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Knowledge and Provider Competence on the Health Disparities and Biases of Transgender Patients in the Peri-operative Setting: An Evidence Based Education Module.

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Knowledge and Provider Competence on the Health Disparities and Biases of Transgender
Patients in the Peri-operative Setting: An Evidence Based Education Module.

A DNP Project Presented to the Faculty of the
Nicole Wertheim College of Nursing and Health Sciences

Department of Nurse Anesthesiology, Florida International University

In partial fulfillment of the requirements
for the degree of Doctor of Nursing Practice

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Abstract

Background: An estimated 1.4 million adults within the United States identify as transgender.¹ Transgender individuals experience barriers to accessing high-quality healthcare related to the lack of knowledge from healthcare providers on the transgender population.² Additionally, transgender individuals are more prone to delaying medical care related to experiencing discrimination by healthcare providers, placing them at an increased risk of developing long-term systemic mental and physical illnesses.

Methods: A search was conducted utilizing the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid Nursing Journals, ProQuest Health, Medical Complete, and PubMed.

Results: The first fifty articles from each search were extrapolated, and these articles were fully refined to exclude literature reviews, systematic reviews, or meta-analysis studies. The remaining articles were reviewed for inclusion into the designated research.

Keywords: Transgender Healthcare, Transgender Patients, Education, Healthcare Providers.

PICO Question

In peri-operative providers, is the implementation of an educational program on transgender individuals compared to no education effective in improving knowledge rates on the care of transgender patients?

The PICO question broken down by each component is as follows:

- Population: Peri-operative providers.
- Intervention: Educational program.
- Comparison: No education.
- Outcome: Improved knowledge rates on the care of transgender patients.

INTRODUCTION

Problem Identification

Healthcare and educational processes are continuously evolving based upon clinical research and the needs of various patient populations. A critical clinical practice issue in today's healthcare system is the lack of knowledge among healthcare providers on transgender and gender non-conforming patient populations. Unfortunately, discrimination against individuals who identify as transgender is a common experience across the United States (U.S.). This discrimination includes employment opportunities, discrimination within the workplace, housing, public life areas (outdoor recreational areas, shopping centers), and even healthcare settings.¹ Transgender patients experience barriers to accessing high-quality healthcare related to the lack of knowledge from healthcare providers on the transgender population.² The National Transgender Discrimination Survey resulted that 50% of transgender patients reported teaching medical providers about transgender care, which exemplifies the lack of knowledge among healthcare providers.³ A proposed solution to this clinical issue is developing an educational program to increase pre-operative providers' knowledge of the transgender patient population.

Background

An estimated 1.4 million adults within the U.S. identify as transgender.¹ Transgender individuals are individuals whose gender identity is different from the gender they were assigned to be at birth. Gender non-conforming describes a term given to individuals who do not conform to the gender norms expected by society.³ The National Transgender Discrimination Survey illustrated that 19% of patients were refused medical care due to being transgender or a gender non-conforming status.⁴

Current literature has exemplified that the transgender patient population is more likely to present with chronic illnesses related to delaying or avoiding medical care. Clark et al. (2018) conducted a study that resulted that 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity.² The same researchers conducted a study in the San Francisco Bay area, which illuminated that out of 268 healthcare providers interviewed, more than 50% indicated that they were uncomfortable caring for transgender patients.² Moreover, the National Transgender Discrimination Survey demonstrated that 28% of patients postponed medical care due to discrimination by providers.⁴

It is statistically proven that individuals who identify as transgender experience higher rates of depression and suicidal ideation.⁵ Noonan et al. (2018) conducted a study that illustrated that 40% of survey respondents reported having attempted suicide, and 82% reported: "Have had serious thoughts about killing themselves during their life."⁵ The study concluded that continuing education for medical providers is crucial in addressing inadequate transgender healthcare.⁵ A collaborative effort must be made to educate and improve patient outcomes among this patient population.

Failure to address the current issue could potentially result in higher depression and suicidal ideation rates among this patient population. Current literature has illustrated that increasing provider competence and inclusivity in the transgender community is essential to improving mental health outcomes for transgender/gender variant individuals.⁶ Kattari et al. (2016) conducted a study that exemplified that having a transgender-inclusive provider is correlated with decreased depression and suicidal ideation rates.⁶

Scope of the Problem

Noonan et al. (2018) conducted a study that illustrated that 40% of survey respondents reported having attempted suicide, and 82% reported: "have had serious thoughts about killing themselves during their life."⁶ The study concluded that continuing education for medical providers is crucial in addressing inadequate transgender healthcare. A collaborative effort must be made to educate and improve patient outcomes among this patient population.⁶

Ding et al. (2020) demonstrated that a national study resulted that 33% of transgender survey respondents who saw a healthcare provider in the previous calendar year reported one or more negative experiences related to being transgender, including but not limited to being refused treatment, being harassed, assaulted, or receiving incompetent care.⁴ McPhail et al. (2016) conducted a study on the prevalence of transphobic attitudes by medical professionals.⁷ The results demonstrated that 20% and 23% of participants had been denied access to healthcare based on their gender identity.⁷ Additionally, 34% of participants have witnessed discrimination of transgender/gender-nonconforming patients in healthcare settings, and 65% have heard derogatory anti-transgender comments made by medical providers.⁷ Moreover, the same study resulted that 26.7% of these patients experienced verbal harassment when attempting to access healthcare services, and 2% had experienced physical violence perpetrated by a healthcare provider.⁷

Clark et al. (2018) determined that the lack of knowledge among providers in this patient population does not correlate to their years of practice.² The same researchers conducted a survey, which interviewed 141 gynecologists regarding their current knowledge and practice on the transgender patient population. The results illustrated that less than 50% of the gynecologists received education on the LGBTQ patient population during a residency, and 80% received no

education on the transgender patient population.² To establish a baseline on providers not working within the acute care or outpatient setting, a study was conducted at a prison on correctional healthcare providers to assess the knowledge, attitude, and experience of providing care to transgender inmates. The study concluded that transgender inmates within the prison did not receive adequate and consistent medical care directly related to the lack of training, the bias of staff members towards transgender individuals, an unsupportive prison environment, and limited budgets.²

Consequence of the Problem & Knowledge Gaps

Various consequences can result if the clinical issue regarding the lack of education among healthcare providers on the transgender patient population is not addressed. McPhail et al. (2016) established that transgender individuals continue to experience disparities in healthcare-related to the transphobia of healthcare providers and the lack of knowledge among providers.⁷ Transphobia is defined as the dislike of or prejudices against transgender people.⁷ McPhail et al. (2016) conducted a study on transgender individuals' experience with healthcare providers.⁷ One participant that identified as a trans-man described seeing a gynecologist for possible reproductive cancer. The patient explained that the gynecologist could not imagine treating a patient who identified as a male. The patient stated in the survey, "I had an appointment with the gynecologist, and she had never met me before and was shocked to the point of...well, she left me in the room, by myself. She just, her face looked like I had just told her the most bizarre thing on the planet."⁷

Another survey participant in the same study who identified as a trans-man described his encounter with a healthcare provider who did not feel comfortable providing care to him based on his transgender identity.⁷ The participant explained that the provider stated, "I have no issue

with you being transgender or with the process. I am just not familiar with it, and I would just prefer that you did everything with Klinik.⁷ Klinik Community Health Centre is a clinic in Winnipeg, Canada, that specializes in transition care.

Multiple studies have demonstrated that individuals who identify as transgender have been denied access to healthcare. If a provider denies a transgender patient medical care, the requested or required service may not be available at another location. Ahmed-Mirza et al. (2019) publicized that 31% of transgender patients said it would be very difficult or not possible to locate the same type of healthcare service at a different healthcare facility.⁸ Furthermore, the same study concluded that 41% of LGBTQ patients that do not reside in a metropolitan area said that it would be very difficult or not possible to locate the same type of healthcare service at another healthcare facility or clinic location.⁸

Clark et al. (2018) determined that the lack of knowledge among providers in this patient population does not correlate to their years of practice.² The same researchers conducted a survey, which interviewed 141 gynecologists regarding their current knowledge and practice on the transgender patient population. The results illustrated that less than 50% of the gynecologists received education on the LGBTQ patient population during a residency, and 80% received no education on the transgender patient population.²

Proposal Solution

According to The Joint Commission (2020), all patients should be treated with dignity and respect regardless of their social, religious, cultural, or personal characteristics.¹ Kattari et al. (2016) illustrated that continuing education, increasing provider competence, and inclusivity in working with the transgender is essential in addressing the inadequate transgender healthcare and the barriers this community faces when attempting to receive high-quality healthcare.⁶ Providing

education to healthcare providers to increase competence and create inclusivity is a collaborative effort. This collaborative effort improves patient and mental health outcomes, including decreased depression and suicidal ideation rates when having a transgender-inclusive provider.⁷ Furthermore, it decreases the rates of delaying medical care among this patient population, resulting in improved patient outcomes. To achieve this goal, it is fundamental for healthcare organizations to develop and implement educational programs for the care of transgender individuals.

METHODOLOGY

Eligibility Criteria

Studies that were evaluated for this literature review were selected based upon inclusion and exclusion criteria. The resulted articles were restricted to only full text, peer-reviewed academic literature written in English, and published from 2016-2021. The exclusion criteria included studies where participants did not identify as transgender and/or gender non-conforming. Database sources used for the research were accessed via Florida International University (FIU) library services.

Information Sources

The search strategy utilized for this research included an extensive list of various online medical databases and journals. A search was conducted utilizing the following databases: Cumulative Index to Nursing and Allied Health Literature (CINAHL), Ovid Nursing Journals, ProQuest Health, Medical Complete, and PubMed.

Search Strategy

A combination of keywords was used, including “*transgender*” and “*education*,” which yielded 1,735 results. “*Transgender*,” “*education*,” and “*healthcare providers*” yielded 114

results, while the keywords “*increasing*,” “*education*,” and “*transgender patients*” yielded twelve results. Additionally, the keywords “*increasing*” “*healthcare*”, “*education*”, and “*transgender patients*” yielded ten results. The first fifty articles from each search were extrapolated, and these articles were fully refined to exclude literature reviews, systematic reviews, or meta-analysis studies. The remaining articles were reviewed for inclusion into the designated research.

SUMMARY OF THE LITERATURE

Article #1

Ding, J. M., Ehrenfeld, J. M., Edmiston, K. E., Eckstrand, K., Beach, L. B. (2020).

This research is classified as a non-experimental (quantitative) study to improve the health care quality for transgender and gender non-conforming patients. The Vanderbilt Program for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Health developed a multidimensional, community-based approach for transgender and gender non-conforming (TGNC) patients to improve healthcare quality. The methodology is to be implemented at the patient-provider level and the entire health system level. The Vanderbilt Program approach included a transgender patient peer advocacy program, known as “The Trans Buddy Program.” This program consisted of volunteers who advocate and provide emotional support for transgender patients during their health care visits. Additionally, the approach included a community consultative board that included TGNC community members and parents of TGNC individuals and two TGNC clinics created in partnership with hospital administration to support the community-informed continuous quality improvement (CQI) of TGNC health at Vanderbilt. The community consultative board meets quarterly and provides non-binding recommendations and guidance to improve the quality of TGNC health care, the operations of the Trans Buddy

Program and Clinic for Transgender Health, and the community engagement strategy of the Vanderbilt Program for LGBTQ Health.¹

Dearholt and Dang (2017) detailed a set of criteria to rank research at various levels, and upon analysis of the research, it is classified as level one evidence.⁹ The title of the article and abstract accurately describe the purpose and information provided within the article. Upon analyzing the article, there was no specific patient population age range but included all TGNC patients. The introduction identifies the problem and the need for the clinical practice change.

Ding et al. (2020) demonstrated that a national study resulted that 33% of transgender survey respondents who saw a health care provider in the previous calendar year reported one or more negative experiences related to being transgender, including but not limited to being refused treatment, being harassed, assaulted, or receiving incompetent care.¹ The article did not list a specific PICOT question. However, it can be concluded from the purpose of the article: What is the effect of a multifaceted community-based approach to improve the quality of healthcare of TGNC patients? The authors did not list a theoretical framework for this study. Identifying a theoretical framework would be beneficial when completing additional research on the issue to guide the research appropriately.

Methods of analysis included developing a multi-level monitoring and evaluation system (M&E) by Vanderbilt University Medical Center (VUMC) to properly assist in tracking care utilization, quality of care, and health outcomes of transgender patients.¹ The fundamental elements of the M&E system included assessing activities at both the patient-provider and health-systems levels. Graphs were provided within the research illustrating the monitoring and evaluation system. The results of the study are not quantified, which is a limitation of the study. However, the authors did not expressly state any limitations of the study. The research concluded

that TGNC patients experience significant discrimination within the health care system resulting in adverse health outcomes. To address this issue, VUMC has developed a multidisciplinary community-based program for TGNC patients.¹

Article #2

Kattari, S. K., Walls, N. E., Speer, S. R., Kattari, L. (2016).

Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a control group and is descriptive and explanatory. The article explores the relationship between having a transgender-inclusive healthcare provider and the mental health outcomes among transgender/gender variant individuals. Three specific mental health outcomes are studied within the article, including recent experience of depression, lifetime experience of anxiety disorder, and suicidality within the last year.⁶ According to the criteria listed by Dearholt and Dang (2017), the article is classified as level two evidence, meaning that it is experimental.⁹

The article's title clearly defines the purpose of the article and the information outlined within the research. The abstract represented the article and stated the three specific mental health outcomes studied as mentioned above. Kattari et al. (2016) defined transgender/gender variant as all individuals whose gender identity and/or gender expression does not match the social norms associated with the sex assigned at birth.⁶ The purpose of the study is related to the high rates of mental health disparities and high rates of discrimination within the health care setting by transgender/gender variant individuals, which is outlined within the introduction.⁶ The article did not list a specific PICOT question. However, upon review of the article, it can be concluded: Is having a transgender-inclusive provider effective at decreasing the rates of depression and suicidality among transgender/gender variant individuals?

The researchers utilized the theoretical framework of intersectionality.⁶ This framework is utilized to understand better the lived experiences of individuals across their multiple identities. The intersection of gender identity, race, educational level, and access to health care coverage is surveyed in the study. Additionally, researchers examined whether transgender individuals had access to a transgender-inclusive provider to determine the relationship of these intersections on transgender and gender-variant individuals' mental health.⁶ Methods for data collection were completed by utilizing a survey distributed in two ways, online and in-person, which was done over a seven-month period. Face-to-face promotion of the survey was available at the Colorado Gold Rush Conference (a transgender-specific annual conference) and LGBTQ pride festivals in Colorado. The events provided both online and paper copies of the survey to be completed by participants.⁶

The sample size was 417 (n = 417), and all the respondents identified as transgender and/or gender variant.⁶ Results from the study demonstrated those survey respondents who reported having a transgender-inclusive provider resulted in the following data: 37.8% having a current diagnosis of depression, 51.1% being diagnosed with an anxiety disorder by a healthcare provider, and 28.8% having had experienced suicidal thoughts within the past year.⁶ Conversely, survey respondents who reported not having a transgender-inclusive provider resulted in higher rates in all three areas. 53.7% having a current diagnosis of depression, 56.5% being diagnosed with an anxiety disorder, and 47.6% having experienced suicidal thoughts within the past year.⁶ The data results are illustrated in various tables with multiple categories and subcategories for each table. Each table is clearly explained and defined by the researchers.

