

# Recommended Framework for Training in Transgender Primary Medical Care

Prepared by Joshua Goldberg  
Education Consultant, Transgender Health Program

with research support by Olivia Ashbee,  
Donna Lindenberg, and Barbara Suzanne Rouse, BSN

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# Recommended Framework for Training in Transgender Primary Medical Care

## Context

In 2003, following the closure of the Gender Dysphoria Program at Vancouver Hospital, Vancouver Coastal Health adopted a decentralized community-based approach to transgender care. As there is wide variability in expertise and familiarity with transgender care among community-based practitioners, there is a need for practice guidelines and clinical training to encourage consistency and quality of care. While promotion of general sensitivity/awareness is a first step in improving the quality of care to transgender people, clinical guidance and training are needed in the delivery of services specific to crossdressing/gender dysphoria.

The following recommendations form part of a comprehensive package submitted to Vancouver Coastal Health as part of the *Moving Beyond Trans-Sensitivity: Developing Clinical Competence in Transgender Care* project. The project, a partnership between Transcend Transgender Support & Education Society and Vancouver Coastal Health's Transgender Health Program (with funding from Health Canada through the Canadian Rainbow Health Coalition), aims to create best practice guidelines and a plan for systematic training of students and professionals already in practice in adolescent care, endocrinology, mental health, primary medical care, speech, and surgery.

The terms *primary care* and *primary health care* are often used interchangeably in Canadian health governance literature to refer to health promotion, prevention, curative, supportive, and rehabilitative services that may encompass a broad range of medical, psychological, socioeconomic, educational, and other resources.<sup>1</sup> For the purposes of this project, *primary medical care* refers to the disease prevention, health promotion, assessment, diagnosis, and treatment services provided by a family physician (FP) or advanced practice nurse (APN) who is an individual's main point of entry into the allopathic health system.\* Advanced practice nursing includes family nurse practitioners (FNPs) and clinical nurse specialists (CNSs).

## Development of Training Framework

Course descriptions for the Distributed Medical Program (University of BC, University of Victoria, and University of Northern BC) and the 16 public post-secondary institutions that train nurses in BC were reviewed to determine existing transgender content in undergraduate and graduate primary medical care training. Information about training in transgender primary medical care outside BC was collected by correspondence with North American FPs and APNs known to be leaders in transgender primary medical care (to determine their involvement in training) and a general internet search for transgender training programs. A request for information about current transgender care training initiatives was sent by email to members of the HBIQDA internet listserv.

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\* In BC, health promotion/health education is provided by a very broad range of practitioners, including Aboriginal Community Health Coordinators, Community Health Representatives, counsellors, naturopathic physicians, nutritionists, community health nurses, physiotherapists, Traditional Chinese Medicine practitioners, etc. A multidisciplinary approach to training in trans-specific health promotion that is inclusive of non-medical practitioners is outside the scope of the current project, but is strongly recommended in further development of training.

Four clinicians who provide education relating to transgender primary medical care agreed to be interviewed to discuss the content of their training and to offer advice on the development of a new training program in BC. These interviewees were:

- Eva Hersh, M.D., F.A.A.F.P. – Director of Primary Care, Chase Brexton Health Services, Baltimore, MD, USA
- Lori Kohler, M.D. – Associate Clinical Professor, Department of Family & Community Medicine, University of California, San Francisco, CA, USA
- Rosemary Prentice, R.N., M.S.N. – Associate Professor, College of Nursing and Health Science, University of Southern Maine, Portland, ME, USA
- Melanie Spritz, D.O. – Associate Professor, Internal Medicine & Psychiatry, College of Physicians & Surgeons, Columbia University, New York, NY, USA

To ensure compatibility with existing training for primary medical care clinicians in BC and to obtain additional feedback, four local clinicians involved in primary medical care training provided feedback on drafts of this framework:

- Trevor Corneil, M.D. – Clinical Associate Professor, Department of Family Practice, University of BC; Medical Director, Urban Primary Health Care, Vancouver Community, Vancouver Coastal Health; Physician, Three Bridges Community Health Centre
- Peter Granger, M.D. – Clinical Associate Professor, Department of Family Practice; Director, Division of Inner City Medicine, Faculty of Medicine, University of BC, Vancouver
- Marjorie MacDonald, R.N., Ph.D. – Associate Professor and Interim Director, School of Nursing, University of Victoria
- Colleen Varcoe, R.N., Ph.D. – Associate Professor, School of Nursing, University of BC, Vancouver

## Transgender Primary Medical Care

*Transgender primary medical care* involves care for general conditions in the transgender population as well as care related specifically to transgender issues. Although specialists may be involved in hormonal feminization/ masculinization, long-term hormonal maintenance is considered part of transgender primary medical care, as maintenance includes screening tests outside an endocrinologist's usual scope of practice.

Little is known about transgender community utilization of primary medical care. The transgender community is generally considered a medically underserved population with multiple barriers to accessing care.<sup>2</sup> In BC it is estimated that family physicians are responsible for approximately 95% of initial contacts with the medical system,<sup>3</sup> but this may not be the case for the transgender population. As a result of repeated negative experiences with the medical system it is not uncommon for transgender individuals to avoid medical care unless in gravely ill health,<sup>4</sup> and to use emergency medical services or walk-in clinics rather than a FP.<sup>2</sup> Anonymous public health facilities (e.g., street nurse programs) may also be favoured, as privacy is a key concern for many transgender people. It is common for transgender individuals in BC to have low income,<sup>5</sup> and primary medical care programs specifically for homeless and impoverished people may accordingly have disproportionately high numbers of transgender people accessing services.

Transgender Health Program clients reported the following spectrum of access to primary medical care:

- no consistent access to primary medical care; reliance on hospital/walk-in clinic for medical emergencies (estimated 30-40% of transgender individuals in USA<sup>2</sup>)
- consistent access to primary medical care for general medical conditions, but care provider is not aware patient is transgender (45% of participants in Minnesota transgender study<sup>6</sup>) or is not comfortable discussing transgender issues
- consistent access to primary medical care with trans-sensitive/supportive clinician who lacks clinical competency in transgender care
- consistent access to trans-competent primary medical care

There are no data on the number of transgender individuals currently lacking access to trans-competent primary medical care, or the number of primary medical care clinicians who can be considered fully trans-competent. In the Transgender Health Program (THP)'s first year, help finding a FP was the top referral request.<sup>7</sup> The THP's resource guide lists two public health nurses, three community health centres, and 27 family physicians (although at least seven of the listed FPs are not currently taking new patients, and others are mandated to work only with a specific geographic population). Even though these primary medical care clinicians are sensitive to the needs of transgender individuals and are striving to be accessible to the transgender community, they may not be *trans-competent* (i.e., able to meet the full range of primary medical care needs of the transgender patient), as there has been very little transgender training and information for primary medical care providers in BC. The current number of clinicians able to provide trans-competent primary medical care is therefore likely insufficient to meet existing demands.

## Delivery of Transgender Primary Medical Care Services

Unlike specialized crossdressing/transition services, which are needed only by a portion of the transgender community, every transgender person needs access to primary medical care. Service and training goals must accordingly be different than for specialized services that require only a small number of clinicians. Rather than routinely funneling all transgender individuals to a small number of clinicians who have specialized training and experience, training should be available to any primary medical care provider who is willing to provide care for a transgender patient but unsure how to do so. In most cases, trans-specific care needs are not overly complex and the patient's existing primary medical care provider can, with appropriate training and clinical guidance (e.g., practice guidelines, consultation with a trans-experienced clinician), continue care. In some cases it may be appropriate for the patient to transfer to a more experienced clinician.

A three-tiered service/training model patterned after addictions and HIV is recommended for transgender primary medical care, as outlined in the table on the following page.

**Table 1: Transgender Equivalent to Primary Medical Care of Addictions/HIV**

	<b>Addictions</b>	<b>HIV</b>	<b>Transgender equivalent</b>
<b>Tier 1: Basic</b> (all primary medical care providers)	<ul style="list-style-type: none"> <li>• understanding/awareness of addiction issues</li> <li>• able to respond appropriately if patient discloses substance use</li> <li>• able to screen for and recognize drug/alcohol concerns</li> <li>• ability to provide referrals for specialty evaluation/treatment if needed</li> </ul>	<ul style="list-style-type: none"> <li>• understanding/awareness of HIV transmission</li> <li>• able to respond appropriately if patient discloses high-risk behavior</li> <li>• able to screen for HIV infection and counsel on risk reduction</li> <li>• able to provide referrals for specialty evaluation/treatment if needed</li> </ul>	<ul style="list-style-type: none"> <li>• understanding/awareness of transgenderism</li> <li>• able to respond appropriately if patient discloses transgender identity or gender concerns</li> <li>• able to screen for and recognize gender concerns</li> <li>• able to provide referrals for specialty evaluation/treatment if needed</li> </ul>
<b>Tier 2: Intermediate</b> (primary medical care providers with a single or small group of patients needing trans-specific care)	<ul style="list-style-type: none"> <li>• able to provide drug and alcohol assessment (patient interview, physical exam, lab investigation if needed)</li> <li>• able to outline options for treatment, including pharmacologic options</li> <li>• FPs/FNPs: provision of pharmacologic treatment</li> <li>• able to coordinate with other clinicians involved in care</li> </ul>	<ul style="list-style-type: none"> <li>• able to assess where patient lies on continuum of HIV disease (HIV-specific exam, history, lab investigation)</li> <li>• able to provide routine followup/medical monitoring</li> <li>• FPs/FNPs: provision of prophylactic therapy</li> <li>• able to coordinate with other clinicians involved in care</li> </ul>	<ul style="list-style-type: none"> <li>• able to provide trans-specific assessment (history, physical exam, lab investigation if needed)</li> <li>• able to consider trans-specific elements in provision of general primary medical care</li> <li>• FPs/FNPs: hormone bridging/maintenance</li> <li>• able to coordinate with other clinicians involved in care</li> </ul>
<b>Tier 3: Advanced</b> (primary medical care providers with more patient experience)	<ul style="list-style-type: none"> <li>• licensed to prescribe methadone for opioid dependency</li> </ul>	<ul style="list-style-type: none"> <li>• sufficiently trained/experienced to be able to oversee antiretroviral therapy</li> </ul>	<ul style="list-style-type: none"> <li>• sufficiently trained/experienced to be able to initiate hormone therapy and provide care relating to sex reassignment surgery</li> </ul>

**Tier 1 (basic): Sensitive, respectful, inclusive care**

It is highly likely that all primary medical care clinicians have at least one transgender person in their practice, although few clinicians are likely aware of their patient’s transgender status. While transsexualism is rare (estimated at 1 in 11,900 for male-to-females and 1 in 30,400 for female-to-males<sup>8</sup>), over 3% of adults age 18-60 report engaging in erotically motivated crossdressing,<sup>9</sup> and an additional number are involved in non-erotic crossdressing or identify as gender-variant (e.g., bi-gender, androgynous, genderqueer). Accordingly, all primary medical care clinicians should be familiar enough with transgender issues to respond appropriately should a patient disclose transgender identity, cross-gender behaviour, or gender concerns, or express confusion or concern about a transgender loved one. Appropriate response includes non-judgmental attitude, the ability to discern (across the lifespan) a non-problematic variant identity from a gender concern that may require clinical attention, awareness of peer and professional resources, and comfort talking about transgender issues relevant to primary medical care.

Tier 1 service involves sensitive, respectful, inclusive, and welcoming care. This is all that is required in the majority of cases, as most transgender persons do not experience health problems relating to transgender behaviour or identity. A higher level of clinical expertise is needed for individuals who require trans-specific primary medical care, including: (a) patients who have concerns relating to gender dysphoria or compulsive crossdressing, (b) patients with a history of past hormonal or surgical modification, current use of hormones, or an intention to pursue hormonal/surgical change in the future, and (c) significant trans-specific psychosocial concerns. Tier 1 providers should accordingly have a basic grasp of the range of concerns a transgender patient may present with to assist in determination of appropriate assistance. All primary medical care providers should be aware of basic resources such as the Transgender Health Program and able to make appropriate referrals for peer support and/or professional treatment if needed.

As this level of competence is required for all medical practitioners, Tier 1 training should focus on nursing/medical students, postgraduate resident physicians, and clinicians already in practice. Tier 1 training should also be developed for Medical Office Assistants (MOAs) or other personnel who interact with the transgender patient in the primary medical care setting, with an appropriate focus on charting, privacy, and other administrative issues.

## **Tier 2 (intermediate): Trans-specific elements in general services**

Tier 2 care involves modification of standard primary medical care protocols to address trans-specific needs relating to health promotion, disease prevention, diagnosis/assessment, treatment, and medical advocacy. With adequate training in general transgender medical care, most FPs and APNs can provide this level of care.

Some primary medical care providers in this tier have patients who are undergoing or have undergone medically-assisted masculinization/feminization. Tier 2 primary medical care for these patients involves referrals to and coordination with other specialists (endocrinologist, plastic surgeon, gynecologist, mental health professional, etc.) as well as routine medical monitoring and followup. At minimum, the Tier 2 primary medical care provider will perform cardiovascular, gynecologic, and other screening that is part of primary medical care rather than specialty practice. For patients who are undergoing surgical procedures that are also indicated for non-transgender people (including chest/breast surgery, facial surgery, and hysterectomy), the Tier 2 primary medical care provider should be able to offer the same basic pre-operative and post-operative care as offered to the non-transgender patient undergoing such surgeries – surgeon referral and communication about any issues of concern, and basic post-operative care (e.g., monitoring of wound healing).

Tier 2 FPs/APNs typically do not initiate hormone therapy (this would be done by a trans-competent endocrinologist or Tier 3 FP/FNP), but FPs/FNPs\* with Tier 2 training may be involved in hormone bridging or hormone maintenance (discussed in *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia*<sup>11</sup>). Shared FP/APN care teams and FNP/RN teams should be actively encouraged in hormonal bridging/maintenance, as many of the tasks involved are within nursing scope of practice.

The focus of Tier 2 training is the primary medical care provider who has had experience working with at least one transgender patient. Primary medical care providers who do not have transgender experience but have completed Tier 1 training and are interested in expanding accessibility to the transgender community (including public health facilities such as Options for Sexual Health clinics and youth health clinics) should also be recruited for this level of training.

