



# **Affirmative Care for Trans, Gender Diverse and Non-Binary People: Best Practices for Health Care Staff**

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## INTRODUCTION

All health care staff, and especially front line staff, play important roles in creating a health care environment that responds to the needs of the range of Trans, Gender Diverse and Non-Binary People (TGDNB) people, which includes transgender and other gender non-conforming people.<sup>1</sup> Like everyone, TGDNB people appreciate friendly and courteous service. However, TGDNB individuals also have unique needs when interacting with the health care system. First and foremost, many TGDNB people have experienced stigma and discrimination in their day to day lives, and particularly when seeking health care. As a result, many fear they will be treated disrespectfully by health care staff, which can lead to them delaying necessary health care services. In addition, the names that TGDNB people use in their daily lives often do not match the names on their Medicare, private health insurance and medical records. Due to this, mistakes can easily be made when coding, as well as when talking with patients.

Issues and concerns for TGDNB patients often arise at the front desk and in waiting areas as those are the first points of contact for most patients. However, these issues are usually unintentional and can be prevented by training all staff in basic principles and strategies. This document is a starting point to help train health care employees to provide affirming services to TGDNB and all patients.

## WHAT'S INSIDE

- **Part 1** provides background information on TGDNB people and their health needs.
- **Part 2** provides tips and strategies to improve communication and create a more affirming environment.

## HOW TO USE THIS DOCUMENT

There is no set way to use this document, but here are some suggestions:

- Include this document in orientation packets for newly hired staff. Provide a brief verbal introduction to the document and why it is included.
- Host a training session on TGDNB health or encourage staff to watch an online module, if available.
- Hold a discussion afterwards and distribute this document.
- Encourage staff to post the Best Practices Sheet (included on the last page of this document) near their work station.

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<sup>1</sup> For brevity, we use "TGDNB" throughout this document. However, the information can be applied to all gender non-conforming people. For definitions of TGDNB and gender non-conforming, see page 4. Also, while this document focuses on front line staff, it is relevant for all staff.

# Part 1: Gaining a Better understanding of TGDNB People

## WHAT DO WE MEAN BY TRANS AND GENDER DIVERSE?

Different people have different ideas about the meaning of terms such as trans, transgender, gender diverse or gender non-conforming. Most describe a TGDNB person as someone who feels strongly that their gender is not the same as the sex they were assigned at birth. TGDNB people feel and express their gender in many different ways. Many TGDNB people identify with a gender different to the sex assigned at birth; for example, people born with the physical characteristics of a female who feel very strongly that they are male. Some TGDNB people feel they are both female and male, or neither male nor female, but somewhere between male and female. These feelings begin very early in life for many, and later for others.

Most TGDNB people will dress and behave in a way that matches their inner sense of gender. For example, people assigned male at birth who identify as female may grow their hair long and start wearing dresses and makeup. A person who feels they are neither male nor female may dress and do their hair in a way that is not traditionally male or female. TGDNB people often change their name to match the gender they feel. They usually prefer people to call them by the pronouns that feel right for them (e.g. he/him, or she/her), while some prefer non-specific pronouns (e.g. they/them). Some, but not all, change their bodies to more closely resemble how they think of themselves by getting medical (hormonal) and surgical treatments. As is true for all people, it is very important for TGDNB people's mental health and well-being to be able to live in the way they feel about their gender, and to be accepted for who they are.

## DEFINITIONS AND TERMS

TGDNB people use many terms to describe themselves and their communities. Both these self-descriptions and the terminology used by health professionals changes over time. Here, we offer some common definitions. However, keep in mind that each person may not identify with these terms or definitions. It is best to give all patients an opportunity to provide information on how they want to be recognized when seeking care.

**Gender:** Social categories of woman/man, girl/boy, feminine/masculine/androgynous

**Gender Identity:** A person's internal sense of being a man, woman, both, or neither. Gender identity usually develops at a young age.

**Gender Expression:** The way a person acts, dresses, speaks and behaves in order to show their gender as feminine, masculine, both, or neither.

