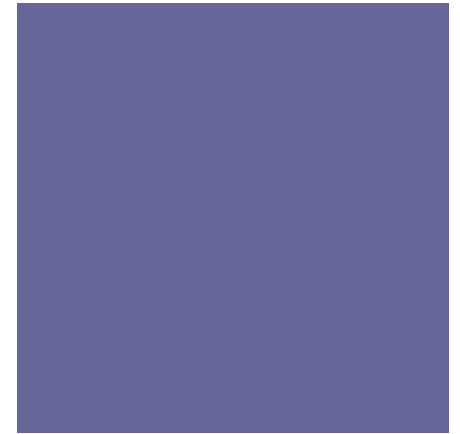




# Focused Safe Zone

LGBTQI Competencies  
for Medical Settings



**June 2nd , 2015**

**Lesbian, Gay, Bisexual, Transgender,  
Queer, and Intersex Life  
Vanderbilt University**

+

P articipation

R espect

O uch/O ops

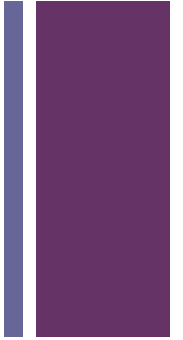
C onfidentiality

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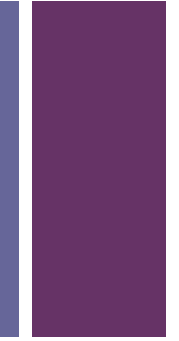
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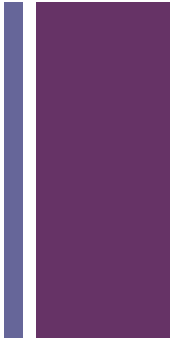
How many folks have had Lesbian, Gay, Bisexual, and/or Transgender issues come up in their classrooms and/or practice that were difficult to navigate?



**WHY?**

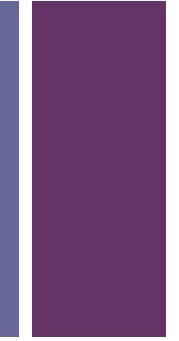


# Vanderbilt School of Nursing



The faculty of Vanderbilt School of Nursing has made a commitment to embrace and celebrate diversity.

Faculty participate in enrichment programs of cultural interest throughout the year. These special interest programs serve to deepen the faculty's understanding of the needs and interests of students from diverse backgrounds. This commitment serves to enhance both our faculty and students' lives, professionally and personally as well as enriching our teaching/learning environment.



**HOW?**

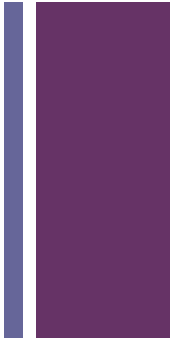
# + Session Overview

Chris:

- **Creating a Common Language & covering Sexual identity and gender identity terminology**
- **Strategies and skills for being an Advocate as a Medical Provider**
- **Classroom LGBT+ Inclusivity**

Kale:

- **Patient Care LGBT+ Inclusivity**
- **Resources**



# + Common Language

<https://www.youtube.com/watch?v=xXAoG8vAyzI>





## **Sex**

**A medically assigned identity based on physical packaging – our chromosomes, hormones, and genitalia.**

*female, male, intersex*



## **Gender Identity**

Our inner sense of being a man, woman, or another gender; “how the mind and the heart regard the body.”

*woman, man, transwoman, transman, genderqueer*



## Gender Expression

The ways in which we externally communicate our gender identity to others, such as through mannerisms, clothing, body language, roles, hairstyles, etc.

*feminine, masculine, androgynous, butch, femme*

## + Sexual Identity

An enduring emotional, romantic, sexual, affectional, & relational attraction to other people.

It is determined by the personally significant sexual or romantic attractions one has, and the way in which someone self-identifies.

