

WESTERN SYDNEY
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Vice-Chancellor's GENDER EQUITY FUND Final Report 2024

**Unfolding Narratives: A co-designed video-based multidisciplinary
educational resource for Trans and Gender Diverse people's
healthcare.**

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Recommendations

- **Trust the process** – collaboration should involve the skills and expertise of all team members. This will happen through trusting the process to unfold and provide opportunities for everyone to contribute at the appropriate time, and in a collaborative manner.
- **Ask questions and learn** – given the range of skills of the people involved, this is a great opportunity to learn from each other. This will also enrich the process. Don't be afraid to ask questions. The material we worked with is an area where fear or lack of confidence often holds people back from asking questions for fear of offending others. The safe space of working together we created supported asking questions when we did not know things or were curious about what might work in the project. Consider whether a trigger warning should be placed at the beginning of the film if the subject matter is sensitive and keep checking in with the entire team to make sure that no one is distressed by the content or process.
- **Involve those with lived experience**, and researchers and practitioners with required content knowledge, because co-creation is important. We made sure to ask for feedback from trans people and organisations, and professionals and researchers connected to trans people, practice, and research, as we developed the concept and the script. We invited a trans researcher into trans health experiences into the project team.
- **Evaluate** and seek feedback about the short film from staff and students including LGBTIQ+ colleagues and students. Involve all schools in the university who may want to use the project deliverable of a video resource. That way the resource will meet their needs, and they will be a stakeholder who is an advocate for the video and knows that the resource is available.

Executive Summary

This project produced a co-designed video-based multidisciplinary educational resource for trans and gender-diverse people's (TGD) healthcare via a collaboration between the Schools of Health Science, Medicine, Nursing and Midwifery, and Psychology as well as Learning Futures, a Western Sydney theatre professional and filmmakers based at WSU. The aim of the project was to develop a short film about the challenges faced by transgender or gender diverse people (TGD) when accessing healthcare. The finished film will be distributed as a resource across the WSU and beyond to the Local Health Districts and relevant community organisations.

Transgender and gender diverse people have specific needs in healthcare that are not always understood by health care professionals. The film therefore presents a clinical scenario of a young transgender man who presents to an emergency department with red flags for septicaemia and chronicles his care from the initial visit by the paramedics, to the care given by the nursing staff and the assessment made by the emergency physician and medical student. Using a sliding door technique to present the clinical scenario that show examples which demonstrate both best practice and other examples that demonstrate problematic practices. This is to encourage the students watching the film to reflect on their own practice and to promote discussion about how practice can be improved. The project uses a performative technique known as Showing not Telling that emphasises that the scenario should present a narrative of care, rather than telling the students what they should do.

The funding received from the Vice Chancellor's Gender Equity Fund has enabled the team to complete Phase 1 of this project, which is the development of the scenario and the production of the short film. The final product will be available in February 2025. Phase 2 can then be commenced which will be an evaluation of the film. This will be a qualitative evaluation using focus groups consisting of students from each of the schools involved in the project and clinicians. Two papers will be published in Q1 journals about this project. One paper will be a discussion about the process of making the film and the second paper will report the findings from the evaluation. It is envisaged that both papers will be published in 2025.

Itemised Budget Expenditure

Total funded amount \$ 4,983.00

| Date | Activity / Item | Cost (GST incl.) |
|--------------------------------------|---|------------------|
| 21 st November 2024 | Filmmaker- attending rehearsals, developing the sets, filming the script and editing the film. Dr Vincent Tay @47 hours x HEW 7.4 (\$75.52 per hour) with 18% oncosts= \$89.11/hour. | \$4188.17 |
| 21 st November 2024 | Actor for main role- Oliver Charlton. 13 hrs at HEW 6.1 = \$73.27/ hour with 18% oncosts | \$952.51 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total expenditure: | | \$5140.68 |

Notes on Expenditure

Extra \$140. 68 can be funded by a concurrent Women's Fellowship.