**Non-binary gender; Genderqueer:** any gender identity which does not fit within a binary of male and female. A person may identify as neither or both male or female.

**Birth Sex; Sex (or Gender) Assigned at Birth:** The sex (male or female) assigned a child at birth, based on a child's genitalia.

**Trans; Transgender:** People whose gender identity differs from that usually associated with the sex assigned at birth.

**Cis; Cisgender:** People whose gender identity aligns with that usually associated with the sex assigned at birth.

**Gender Non-Conforming:** People who express gender differently than culturally expected for people of their sex assigned at birth. A gender non-conforming person is not necessarily TGDNB (for example, a woman who dresses in a masculine style, but identifies as female; a boy who likes to play with girl dolls, but identifies as a boy, etc.).

**TGDNB:** An umbrella term for all whose gender identity is not aligned with their birth sex.

**Transition/Gender Affirmation Process:** The process of a TGDNB person coming to recognise, accept, and express their gender identity. This usually refers to the period where they make social, legal, and/or medical changes, such as their clothing, name, sex designation, and body via medical interventions. This process, often called gender affirmation, can greatly improve mental health and general well-being.

**Trans man:** A person assigned female at birth who feels they are male and lives as a man. Some just use the term male.

**Trans Woman:** A person assigned male at birth who feels they are female and lives as a woman. Some just use the term female.

**Transsexual:** A dated term for those TGDNB people who identify as a the 'opposite' sex, i.e. other than their birth sex. Transsexuals usually seek hormone therapy and often surgery to bring their body into line with their gender identity.

**Female-to-male (FTM); Male-to-female (MTF):** These dated terms define the direction of transition for some TGDNB people, usually those referred to as transsexual. Refers to people during transition; used in some literature to describe people after transition. It is preferable to use: female assigned at birth or male assigned at birth.

**Sexual Orientation:** How people identify physical and emotional attraction to others. It is not related to gender identity. TGDNB people can have any sexual orientation (gay, lesbian, bisexual, heterosexual, no label, or another self-description).

**Terms to Avoid!:** The following terms are considered offensive by most and should not be used: she-male, he-she, it, tranny, "real" woman or "real" man.

The “Gender Unicorn” graphic shows the differences between gender identity, gender expression, biological sex and sexual orientation.

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources

**Gender Identity**

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

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**Gender Expression**

- Feminine
- Masculine
- Other

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**Sex Assigned at Birth**

- Female
- Male
- Other/Intersex

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**Physically Attracted to**

- Women
- Men
- Other Gender(s)

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**Emotionally Attracted to**

- Women
- Men
- Other Gender(s)

To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

## WHAT DO WE KNOW ABOUT TRANS AND GENDER DIVERSE PEOPLE AND THEIR HEALTH NEEDS?

There has been limited research on TGDNB people and their health needs. From what has been studied, we know that they experience a great deal of misunderstanding, rejection, and discrimination, all of which can lead to poor health outcomes.

Below is a summary of some of the research that has been collected on TGDNB people. Learning about the challenges of being TGDNB can increase awareness and sensitivity towards this population.

## HOW MANY PEOPLE IDENTIFY AS TRANS AND GENDER DIVERSE?

The answer to this question is unclear as very few surveys ask about gender identity. While there is no robust Australian data, one international study estimated that 0.3% of the U.S. population may be TGDNB.<sup>1</sup> The Royal Children’s Hospital Melbourne estimates that 1% of children and adolescents experience gender identity issues.<sup>2</sup> Similarly, in a New Zealand survey of over 8,000 secondary school students, 1.2% reported being

transgender, and 2.5% reported being not sure about their gender. {Clark, 2014 #11680} Research has also shown that about 60–76% of TGDNB people have had hormonal therapy, and about 20–40% have had some surgery to help their bodies match their gender identity.<sup>3,4,5</sup> The decision of whether to have medical or surgical treatment is based on personal choice for some; others would like to get treatments but cannot afford the cost, as Medicare and private insurance only cover part of the costs, and public health provision is limited. Recent funding increases to the Monash Health GDC have increased public health provision.

