|  |  |  |
| --- | --- | --- |
| *Last 5-Digits of Learner’s Phone:* |  | |
| Case # | **1** | **2** |

*JOHN DALTON CHECKLIST*

1. ***To be completed by Learner***

*History*

The learner asked:

|  |  |  |
| --- | --- | --- |
| * The patient’s affirmed name AND preferred pronouns. | **YES** | **NO** |
| * If the patient has disclosed to her parents that she is transgender. | **YES** | **NO** |
| * How the patient expects her parents to react | **YES** | **NO** |
| * About duration of patient’s female gender identity. | **YES** | **NO** |
| * If she has noticed signs of puberty | **YES** | **NO** |
| * About emotional impact of pubertal changes. | **YES** | **NO** |
| * About depression. | **YES** | **NO** |
| * About suicidality. | **YES** | **NO** |
| * About substance use (**must ask all**) * Alcohol use * Tobacco use * Illicit drug use | **YES** | **NO** |
| * If she has ever used hormones (ie-not prescribed to her by her own physician). | **YES** | **NO** |
| * About what her sexual orientation, sexual identity, or sexual attraction is | **YES** | **NO** |
| * If she has ever been sexually active. | **YES** | **NO** |

*Physical Exam Preparation*

The learner:

|  |  |  |
| --- | --- | --- |
| * Explains that the pubertal exam that is necessary for patient’s birth-assigned sex is the genital exam AND that it is necessary to determine if the patient can start medications for medically transitioning to female. | **YES** | **NO** |
| * Offers one of the following to make the patient feel more comfortable: * Draping the patient’s genital area * Deferring the exam until another time * Allotting extra time to mentally prepare for the exam | **YES** | **NO** |

*Counseling*

The learner:

|  |  |  |
| --- | --- | --- |
| * About adolescent confidentiality. | **YES** | **NO** |
| * Discusses ALL of the following requirements for starting medications for youth <18: * Consent from parents * Letter of support from a mental health provider | **YES** | **NO** |
| * Discusses the need for estrogen for feminization for transfemales. | **YES** | **NO** |
| * Discusses at least 2 of the following reversible effects of estrogen for a transfemale: * Female fat distribution * Softening of skin * Decreased skin oiliness * Decreased spontaneous erections | **YES** | **NO** |
| * Discusses breast growth as an irreversible effect of estrogen for a transfemale. | **YES** | **NO** |
| * Discusses need of medication to block testosterone for transfemales. (eg-“In order for estrogen to be effective at safe doses, we have to administer a medication that can block testosterone’s effect. We can use a GnRH agonist or spironolactone.”) | **YES** | **NO** |

Last 5-Digits of Learner’s Phone:\_\_\_\_\_\_\_\_\_\_\_

*JOHN DALTON CHECKLIST*

1. ***To be completed by the Faculty Observer****:*

*Last 5-Digits of Faculty Observer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*History*

The learner asked:

|  |  |  |
| --- | --- | --- |
| * The patient’s affirmed name AND preferred pronouns. | **YES** | **NO** |
| * If the patient has disclosed to her parents that she is transgender. | **YES** | **NO** |
| * How the patient expects her parents to react | **YES** | **NO** |
| * About duration of patient’s female gender identity. | **YES** | **NO** |
| * If she has noticed signs of puberty | **YES** | **NO** |
| * About emotional impact of pubertal changes. | **YES** | **NO** |
| * About depression. | **YES** | **NO** |
| * About suicidality. | **YES** | **NO** |
| * About substance use (**must ask all**) * Alcohol use * Tobacco use * Illicit drug use | **YES** | **NO** |
| * If she has ever used hormones (ie-not prescribed to her by her own physician). | **YES** | **NO** |
| * About what her sexual orientation, sexual identity, or sexual attraction is | **YES** | **NO** |
| * If she has ever been sexually active. | **YES** | **NO** |

*Physical Exam Preparation*

The learner:

|  |  |  |
| --- | --- | --- |
| * Explains that the pubertal exam that is necessary for patient’s birth-assigned sex is the genital exam AND that it is necessary to determine if the patient can start medications for medically transitioning to female. | **YES** | **NO** |
| * Offers one of the following to make the patient feel more comfortable: * Draping the patient’s genital area * Deferring the exam until another time * Allotting extra time to mentally prepare for the exam | **YES** | **NO** |

*Counseling*

The learner:

|  |  |  |
| --- | --- | --- |
| * About adolescent confidentiality. | **YES** | **NO** |
| * Discusses ALL of the following requirements for starting medications for youth <18: * Consent from parents * Letter of support from a mental health provider | **YES** | **NO** |
| * Discusses the need for estrogen for feminization for transfemales. | **YES** | **NO** |
| * Discusses at least 2 of the following reversible effects of estrogen for a transfemale: * Female fat distribution * Softening of skin * Decreased skin oiliness * Decreased spontaneous erections | **YES** | **NO** |
| * Discusses breast growth as an irreversible effect of estrogen for a transfemale. | **YES** | **NO** |
| * Discusses need of medication to block testosterone for transfemales. (eg-“In order for estrogen to be effective at safe doses, we have to administer a medication that can block testosterone’s effect. We can use a GnRH agonist or spironolactone.”) | **YES** | **NO** |

Last 5-Digits of Learner’s Phone:\_\_\_\_\_\_\_\_\_\_\_

*JOHN DALTON CHECKLIST*

1. ***To be completed by standardized patient****:*

*Last 5-Digits of Standardized Patient’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Overall Satisfaction*

* **Please answer as the patient, and choose from the following:**
* **Yes:** I was satisfied with the overall encounter.
* **Somewhat:** I was somewhat satisfied with the overall encounter.
* **No:** I was not satisfied with the overall encounter.

