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Development of a Clinical Practice Guideline for the Care of Transgender Patients

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This is to certify that the doctoral study by

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Walden University
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Abstract

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Project Submitted in Partial Fulfillment

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Abstract

Transgender persons face stigma and discrimination while receiving health care services. The gap in nursing practice at a clinic serving transgender patients in the Southeastern United States was a lack of understanding by providers of evidence-based practices for the provision to patient-centered care. The purpose of this project was to develop a clinical practice guideline (CPG) for the care of transgender patients. The project question asked, based on current evidence, what CPG for patient-centered care should be recommended to providers in the clinic. The patient-centered care model developed around the Donabedian model of quality improvement was used to guide the structure, process, and outcomes for project. Three advanced practice nurses and two physicians served as the expert panelists for this project. Based on the current evidence, the suggested guideline was found to be acceptable and were approved using the AGREE II tool. Using a scale of 1-7 (*strongly disagree* to *strongly agree*), the expert panel team selected a score of 5 or higher for each criterion within the six domains of the AGREE II tool with an average final guideline assessment score of 6.64. Utilization of the CPG may promote positive social change by fostering respectful and compassionate care, assisting in self-care management of the transgender patient, and reinforcing an interdisciplinary approach to care.

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Dedication

I dedicate this project to the transgender community and their families. I am honored and humbled to witness your hope and determination. If this project benefits one life, I have succeeded.

Acknowledgments

I dedicate this project to my family. Without your support and eternal optimism, I would never have traveled this far.

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Section 1: Nature of the Project

Introduction

Sexual orientation refers to the gender(s) to which a person has internal attractions; feelings of falling in love; and sexual feelings, thoughts, and fantasies (Israel, 2005). Gender refers to the socially constructed characteristics of men and women, whereas sex refers to the biological differences between male and female individuals. People are born male or female, but in every society men and women are assigned different roles, and these roles determine the power they have in their daily lives. Transgender (TG) is an umbrella term used to capture the spectrum of gender identity and gender-expression diversity. Gender identity is the internal sense of being male, female, neither, nor both. Gender expression, often an extension of gender identity, involves the expression of a person's gender identity through social roles, appearance, and behaviors. Many health concerns that TG people face are similar to those experienced by people of any sexual orientation. However, people who are gay, lesbian, or TG may be at greater risk for health problems because they do not always see a healthcare provider when they need continued on-going healthcare. It may be that they feel embarrassed, have had a bad experience, fear judgment, or have a healthcare provider who is uninformed (University Hospitals, 2020).

Despite nondiscrimination policies, many TG individuals are unable or unwilling to access care. TG people seek out less preventive care and fewer screenings than do cisgender people of similar ages; cisgender refers to people whose gender identity and expression match the sex they were assigned at birth (Mayo Clinic, 2019). Reasons for

this may include lack of gender-related insurance coverage, being refused care, difficulty finding a doctor with expertise in TG care, or fear of discrimination in a health care setting (Mayo Clinic, 2019). Studies have shown that 48% of TG individuals have delayed or avoided medical care (Hein & Levitt, 2014). Reasons identified include key individual, interpersonal, and structural factors associated with an inability to access transition-related care, including low educational attainment, low income, limited insurance coverage, and healthcare discrimination. These findings highlight the need for multilevel interventions to improve access to transition-related care for TG adults across the United States.

Healthcare providers must ensure that underserved TG adults can access medically necessary transition-related care and supportive healthcare (White et al., 2017). Accordingly, nurses should treat each patient with dignity and respect by gaining awareness and understanding of this population of TG patients. This doctoral project holds significance for the field of nursing practice because it provides an evidence-based practice guideline and current resources that could assist providers in developing patient-centered plans of care for TG individuals.

Problem Statement

In addition to facing barriers in accessing health care, TG persons experience stigma and discrimination while receiving health care services (Lee et al., 2018). The gap in nursing practice at the identified site was a lack of understanding by providers of evidence based best practices that they could use to deliver patient-centered care (PCC) practices. As health care providers, advance practice nurses should be sensitive to this

population's plight and knowledgeable about the health care needs of this underserved population. Health disparities will continue to occur if nurses are unprepared to provide optimal care to all (Cornelius & Carrick, 2015).

South Carolina is home to 137,000 LGBTQ adults and is one of 29 U.S. states where LGBTQ people are not fully protected from discrimination. Locally, eight communities across the state have passed measures protecting LGBTQ people from discrimination in housing, employment, and/or public accommodations, providing protections to a very small portion of the state's population (Campaign for Southern Equality, 2020). The current data from the 2019 Southern LGBTQ health survey revealed that 51.5% of respondents identified that being in the South makes it always or often harder to access quality medical care for LGBTQ individuals, including 72.7% of trans respondents who said it is always or often difficult to access quality care (Campaign for Southern Equality, 2019). These data reinforce the need for increased understanding of PCC by healthcare providers who treat transgender patients.

Purpose Statement

Providers at the local clinic discussed the need for guidelines to improve the care offered to TG patients. In multidisciplinary TG clinics, local guidelines are often devised, incorporating knowledge and considering the infrastructural, practical expertise of the disciplines involved (Gerritse et al., 2018). The purpose of this project was to explore evidence-based best practices in treating TG patients and develop a clinical practice guideline (CPG) that providers in a TG clinic may use to provide PCC. The project

question was, Based on current evidence, what CPG for PCC should be recommended to providers in a TG clinic?

