Assignment 2 – Journal & Activity

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***Abstract*—**Every year medical providers are required to participate in Continuing Medical Education (CME) and Educational Technology is providing an avenue for delivering CME content like never before. At the same time, the need for increased medical provider knowledge regarding both medical and cultural aspects of care for patients who are Transgender or other Queer identities has largely not been addressed, partially due to rapid changes in regards to both medicine and culture. The focus of research in these assignments as such is attempting to establish need for and to seek avenues of utilizing Educational Technology to address a rapidly changing landscape of care for these patients as well as address key cultural knowledge that is often omitted from purely technical areas of education.

1 JOURNAL

1.1 Research Survey

I will begin this week's journal with planned research of my own. I have submitted for IRB approval a plan to release a survey directed towards Transgender, Nonbinary, and Genderqueer individuals to identify weaknesses in provider education from their perspective. This survey will be used to guide content development, and hopefully address areas of content that is not properly covered in current education. Ideally this will identify unique areas of approach in content provided.

The survey covers the following questions. (Examples or additional information, i.e. "You may decline to answer", have been omitted from the questions. Please see the appendix for the full survey.)

- What terminology do you prefer to use to identify yourself?
- Do you feel you have you ever encountered a lack of knowledge or ignorance from your healthcare providers? This does not include explicit discriminatory attitudes and bias (see question 5).

- If so, is there any type of information that you feel would help to address the lack of knowledge you have encountered in your medical providers?
- Do you feel you have you ever encountered discrimination or bias from your healthcare providers?
- If so, is there any type of information that you feel would help to reduce the occurrence of the discrimination or bias you faced?
- Do you have any additional concerns or suggestions that may be addressed through educational content directed towards healthcare providers?
- Do you have any comments about the design or content of this survey?

1.2 Literature Review

Last week I stated that I was not yet sure of a content or research approach to this project. I will start this week by saying that the content track has been decided upon, as there seems to be ample academic studies to support imagined areas of content.

The focus on academic research this week began with gathering research on the failures by medical providers in transgender/nonbinary/genderqueer care. This supports both the establishment of need for project proposals, including the practice problem statement included here, as well as providing a general starting place on identifying areas of content that should be addressed. As these will be discussed further in the practice problem statement, I will not delve into them too deeply here. They can all be fairly well summarized with the same common conclusion regardless: Transgender and nonbinary patients have major barriers in receiving healthcare [1][2][3][4][5][6]. There are additional supporting studies provided as well, which illustrate the success of transitional care in supporting reductions in suicidal ideation among transgender people, as well as general demographic count estimates [7][8][9].

I will take a moment to make a small distinction for the sake of the audience. You may occasionally notice a shift in the level of specificity of the group I am referring to. In general, I will state the topic as related to Transgender, Nonbinary, and Genderqueer care, but there are facets of that care that typically only apply to Transgender individuals seeking transition. In these contexts, I may simply refer only to Transgender people. It is important to note that these identities are neither mutually exclusive nor inherently grouped. Personal identity is at all times the overarching concern. Nonbinary and genderqueer people may consider

themselves transgender as well, or they may not. This is also not to say that transitional care is not sought by nonbinary people, and this is again a very individualized thing. Yet, overwhelmingly, nonbinary or genderqueer people who do seek transitional care also identify as transgender. Further still, not all transgender people, whether binary or not, seek transitional care.

On an aside, discussing this distinction is making me realize that this is a prime area of content to be address, and that a means of illustrating this, such as something close to a Venn diagram, may be beneficial.

This actually relates to the next area of research: explaining how to communicate with transgender or nonbinary individuals. This was immediately fruitful, and I located a journal article [10] that will likely serve as the primary citation for any material on nonbinary identities. To quote their abstract:

> "A small but growing body of research indicates [nonbinary individuals] experience high levels of societal victimization and discrimination, and are misunderstood by health care clinicians. Using language that is inclusive of all gender identities can reduce these burdens and barriers." [10]

This directly addresses the goals of this project, and looking over the article I believe it is very well thought out and accurate in its definitions and approach in which it runs through a case scenario to illustrate proper methods of communication with nonbinary patients.

