

Foundations of Gender Affirming Care For Nurses

Workbook Activities and Resources

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**Getting
started**

Getting started

Overview

This workbook is the companion to “Foundations of Gender Affirming Care for Nurses” by Ask Miss Jai and Toadhenge Consulting LLC.

Work through the worksheets with the relevant modules.

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Introduction:

My Gender

Reflection:

My Gender Language

What words do I use to describe my gender?

What pronouns do I prefer others use to describe me?

What honorifics do I prefer (sir, ma'am, Mr., Miss, Ms., Mx., Mrs., Dr., or others)?

What is my legal name? Is it associated with a gender or gender neutral? What name do I prefer to be called by friends or family?

How would you feel if someone addressed you by the wrong name? What about the wrong pronouns or honorifics? What if a stranger used a nickname that you prefer only close friends or family use, or if you prefer not to be referred to at all?

Do these words match the way others see you? Does it match how you want to be seen?



Glossary of Gender Terminology

Terminology for Transgender and Non-Binary Patients

Sex at Birth

The sex assigned to an infant at or before birth, most often based on a visual inspection of the infant's external anatomy.

- **Assigned Female at Birth (AFAB)** – Someone whose external reproductive anatomy matched what is typically defined as female at birth.
- **Assigned Male at Birth (AMAB)** – Someone whose external reproductive anatomy matched what is typically defined as male at birth.
- **Intersex** – An umbrella term to describe people with differences in external or internal reproductive anatomy, chromosomes, or hormones that don't fit typical medical definitions of male or female.

Gender Identity

How a person internally and individually experiences gender. These are someone's thoughts and feelings about their gender and how it aligns with or differs from their sex at birth. Gender identity is not always outwardly visible to others.

- **Agender** – A person who does not identify as any gender.
- **Cisgender** – a person whose gender identity aligns with the sex they were assigned at birth.
- **Cisgender Man** – a person who identifies as a man and was assigned male at birth.
- **Cisgender Woman** – a person who identifies as a woman and was assigned female at birth.
- **Non-Binary** – An umbrella term for a person who does not describe their gender as fitting into categories of man or woman.
- **Transgender** – An umbrella term for a person whose gender identity differs from their sex at birth.
- **Transgender Man** – A person who identifies as a man and was assigned female at birth.
- **Transgender Woman** – A person who identifies as a woman and was assigned male at birth.
- **Two-Spirit** – An umbrella term to describe Indigenous/Native American people who identify as LGBTQ+ and hold distinct cultural roles within their tribal community.
- **Queer** – An umbrella term to describe someone whose gender identity and/or sexual orientation is outside of cisgender/heterosexual.

Gender Expression

How a person externally expresses their gender through behavior and outward appearance such as dress, hair, make-up, body language, and voice. A person's chosen name and pronoun are common ways of expressing gender.

- **Androgynous** – Someone whose gender expression is neither masculine nor feminine, a mixture of masculine and feminine, or neutral.
- **Feminine** – Someone whose gender expression matches what is socially and culturally described as feminine.

- **Masculine** - Someone whose gender expression matches what is socially and culturally described as masculine.

Pronouns

The language used to identify a person outside of using their name. Common pronouns include gender binary pronouns (such as she/her/hers and he/him/his) and gender non-binary pronouns (such as they/them/theirs). Some people may also use no pronouns, opting to use their name only or use any pronouns.

Legal Gender Marker

The gender marker on a person's legal identification documentation. This can be an M, F, or X and may not be consistent across all documentation depending on barriers to changing that documentation.

Current Name

The name that someone currently uses for themselves.

Legal Name

The name that is currently on a person's legal identification documentation. This may not be consistent across all documentation depending on barriers to changing that documentation.

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Reflection:

My Identity

Reflection:

My Identity

Take a moment to think about your own identities, and how they impact your life. Use the prompts below to briefly describe your own relationship to identity, including gender, sexuality, race, and culture.

My racial identity is:

My cultural identity is:

I feel connected to my culture when I (think about social situations, religious events or services, holidays, ceremonies, family gatherings, etc...):

My gender identity is:

I feel best in my gender expression when I (think about the clothes or accessories that make you feel masculine or feminine, grooming or self care, social settings, or other times you feel most connected to your own sense of gender):

My sexual identity is:



Reflection:

My

**Determinates
of Health**

Social Determinants of Health

In this activity, think about how Social, Economic, Geographic and Political factors can impact health outcomes. Come up with one way each factor can lead to a poor health outcome.

Factor	Potential Health Outcome
Environmental (where you live, work and play)	
Social Connections (do you have a strong community? Are you connected to neighbors?)	
Transportation (do you have barriers to accessing needs far from home? Do you have adequate public transportation?)	
Economics (does your monetary situation impact your health? Can you afford a surprise health emergency?)	

Social Determinants of Health

Racism (does your race or cultural identity impact your health?)	
Gender (what impact does your sex or gender have on your health?)	

Gender: Who Needs it?

Gender: Who needs it?

In this activity, think about a typical hospital care team. Who needs to know what information about a patient's gender? Does everyone on the care team need to know all aspects of a patient's gender?

