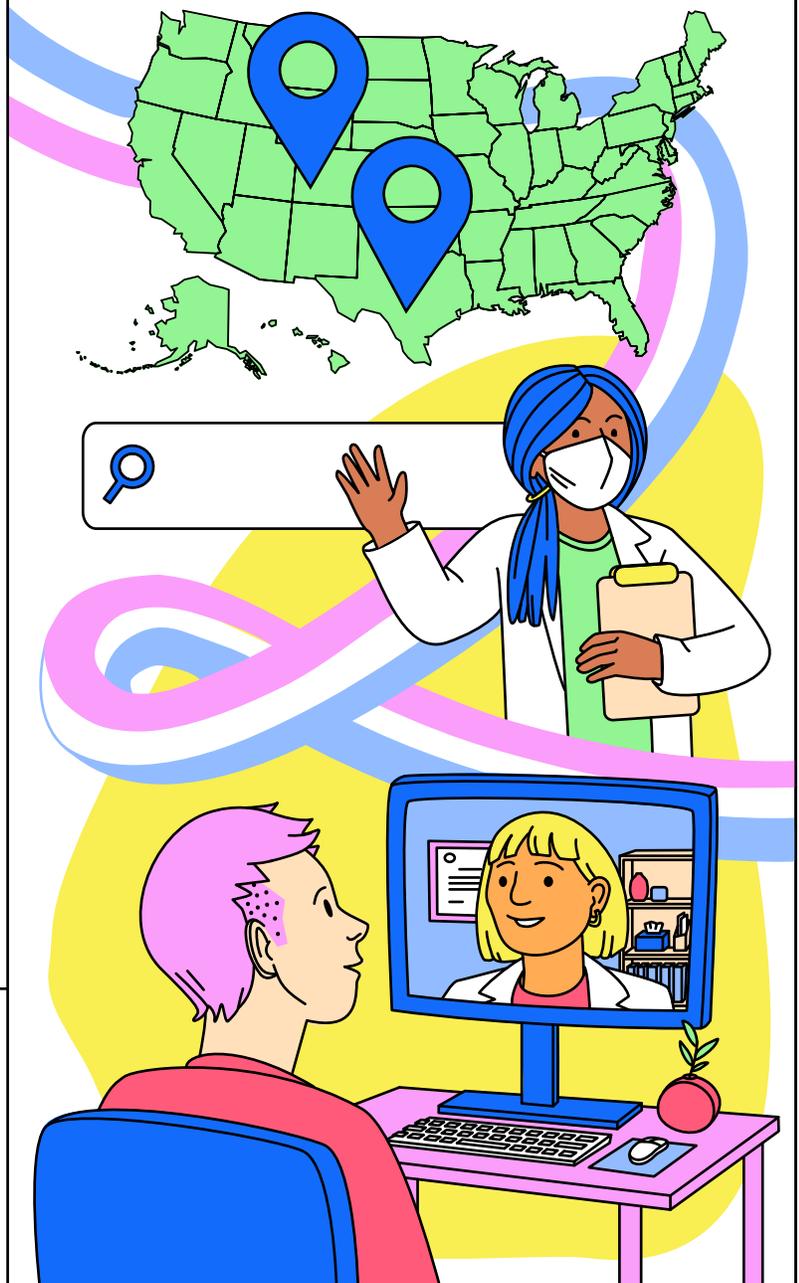
by the Human Rights Campaign

To identify an individual provider who may serve as a clinical preceptor, explore the list of WPATH members on their website:

[Member Search](#) by WPATH

For those who reside in a region that lacks a reputable gender center, consider seeking an affiliation with an organization that provides gender-affirming healthcare via telehealth:

[QueerMD](#) [Plume](#) [Folx](#)



BEST PRACTICE 6: CREATE SAFE AND INCLUSIVE SPACES FOR TRANSGENDER AND GENDER DIVERSE STUDENTS

Clinical educators can be proactive to ensure a safe and inclusive learning environment for their own transgender and gender diverse students. This requires broad and multifaceted thinking to consider the policies, resources, culture of communication, and physical space of the learning environment. While a comprehensive discussion on all aspects of college or university life is beyond the scope of this toolkit, the following strategies offer a starting point.