## **DISCRIMINATION AND HEALTH DISPARITIES**

The majority of TGDNB people experience various forms of harassment and discrimination in their daily lives. A 2007 Australian study found that 87.4% of TGDNB participants had experienced at least one form of stigma or discrimination on the basis of gender identity.<sup>4</sup> Research has shown that up to 78% of TGDNB people were harassed in school, and 57% experienced rejection from their families.<sup>3</sup> Many have been taunted, refused service, and physically attacked in public areas like hotels, restaurants, buses, etc.<sup>3</sup> Because of discrimination, TGDNB people are much more likely to be homeless, unemployed, and low income.<sup>2,3</sup> Trying to cope with all of these issues can affect the health and well-being of TGDNB people. For example, TGDNB people have higher rates of alcohol use, drug use, and suicide attempts,<sup>5</sup> with one survey finding that 41% had attempted suicide.<sup>3</sup>

## **BARRIERS TO HEALTH CARE**

TGDNB people face many barriers to receiving quality care. Sadly, many TGDNB people experience discrimination, humiliation or misunderstanding from medical providers,<sup>6</sup> and thus avoid seeing them. For example, one large study of TGDNB people found that 28% had postponed necessary medical care when sick or injured, and 33% delayed or did not try to get preventive health care due to discrimination by health care providers.<sup>3</sup> There is also a scarcity of health professionals who are trained in TGDNB medical and behavioural health care.<sup>2</sup> Fifty percent of TGDNB people report having to teach their doctors about TGDNB care.<sup>3</sup>

In addition, many TGDNB people lack private health insurance. Even with insurance TGDNB people encounter barriers, as Medicare and private insurance coverage is limited, with significant out of pocket costs. Due to these barriers, some TGDNB people try to provide for their own care using the Internet, friends, and other non-medical people in their social circle. They may obtain unauthorised and potentially dangerous hormones and other treatments from these sources. This may lead to higher risks of illness and

injury, further complicating already poor access to care.<sup>3</sup> Although accessing care is very difficult for many TGDNB people, the good news is that when TGDNB people can access the health care necessary to affirm their gender, they function similarly to everyone else in both their personal and professional lives.<sup>6</sup> For example, 78% of TGDNB people who underwent gender transition reported they felt more comfortable at work, and their job performance greatly improved.<sup>3</sup>

## REFERENCES

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# Part 2: TGDNB-Affirming Customer Service Strategies in Health Care

## INTRODUCTION TO CUSTOMER SERVICE STRATEGIES

Every single interaction counts for a TGDNB person in a health care setting. Front desk and other front-line staff play a critical role in helping TGDNB people feel welcome and get the health care services they need. The following section offers strategies for working with TGDNB clients based on customer service principles of communication, open-mindedness, responsiveness, accountability, reliability, and respect. Examples and scripts are included.

### ADDRESSING PATIENTS

It is not always possible to know someone's gender based on their name or how they look or sound. This is the case for all people, not just TGDNB people. When addressing patients we don't know, we can accidentally use the wrong gender, causing embarrassment. One way to prevent this mistake is by addressing people without using any terms that indicate a gender. For example, instead of asking "How may I help you, sir?" you can simply ask, "How may I help you?" You can also avoid using "Mr./ Mrs./ Miss / Ms." by calling someone by their first name or their first and last name together. You can also avoid using a person's name by tapping the person on the shoulder and saying, for example, "Excuse me, we're ready for you now. Please come this way."

It is also important to avoid gender terms when talking to others about a patient. For example, rather than saying "he is here for his appointment," or "she needs a follow-up appointment," you can say "the patient is in the waiting room," or "your 11:30 patient is here." You can also use "they" instead of "she" or "he". For example: "They are here for their 3 o'clock appointment." **Never**, however, refer to a person as "it."