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\* In BC, nurse practitioners can prescribe anti-androgens, estrogen, and progestins, but not testosterone.<sup>10</sup>

## Tier 3 (advanced): Coordination of medically-assisted feminization/masculinization

FPs/FNPs with sufficient training and clinical experience with transgender people may initiate hormonal care (providing physical and psychological screening, prescription, monitoring effects, and adjusting the dosage as needed) and coordinate post-operative care for a patient who is undergoing trans-specific surgical procedures (e.g., genital surgery). It is not necessary for the Tier 3 FP/FNP to be an endocrinologic or surgical expert, but it is important to be familiar with relevant medical and psychosocial issues as discussed in *Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines*,<sup>12</sup> *Caring for Transgender Adolescents in BC: Suggested Guidelines*,<sup>13</sup> and *Care of the Patient Undergoing Sex Reassignment Surgery*.<sup>14</sup> Tier 3 care involves an interest in ongoing work with the transgender community and therefore competency at this level includes attention to new research findings and developments in transgender care.

This advanced level of care likely requires targeted recruitment and training of at least one FP/FNP in each of the six community health areas in Vancouver and each of the 15 health service delivery areas outside Vancouver – more if a clinician’s existing practice is so full that only a small number of new transgender patients can be accommodated. Shared FP/FNP and FNP/RN care teams at a Tier 3 level should be actively encouraged. Tier 3 training should also be available for Tier 2 FPs and FNPs who cannot take new patients but are willing to expand their knowledge to assist in care of one or more pre-existing transgender patients.

## Core Competencies

Competency in each tier involves the knowledge and skills of the preceding tier as well as additional skills, training, and experience.

**Table 2: Three Tiers of Transgender Competency in Primary Medical Care**

<b>Tier 1: Basic</b>	<ul style="list-style-type: none"> <li>• aware of differences between sex, gender, and sexual orientation</li> <li>• familiar with diversity of gender identity and gender expression in the general population</li> <li>• familiar with terms transgender patients are likely to use</li> <li>• able to distinguish between non-problematic transgender identity/behaviour and concerns that may warrant clinical attention (in children, adolescents, and adults)</li> <li>• aware of local patient/clinician resources (e.g., Transgender Health Program)</li> <li>• familiar with basic trans-sensitivity protocols (e.g., use of preferred gender pronoun/name)</li> </ul>
<b>Tier 2: Intermediate</b>	<ul style="list-style-type: none"> <li>• familiar with common transgender health concerns</li> <li>• able to explain to patients the general processes involved in gender transition (including hormonal and surgical feminization/masculinization)</li> <li>• able to perform trans-specific assessment, including patient interview, physical examination, and lab investigation(s)</li> <li>• able to appropriately chart and interpret sex-specific lab tests</li> <li>• able to offer trans-relevant health promotion/disease prevention services</li> <li>• aware of trans-specific medical advocacy issues and able to complete required paperwork for patients needing medical letters (as in <i>Social and Medical Advocacy with Transgender People and Loved Ones: Recommendations for BC Clinicians</i><sup>15</sup>)</li> <li>• able to provide hormone bridging/maintenance</li> <li>• able to provide basic post-operative care following chest/breast surgery, facial feminization, or hysterectomy/oophorectomy</li> </ul>
<b>Tier 3: Advanced</b>	<ul style="list-style-type: none"> <li>• aware of processes involved in determination of hormonal/surgical eligibility and readiness</li> <li>• able to provide hormone screening, initiate hormone prescription, and provide comprehensive hormone maintenance</li> <li>• able to provide basic post-operative care following genital surgery</li> </ul>

Specific competency relating to hormonal care is discussed further in *Recommended Framework for Training in Transgender Endocrine Therapy*.<sup>16</sup>

## Current Training

### Nurses

Undergraduate and graduate nursing programs are offered at sixteen public post-secondary institutions in BC (BC Institute of Technology, Camosun College, College of New Caledonia, College of the Rockies, Kwantlen University College, Langara Community College, Malaspina University-College, North Island College, Northwest Community College, Selkirk College, Thompson Rivers University, Trinity Western University, University College of the Fraser Valley, University of BC, University of BC – Okanagan, University of Northern BC, University of Victoria). Trinity Western University, a private Christian post-secondary institution, also offers a BSN program. For more detailed discussion of LPN, BSN, MSN, and PhD programs, see Appendix A.

No transgender content was found in a review of undergraduate and graduate nursing courses available in BC. In past years instructors of undergraduate nursing courses at Camosun College and Douglas College have invited guest lecturers from transgender community groups to speak on transgender issues for 30-60 minutes, but the frequency and content has been inconsistent, relying on instructor/student interest and community speaker availability. Transcend Transgender Support & Education Society and the Transgender Health Program have supervised a number of undergraduate nursing practicum students to undertake special projects in transgender health. The lack of clinical mentorship or supervision prevents students from working directly with clients, so the focus has been on development of education, policy, and advocacy initiatives. Students must be highly self-motivated and self-directed as neither organization has sufficient capacity to provide extended support or mentorship.

Continuing education for nurses is available through private and public post-secondary institutions and through topic-specific conferences. Specialty certification is offered by the main national professional association; three provincial associations oversee the completion and evaluation of individualized learning and development plans (required as part of continuing competence), and one offers workshops/seminars on personal and professional development topics. Health agencies and institutions (including health regions) may also provide continuing education on specific topics of interest to nurses. For more detailed discussion of nursing continuing education programs, see Appendix A.

None of the continuing education courses offered for nurses in BC appear to have any transgender content. In the past the Transgender Health Program has delivered basic information about transgender health to advanced practice nurses at the request of their agency (BC Centre for Disease Control, Fraser Health Sexual Assault Nurse Examiner program, VCH youth health clinics). Although a Tier 1 sensitivity/awareness curriculum exists, the THP has no systematic plan relating to delivery of basic transgender education to nurses, and no core staff to develop new curricula, revise existing curricula, or deliver training. There are no mechanisms currently in place for Tier 2 or 3 training.

### Physicians

Undergraduate, graduate, and postgraduate physician training is offered through the Faculty of Medicine at UBC. For more detailed discussion of MD, MSc, MHA, MHSc, PhD, and postgraduate programs, see Appendix B.

No transgender content was found in a review of undergraduate and postgraduate physician courses available in BC. In past years lectures have included transgender content by instructors in Sexual Medicine (as part of Psychiatry) and community members (by invitation as guest lecturers in the Doctor, Patient, and Society course); the content and extent of information varies from year to year depending on instructor/student interest and community speaker availability. During the clinical third and fourth years of the undergraduate medical program and in residency students may be exposed to transgender patients. This is most likely when the internship includes rotation in a setting with a high transgender caseload (e.g., Three Bridges Community Health Centre, Pender Community Health Centre).

Continuing education for family physicians already in practice is available through UBC (the Division of Continuing Medical Education in the Faculty of Medicine and rounds organized by each department), professional associations, and medical conferences (organized by government bodies or community organizations). Continuing medical education events are typically accredited by UBC and/or one or more professional associations so FPs can use the credits toward maintenance of their certification. For more detailed discussion of physician continuing education, see Appendix B.

None of the continuing education courses regularly offered through UBC or physician associations appear to have any transgender content. Although a Tier 1 sensitivity/awareness curriculum exists, the THP has no systematic plan relating to delivery to physicians, and no core staff to develop new curricula, revise existing curricula, or deliver training. There are no mechanisms currently in place to deliver Tier 2 or 3 primary medical care training, although fellowships may be arranged by students with a strong interest in transgender care (e.g., Vancouver Coastal Health recently supported a new surgical graduate to complete a fellowship in sex reassignment surgery with the intention of creating a new SRS program in Vancouver), and FPs are involved in mental health training offered by the THP.

## Joint nurse-physician education

Interdisciplinary conferences are the primary resource for joint practice education of physicians and nurses. Conferences may be organized by non-profit organizations, governmental services, post-secondary schools, professional groups, or private organizations. Information about UBC Interprofessional Continuing Education (<http://www.interprofessional.ubc.ca>), which works on contract by health agencies to plan and organizes topic-specific conferences open to health professionals and the general public, is included in Appendices A and B.

Strategic training programs in interdisciplinary health research for undergraduate/graduate students, postdoctoral trainees, and clinical researchers are outlined at <http://www.med.ubc.ca/education.htm>. A transgender topic may be chosen in a relevant area (e.g., the Integrated Mentor Program in Addictions Research Training aims to equip health researchers from across disciplines, sectors and settings to conduct gender and sex-based analyses in addictions research). The focus is research/policy rather than practice.

In its first year the Transgender Health Program requested time at VCH and Reach community health clinic primary care team meetings to introduce the program and explain transgender basics to primary care staff. Evergreen, Pender, and Reach CHCs allotted 15 minutes for introduction of the program; Three Bridges CHC provided staff with time to attend a more detailed one-time training. A few FPs and APNs from Three Bridges CHC and Options for Sexual Health clinics have taken part in more detailed interdisciplinary training seminars offered by the Transgender Health Program. There is currently no systematic plan relating to interdisciplinary Tier 1-3 training, and no core staff in the THP to develop new curricula, revise existing curricula, or deliver interdisciplinary training.

## Transgender primary care training outside BC

No standardized training programs for primary medical care providers appear to be available in other locations. Clinicians at community health centres that have a transgender primary medical care component (e.g., Sherbourne Community Health Centre in Toronto, Tom Waddell Health Center in San Francisco, Chase Brexton Health Services in Baltimore, Callen-Lorde Community Health Centre in New York) underwent self-directed learning to become more familiar with feminizing/masculinizing endocrine therapy as part of service development.

Sporadic primary transgender medical care lectures have been delivered by the four American experts identified on page 2, at the request of FPs or interdisciplinary clinical teams (typically those in health centres with primary medical care programs specifically for LGBT people). Of the four clinicians, Dr. Kohler has the most experience with interdisciplinary and FP training, having presented on transgender primary medical care at interdisciplinary conferences, to primary medical providers in the prison system in Hawai'i and California, and to clinicians at interdisciplinary community health clinics.

## Training Recommendations

A critical consideration in the training of primary medical care providers is the frequency of transgender issues in the general population. There have been no systematic studies of the incidence of transgenderism in Canada, but studies in other countries<sup>9,17</sup> suggest a conservative estimate is 4% of the general population – a larger population than the number of adults diagnosed with diabetes in Canada,<sup>18</sup> and only slightly smaller than the Aboriginal population.<sup>19</sup> Without the awareness that transgenderism is relatively common, there will likely be little support for allocation of resources for training in transgender health or professional interest in receiving training in what is often (wrongly) perceived to be a highly specialized area of care.

It is recommended that training and education follow the three-tier structure outlined earlier.

### Tier 1: Basic training

Basic training involves building transgender sensitivity and awareness. Cultural competency models already used in medical education<sup>20,21</sup> may be useful in developing this level of competency in transgender care. Cultural competence training aims not only to sensitize clinicians to interpersonal issues in the clinician-patient relationship, but also to raise clinician awareness of the broader sociocultural forces – within physician/nursing culture and in society at large – that influence health and create disparities in access to medical care.<sup>22</sup> Training in effective practitioner-patient interaction includes preparing the clinician to identify and reduce or eliminate barriers to accessing care, to understand how to partner with patients in health care decisions, and to be sufficiently skilled to function as the patient's health care advocate.<sup>21</sup> Applying the cultural competency model to transgender health, basic training could include:

- awareness: personal and societal attitudes about gender diversity, gender variance, and cross-gender behaviour/identity; awareness of common myths and stereotypes; awareness of the impact of transphobia on the provider-patient relationship and on access to health care
- knowledge: frequency of gender-variance, transgender concepts and terms, range of gender concerns, local patient/clinician resources
- skill: basic clinical communication protocols, recognition of gender concerns

Núñez (2000) suggests training undergraduate medical students in cultural competence through a combination of lectures, case discussions, problem-based learning cases, role playing, clinical reasoning exercises, self-awareness exercises, and communication skills workshops to improve knowledge, skills, and awareness, and recommends that small group role-plays, standardized patient examinations or objective structured clinical examinations, clinical bedside examinations, interactive case seminars, and discussion of videotaped interactions be used to evaluate the ability to translate knowledge, skills, and awareness into the practice setting. This highly interactive approach goes far beyond the 30-minute lecture on transgender basics that currently exists. It is recommended that funding be explored to support the development of a more interactive teaching module. A sample curriculum outline that follows the standard format used in the UBC Department of Family Practice is included as Appendix E.

As all primary medical care providers are expected to have Tier 1 knowledge of transgender issues, ideally Tier 1 training would be incorporated into undergraduate education. Undergraduate nursing and medicine courses that could incorporate Tier 1 transgender content are identified in Appendices C and D. Improved practicum support for student nurses (through dedicated resources at the Transgender Health Program) is also recommended as a way to improve Tier 1 learning at an undergraduate level.

Incorporation of transgender content into existing nursing/medical curriculum will require ongoing discussion and advocacy with post-secondary institutions. In the interim, Tier 1 training should be made available in formats that can be used by students and professionals already in practice. For example:

- a) **Self-paced online training:** Lectures, problem-based learning cases, clinical reasoning exercises, and reflexive self-awareness exercises could be made available as a self-paced online module (similar to the inner city medicine module at <http://ichc.familymed.ca>). A locally produced video such as *Gender Line*<sup>23</sup> could be included in the package to introduce clinicians to diversity within the transgender population and facilitate exploration of personal attitudes and reactions to gender-variance.
- b) **Virtual classroom:** WebCT or other educational software that combines computer-mediated communication (discussion groups, chat rooms, etc.) and the provision of didactic material could be used to support a facilitated virtual interest group of students/clinicians around the province. The communication element would support case discussions and other interactive learning.
- c) **Interdisciplinary seminar:** An introduction to transgender health could be delivered as a half-day or full-day seminar designed to introduce physicians and nurses to basic issues in transgender primary medical care. Ideally this type of training would be co-delivered by a primary medical care clinician and a transgender person (or a transgender clinician), with a panel of transgender speakers/small group facilitators to introduce participants to diversity within the transgender community. The seminar could be videotaped for use in future training.
- d) **Publications/presentations:** Publication of transgender health articles in local physician/nursing journals (e.g., *BCMA Club MD* e-newsletter, *CRNBC Online Newslines* newsletter) and poster/paper presentations at meetings of local professional associations helps raise awareness about transgender health. Print materials for patients to give to their clinicians (and consumer education materials to be given to patients by their providers) are also useful awareness-raising tools.