Nature of the Doctoral Project

The staff of a Southeastern U.S. TG clinic identified the need for an evidence-based CPG. Qualitative data from a 2018 study revealed that privacy, communication, and provider competency in dealing with TG clients were priority issues for these patients (Samuels et al., 2018). I examined sources of evidence from Walden University online databases. Inclusion criteria included evidence within the past 5 years that was written in English and from peer-reviewed journals, expert opinions, and professional organizations. Evidence was graded using Fineout-Overholt et al.'s (2010) hierarchy of evidence appraisal tool. The Appraisal of Guidelines Research and Evaluation (AGREE II; Brouwers et al., 2010) tool was used as the framework to develop the CPG. I followed the guidelines set forth in the Walden University DNP *Manual for Clinical Practice Guideline Development (CPGD)*. The databases I searched included Embase, Medline, and PubMed. Key words included *transgender health, clinical practice guidelines, transgender-inclusive health benefits, transgender, gender diverse, gender nonconforming,* and *transgender health programs.*

Regarding key terminology, *TG* includes the full spectrum of people who have a gender identity that differs from the sex they were assigned at birth. This includes people assigned male sex at birth who identify as female, people assigned female sex at birth who identify as male, and people whose gender identity falls outside of the traditional binary gender structure of boy/man and girl/woman. *Gender diverse* is an umbrella term,

like TG, but which encompasses a wider variety of gender identities, expressions, and lived experiences. Trans is a Latin prefix meaning “on the other side of”; some individuals use it because the word *TG* is often too restrictive for the experiences of some gender diverse people (Lambert et al., 2018).

Significance

The key stakeholders include the clinic healthcare providers and staff, patients, families, and the community at large. The development of a patient-centered evidence-based guideline for the TG clinic may assist providers in understanding the multiple components impacting the healthcare needs of this population. Utilization of the CPG may promote positive social change by fostering respectful and compassionate care, assisting in self-care management of TG patients and reinforcing an interdisciplinary approach to care.

Summary

The purpose of this project was to develop a CPG for healthcare providers in a TG clinic that will enable them to provide PCC to the TG population. The practice question was, Based on current evidence, what CPG for PCC should be recommended to providers in a TG clinic? This project aligned with the goals of guaranteeing trans people the` right to health care and enlightening the TG community on the need for ongoing healthcare. It can only be assured that TG patients will seek healthcare if services are provided in a nonstigmatizing, nondiscriminatory, and informed environment (Divan et al., 2016). In Section 1, I introduced the purpose and nature of the project, the project question, and the stakeholders. In Section 2, I will describe the model framing the

project, the evidence relevant to the project, the background for the project, my role, and the project team role in the project.

Section 2: Background and Context

Introduction

The purpose of this project was to develop a CPG that would assist providers in a TG clinic to provide PCC. The practice question was, Based on current evidence, what CPG for PCC should be recommended to providers in a TG clinic? In Section 2, I will explore the model framing this project, the evidence supporting development of a CPG for patient centered TG care, the local background and context for the project, my role, and the role of the project team.

Concepts, Models, and Theories

The concept of PCC includes the partnership of patients and providers working together to design and deliver personalized, evidence-based care. Although this is an important concept, healthcare systems often find the ability to delivery PCC challenging. Santana et al. (2017) developed a model of PCC around the Donabedian model that is often used in quality improvement initiatives. The Donabedian model consists of three components: structure, process, and outcome. Table 1 depicts the PCC components embedded within these components.

Table 1

Patient-Centered Care Model

Structure	Process	Outcome
Health care system or organization	Patient-provider level	Patient-provider healthcare system
• Create a PCC culture • Provide staff education • Provide health promotion and prevention support • Integrate systems supporting PCC culture • Develop and monitor PCC outcomes	• Cultivate communication Provide respectful and compassionate care • Assist patient in self-care management • Utilize an interdisciplinary approach to care	• Support access to care • Measure outcomes

Note. Adapted from "How to Practice Person-Centered Care: A Conceptual Framework," by M. J. Santana, K. Manalili, R. J. Jolley, S. Zelinsky, H. Quan, and M. Lu, 2018, *Health Expectations, 21*(2), p. 431 (https://doi.org//10.1111/hex.12640). CC BY 4.0.

Clinical practice guidelines are statements that include recommendations to optimize patient care through a review of evidence (American Academy of Family Physicians, 2020). The purpose of this DNP project was to develop a CPG that would assist providers in a TG clinic to develop PCC for their patients. The expert panel used the AGREE II criteria to appraise the development of the CPG. The reliability and validity of the instrument were established ranging between 0.64 and 0.89. Interrater reliability, domains, and items were rated as satisfactory by stakeholders, following Brouwers et al.'s (2010) approach. The AGREE II tool consists of 23 items within six domains:

1. Domain 1: Scope and Purpose
2. Domain 2: Stakeholder Involvement
3. Domain 3: Rigor of Development
4. Domain 4: Clarity of Presentation
5. Domain 5: Applicability
6. Domain 6: Editorial Independence (Brouwers et al., 2010)

The expert panel appraised evidence using the Fineout-Overholt et al. (2010) hierarchy of evidence scale. Table 2 summarizes the hierarchy scale.

Table 2

Hierarchy of Evidence

Type of Evidence	Level of Evidence	Description
Systematic Review or meta-analysis	I	Synthesis of evidence from relevant RCT's
RCT	II	Experiments randomized subjects
Controlled trial without randomization	III	Experiments nonrandomly assigned subjects
Case-control or cohort study	IV	Comparison groups or observations of groups
Systematic review of qualitative or descriptive studies	V	Gathering data on human behavior or describing background of an area of interest
Qualitative or descriptive study	VI	Gathering data on human behavior or describing background of an area of interest
Expert opinion or consensus	VII	Opinions of experts or consensus of experts

Adapted from: Fineout Overhold E., Melynk, B., Stillwell, S., & Williamson, K. (2010). Critical Appraisal of the Evidence: Part 1. *American Journal of Nursing*, 110(7).

Relevance to Nursing Practice

Patient-Centered Care

The Institute of Medicine (IOM) defined PCC as "providing care that is respectful of, and responsive to, individual patient preferences, needs and values, and

ensuring that patient values guide all clinical decisions" (Baker, 200, p. 1192). The eight domains of this concept are

- respect for patients' values, preferences, and expressed needs
- coordination and integration of care
- provision of information and education
- management of physical comfort
- emotional support
- involvement of family and friends
- continuity and transition
- access to care (Picker Institute, as cited in Australia Commission on Safety and Quality in Healthcare, 2011)

Data from a large observational study suggest that 24% of TG persons report unequal treatment in health care environments, 19% report refusal of care altogether, and 33% do not seek preventive services (Grant et al., 2018). To address the negative experiences and reluctance of TG individuals to seek health care, health centers will need to create an atmosphere that is intentionally and actively inclusive and respectful of gender diverse patients and their families prior to recruiting patients. Even just a few changes to policies, forms, and the physical environment will create a more culturally sensitive environment. These include