Policies:

Publish and uphold a program or department policy that prevents discrimination on the basis of gender identity, gender expression, or sexual orientation. This includes requirements to use correct names and pronouns, training provision for new faculty, staff, and students, and dress codes that are not gendered or binary (i.e., what men/women should wear) and support varied expressions of gender. Where a university-level policy exists, emphasize and endorse the policy by including it in student handbooks and course syllabi.

Resources:

Locate and disseminate university resources devoted to LGBTQ students. Increasingly, colleges and universities are publishing information on LGBTQ student organizations, all gender restroom locations, guidance to changing one's name in the university systems, and housing accommodations for transgender and gender diverse students. Resources can be listed in student handbooks, posted on community boards, or shared on social media. When university resources are scant, seek local or national resources to share with students (while also advocating for change within!) See the section on Resources for more information.

Culture of Communication:

Set the tone for your program by modeling gender-affirming communication in classrooms, meetings, and social events. As a starting point, introduce yourself with your name and pronouns, honor the name and pronouns of others, and offer a correction if a person's name and pronouns are misused. Sharing of pronouns should be an invitation, rather than a requirement, so as to not force individuals who are questioning their gender identity or are not comfortable sharing the information in the space.

Physical Spaces:

Consider the physical spaces on-campus and in clinical settings that often reflect a gender binary (i.e. men's or women's bathrooms, housing designated for men or women, or the "mother & baby unit" of a hospital). Advocate for gender-neutral language to ensure persons of all gender identities are welcomed.

Lastly, clinical educators can involve their transgender and gender diverse students in the process. Students can be invited, but not expected, to collaborate with faculty on the iterative process of ensuring the policies, resources, culture of communication, and physical spaces are an authentic reflection of students' needs and desires. The same mantra ("nothing about us, without us")⁴¹⁻⁴³ regarding the delivery of clinical education holds true for student involvement in this process.

BEST PRACTICE 7: EMPHASIZE ONGOING EDUCATION ON TRANSGENDER HEALTH

Transgender health is a rapidly evolving field that requires commitment to an iterative process of learning, relearning, and unlearning.



Clinical educators can emphasize the importance of pursuing ongoing education on transgender health through attention to new practice guidelines (see [Clinical Practice Guidelines and Standards of Care](#)), webinars and trainings through reputable organizations, and/or conferences that specialize in transgender health (see the [Resources](#) section).