The examples of Tier 1 transgender training reviewed as part of this project involved either a trans-specific or a LGBT (lesbian, gay, bisexual, and transgender) approach. While there is political utility in grouping lesbian, gay, bisexual, and transgender communities, the efficacy of an LGBT approach

in teaching primary transgender medical care should be carefully considered. Although there are some shared experiences between lesbian/bisexual women, gay/bisexual men, and transgender people (of all sexual orientations), there are significant differences between these three populations in terms of health promotion, disease prevention, medical diagnosis/screening, medical treatment issues, and psychosocial concerns. In the absence of evaluation of the validity of a LGBT approach in training relating to transgender care, a combined approach is not recommended. If a LGBT approach is pursued by VCH, the instructor must be screened to determine trans-competency and the curriculum must be reviewed to ensure it accurately conveys the critical concepts in delivery of transgender medical care, not just issues shared with non-transgender lesbians/gays/bisexuals.<sup>24</sup>

## Tier 2: Intermediate training

A quantum leap in awareness, knowledge, and skill is involved between Tiers 1 and 2. Tier 1 training aims to improve practitioner comfort in working with the transgender population and to provide basic cultural competence. Tier 2 training addresses issues of *clinical competence*: the ability to provide care that is not only sensitive and respectful of transgender individuals, but also clinically effective in health promotion, disease prevention, diagnosis, and treatment. Training objectives include:

- awareness: the need to modify standard primary medical care protocols in treatment of transgender individuals (e.g., trans-specific considerations in screening for cancer/cardiovascular disease), trans-specific guidelines relevant to primary medical care, trans-specific medical advocacy issues
- knowledge: health impacts of transphobia, treatment options for gender concerns (including psychotherapy, pharmacotherapy, surgery, and social role transition), health impacts of hormonal and surgical change, protocols for hormone bridging/maintenance and post-operative care, resources for individuals undergoing gender transition
- skill: patient interview, physical examination, interpretation of sex-specific lab tests, trans-specific medical documentation

These issues are the focus of *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia*.<sup>11</sup> To support the translation of the guidelines into practice, a physician highly expert in transgender primary medical care (e.g., Lori Kohler, University of California - San Francisco; Jamie Feldman, University of Minnesota) should be contracted to develop and deliver didactic training. As part of the training FPs and APNs should receive a copy of related guidelines (e.g., *HBIGDA Standards of Care*,<sup>17</sup> *Social and Medical Advocacy with Transgender People and Loved Ones: Recommendations for BC Clinicians*,<sup>15</sup> *Endocrine Therapy for Transgender Adults in British Columbia: Suggested Guidelines*,<sup>12</sup> *Caring for Transgender Adolescents in BC: Suggested Guidelines*,<sup>13</sup> and *Care of the Patient Undergoing Sex Reassignment Surgery*<sup>14</sup>). As Tier 2 primary medical care may include hormone bridging and maintenance, Tier 2 training should include the training discussed in *Recommended Framework for Training in Transgender Endocrine Therapy*.<sup>16</sup>

In addition to didactic teaching techniques similar to those described in Tier 1, an experiential component is needed in Tier 2 training to facilitate development of skill in patient interview and patient examination. This may include critical reflection on videotaped interviews and examinations, observation of more experienced practitioners (with appropriate screening by the Transgender Health Program to determine practitioner suitability in a mentorship role), role-plays, and standardized patient encounters. Role-plays with non-transgender colleagues have utility in initial practice of new terminology, patient questions, and patient education considerations that may be unfamiliar to the practitioner new to transgender health. However, it is difficult to simulate the cognitive dissonance of working on a patient whose identity does not match their physiology in a role-play, and impossible to simulate the effects of hormones/surgery (both critical factors in clinician skill in the physical examination). Use of transgender community volunteers as standardized patients

for physical examination may be problematic as physical examination is often traumatic for people with gender dysphoria. Prospective volunteers should be carefully screened, and any simulated examinations carefully supervised. A standardized patient training program (e.g., Clinical Competence Program at UBC) should be consulted to determine appropriate training and support strategies.

### **Tier 3: Advanced training**

A physician highly expert in transgender primary medical care (e.g., Lori Kohler, University of California - San Francisco; Jamie Feldman, University of Minnesota) should be contracted to develop and deliver Tier 3 didactic training. As the target group for this level of training is small, it may be most efficient to deliver it through a virtual classroom (using interactive web-based technology) or real-time video technology. Didactic training should include complex case discussions, problem-based learning cases, and clinical reasoning exercises.

The difference between Tier 2 and Tier 3 competence is not as significant as the gap between Tiers 1 and 2. Most of the knowledge and skills required for physical screening prior to hormone prescription, hormone initiation, and post-operative care following genital surgery will have already been developed in Tier 2 training. Additional didactic training relating to protocols for pre-hormone screening (including patient examination and laboratory examination), the initial changes that can be expected in the first 1-3 years of hormone treatment, and post-operative complications following genital surgery should be developed to support the knowledge component involved in Tier 3 care.

Tier 3 training should also include detailed discussion of the processes involved in determination of hormonal/surgical eligibility and readiness. This includes discussion of differential diagnosis of gender concerns, assessment of co-existing conditions, the eligibility and readiness criteria outlined in the *HBIGDA Standards of Care*, and the role of a mental health practitioner in complex cases. A harm reduction approach to hormone prescription should be emphasized.

FPs and FNPs who take Tier 3 training should already have substantial experience working with the transgender community. Although there are currently family physicians who are practicing at a Tier 3 level (including initiation of hormone therapy), few have had the opportunity to obtain formal Tier 2 or 3 training. As part of development of Tier 3 training, an individualized learning assessment should also be done to determine education needed for FPs who are already providing care at a Tier 3 level. Elements of Tier 2 training may be appropriate for this group as part of advanced training.

Tier 3 training should include direct experience working with advanced clinicians who provide care to a diverse group of transgender individuals. The opportunity to observe, discuss cases, and receive clinical supervision by a highly experienced provider is an important aspect of Tier 3 training. With appropriate financial support and staff training, the Reach Community Health Centre or Three Bridges Community Health Centre may be able to provide this level of mentorship in 2-3 years. In the interim, internship with the Tom Waddell Health Center Transgender Clinic (San Francisco) is preferred, as this is a longstanding (12 year) trans-specific, multidisciplinary primary care program with a values framework similar to that of the Transgender Health Program. As part of recruitment of Tier 3 clinicians, internship support should be offered to at least one FNP and one FP per fiscal year. The priority for the first two years should be advanced local clinicians who are interested in developing a local mentorship program. A fellowship in transgender primary medical care could support the development of a local mentorship program by a clinician with a particular interest in this field.

## Ongoing professional development

Virtual networks such as the HBIGDA listserv provide opportunities to discuss complex cases and issues in primary medical care. Family physicians and advanced practice nurses known to be involved in Tier 3 care should be invited to a facilitated collegial meeting to discuss additional supports needed for ongoing professional development.

To strengthen a province-wide network of care, primary medical care clinicians actively involved in transgender care should be supported to meet periodically (every 6-12 months) to discuss issues in implementation/revision of the Trans Care Project primary medical care guidelines, training needs, outreach strategies to involve new clinicians, and emerging issues in primary transgender medical care. It may be helpful for the group to choose a point person to liaise with the Transgender Health Program. A member of the group should also be supported to attend the biannual HBIGDA conferences and to present information about new developments in primary medical care (including hormonal and surgical issues) to the group. Presentation of information about transgender care at professional meetings should also be financially supported.

## Priorities for Training

In *Recommendations for a Transgender Health Program*,<sup>25</sup> education of primary medical care providers was identified as a top priority. Accordingly, the framework in this document is specific to family physicians and nurses offering primary medical care in the community setting. Further work is needed to develop training frameworks for physicians and nurses working in acute care (particularly Emergency), tertiary care, continuing care, and palliative care, as well as other clinicians in the primary health care sector.

This document outlines four levels of training for family physicians and advanced practice nurses. The Education Working Group of the Transgender Health Program will need to determine specific priorities and steps for implementation (summarized in Table 3 on the following page). As part of this process it may be beneficial to survey clinicians currently listed in the Transgender Health Program's resource guide to identify their learning needs and interests. Funding for coordination of education development and specific projects outlined in the table on the following page is essential, as existing THP resources are insufficient to achieve the service and training goals discussed in this document. Funding is needed not only to develop and deliver training, but to pay clinician trainees for time spent in training. Adequate clinician compensation is particularly important in recruiting FPs and FNPs to provide Tier 3 service, as a high degree of training time is required for this level of care.

**Table 4: Implementation of Transgender Primary Medical Care Training Framework**

Level	Target Audience	Possible Routes for Implementation
<b>Tier 1: Basic</b>	<ul style="list-style-type: none"> <li>all student nurses and medical students/residents</li> <li>all community health nurses and family physicians in practice</li> </ul>	<ul style="list-style-type: none"> <li>collaborate with professional associations/post-secondary institutions to develop interactive module that can be offered as self-paced online course, WebCT course, or interdisciplinary seminar</li> <li>initiate contact with post-secondary institutions and health region clinical educators to discuss integration of Tier 1 concepts into existing training (e.g., explore development of “train the trainer” course, create coursepack materials)</li> <li>create structured practica and mentorship opportunities for student nurses and medical residents with an interest in transgender health</li> <li>work with Tier 2/3 clinicians to develop transgender health articles for local journals and poster/paper presentations for local professional meetings (e.g., meetings of medical/nursing associations)</li> </ul>
<b>Tier 2: Intermediate</b>	<ul style="list-style-type: none"> <li>FPs/APNs with experience working with at least one transgender patient</li> <li>FPs/APNs who have no previous experience but have taken Tier 1 training and want to begin working with transgender people</li> </ul>	<ul style="list-style-type: none"> <li>collaborate with professional associations/post-secondary institutions to develop interactive module that can be delivered as online course, WebCT course, or interdisciplinary seminar (e.g., for credit towards Nurse Practitioner certification)</li> <li>develop experiential training: observation/internship, standardized patient encounters, videotaped interviews/examinations</li> </ul>
<b>Tier 3: Advanced</b>	<ul style="list-style-type: none"> <li>FPs/FNPs with substantial experience working with the transgender community</li> </ul> <p><i>Service goal: 1 Tier 3 FP/FNP in each CHA in Vancouver and each of the 15 HSDAs outside Vancouver (more if existing practice is so full that only a small number of new patients can be accommodated)</i></p>	<ul style="list-style-type: none"> <li>develop self-learning assessment that can be done by FPs/FNPs who are already practicing at an advanced level (to determine areas where further training is required)</li> <li>collaborate with professional associations/post-secondary institutions to develop interactive teaching module that can be delivered through virtual classroom (WebCT course, real-time video)</li> <li>financially support 1 FNP and one FP per fiscal year to intern at the Tom Waddell Transgender Clinic (San Francisco); work toward development of local internship program at Three Bridges CHC or Reach CHC</li> <li>explore creation of graduate/post-graduate fellowship in transgender primary medical care</li> <li>actively recruit clinicians in rural areas and provide sufficient training/support to be able to offer Tier 3 service</li> </ul>
<b>Ongoing professional development</b>	<ul style="list-style-type: none"> <li>family physicians &amp; advanced practice nurses actively involved in transgender primary medical care (Tiers 2 &amp; 3)</li> </ul>	<ul style="list-style-type: none"> <li>formalize network of care: dedicate funds to support meeting of Tier 2 &amp; 3 clinicians every 6-12 months to discuss implementation/revision of guidelines, training needs, recruitment strategies, and emerging issues</li> <li>financially support 1 local clinician to attend HBIGDA conference and present information to the network of clinicians</li> <li>develop web page on THP site that provides information about international resources for ongoing professional development (e.g., HBIGDA listserv, transgender care conferences)</li> </ul>

# Recommendations: Training in Transgender Primary Medical Care

## General principles

1. The Transgender Health Program requires resources to recruit and train physicians and nurses to deliver competent transgender primary medical care. This includes (a) dedicated core funding for ongoing education coordination and evaluation, (b) project funding for the development and delivery of basic, intermediate, and advanced clinical training, and (c) compensation for clinicians taking part in extended training (as part of a comprehensive recruitment strategy).
2. To promote an accurate understanding of the transgender community and transgender health needs, transgender primary medical care should be taught in a primary care/population health/public health framework rather than as part of sexual medicine or psychiatry. A trans-specific approach is recommended to avoid confusion between transgender and lesbian/gay/bisexual health.
3. Training should be reflective of the broad diversity of the transgender population, and should include discussion of health concerns for transgender individuals with multiple barriers to accessing primary medical care (e.g., Aboriginal transgender/Two-Spirit people, transgender people of colour, transgender people with disabilities, poor/homeless transgender people, transgender people living in rural/remote locations, transgender people in residential care or prison, transgender youth, and transgender seniors).
4. Training should be developed and delivered by educators with expertise in transgender health, primary medical care, and adult education. Meaningful input by local transgender people, loved ones, and clinicians involved in transgender care is essential. Initiatives to increase local capacity to deliver education are strongly encouraged.
5. Training should aim not only to increase the clinician's knowledge, skills, and awareness, but also to facilitate transfer into the practice setting. In addition to lectures, training should include problem-based learning cases, role playing, clinical reasoning exercises, self-awareness exercises, standardized patient examinations, discussion of videotaped interactions, and other interactive forms of education.
6. Transgender health service delivery is undergoing significant change in BC. Accordingly, education planning should include periodic reassessment of clinicians' training needs and re-evaluation of required resources. Quality control and quality improvement measures should be included in the education plan.