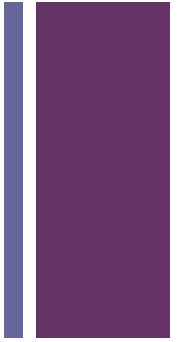


*lesbian, gay, bisexual, MSM, WSW, queer, asexual, pansexual, straight*

# + Dimensions of Sexual Orientation



# + Binary Gender Model



**Sex**

Male

Female

**Gender Identity**

Man

Woman

**Gender Expression/Role**

Masculine

Feminine

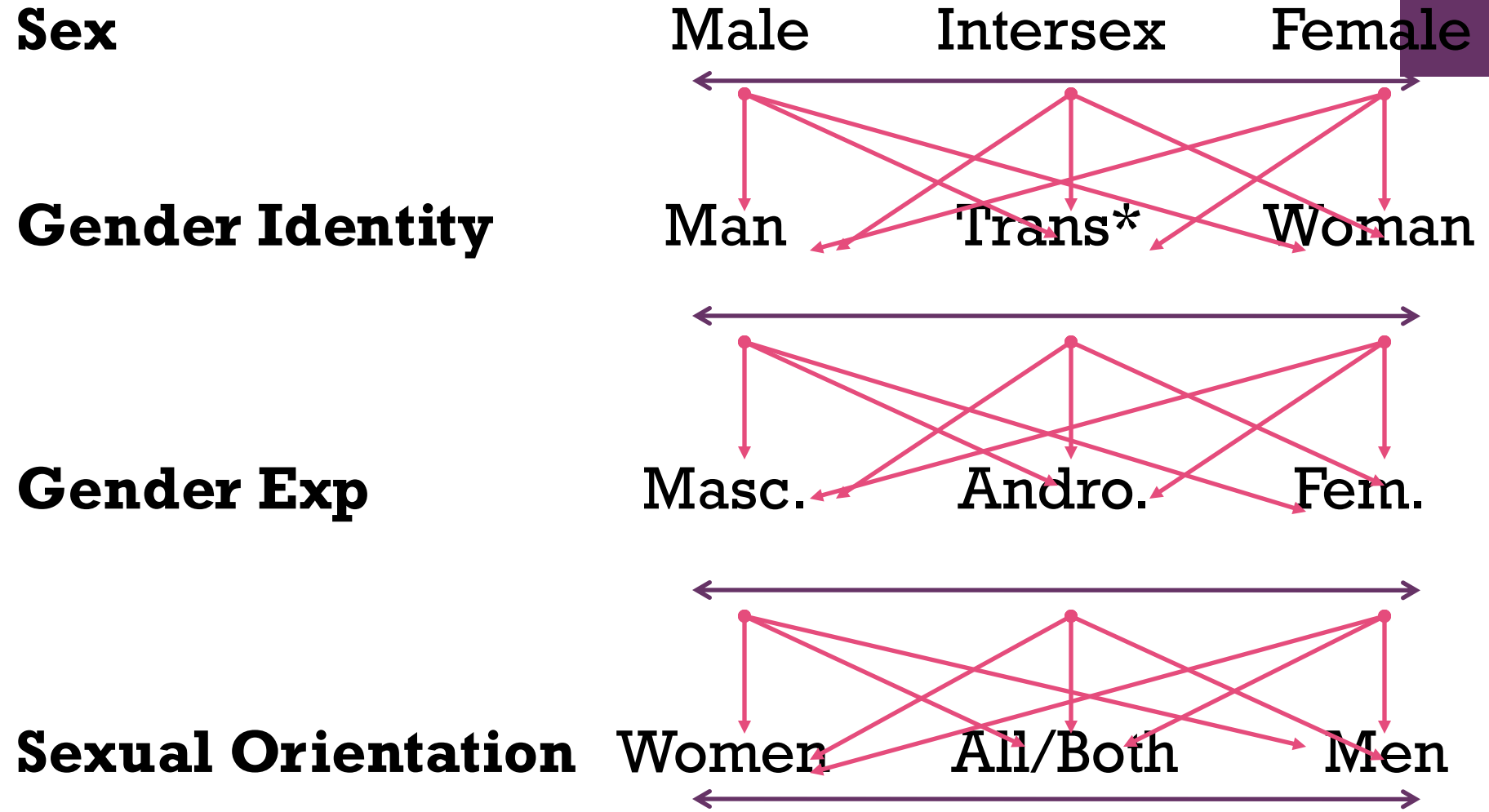
**Sexual Orientation**

Women

Men



# + (More) Inclusive Gender Model





# The Genderbread Person, revised

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. Gender's not even a spectrum or a continuum. Gender is a complex concept of n-dimensions that varies wildly from person to person. The only way to understand a person's gender is to ask them.







+

**The “T&I”**

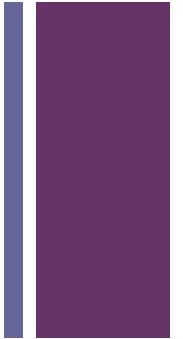
# + “Definitions”

## ■ Transgender

- Describes people whose gender identity differs from their sex assigned at birth

## ■ Cisgender

- A person who is not transgender



# + Definitions Continued

Transgender people are very diverse and use many different terms to describe themselves. These terms tend to change over time. Some of the more common terms in 2015 include:

- Transgender woman, trans woman, male-to-female (MTF)
  - A person assigned male at birth who identifies as a woman
- Transgender man, trans man, female-to-male (FTM)
  - A person assigned female at birth who identifies as a man

# + Definitions Continued

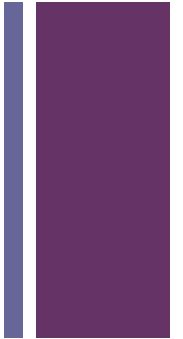
## ■ Transsexual

- Historically referred to individuals who had undergone medical/surgical treatment to transition to the “opposite” gender’; many now find this term too specific and clinical

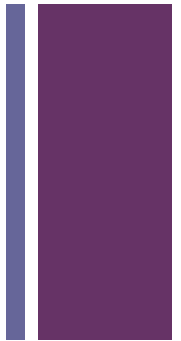
## ■ Genderqueer, gender fluid

- Someone who rejects the gender binary and blurs the distinction between male and female

## ■ Around the world, many cultures use various other terms to describe a diversity of trans identities and expressions

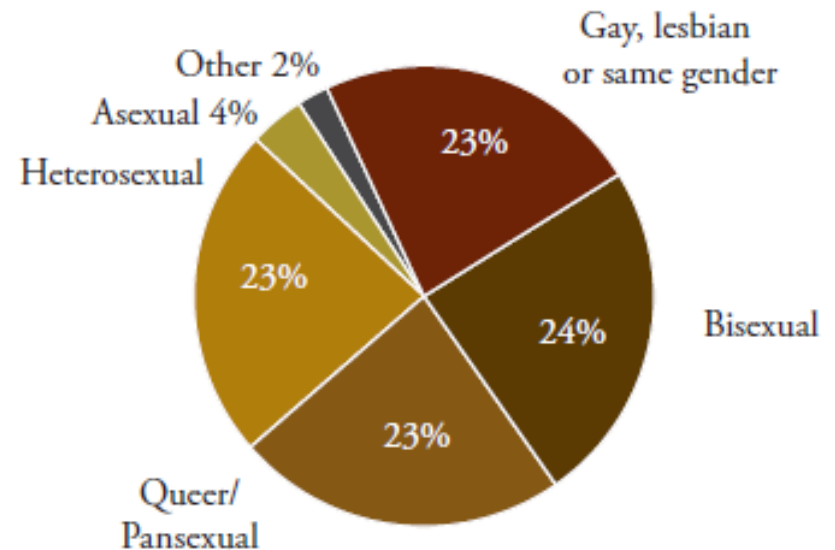


# + Gender identity $\neq$ sexual orientation



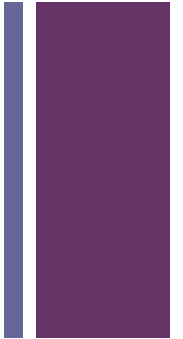
- Sexual orientation
  - How a person identifies their physical and emotional attraction to others
  - Dimensions include: desire/attraction, behavior, and identity
- All people have a sexual orientation and a gender identity

- Transgender people can be any sexual orientation



# + Gender Affirmation

- Gender affirmation (transition) is the process by which individuals are affirmed in their gender identity
- Transgender people may choose to make social, medical, and/or legal changes to affirm their gender identity, including:
  - Social: e.g., clothing, pronouns, name
  - Medical: e.g., cross-sex hormones, surgery
  - Legal: e.g., changing their name and sex on birth certificate, driver's license, etc.








# Gender Pronouns



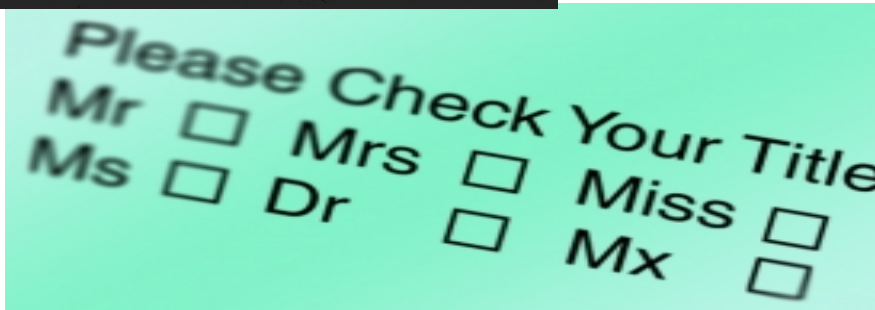
Please note that these are not the only pronouns. There are an infinite number of pronouns as new ones emerge in our language. Always ask someone for their pronouns.

Norm	Objective	Possessive Pronoun	Reflexive	Example
She	Her	Hers	Herself	She is speaking. I listened to her. The backpack is hers.
He	Him	His	Himself	He is speaking. I listened to him. The backpack is his.
They	Them	Theirs	Themselves	They are speaking. I listened to them. The backpack is theirs.
Ze	Hir/Zir	Hirs/Zirs	Hirself/ Zirself	Ze is speaking. I listened to hir. The backpack is zirs.