SIMULATION AND TRANSGENDER HEALTH

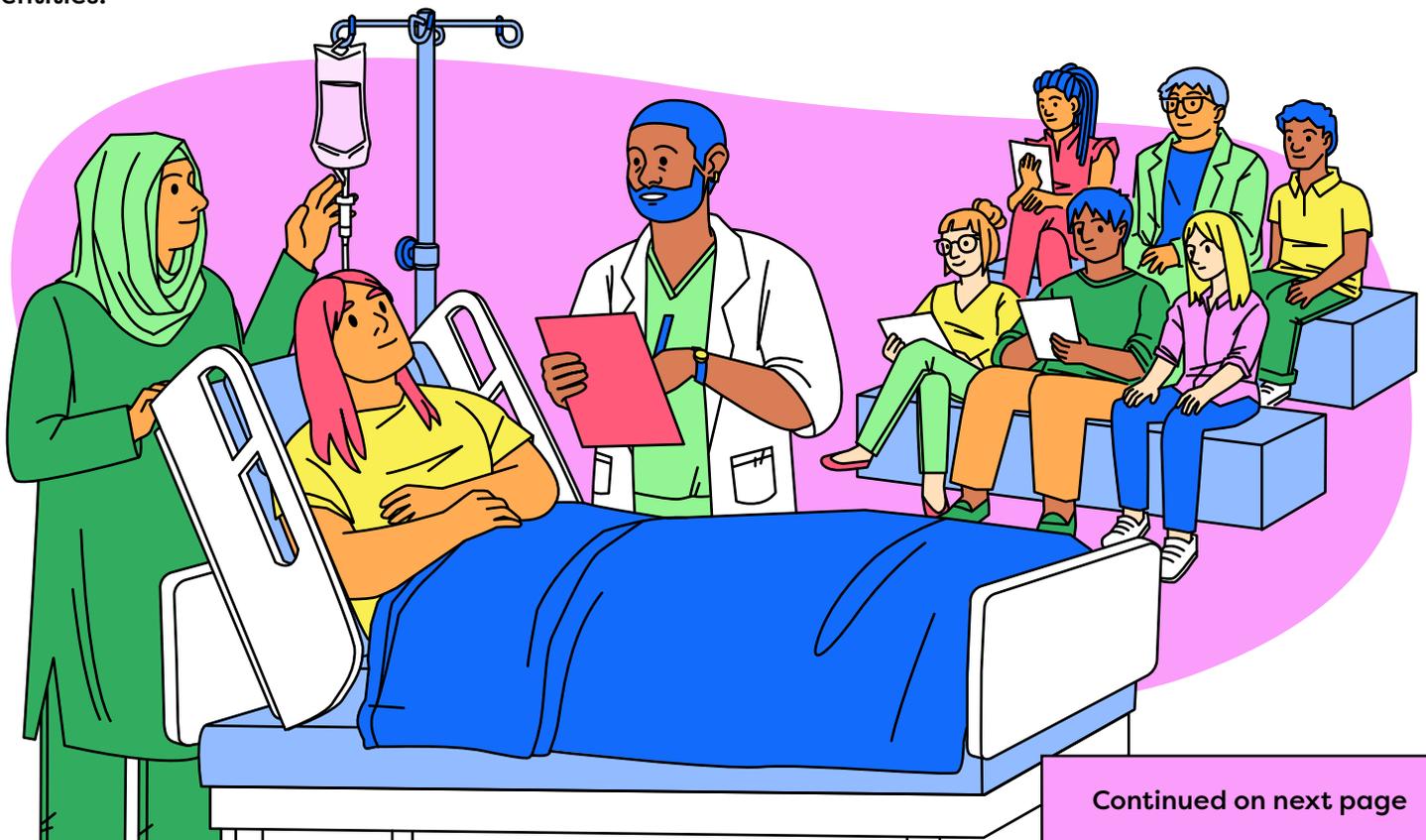
Based on a University of Louisville study, more than half of the medical schools surveyed are utilizing standardized patient activities that portray gender minorities (35 of the 59 schools surveyed).⁵⁴

Bohnert and colleagues emphasize that portrayal of gender minorities as standardized patients requires the following:

- Purposeful case development in close collaboration with community members
- Content experts who can share their own lived experiences in healthcare
- Attention to the psychological safety of the standardized patients when portrayed by gender minorities⁵⁴

Select institutions have published their approaches to developing standardized patients that portray gender minorities. For example, New York University School of Medicine trained a transgender actress as the standardized patient in a primary care clinic-based case. The standardized patient contributed to the students' evaluation by rating their communication, patient satisfaction, and skills. The team observed that using transgender actors to portray cases of transgender patients was imperative to providing appropriate feedback.⁵⁵ Simulation with standardized patients has the potential to improve student competency in caring for transgender patients beyond didactic education alone. Clinical educators should strive to collaborate with transgender individuals on the design and delivery of the learning activities to ensure authenticity of the case.⁵⁴⁻⁵⁷

Clinical educators may encounter barriers such as recruiting transgender individuals to be standardized patients (especially in rural areas or those lacking connection to the transgender community), fear of disrespecting or tokenizing the transgender community, and transphobia.⁵⁴ The table on the following page describes considerations for medical educators and simulation professionals when portraying diverse gender identities.⁵⁴



Continued on next page

SIMULATION AND TRANSGENDER HEALTH (CONTINUED)

