**John/Jane Dalton**

**Demographic Information (for faculty & staff only)**

**PRESENTING COMPLAINT:** “Confidential” clinic visit

**ACTUAL DIAGNOSIS:** Gender Dysphoria

**PATIENT NAME:** John Dalton

**PATIENT DEMOGRAPHICS (for SP recruitment):**

**Age:** 16

**Birth-Assigned Sex:** Male

**Race:** Unspecified

**Height:** 5’9

**Weight:** 140lb

**PROFILE:**

John is a 16 year old birth-assigned male who is coming in today for a clinic visit; he told the front desk staff that the reason for the visit was “confidential.” His parents previously provided written consent for him to be seen in clinic without a parent present. John has been in this adolescent medicine practice since transferring from a general pediatrics practice 6 months ago. At his last visit, it was noted that his past medical history was unremarkable except for exercise-induced asthma and his psychosocial history was notable for attending 10th grade at a local high school where he is very involved in his school jazz band and maintains a 3.8 GPA. He gets along with his mother, father, and 14 year-old sister. During the confidential portion of his last visit, he disclosed that he was unsure about his sexuality but had not disclosed this to his parents; he also denied having his sexual debut. He admitted to verbal bullying from classmates making comments about him being effeminate. At the time, he preferred that the bullying stay confidential from his parents. The clinic’s social worker contacted his school counselor regarding this issue.

**OBJECTIVES FOR LEARNERS:**

* To effectively and efficiently obtain a gender history from a gender diverse youth.
* To effectively and efficiently obtain a psychosocial history from a gender diverse youth using the HEADSS psychosocial framework.
* To sensitively query a youth’s affirmed name and affirmed pronouns and consistently use them throughout the encounter.
* To effectively explain the need for the pubertal exam for consideration of gender affirming medications.
* To sensitively prepare the patient for the pubertal exam.
* To accurately describe the necessary steps for a youth under the age of 18 to initiate gender-affirming medications.
* To accurately provide basic counseling on gender-affirming medications appropriate for a patient’s affirmed gender and pubertal stage.

**Presenting Situation and**

**Instructions**

**JOHN DALTON**

You have **20 minutes** to:

1. Take a **FOCUSED** relevant history. **Assume past medical history, family history, and medications/allergies are up-to-date.**
2. Inform the patient of the need to perform a pubertal exam prior to starting gender-affirming hormones and sensitively prepare them for the exam but **DO NOT perform an exam.** You will be provided pertinent exam results.
3. Provide patient with relevant counseling regarding gender-affirming medications.
4. Please keep in mind that that the clinical vignette video viewed before the standardized patient session features a younger patient and a parent. For this older adolescent, also keep in mind that this visit is only with the youth and that confidentiality issues are different with older adolescents.

John Dalton is a 16 year-old birth-assigned male who is coming to clinic today with a reported chief complaint of “confidential.” He has only been seen in your clinic once as he transferred to your adolescent medicine practice from a general pediatrics practice 6 months ago. A quick chart review reveals that he was seen by an adolescent medicine fellow during the last visit. His history was unremarkable except for him questioning his sexuality and possibly being attracted to both females and males; he had also experienced some verbal bullying at school with classmates mocking him for being effeminate. The clinic’s social worker reached out to his high school to arrange him checking in with a school counselor.

 Vital Signs: Weight and Height-50%tile, tracking with his traditional curves

 Heart rate: 67

 Blood pressure: 100/65

 Past Medical History: Exercised-induced asthma

 Family History: Mother-atopic dermatitis

 Father-asthma

 Medications: Albuterol 2 puffs before exercise

 Allergies: No known drug allergies

## John/Jane Dalton

## Training Materials

**YOUR PROFILE:**

You are a 16 year-old birth-assigned male who is coming in today for a clinic visit. You told the front desk staff that the reason for the visit was “confidential.” Your parents previously provided written consent for you to be seen in clinic without a parent present. You have been seen once before at this doctor’s office, but you have not met this doctor before. During the confidential portion of your last visit, you disclosed that you were unsure about your sexuality and thought that perhaps you were attracted to females and males, but you had not disclosed this to your parents; you also denied having ever been being sexually active. You confidentially admitted to verbal bullying from classmates making comments about you being effeminate; the clinic’s social worker contacted your school counselor regarding this issue.

Today you told your parents that the reason you’re seeing a doctor today after school is to get a prescription for acne medication. The actual reason you came into the clinic today is that you have finally accepted that you are transgender—your gender identity is female. You want to talk to the doctor about how to go about physically becoming female and what this process involves.

Although you told your best friends Erica and Lane 6 months ago, you have not disclosed this information to your parents yet. Erica and Lane have been very supportive and have already started to refer to you as Jane and by your chosen pronouns “she” and “her.”. You are ready to not only tell your parents about your gender identity; you are also hoping to learn how to start hormones.