## Basic training

7. The goals of basic training are: to ensure that all primary medical care clinicians are comfortable talking about transgender issues relevant to primary medical care, able to discern a non-problematic variant identity from a gender concern that may require clinical attention, and aware of relevant peer and professional referral resources.
8. Basic training should be developed for nursing/medical students, clinicians already in practice, and Medical Office Assistants or other personnel who interact with the transgender patient in

the primary medical care setting. There is sufficient local expertise to develop and deliver this level of training.

9. Postsecondary institutions providing undergraduate training for nurses and physicians should be contacted to discuss incorporation of transgender content (e.g., case studies) into existing courses. Resources should be dedicated to support undergraduate practicum placements and projects.
10. Self-paced online training, facilitated virtual interest group/classroom, and interdisciplinary seminar formats should be considered for clinicians already in practice and students with a special interest in transgender health.
11. To raise local clinician awareness, articles should be developed for local professional association newsletters and posters/papers submitted to local professional association conferences.

## Intermediate training

12. The goal of intermediate training should be to ensure that all family physicians and advanced practice nurses providing primary medical care to transgender people are providing care that is not only sensitive and respectful, but also clinically effective in health promotion, disease prevention, diagnosis, and treatment.
13. Intermediate training should be offered to primary medical care providers already involved in transgender care as well as primary medical care providers who are interested in expanding accessibility to the transgender community. Shared FP/nurse and APN/RN practice should be encouraged.
14. A family physician/advanced practice nurse highly expert in transgender primary medical care should be contracted to develop and deliver intermediate training that supports the translation of *Transgender Primary Medical Care: Suggested Guidelines for Clinicians in British Columbia*<sup>11</sup> into practice. Material in *Recommended Framework for Training in Transgender Endocrine Therapy*<sup>16</sup> that is relevant to hormone bridging/maintenance should be included.
15. An experiential component (e.g., role-plays, observation, standardized patient encounters) should be developed to facilitate development of skill in patient interview and patient examination. A standardized patient training program (e.g., Clinical Competence Program at UBC) should be consulted to determine appropriate training and support strategies for transgender community volunteers.

## Advanced training

16. The goals of advanced training should be to facilitate provision of medical feminization/masculinization services that are within the scope of primary medical care clinicians. Specifically, advanced training should focus on (a) assessment processes in initiation and maintenance of hormonal feminization/masculinization, (b) orientation to sex reassignment surgical procedures, and (c) competent primary medical care of the transgender patient who is undergoing genital surgery.
17. Advanced training should be offered to primary medical care providers with substantial experience working with the transgender community who are able to take new patients requiring hormonal/surgical care, or wish to take more advanced training to assist in care of

pre-existing transgender patients. An individualized learning assessment should be done to determine training needs.

18. The training/service target should be, at minimum, one FP/FNP in each of the six community health areas in Vancouver and each of the 15 health service delivery areas outside Vancouver – more if a clinician’s existing practice is so full that only a small number of new transgender patients can be accommodated. Shared FP/nurse and FPN/RN teams should be encouraged.
19. A family physician highly expert in transgender primary medical care should be contracted to develop and deliver didactic training that includes complex case discussions, problem-based learning cases, and clinical reasoning exercises. Interactive web-based technology or real-time video technology should be considered. The training should be synchronized with training for mental health clinicians and endocrinologists to facilitate shared learning about hormone screening and effects, and should also include information about post-surgical care as outlined in *Care of the Patient Undergoing Sex Reassignment Surgery*.<sup>14</sup>
20. Internship with advanced clinicians who provide care to a diverse group of transgender patients should be supported for at least one FNP and one FP per fiscal year, with priority to advanced local clinicians who are interested in developing a local mentorship program. A fellowship in transgender primary medical care to support the development of a local mentorship program should be explored.

## Ongoing professional development

21. Primary medical care clinicians actively involved in transgender care should be supported to meet every 6-12 months to discuss issues in implementation/revision of primary medical care guidelines, training needs, outreach strategies to involve new clinicians, and emerging issues in primary transgender medical care.
22. A member of the group should be supported to attend the biannual HBIGDA conferences and to bring back information about new developments in primary medical care.

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# Appendices

## Appendix A: Primary Care Nursing Education in BC

- Post-secondary – Diploma/Undergraduate/Graduate Programs
- Continuing Education
  - Public post-secondary institutions
  - Professional associations
  - Health regions
  - Private organizations

## Appendix B: Family Physician Education in BC

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## Appendix C: Incorporation of Transgender Basics into Existing Post-secondary Nursing Education

- Practical Nursing Programs
- Collaborative Nursing Program
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  - BC Institute of Technology
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  - North Island College
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  - Selkirk College
  - Thompson River University
  - University College of the Fraser Valley
  - University of BC
  - University of BC – Okanagan
  - University of Northern BC
  - University of Victoria

## Appendix D: Incorporation of Transgender Basics into Existing Post-secondary Physician Education

- UBC Faculty of Medicine

## Appendix E: Sample Tier 1 Curriculum (Introduction to Transgender Primary Medical Care)

## Appendix A: Primary Care Nursing Education in BC

### Post-secondary: Diploma/undergraduate/graduate programs

#### 1. Practical nursing education programs (LPN)

Regulated practical nursing education programs are accredited by the College of Licensed Practical Nurses of BC (CLPNBC). A standardized provincial curriculum is used.

*Generic (basic) programs* consist of at least 12 months of study. Basic programs are offered at Camosun College, the Canadian Health Care Academy, the College of New Caledonia, the College of the Rockies, Malaspina University College, North Island College, Northern Lights College (as a Vancouver Community College satellite program), Northwest Community College, Okanagan College, Sprott-Shaw Community College, Stenberg College, the University College of the Fraser Valley, Vancouver Career College, and Vancouver Community College.

*Access programs* are intended for Registered Care Aides seeking to upgrade to LPN status. The program consists of two to three semesters. Access programs are offered at Camosun College, Discovery Community College, Malaspina University College, Okanagan College, Sprott-Shaw Community College, Thompson Rivers University (Open Learning), and Vancouver Community College.

*Refresher programs* are designed to upgrade practice competencies of practical nurses who have allowed their license to lapse for five or more years and are seeking to renew their registration in BC. Refresher programs are offered at Thompson Rivers University (Open Learning) and Vancouver Community College.

#### 2. Psychiatric nursing programs (RPN)

The Department of Psychiatric Nursing at Douglas College offers a Diploma in Psychiatric Nursing, Advanced Diploma in Psychiatric Nursing, psychiatric nursing refresher program, and Bachelor of Health Science (Psychiatric Nursing). Pending government approval, a Bachelor of Science in Psychiatric Nursing will be offered in September 2006.

The Diploma program (currently under review) is intended for high school graduates, LPNs, or RNs (with advance standing granted based on educational background/work experience); the Advanced Diploma program is for Registered Psychiatric Nurses and Registered Nurses already working in mental health, to gain expertise in a specialized area of psychiatric nursing. Upon completion of the Advanced Diploma program, graduates can continue toward completion of the Bachelor of Health Science (Psychiatric Nursing) through the Open Learning Agency. The Bachelor of Health Science (Psychiatric Nursing) program is, according to the Douglas College website, under review with the possibility of discontinuance in the near future.

#### 3. Bachelor of Science in Nursing (BSN)

The BSN is a four-year program. Depending on the institution, accelerated programs (i.e., entry into the second or third year) may be available for LPNs, RNs, or students with advanced academic standing in another discipline. Kwantlen College, Trinity Western University, the University of BC, the University College of the Fraser Valley, and the University of Northern BC offer full four-year programs; Langara Community College will add a 4<sup>th</sup> year to its existing 3-year program in September 2006.

The Collaboration for Academic Education in Nursing (CAEN) is a collaborative effort involving Camosun College, the College of the Rockies, Langara Community College, Malaspina University College, North Island College, Selkirk College, Thompson Rivers University, UBC-Okanagan, and the University of Victoria (as well as Aurora College in the NWT). The CAEN partners use a mutually-developed, standardized curriculum. Some CAEN members offer a full 4-year program or are working toward this goal, while others involve transfer from one institution that offers only the first two years to a second one that offers the last two years of the program.

The Northern Collaborative Bachelor of Nursing Program (NCBNP) involves a partnership between the College of New Caledonia, Northwest Community College, Northern Health, and the University of Northern BC. The program can be completed in Prince George, Quesnel, or Terrace (with a degree from UNBC).

#### **4. Bachelor of Technology in Nursing / Bachelor of Technology in Specialty Nursing**

The BC Institute for Technology offers Bachelor programs focusing on technological aspects of acute care nursing in hospitals and the community. Specialty nursing programs offered at BCIT include critical care, emergency care, neonatal care, nephrology, pediatrics, pediatric critical care, perinatal care, occupational health, and perioperative nursing.

#### **5. Master's of Science in Nursing (MSN)**

Masters programs in BC are currently offered at UBC and the University of Victoria, with a program to start at the University of Northern BC in September 2005. All three universities have two possible paths for a MSN: nursing research/policy/theory, and clinical/applied nursing.

At the University of Northern BC, the theoretical and applied streams share five common core courses, with a thesis and three additional courses for students taking the "Academic MSN" path; students taking the "Family Nurse Practitioner" path complete four additional clinical courses and three practica/internships. The first 15 students will enter the Master in Nursing Science: Family Nurse Practitioner Program in September 2005, with the Academic Master of Science in Nursing to begin in 2007.

The University of Victoria offers two streams: Master of Nursing, Policy, and Practice (SPP – on campus), and Master of Nursing, Advanced Nursing Practice (ANP – distance education). Prior to 2000, SPP involved a multidisciplinary master's program in policy and practice; the revised program combines core courses through Studies in Policy and Practice in Health and Social Services (combining nursing, social work, and social policy) with the opportunity to take nursing-specific courses. The ANP stream is subdivided into Advanced Practice Leadership (APL) and Nurse Practitioner (NP – for RNs who have active registration with RNABC). APL is described as practice-oriented and theory-based, preparing nurses for clinical leadership roles, clinical nurse specialist roles, and educational roles. NP is intended to prepare nurses to become family nurse practitioners.

At UBC, the practical stream is called the Family Nurse Practitioner program (enrolling 15 new full-time students per year), and is designed to support advanced practice nurses to complete the qualifications for Nurse Practitioner designation. The Master's in Nursing involves less coursework and is focused on nursing administration, education, health policy, research, and advanced practice. A five-semester distance MSN program for nurses in the Interior focuses on training relating to education in nursing, including student/collegial education and also education of clients.

## 6. Doctor of Philosophy in Nursing (PhD)

UBC is currently the only institution with a funded PhD program in Nursing. The program focuses on conceptual and analytical skills, nursing theory, and research. A PhD in Nursing can also be completed at the University of Victoria by Special Arrangement; pending approval of the BC Ministry of Advanced Education, a formal PhD program will begin in September 2006.

## Continuing education

### *Public post-secondary institutions*

#### 1. UBC Interprofessional Continuing Education

This unit, part of the Continuing Education department at UBC, plans and organizes topic-specific conferences open to health professionals and the general public. Planning committees comprised of clinical experts, representatives from various health profession associations, members of the public, and a UBC Continuing Education representative determine educational objectives, contact speakers, and plan the program; the sponsoring organization is responsible for paying all costs, including administrative costs. Topics in 2006 (listed at <http://www.interprofessional.ubc.ca>) include: health care communication, early childhood development, spinal cord injury, Fetal Alcohol Spectrum Disorder, education in diabetes care, developmental disabilities, indigenous women and wellness, childhood obesity, and spirituality and health.

#### 2. UBC Faculty of Medicine – Division of Continuing Medical Education

The Division of CME at UBC organizes video broadcast of Continuing Nursing Education Rounds to health units and hospitals in rural and remote communities.

### *Professional associations*

#### 1. College of Licensed Practical Nurses of BC (CLPNBC)

The CLPNBC does not directly provide or oversee continuing education. The College recommends specific personal, clinical, and other professional areas of study that may be offered through public post-secondary institutions and may be suitable for LPN continuing education.

#### 2. College of Registered Nurses of BC (formerly Registered Nurses Association of BC)

The CRNBC is responsible for regulating registered nurses in BC, including nurse practitioners. To be eligible to become a registered nurse (or to renew/reinstate registration), applicants are required to meet continuing competence requirements relating to practice hours and personal practice review. In the five years prior to application new applicants must have completed a basic/post-basic/refresher nursing program; those renewing application must complete a self-assessment of practice (using the *Standards for Registered Nursing Practice in British Columbia*), obtain peer feedback, develop and implement a learning plan based on the self-assessment and peer input, and evaluate the impact of learning on practice.

To assist in professional development, CRNBC provides workshops and online courses for individual registered nurses and agencies that employ nurses. Training, listed at [http://www.rnabc.bc.ca/registrants/education\\_publications/rnabc\\_workshops/overview.htm](http://www.rnabc.bc.ca/registrants/education_publications/rnabc_workshops/overview.htm), includes:

- individuals: strategic learning development series (3 sessions), conflict management series (4 sessions), leadership in a culture of change (3 sessions)
- agencies: anger in the workplace, documentation, practice expectations for RNs and LPNs, continuing competence, ethical dilemmas in decision-making, nurse-client relationships

### **3. College of Registered Psychiatric Nurses of BC (CRPNBC)**

CRPNBC does not directly provide education, but is responsible for establishing, monitoring, and enforcing standards of education and the qualifications for registration of psychiatric nurses in BC. To be eligible to become a registered psychiatric nurse (or to renew/reinstate registration), applicants are required to meet continuing competence requirements relating to practice hours and personal practice review. In the immediate year preceding renewal, RPNs seeking to renew their registration must complete a self-assessment of practice (using the *Standards of Registered Psychiatric Nurses of British Columbia*), develop and implement a learning plan based on the self-assessment, and evaluate the outcome/results of the learning plan. Annual confirmation of participation in the Continuing Competency program is required.

### **4. Canadian Nurses Association**

The Canadian Nurses Association is a federation of 11 provincial and territorial nursing associations and 31 national groups (e.g., Aboriginal Nurses Association of Canada, Canadian Federation of Mental Health Nurses).