Table 2. Unresolved Tensions to be Considered by Medical Educators and Simulation Professionals When Portraying Diverse Gender Identities

| Tension | Considerations and Possible Next Steps for Medical Education |
|---|--|
| Who can and should be cast to portray GM patients in simulation: GMs only, cisgender people, or both? | <ul style="list-style-type: none"> • Individual programs, the simulation community, and the GM community must determine if it is worse for gender-affirming care to go unpracticed or for non-GMs to portray GM patients. • Engage stakeholders about what is both practical and respectful at individual institutions, as ongoing dialog with the GM community is crucial to building best practices around portrayal. • Telehealth with remote GM SPs could broaden engagement opportunities. |
| How can the work benefit from GM SPs' lived experiences and protect SPs from emotional labor? | <ul style="list-style-type: none"> • ASPE standards (1.14–1.10, 1.2.3, and 1.3.1–1.3.2)²⁰ • Allow opt out, preemptively describe content, and structure time for SPs to rest/debrief, and monitor SP experiences. • Protect SP identity, respect individual boundaries, and facilitate informed decision making about individual case participation. |
| Will students infer that any SP case with a GM patient must be focused on gender-affirming care? | <ul style="list-style-type: none"> • Teach students to affirm patient identity early in medical school to reduce this potential artifact of simulation.³⁷ • Incorporate inclusive, gender-affirming communication into skill checklists and practice for all patients so that identifying a patient's gender identity is a distinct and expected interview skill. |
| Does portraying GM patients diversify student training or tokenize/stereotype GM identities? | <ul style="list-style-type: none"> • Reflect the diversity of GM communities in case design and implementation. • Engage GM community members in case development, implementation, portrayal to build relationships and to avoid or correct errors. |
| How can opposition from social, regional, and generational divides be addressed? | <ul style="list-style-type: none"> • Educate others about extreme health disparities experienced by GMs and the importance of affirming care to keep this population engaged in the healthcare system. • Identify allies and supportive stakeholders that can motivate different levels of the organization. |
| Have we adequately addressed the need for faculty development and resolved concerns about students “teaching up”? | <ul style="list-style-type: none"> • Continuing education for practicing physicians will be crucial to model inclusive skills for students.^{38,39} • Consider patient advocacy needs in the context of students teaching up in hierarchical medical education systems. |

Table 2 Notes:

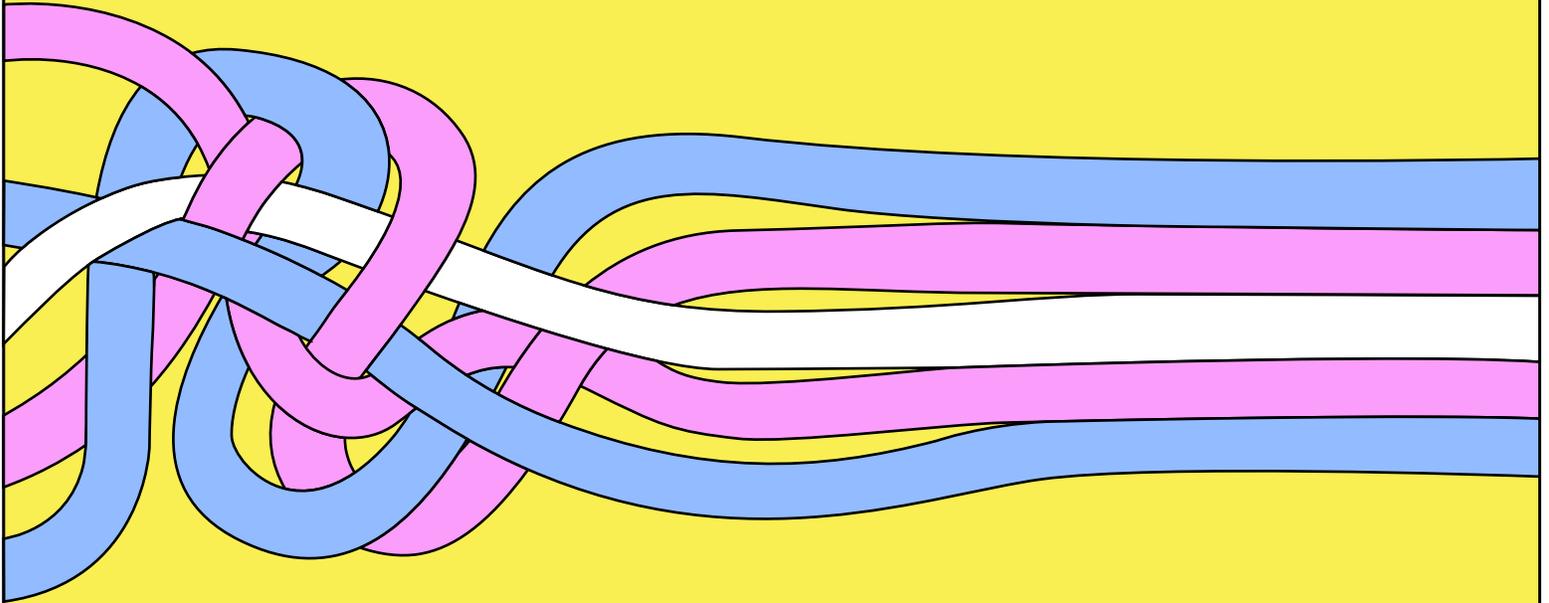
Reprinted with publisher permission: Bohnert, Carrie A. MPA, CHSE; Combs, Ryan M. PhD; Noonan, Emily J. PhD; Weathers, Aaron E. MA; Weingartner, Laura A. PhD. Gender Minorities in Simulation: A Mixed Methods Study of Medical School Standardized Patient Programs in the United States and Canada. *Simulation in Healthcare*. 2021;16(6):151-158. Journal Page: <https://journals.lww.com/simulationinhealthcare/pages/default.aspx>