A surprising find along this area of research was a 2007 piece discussing communication across generational divides in the LGBTQ community [11]. In my first journal I began early speaking of my concerns in this area, and it has continued to be a concern of mine. To speak plainly, many (though by no means all or even most) older LGBTQ individuals have very different ideas on what the community is or what it should be. The idea of a nonbinary identity is as novel to a cis gay man raised in the middle late 20th century as it is most people entirely outside of the LGBTQ community. This can be unfortunately contentious in the way many generational divides can be. Additionally, people within the LGBTQ community of all generations may erroneously assume expertise they do not have simply for being part of the LGBTQ community. This is a concern I have with myself as well, and while I feel confident speaking of binary Transgender issues, I have tried to

be conscious that my experience doesn't necessarily translate into special insight regarding nonbinary concerns.

Continuing in this vein, I located a research study that illustrated need if not any particular insight into another issue I wished to discuss, though it did help confirm academically my personal, anecdotal concerns [12]. To summarize the issue, providers often ask questions of transgender patients that are potentially unnecessary and often insulting. When I came out to my PCP, he immediately did two things: ask my sexual orientation and pressure me to begin on PREP (an HIV preventative). Yet, he had never asked the question about my sexual orientation prior. Likewise, the insistence on PREP presumed quite a lot. His entire approach to me as a patient changed. This is an experience many people in the community have shared, and this study provides the empirical data to support the concern, with the lack of medical relevance of questions relating to gender identity or sexual orientation being their main complaint [12].

As a bit of a side note, a study further supporting the need for the proposed project herein cropped up in this expedition, which showed that "simple" changes in curriculums "increased medical student comfort with transgender patients" [13]. This, ultimately, is the goal of this project, and I am glad to find evidence that the approach genuinely matters.

After failing to locate any more articles of interest in that direction, I planned to begin looking over journal articles that may inform content. I perused about 10-15 I will not even bother citing here as they were very general and lacked any potential information that would be of use—most just repeating the same things discussed previously in a more roundabout manner. One report did stand out however, both because it was fairly recent (February 2019) and discussed explicitly the context of endocrinologists and mental health providers in Transgender care [14]. It provided great details for some of the medical content, such as risks of thromboembolism and how to avoid it [14].

I should add that as I worked through these articles, I have begun to flesh out potential content ideas and structure. Nothing concrete, simply a sort of hypothetical table of content with notes. While this is not remotely ready for public release, I will likely post it in my mentor thread for initial feedback.

I intend to return to this last area of research next week, making it the sole (or near enough) focus. My intent is to use my preliminary content list to guide research point by point, in order to be able to pull content and proper support for that content more readily in the future—going naturally hand in hand with the annotated bibliography assignment.

Closing out the week, I received the book I mentioned in my previous journal, "Continuing Medical Education: A Primer" [15], and begun to look over it. I believe this will prove immensely helpful in the design and evaluation of the CME course, particularly sections on adult learning and remedial medical education learning. Sadly, I believe the lessons provided in the second of those two sections may be very applicable to teaching transgender and nonbinary care to providers as, to borrow the term popular in the book, when it comes to such care many if not most providers truly suffer "dyscompetence" [15].

2 ACTIVITY

2.1 Problem Statement

2.1.1 *Background Information*

This proposal is in regards to developing a Continuing Medical Education course discussing Transgender patient care, which will be described separately here.

Continuing Medical Education: In most of the world, many forms of medical providers, such as nurses or physicians, require engaging in Continuing Medical Education (CME) in order to maintain their license to practice. In some locales and contexts, this may also be referred to as Continuing Professional Development (CPD), though in the United States this is typically a broader term for continuing education outside of healthcare. CME can come in several forms, such as conferences, seminars, full courses, or examination. To count towards license requirements, any form of CME must be accredited by a regional organization, such as the Accreditation Council for Continuing Medical Education (ACCME) in the United States.

Transgender: Broadly speaking, a transgender person is an individual whose sex or gender does not align with their sex assigned at birth. This may be within the scope of the traditional western male/female binary, such as someone assigned female identifying as male, or outside of that binary entirely—though some

nonbinary people may not identify as transgender. This is distinct from but often overlapping with Intersex conditions. In many cases, transgender individuals require additional medical care, often undergoing Hormone Replacement Therapy (HRT), voice therapy, or transitional surgeries. Transitional surgeries can take many forms but can largely be summarized as procedures that modify secondary sex characteristics such as breast augmentation/reduction ("top surgery"), vaginoplasty/phalloplasty ("bottom surgery"), or facial feminization/masculinization procedures. Transphobia, similar to the term homophobia, refers to a discriminatory fear or hatred of transgender people.