In the discussion section, the study results are explained and correlated to the significance of the article. Kattari et al. (2016) determined that increasing provider competence and

inclusivity in working with the transgender community is essential to improving mental health outcomes for transgender/gender variant individuals.⁶ This can be accomplished by integrating transgender cultural competence in the initial educational process for providers, holding training services at the healthcare organization and/or provider's practice, and completing continuing education hours on the topic.⁶ Researchers concluded that little had been studied in the setting of transgender/gender variant individuals to determine whether a consistent pattern holds.⁶

Kattari et al. (2016) identified language as a limitation of the study because the administered survey was only offered in English.⁶ Some participants who did not speak English as their primary language skipped questions because they did not fully comprehend it. Furthermore, a second identified limitation was that the primary source of data collection was the internet-based survey, which could exclude the elderly and lower-income population.⁶ The conclusion outlined that current literature and survey results have correlated decreased rates of depression and suicidality when having a transgender-inclusive provider; however additional research is needed on this clinical issue.⁶

Article #3

Noonan, E. J., Sawning, S., Combs, R., Weingartner, L. A., Martin, L. J., Jones, V. F.,

Holthouser, A. (2018).

Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a control group. However, it has an intervention and is descriptive and explanatory. According to the criteria listed by Dearholt and Dang (2017), the article is classified as level one evidence.⁹ The article's title properly illustrates the purpose of the research and the information provided within the article. The abstract provided by the researchers is all-

encompassing, outlining the critical components of the article. The introduction outlines the identified clinical practice issue illustrating that LGBT individuals face health care disparities, including bias, discrimination, chronic disease risk, and poor mental health outcomes solely due to their gender identity.⁵ Noonan et al. (2018) illustrated that 40% of survey respondents reported having attempted suicide, and 82% reported: "have had serious thoughts about killing themselves during their life."⁵

The statement of the problem and purpose of the study is both extensively outlined within the introduction section. The article did not list a specific PICOT question. However, upon review of the article, it can be concluded: Is providing education and engagement to health care providers effective in improving health care outcomes for transgender individuals? The theoretical framework utilized by researchers is the intergroup contact theory.⁵ This theory was initially used to route racial desegregation but has also been effective in reducing bias against LGBT individuals.⁵

Various methods were utilized to collect data for research. A community forum on transgender healthcare, which consisted of 59 participants was hosted at the University of Louisville School of Medicine (ULSOM) in Louisville, Kentucky.⁵ Attendees of the forum included cisgender and transgender ULSOM faculty, staff, and medical students, community healthcare providers, and community members. Cisgender is defined as denoting or relating to a person whose sense of personal identity and gender corresponds with their birth sex.⁵ To determine how to improve the healthcare system for transgender individuals in Louisville, a follow-up survey was administered. A total of 100 follow up surveys were administered to forum participants and their referrals, asking them to rank in order their top three priorities for improving transgender healthcare in Louisville.⁵

The results section explicitly outlined forum and survey results, which were all translated into multiple tables. Survey results exhibited that current healthcare for transgender individuals was described as "terrible," "limited," "in its infancy," and "very limited in terms of places that provide trans-affirming care."⁵ Survey respondents reported an absence of pediatricians trained to care for transgender children, surgeons who could perform chest reconstruction and genital reconstruction surgeries, and endocrinologists who accepted transgender patients seeking cross-sex hormone replacement therapy.⁵ Additionally, participants identified a lack of education among healthcare providers while noting an absence of an integrated trans-care network among providers within the area. Moreover, healthcare providers illustrated in survey results that they relied on their transgender patients for education about standards of care, the transition process, and cross-sex hormone replacement therapy.⁵

The discussion section correlates the research and results directly to the clinical practice issue. Noonan et al. (2018) explained that to improve the medical practice for physicians on the care of transgender patients' supplemental education interventions are needed.⁵ Additionally, the same researchers outlined that a comprehensive curriculum in medical schools specific to the care of transgender individuals and the community could drastically improve patient outcomes.⁵ Continuing education for medical providers is crucial in addressing inadequate transgender healthcare, and a collaborative effort must be made to educate and improve patient outcomes among this patient population.⁵ Noonan et al. (2018) identified that a limitation of the study was that all surveys were anonymous, so a connection between specific comments and patterns could not be linked to an individual's gender identity.⁵ Other limitations were identified and outlined within the limitations section. The study concluded that continuing education for medical

providers is crucial in addressing inadequate transgender healthcare.⁵ A collaborative effort must be made to educate and improve patient outcomes among this patient population.⁵

Article #4

Kattari SK, Atteberry-Ash B, Kinney MK, Walls NE, Kattari L. (2019).

Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a control group. According to the criteria listed by Dearholt and Dang (2017), the article is classified as level two evidence.⁹ The title of the article accurately reflects the content of the article as it discusses the various transgender health experiences. The abstract appropriately outlines the critical topic areas that are discussed within the article. The authors identified a research question within the article. The proposed research question is, “Are sociodemographic characteristics, especially gender identity within the larger transgender and nonbinary (TNB) umbrella, and access to a trans-inclusive health care provider correlated with delaying health care for TNB individuals?¹⁰” Kattari et al. (2019) did not specifically identify a theoretical framework. However, it was identified that adopting a queer theoretical framework or queering social work education can assist students and faculty in assessing language and power analytically, challenging assumptions, disrupting the hetero/cisnormativity, and center queerness, resulting in a center new innovative strategies for meaningful change.¹⁰

The authors utilized various methodologies for the data. Data for this study were collected in 2014 via the Transgender Health Survey (N = 417) over seven months via in-person and online surveys.¹⁰ The data was part of a combined effort between the One Colorado Education Fund, The Colorado Department of Public Health and Environment (CDPHE), and the GLBT Center of Colorado.¹⁰ To assess sociodemographic characteristics, racial and ethnic

identities were collected with an assortment of response choices. Sexual orientation response choices included lesbian, gay, same gender loving (LGSGL), heterosexual, queer, bisexual, or pansexual, and unsure/questioning, while transgender was in a separate classification.¹⁰

Upon a thorough investigation, the authors discovered that 31 states in the U.S. allow for discrimination regarding gender identity in employment, housing, and public accommodations such as restrooms.¹⁰ Kattari et al. (2019) study results concluded that TNB individuals face many challenges when attempting to access culturally competent health care.¹⁰ TNB individuals are reporting increased rates of being denied access to healthcare.¹⁰ Additionally, they experience increased rates of verbal harassment and physical violence while attempting to access doctors and hospitals, emergency rooms, and using ambulances/EMTs.¹⁰

TNB individuals who reported having primary care providers who were "transgender-inclusive" were significantly less likely to experience current depression or have had suicidal ideations in the past year.¹⁰ The study resulted that having a transgender-inclusive provider was associated with a 57% decrease in the probability of having delayed medical care due to fear of discrimination.¹⁰ Respondents of the same survey who identified as queer were four times as likely to report a delay in care than their heterosexual peers.¹⁰

Kattari et al. (2019) conducted an additional study on U.S. and Canadian social work professionals (N = 327), which demonstrated that 40% of social work professionals in the U.S did not believe trans-specific information was a priority in the social work curriculum.¹⁰ Conversely, 73% of the respondents powerfully agreed that TNB people experience discrimination.¹⁰ Kattari et al. (2019) concluded that future research is needed to determine what methods are best to train health providers to affirm this patient population.¹⁰ The researchers exemplified the need for more healthcare provider training on trans health-related topics both

while in medical school and post-graduation and recommending resources to patients and consumers that are also culturally receptive and trans-inclusive.¹⁰

Moreover, Kattari et al. (2019) concluded that significant dissimilarities across gender identity, sexual orientation, and age appeared when it comes to sociodemographic factors.¹⁰ However, no significant differences across race or education status were identified.¹⁰ Several study limitations were identified, one being that survey respondents may interpret inclusive health care very differently. Some individuals may interpret inclusion as a lack of discrimination; however, others may define it as more comprehensive, such as using inclusive language, following best practices, and emerging science on transgender/gender diverse medical needs.¹⁰

Article 5

Arora M, Walker K, Luu J, Duvivier RJ, Dune T, Wynne K. (2020).

This research is classified as a quasi-experimental study because it has an intervention with an administered pre-test and post-test to determine the effectiveness of the intervention. Dearholt and Dang (2017) detailed a set of criteria to rank research at various levels, and upon analysis of the research, it is classified as level two evidence because it is a quasi-experimental study.⁹ The title of the article and abstract accurately describe the purpose and information provided within the article. The authors clearly state the problem and the need for the completed research. Arora et al. (2020) demonstrated that transgender individuals are exposed to adverse health factors because of societal stigmatization.¹¹ As a result of these negative factors, it leads to greater rates of suicidality and mental health issues, HIV exposure, and drug and alcohol use among transgender individuals.¹¹ Additionally, researchers explained that transgender

individuals might avoid or delay accessing health care because of perceived and actual discrimination by healthcare providers.¹¹

The purpose of this study is to explore the attitudes of the local transgender community to their health services and the confidence level of local healthcare providers to deliver care within the Hunter New England Health District (HNELHD) of Australia.¹¹ The studied area has a population of approximately 920 000 people. Arora et al. (2020) identified that transgender, gender diverse, or non-binary individuals are referred to in this study under the umbrella term “transgender” individuals.¹¹ Researchers obtained ethical approval from the HNELHD Ethics Committee for the anonymous survey of the community and healthcare providers.¹¹ The authors did not list a theoretical framework for this study. Identifying a theoretical framework would be beneficial when completing additional research on the issue to guide the research appropriately.

Arora et al. (2020) utilized various methods for the study, including educational sessions and surveys.¹¹ Surveys were administered at a community level and healthcare provider level. An anonymous community survey was distributed from May 2016 to June 2016 to the transgender community in electronic and paper format.¹¹ Prospective participants were identified by healthcare professionals through local support groups and social media. The purpose of the survey is to assess the respondent’s relationship with their general provider (GP) and their local healthcare system using the Patient-Doctor Relationship Questionnaire (PDRQ-9)¹¹ Respondent’s GP relationship was rated for each of nine statements on a five-point scale from 1 (low agreement) to 5 (high agreement).¹¹

There was a total of 53 community survey participants with gender not the same as the sex assigned at birth (aged 36.1 ± 2.5 years).¹¹ Additionally, responses were collected from 17 parents on behalf of their children (aged 14.6 ± 1.3 years) and six people on behalf of their

friends and partners (aged 37.5 ± 5.4 years).¹¹ Of the 76 gender-diverse respondents, 27 identified as female, 13 as male, 12 as trans-male, six as transgender, three as gender-fluid, six as trans-female, one not transitioning, one as non-binary, one as agender, and six as a combination of these terms.¹¹ 58% of respondents felt that a culture change within the healthcare system was fundamental, with a crucial need for increased education among healthcare providers.¹¹ Increased knowledge rates would enable healthcare providers to deliver local services. One parent respondent stated, “It took a long time and many attempts to find a GP with experience in the field.”¹¹ Additionally, results illustrated that 48% of respondents identified barriers such as a lack of public funding for visits to medical specialists and mental health professionals.¹¹ All community survey results were utilized to construct the healthcare provider education sessions.¹¹

Either ten days before or immediately before the education conference, healthcare providers completed an electronic or paper form survey.¹¹ All submitted survey results were completed anonymously. Additionally, all healthcare providers that attended the educational session were asked to complete the same survey immediately after the session. On the survey, providers were allowed to provide free-text feedback the question asking, “What factors would enhance your ability to deliver health care?”¹¹ The survey asked healthcare providers to rate their predicted comfort to facilitate care for an adult in the following four categories; assigned female at birth requesting masculinizing therapy, assigned male at birth requesting feminizing therapy, assigned male at birth, and requesting care for low testosterone levels, and assigned female at birth and requesting care for low estrogen levels.¹¹ The responses were collected on a five-point Likert scale and as true–false responses.

The selected intervention for the study was a healthcare provider education session. Arora et al. (2020) exemplified that the involvement of community members in developing the

education session curriculum was a fundamental part of the intervention.¹¹ A multidisciplinary team, including a member of the transgender community, delivered a one-hour education session on three separate occasions to year three medical students at the University of Newcastle, GPs attending an annual regional conference in Newcastle, and internal medicine physicians (IMPs) at John Hunter Hospital.¹¹ Key topics were highlighted in the education session, which included; appropriate transgender terminology, exploring the biological basis (genetic, gonadal, genital, and neurological) of gender identity and diversity, the lived experience of a transgender person and their relationship with healthcare providers, supportive care for children and families, adult transition care, fertility options, and hormonal monitoring and surgery.¹¹ Additionally, community survey results on transgender individual's experience with the local healthcare services and GPs were discussed at the education session.¹¹

A total of 188 healthcare providers responded to the pre-lecture survey, encompassing 81 medical students, 50 GPs, and 57 IMPs.¹¹ Pre-lecture survey results demonstrated that 75% of medical students, 64% of GPs, and 81% of IMPs respondents "disagreed or strongly disagreed" that they felt appropriately educated to assist a person assigned female at birth requesting masculinizing therapy to transition to male, and a person assigned male at birth requesting feminizing therapy.¹¹ Upon completion of the one-hour education session, 168 healthcare providers completed the post-lecture survey.¹¹ Post lecture surveys were completed by 81 medical students, 30 GPs, and 57 IMPs. Upon completing the education session, a higher percentage of survey participants "agreed or strongly agreed" that they were confident to assist with adult transition care for an assigned female requesting masculinization and assigned male requesting feminization.¹¹ Furthermore, upon completion of the education session, a more significant percentage of students and IMPs agreed that hormonal and surgical treatment should

be offered to the transgender community.¹¹ 80% of healthcare providers commonly identified education as a critical strategy to improve the delivery of transgender health care.¹¹

Results from the study demonstrated a significant change in the attitude of healthcare providers after attending the educational session, which exemplifies the need for additional training opportunities.¹¹ Arora et al. (2020) concluded that education on transgender health should be developed and delivered in collaboration with members of the community.¹¹

Additionally, future research is needed to explore whether the implemented healthcare provider education session leads to improved outcomes for transgender individuals.¹¹ Despite the study being completed in a metropolitan and regional area, an identified limitation of the study is that it was performed in a single health district. The response rate of the community survey was unknown due to the method of distribution, and therefore, this sample could be non-representative. All healthcare provider data was anonymized to reduce social desirability bias.¹¹

See Table 1 below for literature review results.

