

## Trans Care BC Workshop

On June 30th, the South Island Division of Family practice hosted Trans Care BC for a 90 minute webinar for Physicians, Clinic Managers, MOA's, Division staff and Community Members. This webinar provided valuable information for our members and their staff on:

- **Key terms and concepts used by Trans Care patients**
- **Basic strategies for creating welcoming and accessible gender-affirming services for patients**
- **Indigenous gender diversity**
- **Creating culturally relevant and gender-affirming services to patients**
- **Supporting gender creative children and their families**
- **Improving gender affirming care**
- **Accessible care strategies**
- **Making mistakes**
- **Gender inclusive language**

### DID YOU KNOW?

Trans Care BC hosts a weekly, virtual lunch-hour meeting for providers who are supporting Two-Spirit, trans, and gender diverse people. Please email [trans.edu@phsa.ca](mailto:trans.edu@phsa.ca) to be included in their distribution list.

## Trans Care BC Free Online Training

Click [here](#) to access training and materials from Trans Care BC on Education, Medical Forms, Patient Materials and Clinical Resources.

### How do I bill Out of Province insured patients under the new LFP?

Services to residents of other provinces and territories participating in the reciprocal program are excluded from the LFP model. MSP insured services for out of province patients should be billed under fee for service and submitted to Teleplan.

## LFP Updates for Locums from the Doctors of BC

Locum eligibility has been expanded to enable locums to bill under the LFP Payment Model when providing services on behalf of:

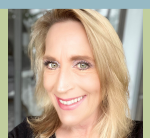
- [LFP Payment Schedule](#):
  - Fee-for-service with submission of 14070 in the same calendar year;
- A physician who meets the Locum Eligibility Criteria may enroll in the LFP Payment Model as an LFP locum by doing **both** of the following:
- Submitting both the 98000 Registration Code and 98005 Locum Registration Code to HIBC via Teleplan; and
  - Submitting an LFP locum registration form by fax to 250-405-3592.

The new locum registration form will be shared with physicians by **July 7**. This should be completed as soon as possible by all physicians who will be billing under the LFP Payment Model for locum services.

Click [here](#) for the new Business Cost Premium update

**Register your MOA for the upcoming Panel management course [here](#). Seats are limited - deadline to register is August 11th.**

The frequency of the clinic managers meeting has changed. We are hosting virtual meetings every two months. Our next meeting will be held on **Friday, September 15, 2023** from **1:30-3:30pm** and we welcome all clinic managers and lead MOA's to attend.



# Accessible Care Strategies

## for organizations and programs



The strategies below increase access to care for gender diverse clients, including transgender, non-binary, and some Two-Spirit people.

<b>STRATEGY</b> (select the relevant strategies)  Select strategies that are relevant to your place of work, high impact, and achievable. When completed, consider more strategies.	<b>Relevant?</b>	<b>WHERE</b> (currently)  None / Poor Some / Fair Half / Good Most / Great All / Excellent	<b>WHAT</b> (action items)	<b>WHO</b> (supports)	<b>WHEN</b> (target dates)
<b>1</b> Our team has taken gender diversity competency training in the past 3 years	Y N	LEVEL 0 1 2 3 4	Use the space below to list your action items, supports needed, and your target dates for achieving milestones and completion.		
<b>2</b> Our website and brochures indicate our services are welcoming of gender diverse people, and provide details so clients know what to expect	Y N	0 1 2 3 4			
<b>3</b> Access to our programs, services, and health care are based on client-need, not their legal sex markers	Y N	0 1 2 3 4			
<b>4</b> When requested by clients, prioritize name used, gender identity, and pronouns on forms, charts, and wristbands (where applicable)	Y N	0 1 2 3 4			
<b>5</b> All our single-stall washrooms and change rooms are universal access; all multi-stall options are trans inclusive	Y N	0 1 2 3 4			
<b>6</b> Room / bed assignments are not gendered, or clients can choose based on gender-identity, safety, and confidentiality needs (where applicable)	Y N	0 1 2 3 4			
<b>7</b> Our dress code is applied universally and consistently with all staff and/or clients, regardless of their gender identity and gender expression	Y N	0 1 2 3 4			
<b>8</b> We welcome feedback and have options made visible and easily accessible at our services and on our website, including anonymous options	Y N	0 1 2 3 4			
<b>9</b> Our service hires gender diverse employees, and has reviewed the entire recruitment process for barriers (ie. binary forms, payroll systems, etc)	Y N	0 1 2 3 4			
<b>10</b> We have policies and procedures to support gender diverse clients, and to support staff in maintaining trans-inclusion within our services	Y N	0 1 2 3 4			