CNA provides certification for RNs in 17 designated specialty areas (cardiovascular health, community health, critical care, critical care – pediatrics, emergency care, gastroenterology, gerontology, hospice palliative care, nephrology, neuroscience, occupational health, oncology, orthopedics, perinatal care, perioperative care, psychiatric/mental health, and rehabilitation). The exam is voluntary and is intended to confirm that an individual RN meets predetermined competence standards of a nursing specialty. Certification is valid for five years; to recertify applicants must either rewrite the exam or complete a minimum of 100 hours of continuous learning activities in the nursing specialty during the five years of the certification term. Applicants receive an examination guide (outlining competencies in the area of specialty) and a recommended reading list. CNA provides a list of mentors and study groups for those wishing assistance in preparing for the exam. Certification exams may count towards nursing course credit at Thompson Rivers University, UBC, UBC-Okanagan, the University of Northern BC, and the University of Victoria.

CNA partners with educational institutions to offer distance learning/online learning to nurses across Canada. For example, the Nursing Management Program formerly run by CNA can now be taken for university credits through McMaster University.

## *Health regions*

No information on continuing education for nursing staff could be found on the Interior Health Authority or Northern Health Authority websites.

### **1. Fraser Health Authority (FHA)**

FHA does not directly offer education, but pays tuition and wages for nursing staff to complete BCIT courses in specialty nursing (emergency care, critical care, high acuity care, neonatal care, nephrology, pediatrics, perinatal care, and perioperative care).

## 2. Provincial Health Services Authority

CME courses offered by all of the programs/agencies in the PHSA are catalogued together at <http://edreg.cw.bc.ca/PHSAEdCalendar>. Some are only for staff of a particular PHSA program; others are open more broadly (e.g., the BC Cancer Agency has two online courses at <http://www.bccancer.bc.ca/HPI/CME>).

## 3. Vancouver Coastal Health (VCH)

VCH offers a variety of clinical, leadership, professional and personal growth, and research courses that may be of interest to VCH nursing staff. Requests must be made for support of the workshop fee and for time away from work to complete the course. Courses are listed at <http://ccrs.vch.ca/Catalog.aspx>.

## 4. Vancouver Island Health Authority (VIHA)

The VIHA Learning and Development department offers management, communication, and personal development workshops that may be of interest to VIHA nursing staff. Support for clinical education is provided through free or a fee-for-service administrative assistance to other departments or external agencies providing training to VIHA staff.

### *Private organizations*

The following are private organizations based in BC that offer continuing medication education to nursing professionals in the primary care sector. Training for first responders and other emergency personnel is not included in this list.

#### 1. Healthpoint Institute Inc.

The Healthpoint Institute is a private BC-based company offering 56 clinical courses for health professionals ([http://www.healthpoint.org/Corporate/course\\_list.htm](http://www.healthpoint.org/Corporate/course_list.htm)). The courses are offered online and in classroom format. Although Healthpoint is a BC-based company, the primary audience appears to be American, as courses follow American guidelines (e.g., accreditation by the American Nurses' Association, use of standards of the American Society for Training and Development).

#### 2. International School of Nursing and Health Studies (ISNHS)

ISNHS is a private post-secondary institution that provides refresher programs and exam preparation courses for RNs, LPNs, and RPNs. ISNHS courses are recognized and approved by RNABC, CRPNBC, and CLPNBC.

Continuing education for RPNs includes socio-political issues in psychiatric nursing, pharmacology, use of the DSM, nursing theory and documentation, nurse relationships and communication skills, anatomy and pathophysiology, psychomotor skills, emergency situations, developmental delay, consumer rights and advocacy, ethics, and assistance with clinical practice placements to facilitate a move to a different area of practice or to update in a specific area of skills. ISNHS is developing diploma programs in community mental health, advanced gerontology nursing, and forensic psychiatric nursing.

## Appendix B: Family Physician Education in BC

### Post-secondary: Undergraduate/postgraduate/graduate programs

The Faculty of Medicine at UBC consists of 16 departments:

- Anesthesia
- Biochemistry & Molecular Biology
- Cellular & Physiological Sciences
- Family Practice
- Health Care & Epidemiology
- Medical Genetics
- Medicine (Internal Medicine)
- Obstetrics & Gynaecology
- Ophthalmology & Visual Sciences
- Orthopaedics
- Pathology & Laboratory Medicine
- Pediatrics
- Pharmacology & Therapeutics
- Psychiatry
- Radiology
- Surgery

Each department provides input into the development of undergraduate curriculum and offers postgraduate and continuing education programs; most also offer graduate degree programs.

#### 1. Undergraduate medical education

The new Distributed Medical Education program involves collaboration between UBC, the University of Northern BC, the University of Victoria, and provincial regional health authorities to provide undergraduate medical education outside Vancouver. Students apply to UBC, spend the first four months in Vancouver, and then the remainder of the first two years at the Island Medical Program (UVic), the Northern Medical Program (UNBC), or the Vancouver Fraser Medical Program (UBC). A standardized curriculum is used by all sites; videolink between the three sites facilitates shared delivery of didactic material and inter-site discussion.

Direct clinical experience begins in the first year. “The Family Practice Continuum” consists of three courses (FMPR 401, FMPR 420, FMPR 428) which span the first two years of medical school. In first and second year students spend one afternoon a week in the office of a local family physician (rotating through the offices of four GPs over the year), with an additional 4-8 weeks between the second and third year working with a GP in a rural or under-served urban community. The intention is to bring students out of the classroom and into the family practice clinical setting. Students at this level observe and, at the discretion of the physician, may be involved in some patient care tasks. Clinical clerkships in the third and fourth years – with progressively increasing involvement in patient care – may be done at sites in all regions of the province.

#### 2. Post-graduate training in family medicine

Following the undergraduate program, medical students enter residency in family medicine or one of the 57 specialty and subspecialty training programs recognized by the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada. Family medicine residency training is 2-3 years:

- a) First two years of residency (R1, R2): The UBC Department of Family Practice offers a two-year Family Practice Residency Training Program, with sites in Vancouver, Victoria, Chilliwack, Prince George, and the Okanagan, as well as an Aboriginal residency program. Residency training includes a weekly half-day of core curriculum for residents on in-town rotation, plus a yearly Resident Education Day and Resident Research Day. In the final year all residents are expected to complete a clinical research or critical appraisal project. Rural rotations are mandatory.

- b) Optional third year of residency (R3): R3 programs for family physicians are available in emergency medicine (1 year), enhanced skills (2-12 months, in topics such as GP surgery, advanced obstetrics, geriatrics, mental health, emergency medicine, anesthesia, women's health, inner city medicine, Aboriginal health, and advanced therapeutics), or family practice research (1 year).

The E-learning centre (<http://www.familymed.ubc.ca/elearning>) offers residents online training in addictions, breastfeeding, emergency care, HIV/AIDS, youth health, and palliative care, and research methods. Each clinical course includes text readings, interactive patient cases, multimedia lectures, quizzes, and access to experts through discussion groups; the research methods course involves 12 modules.

MD holders who wish to pursue further clinical or research training in their specialty can do so through clinical UBC medical fellowships (for trainees who have already completed all the requirements for registration as a specialist) or postgraduate trainee positions (for trainees who have not yet completed all the requirements for registration as a specialist).

### 3. Graduate degree programs

The graduate degree programs in the UBC Faculty of Medicine are in medical specialties, not primary medical care:

- Master of Science (MSc): anatomy, audiology, biochemistry & molecular biology, genetics, health care & epidemiology, medical genetics, medicine, obstetrics & gynecology, pathology & laboratory medicine, pharmacology & therapeutics, physiology, psychiatry, rehabilitation sciences, surgery
- Master of Health Administration (MHA): health care & epidemiology
- Master of Health Science (MHSc): health care & epidemiology
- Doctor of Philosophy (PhD): anatomy, audiology, biochemistry & molecular biology, experimental medicine, experimental pathology, genetics, health care & epidemiology, medical genetics, neuroscience, obstetrics & gynecology, pharmacology & therapeutics, physiology
- MD/PhD: 7-year program combining the regular undergraduate MD curriculum and graduate level coursework aimed at preparing candidates to pursue a research-intensive track of residency/postdoctoral training, leading to a clinical investigative career

## Continuing education

### *Public post-secondary institutions*

#### 1. UBC Faculty of Medicine

Each department within the UBC Faculty of Medicine organizes its own rounds and visiting speakers.

The UBC Division of Continuing Medical Education:

- develops and organizes CME conferences and Mainpro-certified group learning activities
- offers digital medicine workshops
- accredits CME activities organized by other UBC departments and by external groups

- offers biweekly VideoRounds (video conference) and AudioRounds (teleconference) for physicians in rural and remote communities: specialists discuss current topics, cases, and techniques, followed by Q&A along with discussion
- organizes video broadcast of hospital rounds to remote sites

The UBC Division of CME is also developing Best Practice courses for consideration by the Royal College of Physicians & Surgeons. Best Practice courses are designed to promote evidence-based practice and provide opportunities for the participants to compare their current practice with the recommended practice.

The UBC Division of CME is a partner in the MDcme.ca consortium of 11 Canadian universities that offers accredited online CME through a web portal. The <http://MDcme.ca> portal also provides online access to medical and health science libraries and other web resources.

## 2. UBC Interprofessional Continuing Education

This unit, part of the Continuing Education department at UBC, plans and organizes topic-specific conferences open to health professionals and the general public. Planning committees comprised of clinical experts, representatives from various health profession associations, members of the public, and a UBC Continuing Education representative determine educational objectives, contact speakers, and plan the program; the sponsoring organization is responsible for paying all costs, including administrative costs. Topics in 2006 (listed at <http://www.interprofessional.ubc.ca>) include: health care communication, early childhood development, spinal cord injury, Fetal Alcohol Spectrum Disorder, education in diabetes care, developmental disabilities, indigenous women and wellness, childhood obesity, and spirituality and health.

### *Professional associations*

#### 1. BC Medical Association (BCMA)

The *BC Medical Journal* is the official newsletter of the BCMA and focuses on clinical and review articles written primarily by BC physicians, as well as opinion pieces and discussion of political issues of concern to physicians in BC. The electronic version, posted on the BCMA website, is accessible at no charge to members and the general public.

#### 2. Canadian Medical Association (CMA)

The CMA provides numerous educational and clinical resources for members, including:

- mdBriefCase: free multimedia, interactive, accredited online CME courses developed by post-secondary institutions
- listing of CME and continuing professional development (CPD) courses, workshops, and conferences
- Practice Management Learning Centre: self-learning modules, strategic and special topic articles, tips on starting and managing a practice, accredited “effective practice seminars” offered by Practice Solutions (private), information on administration and financial management
- publications: *Health Care News* (e-bulletin), *Canadian Medical Association Journal*, *Canadian Journal of Surgery*, *Journal of Psychiatry & Neuroscience*, *Canadian Journal of Rural Medicine*, *Canadian Association of Radiologists Journal*, *Canadian Journal of Emergency Medicine*; book publishing

The annual meeting is held in August and combines association business with scientific and educational sessions.

### 3. College of Family Physicians of Canada (CFPC)

Mainpro® (Maintenance of Proficiency) is the CFPC program that governs the continuing medical education (CME) requirements of its members. To maintain certification in family medicine, all CFPC members must complete at least 250 Mainpro credits every five years, with at least 125 of these from CME activities accredited by the CFPC (Mainpro-M1 and/or Mainpro-C credits). Up to 125 Mainpro-M2 credits can be claimed for unaccredited activities. CME organizers must apply for Mainpro credits, based on the criteria listed at

<http://www.cfpc.ca/English/cfpc/cme/mainpro/maintenance%20of%20proficiency/default.asp?s=1>:

- a) *Mainpro-M1*: accredited group learning activities (conferences, courses, workshops, scientific assemblies, lectures, seminars), hospital/clinical rounds, journal clubs, online training programs, academic or clinical research, preparation of a manuscript that is accepted for publication, participation on medical committees, peer reviewing for indexed medical journals, completion of online CFPC self-learning program, participation in practice audit
- b) *Mainpro-C*: practice-linked reflective learning – e.g., accredited group learning activities (conferences, courses, workshops, scientific assemblies, lectures, seminars) that include a reflective component, practice-based small group learning, clinical traineeships and fellowships, self-directed evidence-based practice reflection exercises, university degree or diploma program, exam preparation, provincial organized practice review program
- c) *Mainpro-M2*: any CME activity not approved for Mainpro-M1 or Mainpro-C credits – e.g., non-accredited group learning activities (conferences, courses, workshops), teaching, presentations, preparation of papers not accepted for publication, self-learning activities, reading, audio and video tapes, CD-ROM and other computer based programs, most online CME

The CFPC posts information about upcoming Mainpro-M1 and Mainpro-C events on its website, along with links to Mainpro-M1 and Mainpro-C online courses and exercises. While events are typically created by external organizations, the online *Self Learning* series and PEARLS™ courses on the CFPC website are designed and offered directly by CFPC.

*Canadian Family Physician* (<http://www.cfpc.ca/cfp>) is the official publication of the CFPC. The peer-reviewed journal is intended to report on research, continuing medical education, and clinical/political debates in family medicine.

The BC College of Family Physicians (BCCFP) is a provincial chapter of CFPC. The BCCFP accredits Continuing Medical Education activities for family physicians in BC and provides a calendar of accredited CME events through its website (<http://www.bccfp.bc.ca/AccreditedCME.htm>). The BCCFP occasionally directly sponsors educational events in collaboration with the CFPC (e.g., annual Ethics Conference, Advanced Life Support in Obstetrics Program), and holds an annual conference in December.

#### 4. College of Physicians and Surgeons of British Columbia (CPSBC)

The CPSBC organizes and sponsors workshops, courses and conferences (listed at [https://www.cpsbc.ca/cps/physician\\_resources/physician\\_education/sponsored\\_conferences](https://www.cpsbc.ca/cps/physician_resources/physician_education/sponsored_conferences)) and offers an Annual Education Day to coincide with the CPSBC annual general meeting in September. The education day is themed and includes a keynote lecture as well as shorter presentations.

In collaboration with UBC, the CPSBC offers a clinical competency program (<http://www.health-disciplines.ubc.ca/ccp>) which tests and assesses physicians on a range of clinical skills (communication, patient interviewing and history-taking, developing plan of care, management, etc.). By identifying strengths and weaknesses, the program is meant, in part, to help guide physicians' CME activities. Most participants self-refer, but CPSBC can also refer members whose skills are in question.

