

## Supplementary Document 1 - "Volunteer Expectations"

### Volunteer Expectations

All student volunteers should arrive by **4:15 pm** that day of the clinic. Nursing students are expected to wear either scrubs or professional clothing. Medical students are expected to wear their white coats with scrubs or white coat attire.

The address for the Alamo Area Resource Center (AARC) is:  
**303 N Frio St, San Antonio, TX 78207**

It is about a 30-minute drive from campus and there is a parking lot available in front of the building.

### Protocol for Care of Transgender Patients

1. Introduce yourself with preferred name and pronouns: "Hi, my name is student doctor Camille Spears, and my preferred pronouns are 'she' and 'her.'"
2. **Use the patient's preferred name and pronouns**
3. Standard full history & physical including mental health screening/mental health history (any previous diagnoses), substance use screening, and sexual history
  - a. Start with the standard "what brings you here today?" Do not offer to provide HRT unless the patients bring it up themselves. Many transgender patients do not feel they need hormone replacement therapy and affirm their gender in other ways (clothes, style, etc.).
4. Thorough medical history
  - a. **Specifically including any history of**
    - i. Blood clots/clotting disorders
    - ii. Liver disease (hepatitis, cirrhosis, heavy alcohol use)
    - iii. Breast cancer
    - iv. Diabetes
    - v. HTN
    - vi. HLD
    - vii. Polycythemia (increased number of red blood cells)
5. Surgical History
  - a. Be careful around suggestive language that implies they *should* have received surgery or *will* receive surgery. Again, different folks affirm their gender identity in different ways.
    - i. A good way to ask this is "Have you had any surgeries in the past, such as having your appendix removed?"
6. Currently taking any medications (including hormones)?
  - a. "Have you ever taken hormone replacement therapy? Yes/No." If yes, what kind and for how long? How was the experience (any side effects that you noticed)?

7. Be Sensitive
  - a. Within the trans community, there is a significant amount of mental health struggles, including suicide and depression. Be compassionate and acknowledge what the patient is telling you. Understanding responses include “I am glad you are here with us now” and “Thank you for sharing.”
  - b. If you find that you are spending a lot of time on one aspect of the history, feel free to say “Thank you for sharing with me. I want to get to the rest of my questions right now so that you have enough time with the doctor. Does that work for you?”

### Clinic Flow

1. A medical chair will present the patient, including preferred name and pronouns, to the Student Care Team. PLEASE internalize the patient’s name and pronouns. However, if you do mess up, apologize and correct yourself.
2. Go to the waiting room and call the patient by their first name only
3. Once in the back, confirm patient full name and date of birth
4. The **Nursing Student** will lead the collection of the patient’s height, weight, vitals, and chief complaint, as well as discuss the clinic’s “opt-out” policy for testing of HIV following the main clinical encounter.
5. History & Physical - Led primarily by the **Junior Medical Student**, with input from the other team members.
6. Attending Consult - Outside of the exam room, the team will meet with an available Attending Physician and the **Senior Medical Student** will present the patient. After the discussion and development of an initial assessment and plan, the team will return to the exam room where the Attending can further question and examine the patient as necessary before discussing the treatment plan.
  - a. While the Senior Medical Student is presenting, the Junior Medical Student will record any ordered labs on the lab log.
  - b. If needed, the Nursing Student will retrieve the HIV testing counselor and bring them to the patient’s room to complete HIV testing during the attending consult.
7. Testing and Counseling - As necessary based on their individual plan, patients will be accompanied by the **Nursing Student** to the lab draw area for phlebotomy and other testing and/or to further counseling and referral for mental health and substance use services.
8. Medication Prescriptions - Following the clinical encounter it will be the responsibility of the **Junior Medical Student** to prepare any necessary prescriptions and ensure sign-off by the Attending Physician, as well as recording these prescriptions on the prescription log and delivering these prescriptions to the patient.
  - a. If you are prescribing any meds, please see Delaney to get a gift card for the patient.

9. Give the patient a follow-up card that states when to their next visit needs to be and what it is for. Instruct patient to give this card to the front desk and schedule their next appointment
10. Documentation - The **Medical Team** will write a note for each patient encounter to be reviewed by the Attending Physician.
  - a. Mark the form as unverified
  - b. Be sure the encounter date is on each section of the form
11. Teams may wait in the backroom to get their next patient
  - a. Clean up the backroom before you leave for the night. This is especially true if you ate dinner. AARC is kind enough to gift us this space. Please keep it nice.