- adding space on registration/intake forms and EHRs for the patient's pronouns as well as chosen name if different than the name on the patient's insurance or identification documents;

- ensuring that all forms (intake, history, etc.) avoid assumptions about gender and anatomy, do not force binary-only options (i.e., male or female), and include diverse identities and family configurations;
- adding images of gender diverse people to the health center's website, educational brochures, newsletters, and marketing materials;
- offering clearly labeled all-gender restrooms and having a policy that patients and staff can use restrooms that reflect their gender identity;
- prominently posting nondiscrimination policies that include gender identity and expression, as well as sexual orientation;
- displaying gender diversity and TG specific images and signs, such as the TG flag or symbol;
- acknowledging and institutionally supporting TG Day of Remembrance, and LGBTQ-specific days and events that openly include gender diversity in them, such as Pride events or parades;
- training all staff to ask for and use correct pronouns and names;
- promoting a workplace culture of awareness, inclusion, and equity;
- strictly and consistently enforcing policies that prohibit disrespectful behavior based on known or presumed gender identity and gender expression (e.g., gossiping, staring, intentionally misgendering); and
- actively recruiting and hiring a gender diverse staff (Lambert, et al., 2018).

Provider Discrimination in Transgender Care

TG and gender nonconforming (GNC) adults may experience barriers to care for a variety of reasons, including discrimination and lack of awareness by providers in health care settings (Gonzales, Henning-Smith, 2017). For many gender diverse people, not only do they need providers who treat them with respect and sensitivity, but they also require clinicians who have knowledge and skills in providing gender-affirming care, especially in the provision of hormone therapy. TG people often have complex needs outside the traditional bounds of health care, such as housing, employment, social, and legal needs. Offering a TG health program that supports the whole person by offering wrap-around medical, mental health, and social care is therefore a best practice (Lambert et al., 2018).

A trans inclusive environment should be created to reduce the likelihood of TG-related discrimination. Developing an understanding of potential gender-affirming treatments and surgeries also optimizes patient care. Improving the quality care will reduce health disparities commonly faced by the TG population (Abeln & Love, 2019). Another example of best practices in providing TG care is that as the TG patient population continues to increase, urologists and other providers who treat genitourinary malignancies will increasingly encounter cases of prostate cancer in TG women. Little exists in the current literature to help summarize the challenges and opportunities which face this unique patient population. Similarly, little exists to provide guidance on how we may best diagnose, manage, and follow TG women diagnosed with prostate cancer (Ingham et al., 2018). Medical education should address professional and personal factors related to caring for the TG population to increase access (Shires et al., 2018).

Provider Education in Transgender Care

Provider education is key to a successful program. Providers can take one of the free continuing education (CE) courses on TG health from the Education Center (www.lgbthealtheducation.org/TG). The draw of free CE credits can pull some providers into learning more than they initially thought they would. I will also take advantage of printing and distributing training and education modules and publications from the Education Center website to use in professional development– a good place to start is an 8-minute video showing gender diverse people talking about positive and negative experiences with their primary care providers: Understanding and Assessing the Sexual Health of Transgender Patients (Lambert et al., 2018).

About 3.5% Americans identify themselves as lesbian, gay, or bisexual while 0.3% identify themselves as TG ((Hafeez, et al., 2017). The LGBT (lesbian, gay, bisexual, and TG) community belongs to almost every race, ethnicity, religion, age, and socioeconomic group. The LGBT are at a higher risk for substance use, sexually transmitted diseases (STDs), cancers, cardiovascular diseases, obesity, bullying, isolation, rejection, anxiety, depression, and suicide as compared to the general population. LGBT receive poor quality of care due to stigma, lack of healthcare providers' awareness, and insensitivity to the unique needs of this community (Hafeez et al., 2017). Poor access of lesbian, gay, bisexual, and TG (LGBT) people to healthcare providers with clinical and cultural competency contributes to health inequalities between heterosexual/cisgender and LGBT people (Sekoni, et al., 2017). A growing body of research continues to elucidate health inequities experienced by TG individuals and further underscores the

need for medical providers to be appropriately trained to deliver care to this population. Medical education in TG health can empower physicians to identify and change the systemic barriers to care that cause TG health inequities as well as improve knowledge about TG-specific care (Dubin et al., 2018). Healthcare professionals should be aware of the broad range of factors that influence sexual orientation disclosure and the potential disadvantageous effects of non-disclosure on care. The environment in which patients are seen should be welcoming of different sexual orientations as well as ensuring that healthcare professionals' communication skills, both verbal and non-verbal, are accepting and inclusive (Brooks, et al. 2018). Implementation of the TG healthcare clinic and its respective model for appointments, access to gender transition-related health care has improved and needs to be expanded (Kaigle et al., 2018).

Best Practices in Providing Transgender Care

Providers identified as TG champions should work with the executive leadership to develop and publish a mission statement for the program as well as a 5-year strategic plan that includes ongoing improvement as well as support for providers who want to expand their knowledge, do research, and invest their time in gender-affirming care. Strategic plans should refer not only to the goals of the clinic, but also create a system that regularly reassesses the program’s structure, efficacy, size, and population (Lambert et al., 2018). Preventive services are similar for TG and cisgender (i.e., not TG) persons. Screening recommendations for hyperlipidemia, diabetes mellitus, tobacco use, hypertension, and obesity are available. Clinicians should be vigilant for signs and symptoms of venous thromboembolism (VTE) and metabolic disease because hormone

therapy may increase the risk of these conditions. Screening for osteoporosis is based on hormone use. Cancer screening recommendations are determined by the pati’nt's current anatomy. TG females with breast tissue and TG males who have not undergone complete mastectomy should receive screening mammography based on guidelines for cisgender persons. Screening for cervical and prostate cancers should be based on current guidelines and the presence of relevant anatomy (Klein, et al., 2018). Providing culturally competent and medically knowledgeable care to the TG community is increasingly falling within the realms of practice for primary care providers (Lapinski et al., 2018). Continued efforts should be made to train healthcare providers in culturally and clinically competent gender-affirming care to improve the health of TG people (White et al., 2017).