The *College Quarterly* is produced four times a year by College staff to convey information that the Council and Committees wish to make available to the profession (new policies, rules and guidelines, disciplinary findings, etc.). The *Quarterly* is sent to every member of the College and is made available to the public online at [https://www.cpsbc.ca/cps/physician\\_resources/publications/college\\_quarterly](https://www.cpsbc.ca/cps/physician_resources/publications/college_quarterly).

#### 5. Royal College of Physicians and Surgeons of Canada (RCPSC)

RCPSC holds annual conferences and offers a Continuing Professional Development (CPD) and a Maintenance of Certification (MOC) program through the Centre for Learning and Practice. The College provides a detailed guide for both CPD and MOC requirements and activities, including a list of approved providers and events representing a range of professional fields in medicine. Like Mainpro, the RCPSC CPD program is based on five-year cycles of learning, with credits obtained for activities accredited by the college. In the five year cycle 400 credits must be submitted to maintain membership in RCPSC, with a minimum of 40 hours in each of four of the five years. Credits are submitted online through MAINPORT. CME organizers must apply for MAINPORT credits, based on the criteria listed at [http://rcpsc.medical.org/opd/cpd/prog-guide\\_e.pdf](http://rcpsc.medical.org/opd/cpd/prog-guide_e.pdf):

- a) *Section 1 – Accredited group learning activities*: education sessions (e.g., rounds, conferences, courses, workshops, journal clubs, distance education programs) produced by RCPSC-accredited universities and national specialty societies
- b) *Section 2 – Other learning activities*: education sessions not approved by an accredited provider (e.g., non-accredited rounds/meetings, audio/videotapes, online CME), reading journals and texts, MEDLINE searches
- c) *Section 3 – Accredited self-assessment programs*: programs approved by accredited providers to assist the specialist in identifying personal educational needs
- d) *Section 4 – Structured learning projects*: planned learning activities (e.g., learning portfolio, traineeships, perceptored courses, master/doctoral studies, personal learning projects) that include recording and evaluation of outcome
- e) *Section 5 – Practice review and appraisal*: activities that assist specialists to review personal performance in practice (e.g., practice/institution audits, patient surveys, incident reports, utilization studies)

- f) *Section 6 – Education development, teaching, and research:* activities that involve setting standards for practice (e.g., manuscript reviews, preparing presentations, teaching, creating exams, writing research proposals, conducting research trials, development of clinical practice guidelines) and that enhance the specialist's ability to practice

The College hosts an annual conference in September. The conference includes lectures, workshops, and poster presentations on a wide range of topics.

## *Health regions*

No information on continuing education for staff physicians could be found on the websites of the Fraser Health Authority, Interior Health Authority, or Northern Health Authority.

### **1. Provincial Health Services Authority**

CME courses offered by all of the programs/agencies in the PHSA are catalogued together at <http://edreg.cw.bc.ca/PHSAEdCalendar>. Some are only for staff of a particular PHSA program; others are open more broadly (e.g., the BC Cancer Agency has two online courses for physicians at <http://www.bccancer.bc.ca/HPI/CME>).

### **2. Vancouver Coastal Health (VCH)**

VCH offers a variety of clinical, leadership, professional and personal growth, and research courses that may be of interest to VCH physicians. Requests must be made for support of the workshop fee and for time away from work to complete the course. Courses are listed at <http://ccrs.vch.ca/Catalog.aspx>.

### **3. Vancouver Island Health Authority (VIHA)**

The VIHA Learning and Development department offers management, communication, and personal development workshops that may be of interest to VIHA staff physicians. Support for clinical education is provided through free or a fee-for-service administrative assistance to other departments or external agencies providing training to VIHA staff.

The Vancouver Island Health Authority (VIHA) CME site maintains a calendar of CME activities happening on Vancouver Island. The CME events calendar (<http://cme.caphealth.org/events>) lists general Rounds, QI Rounds, journal clubs, and meetings for physicians in Victoria (with occasional video simulcast to other areas).

## Appendix C: Incorporation of Transgender Basics into Existing Post-Secondary Nursing Education

The following course lists are based on reviews of existing nursing curriculum by nursing practicum student Suzanne Rouse (2004 – Collaborative Nursing Program) and Trans Care Project staff Olivia Ashbee and Donna Lindenberg (2005 – other BC nursing programs). Rouse, Ashbee, and Lindenberg reviewed calendar course descriptions to determine courses where incorporation of basic transgender content might be appropriate. This information is included to support ongoing advocacy with post-secondary institutions and educational consortia regarding the inclusion of Tier 1 training at an undergraduate/graduate level.

### Collaboration for Academic Education in Nursing (Collaborative Nursing Program)

A standardized curriculum is used among partners in the Collaboration for Academic Education in Nursing (a.k.a. the Collaborative Nursing Program). The course names and descriptions may vary slightly but the basic content should be consistent between colleges.

Course Name	Course description	Comments
Health 2: Facilitating Health and Healing in Families	This course focuses on family theory and families' experiences with chronic health challenges. Learners engage with individuals and families to understand families' personal meaning of health, healing and health promotion in relation to chronic health challenges. (Douglas College)	In discussing the composition of families, the diversity of transgender families could be included, along with brief discussion of the impact of gender transition on the family (as an example of change impacts on family health).
Health 3: Teaching/Learning for Prevention	The major emphasis of this course is on health teaching for prevention. Participants examine a variety of teaching/learning theories, perspectives and strategies that underlie meaningful interactions with individuals, families and groups. They explore and critique primary, secondary and tertiary prevention programs and basic concepts of epidemiology. They examine the nurse's role in prevention and the significance of interdisciplinary collaboration within a variety of contexts. (Douglas College)	The transgender community could be used as an example of the need to develop population-specific prevention initiatives. In discussing common prevention initiatives (e.g., cervical/prostate cancer, HIV) students could identify how transgender people may be excluded, and strategize how to create trans-inclusive campaigns. Examination of the nurse's role in prevention could include discussion of health care access advocacy for marginalized groups.
Health 4: Health Promotion and Community Empowerment	Students will focus on community as client from a health promotion perspective. They will explore the principles of health promotion, including social determinants of health, participation, capacity, and empowerment. Students will analyze community development as a pattern for health promotion and nursing practice. (Kwantlen)	Transgender health issues and transgender health initiatives could be used as examples of (a) an empowerment/community development approach to health promotion, and (b) the social factors that affect community capacity, participation, and empowerment.
Healing 2: Complex Episodic Health Challenges	Building on Healing I, students in this course have opportunities to broaden their understanding of people's experience with healing with particular reference to increasingly complex episodic health challenges. Students further develop their repertoire of nursing practise skills including critical thinking, decision making, interpersonal, organizational, and psychomotor skills to promote healing. (Douglas College)	This course involves case studies of clients with multiple health challenges, interweaving cultural, familial and social issues to make the cases more real and to present challenges for the students. Any of the existing case studies could be modified to present a unique opportunity for students to examine how the health challenges of gender transition may intersect with other health issues.

Course Name	Course description	Comments
Nursing Practice 6	The focus of this clinical experience is on health promotion with an emphasis on community and multidisciplinary team work. Participants will have an opportunity to identify a health issue and implement a plan of action. (UVic)	In past years, students with an interest in transgender health have been supported to pursue special projects relating to transgender health advocacy and education within nursing. Previously completed projects could be listed as examples for other students to consider.
Professional Growth: Nursing Ethics	The major intent of this course is to foster an appreciation of the significance of ethics to nurses' professional and personal lives. By examining ethical theories, concepts, principles and decision-making models, students have the opportunity to develop strategies and techniques for reaching decisions when confronted with ethical problems. (Douglas College)	Ethical dilemmas in transgender care (e.g., hormonal treatment of a young adolescent with gender dysphoria, placement of a non-operative transgender patient in acute or residential care) would give students the opportunity to examine their beliefs about gender variance and treatment of transgender people.
Professional Growth 3: Teaching & Learning	Participants examine assumptions underlying a variety of teaching methodologies and through reflection, explore personal beliefs and values in relation to these assumptions. (Malaspina)	Students could be asked to critically reflect on common assumptions about sex/gender and the potential socio-political implications of such assumptions in relation to health care for transgender people.
Professional Growth 4: Empowerment	Students will examine the political and socio-economic forces that have shaped the lives of women and men in society and the evolution of human service professions. They will explore the experiences of marginalized groups using critical social and feminist theory frameworks. Students will develop strategies to promote empowerment in their personal and professional lives. (Kwantlen)	This course provides an opportunity for exploration of how socioeconomic and political forces (including feminism) affect transgender health and health care access. Discussion of strategies for empowerment and education could include trans-specific examples of intersections between race, class, disability, and gender.
Professional Growth 5: Nurses Influencing Change	This course explores ways nurses can influence and create change for the promotion of societal health. Emphasis is placed on selected strategies for enhancing nursing influence on the evolving Canadian health care system. (UVic)	The difficulties faced by transgender people in accessing competent care provides students with the opportunity to examine possible micro, meso, and macro change strategies. Trans-themed previously completed projects could be mentioned to raise awareness.
Self and Others 2: Creating Health-Promoting Relationships	Relational practice with individuals, families and groups from a diverse background of age, culture and experience are explored. Participants explore caring and how the connection between caring and relationship provides the context for health and healing. Theories of caring and relational practice across a range of contexts are explored. (Camosun)	Inclusion of gender diversity as one of the areas explored would facilitate student reflection on attitudes to gender-variance and the impact on practice with transgender patients and loved ones.
Self and Others 3: Reflection of Caring Practice	The focus of this course is for students to develop a conceptual and experiential understanding of relational caring practice. Opportunities are provided for students to become aware of the narratives, values, and intents influencing their relationships with clients and colleagues, and to enhance their capacity for relational caring practice. (UVic)	

North Island College, Selkirk College, and the University of Victoria have the same core courses and semester plan as the other partners in the Collaborative Nursing Program, but also offer additional courses.

<b>North Island College</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NUR 410 Aboriginal Health	This course will examine concepts of Aboriginal health and healing with a focus on the local Aboriginal context. Students will explore the aboriginal world view of health and wellness through interaction with representatives from local First Nations communities, reflection on own ethnocentricities and personal meaning as well as through multi media resources, reading, research, case study and group discussion. This course will include a historical and epidemiological examination of significant health issues for aboriginal communities. It will consider health issues within the socio-political context of legislative changes and health programs as they are related to the social determinants of health empowerment and emancipation. This course will also examine the nurse's role with individuals, families and communities from social justice and critical social theory perspectives. Participants will have the opportunity to explore their own relational practice with diverse others particularly those with First Nations heritage.	Opportunity to discuss indigenous experiences and concepts of sex, gender, and identity, and the impact of colonialism and Christianity on transgender/Two-Spirit indigenous people. Discussion could include consideration of how conventional western concepts of transgender and transsexual identity may be inappropriate for understanding gender variance within indigenous communities (and could be used as an example of broader cultural conflicts in non-indigenous approaches to Aboriginal health). The specific social and economic challenges confronted by Aboriginal Two-Spirit/transgender people could be discussed in terms of health, education, prevention, and access to community (support) as well as culturally respectful health care and social programs.

<b>Selkirk College</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 351 Nursing Practice VI	This nursing practice experience provides opportunities to develop caring relationships with families, groups, and communities and/or populations with emphasis on health promotion and community empowerment. Participants have opportunities to work with a community on an identified health issue.	For students with an interest in transgender health, a trans-specific project could be facilitated.

<b>University of Victoria</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 481A Gender Issues in Mental Health	The purpose of this course is to facilitate in-depth examination, understandings and meanings of the influences and effects of lived experiences of gender on individual health, healthcare professionals, healthcare practices and healthcare organizations and systems.	Discussion of transgender topics could include: (a) critical examination of the mental health system's approach to gender-variance, and the resulting impact on transgender people's social standing and lives, and (b) the impact of transphobia on mental health.
NURS 488 Women's Health	The focus of this course is current women's health issues. Students have opportunities to critically explore a broad array of women's health concerns from various philosophical perspectives including feminist, critical and phenomenological perspectives. Women's health issues may include such topics as reproductive health, menopause, violence, aging, breast cancer, depression, and sexuality.	This course provides an opportunity to question conceptualizations of "women's health", and the construction of essentialist perspectives on women's bodies. Transgender women should be included as a special population that is not always well-served by the dominant conceptions of women's health.
NURS 489 Culture and Health	A critical examination of the relationship between culture and health, and the impact of immigration, colonialism and racialization. Approaches to working with-in diversity to foster cultural safety are explored with a particular emphasis on health care for First Nations and immigrant people.	Discussion of the impact of colonialism/Christianity on indigenous communities provides an opportunity to explore the diversity of cultural approaches to gender, and the impact of colonialism on Two-Spirit/transgender indigenous people.
NURS 493A Community Nursing	This course provides opportunities for participants to strengthen their knowledge and understanding of the theoretical foundations of nursing practice in the community. Participants explore and critique nurses' roles in community health-promoting practice, particularly the roles of nurses in public health and in primary health care settings. Community health assessment, individual health assessment, population health, primary health care, epidemiology, communicable disease control and health promoting practice with specific populations are explored and critiqued.	The focus on population health, public health nursing, and community/individual health assessment provides opportunities for discussion of transgender community health concerns.
NUNP 532 Pharmacological Interventions in Health and Illness	In this course students will gain advanced knowledge of pharmacology, including pharmacokinetics and pharmacodynamics. Students will learn about evidence-based practice in the selection, prescription, and monitoring of drugs to treat diseases, disorders or conditions, and injuries.	Use of feminizing/masculinizing hormones could be an example of the ethical dilemmas involved in off-label use of prescription medication, difficulties when there is little empirical evidence to guide decision-making, and issues in balancing short-term improvement of quality of life vs. possible long-term adverse effects of medication.
NURS 512 Experiences of Health, Illness, and Healing	Using a variety of theoretical, clinical, and practice perspectives, students will explore the centrality of the human body and human relationships in the processes of health, illness, and healing. Critical, postmodern, poststructuralist, feminist, and other perspectives will be used to analyze and critique the gendered nature of illness experiences, and the impact of technology, illness, and healing on notions of the body, sexuality, and the self.	The gendered nature of experience of illness and the impact of technology, illness, and healing on notions of the body, sexuality, and the self are highly relevant to transgender health. Consideration of the positive impacts of sex reassignment technology and assisted reproduction for transgender health, as well as equity issues relating to access of this technology, could be potential topics for discussion.