Abbreviations: GM = gender minority, SP = standardized patient, ASPE = Association of Standardized Patient Educators

Note, the superscripted numbers in the table are references from the original publication:

- ²⁰Lewis KL, Bohnert CA, Gammon WL, et al. The Association of Standardized Patient Educators (ASPE) Standards of Best Practice (SOBP). *Adv Simul*. 2017;2(1):10.
- ³⁷Underman K, Giffort D, Hyderi A, Hirshfield LE. Transgender health: a standardized patient case for advanced clerkship students. *MedEdPORTAL*. 2016;12:10518.
- ³⁸Mayfield JJ, Ball EM, Tillery KA, et al. Beyond men, women, or both: A comprehensive, LGBTQ-inclusive, implicit-bias-aware, standardized-patient-based sexual history taking curriculum. *MedEdPORTAL* 2017;13:10634.
- ³⁹Noonan EJ, Weingartner LA, Combs RM, et al. Perspectives of transgender and genderqueer standardized patients in medical education. *Teach Learn Med*. 2020; 10.1080/10401334.2020.1811096.

WORKING WITH STUDENTS WHO EXPRESS RESISTANCE TO LEARNING



Resistance to learning can be common for students who have little to no experience with the transgender community or were raised in communities that openly reject transgender people. Oftentimes, resistance to work with or engage in education about the health needs of transgender people is grounded in anxiety and conscious or unconscious bias. Education alone will not change bias in many cases. Programs should take deliberate steps to expose students to the transgender community, while still protecting the transgender community from experiencing bias or discrimination by resistant students. Strategies could include use of videos, written narratives, or a guest speaker who is a family member of a transgender person (see Resources section).

In addition, clinical educators should be mindful of the cultural water we all swim in where sexuality, and queer sexuality in particular, is negatively portrayed and pathologized. Resistant students are simply reflecting society; the role of clinical educators is to openly question the need or purpose of the negativity. For example, in examining historical laws that criminalized certain sexualities and gender expressions, clinical educators can pose the question: Why was this needed and who does this protect? Clinical educators may employ deprogramming training in order to facilitate thinking, reflection, and conversation on gender identity and sexuality biases.