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
Ding et al. (2020)	<p>This research is classified as a non-experimental (quantitative) study to improve the health care quality for transgender and gender non-conforming patients.</p> <p>Upon analysis of the research, it is classified as level one evidence.</p>	<p>The Vanderbilt Program for Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning (LGBTQ) Health developed a multidimensional, community-based approach for transgender and gender non-conforming (TGNC) patients to improve healthcare quality.</p>	<p>This methodology is to be implemented at the patient-provider level and the entire health system level.</p> <p>This approach included a transgender patient peer advocacy program, in which volunteers advocate and provide emotional support for transgender patients during their health care visits.</p>	<p>Setting: Vanderbilt University Medical Center (VUMC) Sample size: not applicable; the study is explanatory and descriptive.</p>	<p>Not applicable. The study is explanatory and descriptive, which is a limitation of the study.</p>	<p>Researchers concluded that TGNC patients experience significant discrimination within the health care system resulting in adverse health outcomes.</p> <p>To address this issue, VUMC has developed a multi-disciplinary community-based program for TGNC patients.</p>
Kattari et al. (2016)	<p>The article explores the relationship between having a transgender-inclusive healthcare provider and the mental health</p>	<p>The researchers utilized the theoretical framework of intersectionality.</p> <p>This framework is utilized to understand better the lived experiences of</p>	<p>The intersection of gender identity, race, educational level, and access to health care coverage is surveyed in the study.</p> <p>Methods for data collection were completed by utilizing a survey distributed in</p>	<p>The sample size was 417 (n=417), and all the respondents identified as transgender and/or gender variant.</p> <p>26.9% (n = 98) identified as trans women.</p>	<p>Results from the study demonstrated that survey respondents who reported having a transgender-inclusive provider resulted in the following data: 37.8% having a current diagnosis of depression, 51.1% being diagnosed with an anxiety disorder by a</p>	<p>Current literature and survey results have correlated decreased rates of depression and suicidality when having a transgender-inclusive provider; however, additional research is needed on this clinical issue.</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	<p>outcomes among transgender/ gender variant individuals.</p> <p>Three specific mental health outcomes are studied within the article, including recent experience of depression, lifetime experience of anxiety disorder, and suicidality within the last year.</p> <p>Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a</p>	<p>individuals across their multiple identities.</p>	<p>two ways, online and in person.</p> <p>The survey was done over seven months. The data results are illustrated in various tables with multiple categories and subcategories for each table.</p>	<p>30.3% (n = 119) identified as trans men.</p> <p>4.6% (n = 18) identified as transgender.</p> <p>5.6% (n = 22) identified as men.</p> <p>15.0% (n = 59) identified as women.</p> <p>19.6% (n = 77) identified as agender or genderqueer.</p> <p>83.7% (n = 333) identified as White.</p> <p>16.3% (n = 65) identifying as other races and ethnicities.</p> <p>The non-profit organizations involved promoted the survey on social media accounts,</p>	<p>healthcare provider, and 28.8% having had experienced suicidal thoughts within the past year.</p> <p>Conversely, survey respondents who reported not having a transgender-inclusive provider resulted in higher rates in all three areas. 53.7% having a current diagnosis of depression, 56.5% being diagnosed with an anxiety disorder, and 47.6% having experienced suicidal thoughts within the past year.</p> <p>There were significant differences between those with transgender-inclusive providers and those who did not have transgender-inclusive providers regarding rates of current depression.</p>	<p>Researchers determined that increasing provider competence and inclusivity in working with the transgender community is an essential factor to improving mental health outcomes for transgender/gender variant individuals.</p> <p>This can be accomplished by integrating transgender cultural competence in the initial educational process for providers, holding training services at the healthcare organization and/or providers' practice, and completing continuing education hours on the topic.</p> <p>Researchers identified language as a limitation of the study because the administered survey</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	<p>control group and is descriptive and explanatory.</p> <p>The article is classified as level two evidence, meaning that it is experimental.</p>			<p>including Facebook and Twitter.</p> <p>Additionally, interested members of the transgender/ gender variant community posted survey information on the transgender-specific forum.</p> <p>Face-to-face promotion of the survey was available at the Colorado Gold Rush conference (a transgender-specific annual conference) and LGBTQ pride festivals in Colorado.</p> <p>The events provided both online and paper copies of the survey to be completed by participants.</p>		<p>was only offered in English. Some participants who did not speak English as their primary language skipped questions because they did not fully comprehend it.</p>
Noonan et al. (2018)	To engage transgender community members to	The theoretical framework utilized by researchers is the	Researchers first held community-based forums to discuss a set of questions about	Setting: A community forum on transgender healthcare, which	Current healthcare for transgender people was described as “terrible,” “limited,” “in its	Researchers illuminated that improving the medical practice for physicians

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	<p>improve healthcare provider's knowledge rates and decrease rates of discrimination.</p> <p>Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a control group. However, it has an intervention and is descriptive and explanatory.</p> <p>According to the criteria listed by Dearholt and Dang (2017), the article is</p>	<p>intergroup contact theory.</p> <p>This theory was initially used to route racial desegregation but has also reduced bias against LGBT individuals.</p>	<p>transgender healthcare and gather data.</p> <p>A follow-up survey was administered online to participants to gather additional information on suggestions to improve transgender healthcare and medical education.</p> <p>Researchers developed an 11-item survey to gather additional information about ideas for improving transgender healthcare.</p>	<p>consisted of 59 participants, was hosted at the University of Louisville School of Medicine (ULSOM) in Louisville, Kentucky.</p> <p>Attendees of the forum included cisgender and transgender ULSOM faculty, staff, and medical students, community healthcare providers, and community members.</p> <p>A follow-up survey was administered to 100 individuals, including forum participants and their referrals.</p> <p>Survey participants were asked to select their first, second, and third priorities</p>	<p>infancy," and "very limited in terms of places that provide trans-affirming care."</p> <p>Survey respondents reported an absence of pediatricians trained to care for transgender children, surgeons who could perform chest reconstruction and genital reconstruction surgeries, and endocrinologists who accepted transgender patients seeking cross-sex hormone replacement therapy.</p> <p>Participants identified a lack of education among healthcare providers while noting a lack of a unified trans-care network among healthcare providers.</p> <p>Healthcare providers illustrated in survey results that they relied on their transgender patients</p>	<p>on the care of transgender patients' supplemental education interventions is needed.</p> <p>Additionally, researchers outlined that a comprehensive curriculum in medical schools specific to the care of transgender individuals and the community could drastically improve patient outcomes.</p> <p>The study concluded that continuing education for medical providers is crucial in addressing inadequate transgender healthcare.</p> <p>A collaborative effort must be made to educate and improve patient outcomes among this patient population.</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	classified as level one evidence.			for improving transgender healthcare in Louisville.	for education about standards of care, the transition process, and cross-sex hormone replacement therapy. The University got the study approved by the Louisville Institutional Review Board.	An identified limitation of the study was that all surveys were anonymous, so a connection between specific comments and patterns could not be linked to an individual's gender identity.
Kattari et al. (2019)	To determine if sociodemographic characteristics, especially gender identity within the more prominent transgender and nonbinary (TNB) umbrella, and access to a trans-inclusive health care provider is correlated with delaying health care for TNB individuals.	The authors did not specifically identify a theoretical framework. However, it was identified that adopting a queer theoretical framework or queering social work education can assist students and faculty in analytically assessing language and power, challenging assumptions, disrupting the	Data for this study was collected in 2014 via the Transgender Health Survey (N = 417) over seven months via in-person and online surveys. The data was part of a collaborative effort between the One Colorado Education Fund, The Colorado Department of Public Health and Environment (CDPHE), and The GLBT Center of Colorado Center.	To assess sociodemographic characteristics, racial and ethnic identities were collected with an assortment of response choices. Sexual orientation response choices included lesbian, gay, same gender loving (LGSGL), heterosexual, queer, bisexual, or pansexual, and unsure/questioning, while transgender was in a separate classification.	TNB individuals are reporting increased rates of being denied access to healthcare. Additionally, they experience increased verbal harassment and physical violence rates while attempting to access doctors and hospitals, emergency rooms, and using ambulances/EMTs. TNB individuals who reported having primary care providers who were "transgender-inclusive" were significantly less likely to experience current depression or	The study concluded that TNB individuals face many challenges when attempting to access culturally competent health care. Researcher's concluded that to improve healthcare quality among this patient population, it is fundamental that healthcare providers implement the following interventions: familiarize themselves with resources in their area (including providers known to be

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	<p>Upon critique of the article, it is classified as non-experimental (quantitative) because it does not have a control group.</p> <p>According to the criteria listed by Dearholt and Dang (2017), the article is classified as level two evidence.</p>	<p>hetero/cisnormativity, and center queerness, resulting in a focus on new innovative strategies for meaningful change.</p>			<p>have had suicidal ideations in the past year.</p> <p>The study concluded that having a transgender-inclusive provider was associated with a 57% decrease in the probability of having delayed medical care due to fear of discrimination.</p> <p>Respondents of the same survey who identified as queer were four times as likely to report a delay in care compared to their heterosexual peers.</p> <p>Researchers concluded that when it comes to sociodemographic factors, significant dissimilarities across gender identity, sexual orientation, and age appeared. However, no significant differences across race or education status were identified.</p>	<p>trans-affirming), attend continuing education (CE) courses regarding trans-inclusive practices, provide information to their TNB patient's regarding options for a variety of medical interventions and help to support inclusive environments, including advocating for trans-affirming intake forms, use of correct name and pronouns, gender-inclusive restrooms, etc.</p> <p>Several study limitations were identified, with one being that survey respondents may interpret inclusive health care very differently.</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
Arora et al. (2020)	<p>The purpose of this study is to investigate the outlook of the transgender society to the healthcare services in addition to the self-confidence level of healthcare providers to provide care within the Hunter New England Health District (HNELHD) of Australia.</p> <p>This research is classified as a quasi-experimental study because it has an intervention with an administered pre-test and</p>	<p>The researchers utilized various methods for the study, including educational sessions and surveys.</p> <p>Surveys were administered at a community level and healthcare provider level.</p> <p>An anonymous community survey was distributed from May 2016 to June 2016 to the transgender community in electronic and paper format.</p>	<p>A multi-disciplinary team, including a member of the transgender community, delivered a one-hour education session on three separate occasions to year three medical students at the University of Newcastle, GPs attending an annual regional conference in Newcastle, and internal medicine physicians (IMPs) at John Hunter Hospital.</p> <p>Key topics were highlighted in the education session, which included; appropriate transgender terminology, exploring the biological basis (genetic, gonadal, genital, and neurological) of gender identity and</p>	<p>There was a total of 53 community survey participants with a gender not the same as the sex assigned at birth (aged 36.1 ± 2.5 years).</p> <p>Additionally, responses were collected from 17 parents on behalf of their children (aged 14.6 ± 1.3 years) and six people on behalf of their friends and partners (aged 37.5 ± 5.4 years).</p> <p>Of 76 gender-diverse respondents, 27 identified as female, 13 as male, 12 as trans-male, six as transgender, three as gender-fluid, six as trans-female, one not transitioning, one as non-binary, one as trans-female, one not transitioning, one as</p>	<p>Community Survey Results:</p> <p>58% of respondents felt that a culture change within the healthcare system was fundamental, with a crucial need for increased education among healthcare providers.</p> <p>48% of respondents identified barriers such as a lack of public funding for visits to medical specialists and mental health professionals.</p> <p>All community survey results were utilized to construct the healthcare provider education sessions.</p> <p>Healthcare Provider Survey Results:</p> <p>A total of 188 healthcare providers responded to the pre-lecture survey, encompassing 81 medical</p>	<p>The involvement of community members in developing the education session curriculum was a fundamental part of the intervention.</p> <p>The study demonstrated a significant change in healthcare providers' attitudes after education and further supports expanding training opportunities.</p> <p>Future research is needed to explore whether the implemented healthcare provider education session leads to improved outcomes for transgender individuals.</p> <p>Despite the study being completed in a metropolitan and regional area, an</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
	<p>post-test to determine the effectiveness of the intervention.</p> <p>The study is classified as level two evidence because it is a quasi-experimental study.</p>		<p>diversity, the lived experience of a transgender person and their relationship with healthcare providers, supportive care for children and families, adolescent puberty blockade, adult transition care, fertility options, hormonal monitoring, and surgery; with clinical concepts explained for the medical students.</p>	<p>agender, and six as a combination of these terms.</p> <p>Either ten days before or immediately before the education conference, healthcare providers completed an electronic or paper form survey. All submitted survey results were completed anonymously</p> <p>Additionally, all healthcare providers that attended the educational session were asked to complete the same survey immediately after the session.</p> <p>On the survey, providers were allowed to provide free-text feedback to</p>	<p>students, 50 GPs, and 57 IMPs.</p> <p>Pre-lecture survey results demonstrated that 75% of medical students, 64% of GPs, and 81% of IMPs respondents "disagreed or strongly disagreed" that they felt sufficiently knowledgeable to assist a person assigned female at birth requesting masculinizing therapy to transition to male (and a person assigned male at birth requesting feminizing therapy</p> <p>Upon completion of the one-hour education session, 168 healthcare providers completed the post-lecture survey.</p> <p>Post lecture surveys were completed by 81 medical students, 30 GPs, and 57 IMPs.</p> <p>Upon completion of the education session, a</p>	<p>identified limitation of the study is that it was performed in a single health district.</p>

Author(s)	Purpose	Methodology/ Research Design	Intervention(s)/ Measures	Sampling/Setting	Primary Results	Relevant Conclusions
				the question asking, "What factors would enhance your ability to deliver health care?"	<p>higher percentage of survey participants "agreed or strongly agreed" that they were confident to assist with adult transition care for an assigned female requesting masculinization and assigned male requesting feminization.</p> <p>80% of healthcare providers commonly identified education as a critical strategy to improve the delivery of transgender health care.</p>	

DISCUSSION

Summary of the Evidence

Current literature has correlated decreased rates of depression and suicidality when having a transgender-inclusive provider.⁶ Kattari et al. (2016) exemplified that the transgender patient population is more likely to present with chronic illnesses related to delaying or avoiding medical care in fear of how a provider may act or treat them based on their gender identity.⁶ The same study resulted that 61.0% of participants had opted to delay or avoid medical care due to these fears.⁶

Delaying medical care results in prolonged hospitalization due to complications from untreated chronic illnesses. Kattari et al. (2016) determined that increasing provider competence and inclusivity in working with the transgender community is essential to improving mental health outcomes for transgender/gender variant individuals.⁶ This can be accomplished by integrating transgender cultural competence in the initial educational process for providers, holding training services at the healthcare organization and/or provider's practice, and completing continuing education hours on the topic.⁶

Noonan et al. (2018) conducted forums at ULSOM in Louisville, Kentucky.⁵ Survey respondents reported an absence of pediatricians trained to care for transgender children, surgeons who could perform chest reconstruction and genital reconstruction surgeries, and endocrinologists who accepted transgender patients seeking cross-sex hormone replacement therapy.⁵ Additionally, participants identified a lack of education among healthcare providers while noting a lack of a unified trans-care network among healthcare providers.⁵ Correspondingly, healthcare providers illuminated that they relied on their transgender patients for education about standards of care, the transition process, and cross-sex hormone replacement

therapy.⁵ Noonan et al. (2018) concluded that a comprehensive curriculum in medical schools specific to the care of transgender individuals and the community could drastically improve patient outcomes.⁵ Furthermore, a collaborative effort must be made to educate and improve patient outcomes among this patient population.⁵

Arora et al. (2020) utilized a multidisciplinary team approach, including members of the transgender community, to deliver a one-hour education session to healthcare providers.¹¹ Key topics were highlighted in the education session, which included; appropriate transgender terminology, exploring the biological basis (genetic, gonadal, genital, and neurological) of gender identity and diversity, the lived experience of a transgender person and their relationship with healthcare providers in addition to other topics.¹¹ Community surveys were administered before implementing the developed educational session, and this data was utilized to develop the educational program.¹¹ Arora et al. (2020) illustrated that the involvement of community members in developing the education session curriculum was a fundamental part of the intervention.¹¹ Survey results indicated that 80% of healthcare providers commonly identified education as a critical strategy to improve the delivery of transgender health care.¹¹ Furthermore, upon completion of the educational session, post-lecture survey results demonstrated a higher percentage of healthcare providers indicated they were confident to assist with adult transition care.¹¹

Conclusion

According to The Joint Commission (2020), all patients should be treated with dignity and respect regardless of their social, religious, cultural, or personal characteristics.¹² Current literature has illustrated that continuing education, increasing provider competence, and inclusivity in working with the transgender is essential in addressing the inadequate transgender

healthcare and the barriers this community faces when attempting to receive high-quality healthcare.⁶ Providing education to healthcare providers to increase competence and create inclusivity is a collaborative effort.⁵ This collaborative effort improves patient and mental health outcomes, including decreased depression and suicidal ideation rates when having a transgender-inclusive provider.⁵ Furthermore, it decreases the rates of delaying medical care among this patient population, improving patient outcomes.⁵ To achieve this goal, it is fundamental for healthcare organizations to develop and implement educational programs for the care of transgender individuals.¹¹

GOALS AND OUTCOMES

To format the development of the goal objectives, the acronym SMART was utilized. SMART stands for specific, measurable, achievable, realistic, and timely.¹³

Specific

Peri-operative providers will have an educational program on the care of transgender individuals.

Measurable

The administration of pre- and post-educational program surveys will be utilized to determine the effectiveness of the educational program.

Achievable

Administration, case management, and health advocacy organizations will collaborate in the development of the proposed educational program.