Research Report

Background

Trans and gender-diverse (TGD) people are more often exposed to various risks factors for ill-health.⁽¹⁾ Yet, when accessing healthcare services, they often experience negative, delayed or uncomfortable healthcare from a lack of awareness of TGD specific issues and needs among health professionals.^(2, 3) Misgendering, for example, is commonly experienced by TGD people in healthcare facilities and leads to mental and emotional distress that further compounds the feeling of isolation caused by stigma, discrimination and social anxiety experienced by TGD people. These negative experiences place TGD people's health at a disadvantage compared to their non-TGD counterparts. This disparate health status is wider among those aged 16 and 34 years, ⁽⁴⁾ for example, TGD people aged 14-25 years are fifteen times more likely to attempt suicide than their cisgender counterparts.⁽⁵⁾

There have been calls to improve the education and training of health professionals in delivering care to TGD people.^(6, 7) This education should be scaffolded through undergraduate healthcare disciplines to ensure that all health professionals will be competent in addressing the following concerns of TGD people:

- being addressed by the wrong name and pronouns;
- being asked for unrelated and inappropriate information;
- having their gender demeaned;
- having the severity of their concerns underestimated;
- facing insulting language;
- feeling that they are required to educate health professionals; and
- being denied care.^(3, 6)

Arts Health strategies, that is using methodologies from the arts or humanities in health professional education, are currently gaining traction in teaching how to show empathy and compassion in clinical communications.⁽⁸⁾ This occurs because Arts based strategies encourage students viewing the film to understand the subjective experience of the person experiencing care rather than focussing on medical concerns such as

diagnosis and treatment.⁽⁹⁾ Empathy (the ability to understand another person's situation and feelings⁽¹⁰⁾ and compassion (the desire to respond to the person's needs⁽¹¹⁾) can improve patient safety and enable the development of a trusting therapeutic relationship⁽¹²⁾ leading to a reduction in preventable adverse events that can harm a person both physically and psychologically. If a patient does not feel respected and understood when accessing healthcare, as is often experienced by TGD people, the therapeutic relationship will not develop.⁽¹³⁾ One example of the Arts Health strategies is the use of trigger films to encourage students to reflect on their own biases and consider how they can improve their communication skills such as when a health professional is when caring for TGD people.

In this project, the team is using the literary trope of Show Don't Tell.⁽¹⁴⁾ The film will present a narrative that 'Shows' the audience a clinical scenario but does not direct them to a particular point of view. This is in contrast with 'Telling', a didactic rhetorical technique that directs the audience to a particular point of view. 'Showing' asks the audience to develop their own conclusions about the narrative, whereas 'Telling' leads the audience to one point of view and doesn't encourage reflection or discussion.⁽¹⁵⁾

The primary aim of this multidisciplinary Gender Equity Fund project was to improve the education of health professional students at Western by addressing the stigma and discrimination faced by TGD people. The project team from the Schools of Nursing and Midwifery, Health Sciences, Medicine, Psychology, and Learning Futures collaborated with a Western Sydney theatre professional (Jye Bryant, <https://www.jyebryant.com/>) and WSU filmmaker (Vincent Tay, <https://vimeo.com/user7878882>) to create an evidence-based, authentic and engaging short film. The film will be a sustainable educational resource that can be used across the Schools and beyond to promote greater understanding of the health needs of TGD people. The four schools involved in the project train more than ten different health professions and consequently will have a significant impact on the future health workforce of the Greater Western Sydney region. A secondary aim of this project was to develop a best-practice protocol for all Western Schools and Institutes who wish to develop film-based educational resources about under-serviced populations.

The development of the film was phase 1 of this project. Phase 2 will be the evaluation phase once the final film has been delivered.