Design by Landyn Pan

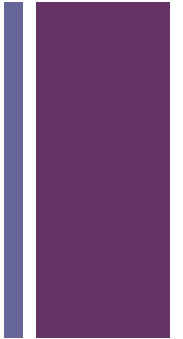
 transstudent  
 /transstudent  
 @transstudent

For more information,  
go to [transstudent.org/graphics](https://transstudent.org/graphics)



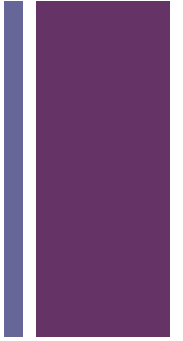


# Disorders of sex development (DSD)



- An individual whose combination of chromosomes, gonads, hormones, internal sex organs, and genitals differs from the two expected patterns of male or female
- Sometimes referred to as “intersex”
- DSD people are occasionally grouped with transgender people, but they are not the same
- For more information on DSD/intersex, visit: [www.dsdguidelines.org](http://www.dsdguidelines.org) and [www.isna.org](http://www.isna.org)





**SO WHAT CAN  
YOU DO?**



# + Classroom LGBT Inclusivity

[www.chronicle.com/article/Ask-Me-What-LGBTQ-Students/232797/](http://www.chronicle.com/article/Ask-Me-What-LGBTQ-Students/232797/)



# Think, Pair, Share

## Experiences in the Classroom



**What experiences have you had teaching or facilitating conversations around LGBTQI identities in the classroom? How did they go?**



# 7 tips for creating LGBTQI Inclusive Classrooms



# TEACHER TIP:

On the first day of school, have students introduce themselves with the name they would like to be called instead of reading off a roster. This gives trans\* youth (and anyone else who doesn't like their legal name) a chance to share the name they are most comfortable with.



## 2. Inclusive Syllabi



- **Vanderbilt's Non-Discrimination Policy**
- **Policy statement on diversity, inclusion, harassment, civility etc.**

## + 3. Don't Assume

- Don't assume everyone in the classroom is heterosexual or traditionally gendered.



# + 4. Use inclusive language

- Use “parents” instead of mother/father
- Acknowledge relationships outside of marriage i.e. partners

## Gender Grammar

Problem	Correction	Reason
“transgendered” (adjective)	transgender	Only adjectives that are derived from nouns and/or verbs (unlike transgender) end in “ed.”
“intersexed”	intersex	Only adjectives that are derived from nouns and/or verbs (unlike intersex) end in “ed.”
“transgendered” (verb)	transition	Only verbs can have “ed” added onto the end of the word to become a participle. Transgender is an adjective, not a verb. One does not “transgender,” they transition.
“a transgender,” “transgenders”	a transgender person, transgender people	Transgender is not a noun. “Jake is a transgender” is not only grammatically incorrect, but can be offensive.
“sex change,” “sex reassignment surgery,” “gender reassignment surgery”	gender affirming surgery, genital reconstruction surgery, genital reassignment surgery	Surgery does not change one’s sex or gender, only genitalia.



## + 5. Don't rely on LGBTQI students to bring up LGBTQI topics

- Use inclusive materials, paper topic options, and resources in lectures and assignments.
- Find out what professional associations are doing and producing in regard to LGBTQI issues
- Stay current with LGBTQI research in your field.

*What other ways have you all incorporated LGBTQI topics into your courses?*



## 6. Model civility and mutual respect



- Express discomfort with negative comments.
- Encourage discussions regarding stereotypes and why they might be harmful.
- Supply the class with information to dispel myths

## + 7. Take advantage of campus resources

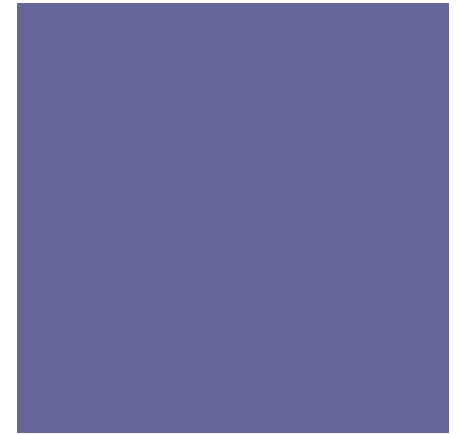
- Lectures, forums and events
- Program in LGBTI health
- Speak Out/Straight Facts Programs
- Community Events





Comments? Questions?  
Ideas?

Office of LGBTQI Life  
Vanderbilt University  
[lgbtqi@vanderbilt.edu](mailto:lgbtqi@vanderbilt.edu)  
(615) 322-3330



# **Introduction to Healthcare Considerations for Gay, Lesbian, Bisexual, and Transgender People**

---

**E. Kale Edmiston, M.S.  
PhD Candidate, Neuroscience Graduate Program  
Co-Director, VUMC Program for LGBTI Health**

# Outline

- LGBT Health: Why it matters
- Demographics
- Overview of Health Disparities
- Overview of Health Behaviors
- Additional Considerations for Transgender Patients
- How to advocate for your LGBTI patients



# Why Discuss LGBT Health?

There are significant LGBT Health Disparities:

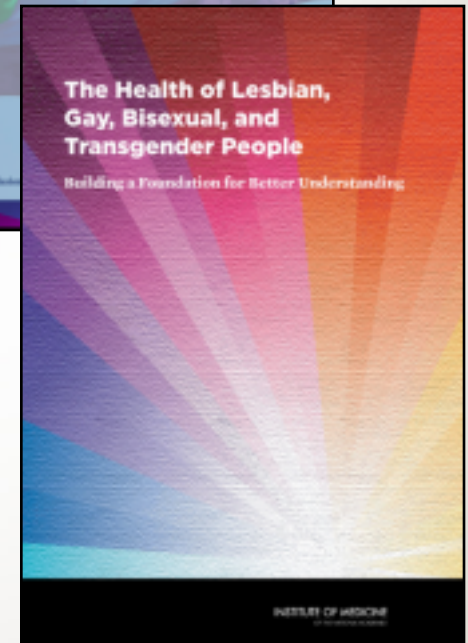
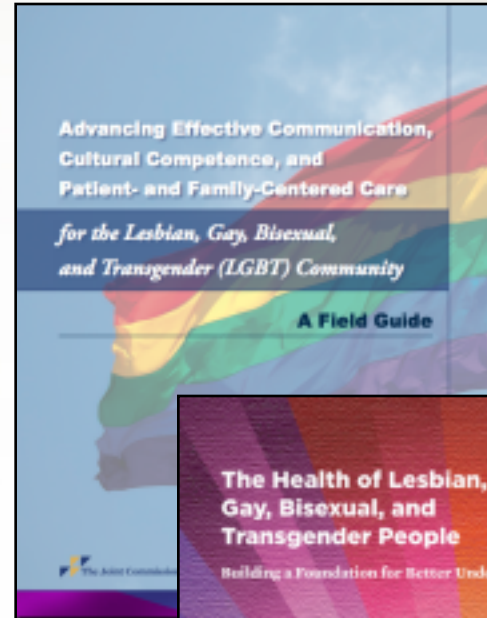
- Access to Care
- Health Outcomes and Treatment
- Cultural Barriers

Medicine Can Contributes to these Disparities:

- Negative environment
- Bias and discrimination
- Lack of appropriate education
- Poor cultural sensitivity / communication
- Limited outreach and advocacy

This Topic is of National Concern:

- Presidential Executive Orders
- Joint Commission Standards
- Affordable Care Act
- Department of Health & Human Services
- NIH: Research on the Health of LGBTI



# Why LGBT Health Matters

## LGBT Health Outcomes

- 3-7x increased risk for suicide
- 10% report attempted suicide in the past year
- Increased risk for obesity, cardiovascular disease, and cancer
- Almost 40% of homeless adolescents are LGBT