Realistic

Peri-operative providers will have an improved confidence level on caring for transgender patients upon completion of educational program evidenced by survey results.

Timely

Increased knowledge rate on the care of transgender individuals among peri-operative providers within six months through the utilization of pre- and post-educational program surveys.

DEFINITION OF TERMS**Sex**

Sex refers to a person's genetic status and is assigned at birth. It is categorized as male, female, or intersex.³

Gender

Gender is defined as a society norms, behaviors and roles that varies between societies and over time. Gender is categorized as male, female, or nonbinary.³

Gender identity

Gender identity is one's own internal sense of self and their gender. It is not outwardly visible to others.³

Transgender

Transgender individuals are individuals whose gender identity is different from the gender they were assigned to be at birth.³

Gender non-conforming

Gender non-conforming describes a term given to individuals who do not conform to the gender norms expected by society.³

THEORETICAL FRAMEWORK

The Planned Change Theory will be utilized to carry out the implementation of the educational program.¹⁴ Each of the three phases associated with the theory needs to be addressed for driving and restraining forces.¹⁴ The three phases of the theory include unfreezing, moving to a new state

or making the change, and refreezing.¹⁴ Unfreezing the status quo phase has multiple driving forces, including the delaying of medical care among transgender patients. Clark et al. (2018) conducted a study that resulted that 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity.²

An additional driving force is that individuals who identify as transgender experience higher depression and suicidal ideation rates.⁵ Kattari et al. (2016) conducted a study that exemplified that having a transgender-inclusive provider is correlated with decreased depression and suicidal ideation rates.⁶ The third identified driving force is the lack of knowledge among healthcare providers on the care of transgender individuals. Noonan et al. (2018) conducted a study where healthcare providers illustrated in survey results that they relied on their transgender patients for education about standards of care, the transition process, and cross-sex hormone replacement therapy.⁵ Restraining forces for this phase would be the acceptance rate among providers for patients with alternative lifestyle choices (e.g., transgender), which can result in a lack of support from providers

Phase two moves to a new state or makes the change and has the same driving forces and restraining forces as phase one. Phase three is called refreezing the change, and the driving forces here are increased knowledge rate among peri-operative providers, increased patient satisfaction, and improved patient outcomes. There are no restraining forces associated with phase three.

Utilizing the simple logic model, the independent variable (intervention) is the implementation of an educational program on the transgender patient population among peri-operative providers.¹⁵ This intervention will add to the robust education for healthcare providers.

The dependent variable (outcome) is increased knowledge rates on the care of the transgender patient population among peri-operative providers within six months of the educational program implementation.

PROGRAM STRUCTURE

The development and implementation of an educational program on the care of transgender individuals will require a collaborative and multidisciplinary approach. It is imperative to perform a strengths, weaknesses, opportunities, and threats (SWOT) analysis to assess both internal and external threats to the development and implementation of the proposed educational program.¹³ The goal objective is to increase peri-operative providers' knowledge on the care of transgender individuals, and in doing so, it is crucial to identify both internal and external key stakeholders. The following team members were identified as critical internal stakeholders; hospital administrator, peri-operative nurse manager, peri-operative and postoperative providers, transgender patients, and family members. Key external stakeholders include health advocacy organizations, community health organizations, and support groups.

Strengths

Kattari et al. (2016) determined that increasing provider competence and inclusivity in working with the transgender community is essential to improving mental health outcomes for transgender/gender variant individuals.⁶ This can be accomplished by integrating transgender cultural competence in the initial educational process for providers, holding training services at the healthcare organization and/or provider's practice, and completing continuing education hours on the topic.⁶ The mission statement of the organization of interest encompasses providing quality healthcare to all the people they serve. The development and implementation of an educational program to increase peri-operative providers' knowledge rates on the care of

transgender individuals align with the organizational mission of providing quality healthcare to everyone they serve.

Weaknesses

Identifying weaknesses within the organization is imperative as they can hinder the development of a proposed idea.¹³ Several weaknesses were identified when performing a SWOT analysis. The lack of budgeting to implement new innovative ideas is a barrier to implementing the proposed educational program. The organization has an absence of a marketing plan targeted toward transgender and LGBTQ individuals. Additionally, an identified weakness is providers' acceptance rate for patients with alternative lifestyle choices (e.g., transgender). Moreover, there is a lack of executive education on the transgender patient population among providers, as evidenced by no formal or online educational course offered on the topic within the organization. Noonan et al. (2018) conducted a study where healthcare providers illuminated that they relied on their transgender patients for education about standards of care, the transition process, and cross-sex hormone replacement therapy.⁵ Noonan et al. (2018) concluded that a collaborative effort must be made to educate and improve patient outcomes among this patient population.⁵

Opportunities

According to The Joint Commission, all patients should be treated with dignity and respect regardless of their social, religious, cultural, or personal characteristics.¹ Current literature illustrates that transgender patients experience barriers to accessing high-quality, comprehensive healthcare. The barriers include healthcare providers' lack of knowledge of what it means to be transgender and the unique medical, social, and communication needs of transgender patients.¹ To address this current clinical issue with the U.S., it is vital to develop

and implement an educational program to increase providers' knowledge of transgender individuals. The implementation of the proposed educational program will allow peri-operative providers to educate other team members within the organization on the topic to improve patient care.

Meeting with the administrator is crucial because they are the individual that approves or denies a proposed project or policy change within the organization. Bestowing to administration the proposed idea including all researched literature on the topic in critical with emphasizing that current literature has illustrated that continuing education, increasing provider competence, and inclusivity in working with the transgender is essential in addressing the inadequate transgender healthcare and the barriers this community faces when attempting to receive high-quality healthcare.⁶ Providing education to healthcare providers to increase competence and create inclusivity is a collaborative effort.⁵ This collaborative effort improves patient and mental health outcomes, including decreased depression and suicidal ideation rates with a transgender-inclusive provider.⁵ Furthermore, it decreases the rates of delaying medical care among this patient population, improving patient outcomes.⁵ To achieve this goal, it is fundamental for healthcare organizations to develop and implement educational programs for the care of transgender individuals.¹¹

Threats

An identified threat is the acceptance rate among providers for patients with alternative lifestyle choices (e.g., transgender), which can result in a lack of support from providers. McPhail et al. (2016) established that transgender individuals continue to experience disparities in healthcare-related to the transphobia of healthcare providers and the lack of knowledge among providers.⁷ Transphobia is defined as the dislike of or prejudices against transgender people.⁷

McPhail et al. (2016) conducted a study on transgender individuals' experience with healthcare providers.⁷ A survey participant who identified as a trans-man described his encounter with a healthcare provider who did not feel comfortable providing care to him based on his transgender identity.⁷ The participant explained that the provider stated, "I have no issue with you being transgender or with the process. I am just not familiar with it, and I would just prefer that you did everything with Klinic."⁷ Klinic Community Health Centre is a clinic in Winnipeg, Canada, specializing in transition care. There are no impending regulatory, policy, or organizational changes that pose a threat to the project. Additionally, no competitor threats were identified.

Discussion of the Results with Implications to Advanced Nursing Practice

A trend chart generally indicates a statistically significant event that needs further analysis, such as the factors affecting the gaps in education. This specific type of chart is utilized to display variation, detect the presence or absence of special causes, or observe the effects of a process improvement. The utilization of this type of chart will allow the leadership team to dive deeper into the process improvement based and make necessary modifications based upon the survey results and data collected.¹⁴ The collected data will be utilized to illustrate the effectiveness of an educational program on increasing peri-operative providers' knowledge rate on the care of transgender patients.

QUALITY IMPROVEMENT IMPLEMENTATION PLAN

Setting

The setting for this project took place in Hollywood, Florida at Memorial Regional Hospital. Memorial Regional Hospital is a 797-bed level one trauma center and teaching hospital. The hospital has twenty main operating rooms in addition to ancillary areas, which

anesthesia services are provided to. Anesthesia services are provided to the hospital by Envision Physician Services.

Recruitment

The target population was recruited after obtaining approval from the investigators at Florida International University (FIU) and Envision Physician Services. The International Review Board (IRB) deemed the project *exempt* through the Exempt Review process. The population of interest was certified registered nurse anesthetists (CRNA's) and anesthesiologists. Envision Physician Services identified the participants and provided an email contact list, which was utilized to connect with the participants virtually.

Project Participants

Envision Physician Services CRNA's and anesthesiologists were eligible to participate in the educational intervention. Student Registered Nurse Anesthetists (SRNAs) and anesthesia medical residents were excluded from participation in the project. Envision Physician Services staff that met inclusion criteria were emailed and provided the voluntary pre-test survey, the educational voice-over PowerPoint, and the post-test survey to complete. A total of 51 participants were contacted, and eight participants completed the pre-test and post-test.

Intervention

An evidence-based education module addressing the knowledge on the care of the transgender patient population is fundamental in addressing the inadequate transgender healthcare and the barriers this patient population faces when attempting to receive high-quality healthcare. Clark et al. (2018) conducted a study that resulted 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care due to their fears of how healthcare providers might react to their gender identity.²The intervention was appropriately

planned, with the pretest survey provided first to analyze the current knowledge of care of the transgender patient population. Upon pre-test completion, participants were provided with an evidence-based educational voiceover PowerPoint presentation. The educational PowerPoint included current literature and statistics on identifying the background of the problem for transgender healthcare, identifying the significance of the clinical issues, describing transgender health issues including the impacts of discrimination, harassment, violence, substance abuse and mental health, describing gender terminology, and identifying appropriate pronouns when addressing or referring to patient and/or their significant others. Lastly, participants completed a post-test survey to determine learning outcomes and the efficacy of the intervention.

Procedure

Participants on the email list provided by Envision Physician Services were sent an informational email inviting them to participate in the project. Within the content of the email, there was an anonymous link provided, which gave participants access to the pre-test questionnaire through the Qualtrics survey platform. After completing the survey, participants were directed to the ten-minute voiceover PowerPoint presentation via Qualtrics. Upon completing the educational intervention, the Qualtrics survey platform was accessed by an anonymous link that directed participants to the post-test survey. Participant privacy was never threatened as no personal identifiable information was required to partake in this project.

Protection of Human Subjects

IRB approval was obtained before any of the activities involved in this project were initiated. The IRB has deemed this project *exempt* under the Exempt Review process as it fits one of the exempt category descriptions defined by the Federal Regulations for Protection of Human Research Subjects. There is no more than “minimal risk” to human subjects, and the

identification of human subjects cannot be readily determined directly or through identifiers associated with the subjects. Additionally, this research project's pre-test and post-test survey responses do not place the subjects at risk for any civil or criminal liability. Participation will not result in damaging consequences that would affect the subjects financially, their employment or education status, or reputation.

Analysis

The primary tools utilized in the study included a pre-test and post-test application used to analyze the effects of the educational module. The Qualtrics platform was used to generate the pre-test, post-test, and the educational voiceover PowerPoint presentation. Twelve questions in the pre-test survey were used to determine baseline knowledge base on the care of the transgender patient population. In contrast, the post-test survey included the same questions to validate the effectiveness of the educational PowerPoint and the application of knowledge. All data is confidential, and no subject identifiers were recorded in the study.

Measure

The primary Doctor of Nursing Practice student obtained Envision Physician Services staff members email addresses. The emails were used to communicate the study's purpose, intent and to send the pre-test, post-test, and voicer PowerPoint presentation. Each question was measured via Qualtrics statistical analysis to identify base knowledge before and after participation in the study. Through analysis, the impact of the educational module will be assessed based on participation outcomes and patterns identified. All data will be stored in a password-protected computer by the co-investigator.

IMPLEMENTATION RESULTS

Pre/Post-Test Demographics

The pre-test demographics are represented below in Table 2.

Table 2. Pre/Post-Test Demographics

Consent - I consent to participate

#	Answer	%	Count
1	Yes	100.00%	8
2	No	0.00%	0
	Total	100%	8

Q1 - Please indicate the gender you identify as.

#	Answer	%	Count
1	Male	37.50%	3
2	Female	37.50%	3
3	Transgender	25.00%	2
4	Prefer not to disclose	0.00%	0
	Total	100%	8

Q2 - Please indicate your ethnicity

#	Answer	%	Count
1	a. Caucasian	62.50%	5
2	b. African American	12.50%	1
3	c. Hispanic or Latino	0.00%	0
4	d. Asian	25.00%	2
5	e. American Indian or Alaska Native	0.00%	0
6	f. Native Hawaiian or Other Pacific Islander	0.00%	0
7	g. Other	0.00%	0
	Total	100%	8

Q3 - Please indicate your age

#	Answer	%	Count
1	20-29 years old	12.50%	1
2	30-39 years old	25.00%	2
3	40-49 years old	25.00%	2
4	50-59 years old	12.50%	1
5	60-69 years old	12.50%	1
6	Greater than 70 years old	12.50%	1
	Total	100%	8

Q4 - Please indicate your highest education level

#	Answer	%	Count
1	High School Diploma/General Educational Development (GED)	0.00%	0
2	Bachelor's Degree	12.50%	1
3	Master's Degree	25.00%	2
4	Doctorate Degree	62.50%	5
	Total	100%	8

Q5 - Please indicate the number of years that you have been a peri-operative provider.

#	Answer	%	Count
1	0-5 years	12.50%	1
2	6-10 years	0.00%	0
3	11-15 years	50.00%	4
4	16-20 years	12.50%	1
5	Greater than 20 years	25.00%	2
	Total	100%	8

There was a total of eight participants that completed the study in its entirety. The pre-test demographics represented the following participant gender identities, female (n = 3; 37.5%), male (n = 3; 37.5%), transgender (n = 2; 25%), and prefer not to disclose (n = 0; 0%). Various ethnicities were also represented among the participants, with the majority being Caucasian (n = 5; 62.5%), followed by Asian (n = 2; 25%) and African American (n = 1; 12.5%). There was a vast age range of participants with ages 20 to 29 years old (n = 1; 12.5%), 30 to 30 years old (n = 2; 25%), 40 to 49 years old (n = 2; 25%), 50 to 59 years old (n = 1; 12.5%), 60 to 69 years old (n

= 1; 12.5%), and greater than 70 years old (n = 1; 12.5%). A vast majority of participants held a Doctorate degree (n = 5; 62.5%), followed by a Master degree (n = 2; 25%), and a Bachelor degree (n = 1; 12.5%). Lastly, all participants were asked how many years they have been a per-operative provider; 0 to 5 years (n = 1; 12.5%), 6 to 10 years (n = 0; 0%), 11 to 15 years (n = 4; 50%), 16 to 20 years (n = 1; 12.5%), and greater than 20 years (n = 2; 25%).

Pre-Test Identification of Knowledge on the Care of the Transgender Patient Population

The pre-test consisted of twelve questions that assessed current knowledge on the care of the transgender patient population. 37.5% (n = 3) of the participants correctly identified how many adults within the United States identify as transgender. 62.5% (n = 5) were able to correctly identify that transgender individuals do not have the same access to healthcare as the rest of the population within the United States. Similarly, 62.5% (n = 5) correctly identified that transgender individuals experience increased verbal harassment and physical violence rates while attempting to access doctors, hospitals, emergency rooms, and using ambulances/ emergency medical technicians. None of the participants correctly identified how many patients identifying as transgender/gender variant have opted to delay or avoid medical care due to their fears of how healthcare providers might react to their gender identity. Participants selected 0 to 25% (n = 2; 25%), 26 to 50% (n = 5; 62.5%), 51 to 75% (n = 0; 0%), and 76 to 100% (n = 1; 12.5%).

50% of participants (n = 4) correctly identified what percent of transgender individuals who do not have a transgender-inclusive provider reported having suicidal thoughts within the past year. 62.5% of participants (n = 5) were able correctly to identify that the lack of knowledge among providers for the transgender patient population does not correlate to their years of practice. Gender terminology is a knowledge area in which participants had vastly different responses. Only two participants (n = 2; 25%) were able to define the term gender correctly.

