SESSION A2

<table>
<thead>
<tr>
<th>Theme</th>
<th>Obscured Voices in Healthcare</th>
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<tbody>
<tr>
<td>Title</td>
<td>Scrubs aren’t Really Unisex: A Journey across Genders as a Patient, Nurse and Educator</td>
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<tr>
<td>Speaker(s)</td>
<td>Nicholas X. Luisi, MSN, RN, CCRN, U.S. Army CPT (Ret.)</td>
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<tr>
<td>Date</td>
<td>Thursday, April 11, 2019</td>
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<tr>
<td>Time</td>
<td>9:40 – 10:50 AM</td>
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<td>Location</td>
<td>Directors</td>
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SESSION A2 OBJECTIVES

- Understand the clinical importance of documenting gender identity.
- Explore variances in perception of patients and the role of gender.
- Learn methods to improve education of health care providers from the classroom to the workplace.

SESSION A2 SPEAKER

Nicholas X. Luisi, MSN, RN, CCRN

Having a passion for learning and teaching, Nicholas Luisi has been using his life experiences to enhance the learning and attitude surrounding transgender health care. A New York City native, he discovered a love for exploration which quickly expanded beyond the city limits. Having a fondness for medicine, he focused on a career in nursing, specializing in neonatal care. With a desire to serve, he expanded his knowledge and skills within the U.S. Army, and deployed to Afghanistan in 2013. After retirement, he stayed in Washington State and is currently a NICU nurse at PeaceHealth Southwest and an adjunct nursing instructor at Clark College.

With lessons stemming from his own transition from female to male in 2016 he created an educational presentation centered on improving care for transgender and non-binary patients as his MSN capstone. He has two amazing daughters, one of which followed his path into nursing, and still lovingly calls him mom. Nicholas earned his BSN from Drexel University, MSN from Capella University, and is presently pursuing a Doctorate in Education from Concordia University with hopes of continuing a career in training and education.
SC RUBS AREN’T UNISEX…

a journey across the genders as a patient, nurse, and educator

Nicholas Luisi, MSN, RN, CCRN, U.S. Army Captain (Ret.)

IN MY NURSING CAREER, I LEARNED

• Male privilege does exist
  apparently (perceived) penis = M.D.

• It’s a struggle to keep from sharing my childbirth and breastfeeding stories

• Fear of disclosing my gender identity to families
  and some regret for sharing it with my coworkers

• Panic when conversations head toward stereotypical masculine topics
SEXUAL ORIENTATION AND GENDER IDENTITY

All people have a sexual orientation and a gender identity
- These identities can change
- Terminology varies

**Gender Identity:** internal sense
**Sexual Orientation:** attraction to others
**Gender Expression:** visible presentation
**Biological Sex:** chromosomal

GENDER TRANSITION / GENDER AFFIRMATION

- The process of coming to recognize, accept, and express one’s gender identity
  - Most often refers to the period when a person makes changes that others can see (appearance, name, gender expression)
  - Involves social, medical, and legal components
  - Can include hormone therapy or surgery
  - Every person’s transition is personal/unique to them
    - Hormones / surgery not always chosen
DEFINITIONS

• LGBT - Lesbian, Gay, Bisexual, Transgender
• Binary gender system - male or female
• Cisgender = non-transgender

EXPERIENCES OF TRANSGENDER PATIENTS

61% reported avoiding care due to past experiences or resources

23% denied health care due to gender identity;
   including 13% while attempting to access emergency care

24% experienced discrimination in a health care setting

27% experienced verbal harassment when seeking care

2% had experienced physical violence by a health care provider
STUDIES EXAMINING TRANSPHOBIC ATTITUDES BY MEDICAL PROFESSIONALS FOUND THAT:

34% had witnessed discrimination of transgender/gender variant individuals in a health care setting

65% had heard derogatory, anti-transgender comments made by medical staff

TRANSGENDER MENTAL HEALTH

- Depression, anxiety, and psychological issues are significantly higher in trans people
- Twice as many having unmet mental health needs
- 40% of transgender people report attempting suicide in their lifetime compared to a rate of 4% of the general population

![Diagram showing suicide attempts comparison between Cis and Trans populations]
TRANSGENDER HEALTH ISSUES

- HIV rates over 4 times the national average; even higher in transgender people of color
- Increased cardiovascular risk factors
- Lab values – still uncertain as to what is “clinically normal”
- Many with history of physical or sexual abuse
- Substance abuse
- 50% of transgender patients report having to teach their doctors about transgender care

CONCERNS FOR OLDER PATIENTS

Transgender older adults higher level of depression (48%)
Estimated at 5% in older heterosexual adults

Loss of social support for transgender adults over 55

Estimated 44% of older transgender adults live alone
Compared to 18% of the general population
MORE CONCERNS

Obtaining hormones when older
Mistreatment by caregivers
Police harassment for cross-dressing
Inability to defend themselves from hate crimes

Some plan never to reveal their sexual orientation or gender identity, or only allow that after their death

HISTORICAL EXPERIENCES

Criminalization
Classification as a mental disorder
Lack of legal rights

Cultural safety involves understanding histories, safety needs, power imbalances and understanding the influence of staff values and beliefs.
“And I don’t even want to see the inside of a hospital - not unless I’m dying. I don’t want to go there unless it’s life and death because that’s a gamble.

I’ve had more medical malpractice from doctors on down to orderlies who got so distracted by my gender…”

“The day that I need a caregiver,

I will implement my end of life suicide plan”
DIFFERENCES IN CLINICAL PATHWAYS

<table>
<thead>
<tr>
<th>Transgender woman</th>
<th>Transgender man</th>
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<tbody>
<tr>
<td>PSA</td>
<td>Pap smear</td>
</tr>
<tr>
<td>prostate exam</td>
<td>mammogram</td>
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Potential for issues with insurance coverage – may result in initial denial of care

STI and HIV screening based on sexual behaviors and current anatomy

Feminizing Hormone Therapies

- Androgen blockade (anti-androgen):
  - Spironolactone
  - Cyproterone acetate
  - Leuprolide acetate (GnRH analogue)

- Estrogen administration:
  - Conjugated estrogen
  - Estradiol

Masculinizing Hormone Therapies

- Testosterone administration:
  - Testosterone cypionate
  - Testosterone enanthate

- Transdermal testosterone (patches or gel)

Potential for issues with insurance coverage – may result in initial denial of care

CREATING A SAFE SPACE

- Staff education and training
- Single occupancy / “all gender” bathrooms
- Designators for LGBT-friendly providers
- LGBT (or other form of inclusivity) safe-space sign
COMMUNICATION

Scripting for difficult situations
   “I would like to be respectful, what name and pronouns would you like me to use?”
   “Could your chart/insurance be under a different name?”

Be mindful of microaggressions
   Use partner instead of husband/wife or “friend”

Understand that mistakes happen
   “I’m sorry. I didn’t mean to be disrespectful.”

THIS ISN’T A FAD, PASSING TREND OR FETISH...

...this is me
J U S T F O R F U N …

1 2 3 4 5 6 7 8 9 10 11 12

Where on a spectrum might your gender identity be?

Any Questions?

R E F E R E N C E S

• Center of Excellence for Transgender Health, UCSF. Primary Care Protocol for Transgender Patient Care: http://transhealth.ucsf.edu/trans/page=protocol-00-00