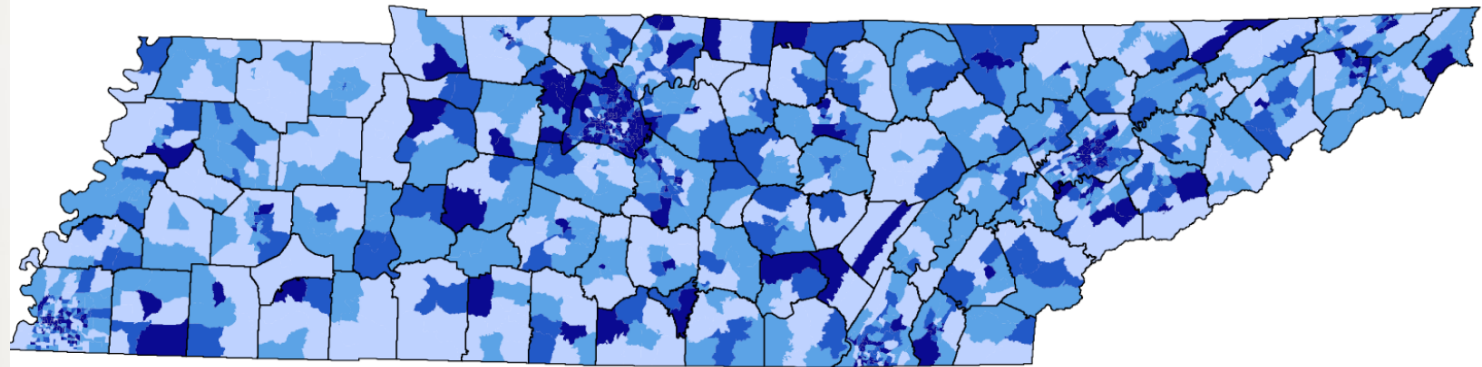
## LGBT Access to Care

- 2x more likely to be uninsured
- 56% of LGB and 70% of transgender patients report bias/discrimination when accessing care
- pronounced in minority, rural, and lower income LGBT patients

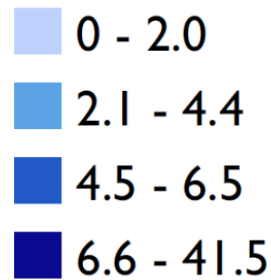


# Tennessee Demographics

Same-sex couples per 1,000 households  
by Census tract (adjusted)



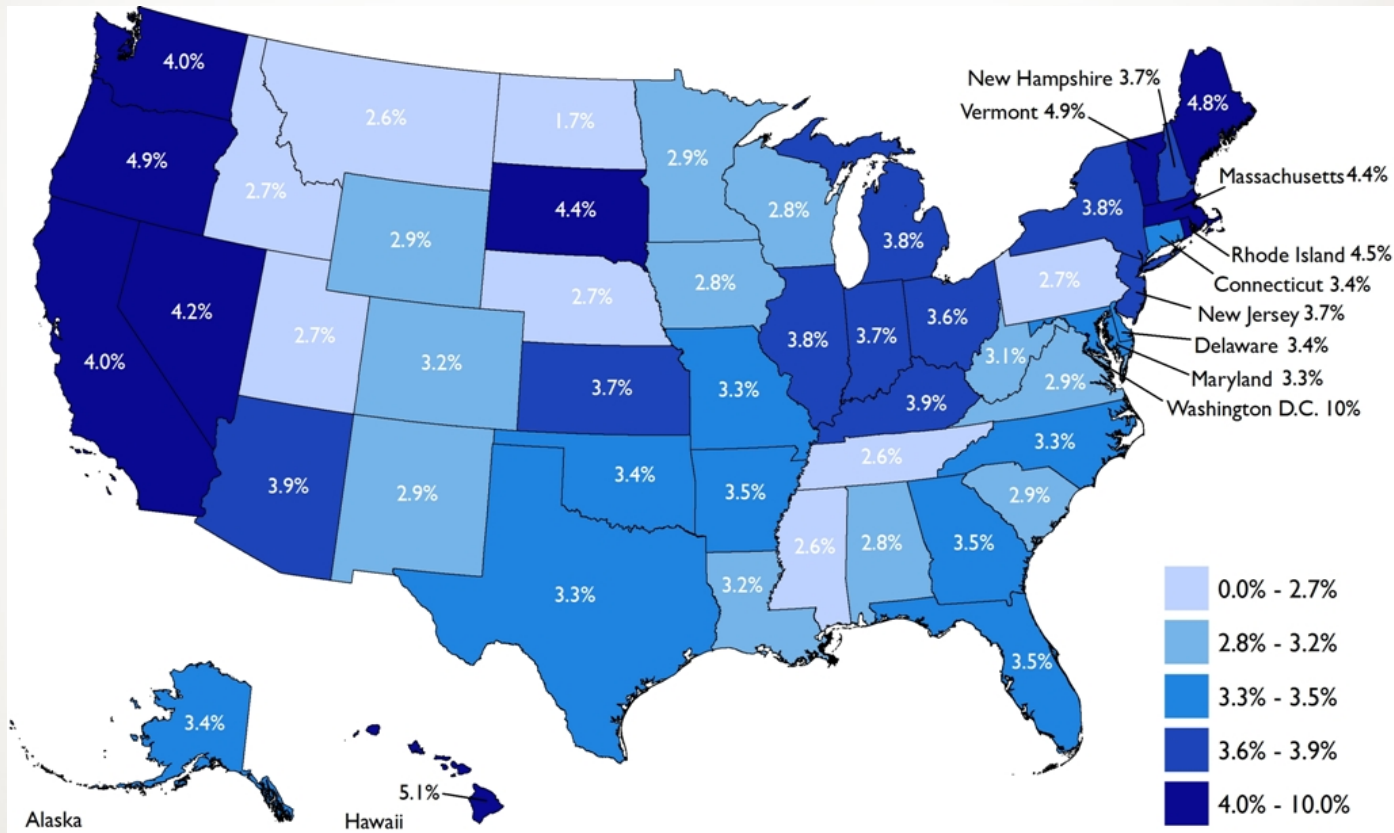
0 150 Miles



**TN Total Adult Population:** 4,962,227  
**LGBT Population:** 129,018  
**LGBT % of State Population:** 2.6%  
**% of Same-Sex Couples Raising Children:** 18%

Demographic and economic information about same-sex couples and same-sex couples raising children based on data from Census 2000

# US Demographics



# CDC Data

CDC National Health Interview Survey on sexual orientation and health interviewed ~ 33,500 people (ages 18 to 64)

- 96% of Americans described themselves as straight
- 1.6% gay or lesbian
- 0.7% bisexual
- 1% “something else”

Approximately 1.4 million lesbian women and 2.5 million gay men in the U.S.

# Vanderbilt LGBTI Population

- 200 Vanderbilt LGBTI employees registered for domestic partner benefits
- 1,000 LGBTI students at Vanderbilt
- 31,000 LGBTI patient visits at VUMC annually



# How Do I Talk About Transgender People?

- Incorrect: "Max is transgendered."  
Correct: "Max is transgender."
- Incorrect: "Max is *a transgender*,"  
Correct: "Max is *a transgender person*."
- When referring to a transgender person, you should always use the person's preferred pronoun and name.
- Transgender women should NEVER be referred to as male or as men. Transgender men should NEVER be referred to as female or as women.