In addition, recognise that avoiding gender terms is important both in person and on the phone.

### USING PREFERRED NAMES AND PRONOUNS

As discussed in the first section, many TGDNB people change their name and gender to better match their gender identity. Some people change their details officially on their legal documents, and some do not (for various reasons). Either way, it is recommended that health care organizations have a system that allows patients to input their preferred name, gender, and pronouns into registration forms and other relevant documents. This allows all staff to see the patients' preferences, and to use them consistently. Creating

such a system is helpful for non-TGD patients too, since some patients might prefer to use nicknames or middle names, etc. To learn about suggestions for how to do this, see the section: **Helpful Resources**.

If your organization does not collect this information or you do not have access to the system, it is acceptable to politely ask a person what name they prefer to use. For example, you can say “I would like to be respectful—how would you like to be addressed?” or “What name would you like me/us to use?” Once a patient has given a preferred name, it is very important for staff to use this name in all interactions. Not using the patient’s preferred name can cause embarrassment and confusion. For example, imagine how a trans man would feel if a medical assistant called into the waiting room and asked for “Jennifer Smith” rather than “John Smith”.

Similarly, it is important to always respect the gender identity of a patient by using the patient’s preferred pronouns, such as he/him/his, she/her or they/them/their. Think about how a trans woman would feel if she overheard someone refer to her with a male pronoun, as in “his address has changed.” Most TGDNB people prefer that others use the pronoun that matches their gender identity. However, as mentioned previously, only use gender pronouns if you are certain of the patient’s gender identity and/or preferred pronouns. Otherwise, it is better to avoid using pronouns and other gender terms. In some circumstances, it is okay to ask about pronouns politely and in a private area, where others cannot overhear, so as not to embarrass or “out” the patient.

#### **WHAT TO DO WHEN THE NAME AND GENDER ON RECORDS DO NOT MATCH**

TGDNB patients often have a Medicare name and gender on record that do not match their preferred name and gender. Changing one’s name and gender on identity documents can be a complicated and lengthy process. Recent changes have made this simpler for Medicare and other Government departments, whose minimum requirement is now a “statement from a Registered Medical Practitioner or Psychologist” verifying a person’s gender. However, it can be difficult for TGDNB patients to get certain medically necessary treatments if their gender on Medicare does not match their anatomy. It is important, therefore, that staff members are prepared for this possibility, and can ask for information without embarrassing or “outing” the patient.

In a situation where a patient’s name or gender does not match their Medicare or medical records, you can ask: “Could your file be under a different name?” or “What is the name on your Medicare Card?” You can then cross-check identification by looking at UR number and date of birth and address. Never ask a person what their “real” name is. Patients may feel offended because these terms assume that their preferred names are not “real”. Further information on ways to address these issues can be found in **Helpful Resources**.

## **APOLOGISING FOR MISTAKES**

Clearly, it is not always possible to avoid making mistakes, and simple apologies can go a long way. If you do slip, you can say something like: “I apologise for using the wrong pronoun /name. I did not mean to disrespect you.”

## **PRACTICING**

Making changes in your speech can be a challenge at first. Some of us have learned to use gender terms like “madam” and “sir,” in order to be polite. However, most people will find it becomes easier over time to speak using the methods outlined above. Practicing with your colleagues may be helpful. You may also find it helpful to post the Best Practices sheet (found at the end of this document) near your work space.

## **MAINTAINING A RESPECTFUL WORKPLACE CULTURE**

Below are additional tips for creating a TGDNB-affirming culture at your workplace.

### **Stay relaxed and make eye contact:**

Speak with TGDNB patients just as you speak with all patients.

### **Avoid asking unnecessary questions:**

People are naturally curious about TGDNB people, which can lead them to want to ask questions. However, like everyone else, TGDNB people want their medical and personal lives to be private. Before asking a TGDNB person a personal question, first ask yourself: *Is my question necessary for their care or am I asking it for my own curiosity?* If for your own curiosity, it is not appropriate to ask. Think instead about: *What do I know? What do I need to know? How can I ask for information I need to know in a sensitive way?*

### **Do not gossip or joke about TGDNB people:**

Gossiping about someone’s transition, or making fun of efforts to change their gender expression, for example, should not be tolerated. In addition, only discuss a patient’s TGDNB identity with those who need to know for providing appropriate and sensitive care. This is consistent with policies concerning discussion of all patients.