2.1.2 *General Problem Statement*

Transgender patients face major roadblocks in receiving healthcare, including provider ignorance and transphobia.

2.1.3 *Scholarly Support*

In a study published in 2016, Deborah McPhail et. al established that "overwhelming[ly]" transgender people faced "a lack of physician knowledge", resulting in "a denial of trans-specific care" which "also impacted general care" [1]. McPhail et. al also identified transphobia as a major issue in patient care [1]. Numerous other studies have reinforced these general findings, including one survey of almost 3,500 transgender people which found that "30.8% of transgender participants delayed or did not seek needed health care due to discrimination" and that those who had to teach their providers about transgender care "were 4 times more likely to delay needed health care due to discrimination" [2]. Other studies have repeatedly confirmed similar results, including systematic reviews of all available literature [3][4][5][6].

2.1.4 *Specific Problem Statement*

While there is no magic cure for discrimination in society, studies such as those presented here have shown that lack of knowledge is actually the larger barrier to improving the quality of healthcare for transgender patients. A 2016 estimate from the Williams Institute placed the transgender population at 0.6% of the general population in the United States [7], many of whom cluster in urban areas known for greater levels of tolerance. As a result, many medical providers have had limited or even no experience with transgender people, either professionally

or personally—as is the case for most people. There is a clear need for improved quality and availability of education relating to the care of transgender patients.

2.1.5 *Closing Commentary*

Countless transgender people have suffered within healthcare systems around the world. While lack of healthcare for any demographic can be devastating, due to the increased rates of mental health distress associated with marginalization and failure to address transition needs it can be particularly so. Nothing illustrates this more than the links drawn directly between failure of care and the very high rates of suicide attempts in transgender populations [8]. In other words, transgender individuals face typical health complications from lack of care (i.e. untreated unrelated conditions such as diabetes, etc.) while also suffering from an additional degree impact from lack of care that the general population does not experience.

The positive impact of addressing this problem cannot be understated. By alleviating barriers to healthcare for transgender people, the lives of many people in one of the most vulnerable demographics in modern society may be saved, both by providing greater access to standard medical care as well as gender affirming care. On this second point, a massive literature review project at Cornell showed that suicide rates, along with quality of life, dramatically improved post-transition [9].

2.2 Research Questions

2.2.1 *General Question*

How can education for Transgender/Nonbinary healthcare be improved?

2.2.2 *Expanded Questions*

1. How is current education failing the Transgender/Nonbinary community?
2. How can medical providers be enticed to participate in Transgender/Nonbinary healthcare education?
3. How can education overcome social or cultural biases towards the Transgender/Nonbinary community?

2.3 Justifications

2.3.1 *Question 1 - How is current education failing the Transgender/Nonbinary population?*

This is a question that is deceptively complex, as there are countless reasons the current medical education may be failing the transgender/nonbinary community. For instance, the level of nuance in the transgender/nonbinary lexicon is deep, with a vast array of terminology that are poorly, if not outright offensively, utilized by medical literature.

The answers that are expected are of the nature of the example mentioned above, though there may be a natural inclination towards addressing this from a more technical nature. Are providers being properly informed about HIV rates among straight and bisexual transgender women as opposed to lesbian transgender women? When it comes to prescribing a medicine like PREP (an HIV preventative), this sort of thing would be a major area to address.

Without an established standard for transgender healthcare education, data would likely come in the form of population surveys identifying the weaknesses in provider knowledge from the perspective of patients juxtaposed against analysis of existing educational material. Existing research that addresses diagnostic or prescriptive information would also play an important part here, likewise, compared to existing education content.

Arguability can also be seen in that this is entirely a matter of fact in that it is applying research data (surveys) to inform comparative reviews of existing material.

2.3.2 *Question 2 – How can medical providers be enticed to participate in Transgender/Nonbinary healthcare education?*

This may be a particularly difficult question to address, assuring its complexity—there is likely not even a "good" answer at all. It delves into both issues concerning provider approach to Continuing Medical Education (which is largely seen as a frustration) as well as how to overcome potential biases on the part of providers, even if just in terms of what they think they need to know. (i.e. A physician who has never had a transgender patient may not consider it as necessary for their practice, even if they have no personal biases against transgender people.)