## What terminology is offensive (or outdated)?

- Transvestite
- She-male
- He-she
- It
- Transsexual (pathologizing)
- Tranny
- Hermaphrodite
- Pre-Op/Post-Op
- Sex Reassignment Surgery

# Use of Disparity Data in LGBT Care Considerations

Statistics used throughout the rest of this presentation are used to illustrate challenges LGBT individuals can *potentially* face. It is also important understand the context from which your patients are coming from to navigate whether these barriers are relevant to the care you provide to those patients.

# Health Concerns for Lesbian and Bisexual Women

*Women who have sex with women have higher rates of:*

- Breast Cancer
- Ovarian and Cervical Cancer
- Colon Cancer
- Substance Use; including illicit substances, alcohol, and tobacco
- Heart Disease
- Depression and Anxiety

*Women who have sex with women...*

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

[medschool.vanderbilt.edu/lgbti](http://medschool.vanderbilt.edu/lgbti)

# Health Concerns for Gay and Bisexual Men

*Men who have sex with men have higher rates of:*

- HIV/AIDS
- Anal Papilloma
- Hepatitis A and B
- Substance and Alcohol Abuse/Dependence
- Tobacco Use
- Depression and Anxiety
- Prostate, Testicular, and Colon Cancer
- Intimate partner violence
- Eating Disorders

*Men who have sex with men...*

- face challenges in finding friendly and knowledgeable providers
- are more likely to delay care

[medschool.vanderbilt.edu/lgbti](http://medschool.vanderbilt.edu/lgbti)



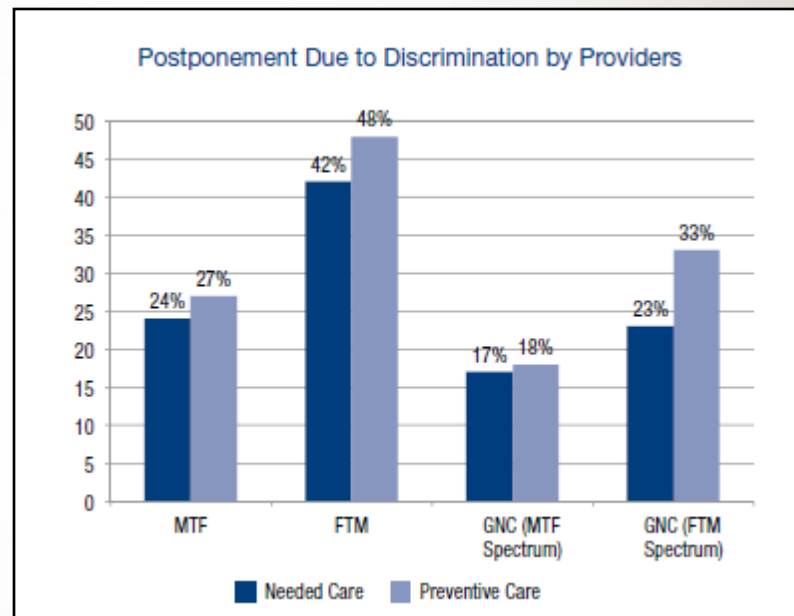
# Inequality and Health



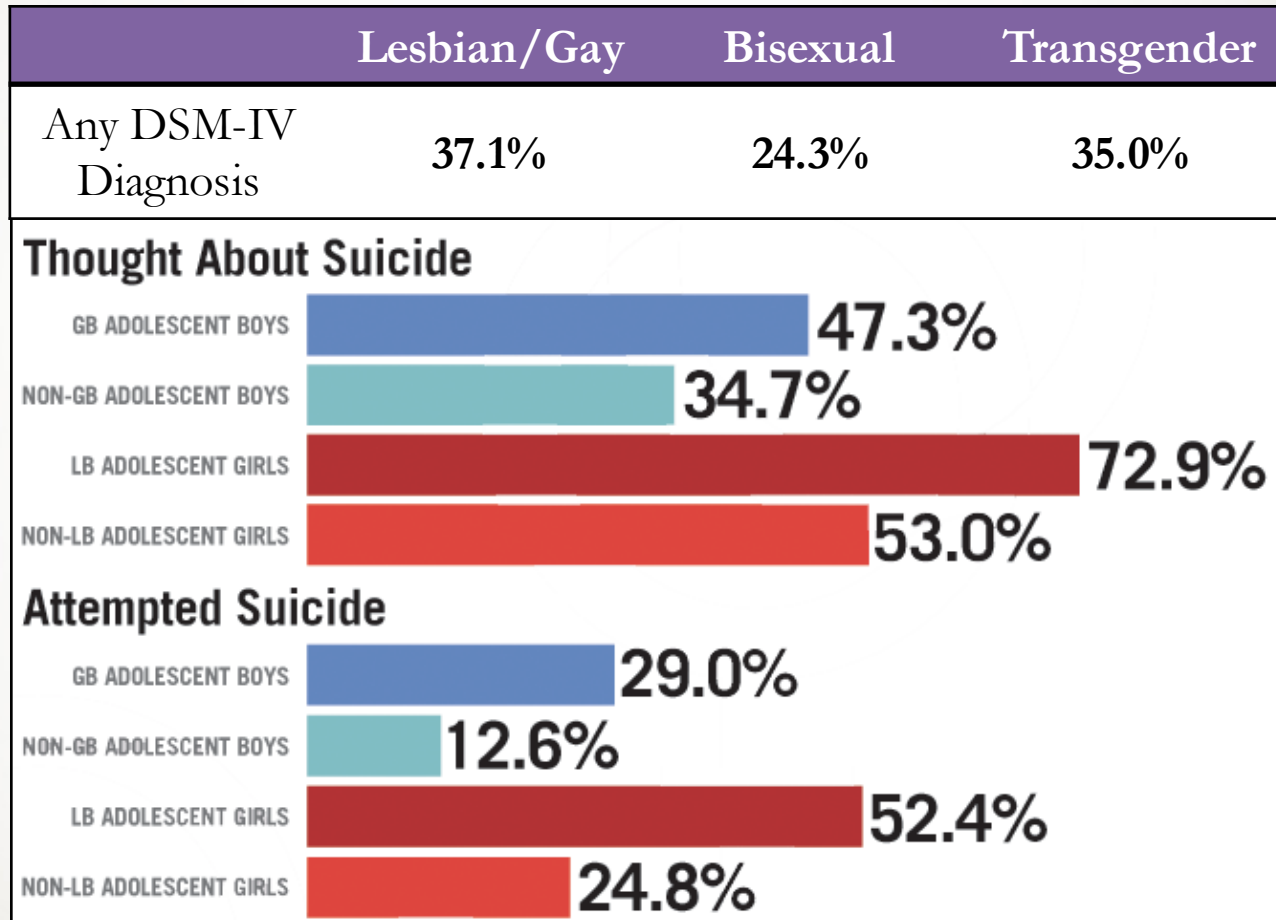
# Health Concerns for Transgender People

*Transgender communities:*

- are currently underserved
- are more likely to delay care due to fear of discrimination or past negative experiences
- face challenges in finding friendly and knowledgeable providers
- higher rates of depression, anxiety, and suicide
- higher incidence of HIV/AIDSs