**YOUR APPEARANCE AND EMOTIONAL TONE:**

When the learner enters the room, you should be sitting in a chair dressed in jeans and a t-shirt (ideally, rock band oriented). You are sitting with your legs crossed at the knee. You are also wearing colored fingernail polish on your thumbs. You are somewhat anxious about discussing your gender identity with the clinician but talkative and forthcoming with your answers. You are intelligent and are diligently taking notes with a pen and pad throughout the encounter. In terms of your mannerisms and gestures, you sit with your legs crossed at the knee throughout the counseling portion of the visit and you speak expressively with your hands.

**PROCESS OF THE ENCOUNTER:**

Learners will have 20 minutes to evaluate and counsel. Learners will have intercom announcements at 10 minute and 15 minutes. The learner will have 10 minutes to take a brief history. If they are still asking taking a history by **10 minutes**, you should say:

**“I’m sorry but I have to be at jazz band practice in an hour. Can I get information about starting estrogen?”**

After taking a history, the learner should explain that she needs to perform a physical exam including a genital exam to confirm your pubertal status. You express confusion as to why this needs to be done, but with further explanation you agree to the exam. *As soon as you feel comfortable enough to agree to the exam, you will direct the learner to a drawer which contains the “results” of your physical exam.* The learner will not actually perform the physical exam.

The final portion of the encounter will be counseling about the necessary steps for a minor to initiate gender-affirming medications (ie-testosterone blocker and estrogen for a transgender female) and counseling regarding medications.

OPENING LINE: In response to a typical opening question from a physician, “What brings you in today?” you should state:

**“I’ve realized I am transgender and I don’t know what to do now.”**

The learner should ask appropriate follow-up questions, but may start with an open-ended questions as listed below. If the learner’s follow-up statement is “go on” or “tell me more,” you can respond:

**“It’s taken me a while to figure out a way to explain who I am, but with support from friends, I’ve accepted that I’m a girl. I’m ready to make the next steps and figure out how to go about starting hormones and what is required for that.”**

If the learner’s follow-up question references the last visit and asks follow-up questions regarding the bullying, you can respond:

**“Things have been way better since the last time I was in clinic. The clinic’s social worker contacted Ms. Nash, who is our school’s guidance counselor. She’s kept an eye out for the guys who were calling me names. She told them the stop and for the most part, they have stopped which is great.”**

**HISTORY:**

**Gender History**:

As long as you can remember, you have always felt “different,” but never had the words to explain it. Some of your happiest moments coincided with expressing yourself in feminine ways. For example, when you were in kindergarten, you were insistent that you dress as a princess for your birthday party. Your parents obliged and it was one of the happiest birthdays you remember. Another example was when you were in 3rd grade; at your request, you were allowed to grow your hair long. People would tell your mom, “you have such a pretty little girl,” and you remember feeling proud about this “mix-up” and then afterwards feeling disappointed when your mother would correct them. Your favorite nights at home would be when you, your mom, and sister would have “mani-pedi” nights and you would eat pizza, watch a movie, and give each other manicures and pedicures. You never felt like your parents or sister tried to change your behavior or push you into doing “boy things.” “They just let me be me,” you would say.

Around 6th grade, you felt very sad when you noticed the development of pubic hairs and felt very anxious about the inevitable changes your body was going to go through—the voice changes, zits, body hair that you learned about in your health education class. Around the same time, you tried your best not to seem “too girly” because verbal bullying in your class began to increase. Usually the guys in your class would tease you for being effeminate—i.e. calling you a sissy, gay, homo. You did not know what was going on. You thought perhaps you were gay because you were attracted to guys but it seemed more than that. You decided to not draw attention to yourself and hoped your “weird” thoughts of liking “female stuff” would just go away overtime. But, they didn’t. While you tried to suppress your feelings, the sadness around your ever-progressing pubertal changes increased.

Things finally changed when you met your friend Lane 6 months ago. Lane was new to your school district and you met during jazz band. You cliqued instantly. Eventually Lane told you that he was transgender—he was assigned female at birth but “started T” to transition 2 years ago. You finally had a word for how you had been feeling your whole life. Although you feel like a huge weight has lifted off of your shoulders because you have accepted that you are transgender, you do worry about how your family and school will react.

You have recently started to research online information about socially and medically transitioning to female on online blogs. You have tried “tucking” once (positioning the penis and testicles between the legs to hide the male genital contour), but are not sure how to safely do this. You want to know the process of starting estrogen.

**Pubertal History**:

You first noticed your pubic hair in 6th grade (note adolescents typically report history by grades not age). You noticed your voice starting to crack during 8th or 9th grade. Around this time, you think you started having a growth spurt because your mom had to buy you new pants every 2 or 3 months. You started growing a moustache and a few chin hairs in the last 3 months or so. With each of these changes in your body, you grew increasingly distressed about the thought that your body was foreign to who you were inside.