### **Continue to use a client’s preferred name and pronoun when they are not present:**

This maintains respect for the patient and helps other staff learn their preferences.

### **Create an environment of accountability:**

Don’t be afraid to politely correct your colleagues if they use wrong names and pronouns, or if make insensitive comments. Creating an accountable and respectful environment requires everyone to work together.

## CASE SCENARIO

This page offers an example of a positive client interaction. The scenario is between Claire Brooks, a trans woman, and Danielle Colatino, a front desk receptionist at a general practice clinic. Claire's birth name was Charles, and her birth sex was male. When Claire first attended the clinic, she was using the name Charles and expressing her gender as male, although she always felt female. Over recent months, she began her gender affirmation process and now asks people to call her Claire. Her General Practitioner knows that Claire is transitioning, but Claire's medical records, registration, and insurance forms remain under the name Charles Brooks, and her sex is listed as male.

Arriving for an appointment, Claire approaches Danielle at the reception desk:

**Danielle:** Good afternoon. How may I help you?

**Claire:** Hello. I have an appointment with Dr. Brown at 2:30.

**Danielle:** Your name please?

**Claire:** Claire Brooks.

**Danielle:** Thank you. I'm sorry but I don't have you listed here. Might your appointment be under a different name?

**Claire:** Oh yes. It is probably under Charles Brooks. I've changed my name recently, but I guess it isn't in the records yet.

**Danielle:** Okay, it must not be. I have the appointment under Charles. Just to be sure we are using the right records, could you tell me your birthdate and current address?

**Claire:** Sure. It is November 12, 1987. I live at 10 Green St. in Gardenvale.

**Danielle:** Great. And do you still have the same Medicare number?

**Claire:** Yes I do.

**Danielle:** Okay, thanks. I'll note in here that your preferred name is now Claire. I will let Ruby, the nurse know, and Dr. Brown. Our records need to remain under Charles until you make the change with Medicare. Ruby can refer you to a website on how you can make that change. Do you have any questions?

**Claire:** No, that's fine. Thank you.

**Danielle:** Have a nice day.

### REFLECTION QUESTIONS

- Can you picture yourself in this scenario?
- What might be different in your practice?
- What complications might arise and how would you address them?

## **ORGANISATIONAL STRATEGIES FOR CREATING A TRANS AND GENDER DIVERSE-AFFIRMING ENVIRONMENT**

There are several steps that management at health care organisations can take to support front-line staff in creating an environment of care that allows TGDNB people to feel safe, included, and welcome. Here are some suggestions:

- Have a system to track and record preferred gender, name, and pronoun of all patients. Organizations that have Electronic Health Records (EHRs) can standardize the use of the notes field to document preferred name and pronoun for all patients. If EHRs are not in place, a name alert sticker can be used to flag the patient chart.
- Include “gender identity and expression” in non-discrimination policies. Post those policies.
- If possible, have single-occupancy bathrooms that are not designated as male or female. If you do not have this option, consider putting full-length doors on your stalls. If neither of these options is possible, have a policy that allows TGDNB patients to use the bathroom that matches their gender identity.
- Provide regular training in TGDNB cultural competency for current and new staff.
- Have clear lines of referral for complaints and questions from both staff and patients.
- Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, fielding complaints.
- Have procedures in place that hold staff accountable for making negative or discriminatory comments or actions against TGDNB people.