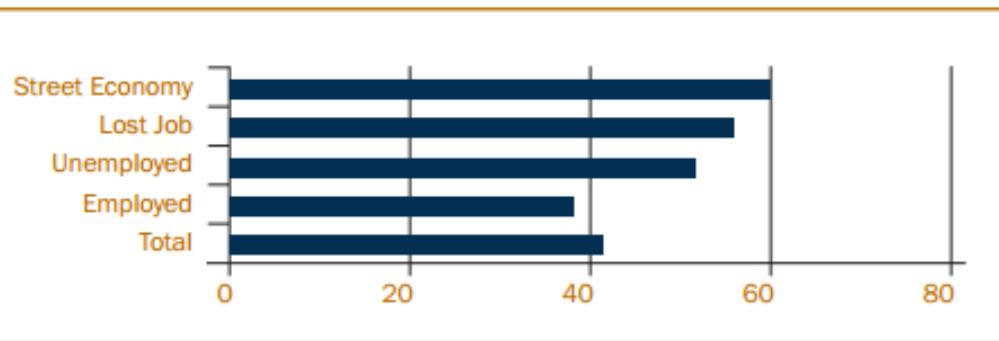
# Mental Health / Suicide



# Transgender People and Suicide

*According to the National Center for Transgender Equality:*

- 41% of respondents have attempted suicide (compared to 1.6% in general US population)
- Opposite racial distribution than general population, with higher rates in racial/ethnic minorities
- Income, employment, education, and transition status also impact suicide attempt rate



# STIs and Women Who Have Sex with Women (WSWs)

*Compared to heterosexual women...*

- Bisexual women 30% lower odds of Pap test within last year
- Bisexual women 40% higher odds of STI dx
- Lesbian women 75% lower odds of Pap test within last year
- Lesbian women 60% lower odds of STI dx

*Compared to heterosexual women...*

- WSW 1.7x prevalence of bacterial vaginosis
- Equal likelihood of abnormal Pap
- Equal prevalence of gonorrhea and chlamydia
- WSW 7.7x prevalence of hepatitis C
- WSW reduced likelihood (.7x prevalence) of genital warts

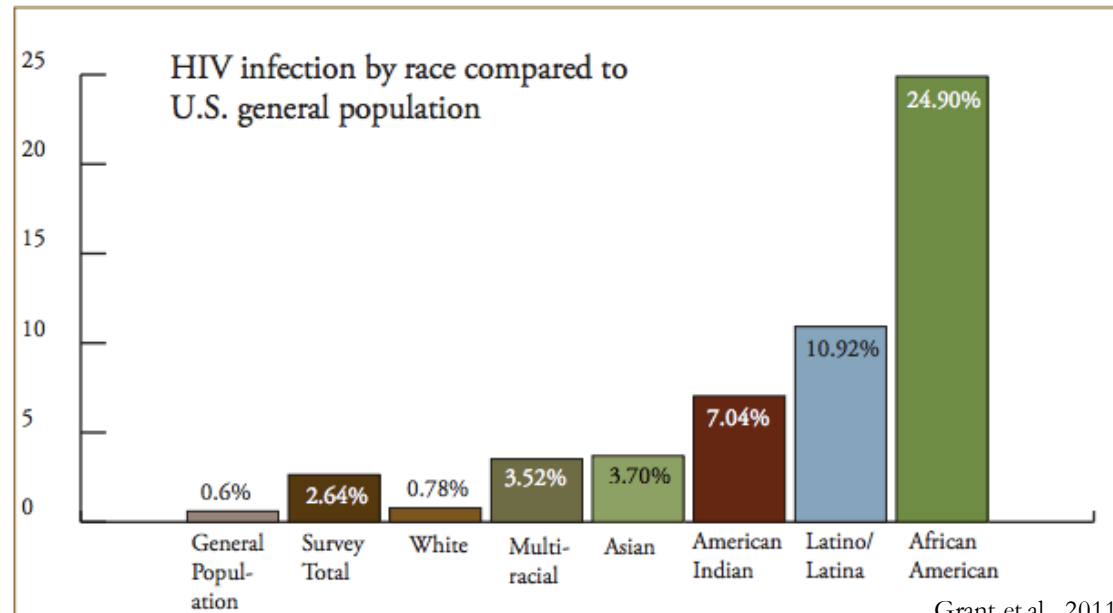
**~7-18% of WSW report no sexual contact with men**

# STIs and Transgender People

Some research has found varying prevalence rates of syphilis (3 to 79 percent); gonorrhea (4 to 14 percent); chlamydia (2 to 8 percent); herpes (2 to 6 percent); and human papillomavirus (HPV) (3 to 7 percent) within transgender populations.

# Transgender People and HIV/AIDS

- HIV prevalence rates among transgender women (MTF) were found to vary from 5 to 68 percent. HIV prevalence in transgender men (FTM) is estimated to be lower (2 to 3 percent).
- HIV infection is highest among transgender Women of Color.
- MTF trans youth are a population at high risk for HIV infection.



# Substance Use

- Increased rates of IV drug use (8.0 OR)
- Increased rates of tobacco use (1.3-1.6 OR)
  - Estimated ~23-45% of WSW are current smokers, estimates much higher for bisexual women
- Increased rates of binge drinking (1.2-1.5 OR)





# Substance Use: Adolescents

- ~50% of LGBT youth smoke cigarettes and are 3x more likely to use illicit drugs...why?



**Project Sub-Culture Urban Marketing (SCUM):** "...[we] will be advising a full scale, "narrow cast", campaign in the Gay and Lesbian media. This message should specifically be targeted to the Gay and Lesbian community..."

# Substance Use: Transgender People

- Some studies have shown that marijuana, crack cocaine, and alcohol are the most commonly used drugs by transgender people. Other studies have also found alarming rates of methamphetamine use (4 to 46 percent) and injection drug use (2 to 40 percent).
- Some studies suggest that tobacco use rates among transgender people can range from 45 to 74 percent.
- Studies have also suggested that barriers to substance abuse treatment services for this population often include discrimination, provider hostility and insensitivity, strict binary gender (male/female) segregation within programs, and lack of acceptance in gender-appropriate recovery groups.

# Body Image

	Heterosexual men	Gay men	Lesbian women	Heterosexual women
	%	%	%	%
Low appearance evaluation	24	32	35	38
High overweight preoccupation	12	25	26	40
Negative effects of body image on quality of life	13	24	24	25
Negative effects of body image on sex life	22	42	27	30

- Heterosexual men have the highest body image satisfaction
- Gay men, lesbian women, and heterosexual women have similar low body image satisfaction

# Patterns of Abuse Compared to Heterosexual Relationships

	Same-Sex Relationships		Opposite-Sex Relationships	
	Males	Females	Males	Females
Emotional	unk	unk	28%	29%
Physical	21.5%	35.4%	7.1%	25%
Sexual	5.1%	unk	unk	9.4%

NOTE: patterns of abuse and violence tend to be higher for bisexual/questioning individuals

# Transgender People and Violence

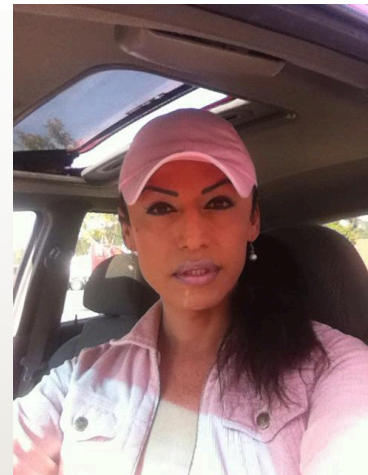
- Between 16 to 60 percent of transgender people are victims of physical assault or abuse.
- Between 13 to 66 percent are victims of sexual assault.