The preventive health care needs of TG persons are nearly identical to the rest of the population. Special consideration should be given, however, to the impact of gender-affirming hormone regimens and surgical care on preventive screenings. Providers should integrate a more comprehensive view of health when caring for TG persons and address the impact of social determinants and other barriers to accessing affirming, inclusive health care. In individual interactions, providers must consider the unique impact that a gender identity and expression different from the assigned gender at birth affects patient-provider interactions, including the history, physical examination, and diagnostic testing (Whitlock et al., 2019). Clinicians involved in the care of TG adult patients should be knowledgeable about diagnostic criteria for gender dysphoria/gender incongruence, the use of medical and surgical gender-affirming interventions, and appropriate monitoring for reproductive organ cancer risk (Libman et al., 2020).

TG individuals are at an increased risk of experiencing health inequalities, such as anxiety, depression, and HIV. It is important that providers and staff in the health care setting are prepared to care for this population to ensure best patient outcomes. An understanding of TG terminology and the experience of gender dysphoria is key. Health education programs can emphasize mastery of basic LGBT concepts and terminology, as well as openness towards and acceptance of LGBT people. Core concepts, language and positive attitudes can be instilled alongside clinical skill in delivering inclusive sexual health care, through novel educational strategies and paradigms for clinical implementation. Caring for the health needs of LGBT patients also involves the creation of health care settings that affirm LGBT communities in a manner that is responsive to culturally specific needs, sensitivities and challenges that vary across the globe (Keuroghlian et al., 2017).

Transgender Health Resources

There are numerous resources available for patients, families, and health care providers. Even with these abundant resources, providers often express feeling uncomfortable in providing care for TG individuals. Appendix B depicts a variety of resources that will assist providers.

Local Background and Context

An estimated 1.4 million Americans, approximately 0.6 percent of the population of the United States, identify as TG. And, today, the topic of TG health care is more widely discussed than ever before. TG patients are like all other patients, and their gender identity is just one facet of their overall identity. Multidisciplinary clinics that focus on key issues for TG patients are important, because they can provide access to subspecialists who can focus on hormone therapy, fertility questions, mental health, etc., but equally important, is the understanding that TG patients need to be able to see a primary care physician for their common cold without fear of stigma due to their gender identity. The fear of stigma and clinicians' lack of cultural competence and sensitivity are barriers to care, which may lead to avoidance of preventive medical screenings, acute care, and noncompliance with prescribed medication. This underserved population additionally suffers from inadequate medical and psychological treatment and is frequently victimized in medical settings with inappropriate and disrespectful conduct or language (Kahn, 2016; Lutwak, 2017).

By creating a TG health program within a health center, you are providing a much-needed service to a marginalized and underserved population. A program where gender diverse patients can get not only their medical needs met, but can also find interdisciplinary services for case management, social opportunities, and more, provides a unique opportunity to improve the overall health and quality of life of gender diverse people (Lambert et al., 2018). The clinic supporting this project was a one-stop shop clinic able to handle all the ongoing heath needs of this population including blood draw,

imaging, counseling, advising, support group meetings and on-going healthcare instruction. This health care center supported an atmosphere that was intentionally and actively inclusive and respectful of gender diverse patients and their families. Lesbian, gay, bisexual and TG (LGBT) people face pervasive health disparities and barriers to high-quality care. Adequate LGBT health education for emerging health professionals is currently lacking. Clinical training programs and healthcare organizations are well poised to start addressing these disparities and affirming LGBT patients through curricula designed to cultivate core competencies in LBGT health as well as health care environments that welcome, include and protect LGBT patients, students, and staff.

What types of discrimination by health care providers are prohibited by law? It is important to know what we can do in TG healthcare programs, but also to know what discriminatory treatment is prohibited by federal law. According to Know your Health, (2020) these are types of discrimination by health care providers are prohibited by law

•Refusing to admit or treat you because you are TG

•Forcing you to have intrusive and unnecessary examinations because you are TG

•Refusing to provide you services that they provide to other patients because you are TG

•Refuse to treat you according to your gender identity, including by providing you access to restrooms consistent with your gender

•Refusing to respect your gender identity in making room assignments

•Harassing you or refusing to respond to harassment by staff or other patients

•Refusing to provide counseling, medical advocacy or referrals, or other support services because you are TG

•Isolating you or depriving you of human contact in a residential treatment facility, or limiting your participation in social or recreational activities offered to others

•Requiring you to participate in "conversion therapy" for the purpose of changing your gender identity

•Attempting to harass, coerce, intimidate, or interfere with your ability to exercise your health care rights

Role of the DNP Student

My personal motivation for this doctoral project was to be a leader who started the charge to help an underserved community. Ultimately, one of the largest reasons that TG people face inequality is due to a lack of public understanding of TG people. This lack of understanding can lead to inadequate health care. My professional relationship to this project was to develop and recommend a clinical guideline for clinic providers caring for this underserved community.

Role of the Project Team

The AGREE II instruction manual recommends four appraisers participate in the CPG review using the AGREE II tool (Brouwers et al., 2010). The project team appraisers will consist of four providers from the TG clinic.

Summary

Section 2 introduced the AGREE II tool that will frame this CPG development. The hierarchy of evidence scale that will be used to grade evidence was discussed. The evidence that will support development of the CPG was described. The local background and context of the institution applicable to the gap in practice, my role and the role of the project appraisers were introduced. Section 3 will discuss the evidence that will be generated for this project, the analysis and synthesis that will be used to address the practice question.

Section 3: Collection and Analysis of Evidence

Introduction

In addition to the barriers they face in accessing health care, TG persons experience stigma and discrimination while receiving health care services (Lee et al., 2018). The gap in nursing practice at the identified site was a lack of understanding by providers of evidence-based best practices for optimizing patient care. The purpose of this project was to develop a CPG for providers caring for patients at a TG clinic in the Southeastern United States.

Practice-Focused Question

Based on current evidence, what guidelines for PCC should be recommended to providers in a TG clinic?