For more strategies, check out the full [Organizational Assessment Tool](#) and the [Service Provider Reflection Tool](#) on the Trans Care BC education pages.

# Gender-Affirming Care Strategies

## for service providers and staff



The statements below reflect gender-affirming care strategies for supporting gender diverse clients, including transgender, non-binary, and some Two-Spirit people.

<b>STATEMENTS</b> (select the relevant statements)  Select statements that are relevant to your work, high impact, and achievable. When completed, consider more statements.	<b>Relevant?</b>	<b>WHERE</b> (currently)  None / Poor Some / Fair Half / Good Most / Great All / Excellent	<b>WHAT</b> (action items)	<b>WHO</b> (supports)	<b>WHEN</b> (target dates)
<b>1</b> I understand key terms related to gender diversity and can use them respectfully with clients and staff (see the <b>Trans Care BC</b> glossary to learn more)	Y N	LEVEL 0 1 2 3 4	Use the space below to list your action items, supports needed, and your target dates for achieving milestones and completion.		
<b>2</b> I understand the importance of accessible and gender-affirming care for improving health outcomes for gender diverse populations	Y N	0 1 2 3 4			
<b>3</b> I understand access to care can be even harder for gender diverse clients who experience other marginalizations (ie. poverty, racism, colonialism)	Y N	0 1 2 3 4			
<b>4</b> I have reflected on my personal comfort working with different gender diverse populations, and have worked to reduce any discomfort I may have	Y N	0 1 2 3 4			
<b>5</b> I use gender inclusive language and use the words, terms, names, and pronouns that each client uses to affirm their gender	Y N	0 1 2 3 4			
<b>6</b> I only ask clients personal questions relevant to their care; I tell clients the relevance of the question before asking for their answer	Y N	0 1 2 3 4			
<b>7</b> I invite feedback from clients, and work to incorporate new learnings into my work and relationships with clients	Y N	0 1 2 3 4			
<b>8</b> I seek out learning opportunities and work to improve my service / care for gender diverse clients	Y N	0 1 2 3 4			
<b>9</b> I advocate for gender diverse clients, and stand up for them when they are not being treated or spoken about respectfully	Y N	0 1 2 3 4			
<b>10</b> I advocate within my place of work for policies and strategies that improve access for marginalized populations, including gender diverse people	Y N	0 1 2 3 4			

For more strategies, check out the full **Organizational Assessment Tool** and the **Service Provider Reflection Tool** on the **Trans Care BC** education pages.

# Gender Inclusive Language

## Building relationships with new clients



Gender-inclusive language signals to clients that your service welcomes diversity. Greet clients without using gender markers. Once you know the words people use to describe their families and themselves, use their words in a respectful and professional manner.

If you have a **partner**, **they** are welcome to attend, next time.

Great. Let your **husband** know **he** is welcome to do so.



Yes. My **husband** said **he** would like to join.