Wifi- please only use for Ipads

- Front office: AARC
  - PW- aarc1234
- Back office: AARC303
  - PW-HIVN0nProfit303!

## Supplementary Document 2 - "Protocol for Care of Transgender Patients"

### Protocol for Care of Transgender Patients\*

#### 1. Intake forms

- a. Preferred name, pronouns, identification (MTF trans, FTM trans, other: \_\_\_\_)
- b. Reassurance about confidentiality
- c. Possibly OB/GYN History. Avoids potential for students to misgender a patient.

#### 2. Interview

- a. Introduce yourself with preferred name and pronouns: "Hi, my name is student doctor Camille Spears, and my preferred pronouns are 'she' and 'her.'"
- b. **Use the patient's preferred name and pronouns**
- c. Standard full history & physical including mental health screening/mental health history (any previous diagnoses), substance use screening, and sexual history
  - i. Start with the standard "what brings you here today?" Do not offer to provide HRT unless the patients bring it up themselves. Many transgender patients do not feel they need hormone replacement therapy and affirm their gender in other ways (clothes, style, etc.).
- d. Thorough medical history
  - i. Specifically including any history of
    1. Blood clots/clotting disorders
    2. Liver disease (hepatitis, cirrhosis, heavy alcohol use)
    3. Breast cancer
    4. Diabetes
    5. HTN
    6. HLD
    7. Polycythemia (increased number of red blood cells)
- e. Surgical History
  - i. Be sure to be careful around suggestive language that implies they *should* have received surgery or *will* receive surgery. Again, different folks affirm their gender identity in different ways.
- f. Currently taking any medications (including hormones)?
  - i. "Have you ever taken hormone replacement therapy? Yes/No." If yes, what kind and for how long? How was the experience (any side effects that you noticed)?

#### 3. Health maintenance and labs:

Note-All transgender patients interested in HRT need an initial blood pressure, CBC, CMP, and a baseline lipid panel to ensure there are no contraindications.

##### a. MTF transgender patients:

- i. Mammograms
  1. It is reasonable to discuss mammography screening with transgender women  $\geq 50$  years with additional risk factors for breast cancer (eg,

estrogen and/or progestin use >5 years, positive family history, body mass index [BMI] >35)<sup>1</sup>

- ii. PSA screening for prostate cancer –
  - 1. Same as cisgender male guidelines (start at 50 yo for avg risk persons, screen every 2-4 yrs after that). These guidelines are still up for debate in the general population. Also, PSA may be falsely low due to antiandrogen therapy<sup>1</sup>
- iii. **MTF transgender patients on HRT** – every 3 months for the first year, then once or twice a year
  - 1. Serum testosterone
    - a. Ensure suppressed to female range
  - 2. CBC
    - a. Only if taking spironolactone, check potassium
  - 3. Lipids
    - a. At least once Q3 months after initiation
    - b. Possibly also q6 and q12 months if >30 yrs of age
  - 4. E2 Concentrations
    - a. Check for supraphysiologic range (200-300 pg/mL max)

**b. FTM transgender patients:**

- i. Pap smears for trans men with cervical tissue present
  - 1. In accordance with guidelines for cisgender women (every 3 years starting 21 yrs of age, then every 5 years after 30 yrs of age)
- ii. Mammograms for trans men with breast tissue present
  - 1. In accordance with guidelines for cisgender women. Mammograms not required for trans men who have received bilateral mastectomies.
- iii. **FTM transgender patients on HRT** – labs every 3 months for the first year, then one to two times a year thereafter
  - 1. Serum testosterone and estradiol –
    - a. "Serum testosterone concentrations should be maintained in the physiologic range for men; endocrine monitoring should include serum testosterone and estradiol measurements, with goals of maintaining serum concentrations approximately 400 to 800 ng/dL (13.9 to 27.7 nmol/L) and <50 pg/mL (184 pmol/L), respectively. For patients on testosterone injections, trough levels should be towards the lower end of this range while peak levels should not exceed 1000 ng/dL (34.7 nmol/L)."<sup>1</sup>
  - 2. CBC
    - a. Monitoring for erythrocytosis due to testosterone
  - 3. Lipids
    - a. Q3 months for the first year and then q12 months after testosterone initiation