<b>University of Victoria</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 513 The Contexts of Health and Health Care	In this course students will explore the social, political, economic, and historical factors that impact health and health care. Students will critically examine the impact of institutional structures and global, national, provincial and local influences on the delivery of health care and on the enactment of advanced nursing practice.	The BC and international transgender care system could be used as an example of shifts in health care service delivery driven by social, political, economic, and historical factors. The changing role of the nurse in care for the transgender patient, particularly community-based care where the nurse is the primary care provider, could be discussed.

### Practical nursing programs

Regulated practical nursing education programs are accredited by the College of Licensed Practical Nurses of BC (CLPNBC). As a standardized provincial curriculum is used, the course descriptions may vary slightly but the basic content should be consistent between colleges.

<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
Health I	This course introduces the concept of health as a dynamic process. Within the context of Canadian society, health is a holistic process directly influenced by an individual's choices. Health is an integration of physical, psychological, social, cognitive, spiritual and environmental dimensions. (Camosun)	Many of the topics (e.g., Achieving Psychological Wellness, Addiction, Body Image, Family Structure/Relationships and Issues) could be linked to health challenges and social issues confronted by transgender people –. Transgender identities could be linked to discussions around barriers to health and well-being, and how to develop health promotion programs that might alleviate – instead of reproduce – such barriers.
Health III	This course focuses on health promotion across the lifespan, for those experiencing acute or episodic health challenges. The role of the practical nurse in supporting health and healing will be explored. The importance of collaboration and accurate documentation within acute care practice is also examined. (Camosun)	Health promotion needs of transgender people could be included as an example of the need to target the intervention to the individual. Documentation within acute care could include issues in documentation for the transgender patient.
Human Relationships	This course is an introduction to effective interpersonal communication. Learners explore role of caring in human relationships and development of professional caring relationships. Learners gain awareness of interpersonal styles, group communication skills and adapted communication. (Camosun)	A case involving a transgender patient could be used to highlight the importance of respectful questioning, and the impact of assumptions about a patient's identity on overall communication.

## Institutions with independent nursing programs

<b>BC Institute of Technology</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
Applied Nursing Science courses	<p>Explores selected common health problems to understand the impact on the individual, family, health care system and society. While developing understanding, requires access to information from a variety of sources including professionals in hospitals and in the community. A thorough exploration of the health problem/situation assists in developing a professional context from which nursing care is planned. Uses problem based learning as the teaching/learning strategy.</p> <ul style="list-style-type: none"> <li>• NURS 1000 – Applied Nursing Science 1: Includes discussion of health problems such as sexually transmitted diseases, and cerebrovascular accidents (stroke)</li> <li>• NURS 2000 – Applied Nursing Science 2: Includes discussion of health problems such as arthritis/rheumatism, cancers, and gastrointestinal disorders</li> <li>• NURS 3000 – Applied Nursing Science 3: Discusses common health problems such as pregnancy/childbearing complications, gastro enteritis in children, and schizophrenia.</li> <li>• NURS 4000 – Applied Nursing Science 4: Discusses common health problems such as accidents, diabetes, dementia, and system failure</li> </ul>	<p>Cases could include a transgender individual/loved one to explore how societal forces beyond the illness shape the individual's experience of the illness.</p>
NSPO 7100 Perioperative Theory 1: Developing Perioperative Partnerships	<p>Introduces the specialty of Perioperative Nursing by exploring individuals' perioperative experiences and examining the role of the perioperative nurse. Explores the concept of partnership and the role of the perioperative nurse in providing patient-centred care both independently and as a member of the health care team.</p>	<p>Sex reassignment surgery could be used as an example of the importance of the perioperative nurse as caregiver.</p>
NSNP 9300 NP (Adult) Clinical 3: Assessment and Management of Adults' Health and Illness	<p>The purpose of this clinical course is to provide learners with a significant block of clinical time during which to integrate learning from the theory and clinical courses into their practice when providing care for adult clients within an identified clinical focus area. In addition, a major focus is to provide learners with opportunities to assess, diagnose, and manage adult patients presenting with common health challenges within the identified clinical specialty. Learners will focus on consolidating skills in assessment, analysis of symptoms, generating differential diagnoses, selecting appropriate diagnostic tests, and identifying treatment options in the context of an adult population. In conjunction with their preceptors, learners will support and promote patients' capacities during all stages of diagnosis and treatment. Emphasis will be placed on accessing the appropriate resources related to support diagnostic and therapeutic decision making within the clinical focus area. During this preceptorship, learners will initiate referrals using appropriate documentation and communication. This course is comprised of a minimum of 375 clinical hours spent with a clinical expert in a primary, acute care or long term care setting, with the support of a faculty liaison.</p>	<p>For students with an interest in transgender health, clinical preceptorship in a community health setting with a high transgender caseload could be facilitated.</p>

<b>Douglas College</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
PNUR 2440 Living with Episodic Health Challenges II	This course continues examination of a person's lived experience with episodic health challenges throughout the life cycle and the impact on harmony, healing and health within families, groups and communities. Emphasis is on the integration and application of the concepts related to episodic health challenges on previous concepts and patterns to broaden the scope of practice. Professional relationships, ethical and legal issues and trends in health care will be critically examined. Experiential communication and caring practice will be a component of this course.	The impact of transgender concerns and transphobia on individual mental health and the health of families, groups, and communities could be used as an example of societal issues and the impact on health care provision to marginalized communities.
PNUR 3702 Community Concepts for Psychiatric Nursing Practice	This distance learning course provides an analysis of the context in which psychiatric nurses practice by offering an understanding of community and community mental health from a systems theory perspective. Included is the history of the evolution of community mental health services, a broad definition of community, community mental health concepts, assessment approaches and tools. A community assessment process using Neuman's Systems Model will provide the opportunity to critique and select concepts and approaches applicable to the student's practice setting.	The shift from hospital to community delivery of transgender health could be used as an example of trends within mental health care.
PNUR 3707 Health Assessment for Psychiatric Nursing Practice: the Physiological, Sociocultural, Developmental and Spiritual Variable	This distance learning course explores the psychological, sociocultural, developmental and spiritual components of a holistic health assessment within the context of psychiatric nursing practice. Key concepts associated with the Neuman Systems Model are discussed. Emphasis is placed on applying the Neuman Systems Model to collect and analyze assessment data and to formulate a nursing diagnosis. Use of the facilitative communication skills, interviewing techniques and assessment procedures are addressed.	A case involving a transgender patient could be used to highlight the importance of respectful questioning, and the impact of assumptions about a patient's identity on overall communication.
PNUR 3722 Child and Adolescent Psychiatric Nursing	This distance-learning course explores child and adolescent mental health issues, differentiating from adult mental health disorders. This course examines specific mental health disorders seen in children and adolescents from a systems perspective. It includes development; social and cultural theories; causes and risk factors of selected child and adolescent mental health disorders; psychiatric nursing and multidisciplinary assessment; and interventions focusing on the levels of prevention and health promotion strategies. The learners will apply concepts and approaches to conduct a holistic mental health assessment on a child or adolescent at risk, or with a mental health disorder. The Neuman Systems Model will guide the nursing analysis.	The difference between non-pathological gender variance and gender dysphoria requiring early intervention could be used as an example of the interplay of societal and medical constructs of mental health and mental illness. A case involving a dysphoric child and parents could be used to explore a family systems approach to assessment.

<b>Douglas College</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
PNUR 3724 Nursing within the Criminal Justice System	This distance education learning course introduces the learner to the concept of nursing within the Criminal Justice System from a Canadian provincial and federal context of practice. The course will examine advanced practice nursing roles in the context of federal and provincial correctional and forensic institutions. Advanced practice roles include: nursing leadership in correctional and forensic health units, expanded scope of nursing practice in working with individuals living with episodic and ongoing health challenges, crisis intervention, risk assessment and management in secure and community settings, infectious disease prevalence, incidence, monitoring and treatment modalities, and health promotion interventions are addressed. Legal and ethical issues and frameworks will be explored in accordance with the Criminal Code of Canada, provincial legislative acts, Health Professions Act governing nursing practice, as well as emerging trends and issues in the field of correctional and forensic mental health nursing.	This course provides an opportunity to examine nursing practice, ethics, and leadership in relation to treatment of transgender people in prison, and the need to tailor health promotion interventions to address the needs of the transgender individual. Issues relating to risk assessment, safety, and management would also be pertinent. Discussion of legal issues could include human rights rulings relating to access to hormonal and surgical care for the patient undergoing gender transition.

<b>University College of the Fraser Valley</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 301 Multiple Transitions	This course will focus on a study of individuals experiencing multiple transitions. Emphasis will be given to experiences associated with health illness, developmental, and situational transitions. Multiple transitions will be introduced through the concept of continuum of care. This concept will provide students with a framework to address a comprehensive array of activities spanning all levels of care. Particular emphasis will be given to persons experiencing transitions associated with psychiatric mental health, palliative care, and aging. Selected case studies based on complex practice examples will be discussed. This course will also include a review of nursing care related to multiple transitions associated with trauma.	Gender transition could be used as an example of a process involving physical, mental, developmental, social, and situational transition. The special needs of the transgender patient in life transitions (e.g., dying, grief/loss) could also be discussed.
NURS 304 Situational Transitions	This course will provide an in-depth exploration of the experience of situational transitions. The nurse's role in promoting health with persons experiencing these lifestyle changes requires a knowledge of empowerment, resilience, and moral conflict. Theories of powerlessness, crisis management, counselling, and moral agency will provide the basis for the promotion of health. The role of groups will be explored as a source of support for individuals and families experiencing situational transitions. Collaboration with other disciplines and sectors will be addressed as it relates to health promotion. In addition, discussion of gender issues will present an enhanced awareness of gender specific factors in relation to the experience of situational transition.	The inclusion of gender-specific factors in situational transition makes this an ideal course for discussion of issues in gender transition.

<b>University College of the Fraser Valley</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 401 Community Health	An exploration of community health nursing using the philosophy of primary health care as a model. Students will learn how to do a community assessment and plan a health promotion program relevant to an identified community population. Students will explore the role of the public health nurse and the scope of that practice. An understanding of epidemiological concepts will assist students as they consider the role of the community health nurse. A potential role for nursing within the political environment will emphasize the need for intersectoral collaboration. A study of organizational transitions including transitions in the agencies within which nurses practise, communities in transition, and transitions in nursing practice.	Transgender community assessment and health promotion planning could be used as an example, with support for students who have a particular interest in transgender health to pursue a project in this topic. Transitions in transgender care could be used as an example of organizational transition for nurses.
NURS 403 Nursing Practice	Students will be given the opportunity to establish partnerships with person(s) (individuals, families, groups/populations, and community as client) experiencing a variety of transitions. By experiencing the role of the public health nurse, students will further their understanding of the principles of primary health care, teaching and learning, and the concept of epidemiology when partnering with person(s) in homes, health clinics, schools, and community settings. Placement experiences will provide an opportunity for participation and intersectoral collaboration as it applies to promotion of health, communicable disease control and continuity of care for person(s) in the community.	For students who have a particular interest in transgender health, placement with transgender individuals, families, populations, or community groups could be supported.

<b>University of BC</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 312 Supportive Environments for the Health of Families	Fostering the health of families in times of health and illness.	In discussing the composition of families, the diversity of transgender families could be included, along with brief discussion of family issues that can arise for transgender people and loved ones.
NURS 331 Nursing Care of Families	Clinical nursing practice with families experiencing transitions related to illness in a member.	Gender transition could be used as an example of a process involving physical, mental, developmental, social, and situational transition. A case could include a family with a member (not the patient) who is transgender.
NURS 350 Sociocultural Construction of Health and Illness	Diversity and its relationship to definitions of health and illness.	Medical attitudes to gender-variance could be used as an example of the ways the medical system creates a definition of health/illness, and the resulting impact on the population that is defined as "sick".
NURS 410J Palliative Care	Examination of the theory and practice of palliative care focusing on the complexities of caring for dying patients and their families in both community and institutional settings.	Trans-specific family issues, issues in physical care, and burial planning could be included as a case example.
NURS 410M HIV/AIDS Prevention and Care	The exploration of the care of individuals with HIV-related illness and their significant others within the context of Canadian society. Theory from a variety of disciplines will be used to help students develop an understanding of this chronic, incurable illness, examine attitudes to caring for clients, refine their ability to provide informed, effective and compassionate care and explore ethical, legal and social policy issues that commonly arise.	With disproportionately high HIV infection rates among transgender women (particularly transgender women of colour), transgender issues should be incorporated into HIV training. The transgender population could be used as an example of the need to tailor prevention strategies to be relevant to the target population, with critical reflection on ways to build trans-inclusive and trans-specific prevention campaigns. Trans-specific risk factors for infection and issues in treatment could also be discussed.
NURS 410P Violence Across the Life Span	This web-based course provides inter-professional perspectives on violence through all life stages. Historical and socio-political contexts, including the inter-sectionality of race, class and gender, will form the backdrop for the study of variations in the expression and experience of violence. Topics will be explored using a feminist analysis. Inter-professional collaboration will be emphasized.	With disproportionately high rates of relationship violence, sexual violence, and hate crimes among transgender people, transgender concerns relating to violence and access to care should be included. Inclusion of elements of the Justice Institute of BC's trans-specific anti-violence curriculum should be considered.
NURS 410Q Changing Face of Nursing Care of Older Adults	No description provided in UBC calendar.	A case involving a transgender elder and/or the loved one of a transgender elder could be included to highlight trans-specific issues in geriatric nursing.
NURS 410S Adult Health Assessment	This web-based course offers a review of basic health assessment principles and techniques in context of adults. By the end of the course, one will be able to complete a comprehensive head-to-toe assessment and be able to collect health history data systematically.	Trans-specific issues in assessment should be included as an example of the need to modify standardized protocols to respect diversity of patient identity and anatomy.