## Individuals

Singular	Plural
Person	People
Individual	Individuals
Someone	Some people
Group member	Group
Client	Clients
Patient	Patients
Applicant	Applicants
Care provider	Care providers
Support worker	Support workers
Attendant	Attendants
Team member	Team
Staff member	Staff
Employee	Employees

## Family Members

Singular	Plural	Instead of assuming
Spouse	Spouses	Wife
Partner	Partners	Husband
Significant other	Significant others	Girlfriend
Sweetheart	Sweethearts	Boyfriend
Date	Dates	
Family	Families	Wife / Husband and kids
Family member	Family members	
Child	Children	Daughter
Kid	Kids	Son
Parent	Parents	Mother
Guardian	Guardians	Father
Care Giver	Care Givers	
Grandparent	Grandparents	Grandmother
		Grandfather
Grandchild	Grandchildren	Granddaughter
		Grandson
Sibling	Siblings	Sister / Brother
Nibling	Niblings	Niece / Nephew

## Pronouns (using **they** in the singular)

If you work in a setting where your interactions with clients / patients are brief, you may not have time to get to know the person. Using the singular **they** in these situations can help to avoid pronoun mistakes.

subject	<b>They</b>	<b>They</b> are waiting in the exam room.
object	<b>Them</b>	The medication is for <b>them</b> .
possessive adjective	<b>Their</b>	I checked <b>their</b> temperature an hour ago.
possessive pronoun	<b>Theirs</b>	They said the wheelchair is not <b>theirs</b> .
reflexive	<b>Themselves</b>	They drove here <b>themselves</b> .

## First point of contact

When meeting someone new, avoid words that gender them or their family members. If you must call for a new client in a waiting room, consider only using their last name.

### Greeting a new individual

Hello there. My name is \_\_\_\_\_. What name do you use?

Hello. My name is \_\_\_\_\_, and my pronouns are \_\_\_\_\_. May I ask your name and pronouns?

### Offering assistance

Can I help you? / Can I help anyone?

What can I do for you, today? / What can I do for you all, today?

Do you need help with anything? / Does anyone need help with anything?

And for you? / And for the rest of you?

### Requesting someone's attention

Excuse me. May I have your attention, please?

*If needed, use a non-gendered descriptor:*

Excuse me, person in the blue shirt. May I have your attention, please?

## Honourifics (Ms / Mr / Mrs / **Mx**)

If your service still uses honourifics on forms, then add the gender-neutral **Mx** option. **Mx** is pronounced the same as the word 'mix'.

# Gender Inclusive Language

## Clinical settings with new clients



Below are terms you can use when providing care for gender diverse people. Once you know the words a person uses to describe their body, use their words in a respectful & professional manner.

## Anatomy

Try	Instead of
Upper body	Breast / Chest
Erogenous or erectile tissue / External genitals / Genitals	Penis
Erogenous or erectile tissue	Clitoris
External genital area	Vulva
Opening of the genitals	Introitus / Opening of the Vagina
Internal genitals / Genitals	Vagina
External gonads	Testes / Testicles
Internal gonads	Ovaries
Internal reproductive organs	Female reproductive organs

## Focussing on anatomy, conditions & symptoms (Instead of gender)

Try	Example	Instead of
Person with _____ People with _____ Anyone with _____	If a <b>person with</b> a <u>prostate</u> has urinary symptoms, they should speak with their doctor.	man with... males with... male-bodied people...
Person who has _____ People who have _____ Anyone who has _____	We recommend that <b>anyone who has</b> a <u>cervix</u> consider having a pap test according to the recommended guidelines.	woman who has... females who have... female-bodied people...
_____ may occur _____ can begin You may experience _____	<u>Pregnancy</u> <b>may occur</b> without contraception. <u>Hair loss</u> <b>can begin</b> at any age after puberty. <b>You may experience</b> <u>cramps</u> as a side effect.	women may become... male pattern balding... women may experience...



# Setting a welcoming tone

With new clients, it can be helpful early on (ie. beginning of a history exam) to let them know you welcome gender & sexually diverse clients. Even if this does not apply to them directly, they may have a family member or friend who is in need of this care provision.