Sources of Evidence

To develop this CPG, I followed the guideline development process in the Walden University *DNP Manual for Clinical Practice Guideline Development (CPGD).* Specifically, I followed these steps:

1. Identify a problem to be addressed with the guideline.
2. Develop a practice focused question.
3. Develop evidence selection criteria.
4. Search the literature.
5. Critically appraise the evidence from the literature using the Fineout-Overholt et al. (2010) hierarchy.
6. Synthesize the evidence from the literature.

7. Develop proposed guideline.
8. Defend proposal.
9. Obtain IRB approval and site approval.
10. Have expert panel members review the guideline using the AGREE II tool.
11. Revise the guideline based on recommendations.
12. Develop final guideline.
13. Disseminate results to stakeholders.

I discussed Items 1-4 in Section 2. Items 5-7 will be discussed in this section. The remainder of the items will be discussed in Sections 4 and 5.

Analysis and Synthesis

The expert panel analyzed and graded the evidence using the Fineout-Overholt et al. (2010) hierarchy of evidence grading scale. The AGREE II domains were individually scored using a Likert scale rating 1-7. I provided the following instructions from the AGREE II user manual to each appraiser.

- Score of 1 (Strongly Disagree). There is no information that is relevant to the AGREE II item or if the concept is very poorly reported.
- Score of 7 (Strongly Agree). Full criteria and considerations articulated in the User's Manual have been met. Scores between 2 and 6. The reporting of the AGREE II item does not meet the full criteria or considerations

Literature Review and Appraisal

Level 1: Systematic Review or Meta-Analysis

Over the past 5 years, researchers have completed important systematic reviews related to the practice question. The objective of the meta-analysis completed by Brooks et al. (2018) was to explore if the care experiences and unmet needs of people who identify as a sexual or gender minority were met. Brooks et al. assessed study quality by using the Mixed Methods Appraisal Tool and a qualitative synthesis. Studies were included if their participants were 18 years or older and who either identified as LGBT, had a same-sex sexual relationship, or were attracted to a member of the same sex. The review included 31 studies representing 2,442 participants. Significant health disparities between LGBTQ individuals and heterosexual individuals were demonstrated in the findings (Brooks et al., 2018). The findings show that LGBTQ people face numerous challenges due to their sexual orientation and receive care that does not adequately address their needs. Training (including healthcare tools) and education of health-care professionals were strongly recommended to address some of these challenges and practice gaps. Brooks et al. also recommended culturally appropriate care. Such care includes avoiding heterosexual assumptions, using inclusive language, providing tailored information, and involving partners in care (Lisy et al., 2018).

Aylagas-Crespillo and colleagues (2018) explored barriers in the social and healthcare assistance for TG persons. In this systematic review of qualitative studies, the researchers explored the barriers perceived by TG persons when they seek social and healthcare assistance. They found 2,261 articles in the databases searched. Seven articles

met all inclusion criteria and were included in this review (Aylagas-Crespillo et al., 2018). The professionals highlight the uncertainty when treating TG persons and their lack of training. TG persons highlight the lack of information and the sense of helplessness it creates. Perceptions of transphobia, the fragmentation of services, administrative barriers, the lack of cultural sensitivity, and professional training are also considered barriers to assistance, according to Aylagas-Crespillo et al.'s findings. The findings of this systematic review provide key information for the design of plans and programs to improve the quality of social and health care for TG persons including best practices for creating clinician guidelines to treat this population of patients.

Level II: Randomized Control Trials

Mendez et al. (2018) completed a randomized control trial (RCT) to validate the development of a CPG. The 2017 RCT completed by Baptiste-Roberts et al. demonstrated evidence of health disparities between sexual minority and heterosexual populations when providing health care to this population. To ensure equitable health for all, there is an urgent need for targeted, culturally sensitive health promotion, cultural sensitivity training for health care providers, and intervention-focused research (Baptiste-Roberts et al., 2017). There is evidence of health disparities between sexual minority and heterosexual populations. Although the focus of LGBT health research has been human immunodeficiency virus/acquired immunodeficiency syndrome and sexually transmitted infection among men who have sex with men (see CITE), there are health disparities among sexual minority women. There is a need for TG healthcare training and promotion of health care provider education, according to Baptiste-Roberts et al. Using the minority

stress framework, these disparities may in part be caused by individual prejudice, social stigma, and discrimination (Baptiste-Roberts et al., 2017).

In their 2015 qualitative study, which was undertaken to better understand providers' perspectives on the health care needs and barriers to care for the TG population, Torres et al. explored challenges in navigating the health care system and the need for trans-affirming competency training for providers and frontline staff. Eleven TG youth ages 13-21 participated in the study. The findings of this study highlighted the need for providers to recognize multiple barriers and challenges in the care of this population. The researchers proposed that providers can further enhance the resilience of the TG population and help them flourish by offering them necessary resources via the creation of safe and welcoming clinical environments.

Level VII: Expert Opinions or Consensus

TG persons represent a generally ill-served or underserved population. This marginalized group continues to experience considerable difficulty in obtaining culturally competent health care despite recommendations by professional organizations and introduction of antidiscrimination legislation. In the United States, studies estimate that approximately 150,000 youths and 1.4 million adults identify as TG. As sociocultural acceptance patterns evolve, clinicians will likely care for an increasing number of TG people.

Much of the evidence related to best practices in the care of TG patients falls under the category of expert opinions. Increasing numbers of TG and gender diverse youth are presenting for medical care, including seeking more information and access to

services from gynecologic and reproductive health experts. Experts are well positioned to provide affirming, comprehensive services, including education, hormonal interventions, menstrual management, contraception, and various gynecological procedures. Early medical guidance and support for the TG community has been associated with long-term positive emotional and physical health outcomes (Hodax et al., 2019). Studies indicate that lesbian, gay, bisexual, TG, and intersex (LGBTI) people constantly face challenges and disadvantages in the health care system that prevent them from getting the best possible PCC. For an appropriate approach to LGBTI-centered health care and health promotion, health professionals will need to adopt a better understanding of these specific skills to provide better care with more education (Lampalzer et al., 2019).