**PSYCHOSOCIAL HISTORY:**

**Home:** You live with your mother and father who are happily married and your 14 year-old sister Kayla with whom you generally get along. Your mother is a lawyer and your father is a business consultant. Up until 6th grade, you felt fairly close to both parents. You shared your love for black and white romantic movies with your mom. You shared your love of music with your dad. You play the trumpet in the jazz band; your dad helped teach you how to play as he also plays trumpet.

For the last 2 years, your parents have expressed concerns about you growing distant from them. You tell them, “I’m too old to hang out with my parents.” Your parents have also expressed concern about you seeming depressed to which you typically respond, “I’m fine…just stressed with school.” You and your sister Kayla are not as close as you used to be but you generally get along.

You have not disclosed your female gender identity to your parents or sister, as you are not completely sure how they will respond. Recently, they have made statements like, “we love you no matter what.” You do not think they would be verbally or physically abusive if they found out nor do you think they would kick you out of the house. You are not 100% certain they would be on board with you starting estrogen and medically transitioning to female. You think Kayla would be okay with it as she has mentioned having a transgender classmate and has not made any transphobic comments.

**Education**: You are in 10th grade at a local high school. You are very active in the jazz band and have a 3.8 cumulative GPA. You have endured some verbal bullying from classmates for being “effeminate.” Up until 6 months ago, classmates would call you names like “sissy,” “gay,” and “ homo” 1-2 times per week. You brought this up at your last annual physical, and the clinic’s social worker contacted your school’s guidance counselor, Ms. Nash, who has helped reduce the bullying with monitoring and telling your bullies to stop. One month ago, your school had a local LGBT organization give a presentation about sexual and gender diversity. This event along with your friend Lane’s support has made you feel more okay about being transgender and coming out. You plan to eventually come out at school as transgender. You know of 2 students who are out as transgender and you heard that teachers use their chosen name and pronouns.

**Activity**: You are very proud of being first chair (most talented player who sits closest to audience) trumpet in the jazz band, which is a huge accomplishment as you are only a 10th grader. Your closest friends are Erica and Lane, who are also in the jazz band. In addition to jazz band, you enjoy watching old black and white romantic movies and writing stories.

**Drugs**:

Recreational/illicit: None, never

Tobacco: None, never (including vaping)

Alcohol: None, never

You have also never taken medications or hormones not prescribed by a medical provider.

You know of a few people in your class that smoke marijuana but they are not her friends. Your best friends Erica and Lane do not use recreational drugs, use tobacco products or consume alcohol.

**Suicidality/Depression**: You have a history of depression and anxiety with it being at its worse during 6th grade when you started noting pubertal changes and at the height of classmate bullying. It was around that time that you began to distance yourself from your parents which she was previously very close to. Around this time, you felt it was a struggle to get out of bed. You had thoughts of wishing you would not wake up but never had thoughts or plans to kill yourself. You never engaged in self-injury such as burning or cutting yourself. You never outright told anyone about feeling depressed and tried to hide it by overcompensating with making good grades and practicing trumpet. You found this exhausting. Your parents still noticed your irritability and seeming down, but you would deflect saying that keeping up with school was exhausting and attributed it to be stressed with school.

Your depression and anxiety have improved with coming out as transgender to your friends and you have not had those thoughts wishing you would not wake up in several months. Your parents have noticed an improvement in your mood. You still feel down when you acknowledge your masculine characteristics. However, you are hopeful that this can be improved with medically transitioning and also finally coming out to your family.

*Note: Learners may use PHQ2 as screener: Over the past 2 weeks, how often have you been bothered by any of the following problems (her answers are underlined):*

* *Little interest or pleasure in doing things:* ***0-Not at all****; 1-Several Days, 2-More than ½ the days, -nearly every day*
* *Feeling down, depressed or hopeless:* ***0-Not at all****; 1-Several Days, 2-More than ½ the days, -nearly every day*
* *Can you describe your mood?*

*Answer:“****Overall, I’m good. I mostly have good days. There are times when I feel down when I think about the male aspects of my body. My mood has been a lot better since I’ve accepted that I’m trans.”***

* Do you ever feel depressed/sad?

**“Since accepting that I’m trans and having friends to talk about it, I’m not as depressed as I used to be. But I do still feel down when think about the male changes that my body has gone through.”**

* Have you ever thought about ending your life?

**“Around 6th grade, my body started changing and this upset me a lot. I got more depressed, I started to wish I weren’t here anymore. I never wanted to kill myself or came up with a way to hurt myself, but I just wanted to disappear. Things are better now and I don’t have those thoughts anymore.”**

**Sexuality**: [*Of note, adolescent sexuality has 3 components- sexual attraction (who one is attracted to), sexual identity/orientation (how they define themselves as straight, gay, bisexual, asexual), and sexual behavior (who they have sex with*)].