**4. Hormone Replacement Therapy administration: A Sample Timeline**

- a. Dr. Garcia (faculty preceptor) will counsel/evaluate all HRT patients individually
  - i. Initial visit:
    1. Interview to explore gender dysphoria
    2. Discuss health conditions/comorbidities/mental health/substance use
    3. Manage expectations, discuss the timeline for expected physiological changes
    4. Informed Consent form
    5. Initial labs of baseline blood pressure, CBC, CMP (fasting), and Lipids (baseline)
  - ii. Second visit:
    1. Review labs to rule out contraindications
    2. Initiate HRT, discuss risks/expectations again
    3. Prescribe 90 days worth for follow up purposes
    4. Injection education, if applicable
    5. Schedule follow up for 3 months for lab monitoring
  - iii. Third visit:
    1. Now 3 months from initiation, so check labs for hormone levels, risks, etc
    2. Interview patient for side effects
    3. Screen MTF patients for DVT/PE
    4. Screen FTM patients for erythrocytosis
    5. Schedule follow up in 3 months for monitoring
  - iv. Fourth visit
    1. Now 6 months from initiation, so check labs for hormone levels, risks, etc
    2. Interview patient for side effects
    3. Screen MTF patients for DVT/PE
    4. Screen FTM patients for erythrocytosis
    5. Schedule follow up in 3 months for monitoring
  - v. Fifth visit, **\*\*may not be necessary if labs appear stable\*\***
    1. Now 9 months from initiation, so check labs for hormone levels, risks, etc
    2. Interview patient for side effects
    3. Screen MTF patients for DVT/PE
    4. Screen FTM patients for erythrocytosis
    5. Schedule follow up in 3 months for monitoring
  - vi. Sixth visit
    1. Now 12 months from initiation, so check labs for hormone levels, risks, etc
    2. Interview patient for side effects
    3. Screen MTF patients for DVT/PE
    4. Screen FTM patients for erythrocytosis
    5. Schedule follow up in 6-12 months for monitoring

## **5. Education/resources**

- a. WPATH resource guide
- b. UTHSCSA Pride Safe Provider Directory
- c. If initial visit for HRT:
  - i. Copy of Fenway informed consent for FTM and MTF hormone therapy (English and Spanish)
  - ii. Info about cheap hormones-
    - 1. \$4 med list:
      - a. Spironolactone 25 mg \$4 for 30 day and \$10 for 90 day
      - b. Estradiol 2 mg oral \$4 for 30 day and \$10 for 90 day
    - 2. DrugRx:
      - a. Testosterone vial (10 mL vial at 100mg/mL) for as cheap as \$36.38 at Walgreens with goodrx.com coupon. The typical dose is 50 mg/week, so this is a 5 month supply.

#### **6. Training program for injections**

- a. Fenway injection guide
- b. Nurse on site is helpful

#### **7. Referrals for those we can't serve (i.e. minors) or for services we can't provide:**

- a. Planned Parenthood for STI testing, etc. as well as SAMHD.
- b. Safe Provider Directory
- c. Letters for those seeking gender-affirming surgery, ID changes, etc.
- d. Speech therapy
- e. Laser hair removal
- f. Fertility specialists

#### **Sources:**

1. Center of Excellence for Transgender Health, Department of Family and Community Medicine, University of California San Francisco. "Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition." Deutsch MB, ed. June 2016. Available at [www.transhealth.ucsf.edu/guidelines/](http://www.transhealth.ucsf.edu/guidelines/)
2. Lecture Materials from World Professional Association for Transgender Health (WPATH) Conference: "GEI Transgender Health Best Practice in Medical and Mental Health Care." Information courtesy of UT Health faculty in attendance.
3. World Professional Association for Transgender Health (WPATH). "Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7<sup>th</sup> edition." Sept 2011. Available at [https://s3.amazonaws.com/amo\\_hub\\_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf)
4. Tangpricha, Vin, MD, PhD, and Joshua D. Safer, MD, FACP. "Transgender Women: Evaluation and Management." Transgender Women: Evaluation and Management. UpToDate.com, 1 June 2017. Web. 20 Mar. 2017. <<https://www.uptodate.com/contents/transgender-women-evaluation-and-management?source>>.