Admission Clerk	Nurse	Provider/doctor	Nurse's Aide
Pharmacist	Mental Health Professional	Lab Tech	Case Management

Term	Needs to know:
Legal Sex (M/F/X)	
Chromosomal Sex	
Sex assigned at birth	
External sex anatomy	
Internal sex anatomy	
Hormonal sex	
Gender Identity/pronouns	
Sexuality	

Gender: Who needs it?

Answers

Gender: Who Needs it?

Gender: Who needs it?

Answers with Justifications

Term	Needs to know:
Legal Sex (M/F/X)	Admissions clerk. Legal sex may impact billing, but as an administrative issue, legal sex should not impact clinical care.
Chromosomal Sex	Doctor, pharmacist, nurse. Chromosomal sex may impact some clinical care, disease risks and medications. In some specialized cases, lab personnel may need this information as well.
Sex assigned at birth	Doctor, pharmacist, nurse, mental health professional. Sex assigned at birth involves observed anatomy and gender roles, which may impact cares and treatments, including respiratory treatments.
External sex anatomy	Doctor, nurse, nurses aide. Individuals who provide either intimate screenings or care should know the patient's anatomy.
Internal sex anatomy	Doctor, nurse, pharmacist. Internal sex anatomy may impact care and medications. For example, individuals with a uterus may need to be screened for pregnancy prior to some treatments.
Hormonal sex	Doctor, nurse, pharmacist, lab personnel, mental health professional. Hormones impact many areas of clinical care and treatment protocols.
Gender Identity/pronouns	All members of the care team. It is important that all members of the care team know how to refer to patients with respect, which includes using a patient's pronouns, name, and correct honorifics.
Sexuality	Doctor, nurse, mental health professional. It is important to know a patient's sexuality to evaluate STI risks as well as social implications of sexuality. .

AMENDS

How to make **AMENDS**

when we use the wrong name or
pronoun

A M E N D S

Navigate consent

Depending on how upset the person is, get consent to continue. You can also take a break, reschedule, or connect them to a colleague for support.

Acknowledge the mistake

When you catch it for yourself, acknowledge that you've made a mistake. "Those are not your pronouns." "That is not the name you use."

Drive forward

With consent, continue forward with the service you are providing. Avoid lengthy explanations, apologies, or focusing on the mistake.

Make an apology if appropriate

If you catch the mistake, say "I'm sorry, those are not the pronouns you use." If you are corrected, thank the person for correcting you.

Sustain

Create a plan for yourself to keep using the correct name and pronoun. Practice correct language and double-check documentation.

Edit or rephrase

Repeat what you have just said or rewrite what was written using the correct name or pronouns.

Learn more by visiting
www.askmissjai.com

Organ Inventory for Transgender Individuals

Breasts ☐ Present ☐ Absent

- ☐ Chest reconstruction
- ☐ Bilateral mastectomy
- ☐ Unilateral mastectomy, R
- ☐ Unilateral mastectomy, L
- ☐ Breast augmentation/implants

Uterus ☐ Present ☐ Absent

- ☐ Hysterectomy — cervix removed
- ☐ Hysterectomy — cervix remains

Ovaries ☐ Present ☐ Absent

- ☐ Bilateral salpingo-oophorectomy
- ☐ Unilateral salpingo-oophorectomy, R
- ☐ Unilateral salpingo-oophorectomy, L

Cervix ☐ Present ☐ Absent

Vagina ☐ Present ☐ Absent

- ☐ Colpocleisis — closure of the vagina
- ☐ Vaginoplasty

Penis ☐ Present ☐ Absent

- ☐ Phalloplasty/penile implant
- ☐ Metoidioplasty
- ☐ Erectile device
- ☐ Penectomy

Testes ☐ Present ☐ Absent

- ☐ Testicular implant(s)
- ☐ Bilateral orchiectomy
- ☐ Unilateral orchiectomy, R
- ☐ Unilateral orchiectomy, L

Urethra ☐ Present ☐ Absent

- ☐ Urethral lengthening

Prostate ☐ Present ☐ Absent

- ☐ Prostatectomy

Foundations of Gender Affirming Care: Nursing Care Plan Example

Nursing Care Plan:

Patient: Sky is a 27 year old non-binary person who presents to your emergency room with a displaced left radius and ulnar fracture following a fall from a rock while hiking. The sex represented in the EHR reads "female," however they appear visibly uncomfortable when addressed with she/her pronouns or honorifics. When you take over care from the triage staff, you ask what pronouns they use, and they say "thank you for finally asking! I use they/them pronouns, but everyone here has just been calling me she!" They report 6/10 pain, with a goal of 3/10. They have no significant medical history and take no medications at home other than occasional tylenol PRN headaches.

The emergency room physician splints their arm and tells you that Sky will be admitted to the orthopedic floor and will be having an open reduction and internal fixation (ORIF) the next morning. You are given orders to treat their pain, provide care while waiting for a bed to open on the ortho floor, and to call report prior to transfer to the floor.

Organ Inventory - Chest- Gender affirming bilateral mastectomy 2 years ago. Internal reproductive organs- Uterus and ovaries. External genitalia- vulva and vagina.