* You are not sexually active.
* You are attracted to males.
* You are unsure about your sexual orientation. “What is your sexual identity (or sexual orientation)?”

**“I’m attracted to guys, so I guess that makes me gay?...but when I transition, I guess I would be straight?...”**

**PHYSICAL EXAM PREPARATION:**

A physical exam will not be performed, but it is expected that the learner will verbally prepare you for a pubertal exam. It is expected that the learner will describe what the exam entails (for Jane being assigned male at birth, a genital exam is necessary). Your response to needing this exam performed is confusion as to why this needs to be done. It is expected also that the learner will explain that this is exam is necessary to determine the appropriate gender-affirming medication. With further explanation you agree to the exam. After this explanation, you will immediately direct the learner to a drawer which contains the results of your physical exam which states:

***The patient’s male pubertal exam findings: Sexual Maturity Rating of 5 for genitalia and Sexual Maturing Rating of 5 for pubic hair. Now please counsel the patient on starting the appropriate gender-affirming medication(s).***

**NOTE FOR DEALING WITH COMPOUND QUESTIONS FROM THE LEARNER:**

If the learner asks 2-part compound question (ie-how long have you been “out” to your parents and how did they response), you can answer each question. In this situation, provide a clear answer for each of the questions. If the issues asked about are from 2 separate checklist items, please give credit for each item.

If the learners asks a compound question with 3 or more questions, answer only the last question and make it clear that you are only answering that question and given credit only for the checklist item if it is addressed.

**NOTE:** If the learner asks a question that has not been addressed in the training materials, you should answer “no,” meaning you have not had that particular issue or experience.

**Questions to anticipate**

* How long have you had a female gender identity?

**“It’s hard to explain, but I’ve felt ‘different’ for as long as I remember. I’ve always felt like I was different from other boys. I remember in kindergarten that my parents gave in and let me dress as a princess for a birthday party. In 3rd grade, I wanted to grow my hair long like my sister, Kayla, and my parents eventually let me. When people would tell my mom that I was a pretty little girl, I would be so mad when my mom would correct them and tell them I was a boy. 6 months ago, when I met one of my best friends Lane, who is also transgender, I finally had a term that described how I’ve felt this whole time.”**

* What is your preferred/chosen/affirmed name?

**“Jane.”**

* What is your preferred/chosen/affirmed pronouns?

**“I prefer female pronouns she and her.”**

* Have you disclosed your female gender identity to your parents?

“**No, I have not told my parents yet, but I hope to tell them soon.”**

* How you think your parents will react to you having a female gender identity?

**“I’m not completely sure. I don’t think they would yell at me or kick me out of the house or anything like that. But I’m not sure they would be on board with me starting estrogen.”**

* When did you notice signs of puberty such as voice deepening or facial or body hair?

**“Around 6th grade I noticed hair ‘down there.’ Around 8th grade my voice started to crack. Around that time, I know I know I was getting taller because my mom had to buy me new pants every 3 months. I started getting a moustache and chin hairs 3 months ago.”**

* When your body started having signs of puberty, how did that make you feel?

**“They kind of freaked me out. When these changes started, I got super depressed and started to be closed off from my parents.”**

* Do any aspects of your body make you feel distress?

**“My voice being low and me having facial hair makes me sad.”**

* Are there body features you wish you had?

**“Breasts, of course!”**

* Does anyone at school know about your female gender identity?

**“My best friends Erica and Lane know but no one else at school knows.”**

* How do you think your school would respond to you being transgender?

**“I know of 2 students who are out as transgender...one of them is my friend Lane. It’s cool because the teachers use their new names. Generally, since the LGBT diversity training, I haven’t seen a lot of bullying and people are pretty cool with the trans kids who are out.”**

* Have you ever tried any hormones that were not prescribed to you by a physician?

**“I would never do something like that. That sounds dangerous.”**

* Are you interested in medications that will help feminize you?

“**Yes. I want to learn about the process of transitioning to female.”**

**Potential Areas of Counseling and SP Response**

* The learner will ideally discuss the necessary steps for starting hormones, which includes parental consent and a letter of support from a mental health provider. Generally, you recognize that both of these steps will require your parents knowing, which makes you somewhat nervous. You are not 100% certain if your parents will sign off on starting estrogen. You express wanting to come back to clinic to discuss this with her parents with you present to help her talk about it with them.

**Questions to ask during the counseling portion of the encounter (the 2nd, 10 minutes of the encounter)**

* “Would you be willing to help me talk with my parents about starting medications to transition?”
* “Can you help me find someone to talk to about being transgender and obtaining the letter to get started on medications?” (assuming they have brought up the need for the letter)
* “How long will it take me to develop breasts?”