Development of the film

This project started by establishing a theoretical framework. The team chose to use the trauma informed care framework from NSW Health.^(15, 16) The aim of this model of care is to acknowledge how trauma may have affected a person and to ensure that a person's current healthcare experience does not retraumatise them. According to the trauma informed care framework, the team decided to demonstrate the following principles in practice for a TGD patient:

1. **Physical and emotional safety** of the patient e.g., through identify-affirming language;
2. **Trustworthiness** e.g., applying transparency, consistency and predictability to resolve barriers to human connectedness.
3. **Collaboration** to promote patient wellbeing.
4. **Choice** e.g., by fostering a sense of control for the patient; and
5. **Empowerment** by equipping the patient through healthcare provision that transcends obstacles to their wellbeing.

The project steps have been summarized into the following protocol. While this project was focused on health, other disciplines may apply the same steps and principles to design the film.

1. Selecting the subject for the film

There are many films and videos already available on the internet to use in professional health education. Therefore, when creating a new film resource for students, consider the following:

- The subject should address an unmet need. A search should be conducted to ensure that there are limited other resources available that are suitable for the student populations. The selection can be based on student feedback or a discussed gap in the curriculum.

- Having conversations with teaching academics about the subject of the film to ensure that the film will fit well with the existing curriculum.
- The subject should be relevant to the local patient populations/case mix and the diversity of the community. The characters need to be created with this diversity in mind, but with critical awareness not to be tokenistic in their inclusion.
- Consulting with relevant university colleagues, local community groups and industry, and most importantly people with relevant lived experiences, to understand the best way to approach the subject.

2. Securing the funds

To create a professional film that is sustainable with an educational context, funds need to be secured through grants or sponsorship.

- Working in a university context means that many of the filmmaking resources are available at a cheaper cost than a commercial production. However, a viable budget needs to be presented during negotiations with directors, producers, and cinematographers within the University.
- Sets are usually provided in kind, but professional actors should be paid after an appropriate negotiation (there is no set rate for an actor).

3. Establishing the creative team

There are three aspects to the creative team.

- First, relevant teaching academics, researchers, clinicians and people with lived experiences who develop the context, characters, and base narrative of the film.
- Second, a theatre professional with experience in producing scripts who works with filmmakers to facilitate the development of the film script by the team.
- Finally, a cast of professional actors (if funds are available) and/or team members and colleagues who enact the script.

It is important that all members of the creative team are actively engaged with the stages of the project to maintain the creative momentum.

4. Drafting the narrative

The first task in creating the film is to develop an outline of the narrative, usually by brainstorming ideas around the subject.

- It is very important to ensure that the narrative presents an authentic and realistic dilemma to illustrate the subject. This is established by frank discussion across disciplines and consultation with clinicians working in industry.
- When working across different health disciplines ensure that each discipline is represented appropriately and equitably within the script.
- The initial discussions should not only include the narrative but should also begin the process of understanding the characters- including their backstories which may not only appear in the film but enable the person playing the character to inhabit their character's world.
- The narrative needs to consider the sets available at the university to ensure that filming is viable.
- Several narratives can be developed before the final one is chosen.

5. Testing the narrative and writing the script

The narratives should be tested by clinical experts working in industry to ensure that the ideas are realistic and adhere to current evidence and policy. Once a narrative is chosen, the script writing process can begin.

- In this project, representatives from each discipline were asked to write the sections of the script that related to them.
- During weekly ZOOM meetings, the script is read through with the team and gaps in the narrative can be identified and the script can be amended.
- When this writing process is completed, various sections of the script may need further editing. This can be done during the rehearsal process.

6. Finding the cast

The cast can be sourced from within the schools, using academics or students depending on the needs of the script. For example, if there is an Indigenous character, it is important to find an Indigenous person to play this character. However, if funds are

available, actors can be placed on casual contracts for the project. These two groups will have different methods of developing their characters in the film.