Most participants (n = 6; 75%) could define the term cisgender correctly. Correspondingly, 87.5% (n = 7) were able to define the term transgender correctly. 87.5% of participants (n = 7) correctly determined that using the term "gay" is inappropriate when a patient indicates a same-sex or same-gender sexual partner. Proper pronouns are a knowledge area that participants had diverse responses. 37.5% (n = 3) of participants correctly identified the correct reflexive gender pronoun for an individual that identifies as a female. Comparably, 37.5% (n = 3) were able to select the correct objective gender pronoun statement.

Post-Test Identification of Knowledge on the Care of the Transgender Patient Population

After the voiceover PowerPoint presentation, all the areas except one illustrated an increase in knowledge compared to baseline knowledge on the topics. There was a significant increase of 75% in the knowledge rate of how many patients identifying as transgender/gender variant have opted to delay or avoid medical care due to their fears of how healthcare providers might react to their gender identity. Two other content areas showed a 50% increase in knowledge rates on identifying the correct reflexive gender pronoun for an individual identifying as a female and identifying the correct objective gender pronoun statement.

Three content areas illustrated a 37.5% increase in knowledge compared to baseline. These areas include identifying the estimated number of adults within the United States that identify as transgender, recognizing that transgender individuals experience increased verbal harassment and physical violence rates while attempting to access doctors, hospitals, emergency rooms, and using ambulances/emergency medical technicians. The third area is correctly identifying that the lack of knowledge among providers for the transgender patient population does not correlate to their years of practice. The remaining knowledge areas illustrated a 12.5% to 25% increase in knowledge compared to baseline knowledge rates. Only one area did not demonstrate an increase

or decrease in knowledge rates, which was defining the term transgender. 87.5% (n = 7) of participants on the pre-test and post-test correctly defined the term transgender. Table 3 below highlights the pre-test and post-test differences in responses.

Table 3. Difference in Pre-test and Post-test Knowledge

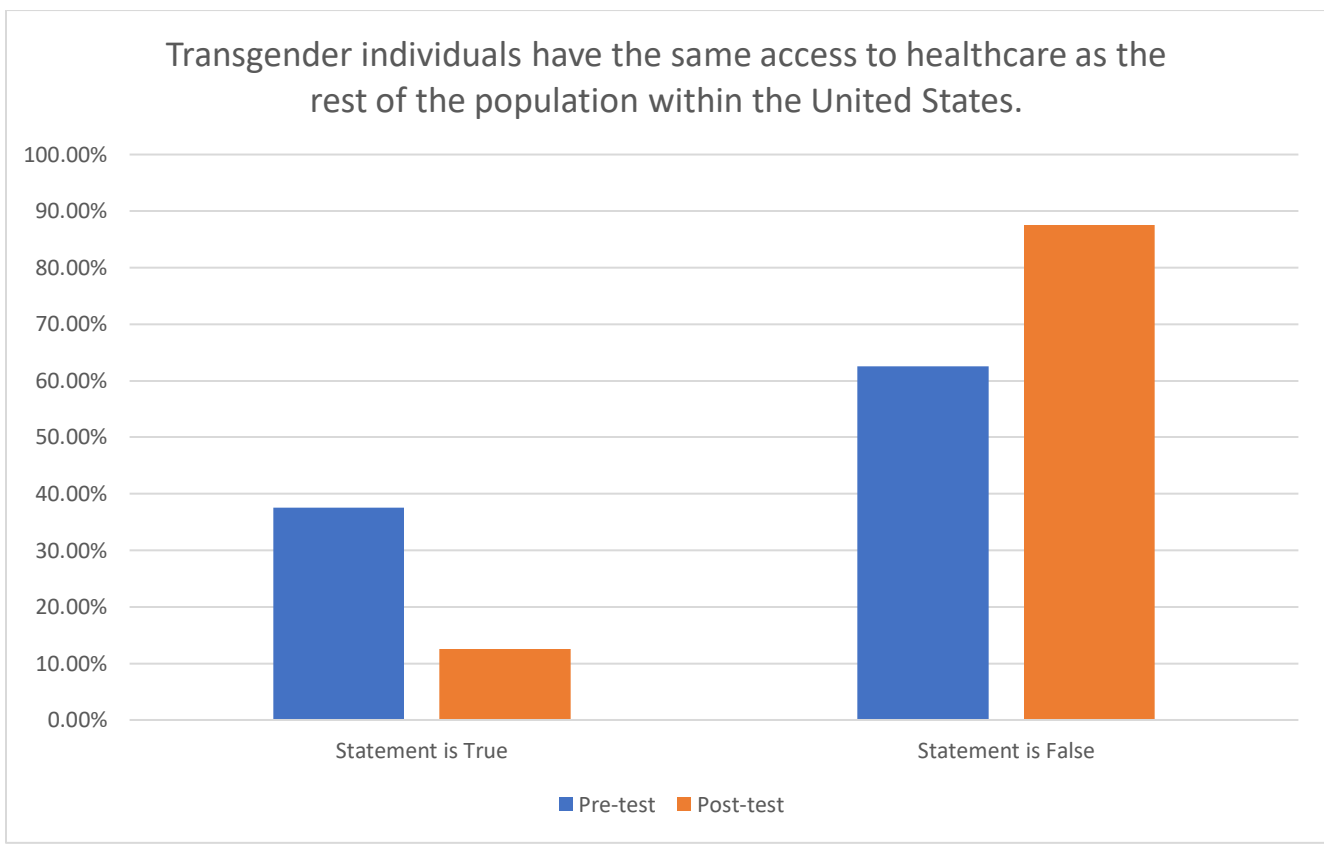
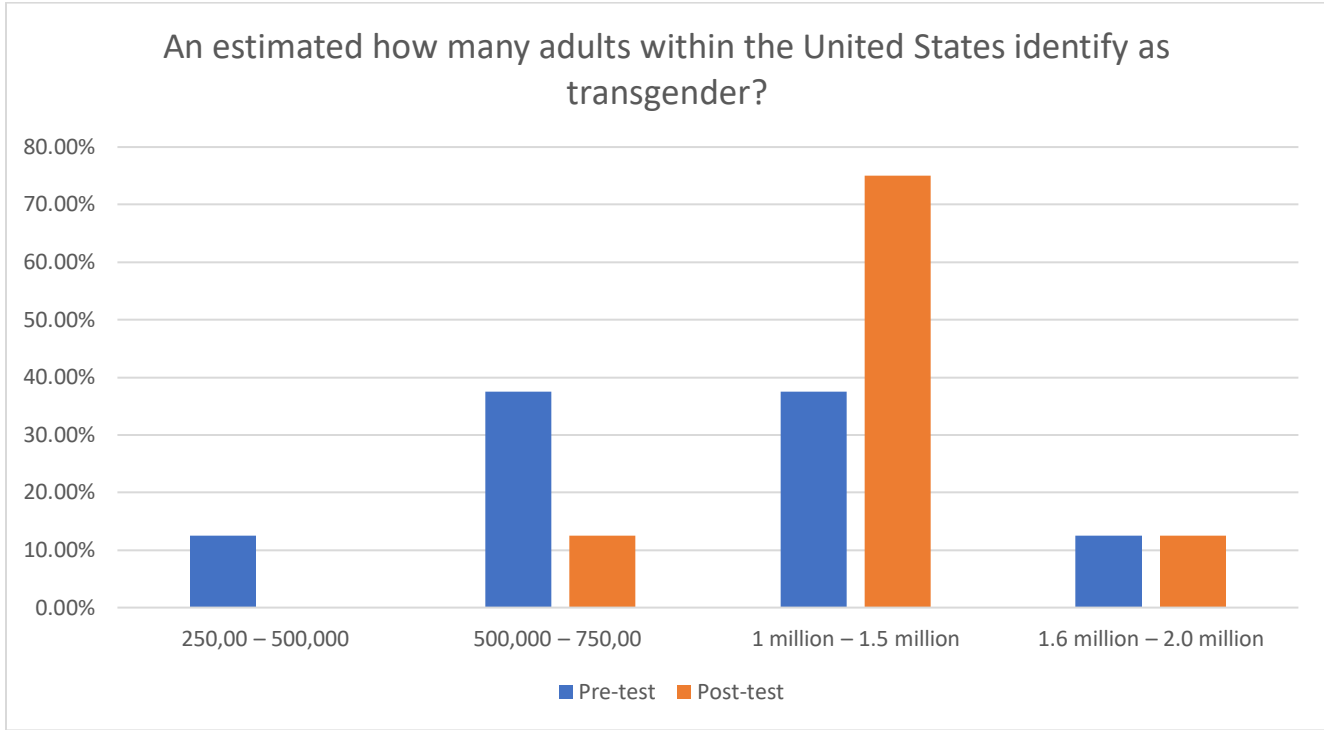
Question	Pre-test	Post-test	Difference
An estimated how many adults within the United States identify as transgender?	37.5% (n = 3)	75% (n = 6)	37.5%
Transgender individuals have the same access to healthcare as the rest of the population within the United States. True or False?	62.5% (n = 5)	87.5% (n = 7)	25%
Transgender individuals experience increased rates of verbal harassment and physical violence while attempting to access doctors, hospitals, emergency rooms, and using ambulances/ emergency medical technicians. True or False?	62.5% (n = 5)	100% (n = 8)	37.5%
How many patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity?	0% (n = 0)	75% (n = 6)	75%
What percent of transgender individuals who do not have a transgender-inclusive provider reported having suicidal thoughts within the past year?	50% (n = 4)	62.5% (n = 5)	12.5%
The lack of knowledge among providers for the transgender patient population correlates to their years of practice. True or False?	62.5% (n = 5)	100% (n = 8)	37.5%
Define the term gender	25% (n = 2)	50% (n = 4)	25%
Define the term cisgender	75% (n = 6)	87.5% (n = 7)	12.5%
Define the term transgender	87.5% (n = 7)	87.5% (n = 7)	0%

Question	Pre-test	Post-test	Difference
Using the term "gay" is appropriate when a patient has indicated a same-sex or same-gender sexual partner. True or False?	87.5% (n = 7)	100% (n = 8)	12.5%
Identify the correct reflexive gender pronoun for an individual that identifies as a female	37.5% (n = 3)	87.5% (n = 7)	50%
Select the correct objective gender pronoun statement	37.5% (n = 3)	87.5% (n = 7)	50%

Summary of Data

Overall, the results demonstrated an increase in knowledge rates between the pre-test and post-tests, except for defining the term transgender, which yielded a 0% difference. There was a substantial increase of 75% in the knowledge rate of how many patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity. Furthermore, other content areas showed a noteworthy increase of 50% in the knowledge rates on identifying the correct reflexive gender pronoun for an individual identifying as a female and identifying the correct objective gender pronoun statement. Graph 1 below illustrates the individual pre-test and post-test results of each question.

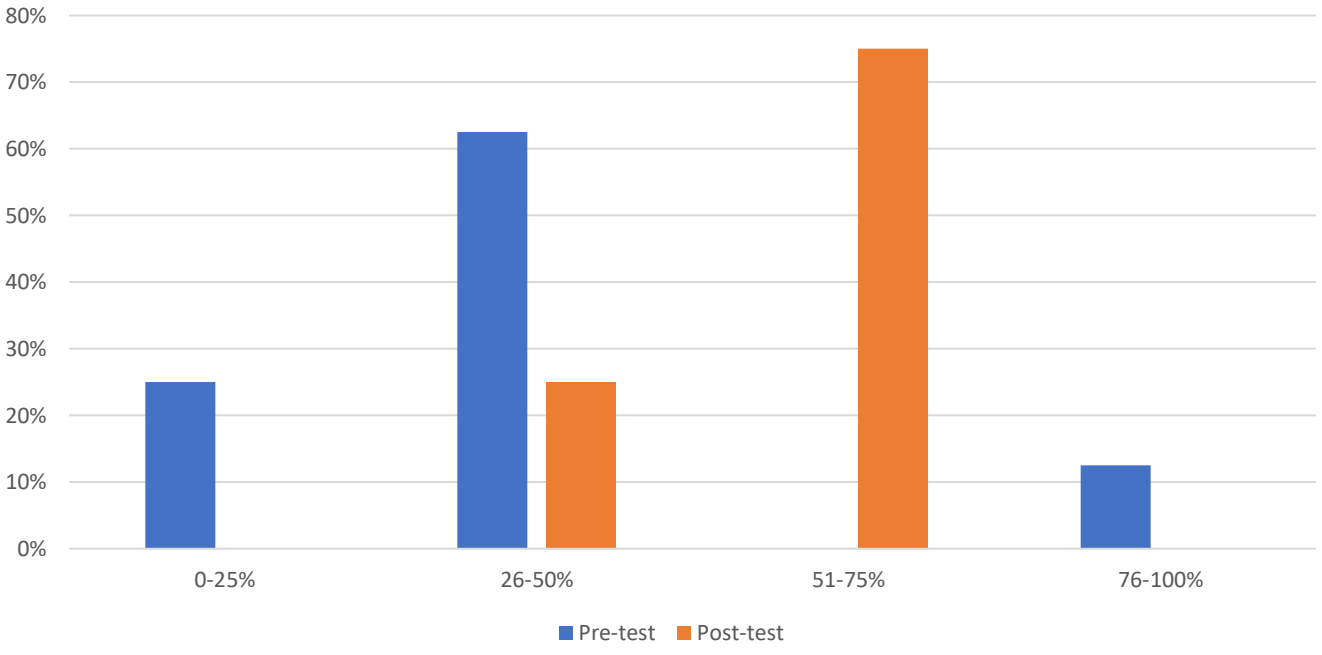
Graph 1. Individual Pre-test and Post-test Results

