

## Using Simulation to Assist in Treating the Patient who is Transgender

**Bernadette Riley\* and Gina Riley**

Clinical Professor of Adolescent Special Education, City University of New York - Hunter College, USA

\*Corresponding author: Bernadette Riley, Email: bernadette18@yahoo.com

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Transgender patients have special needs in regards to health care, and studies have shown that there are “disparities in health and access to healthcare for sexual and gender minorities” [1]. Discrimination exists for transgender patients, whether it is due to provider discomfort or provider being unfamiliar with this patient population. Either way both can be identified and rectified by a simulated experience with a transgender patient.

Transgender identity is the term used to “describe a person’s fundamental sense of being men, women, or of indeterminate sex” [2]. Gender Dysphoria occurs when there is psychological distress which comes from a patient’s gender at birth [3]. Gender Identity Disorder (GID) is a psychiatric diagnosis that occurs when an individual wishes to be another sex than the one he/she is born with [4]. There is psychological stress with that occurs with this disorder. Transgendered patients “desire to live [as] a member of the gender opposite to assigned sex at birth” [4]. Transgendered patients who were born as males and transition to females are referred to as MTF, and patients who were born female and transitioned to males are known as FTM.

The transgender patient has specific health care needs. With a MTF transgender patient who did not have sex reassignment surgery, doctors must be concerned with typically male cancers and problems. According to the American College of Obstetricians and Gynecologists (ACOG), the “age appropriate screenings for male to female breast and prostate cancer is appropriate for MTF transgender patients” [5].

For the transgender patient who is transitioning to another sex and using hormones, each hormone has its own risks associated with it. Use of estrogen in MTF patients increases the risk of thromboembolic disease, breast cancer, cardiovascular disease, cerebrovascular disease, and migraines [4]. Laboratory abnormalities such as high prolactin levels and high liver enzymes are also seen. Doctors who prescribe these hormones must be aware and monitor for the signs and symptoms of these diseases.

For the transgender patient using testosterone replacement for FTM transitioning, they are at increased risks for breast and uterine cancer, polycythemia, and increase in liver enzymes [4]. These patients should have appropriate lab work on a continual basis to monitor for these side effects. Providers taking care of these patients should be familiar with these risks.

Simulated cases exposing a resident to a transgendered patient can help the resident feel more comfortable interacting with a transgendered patient. According to a study done in March 2011 by the Institute of Medicine, it is important to identify patients who are transgender, in order to establish health risk, and treat accordingly [6]. Having residents get used to asking patients if they are male, female or other, and what their sexual orientation is would be appropriate and can help identify the gaps in transgender health care [6]. Asking about a patient’s sexual identity can open a dialogue where the patient can feel comfortable sharing with a physician. By starting the conversation, the provider is establishing a nonjudgmental and open conversation

[6]. A suggestion given by the ACOG is to have all patients fill out a questionnaire where a patient can circle what gender assignment of male, female or transgender they feel best fits with their identity [5].

Transgender patients should feel welcome in the office and hospital setting. Getting familiar with issues facing transgender patients can be made possible through simulation training. Having residents (and all members of healthcare staff) go through a session with a transgender patient or mannequin can help assess how comfortable the resident feels and can provide videotaped proof of training for this specific patient population. A standardized patient playing the transgender patient can also give feedback on how they felt as the patient.

A typical simulated case would include a transgender patient encounter with the resident where the patient presents a complaint, and the resident goes through the session as he/she would with a real patient. The session is videotaped, and after the session the debriefing begins. The resident, faculty facilitation, and the standardized patient watch the video and discuss the case during the debrief. At the debriefing session, the resident not only gets to self assess their interaction, but also gets to hear what the simulated patient felt and thought about the resident’s behavior. The session can help explore issues specific to treating transgender patient as well as further explore issues of cultural competence.

During the session the resident can see if they address specific transgender patient population issues. Transgender patients have a higher incidence of HIV, STIs, and drug use [7] than other members of the American population. Tobacco use is especially prevalent among the LGBTQ population, and those identified as LGBTQ are more likely to suffer from mental illness [8]. During a simulated session, the resident can ensure they are taking the steps to provide appropriate preventative care for their simulated transgender patient [9]. The simulated case may also feature a transgender patient who is taking hormones during their transition, and the resident can see if they address the fact that transgendered persons exposed to hormone replacement have specific health issues [10]. During the simulated case a resident can become familiar with the specific problems a transgender person faces, and can gauge how comfortable they are in addressing these problems.

If a resident is not comfortable in speaking with a transgender individual, simple patient encounters can become challenging. A resident who is not exposed to training with different patient populations, can stumble on things like what pronoun to use when discussing with a patient. In a simulated session the resident, as well as staff can get comfortable with asking the transgender patient questions, and with treating them. As described in an article by Klein et al, “primary care physicians are well suited to provide [transgender] care, especially those with exposure in the areas of mental health, hormone therapy, and cardiovascular risk reduction” [11].

Studies have shown that transgender patients have limited access to health care resources, and are often treated with prejudice by physicians [12]. According to the American Academy of Family Physicians recommended Curriculum Guidelines for Family Medicine Residents, it is important to increase an awareness, not only in our own feelings on transgender patients, but also in our behavior towards LGBTQ patients in general [12]. A simulated session could provide opportunities where a physician in training can be exposed to a transgender patient and can see if they exhibit signs of “unconscious or implicit bias” [12].

Getting familiar with a transgender patients’ journey can also help the physician understand the psychological needs of the transgender patient [13]. A study by Bockting et al, on “Stigma, Mental Health, and Resilience in an Online Sample of the US Transgender Population”

showed there was a high incidence of depression, anxiety and somatization in this patient population [14]. Physicians should be aware of the mental issues that transgender patients are at risk for, and could get more comfortable in screening for them in a simulated session.

Simulation can be a great learning tool to treat physicians, and other members of the health care staff on how to become familiar and treat the transgender patient. The lack of education in medical school, combined with an increase in patient population, has left the medical field unprepared for this influx of patients. Simulation training can provide health care professionals and the health care industry with the tools needed for appropriate management of this population, and to increase our awareness to this specific population. It is imperative to start a simulation curriculum so that the gap on transgender access to healthcare can be closed.

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