

COMPASSIONATE CARE

for Genderqueer and Transgender Trauma Patients

AUTHORS

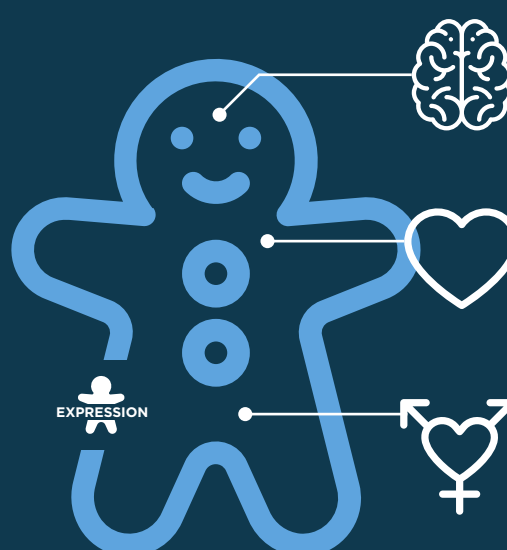
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INTRODUCTION

8% Eight percent of the US population are lesbian, gay, bisexual, transgender, queer, intersex, or asexual (LGBTQIA), with more than 1% of the total population identifying as transgender (1,2). We know LGBTQIA individuals face significant levels of health inequalities and disparities and are at higher risk for traumatic events and injuries resulting in hospitalization than cisgender individuals, regardless of sexual orientation (3). However, the health inequalities and disparities are impeded by a lack of education for medical providers, particularly related to patient-centered care for LGBTQIA patients (3-7). The lack of data, information, clinical knowledge, and training has created gaps in clinicians' abilities to provide compassionate care for genderqueer and transgender trauma patients (8).

EDUCATIONAL RESOURCES



Identity Psychological sense of self. Who you, in your head, know yourself to be, based on how much you align (or don't align) with.

Attraction isn't really a component of gender. However, we often conflate sexual orientation with gender, or categorize the attraction we experience in gendered ways.

Sex (sometimes called biological sex, anatomical sex, or physical sex) is comprised of things like genitals, chromosomes, hormones, body hair, and more. But one thing it's not: gender.

Gingerbread.org

The ways you present gender, through your actions, clothing, demeanor, and more. Your outward-facing self, and how that's interpreted by others based on gender norms.

OBJECTIVES

- Provide clinical education, resources, and knowledge for trauma team members to ensure compassionate patient-centered care is provided to LGBTQIA trauma patients.
- Review terminology that should never be used when treating or documenting clinical data on genderqueer or transgender trauma patients.
- Provide an understanding of anatomical sex, gender identity, gender expression, and attraction.
- Review specific health inequalities and disparities that create barriers and delays in care and how to take a patient-centered approach to care for LGBTQIA trauma patients.

PRONOUNS



▶ **He, Him, His, Himself**



▶ **She, Her, Hers, Herself**



▶ **They, Them, Theirs, Themselves**



▶ **They, He, She**

ENGAGING LGBTQIA PATIENTS



ASK for the patients preferred name and pronouns.

USE your patients preferred name and pronouns.

REFLECT upon the language your patient uses, use the words your patient likes to use including preferred names and pronoun.s

TREAT your LGBTQIA patients like all other patients with compassion and patient-centered care.

THANK your LGBTQIA patients when they share they are genderqueer or transgender. Try a simple answer like, "Thank you for telling me, my pronouns are..."

**Identity ≠ Sex ≠ Gender
≠ Sexual Orientation**

DISCUSSION & CONCLUSION



Clinicians set the tone for trauma patients as they enter the healthcare system, which is true for LGBTQIA patients. During this time, we can make a difference by providing compassionate care. Research has shown that

genderqueer and transgender patients are more likely to have a negative experience when receiving time-sensitive emergency care due to a lack of clinician sensitivity and training about gender minority populations (10). When LGBTQIA patients are approached by providers (nurse or physician) who are knowledgeable of how to approach LGBTQIA patients in a welcoming and appropriate approach, the patients' overall experience is improved (11). Creating a positive space for all trauma patients, especially gender minority patients, is challenging for clinicians and even more difficult without proper education and knowledge.

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