## **HELPFUL RESOURCES**

### **GENERAL INFORMATION ON TGDNB HEALTH CARE**

- World Professional Association for Transgender Health Standards of Care: <https://www.wpath.org/publications/soc>
- Australian standards for trans and gender diverse children and adolescents: [Australian SOC for trans and gender diverse children and adolescents](#)
- Center of Excellence for Transgender Health Primary Care Protocols: [www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu)
- Australia New Zealand Professional Association for Transgender Health: [www.anzpath.org](http://www.anzpath.org)
- Transgender and gender diverse health and wellbeing background paper, 2014, GLBTI Health and Wellbeing Ministerial Advisory Committee, Victoria: <http://bit.ly/2cF5OiA>

## **MEDICARE**

- Medicare and Transgender People: <https://www.humanservices.gov.au/genderupdate>

## **STRATEGIES FOR COLLECTING AND DOCUMENTING GENDER IDENTITY, PREFERRED NAMES, AND PRONOUNS IN REGISTRATION FORMS**

- The Fenway Institute: How to Gather Data on Sexual Orientation and Gender Identity in Clinical Settings: <http://bit.ly/2fUyj85>

## **RESOURCES FOR PATIENTS ON CHANGING NAME AND GENDER ON LEGAL DOCUMENTS**

- Australian Government Guidelines on the Recognition of Sex and Gender: <http://bit.ly/251cr04>
- Processes for changing gender on birth certificate vary by State, and are under revision in some States. Best to look up your State's Registry of Births Deaths and Marriages

## **RESEARCH ON TGDNB HEALTH**

- From blues to rainbows: The mental health needs of young people with diverse gender, (2014) Smith E et al, <https://www.glhv.org.au/report/blues-rainbows-report>
- The First Australian National Trans Mental Health Study (2014) Hyde Z, Doherty M, Tilley PJM, McCaul KA, Rooney R, Jancey J. Curtin University, Perth: <http://www.transoz.org/bw0274.pdf>
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## **WHERE TO FIND TRAINING ON TGDNB HEALTH CARE**

The following organisations offer training on TGDNB health:

- Monash Health Gender Clinic: [genderclinic@monashhealth.org](mailto:genderclinic@monashhealth.org)
- Transgender Victoria: <http://www.transgendervictoria.com/what-we-do/education>

## ACKNOWLEDGEMENTS

*This publication draws heavily on the document “Affirmative Care for Transgender and Gender Non-Conforming People: Best Practices for Front-line Health Care Staff”, written by Sari Reisner, Ruben Hopwood, Hilary Goldhammer, and Harvey Makadon at the National LGBT Health Education Center, Fenway Health.*  
<http://www.lgbthealtheducation.org/publication/frontline-tool-trans-and-gnc/>

Post this sheet on your wall or desk as a helpful reminder.

# Best Practices for a Trans and Gender Diverse-Affirming Environment



<b>When addressing patients, avoid using gender terms like Mr or Mrs.</b>	“Your patient is here in the waiting room.” “They are here for their 3 o'clock appointment,” “How may I help you today?”
<b>Politely ask if you are unsure about a patient’s preferred name.</b>	“What name would you like us to use?” “I would like to be respectful—how would you like to be addressed?”
<b>Ask respectfully about names if they do not match in your records.</b>	“Could your details be under another name?” “What is the name on Medicare?”
<b>Did you make a mistake? Politely apologize.</b>	“I apologise for using the wrong pronoun. I did not mean to disrespect you.”
<b>Use their preferred name and pronoun even when the client is not present</b>	This maintains respect for the patient and helps other staff learn their patient’s preferences.
<b>Politely correct colleagues if they use wrong names and pronouns</b>	“Doctor Brown – this patient is transitioning their gender, so we need to remember to call her Claire and use female pronouns.”
<b>Only ask information that is required: Avoid asking unnecessary questions.</b>	Ask yourself: What do I need to know? How can I ask in a sensitive way?
<b>Only discuss their gender identity when necessary for appropriate care.</b>	“Ruby, this man needs a Pap test, given their transgender history”.
<b>Politely correct colleagues if they make insensitive comments</b>	“Jamie, that is a bit rough – this person is having a difficult time with their family while transitioning.”