One of the biggest barriers to care for TG individuals is a lack of knowledgeable providers. In a move that reflects a growing recognition of TG care needs within established medicine in the United States, *The New England Journal of Medicine (NEJM)* published a review on the topic authored by experts from the Mount Sinai Health System. The new review, titled "Care of TG Persons," appears in the December 2019 issue of *NEJM.* The review aimed to serve as a fundamental resource to help the medical community separate what is known from what is not in TG health care (Safer et al., 2019). The review examined communication and procedural barriers to TG health care and suggested practical steps to help ameliorate disparities and unequal treatment supporting the proposed practice question. To improve their interactions and communication with TG persons, reviewers recommended that health care providers take a variety of practical steps in several key areas: office environment, registration forms,

initial interview and assessment, confidentiality, personnel training, awareness of and compliance with applicable antidiscrimination legislation, health insurance-related issues, and outreach and TG health promotion. The conclusion was that to enhance patient satisfaction through culturally competent health care, quality assurance, and patient feedback is critical to creating open lines of communication between practitioner and patient and fostering a favorable context for TG patient care.

All the literature reviews and appraisals described in this section connect to demand a call to action for patient-centered guidelines and tools that will be recommended to providers in a TG clinic. Modern research has shown much higher numbers of TG people than were apparent in earlier clinic-based studies needing health care and continued care. The examined research shows that many TG people live on the margins of society, facing stigma, discrimination, exclusion, violence, and poor health. They often experience difficulties accessing appropriate health care, whether specific to their gender needs or more general in nature (Winter et al., 2016). The most influential vehicle to effect long-lasting, meaningful change across current and future generations of clinicians in all specialties caring for TG individuals is education (Safer et al., 2019).

There were numerous published guidelines related to the care of LGBTI patients. Current CPGs that are useful resources for practitioners are included in Appendix B.

Literature Summary

The priorities for TG medical outcomes research and continued health care should be to determine health disparities and comorbid health conditions over the life span, along with the effects of mental health, medical, and surgical interventions on morbidity

and mortality. Specific outcomes of interest based on frequency in the literature, potential severity of outcome, and patient-centered interest, include affective disorders, cardiovascular disease, malignancies, fertility, and time dose-related responses of specific interventions (Feldman et al., 2016). TG individuals experience unique health disparities but are the subject of little focused health research. The clinical needs of the TG population have outpaced medical training and scientific advancement, which has opened gaps on how to define best practices (Agana et al., 2019). In recent years, much progress has been made in characterizing the needs of TG persons wishing to transition to their preferred gender, thus helping to optimize healthcare and continued healthcare. This critical review of the literature examines their common health issues, several individual risk factors, and current research on the underlying need for a "toolbox" of clinical help to assist this population. Prevalence rates of persons identifying as TG and seeking help with transition have been rising steeply since 2000 across Western countries; the current U.S. estimate is 0.6% (Mueller et al, 2017). Anxiety and depression are frequently observed both before and after transition, although there is some decrease afterward. Individual factors contributing to health in TG persons include community attitudes, societal acceptance, and post transition physical attractiveness (Mueller et al., 2017). Standards for optimal individual clinical care are consistent around the world, although the implementation of services for TG populations will depend on health system infrastructure and sociocultural contexts. Some clinical services for TG people, including gender-affirming surgery, are best delivered in the context of more specialized facilities; however, most health-care needs can be delivered by a primary care practitioner. Across

high-income and low-income settings alike, there often remains a dearth of educational programming for health-care professionals in TG health, although the best evidence supports introducing modules on TG health early during clinical education of clinicians and allied health professionals (Wylie et al, 2016). While these challenges remain, we must review the increasing evidence and examples of the defined roles of health professional in TG health-care decisions, effective models of health service provision, and available tools for healthcare professionals.

Recommended Guideline

Practice guidelines are practitioner-focused and provide guidance for professionals regarding "conduct and the issues to be considered in particular areas of clinical practice" (Reed et al., 2002, p. 1044). In providing care for TG patients, providers should be aware of both the physiological and psychological implications for care. Using the Picker domains (Australia Commission on Safety and Quality in Healthcare, 2011; Sedlak et al., 2016) for PCC, the following guideline was proposed:

1. *Respect for patient's values, preferences, and expressed nee–s* - Reflect on how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TG people and their families. Providers understand how stigma, prejudice, discrimination, and violence affect the health and well-being of TG people.
2. *Provision of information and education* – Include both providers, patients, and families. Understand the various ways that gender identity can be

expressed. Provide handouts with current resources in a variety of formats (written, web based etc.) and languages. Ensure that providers are well informed about local and national resources.

3. *Management of physical comfort*- Understand the various physiological and psychological issues associated with the medical care of TG patients. Stay current on guidelines and resources on care of patients undergoing gender surgeries. Reinforce to patients, families, and other providers that primary care is an essential component of overall healthcare for TG individuals.
4. *Emotional support* –Understand that basic communication skills are essential to providing a safe and positive environment. Educate all staff to ask for and use correct pronouns and names. Respecting confidentiality and privacy. Avoid asking questions that may not be appropriate in representing the TG lifestyle or may lead to embarrassment. Creating a welcoming environment and avoiding making assumptions or behaviors that may belittle the individual will help in encouraging the individual to be trusting and disclose information necessary to providing PCC.
5. *Involvement of family and friends* – Be aware that families and friends may have a different composition than traditional ones. Respect the need for patients to include significant others in decision making and care management.

6. *Continuity and access to ca–e* - Understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of the TG population. Encourage TG patients and families to seek appropriate healthcare in this safe environment.
7. *Interdisciplinary approach to ca–e* - Recognize the potential benefits of an interdisciplinary approach when providing care to TG population and strive to work collaboratively with other providers.
8. *Attachments* – Resource list

It is pivotal that providers follow the IOM recommendations for PCC with the TG population. There is an abundance of resources to assist provider, patients, and families in providing compassionate, competent, and safe care (Sedlak et al., 2016).

Summary

In Section 3, I reintroduced the practice question. The sources of evidence, and the analysis and synthesis of evidence were described. The evidence was discussed, graded, and a proposed guideline developed. Section 4 will describe the findings, implications, and recommendations from the CPG development process. Strengths and limitations of the project will be discussed.