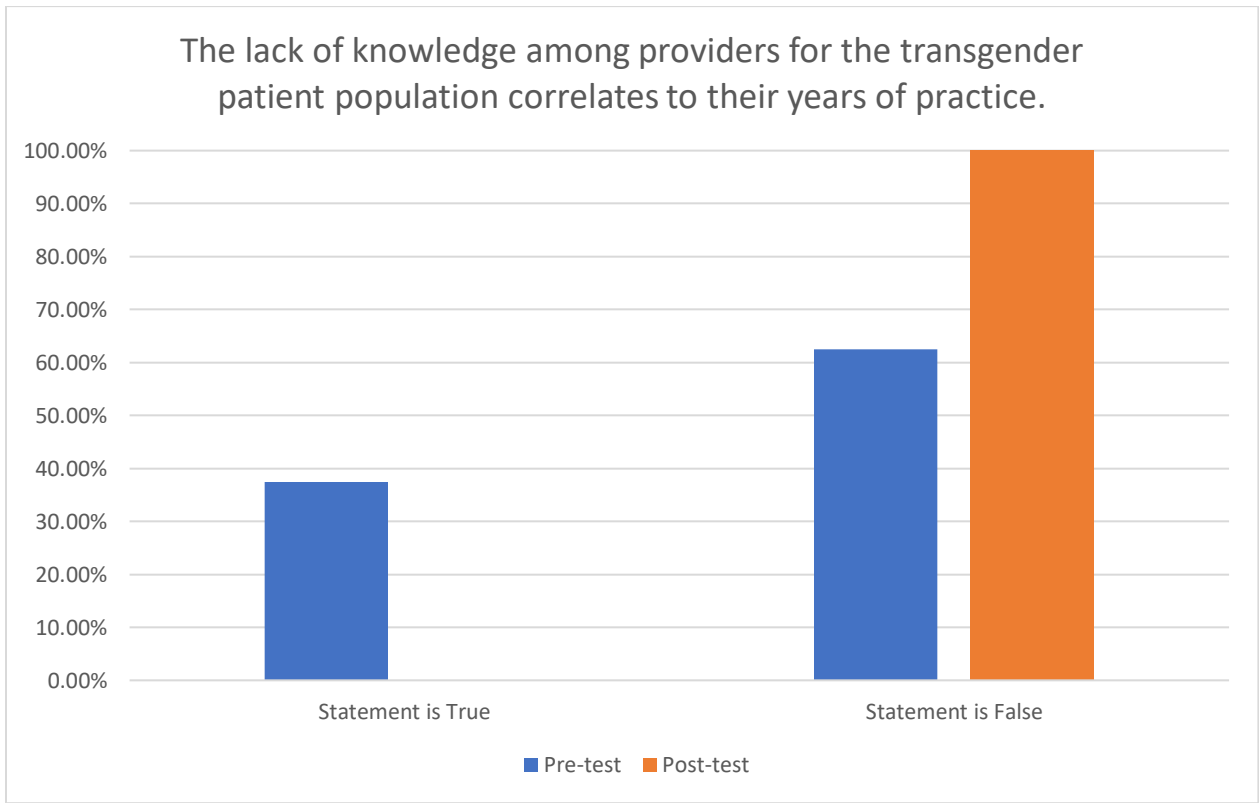
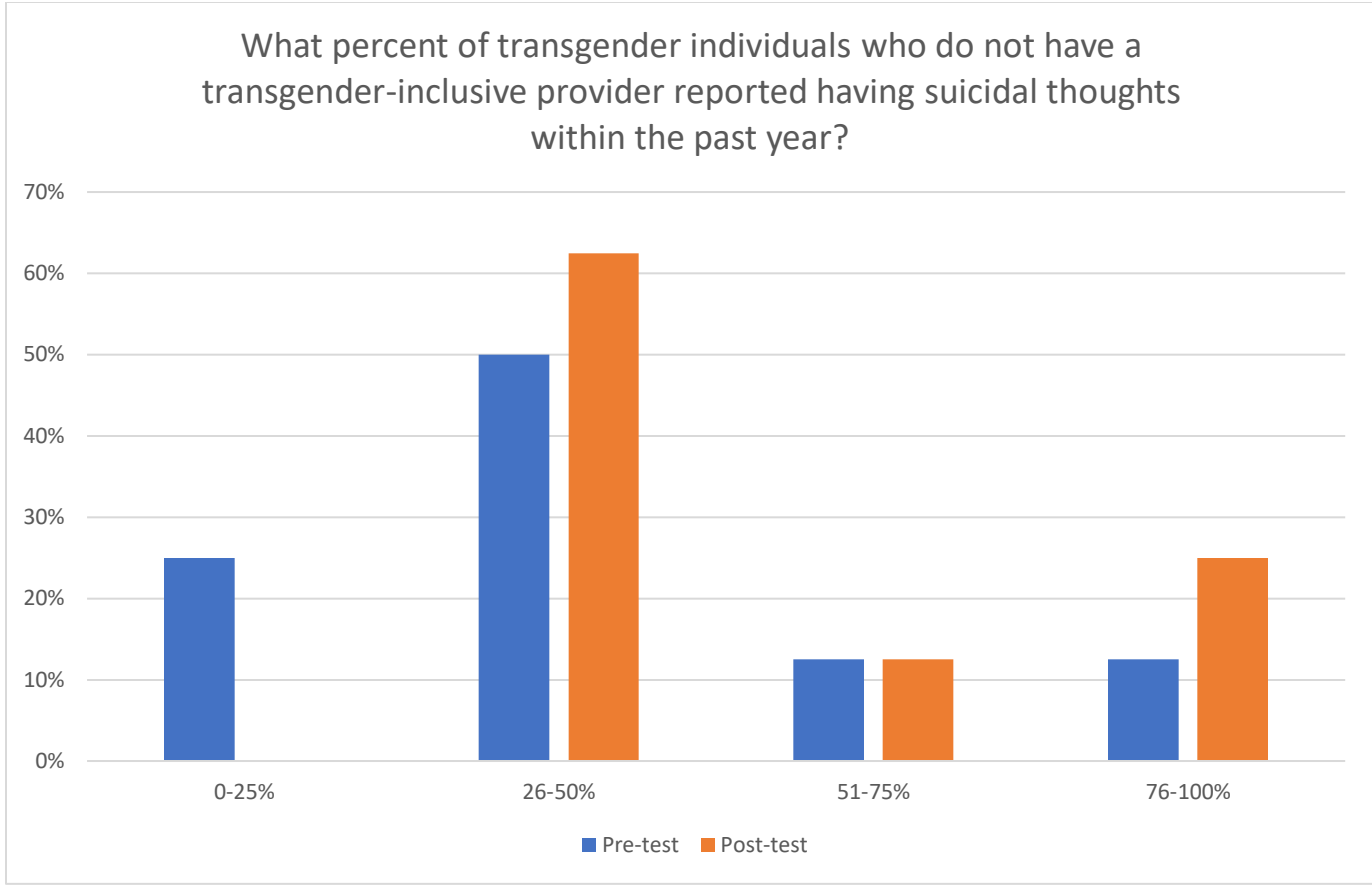


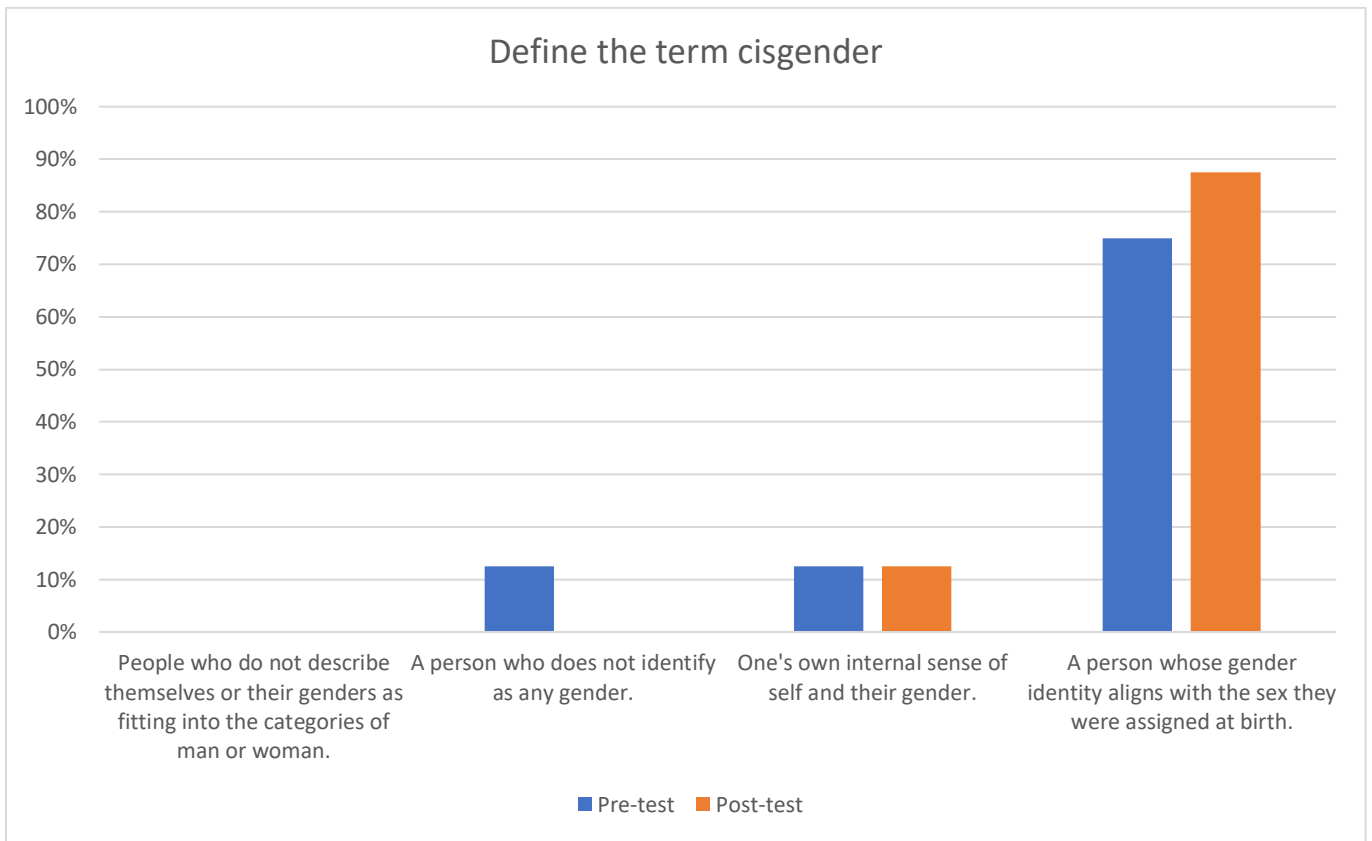
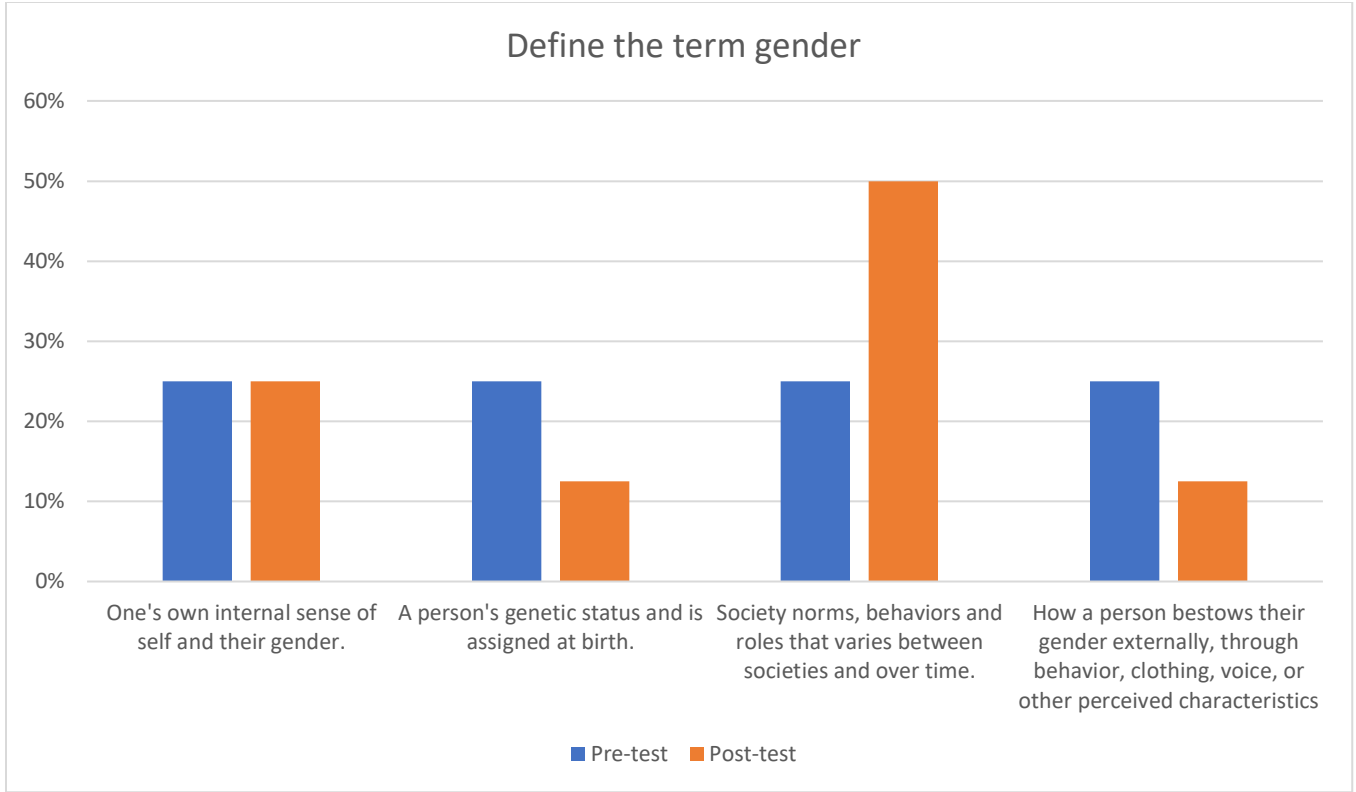
Transgender individuals experience increased rates of verbal harassment and physical violence while attempting to access doctors, hospitals, emergency rooms, and using ambulances/ emergency medical technicians.

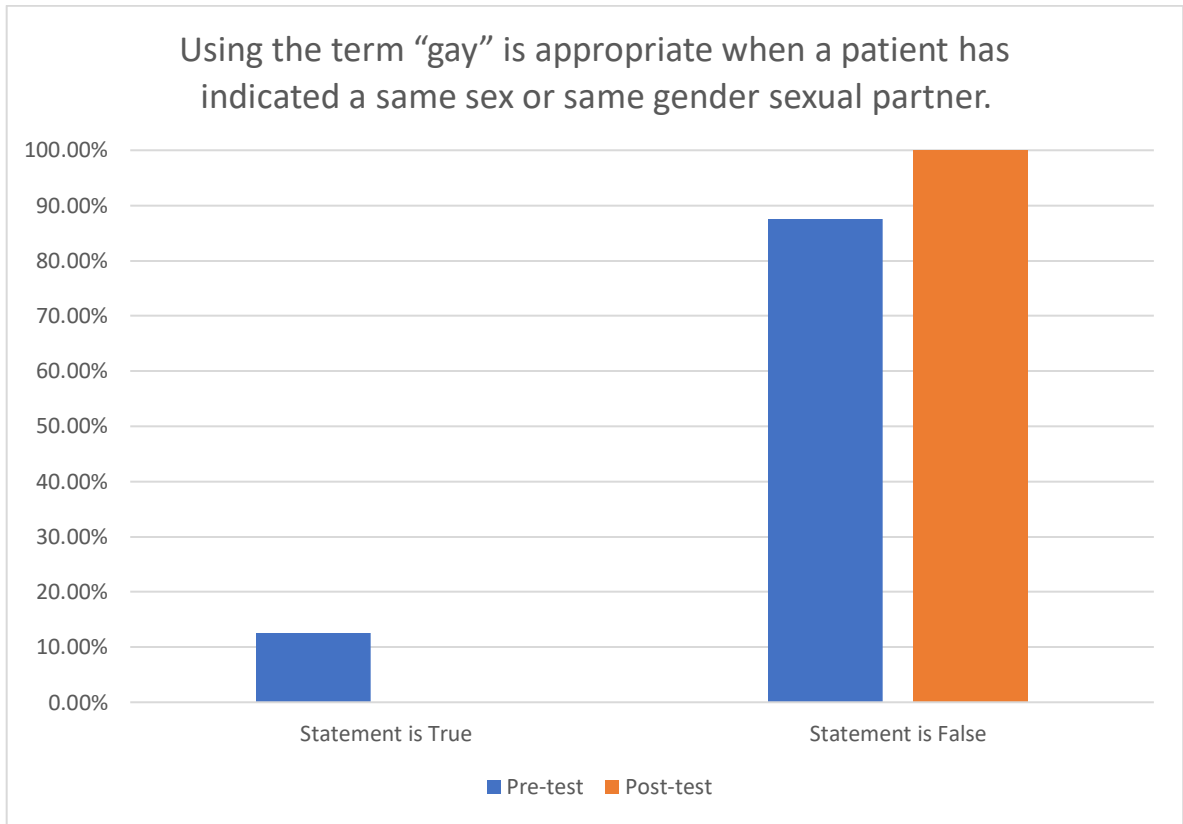
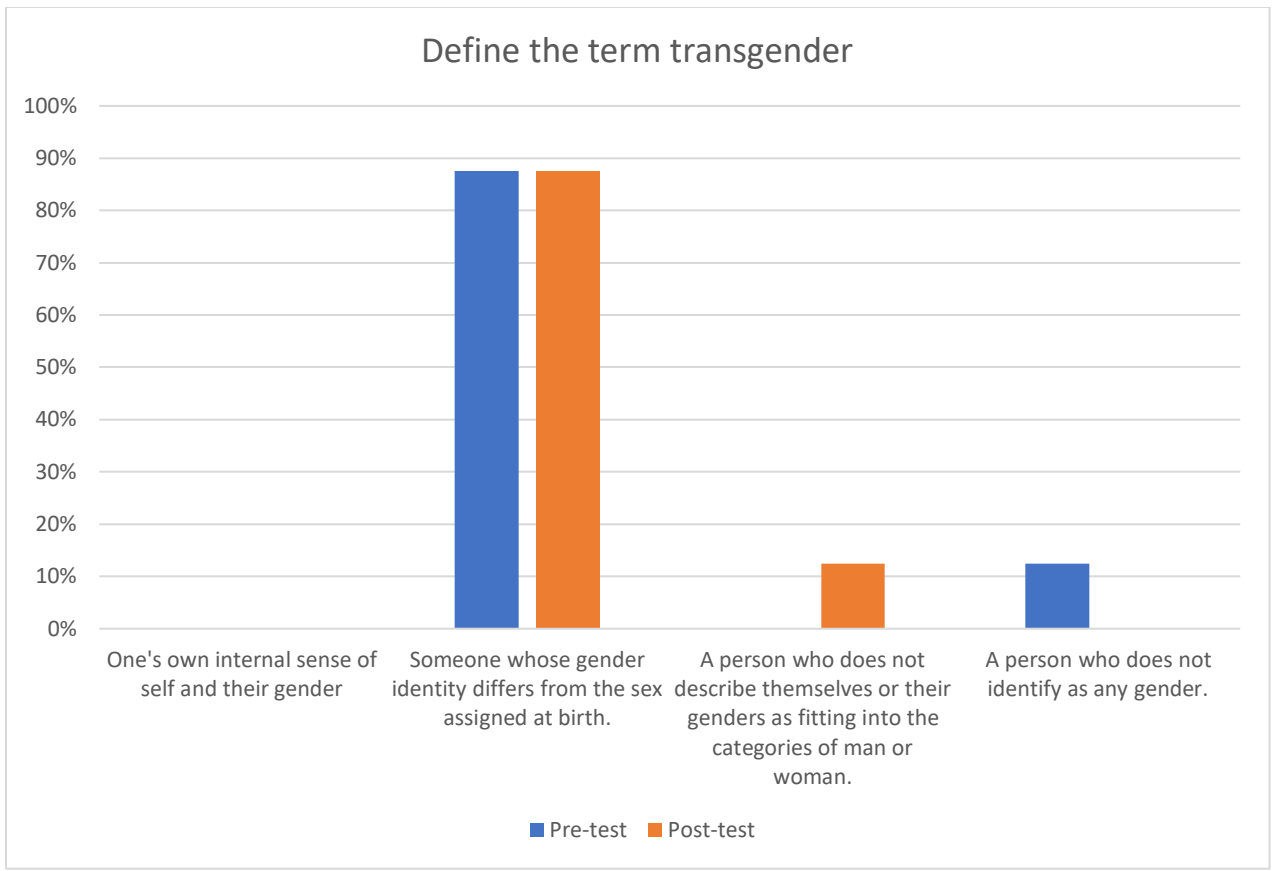