- Actors will play the character as described in the script and augmented by the backstory of the character developed during when the narrative was drafted.
- Academic and students are unlikely to have acting training. They will bring their own personalities and life experience to the character and often the script needs to be amended to accommodate this.
- A person's life experience and cultural background can bring greater authenticity to the film.
- To ensure that filming can take place, schedules for rehearsals and filming may need to be revised to accommodate each person in the cast.

7. Rehearsing the script

In this project, rehearsals were held over ZOOM as the cast came from a wide geographical range across various campuses.

- The script is read through by members of the cast, under the direction of the theatre professional and filmmaker.
- Through discussion, the script can continue to be amended to make sure that it flows, that it maintains the narrative and that it fits with the character.
- By continuous reading of the script, the cast can develop their own characterisation so that when the script is filmed, they can portray the characters in the film.
- The rehearsals take place weekly over a five-week period, but the cast are encouraged to do their own preparation between rehearsals.
- If the cast is not comprised of professional actors, learning lines can be very difficult and other provisions, such as a teleprompter when filming needs to be provided.

8. Filming

At the University, several steps need to be completed before filming begins. These include:

- The selection of appropriate sets, such as the clinical practice units in the School of Nursing and Midwifery.
- Permission from the School should be obtained with a risk assessment.
- The date of filming needs to be negotiated with the appropriate schools to ensure that core business such as learning and teaching is not disrupted.
- The filmmakers need to do a 'walk through' of the sets to understand how to film the script based on each of the scenes.
- Before filming, costumes for all characters need to be discussed, and the cast have to provide their own costumes unless there is provision in the budget. Makeup is optional.
- On the day of filming, the cast work under the direction of the theatre professional and filmmakers on each scene to film the script. The filming may be completed in sequence or can be based on the sets. Unless there is a provision in the budget, filming is normally conducted on one day.

9. Revising the draft of the film

Once the editing process has been completed by the filmmaker, the cast and all members of the team will meet to view the drafts of the film and make adjustments as necessary.

10. Launching the film and finding the audience

The film should be sent to the school leadership for review.

- Decisions can then be made in collaboration with the learning and teaching leadership team about the best place to embed the film in the curriculum.
- An education program should be developed around the required learnings from the film as found in learning outcomes that encourage reflection, promote discussion and role play, and contains a debrief.
- Other opportunities for all staff in the schools to view the film should be taken in seminars and other venues including conferences.

11. Evaluating the project

The film's reception must be evaluated to determine if students have engaged with the film and responded to the learnings. The evaluation can also be conducted with clinicians currently working in the clinical setting.

The evaluation can be designed to assess qualitative or quantitative responses or use a mixed methods design.

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Appendix

Unfolding Narratives: Jasper's Story Script 28/12/24

CHARACTERS (In order of appearance)

→ **JASPER – He/Him**

→ A young trans man (20 years old) who is admitted to ED for urosepsis. He was found very weak at his apartment by his father, Bill, who then called the ambulance.

→

→ **BILL – He/Him**

→ Jasper's father, a kind Christian man who wears a cross

→

→ **PARAMEDIC JENNA – She/Her**

→ Despite wearing an LGBTIQA+ ally pin still makes some small mistakes

→

→ **PARAMEDIC SAM – He/Him**

→ Fairly impatient paramedic

→

→ **NURSE CASSIE**

→ A young and naïve student nurse who has not encountered a Transgender patient before and feels really out of her depth

→

→ **NURSE SHAUN**

→ The team leader who identifies as gay who mis-identifies Jasper as 'being in drag'

→

→ **NURSE PETA**

→ A senior nurse, maybe a Clinical Nurse Specialist or Educator, understands the dilemma and can take over the care of Jasper and explain to Cassie and Shaun how they are being disrespectful to Jasper.

→

→ DOCTOR GREG

→ An ED doctor who's committed to balancing comprehensive care with prioritising emergency over non-emergency conditions.