Section 4: Findings and Recommendations

Introduction

Transgender people have a unique set of mental and physical health needs. These needs are compounded by prejudices against TG people within both the medical system and society at large. These prejudices create barriers to accessing timely, culturally competent, medically appropriate, and respectful care and are associated with decreased care for the TG community. Denial of, or severely limited access to, medical care for TG people, whether explicitly by refusal of coverage or implicitly by prejudice and lack of knowledge among health care workers, may have detrimental effects on both the short- and longer-term health and well-being of TG people.

The failure to comprehensively address the medical needs of TG people stands in contradiction to the medical profession's prized values of equity and respect. The pressures associated with unmanaged dysphoria and/or the social stigma that can accompany gender diagnosis and transition may result in clinically significant levels of distress that would require medical assistance, in particular specialist experience of the field (Chen et al., 2020). A new approach is urgently needed that not only recognizes the unique health care needs of this group of people, but does so in an ethical, principled, and timely manner (Stroumsa, 2014).

The purpose of this doctoral project was to explore evidence based best practices in treating TG patients and develop a CPG that providers in a TG clinic may use to provide PCC. develop a CPG that would promote respectful and compassionate care, assisting in self-care management of the TG patient and fostering an interdisciplinary

approach to care by the use of the guidelines developed. The project question was, Based on current evidence, what clinical practice guideline for patients centered care should be recommended to providers in a transgender clinic?

Findings and Implications

A panel of five experts (three advanced practice nurses and two physicians) evaluated the proposed CPG. These experts provide care for TG patients. Each panelist reviewed the proposed CPG and completed the AGREE II tool to rate the guideline. The AGREE II tool consists of 23 criteria measured in six domains. Table 3 describes each domain and alignment to proposed CPG.

Table 3

AGREE II Tool Domains Alignment

Domain	Description
1. Scope and purpose	Project question and CPG aligns with the Picker domains of patient centered care.
2. Stakeholder involvement	Five expert panelists involved in review.
3. Rigor of development	Best practices, current guidelines and evidence used in development.
4. Clarity of presentation	CPG, and resources were clear and supported with evidence.
5. Applicability	CPG and resources can be applied in a variety of settings.
6. Editorial Independence	Each panelist completed an individual review and presented individual comments.

Participants rated each criteria with two final overall rating assessments at the end of tool. Each criteria was appraised on a 7-point scale (1 = *strongly disagree* to 7 = *strongly agree*). Each domain score was summed by totaling the individual item scores and dividing this score by the maximum possible score. Total scores ranged from 5 to 7

for each criteria within the domain. The AGREE II scores for the panel are described in Appendix A. The final CPG is presented in Appendix B.

Clinical practice guidelines can improve healthcare processes and patient outcome. Scoring the quality of the project guidelines by using the Agree II tool as an appraisal tool may help future users. The panel found the guidelines helpful and necessary for serving the TG patient population. The identified appraisal tool found the guidelines to be successful, useful and recommended. The Agree II tool is reliable and valid when assessing the quality of CPGs (CITE).

Recommendations

Five expert panelists completed the review of the proposed CPG using the AGREE II tool. The final overall for the quality of the guideline was 6.64. The panelists accepted the proposed CPG as presented. In addition, they made several recommendations and comments:

- Continue with the guidelines with staff education.
- Promote the “toolbox” in multiple languages.
- Continue to work with the department of diversity to create a clinic that is more welcoming and promotes a safe environment with a comfortable space.
- Hire diverse staff.
- This is an excellent practice guideline focused a diverse, at-risk, patient population. Given the potential deficits in traditional medical training programs regarding the care of transgender patients, such guidelines are beneficial in providing clinically meaningful “on the job” education for

healthcare providers to ensure that all patients receive the highest possible quality of care.

Strengths and Limitations of the Project

Many TG individuals avoid care for preventable and life-threatening conditions due to fear and experiences of discriminatory treatment. One of the strengths of this project was the sharing of evidence on variety of resources available to practitioners and patients that will assist them to bridge the gaps of understanding vital to improving access to care, building trust between patient and nurse, and improving patient outcomes. The proposed toolbox, or clinical practice guidelines, enhances the interpersonal and clinical skills working within this community to help address health disparities and create a welcoming environment. Limitations of the project include language and reading barriers that might affect understanding the availability of resources. Financial limitations for this population might also limit access to care.

Section 5: Dissemination Plan

Analysis of Self

Transgender individuals experience many barriers to obtaining culturally and medically appropriate healthcare. I have found, through this project, that education about transgender health helps to remove barriers to care and enables providers to create safe, inclusive, and supportive healthcare environments. Educating myself and my colleagues on medical care for TG patients may foster more understanding of this community leading to the provision of sensitive patient care. This culturally competent guideline could be a model for other clinics serving TG patients. I will continue dissemination of this information through professional presentations and publications.

Summary

Change is not always easy and accepted. Communication and education are key. The stakeholders and committee members must be well versed in policies and procedures, be team players, be open to change, and have an acceptable amount of time with the drive to see that each patient is treated with care and concern. There will always be barriers to change, but with the proper evidence-based practice guidelines and a commitment to patient safety, nursing professionals may be able to improve patient care for TG individuals.

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Appendix A: AGREE II

AGREE II Domains	AGREE II Criteria	1	2	3	4	5	Total
Scope and purpose	The overall objective(s) of the guideline is (are) specifically described.	7	5	7	7	7	6.6
	The health question(s) covered by the guideline is (are) specifically described.	7	5	7	7	7	6.6
	The population (patients, public, etc.) to whom the guideline is meant to apply is specifically described.	7	6	7	7	7	6.8
Stakeholder involvement	The guideline development group includes individuals from all the relevant professional groups.	7	5	7	7	7	6.6
	The views and preferences of the target population (patients, public, etc.) have been sought.	7	5	7	7	7	6.6
	The target users of the guideline are clearly defined.	7	6	7	7	7	6.8
Rigor of development	Systematic methods were used to search for evidence.	7	6	7	7	7	6.8
	The criteria for selecting the evidence are clearly described.	7	6	7	7	7	6.8
	The strengths and limitations of the body of evidence are clearly described.	7	5	7	7	7	6.6
	The methods for formulating the recommendations are clearly described.	7	5	7	7	7	6.6
	The health benefits, side effects and risks have been considered in formulating the recommendations.	7	5	7	7	7	6.6
	There is an explicit link between the recommendations and the supporting evidence.	6	6	7	7	7	6.8
	The guideline has been externally reviewed by experts prior to its publication.	7	5	7	7	7	6.6
	A procedure for updating the guideline is provided.	7	5	7	7	7	6.6
Clarity of presentation	The recommendations are specific and unambiguous.	7	6	7	7	7	6.8
	The different options for management of the condition or health issue are clearly presented.	6	6	7	7	7	6.8
	Key recommendations are easily identifiable.	7	5	7	7	7	6.6
Applicability	The guideline describes facilitators and barriers to its application.	7	5	7	7	7	6.6