Nursing Diagnosis (Problem)	Intervention	Outcome and Evaluation
Pain related to orthopedic injury evidenced by reported 6/10 pain.	Provide pain medication as indicated per order. In addition, consider nonpharmacologic modalities such as breathing techniques, calm environment and positioning.	Sky will report manageable levels of pain using a numeric scale.
Anxiety related to fear of mistreatment from hospital staff as evidenced by patient reports of misgendering by prior caregivers.	Provide clear and direct feedback to other caregivers and staff on the patient's pronouns. "Sky uses they/them pronouns. Please do not address them using any other pronouns." Include pronouns in any report given to other staff. If needed, escalate reports of mistreatment to applicable staff (i.e. unit management or patient advocate).	Staff will use the correct pronouns for Sky going forward, resulting in increased comfort and security.
Risk for Social Isolation related to distress from poor caregiver support.	Provide clear and direct feedback to other caregivers and staff on the patient's pronouns, and the risk of harm created by disrespecting a person's	Caregivers will report an understanding of the importance of treating Sky with respect, as well as using their pronouns. As a result, Sky will feel more supported

Foundations of Gender Affirming Care: Nursing Care Plan Example

	gender identity.	during their healing process.
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Nursing Care Plan:

Patient: Emily is a 34-year-old trans woman who underwent gender affirming penile inversion vaginoplasty this morning at your hospital, and who is being admitted to your unit post-operatively for recovery. Prior medical history includes gender dysphoria, hypertension, and depression. Her home medication list is Estradiol (Delestorgen) 6mg by mouth daily, Spironolactone 150mg by mouth daily, and escitalopram (Lexapro) 20mg daily. Currently her hypertension is untreated.

The PACU nurse calls you with report. Emily is awake but sleepy, AOX4. Most recent vitals are 137/88, temp 36.7 (98.1F), HR 72, RR 17, O2 saturation 95% on room air, EtCO2 39. Last pain score is 4/10, which Emily reports is mostly tolerable while laying down. Estimated blood loss in the surgery was 400ml. Foley catheter is in place with strict orders to keep in place for 7 days. She has a compression dressing to the groin and a JP drain with bloody red drainage. She lives alone but has a friend who is not currently at the hospital but will be providing support post discharge. Emily does not drive.

In your care plan consider medications, risks, and trans-specific concerns as well as typical post-operative concerns. (An example care plan will be provided on the next page).

Organ Inventory-

Nursing Diagnosis (Problem)	Intervention	Outcome and Evaluation

Example Diagnoses could be:

Pain related to surgical procedure evidenced by report of 4/10 pain.

Risk of impaired tissue perfusion secondary to blood clot related to recent surgery and oral estradiol use.

Altered body image related to genital reconstructive surgery.

Risk of infection related to surgery and/or indwelling urinary catheter.

Fatigue related to hormonal imbalance related to bilateral orchiectomy (a component of penile inversion vaginoplasty).

Impaired self care related to recent surgery and foley catheter.

Risk of social isolation related to reduced social support.

Anxiety related to hospitalization and fear of provider mistreatment.

Nursing Care Plan:

Patient: AJ is a 40 year old trans man who presented to the ER in an acute anxiety attack. Initial screening ruled out cardiac issues, and AJ is medically stable and transferring to your inpatient behavioral health unit for observation. He is not considered a suicide or homicide risk, and is not on an involuntary hold. Vitals are stable, although AJ is hypertensive, which he states is not normal for him (146/98, HR 86, RR 19, temp 36.7(98.1F), 97% on room air). His prior medical history includes top surgery 3 years ago, he has been taking testosterone 75mg subcutaneous weekly. He is not taking any psychotropic medications, although he states he took an antidepressant (unspecified) "years ago, but I stopped it."

You take report from the ER nurse, who calls AJ "Rachel," which is the name listed in the medical record. The sex in the medical record reads "female" and the charge nurse assigns AJ a cohort room with a 36 year old woman. However, when AJ arrives on the floor, there is confusion because he has a full beard and is wearing masculine coded clothing.

AJ tells you that this was his first major panic attack, triggered by a friend moving away to be in a "safer state" with fewer legal restrictions on trans people. However, he states that since presenting to the ER "Only the doctor got my name right, and they won't let me change my name in the system!" While he is in acute distress, he states he is thinking about leaving against medical advice because of the way he is being treated.

In your care plan consider medications, risks, and trans-specific concerns as well as typical behavioral health. (Answers are provided after the fact and are examples, there are no right or wrong answers).

Nursing Diagnosis (Problem)	Intervention	Outcome and Evaluation

Example Diagnoses could be:

Anxiety related to fear of mistreatment from hospital staff as evidenced by patient reports of misgendering by prior caregivers and inappropriate room cohort.

Risk for Social Isolation related to distress from poor caregiver support.

Risk for impaired Health Management related to potential AMA discharge.

Risk for Post-trauma responses related to poor caregiver support during a personal crisis.

Risk for Powerlessness related to non-affirming care and support.

Recommended Reading

Books:

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