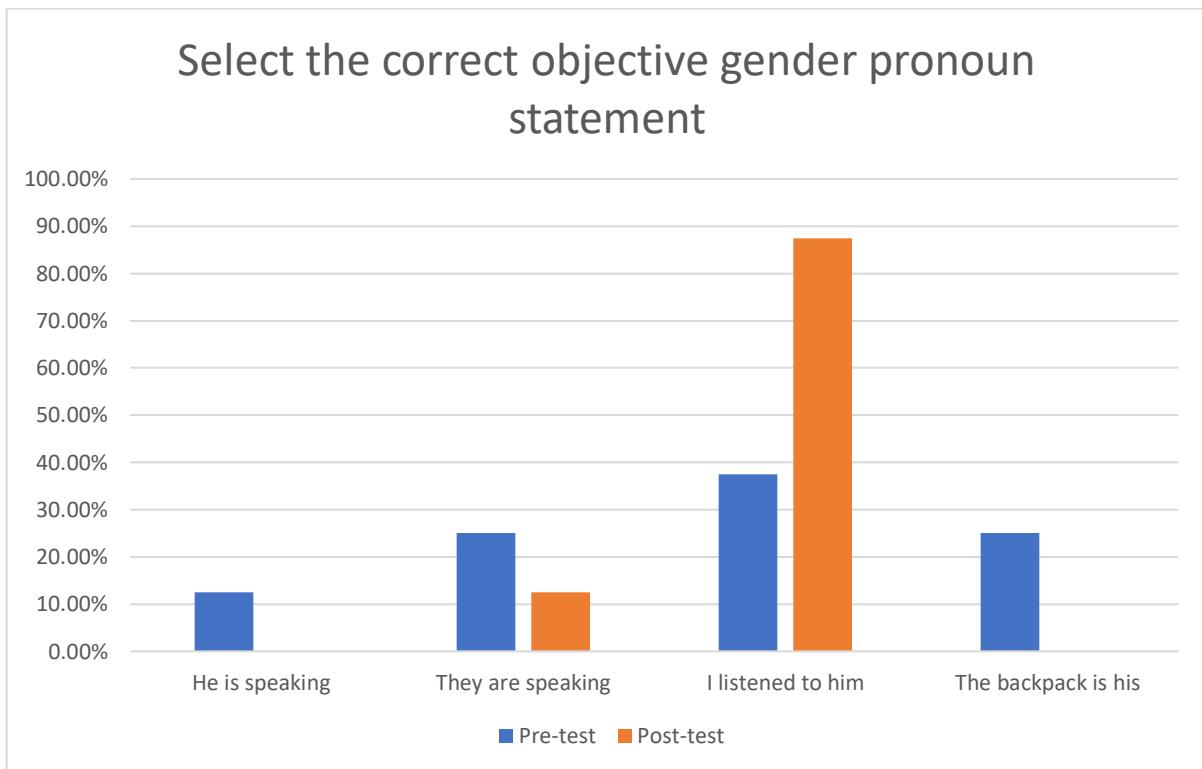
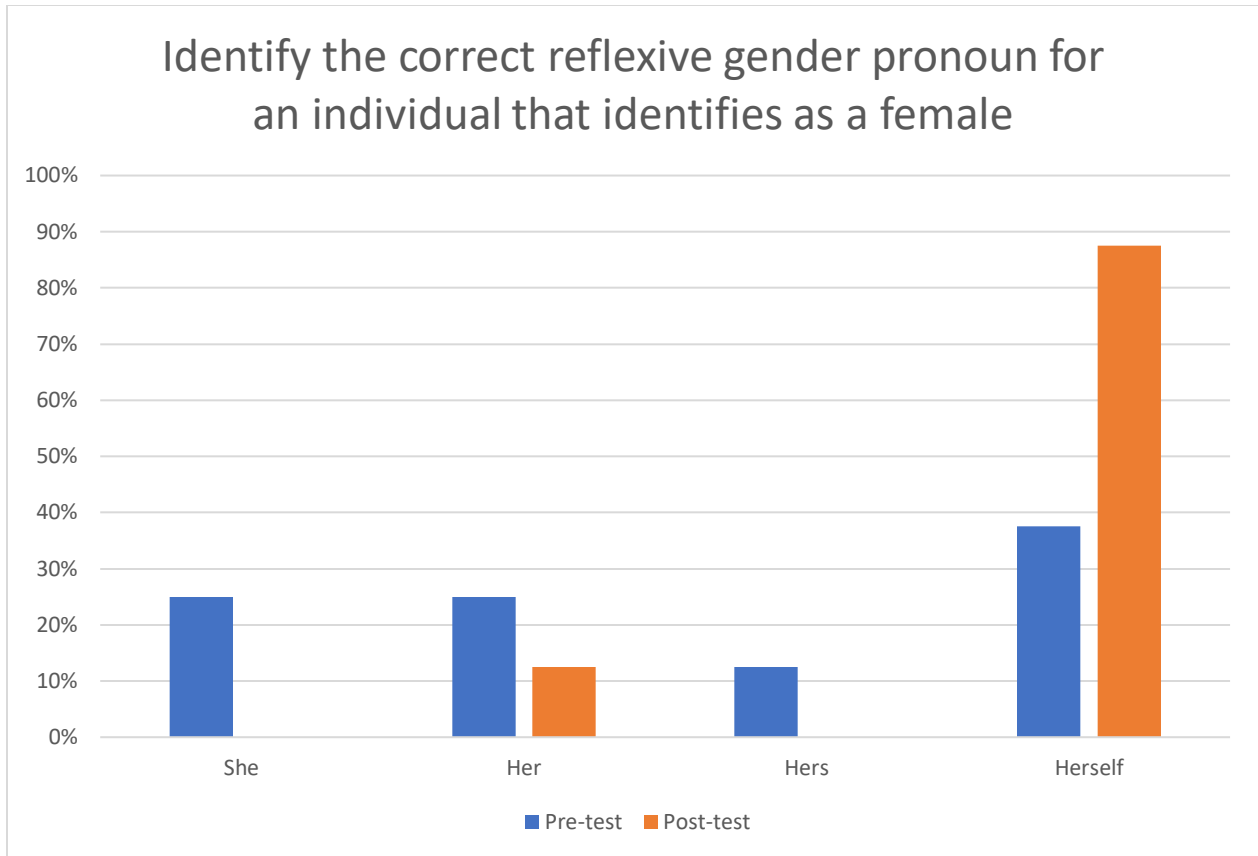
How many patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity?











IMPLEMENTATION DISCUSSION

Limitations

This study had several limitations, including small sample size and the length of time required for participants to complete the study. Out of the 51 emails sent to anesthesia providers from Envision Physician Services at Memorial Regional Hospital, only eight participants completed the pre-test and post-test survey. A larger and more diverse sample size would have reflected a more accurate representation of the knowledge base on the care of the transgender patient population and the need for education. Furthermore, participants were given a limited time of two weeks to complete the education module, and an extended time frame may have increased the response rate.

Future Implications for Advanced Practice Nursing

Arora et al. (2020) utilized a multidisciplinary team approach to deliver a one-hour education session to healthcare providers.⁴ Survey results indicated that 80% of healthcare providers commonly identified education as a critical strategy to improve the delivery of transgender health care.⁴ Clark et al. (2018) and Arora et al. (2020) concluded that continuing education for healthcare providers is fundamental in addressing the inadequate transgender healthcare and the barriers this patient population faces when attempting to receive high-quality healthcare.^{2,4}

The developed and implemented educational module for this study demonstrated an increase in knowledge rate compared to baseline knowledge rates in all areas except for one on the care of the transgender patient population. Only one area did not demonstrate an increase or decrease in knowledge rates, which was defining the term transgender. 87.5% (n = 7) of participants on the pre-test and post-test correctly defined the term transgender. This study

demonstrates that peri-operative providers' knowledge is lacking in the care of the transgender patient population and an education module is effective in increasing the knowledge rates.

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APPENDIX

APPENDIX A



Nicole Wertheim College of Nursing and Health Sciences
Department of Nurse Anesthetist Practice

Increasing Knowledge Rates on the Care of Transgender Patients in Peri-operative Providers:

An Educational Module

Dear Memorial Regional Envision Anesthesia Provider,

My name is Jonathan Morris, and I am a student from the Nurse Anesthetist Program, Department of Nurse Anesthesia Practice at Florida International University. I am writing to invite you to participate in my educational module project. The goal of this project is to increase knowledge rates on the care of transgender patients in peri-operative providers. You are eligible to take part in this project because you are a peri-operative provider at Memorial Regional Hospital.

If you decide to participate in this project, you will be asked to complete and sign a consent form for participation. Next, you will complete a pre-test questionnaire, which is expected to take approximately 5-10 minutes. You will then be asked to view an approximately 15 minute long educational presentation online. After viewing the presentation, you will be asked to complete the post-test questionnaire, which is expected to take approximately 5-10 minutes. No compensation will be provided.

Remember, this is completely voluntary. You can choose to participate in the study, or it is your right to decline participation. If you'd like to participate or have any questions regarding the study, please email at jmorr102@fiu.edu, or contact me directly at (724)-244-8124.

Thank you for your time and consideration.

Sincerely,

Jonathan Morris, MSN, RN, SRNA

APPENDIX B



February 1, 2022

Fernando Alfonso, DNP, CRNA, APRN
 Clinical Assistant Professor,
 Department of Nurse Anesthesiology
 Florida International University

Dr. Alfonso,

Thank you for inviting Memorial Regional to participate in the Doctor of Nursing Practice (DNP) project conducted by Jonathan Morris entitled "Increasing Knowledge Rates on the Care of Transgender Patients in Peri-operative Providers: An Educational Module." in the Nicole Wertheim College of Nursing and Health Sciences, Department of Nurse Anesthetist Practice at Florida International University. I have warranted his permission to conduct the project using our providers.

Evidence-based practice's primary aim is to yield the best outcomes for patients by selecting interventions supported by the evidence. This project intends to evaluate if a structured education targeting providers will increase knowledge on the Care of Transgender Patients in Peri-operative Providers.

We understand that participation in the study is voluntary and carries no overt risk. All Anesthesiology providers are free to participate or withdraw from the study at any time. The educational intervention will be conveyed by a 15-minute virtual PowerPoint presentation, with a pretest and posttest questionnaire delivered by a URL link electronically via Qualtrics, an online survey product. Responses to pretest and posttest surveys are not linked to any participant. The collected information is reported as an aggregate, and there is no monetary compensation for participation. All collected material will be kept confidential, stored in a password-encrypted digital cloud, and only be accessible to the investigators of this study: Jonathan Morris and Dr. Alfonso. We expect that Katie Brennan will not interfere with normal hospital performance, behave in a professional manner and follow standards of care.

Prior to the implementation of this Educational project the Florida International University Institutional Review Board will evaluate and approve the procedures to conduct this project. Once the Institutional Review Board's approval is achieved, this scholarly project's execution will occur over two weeks. We support the participation of our Anesthesiology providers in this project and look forward to working with you.

A handwritten signature in blue ink that reads "Suzanne Hale".


Suzanne Hale, MSN, CRNA, ARNP
 Advanced Practice Provider Director, Broward and Dade
 Chief, Memorial Regional Hospital
 Envision Physician Services
 954-265-2044

APPENDIX C



Office of Research Integrity
Research Compliance, MARC 414

MEMORANDUM

To: Dr. Fernando Alfonso
CC: Jonathan Morris
From: Maria Melendez-Vargas, MIBA, IRB Coordinator 
Date: April 11, 2022
Protocol Title: "Increasing Knowledge Rates on the Care of Transgender Patients in Peri-operative Provider: A Quality Improvement Project"

The Florida International University Office of Research Integrity has reviewed your research study for the use of human subjects and deemed it Exempt via the **Exempt Review** process.

IRB Protocol Exemption #: IRB-22-0150 **IRB Exemption Date:** 04/11/22
TOPAZ Reference #: 111545

As a requirement of IRB Exemption you are required to:

- 1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.
- 2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
- 3) Submit an IRB Exempt Project Completion Report Form when the study is finished or discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at <http://research.fiu.edu/irb>

MMV/em

APPENDIX D

Completion Date 05-Jan-2022
Expiration Date 04-Jan-2025
Record ID 46150181

This is to certify that:

Jonathan Morris

Has completed the following CITI Program course:

Basic/Refresher Course - Human Subjects Research
(Curriculum Group)
Biomedical Human Research Course
(Course Learner Group)
1 - Basic Course
(Stage)


Under requirements set by:

Florida International University

Not valid for renewal of certification through CME.


Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?w26ff9345-1748-407c-94b6-97f4b0db012c-46150181

Completion Date 08-Jan-2020
Expiration Date 07-Jan-2023
Record ID 34614144

This is to certify that:

Fernando Alfonso


Has completed the following CITI Program course:

Basic/Refresher Course - Human Subjects Research
(Curriculum Group)
Social/Behavioral Human Research Course
(Course Learner Group)
1 - Basic Course
(Stage)

Under requirements set by:

Florida International University

Not valid for renewal of certification through CME.


Collaborative Institutional Training Initiative

Verify at www.citiprogram.org/verify/?wf3263f28-ad0d-435e-b098-674574619cd6-34614144

APPENDIX E



CONSENT TO PARTICIPATE IN AN EDUCATIONAL MODULE PROJECT “Increasing Knowledge Rates on the Care of Transgender Patients in Peri-operative Providers”

SUMMARY INFORMATION

Things you should know about this study:

- **Purpose:** Educational module concerning the care of transgender patients in peri-operative providers.
- **Procedures:** Participate in a pre-test, view an Educational Module via PowerPoint, then participate in a post test
- **Duration:** This will take about a total of 25-30 minutes.
- **Risks:** The main risk or discomfort from this research is minimal
- **Benefits:** The main benefit to you from this research is to increase knowledge rates on the care of transgender patients in peri-operative providers.
- **Alternatives:** There are no known alternatives available to you other than not taking part in this study.
- **Participation:** Taking part in this research project is voluntary.

Please carefully read the entire document before agreeing to participate.

PURPOSE OF THE PROJECT

The goal of this project is to increase knowledge rates on the care of transgender patients in peri-operative providers. You are being asked to participate in this educational module project.

DURATION OF THE PROJECT

Your participation will require approximately 25-30 minutes of your time, you will be one of 10 people in this study

PROCEDURES

If you agree to be in the project, we will ask you to do the following items: Participate in a pre-test, view an Educational Module via PowerPoint, and then participate in a post-test.

RISKS AND/OR DISCOMFORTS

Minimal risk, risk not greater than if participant was conducting similar activity. Physical, psychological, social, legal, and economic risks minimal and no greater than if a participant was participating in a similar activity. Similar activity such as filling out an online survey and watching voice over PowerPoint.

BENEFITS

The following benefits with your participation in this project: Increase knowledge rates on the care of transgender patients in peri-operative providers.

ALTERNATIVES

There are no known alternatives available to you other than not taking part in this project. However, if you would like to receive the educational material given to the participants in this project, it will be provided to you at no cost.

CONFIDENTIALITY

The records of this project will be kept private and will be protected to the fullest extent provided by law. If, in any sort of report, we might publish, we will not include any information that will make it possible to identify you as a participant. Records will be stored securely, and only the project team will have access to the records.

PARTICIPATION: Taking part in this research project is voluntary.

COMPENSATION & COSTS

There is no cost or payment to you for receiving the health education and/or for participating in this project.

RIGHT TO DECLINE OR WITHDRAW

Your participation in this project is voluntary. You are free to participate in the project or withdraw your consent at any time during the project. Your withdrawal or lack of participation will not affect any benefits to which you are otherwise entitled. The investigator reserves the right to remove you without your consent at such time that they feel it is in the best interest.

RESEARCHER CONTACT INFORMATION

If you have any questions about the purpose, procedures, or any other issues relating to this research project, you may contact Jonathan Morris at jmorr102@fiu.edu, (724)-244-8124 or Dr. Fernando Alfonso at falfonso@fiu.edu, (305)-348-3510.

IRB CONTACT INFORMATION

If you would like to talk with someone about your rights pertaining to being a subject in this project or about ethical issues with this project, you may contact the FIU Office of Research Integrity by phone at 305-348-2494 or by email at ori@fiu.edu.

PARTICIPANT AGREEMENT

I have read the information in this consent form and agree to participate in this study. I have had a chance to ask any questions I have about this study, and they have been answered for me. By clicking on the “consent to participate” button below I am providing my informed consent.

APPENDIX F**Pretest and Post Education Survey:****Transgender Education in Peri-operative Providers****INTRODUCTION**

The primary aim of this educational module is to increase knowledge rates on the care of transgender patients in peri-operative providers.

Please answer the question below to the best of your ability. The questions are either in multiple choice or true/false format and are meant to measure knowledge and perceptions on the care of transgender patients.

PERSONAL INFORMATION

1. Please indicate the gender you identify as.
 - a. Male
 - b. Female
 - c. Transgender
 - d. Prefer not to disclose

2. Please indicate your ethnicity
 - a. Caucasian
 - b. African American
 - c. Hispanic or Latino
 - d. Asian
 - e. American Indian or Alaska Native
 - f. Native Hawaiian or Other Pacific Islander
 - g. Other

3. Please indicate your age
 - a. 20-29 years old
 - b. 30-39 years old
 - c. 40-49 years old
 - d. 50-59 years old
 - e. 60-69 years old
 - f. Greater than 70 years old

4. Please indicate your highest education level
 - a. High School Diploma/General Educational Development (GED)
 - b. Bachelor's Degree
 - c. Master's Degree
 - d. Doctorate Degree

5. Please indicate the number of years that you have been a peri-operative provider.
 - a. 0-5 years
 - b. 6-10 years
 - c. 11-15 years
 - d. 16-20 years
 - e. Greater than 20 years

QUESTIONNAIRE

6. An estimated how many adults within the United States identify as transgender?
 - a. 250,00 – 500,000
 - b. 500,000 – 750,00
 - c. 1 million – 1.5 million
 - d. 1.6 million – 2.0 million

Answer: C

Rationale: An estimated 1.4 million adults within the United States identify as transgender.¹

7. Transgender individuals have the same access to healthcare as the rest of the population within the United States. True or False?
 - a. True
 - b. False

Answer: False

Rationale: Kattari et al. (2019) conducted a study on transgender and nonbinary (TNB) individual's experiences within healthcare. TNB individuals are reporting increased rates of being denied access to healthcare.²

8. Transgender individuals experience increased rates of verbal harassment and physical violence while attempting to access doctors, hospitals, emergency rooms, and using ambulances/ emergency medical technicians. True or False
 - a. True
 - b. False

Answer: True

Rationale: Kattari et al. (2019) conducted a study on transgender and nonbinary (TNB) individual's experiences within healthcare. These patients experience increased rates of verbal harassment and physical violence while attempting to access doctors and hospitals, emergency rooms, and using ambulances/emergency medical technicians (EMTs).²

9. How many patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity.
- 0-25%
 - 26-50%
 - 51-75%
 - 76-100%

Answer: C – 61%

Rationale: Clark et al. (2018) conducted a study that resulted that 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care at some point due to their fears of how healthcare providers might react to their gender identity.³

10. What percent of transgender individuals who do not have a transgender-inclusive provider reported having suicidal thoughts within the past year?
- 0-25%
 - 26-50%
 - 51-75%
 - 76-100%

Answer: B – 47.6%

Rationale: Kattari et al. (2016) conducted a study to explore the relationship between having a transgender-inclusive healthcare provider and the mental health outcomes among transgender/gender variant individuals. Results from the study demonstrated those survey respondents who reported having a transgender-inclusive provider resulted in the following data: 37.8% having a current diagnosis of depression, 51.1% being diagnosed with an anxiety disorder by a healthcare provider, and 28.8% having had experienced suicidal thoughts within the past year.⁶ Conversely, survey respondents who reported not having a transgender-inclusive provider resulted in higher rates in all three areas. 53.7% having a current diagnosis of depression, 56.5% being diagnosed with an anxiety disorder, and 47.6% having experienced suicidal thoughts within the past year.⁴

11. The lack of knowledge among providers for the transgender patient population correlates to their years of practice. True or False?
- True
 - False

Answer: False

Rationale: Clark et al. (2018) determined that the lack of knowledge among providers in this patient population does not correlate to their years of practice.²

12. Define the term cisgender
- People who do not describe themselves or their genders as fitting into the categories of man or woman.
 - A person who does not identify as any gender.
 - One's own internal sense of self and their gender.
 - A person whose gender identity aligns with the sex they were assigned at birth.

Answer: D

Rationale: Cisgender, also known as cis, is an adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.⁵

13. Define the term gender

- a. One's own internal sense of self and their gender.
- b. A person's genetic status and is assigned at birth.
- c. Society norms, behaviors and roles that varies between societies and over time.
- d. How a person bestows their gender externally, through behavior, clothing, voice, or other perceived characteristics.

Answer: C

Rationale: Gender is defined as a society norms, behaviors and roles that varies between societies and over time. Gender is categorized as male, female, or nonbinary.⁵

14. Define the term transgender

- a. One's own internal sense of self and their gender
- b. Someone whose gender identity differs from the sex assigned at birth.
- c. A person who does not describe themselves or their genders as fitting into the categories of man or woman.
- d. A person who does not identify as any gender.

Answer: B

Rationale: Transgender, also known as trans, is an adjective used to describe someone whose gender identity differs from the sex assigned at birth. For example, a transgender man is someone who was a female at birth but whose gender identity is male.⁵

15. Using the term “gay” is appropriate when a patient has indicated a same sex or same gender sexual partner. True or False?

- a. True
- b. False

Answer: False

Rationale: Avoid using the term “gay” even if the patient has indicated a same-sex or same gender sexual partner. The use of this terminology can result in the patient distancing themselves and leading to mistrust with the provider. This will result in the interfere with gathering vital information to develop an appropriate plan of care.⁶

16. Identify the correct reflexive gender pronoun for an individual that identifies as a female

- a. She
- b. Her
- c. Hers
- d. Herself

Answer: D

Rationale: The proper gender pronouns for an individual that identifies as a female is as follows:⁶

Subjective = She

Objective = Her

Possessive = Hers

Reflexive = Herself

17. Select the correct objective gender pronoun statement

- a. He is speaking
- b. They are speaking
- c. I listened to him
- d. The backpack is his

Answer: C

Rationale: The correct gender pronoun statements are as follows: ⁶

Subjective: He is speaking; They are speaking

Objective: I listened to him

Possessive: The backpack is his

APPENDIX G



Increasing Knowledge Rates on the Care of Transgender Patients in Peri-operative Providers

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Learning Goals

- Identify the background of the problem for transgender healthcare.
- Identify the significance of the clinical issues.
- Describe transgender health issues including the impacts of discrimination, harassment, violence, substance abuse and mental health.
- Describe gender terminology.
- Identify appropriate pronouns when addressing or referring to patient and/or their significant others.



FIU

Background of Problem

- An estimated 1.4 million adults within the U.S. identify as transgender.¹
- Barriers to accessing high-quality healthcare.
 - Experience increased rates of verbal harassment and physical violence while attempting to access doctors and hospitals, emergency rooms.²
- Lack of knowledge and cultural competence among providers in treating transgender patients.³
- 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care.³
- Experience higher rates of depression and suicidal ideation.³



FIU

Addressing the Clinical Issue

- Providing education to peri-operative providers to increase competence and create inclusivity.
- Have transgender-inclusive providers.
- Decrease rates of depression and suicidality.
- Decrease the barriers to accessing high-quality healthcare.



FIU

Significance of the Clinical Issue

- The National Transgender Discrimination Survey resulted that 50% of transgender patients reported teaching medical provider's about transgender care.⁶
- 61.0% of patients identifying as transgender/gender variant have opted to delay or avoid medical care due to their fears on the reaction of the provider.³
- In the San Francisco Bay area, out of 268 healthcare providers interviewed, more than 50% indicated that they were uncomfortable caring for transgender patients.³
- 141 gynecologists were surveyed and less than 50% of the gynecologists received education on the LGBTQ patient population during a residency, and 80% received no education on the transgender patient population.³
- The lack of knowledge among providers does not correlate to their years of practice.³



FIU

Transgender Health Issues

- Individuals who identify as transgender experience higher rates of depression and suicidal ideation.⁴
- Study results illustrated that 40% of survey respondents reported having attempted suicide, and 82% reported: "Have had serious thoughts about killing themselves during their life."⁴
- A national study¹ resulted that 33% of transgender survey respondents who saw a healthcare provider in the previous calendar year reported one or more negative experiences related to being transgender, including but not limited to:
 - Being refused treatment
 - Being harassed
 - Being assaulted
 - Receiving incompetent care



FIU

Transgender Health Issues

- A study was conducted to explore the relationship between having a transgender-inclusive healthcare provider and the mental health outcomes among transgender/gender variant individuals.⁵
- Respondents who reported having a transgender-inclusive provider resulted in the following data⁵:
 - 37.8% having a current diagnosis of depression.
 - 51.1% being diagnosed with an anxiety disorder by a healthcare provider.
 - 28.8% having had experienced suicidal thoughts within the past year.
- Survey respondents who reported not having a transgender-inclusive provider resulted in higher rates in all three areas.⁵
 - 53.7% having a current diagnosis of depression.
 - 56.5% being diagnosed with an anxiety disorder.
 - 47.6% having experienced suicidal thoughts within the past year.



FIU

Gender Terminology⁷

- **Sex**
 - Refers to a person's genetic status and is assigned at birth. It is categorized as male, female, or intersex.
- **Gender**
 - Defined as a society norms, behaviors and roles that varies between societies and over time. Gender is categorized as male, female, or nonbinary.
- **Gender identity**
 - One's own internal sense of self and their gender. It is not outwardly visible to others.
- **Gender expression**
 - How a person bestows their gender externally, through behavior, clothing, voice, or other perceived characteristics.
- **Sexual orientation**
 - Refers to the enduring physical, romantic and/or emotional attraction to members of the same and/or other genders, including lesbian, gay, bisexual, and straight orientations.
- **Cisgender (also known as cis)**
 - Is an adjective that describes a person whose gender identity aligns with the sex they were assigned at birth.



FIU

Gender Terminology⁷

- **Transgender (also known as trans)**
 - Is an adjective used to describe someone whose gender identity differs from the sex assigned at birth.
 - For example, a transgender man is someone who was a female at birth but whose gender identity is male.
- **Transphobia**
 - Defined as the dislike of or prejudices against transgender people.
- **Nonbinary**
 - People who do not describe themselves or their genders as fitting into the categories of man or woman.
- **Agender**
 - Is an adjective that can describe a person who does not identify as any gender.
- **Gender non-conforming**
 - Describes a term given to individuals who do not conform to the gender norms expected by society.³
- **Gender transition**
 - A process a person may take to bring themselves and/or their bodies into alignment with their gender identity.
 - Transitioning includes changing one's name and pronouns; updating legal documents; medical interventions such as hormone therapy; or surgical intervention, often called gender confirmation surgery.



FIU

Gender Terminology⁷

- **Gender dysphoria**
 - Refers to psychological distress that results from an incongruence between one's sex assigned at birth and one's gender identity.
 - Gender dysphoria is a diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders.

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.

Subjective	Objective	Possessive	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.



FIU



Appropriate use of Pronouns⁷

- Avoid using the terms she-male, he-she, it, tranny, “real” woman, or “real” man.
- Avoid using the term “gay” even if the patient has indicated a same-sex or same gender sexual partner.
 - This can result in the patient isolating themselves and lead to mistrust with the provider.
 - This will result in the interference with gathering essential information to develop an appropriate plan of care.
- Refer to the patient how they have identified themselves while exploring how this relates to their current and potential medical needs.
 - This will result in the build of trust and respect with the patient.
- If you are even in doubt of how to refer to a patient or their significant other, simply ask the patient and/or their significant other what pronoun or word they prefer.

FIU



Summary

- Continuing education on transgender healthcare to address the barriers to accessing high quality healthcare.
- Requires a collaborative effort.
- Increased competence among providers for the care of transgender patients.
- Create inclusivity among providers.
- Increased knowledge and competence among providers results in:
 - Decreased depression and suicidal ideation rates.
 - Decreased rates of delaying medical care.



FIU

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