	The guideline provides advice and/or tools on how the recommendations can be put into practice.	7	5	7	7	7	6.6
	The potential resource implications of applying the recommendations have been considered.	7	5	7	7	7	6.6
	The guideline presents monitoring and/ or auditing criteria.	7	5	7	7	7	6.8
Editorial independence	The views of the funding body have not influenced the content of the guideline.	7	6	7	7	7	6.8
	Competing interests of guideline development group members have been recorded and addressed.	7	5	7	7	7	6.6
Overall Guideline Assessment		7	5	7	7	7	6.6
Overall Guideline Assessment		6.9	5.33	7	7	7	6.64

Appendix B: Final Clinical Practice Guideline

Patient Centered Care for the Transgender Patient

1. *Respect for patient's values, preferences, and expressed needs* - Reflect on how their attitudes about and knowledge of gender identity and gender expression may affect the quality of care they provide to TG people and their families. Providers understand how stigma, prejudice, discrimination, and violence affect the health and well-being of TG people.
2. *Provision of information and education* – Include both providers, patients, and families. Understand the various ways that gender identity can be expressed. Provide handouts with current resources in a variety of formats (written, web based etc.) and languages. Ensure that providers are well informed about local and national resources.
3. *Management of physical comfort*- Understand the various physiological and psychological issues associated with the medical care of TG patients. Stay current on guidelines and resources on care of patients undergoing gender surgeries. Reinforce to patients, families, and other providers that primary care is an essential component of overall healthcare for TG individuals.
4. *Emotional support* –Understand that basic communication skills are essential to providing a safe and positive environment. Educate all staff to ask for and use correct pronouns and names. Respecting confidentiality and privacy. Avoid asking questions that may not be appropriate in representing the TG lifestyle or may lead to embarrassment. Creating a welcoming environment and avoiding making

assumptions or behaviors that may belittle the individual will help in encouraging the individual to be trusting and disclose information necessary to providing PCC.

5. *Involvement of family and friends* – Be aware that families and friends may have a different composition than traditional ones. Respect the need for patients to include significant others in decision making and care management.
6. *Continuity and access to care* - Understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of the TG population. Encourage TG patients and families to seek appropriate healthcare in this safe environment.
7. *Interdisciplinary approach to care* - Recognize the potential benefits of an interdisciplinary approach when providing care to TG population and strive to work collaboratively with other providers.

8. *Current Guidelines*

Guideline Link	Explanation
https://transcare.ucsf.edu/guidelines	Provide primary care providers and health systems with the tools and knowledge to provide comprehensive health care services for transgender and gender nonconforming patients.
https://www.apa.org/practice/guidelines/transgender.pdf	Expansion on the importance of guidelines to help professionals and clinicians toward nonjudgmental attitude toward people who may have a different experience of gender identity and gender expression from their own.
https://www.aafp.org/afp/2018/1201/p645.html	Caring for such a diverse community will be dependent on a diverse multidisciplinary team – guidelines are set for to help clinicians treat these patients while understanding their care disparities and barriers to care
https://endocrinenews.endocrine.org/endocrine-society-issues-new-gender-affirmation-treatment-guideline/	Use of safe and effective hormone regiment to develop the physical characteristics of the affirmed gender - this guideline was more of a diagnosis and treatment of endocrine-related conditions
https://psychiatryonline.org/guidelines	Use of a systematic format to treat patients by developing patient care strategies.
https://www.medicalbag.com/home/medicine/acute-clinical-care-for-transgender-patients-guidelines-for-the-medical-community/	Development of an inclusive treatment and health guidelines that can be used for all patients with a keen focus to identify the patients as their gender identity.
https://www.wpath.org/	The World Professional Association for Transgender Health (WPATH) published guidelines addressing a variety of issues related to this population (WPATH, 2012).
https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html	Fact sheets, briefs, toolkits and resources for providers, patients, and families

9. Resources

https://www.cdc.gov/hiv/clinicians/transforming-health/health-care-providers/affirmative-care.html	World Professional Association for Transgender Health (WPATH - interdisciplinary professional and educational organization devoted to transgender health.
https://www.lgbtqiahealtheducation.org/wp-content/uploads/2018/10/Creating-a-Transgender-Health-Program.pdf	2018 publication on Creating a Transgender Health Program at Your Health Center: From Planning to Implementation
https://www.endocrine.org/clinical-practice-guidelines/gender-dysphoria-gender-incongruence	Gender Dysphoria/Gender Incongruence Guideline Resources
https://louisville.edu/lgbt	LGBT Center University of Louisville
https://www.wpath.org/publications/soc	Standards of Care WPATH
https://www.hca.wa.gov/health-care-services-supports/apple-health-medicaid-coverage/transgender-health-program#:~:text=Transgender%20Health%20Program%201%20Apple%20Health%20%28Medicaid%29%20Transgender,marker.%20...%204%20To%20change%20your%20name.%20	Washington State Transgender Health Program
https://www.sunserve.org/programs/transgender-services/	South Florida Transgender Services
www.thetrevorproject.org/	National organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, queer & questioning (LGBTQ) young people under 25.
https://www.glaad.org/transgender/resources#:~:text=Transgender%20Resources%201%20Resources%20for%20Transgender%20People.%20The,General%20Information%20and%20Resources.%20The%202015%20U.S.%20	Transgender resources
https://transequality.org/	National Center for Transgender Resources
https://translifeline.org/	Grassroots hotline and microgrants 501(c)(3) non-profit organization offering direct emotional and financial support to trans people in crisis