Answers would likely come in the form of pedagogical or social psychological approaches. Case studies regarding addressing lack of provider knowledge historically would likely provide the core data, by identifying what approaches were shown to work previously. Alternatively, research may exist or can be carried out that directly surveys medical providers to establish viable approaches.

2.3.3 *How can education overcome social or cultural biases towards the Transgender/Nonbinary community?*

Complexity can be seen in that there are multiple parts to this question that must be considered, from identifying sources of bias to establishing what level of knowledge is required to overcome those bias.

Answers, and the data that supports them, would likely come from studies into addressing this topic for other marginalized communities, including the broader LGBTQ community. This may come in the form of attempts to humanize transgender/nonbinary people, providing cultural context, and so forth.

3 REFERENCES

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4 APPENDIX

4.1 Survey

Identifying Weaknesses in Provider Knowledge in Transgender Healthcare

Note: This survey is designed to support a graduate level student project developing Continuing Medical Education content.

Many Transgender, Nonbinary, and Genderqueer individuals face substandard healthcare. One of the major barriers to care has been identified as lack of medical provider knowledge, including social/cultural considerations in addition to training directly related to medical care.

In order to address the failures in current provider education, it is important to identify common areas of weakness in care from the perspective of Transgender, Nonbinary, or Genderqueer patients. This survey is intended to provide a means for such patients to self-report their experiences to identify areas of content to address in the development of a Continuing Medical Education course.

This survey is intended to be inclusive, and participants are encouraged to use "Other" and "Comments" fields to provide additional nuance that may not be present in the general selections.

No identifying information will be collected during this survey.

PLEASE DO NOT INCLUDE CONFIDENTIAL OR SENSITIVE INFORMATION ABOUT YOURSELF. Responses with identifying or sensitive information will be discarded. This study is not able to accept data that would fall under the protection of Health Insurance Portability and Accountability Act (HIPAA).

To participate in this survey, you must affirm that you have read these guidelines. Failure to do so will result in your response being discarded.

1. Do you affirm that you have read through the introduction and guidelines for this survey?

- I have not read the introduction and guidelines.
- I affirm that I have read the introduction and guidelines. I will not reveal identifying or otherwise sensitive information about myself in this survey.

2. What terminology do you prefer to use to identify yourself? Mark all that are applicable or select "Do not wish to answer" if you would prefer to skip this question. The "Other" field allows you to add additional identities not listed here, and all respondents are encouraged to provide the terminology that best describes them.

- Male
- Female
- Nonbinary
- Genderqueer
- Transgender
- Two Spirit
- Gender Fluid
- Agender
- Intersex
- Prefer not to answer
- Other (please specify)

3. Do you feel you have you ever encountered a lack of knowledge or ignorance from your healthcare providers? This does not include explicit discriminatory attitudes and bias (see question 5). Examples would be unfamiliarity with your identity, misunderstandings about what your identity means, or conflations with sexuality or behaviors--anything that can be explained by the provider simply not knowing information that would be beneficial to your care and your patient experience. This may include (but is not limited to) medical knowledge applicable to the provider's field, such as general practitioners or

endocrinologists who lack knowledge of Hormone Replacement Therapy. This also includes mental health professionals.

- Yes
- No
- Prefer not to answer

4. If so, is there any type of information that you feel would help to address the lack of knowledge you have encountered in your medical providers? (If you prefer not to answer, you may leave this field empty.)

5. Do you feel you have you ever encountered discrimination or bias from your healthcare providers? Discrimination and bias would include explicitly negative/harmful attitudes held for any reason, including that developed from misinformation. This is distinct from the concept of provider ignorance (even if it were to lead to "accidental discrimination") or inexperience. (If you prefer not to answer, you may leave this field empty.)

- Yes
- No
- Prefer not to answer

6. If so, is there any type of information that you feel would help to reduce the occurrence of the discrimination or bias you faced? (If you prefer not to answer, you may leave this field empty.)

7. Do you have any additional concerns or suggestions that may be addressed through educational content directed towards healthcare providers? You are encouraged to speak freely of topics you would like to see discussed or even failures in traditionally accepted as affirming practices. Example: Some individuals may feel intimidated or pressured into participation by "pronoun circles", particularly while questioning. (If you prefer not to answer, you may leave this field empty.)

8. Do you have any comments about the design or content of this survey? Ex: Poor question phrasing, failure to address an identity or important topic, etc. (If you prefer not to answer, you may leave this field empty.)