Comparisons <sup>16</sup>	General Population	Lesbian and Gay	Bisexual	Our Sample
Men	23.1%	26.5-30.9%	29.5-38.1%	33%
Women	18.3%	22.3-26%	30.9-39.1%	29%

International Transgender Day of Remembrance is November 20<sup>th</sup>.



**Alejandra Leos of Memphis, TN was murdered by her partner on September 5<sup>th</sup>, 2014**  
**Gizzy Fowler of Nashville, TN was murdered on November 11<sup>th</sup>, 2014**



# Unique Aspects of LGBTI IPV

## Barriers to Reporting / Seeking Services

- Belief that IPV doesn't occur in LGBTI relationships, or fear that provider won't believe it exists
- Lack of appropriate training among IPV service providers
- Lack of resources available to help LGBT individuals leave relationships (61% of LGBT IPV survivors were **denied admission** to shelters)

## Consequences of “Outing”

- Threat of disclosure of SO/GI to family, friends, school, work, etc.
- Forced to deal with internalized homophobia
- LGBT adolescents less likely to have a social support system
- Law enforcement are more likely to conclude fighting was “mutual”

# Screening for LGBTI IPV

- Have you been hit, kicked, punched, or otherwise hurt by someone within the past year? If so, by whom?
- Do you feel safe in your current relationship?
- Is there anyone from a previous relationship who is making you feel unsafe now?
- Is anyone forcing you to do something sexual that you do not want to do?
- Is anyone following you or harassing you in the community?

# Resilience of Transgender People

Despite all of the harassment, mistreatment, discrimination, and violence faced by transgender people, they also demonstrate determination, resourcefulness and perseverance. For example: In a 2011 study, 76% of respondents were able to access hormone therapy.

Transgender people are not only resilient and determined to receive appropriate healthcare but also preservant when it comes to housing, employment, family, etc.

Statistics and discourse about transgender people rarely talk about the resourcefulness and resilience of transgender people.

Grant et al., 2011.



# Additional Considerations for Transgender Patients

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# ICD Billing Codes

## “Official” Psychiatric and Medical Dx

- DSM-V: Gender Dysphoria
- Transsexualism (ICD-9: 302.5x; ICD-10: F64.0)

## Alternatives

- Less pathologizing and more neutral diagnoses can be utilized
- ex. Unspecified Endocrine Disorder 259.9

- 302.1 bestiality ICD-9 Code
- 302.2 pedophilia ICD-9 Code
- 302.3 transvestic fetishism ICD-9 Code
- 302.4 exhibitionism ICD-9 Code
- 302.50 transsexualism unspecified sexual history ICD-9 Code
- 302.51 transsexualism asexual history ICD-9 Code
- 302.52 transsexualism homosexual history ICD-9 Code
- 302.53 transsexualism heterosexual history ICD-9 Code
- 302.6 gender identity disorder children ICD-9 Code
- 302.70 psychosexual dysfunction unspecified ICD-9 Code
- 302.71 hypoactive sexual desire disorder ICD-9 Code
- 302.72 frigidity ICD-9 Code
- 302.73 female orgasmic disorder ICD-9 Code
- 302.74 psychosexual dysfunction inhibited male orgasm ICD-9 Code
- 302.75 premature ejaculation ICD-9 Code
- 302.76 dyspareunia psychogenic ICD-9 Code
- 302.79 psychosexual dysfunction psychosexual dysfunctions ICD-9 Code
- 302.81 fetishism ICD-9 Code
- 302.82 voyeurism ICD-9 Code
- 302.83 sexual masochism ICD-9 Code
- 302.84 sexual sadism ICD-9 Code
- 302.85 gender identity disorder adolescents adults ICD-9 Code
- 302.89 nymphomania ICD-9 Code
- 302.9 pathologic sexuality nos ICD-9 Code

# Overview of CGHT

Traditional Model	Informed Consent Model
Assignment of mental health diagnosis (gender identity disorder) and transsexualism	Diagnoses not required
Requires evaluation and permission for transition by a mental health provider	No mental health permission or psychotherapy
Requires psychotherapy	CGHT prescribed with medical evaluation and informed consent
Requires Real Life Experience (RLE)	No RLE necessary

# Patient Advocacy: What YOU Can Do

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# Promoting LGBTI Health

- **Always take history in person – not just via intake form**
  - *What name would you like to use for insurance purposes?*
  - *What name would you like to be called?*
  - *What pronoun would you like me to use?*
- **Do not make assumptions about sexual activity or practices**
  - *Who are you dating?*
  - *What are the genders of your sexual partners? What do you do with them?*
  - *When you use condoms for anal or vaginal sex, how often do you use them?*
- **Screen for depression, IPV, alcohol, tobacco, and drug use**
- **Discuss protective factors**
  - *Who do you turn to when you feel sad or need someone to talk to?*
  - *Do you feel safe in your current relationship?*

# Patient Advocacy

Date

Re: Tyler H.

DOB: x-xx-xxxx

To Whom It May Concern:

Please be advised that Tyler H. is a transgender person in my care. She is participating in a program of gender reassignment.

As part of this process, Tyler is expected to live as a female at all times. I request that you provide her with your understanding and assistance. Should you require further information, please feel free to contact me.

All the best,



# Vanderbilt's Trans Buddy Program

The Trans Buddy Program's goal is to increase access to care and improve healthcare outcomes for transgender people by providing emotional support to transgender patients during healthcare visits. We emphasize a patient-centered approach, with the goal of empowering the patient to make informed healthcare decisions. Trans Buddy recognizes the importance of intersectionality to our direct care practice, and we therefore aim to work with people of all identities with compassion and respect.

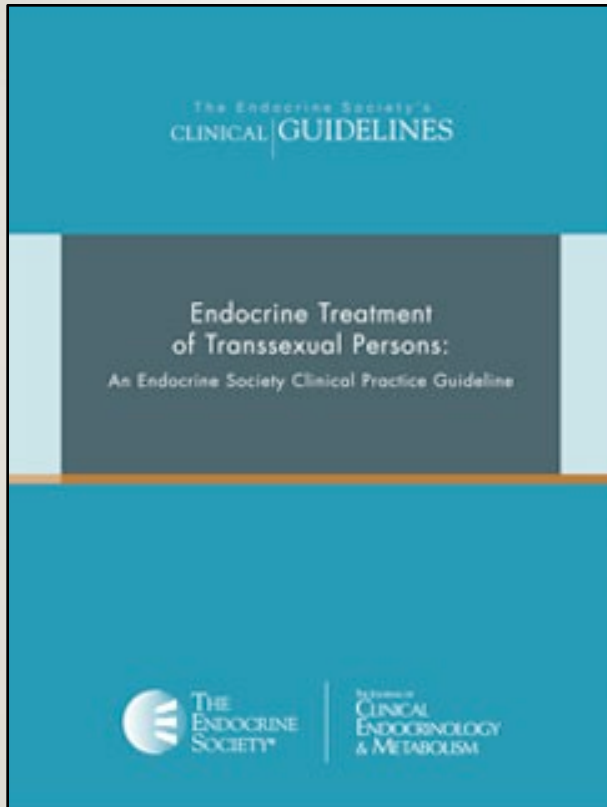
**CONTACT US: (615) 326-5185**

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# Resources



[transhealth.ucsf.edu](http://transhealth.ucsf.edu)

