Transgender and Gender-Nonconforming Patients in the Emergency Department: What Physicians Know, Think, and Do

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Study objective: We explore self-reported knowledge, attitudes, and behaviors of emergency physicians in regard to the care of transgender and gender-nonconforming patients to identify opportunities to improve care of this population.

Methods: From July to August 2016, we electronically surveyed the American College of Emergency Physicians’ Emergency Medicine Practice-Based Research Network of 654 active emergency physician participants. We performed frequency tabulations to analyze the closed-ended response items.

Results: Of the 399 respondents (61% response rate), 88.0% reported caring for transgender and gender-nonconforming patients in the emergency department (ED), although 82.5% had no formal training about this population. The majority of physicians (86.0%) were comfortable asking about personal pronouns. Only 26.1% of respondents knew the most common gender-affirming surgery for female-to-male patients; 9.8% knew the most common nonhormone gender-affirming medication that male-to-female patients use. Almost no respondents (<3%) were aware of emergency medicine practitioners’ performing inappropriate examinations on transgender and gender-nonconforming patients.

Conclusion: Although transgender and gender-nonconforming people represent a minority of ED patients nationwide, the majority of respondents reported personally providing care to members of this population. Most respondents lacked basic clinical knowledge about transgender and gender-nonconforming care. [Ann Emerg Med. 2017; .:1-6.]

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INTRODUCTION

Background

Research examining health care for transgender and gender-nonconforming people—individuals with gender identities that differ from their assumed gender at birth—is in its early stage. Transgender and gender-nonconforming people have difficulty accessing high-quality health care and many avoid or delay care, including emergency medical care.1,2 Misgendering (use of incorrect pronouns or gendered terms by others), medical professional maltreatment, and unnecessary, “sensitive” (eg, genitourinary) physical examinations have also been described.1,3

Importance

Clinicians receive minimal formal education about the health needs and care of sexual (eg, lesbian, gay, bisexual) and gender minority (eg, transgender) patients.4,5 Much of the relevant training literature centers on “lesbian, gay, bisexual, and transgender” patients, without distinguishing between the needs of sexual minorities and gender minorities. In a 2015 national survey of 27,715 transgender and gender-nonconforming adults, 24% reported educating providers about transgender and gender-nonconforming health issues to receive appropriate care.6 Emergency care is a major portal into the broader health care system. There are an estimated 1 to 1.3 million transgender and gender-nonconforming people living in the United States,7–9 and transgender and gender-nonconforming individuals commonly use the emergency departments (ED).1 Most transgender and gender-nonconforming–specific literature focuses on transgender and gender-nonconforming patient experiences rather than clinician perspectives. To our knowledge, emergency physicians are not systematically trained in the care of
Transgender and gender-nonconforming people are reported to have difficulty accessing high-quality emergency care. They may experience bias and inappropriate treatment in the emergency department. What question this study addressed
This cross-sectional study of a self-selected group of emergency physicians (61% of members in a voluntary American College of Emergency Physicians’ survey network) examined participants’ self-reported knowledge, attitudes, and experience with care of transgender and gender-nonconforming patients. What this study adds to our knowledge
Most respondents had cared for transgender and gender-nonconforming patients and were comfortable asking about personal pronouns. However, few had formal training in care, and less than 10% knew the most common nonhormone medications received by transgender and gender-nonconforming patients. How this is relevant to clinical practice
Emergency physicians have large knowledge deficits about medical care of transgender and gender-nonconforming patients.

Goals of This Investigation
The goal of this research is to preliminarily assess the knowledge, attitudes, and behaviors of emergency physicians in regard to care of transgender and gender-nonconforming patients. Such information is foundational for the development of relevant educational materials that can ultimately contribute to improved emergency care of transgender and gender-nonconforming patients.

MATERIALS AND METHODS
Study Design
A team of 8 researchers (6 emergency physicians and 2 anthropologists) with experience studying health care for transgender and gender-nonconforming patients. To broaden understanding about transgender and gender-nonconforming health care, we explore emergency physician knowledge and perceptions of transgender and gender-nonconforming—relevant care in EDs.

Primary Data Analysis
EMPRN returned the raw deidentified survey responses and basic demographic characteristics from ACEP membership profiles in September 2016. We calculated frequencies for the questions with SPSS (version 23; SPSS, Inc., Chicago, IL). 10

RESULTS
Characteristics of Study Subjects
We received responses from 399 (61%) of the 654 eligible EMPRN members. Mirroring the general population of emergency medicine attending physicians, 11 73.2% identified as male and 26.8% as female.* Table 1 summarizes respondent characteristics.
*EMPRN allows respondents to select only a binary gender response (female or male).

EMPRN extended an e-mail invitation to its 654 members to complete the anonymous self-administered survey between July and August 2016.

Methods of Measurement
We collectively generated and prioritized survey items according to literature addressing the health needs and experiences of transgender and gender-nonconforming patients. 1-3 We constructed questions de novo to assess emergency physician knowledge and self-reported attitudes, behaviors, and experiences. We piloted the questions for clarity with 14 emergency physicians resembling the intended study population and with an electronic delivery method, as planned for the survey’s wider distribution. A survey development expert provided additional guidance on content, structure, and language. The final survey included a brief purpose statement and 9 closed-ended items with response categories presented as multiple choice or 4-point Likert scales (Appendix E1, available online at http://www.annemergmed.com; Table 1).
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