5. Tangpricha, Vin, MD, PhD, and Joshua D. Safer, MD, FACP. "Transgender Men: Evaluation and Management." *Transgender Women: Evaluation and Management*. UpToDate.com, 19 Sept 2016. Web. 20 Mar. 2017. <[https://www.uptodate.com/contents/transgender-men-evaluation-and-management?source=search\\_result&search=transgender&selectedTitle=2~45](https://www.uptodate.com/contents/transgender-men-evaluation-and-management?source=search_result&search=transgender&selectedTitle=2~45)>.
6. Augusta Equality Clinic at Augusta University Health Science Center. Information and protocols via personal correspondence with student leadership. 10 May 2015.

\*Disclaimer: UT Health Science Center San Antonio has not yet endorsed this protocol, the safety of this protocol, or any of the statements contained within.



## Supplementary Document 3 - Patient Intake Surveys



### Pride Community Clinic

A UT Health San Antonio Student-Faculty Collaborative Practice

#### New Patient Intake Form

Welcome to the Pride Community Clinic. We thank you for joining us as a new patient. Please take the time to fill out this form as completely and accurately as possible so that we may provide you with the best approach to your healthcare needs.

Questions on this form will include information about your current living situation, the healthcare you already receive, your racial and ethnic background, your gender identity, and your sexual orientation. Please understand that these questions will only be used to ensure that you receive medically appropriate and culturally sensitive care. If, however, there are any questions you do not wish to answer, feel free to skip them and give as much information as you are comfortable with providing. Your medical care will not be affected by the questions you choose not to answer. If there are any medically relevant details missing, then your doctor will ask you those questions in person.

We are a clinic run by medical students under the supervision of practicing physicians. If you have any concerns or questions about what this means, please feel free to ask.

Please print all responses:

Date: \_\_\_\_\_

**Personal Identity:**

Name (*legal first & last*): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Preferred Name (*if different from legal*): \_\_\_\_\_

Pronouns (*she/her, he/him, they/they, ze/zer, etc.*): \_\_\_\_\_

Gender Identity (*circle those that apply*):

Female Male Transgender Female/Trans Woman/MTF Transgender Male/Trans Man/FTM Agender

Gender-fluid Inter-gender Pangender Poly-gender Genderqueer Choose not to disclose

Not listed above: \_\_\_\_\_

Sex Assigned at Birth (*circle one*): Female Male Intersex

Sexual Orientation: Straight Lesbian/Gay Bisexual Asexual Not listed: \_\_\_\_\_

Race: (i.e., African-American, Latino, Asian, Caucasian, etc.) \_\_\_\_\_

Ethnicity: (i.e., Mexican, Hawaiian, Irish, etc.) \_\_\_\_\_

The confidentiality of your health information is protected in accordance with Federal Protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPPA).

PID: \_\_\_\_\_ CPL #: \_\_\_\_\_

Education Level: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religious/Spiritual Beliefs: \_\_\_\_\_ Do you live with anyone: yes no

What type of housing do you currently have: \_\_\_\_\_

Relationship/Marital Status: (*partnered, single, living together, divorced, etc.*) \_\_\_\_\_

Language most often spoken: \_\_\_\_\_ Do you need an interpreter? Y N

Income (*per year*): less than \$12,000 | \$12,000 - \$18,000 | \$18,000 - \$24,000 | \$24,000 - \$30,000 | >\$30,000

Do you have medical insurance? yes no If yes, who is your insurance provider? \_\_\_\_\_

Do you have a primary care doctor? yes no If yes, please provide their name and contact info below:

**Patient Contact Information:**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone number (*cell or home*): \_\_\_\_\_ Work number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact from PCC (circle one):

Phone-call: (okay to leave voicemail – Y/N) Email Text Please don't

**Today's Visit:**

Why are you here to see us today? (circle if any apply to you) HIV/STI Testing PrEP HRT Pap Smear

Other: \_\_\_\_\_

Current medications (*please include any over-the-counter meds, vitamins, herbal supplements, etc.*):

Allergies to medications: \_\_\_\_\_

**CAGE Questions** (for the following questions, circle Y or N):

1. Have you ever felt you should cut down on your drinking or drug use? Y N

2. Have people annoyed you by criticizing your drinking or drug use? Y N

3. Have you felt bad or guilty about your drinking or drug use? Y N

4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover? Y N

The confidentiality of your health information is protected in accordance with Federal Protections for the privacy of health information under the Health Insurance Portability and Accountability Act (HIPPA).

PID: \_\_\_\_\_ CPL #: \_\_\_\_\_

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>