[www.checkitoutguys.ca](http://www.checkitoutguys.ca)

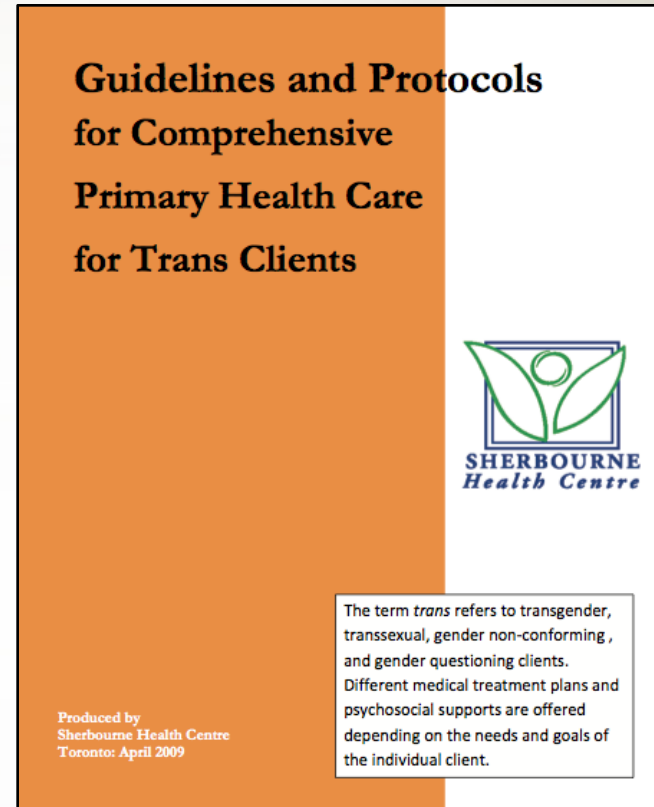
[www.wpath.org](http://www.wpath.org)

[tvals.org](http://tvals.org)

[www.trans-health.org](http://www.trans-health.org)

[srlp.org](http://srlp.org)

[www.aamc.org](http://www.aamc.org)



## Guidelines and Protocols for Comprehensive Primary Health Care for Trans Clients



The term *trans* refers to transgender, transsexual, gender non-conforming, and gender questioning clients. Different medical treatment plans and psychosocial supports are offered depending on the needs and goals of the individual client.

Produced by  
Sherbourne Health Centre  
Toronto: April 2009



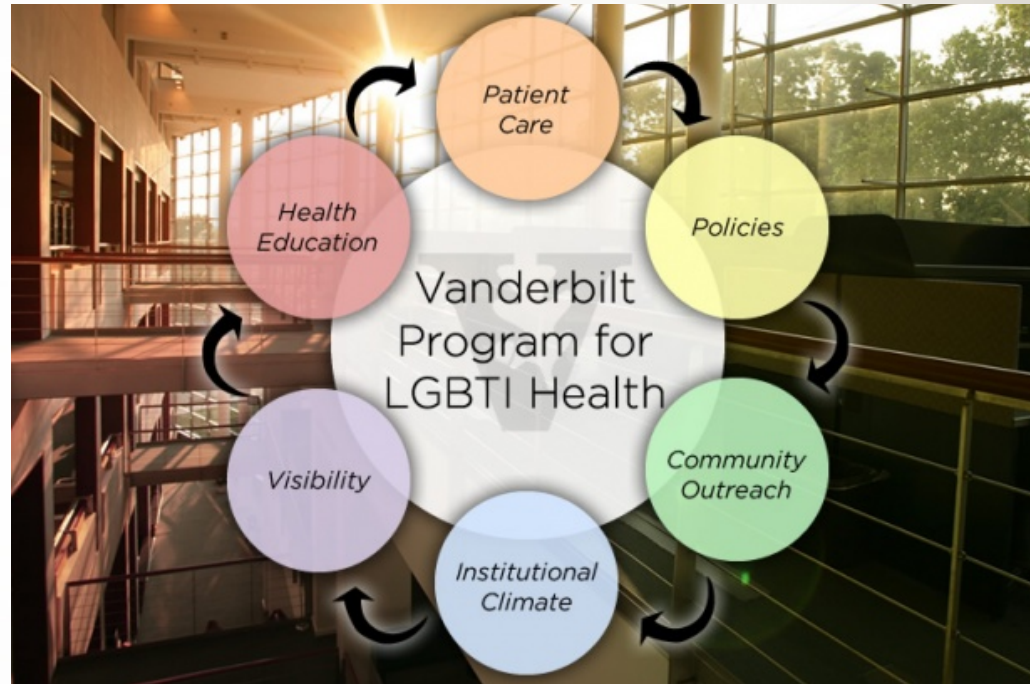
# Resources for LGBTI People

Organization	Use
Gay and Lesbian Medical Association (GLMA)	Finding a provider
Parents and Friends of Lesbians and Gays (PFLAG)	Support for friends and family
Gay, Lesbian, and Straight Education Network (GLSEN)	Support in schools
Children of Lesbian and Gays Everywhere (COLAGE)	Children in LGBT families
Lambda Legal	Legal support
American Civil Liberties Union (ACLU)	Legal support
The Trevor Project	LGBT-focused suicide hotline

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## The VUMC Program for LGBTI Health

- Jesse Ehrenfeld, MD
- Andre Churchwell, MD
- Lauren Mitchell, MA



[medschool.vanderbilt.edu/lgbti](https://medschool.vanderbilt.edu/lgbti)  
[lgbti.health@vanderbilt.edu](mailto:lgbti.health@vanderbilt.edu)

# Case Study at VUMC

- **Case:** 48yo woman presents to Emergency Department by ambulance with a five day history of left-sided weakness, left facial droop, and headache. Patient was seen in an outside hospital, diagnosed with Bell's Palsy, but symptoms persisted, leading to transfer to Vanderbilt.
- **Diagnosis:** ischemic stroke of embolic etiology
- **Clinical Course:** 10-day inpatient hospitalization, 5-day inpatient rehabilitation, discharged with minimal symptoms and good prognosis

# Case Study at VUMC

## Analysis:

- Initial mismanagement by outside hospital or delay in care?
- At Vanderbilt:
  - Initial evaluation, “48 y.o. right-handed gender male, genotype female...he noticed difficulty swallowing..”
  - Emergency department and primary team did not ascertain that she had been taking hormones (medically unprescribed OCPs)
  - Identified hypertension and smoking as risk factors for embolic stroke; did not identify OCPs as risk factor until psychiatry contacted LGBTI Health
  - Inpatient for seven days before her gender identity, preferred gender pronouns, and preferred name were documented in her chart (by PT, medical and nursing teams continued to refer to patient by birth name, sex, and male pronouns)

**Better Documentation, Continuity of Care, and Early Identification of Pathophysiology**