<b>University of BC</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 410W Women's Health Issues	This course offers a study of historical and current trends and issues in the health care of women.	This course provides an opportunity to question conceptualizations of "women's health", and the construction of essentialist perspectives on women's bodies. Transgender women should be included as a special population that is not always well-served by the dominant conceptions of women's health.
NURS 413 Fostering Population Health Promotion (non-RN students)  NURS 414 Population Health Promotion (post-RN students)	Theory and strategies for working in partnership with populations, health professionals, and community service providers. Students use primary health care principles and population health promotion approaches during community nursing practice.	The focus on population health, interdisciplinary care, and community/individual health assessment provides opportunities for discussion of transgender community health concerns.
NURS 426 Nursing and the Health of Communities	Study of epidemiological concepts as they relate to the health of Canadian communities. Application of concepts to the planning of health care programs.	The focus on public health provides opportunities for discussion of transgender community health concerns. Transgender health care delivery could be used as an example of nursing involvement in health planning.
NURS 430 Population-Focused Nursing Practice I	Clinical nursing practice with selected populations in the community.	Students with an interest in transgender health could be supported to pursue a practicum placement/project that is trans-focussed.
NURS 452 Ethical Basis of Health Care	Theories related to the ethical basis of professions. Ethical problems in healthcare and in nursing. Ethical decision-making.	Ethical dilemmas in transgender care (e.g., hormonal treatment of a young adolescent with gender dysphoria, placement of a non-operative transgender patient in acute or residential care) would give students the opportunity to examine their beliefs about gender variance and treatment of transgender people.
NURS 507 Pharmacology and Therapeutics in Primary Care	No description given in UBC calendar.	Use of feminizing/masculinizing hormones could be an example of the ethical dilemmas involved in off-label use of prescription medication, difficulties when there is little empirical evidence to guide decision-making, and issues in balancing short-term improvement of quality of life vs. possible long-term adverse effects of medication.

<b>University of Northern BC</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
NURS 201 Introduction to Health Assessment	Provides the basis to gather a health history and to assess the functioning of individuals through the proper use of physical examination techniques. Psychosocial and cultural assessment is included. The emphasis is on recognition and identification of normal findings.	Trans-specific issues in physical examination and psychosocial/cultural assessment should be included as normative (not pathological) findings. This course offers the opportunity to establish principles of respect for diversity of physiology and identity, rather than viewing diversity as abnormal.
NURS 402 Health Promotion	Examines health promotion theories, principles, and underlying philosophies within a primary health care framework. Students will identify and critique health promotion issues and explore strategies which promote well-being among individuals, groups, and communities.	The class could explore questions around how to effectively and meaningfully reach out to marginalized communities who may be wary of the health care system, or whose access to care is limited by a variety of social, cultural and/or economic forces. The class could discuss possible reasons why health promotion campaigns often fail to reach individuals and communities most in need of health services and education, and explore strategies for improvement. The transgender community could be used to illustrate the need to tailor health promotion initiatives to the target population and to the individual within that population.
NURS 612 Women and Health	An examination of the health issues of northern women in which a holistic perspective is encouraged. Students will use epidemiological and other research resources to explore general issues as well as specific health concerns.	This course provides an opportunity to question conceptualizations of "women's health", and the construction of essentialist perspectives on women's bodies. Transgender women should be included as a special population that is not always well-served by the dominant conceptions of women's health.
NURS 703 Health Program Development and Evaluation	An exploration of various program planning and evaluation approaches, theories and skills. Emphasis is on health programs concerning the organization and delivery of services, health promotion, and/or health professional education.	Transgender health service delivery could be used as an example of the need for (and challenges of) development, implementation, and evaluation of health programs aimed at specific marginalized communities, and the role of education of health professionals in promoting community health.

## Appendix D: Incorporation of Transgender Basics into Existing Family Physician Education

The following course lists are based on a review of the existing UBC medical curriculum by Trans Care Project staff Olivia Ashbee and Donna Lindenberg. The UBC calendar was reviewed to determine courses where incorporation of basic transgender content might be appropriate. This information is included to support ongoing advocacy with post-secondary institutions regarding the inclusion of Tier 1 training at an undergraduate/graduate level.

<b>Undergraduate – Distributed Medical Program</b>		
A standardized curriculum is used for undergraduate medical students, with sites at UBC, UVic, and UNBC.		
Course # and Name	Course description	Comments
DPAS 410 (year 1) DPAS 420 (year 2)  Doctor/Dentist, Patient and Society	This multidisciplinary course will examine critical issues in health care. Problem-based tutorials will address the patient-doctor relationship, health care systems, research, epidemiology, prevention, ethics, behavioural and social sciences, resource allocation, multiculturalism, and marginalized populations.	Transgender health is currently part of the Sex Med component of DPAS. To avoid misunderstanding of transgender health as a sexual issue, ideally the content would be moved out of Sex Med. However, to protect the time available it may be better to leave the lecture as part of Sex Med's hours. Wherever the lecture is located in DPAS, a population health/primary care approach should be used to introduce the topic to students. A problem-based interactive tutorial should be developed to complement lecture content that has already been developed.
FMPR 401 & 420 Family Practice Continuum	Principles and skills of patient interviewing, history taking, physical examination are learned and practiced under supervision in office, home, hospital and community settings. Seminars and lectures support students in this clinical endeavour. The role of the Family Physician in the provision of comprehensive patient care is explored.	The unique issues and factors that need to be taken into consideration when conducting patient interviews, health histories, and physical exams with transgender people could be used as an example of the need to modify standard protocols to accommodate a patient's individual identity or physiology. Students could learn about how to facilitate open and empowering relationships with clients, and transgender clients in particular – including an examination of issues such as prejudice, discrimination, use of language, advocacy, and autonomy.

<b>Graduate – UBC Faculty of Medicine</b>		
Course # and Name	Course description	Comments
HCEC 556 Social Determinants of Health	Health planning and delivery models based on population health frameworks.	Transgender health service delivery could be used as an example of the complexities in creating population-specific programs to address social and other determinants of health.
HCEP 713 Community Health Tutorials	Topics of Public Health interest presented throughout the year by Faculty and guest lecturers. Two hours per month.	While time is limited for these courses, HCEP 713 & 714 might provide an opportunity to have a guest lecturer present a session or workshop on issues in transgender community health. Past lecturers and topics should be further investigated, as well as the process by which guest presenters are selected.
HCEP 714 Community Health Seminars	Selected topics of current interest in Community Medicine Practice or in its basic sciences. Presented by residents and discussed with Faculty and invited guests. Three hours per month.	

<b>Graduate – UBC Faculty of Medicine</b>		
<b>Course # and Name</b>	<b>Course description</b>	<b>Comments</b>
INDE 453 Effective Learning Skills for Medical Practice	A 10-week full-time course that consists of 6 components: weekly themes with associated 2-hour lecture series; therapeutics; health care and epidemiology; advanced communication skills; cross-cultural healthcare ethics/law and politics.	Transgender health could be introduced as a case example for any of these topics.
PCTH 305 Basic Human Pharmacology	Lectures and assigned reading on the effects, mechanisms of action, absorption, distribution, fate and excretion of major classes of therapeutic agents. Indications for the use of particular drugs will be discussed in terms of risk versus benefit for the individual and for society.	Use of hormones for feminization/masculinization could be discussed as an example of ethical issues in "off-label" use of prescription medication. This would also offer the opportunity to critically reflect on the potential for conflict in patient/doctor values re importance of immediate quality of life vs. adverse long-term effects, and the ethical dilemmas of "do no harm" in the use of medication that may have long-term health risks.
PCTH 453 Advanced Therapeutics	A lecture, assigned problems, and discussion course dealing with practical aspects of therapeutics. This course is designed to give fourth-year medical students some practical experience in the science of drug prescribing.	

## Appendix E: Sample Family Practice Postgraduate Residency Curricula – *Introduction to Transgender Primary Medical Care*

### 1. Rationale

- The family physician is a skilled clinician.
- The doctor-patient relationship is central to the role of the family physician.
- The family physician is a resource to a defined practice population.
- Family medicine is community based.

### 2. Objectives

- Be aware of the diversity of gender identity and gender expression in the general population.
- Be able to respond appropriately to patient disclosure of transgender identity or gender concerns.
- Be able to distinguish between gender concerns that may warrant clinical intervention vs. transgender identity/behaviour that does not require clinical intervention (in children, adolescents, and adults).
- Be able to support the transgender patient and family members/other loved ones.
- Be aware of clinical and community resources for patients who require trans-specific care.

### 3. Pre-requisites

None.

### 4. Learning outcomes (K = knowledge, A=attitudes/values, S=skill)

*adapted from* The postgraduate family medicine curriculum: An integrated approach, *Committee on Curriculum of the Section of Teachers of Family Medicine (1995), Mississauga, ONT: College of Family Physicians of Canada*

#### a) The family physician is a skilled clinician.

- Is aware of cultural diversity in approaches to gender, sex, and sexuality. (K)
- Understands the diverse trajectories of gender identity development, with gender identity fixed at an early age in some individuals and fluid over the lifespan in others. (K)
- Demonstrates understanding of the terms commonly used by transgender people. (K/S)
- Uses nonjudgmental and culturally respectful language to discuss transgenderism and gender concerns. (A/S)
- Is mindful of own gender socialization and committed to ensuring that own attitudes about gender do not have a negative impact on patient care. (A)
- Appreciates and respects gender diversity. (A)
- Demonstrates accepting/nonjudgmental attitudes when a patient discloses transgender identity or gender concerns. (A)
- Sees transgenderism as a context, not a disease. (A)
- Demonstrates willingness to discuss transgender issues and gender concerns. (A)
- Explains and sensitively inquires about psychosocial stresses commonly experienced by transgender people and loved ones. (K/S)
- Explores the life context for the patient (e.g., to whom the patient has revealed transgender identity, support network, family relationships). (S)

- Identifies early signs of gender dysphoria/gender identity confusion/compulsive crossdressing. (K)
- Understands the differences in presentation/treatment of gender concerns in young children. (K)
- Provides factual answers to questions about gender dysphoria, gender identity confusion, and compulsive crossdressing, either personally or by providing appropriate reading material. (S)
- Is able to identify when specialist advice and/or referral is needed. (A)
- Arranges appropriate referrals for patients who require trans-specific care. (K/S)
- Ensures that general referrals are, at minimum, trans-inclusive (preferably trans-experienced). (S)
- Ensures that office staff members are knowledgeable and nonjudgmental. (S)
- Ensures that harassment by other patients is not tolerated. (S)
- Ensures that intake, assessment, and charting protocols are respectful of the patient's self-defined identity and preferred name. (K/S)

**b) The doctor-patient relationship is central to the role of the family physician.**

- Is able to establish a healthy therapeutic relationship with the patient regardless of the patient's gender identity, expression, or role. (S)
- Recognizes the special need for trust and confidentiality with transgender patients. (K/A)
- Values the trust the patient displays in disclosing transgender feelings/identity/questions to the family physician. (A)
- Understands the importance of the patient-physician relationship in fostering self-esteem for the transgender population. (K)
- Understands the historical harm to the patient-physician relationship created by the medical pathologization of gender diversity. (K)
- Accepts the patient's self-defined gender identity. (A)
- Uses the patient's preferred name and gender pronoun in interactions with the patient. (S)
- Welcomes the opportunity to improve sensitivity to and knowledge about gender diversity. (A)
- Welcomes the participation of the transgender patient's loved ones in the clinic appointment. (S)
- Respects the patient's privacy in interactions with loved ones. (S)
- Recognizes that gender identity is only one aspect of a patient's life and identity. (K)
- Is an advocate for the patient at the individual, family, and community level. (S)
- Is committed to patient partnership, collaboration, empowerment, sharing of knowledge, and facilitation of patient involvement in decision-making. (A)

**c) The family physician is a resource to a defined practice population.**

- Models to staff members a willingness to care for transgender patients and loved ones in a nonjudgmental fashion as part of care for all members of the community. (A)
- Demonstrates support for good health care of transgender patients in the community. (A)
- Encourages identification of transgender patients within the practice. (K)
- Maintains complete and confidential records, including information about the patient's self-defined gender identity. (S)
- Makes trans-specific self-help and patient education materials available to all patients. (S)
- Is knowledgeable about peer and professional resources available to transgender individuals. (K)

**d) Family medicine is community based.**

- Is aware of the ways that “race”/ethnicity, class, age, disability, and sexuality intersect with gender both as social determinants of health and as aspects of individual identity. (K)
- Is aware of the diversity of the transgender community and transgender individuals’ health needs. (K)
- Identifies community-based health and social resources for transgender people and loved ones. (K)
- Develops an information network for self and patient. (S)
- Values the role of other health professionals, community resources, self-help/mutual support groups, and advocacy groups in promoting transgender health. (A)
- Actively supports community initiatives to improve transgender health. (A)

**5. Central resources***Programs/Organizations:*

Vancouver Coastal Health’s Transgender Health Program: <http://www.vch.ca/transhealth>

- online resource guide listing clinical resources and mutual support/peer support resources
- for clinicians: training, resource library, BC-specific care guidelines and protocols, referral assistance
- for patients: peer support, advocacy, referral assistance

Harry Benjamin International Gender Dysphoria Association: <http://www.hbigda.org>

- publishes international guidelines for the treatment of gender dysphoria and hosts biennial conferences
- coordinates publication of the *International Journal of Transgenderism* (<http://www.haworthpress.com/web/IJT>)
- hosts listserv for medical professionals (<http://groups.yahoo.com/group/transmedicine>)

*Teaching clinics:*

[Not yet determined – Three Bridges Community Health Centre and REACH Community Health Centre are potential local resources]

*Curriculum advisor:*

[Not yet determined – to be discussed by Transgender Health Program Education Working Group]

## 6. Learning activities

**[Note:** These activities have not yet been organized. They are included to indicate the kinds of learning activities that could be developed in partnership with UBC.]

*Academic curriculum:*

- attend/participate in full-day Transgender Health Program seminar, OR access the UBC eLearning Centre portal for similar content

*Clinical curriculum:*

- participate in the care of at least one transgender individual over the 2 year program
- clinical rotations to enhance and further understanding of transgender health and transgender care