*“I let all my new patients know early on that I work with many diverse people. Therefore, I welcome you to share anything that you feel is relevant for me to know, in order to make sure I provide you with the best possible care. If there is ever anything about your body, your gender, your identity, or your sexual health that you want to discuss or ask questions about, please don’t hesitate to do so.”*

## Person-centered care

Many exams, tests, treatments, and medications are specific to a person’s current anatomy and presenting concerns. Therefore, a gender diverse person’s legal sex marker or sexual orientation are not fool proof criteria for assessing what care provision is most suitable.

When it’s relevant to know, ask the person respectfully & confidentially. It is helpful to let the person know why & how your question is relevant to the care you will provide for them.

## Additional gender inclusive terms

Try	Instead of
Assigned female / Assigned male	Biological female / Biological male
Cisgender	Not trans / Normal / Real
Phenotypical development	Natural / Normal development
Common	Regular / Correct / Right
Hair loss	Male pattern balding
Sexual health screening / Internal exam / Cervical screening	Pelvic exam / Well woman exam
Looks healthy	Looks normal
Thinning of the internal genitalia tissue	Vaginal atrophy
Monthly bleeding	Period / Menses
Physical arousal / Hardening or stiffening of erectile tissue	Erection
External condom / Internal condom	Male condom / Female condom
Receptive IC / Insertive IC (IC = Intercourse)	Vaginal sex
Pregnant person	Pregnant woman
Parenthood	Motherhood / Fatherhood
Chestfeeding (for non-binary & transmasculine people)	Breastfeeding

# Making Mistakes

## And correcting them

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**TRANS CARE BC**

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If you make a mistake in your choice of **words**, **terms**, **names**, or **pronouns**:

1 Apologize briefly

2 Use the correct **word**,  
**term**, **name**, or **pronoun**

3 Move on



If you make repeated mistakes, then check-in with the client to address any negative feelings that arise. Flip the page over for more information.

## Helpful reminders

- Don't let fear of making mistakes stop you from providing care to diverse people.
- Mistakes are inevitable. More importantly:
  - ✓ Do we learn from our mistakes?
  - ✓ Do we incorporate these learnings?
  - ✓ Does it improve the care we provide?
- Many people avoid accessing care due to past negative interactions in care settings. An apology after making mistakes can make a difference.
- Relationship building with clients is a key ingredient to providing positive health care experiences, leading to repeat visits and better long-term health outcomes.



# Making Mistakes

## And correcting them

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### When a bigger check-in or apology is needed, consider the following:

- 1A Take a breath.** Practice self-compassion. You are not the first person to make a mistake and you will not be the last.
- 1B Apologize.** Allow yourself to feel sorry and/or remorse for your mistake, and at the same time, remember that in this moment it's not about you.
- 1C Acknowledge the harm.** Understand your mistake. Being able to locate where, when, and how you messed up can help you know what needs to happen to make amends. It also shows the person that you care about their well-being.
- 1D Believe & receive.** Sometimes you won't realize you made a mistake until someone else lets you know. The best thing to do in this situation is to simply believe & receive this information. If you are still unclear about how you messed up, you can ask for clarification or commit to doing further learning.
  
- 2A Invite feedback.** An important way to know how to move forward is to ask the person(s) who experienced harm what healing and repair would look like or mean to them. Take guidance and invite feedback, knowing that healing is not achieved with one-time gestures, but with long-term commitment to fostering relationships.
- 2B Be accountable.** Engage in work that can repair the damage done. This doesn't mean undoing the harm and might not even mean receiving an apology, but it does mean moving forward. This might mean pursuing further learning, working to change systems, or engaging in other reparative actions as identified by those who have experienced harm.
  
- 3A Move on.** Forgiveness is possible, but not mandatory. It is possible to move forward without receiving forgiveness for the harm that was done.

## And Then...

Use your experiences to help others with their learning. It can be part of your allyship to gender diverse people to use individual learnings to encourage service-wide change.