Lastly, the pragmatic question arises of whether transgender health education should be required for all students in a clinical education program. Here, clinical educators should consider how to provide training for all students, while still protecting the health and safety of transgender patients who could be harmed during patient-student interactions. This is especially relevant given the blend of didactic and clinical training for students in most clinical education programs, as well as the reality that all healthcare providers will likely care for transgender patients during their careers. Though no clear or perfect answer to this dilemma exists, clinical educators may consider requiring didactic training (i.e. lectures, readings, webinars) for all students, while reserving clinical rotations where students are likely to interact with a larger number of transgender patients (i.e. a gender center) as a *privilege* for students who are deeply committed to learning about and providing gender-affirming care.

RESOURCES

Resources for All Health Professions

Organizations and Websites

- [World Professional Association for Transgender Health \(WPATH\)](#)
- [National Center for Transgender Equality](#)
- [National LGBTQIA+ Health Education Center](#)
- [The Transgender Training Institute](#)
- [Gender Spectrum](#)
- [TransHub](#)
- [Trans Student Education Resources \(TSER\)](#)
- [Guidelines for Care of Lesbian, Gay, Bisexual, and Transgender Patients](#)

Books and Workbooks

- [A Clinician's Guide to Gender-Affirming Care: Working with Transgender and Gender Nonconforming Clients](#) by Chang, Singh and dickey
- [The Queer and Transgender Resilience Workbook: Skills for Navigating Sexual Orientation and Gender Expression](#) by Singh
- [Life Isn't Binary](#) by Iantaffi and Barker
- [Beyond the Basics: A Resource for Educators on Sexuality and Sexual Health](#) by Zook, Chabot and Chan

Webinars

from the National LGBTQIA+ Health Education Center

- [Gender-affirmative Health Care](#)
- [Primary and Preventative Care Needs of Transgender People](#)
- [Gender-affirming Hormone Therapy](#)
- [Surgical Gender Affirmation](#)
- [Working with Transgender and Gender Diverse \(TGD\) Youth during the COVID-19 Pandemic](#)
- [Addressing Unconscious and Implicit Bias](#)
- [What Providers Need to Know about Trans Legal Issues](#)
- [Emerging Topics in Trans Medicine - Expert Panel Discussion](#)
- [Healthcare Experiences of Transgender and Gender Non-binary People of Color Panel](#)
- [Centering Safety: Partnering with Black Transgender and Gender Diverse \(TGD\) Communities to Promote Wellness](#)
- [Families of Transgender Youth Panel](#)

Publications

- [2015 U.S. Trans Survey Report](#)
- [Trans-Affirming Language Guide](#)
- [Affirmative Services for Transgender and Gender-Diverse People: Best Practices for Frontline Health Care Staff](#)
- [Advancing LGBT Health & Well-Being: 2015 Report](#)
- [A Guide for Supporting Trans and Gender Diverse Students](#)
- [Gender Galaxy Activity](#)

Discipline-specific resources on next page

RESOURCES (CONTINUED)

Discipline-Specific Resources

Medical Disciplines

(Physicians and Physician Assistants)

- [Medical Care of Trans and Gender Diverse Adults](#) by the Fenway Health Transgender Health Program (THP)
- [Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline](#)
- [Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People](#) by UCSF Transgender Care at the University of California-San Francisco
- [Protocols for the Provision of Hormone Therapy by Callen-Lorde Community Health Center](#)
- [Caring for Transgender and Gender-Diverse Persons: What Clinicians Should Know from the American Family Physician](#)
- [Care of the Transgender Patient](#) by Safer and Tangpricha
- [Curricular Approaches to Transgender Health](#) in Physician Assistant Education
- [Health Care for Transgender and Gender Diverse Individuals a Committee Opinion](#) by The American College of Obstetricians and Gynecologists
- [Lesbian, Gay, Bisexual, Transgender, and Queer Health: Translating Best Practices into Clinical Care](#) by Lapinski & Diaz

Mental Health Disciplines

(Clinical, Counseling, and School Psychology; Couple and Family Therapy; Psychiatry)

