

Elective report

My elective period (from 11th April to 6th May 2011) was spent at Lyon Martin Health Services (LMHS), a healthcare clinic in San Francisco specialising in the healthcare of women and transgender patients. Treatment at LMHS is provided in a discrimination-free and compassionate environment and particular sensitivity is paid to sexual and gender identity. As many of the patients registered at the clinic are unemployed or on a low income, healthcare services are provided regardless of the ability to pay. Currently some 2500 patients are registered at LMHS. This elective report provides a synopsis of my time spent at LMHS as well as a reflection on the learning objectives I had set myself before starting this placement.

Overview of my placement

LMHS is a relatively small health clinic situated in the centre of San Francisco. There are four doctors (Dawn Harbatkin, Nick Gorton, Michelle Orengo-McFarlane and Alison May, a psychiatrist), a nurse practitioner (Liz Gatewood) as well as several nursing and nurse practitioner students. Several medical assistants also work at the clinic – it was their job to room the patients, find out the reason for their visit and also to record the vital signs so as to assist the healthcare provider. If a patient gave permission for me to see them I would take a history from them and often perform basic examinations (such as lung auscultation and musculoskeletal examinations). I would then report my findings to the doctor or nurse practitioner I was working with for that day. The healthcare provider and I would then meet again with the patient whereby any additional questions would be asked and further examinations performed. We would then formulate a diagnosis and decide on any medication that should be prescribed or provide a referral for any further treatment that was deemed necessary. Seeing the patients on my own before discussing my findings with the healthcare provider allowed me to think for myself and gain in confidence in my ability to formulate diagnoses. As well as this it also gave me the chance to learn about each patient's background and allowed me to realise the variety of issues that each patient experiences.

1) To become a more compassionate healthcare provider

My time spent at LMHS not only allowed me to meet many interesting patients with a range of health conditions but also allowed me to reflect on the importance of being compassionate in my approach to dealing with patients from a diverse range of backgrounds. With all patients I ensured I took the time to listen to not only to the details of their presenting complaint but also to any concerns they had. The patients at LMHS are referred to as 'friends' and all members of staff are on first name terms, both to each other and to their 'friends'. I felt that this modern approach broke down the traditional barrier between a healthcare provider and patient and also allowed me to easily build a rapport with patients. I made a particular effort to be equally empathic and supportive to all patients. I took the opportunity to spend two evenings with the street outreach service (SOS) with nurse practitioner Liz Gatewood. This service provides medical care once a week in a church hall in San Francisco. I was fortunate enough to be able to shadow Liz on these two occasions

whereby I saw several interesting patients with an interesting array of conditions including substance abuse, chest infection, advanced HIV and several dermatological conditions. Spending time talking to these patients allowed me to gain an understanding of the everyday problems those living on the streets must endure. This was my first experience of working with the homeless and I particularly enjoyed the challenge of working with such a group of patients.

2) To learn about the prevention of HIV among the transgender community

During my time at LMHS I met several patients living with HIV, some of whom were transgender. I met many patients, both cis- and transgender, who admitted to engaging in high-risk sexual practices. Many of these patients were poly-substance abusers, the most common substances being alcohol, heroin, crystal meth and crack cocaine. I took the time to discuss the prevention of HIV and other STIs with several transgender patients. I got the impression that low levels of self-esteem (which appeared to be due to the high level of stigma and discrimination experienced by such patients) not only contributed to high rates of substance abuse but also in turn to high levels of unsafe sexual practices among these patients. I asked each patient if they required any information on safe sex practices and if they did I took the time to listen to their questions and provide them with the information they required. As many transgender people are often unemployed and live in low quality accommodation, the basic survival mechanisms often outweigh the need to practice safe sex. As well as this, several of the transgender patients I met were sex workers and told me they often had unsafe sex. I made a particular effort to educate these patients on the importance of using condoms and also to be tested for HIV and other STIs on a regular basis. Having read up on the topic of HIV among the transgender community it appears that transgender women (i.e. male-to-females) are at a higher risk of acquiring HIV through unsafe sex. As well as this it also appears that transgender African-Americans, unemployed and those living in low-quality accommodation are at a particularly high risk of HIV. However, it also appears that there is limited data available for the rates of transmission of HIV among transgender men.

3) To learn how to take a trans-sensitive history

One particular patient I met was a transgender lady who had recently undergone sex reassignment surgery in Thailand. She visited the clinic to have a post-surgical examination. I took this opportunity to discuss her history; how she realised she was transgender and her journey from that realisation to organising and undergoing the sex reassignment surgery. I ensured that I took the time to listen to her story in detail and found that by doing so I could build a good rapport with her. She told me that she had felt comfortable in telling her story to me and that I had been compassionate in my approach. This feedback allowed me to gain in self confidence and equipped me with the knowledge of how to be sensitive to the feelings of transgender patients. Admittedly, prior to my elective at LMHS and throughout medical school I had not met any transgender patients. Despite having a transgender friend in the UK who is about to undergo sex reassignment surgery I was not particularly familiar with a lot of the terminology used. My time at LMHS allowed me to increase my knowledge of such terminology; this allowed me to take a more ordered and trans-sensitive history and also

equipped me with the appropriate medical terminology to use in my future career. Meeting both transgender men and women of varying ages and from different socio-economic background enabled me to take histories whereby I took into account the various backgrounds of these patients.

4) To learn about the process of transition using hormones and surgery

Prior to my placement at LMHS I knew relatively little about the processes involved in transition. This was not a topic taught at medical school and I must admit that I had not taken the opportunity to learn about the subject despite having a transgender friend in the UK. Weekly didactic lectures at LMHS provided the opportunity to learn about the pharmacological and surgical procedures involved in male-to-female and female-to-male transition as well as the medico-legal aspects surrounding the changing of names on official documents such as passports and driving licences. It was particularly interesting to learn that the potassium-sparing diuretic Spironolactone (which also functions as an anti-androgen) is used to augment breast development in male-to-female transgender patients. I had the opportunity to meet both male and female transgender patients during my time at LMHS – both pre- and post-operative patients in various stages of transition. This allowed me to learn about the individual experiences of patients as they underwent transition. It allowed me to realise that each patient's experience is different and that patients have a variety of backgrounds. My time at LMHS made me realise that the process of transition is highly complex; not only in the pharmacological and surgical methods used but also that each patient must carefully consider each aspect of treatment and must be willing to undergo regular health check-ups as their transition progresses. I also realised the value of receiving high-quality psychological support during this process – not only from healthcare providers but also support from the patient's family, friends and colleagues.

Concluding thoughts

I thoroughly enjoyed my time spent at LMHS; I feel that my elective has not only enabled me to experience a fascinating and unique aspect of clinical medicine in a truly amazing and diverse city but it has also allowed me to consolidate and increase my general medical knowledge. I feel I have become a more compassionate healthcare provider and my awareness of the needs of transgender patients has significantly increased. I feel confident in my approach to dealing with transgender patients and have gained many useful and transferable communication skills that will be highly advantageous to me as my career as a doctor progresses. I feel that it would be useful for all medical students and doctors to gain experience in dealing with members of the transgender community during their training. It is only through education that we as doctors can become more compassionate and therefore provide a higher standard of care.