The idea behind this item is to determine your overall satisfaction with the encounter *immediately after* the student leaves the room.  It encompasses whether:

* you feel you would come back to this student for the rest of your care.
* you feel this student was OR will be able to help you (in your total care).

When making your assessment, please remember that these are medical students, physicians, and nurses who are still in training, NOT seasoned physicians.

If you chose “No” on Overall Satisfaction, please explain why!

*Patient-Provider Interaction*

The learner:

|  |  |  |
| --- | --- | --- |
| * Always uses the patient’s affirmed name and pronouns throughout the encounter. | **YES** | **NO** |
| * Always acknowledges (in correction or apology) when she/he used the incorrect name/pronoun.   Note: If the learner never uses the incorrect name/pronoun, give the learner credit for this item and mark “yes.” | **YES** | **NO** |
| * The learner maintains a non-judgmental attitude. | **YES** | **NO** |
| * The learner maintains a tone that is supportive and affirming of the patient’s current gender identity. * **An example** to supporting the patient’s gender identity is: * Expressing a desire to help the patient transition in any way the learner can. * **Counter-examples** to supporting the patient’s gender identity include (bringing up any of these would lead to “no” for this item): * Suggesting and/or asking if the patient’s gender identity is a “phase.” * Suggesting and/or asking if the patient’s gender identity is in the patient’s head. * Suggesting and/or asking if the patient’s gender identity is something they should “get over.” | **YES** | **NO** |

**The learner:**

* **Made a personal connection during the visit.**
* Agree: *The trainee was warm, went beyond medical issues at hand, conversed about personal background, interests, job etc. [acute cases]: Rapt attention to me.*
* Somewhat: *The trainee made a (attempt) minimal effort*. *Did not feel a personal connection was made*.
* Disagree: *The trainee gave me the impression s/he was only interested in me as a disease or a symptom.*
* **Gave me an opportunity/time to talk.**
* Agree: *The trainee invited me to speak. Encouraged me to tell my story. Asked open-ended questions. Used silence appropriately.*
* Somewhat: *The trainee gave me an opportunity to speak without interruption.*
* Disagree: *I just answered the questions asked; trainee used closed-ended questions only.*
* **Actively listened. Gave me undivided attention.**
* Agree: *The trainee used body language that was open and encouraging – appropriate eye contact, body position. Let me know I was the trainee’s focus.*
* Somewhat: *The trainee made comfortable eye contact. Frequent use of notes, but still attentive.*
* Disagree: *The trainee asked the same question several times. Nervousness interfered with ability to focus on me. Long pauses made me feel uncomfortable. Used closed body language. Focused solely on clipboard or notes. Positioned too close or too far away.*
* **Summarized and/or clarified information.**
* Agree: *The trainee followed up on my answers, summarized what I said and allowed me to clarify if needed.*
* Somewhat: *The trainee followed up or clarified some of my answers but may not have summarized) (or vice versa). Mostly echoed my answers.*
* Disagree: *The trainee never summarized nor verified what I was saying.*
* **Treated me with respect.**
* Agree: *The trainee provider showed courtesy and consideration at all times. Did not talk down to me. I felt my concerns were taken seriously.*
* Somewhat: *The trainee provider was mostly respectful. There wasn’t a pattern of disrespect.*
* Disagree: *The trainee’s agenda was more important than mine. My problems were not important. Used humor inappropriately, talked down to me, belittled me.*
* **Adapted to my level of understanding, using appropriate language.**
* Agree: *The trainee* s*poke clearly in a way I could understand. All explanations and questions were clear.*
* Somewhat: *The trainee used a little jargon but explained with prompting.*
* Disagree: *The trainee used jargon without explaining or explanations were vague.*
* **Verbally expressed empathy.**
* Agree: *The trainee demonstrated care and concern for me, offered comments to validate or acknowledge my feelings and concerns, respected my situation, had a willingness to support me emotionally.*
* Somewhat: *The trainee minimally expressed empathy.* *Said the ‘right words,’ but it was strictly rote. Heard my concerns, but didn’t validate them.*
* Disagree: *The trainee made no verbal expressions of empathy.*
* **Encouraged me to ask questions.** (*This is about you understanding the trainee.)*
* Agree: *The trainee provider asked if I had questions during the encounter.*
* Somewhat: *The trainee provider asked me if I had any questions only at the end of the encounter.*
* Disagree: *The trainee provider didn’t ask me if I had any questions.*
* **Elicited my perspective and addressed any concerns I have about the plan.**
* Agree: *The trainee provider specifically asked how I felt about the plan and addressed any concerns. Sought my approval/permission/ability to move forward with the next steps.*
* Somewhat: *The trainee provider simply asked if I was OK with the plan.*
* Disagree: *My opinion did not matter. Did not ask if I have any concerns about the plan. Did not ask if I approved of/could follow the plan. The trainee ran out of time.*