- [A Clinician's Guide to Gender-Affirming Care: Working with Transgender and Gender Nonconforming Clients](#) by Chang, Singh & dickey
- [Queering Your Therapy Practice](#) by Tilsen
- [Handbook of LGBTQ-Affirmative Couple and Family Therapy](#) edited by Harvey, Murphy, Bigner, & Wetchler
- [American Psychological Association Guidelines for Psychological Practice With Transgender and Gender Nonconforming People](#)
- [Position Statement on Treatment of Transgender \(Trans\) and Gender Diverse Youth](#) by the American Psychiatry Association
- [Gender Affirming Therapy](#) by the American Psychiatry Association
- [Resources for working with Transgender Youth](#) from the National Association of School Psychologists

Athletic Training

- [Caring for a Transgender Patient](#) by Raybern and Nye for National Athletic Trainers' Association
- [For ATs: Transgender Policy Development](#) by Claire Williams of the National Athletic Trainers' Association
- [Transgender Health Care: Ethical and Legal Considerations for ATs](#) by Cartright, Rogers, and Lopez of the National Athletic Trainers' Association's Sports Medicine Legal Digest
- [National Athletic Trainers' Association Inclusion Resources](#)

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RESOURCES (CONTINUED)

Discipline-Specific Resources (Continued)

Nutrition and Dietetics

- [Caring for Transgender Patients and Clients: Nutrition Related Clinical and Psychosocial Considerations](#) by Rahman and Linsenmeyer
- [An examination of the sex-specific nature of nutrition assessment within the nutrition care process: Considerations for nutrition and dietetics practitioners working with transgender and gender diverse clients](#) by Linsenmeyer, Garwood and Waters
- [Nutrition Guidance for Transgender and Gender Diverse Individuals](#) In: Nutrition Care Manual® of the Academy of Nutrition and Dietetics
- [Hormone Therapy, Health Outcomes and the Role of Nutrition in Transgender Individuals: A Scoping Review](#) by Rozga, Linsenmeyer, Wood, Darst and Gradwell
- [Nutrition Guidance for Transgender and Gender Diverse Individuals](#) by Linsenmeyer and Price (handouts)
- [Nutrition Care for the Transgender and Gender Diverse Community](#) by Waters
- [Building a Foundation: LGBTQ+ Terminology, Concepts, and Affirming Communication](#) by Rahman, Halem, Birchfield
- “Transgender Health and Nutrition” In: J. Raymond and K. Morrow (Eds) Krause and Mahan’s [Food and the Nutrition Care Process](#), 16e.

Speech Language Pathology

- [Transforming Voice and Communication with Transgender and Gender-Diverse People: An Evidence-Based Process](#) by Hancock and Siegfried
- [Voice and Communication Therapy for the Transgender/Gender Diverse Client: A Comprehensive Clinical Guide](#) by Adler, Hirsch and Pickering
- [Transgender voice and communication treatment: a retrospective chart review of 25 cases](#), by Hancock and Garabedian
- [Working with the transgender voice: The role of the speech and language therapist](#) by Thornton
- [Professional Practice Statement](#), the American Speech-Language Hearing Association

Nursing

- [Patient-Centered Transgender Health: A Toolkit for Nurse Practitioner Faculty and Clinicians](#) by Selix, Waryold, Voss, Newman, Cotler, Ruud, and Rowniak for the National Organization of Nurse Practitioner Faculties
- [Considerations for the Care of Transgender Individuals](#) by Abeln and Love
- [Promoting 2SLGBTQI+ Health Equity](#) by the Registered Nurses’ Association of Ontario

Physical Therapy

- [Introduction to LGBTQ+ Competency: Handbook for Physical Therapy](#) by the American Physical Therapy Association
- [Moving Toward Equitable Health Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients: Education and Training in Physical Therapy Education](#) by Glick, Leamy, Molsberry and Kerfeld
- [The Role of Physical Therapy in the Care of Transgender Patients](#) by Cardinali and Manzer In: Nikolavsky & Blakely’s Urological Care for the Transgender Patient: A Comprehensive Guide

Occupational Therapy

- [LGBT+ Awareness and Good Practice Guidelines for Occupational Therapists](#) by Association of Occupational Therapists of Ireland

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