→

→ MEDICAL STUDENT – SERENE – She/Her

→ A WSU Year 3 mature-age Muslim female medical student wearing a hijab, who is at her ED part of her Critical Care attachment. She is somebody who breaks the stereotype that outwardly religious people tend to be transphobic.

→

→ PSYCHOLOGIST – name – pronouns?

→ Description

→

→ SCENES & SETTINGS

→

→ Prologue – Animation

→ Scene One – Jasper's House (INT.)

→ Scene Two – Emergency Department of a Regional Hospital (INT.)

→ Scene Three – Emergency Department of a Regional Hospital (INT.)

→ Scene Four – Psychologist Office (INT.)

→

→ PROPERTY

→

| Scene One | Scene Two |
|---|---------------------------------|
| <i>Jasper's wallet</i> <i>Jasper's medicare card and drivers licence</i> <i>Paramedic bag</i> <i>Stretcher</i> | <i>Bed pan</i> <i>Bottle</i> |
| Scene Three | Scene Four |
| <i>Pen</i> | |

→

→ COSTUMES

→

| Scene One | Scene Two |
|---------------------------------|--------------------------|
| <i>Paramedic uniform</i> | <i>Nurse uniform</i> |
| Scene Three | Scene Four |
| <i>Professional casual wear</i> | <i>Professional wear</i> |

→

→ JASPER'S STORY

→ *A Short Film*

→ NARRATOR.

→ Jasper lives alone, his father, Bill, found him very weak and called 000.

→

→ BILL.

→ [Voiceover/ on the phone, very concerned] It's my son, he's collapsed, he's really groggy, I don't know what is going on. He looks awful, this is really unusual behaviour for him.

→

→ [Ambulance sirens SFX]

→ SCENE ONE – Jasper's House

→ [Lights up on PARAMEDICS #1 & #2 entering JASPER's bedroom/living room]

→

→ PARAMEDIC #1.

→ [To JASPER who looks confused] Hi, I'm Jenna and this is Sam, why did you call an ambulance today?

→

→ BILL.

→ [Speaking for JASPER] I called. I'm his dad – Bill.

→

→ PARAMEDIC #1.

→ (*Kindly responds*) Hi Bill, what's the matter today?

→

→ BILL.

→ [To PARAMEDICS] Jasper – hasn't answered any of my calls or texts about a family dinner we're planning. (*Looks concerned*) which is unusual for him.

→

→ JASPER.

- I'm okay, I just need to get some rest before work. [JASPER mumbles incoherently]
-
- PARAMEDIC #1.
- Jasper, is it okay if my partner checks your pulse and blood pressure?
-
- [JASPER extends an arm, while PARAMEDIC #2 assesses Jasper's blood pressure, heart rate]
-
- BILL (annoyed).
- He answered my call this morning but he sounded a bit confused so I thought I'd stop by on my way to work. I found him like this, and he seemed to be in pain.
-
- PARAMEDIC #1.
- [To JASPER] Jasper, do you have pain?
-
- JASPER.
- (Nods)
-
- PARAMEDIC #2.
- [To JASPER without listening to answers] What were you doing when the pain came on? Is it sharp or dull? Where is the pain? Can you give it a score out of 10?
-
- [JASPER points vaguely to the lower abdomen]
- JASPER.
- [Mumbled] It burns when I pee, its like a 10 out of 10.
-
- [PARAMEDIC #2 reaches over to palpate the abdomen but doesn't wait for consent and JASPER is clearly uncomfortable]
-
- PARAMEDIC #2.
- [Exasperated] Relax mate, I need to assess your tummy.

→

→ [JASPER rolls over and PARAMEDIC #2 gives up]

→

→ PARAMEDIC #2.

→ [To PARAMEDIC #1] There's red flags for sepsis, but he won't let me assess him.

→

→ PARAMEDIC #1.

→ [To BILL] Can I grab Jasper's Medicare card for our records?

→

→ BILL.

→ Yeah, here it is.

→

→ [PARAMEDIC #1 takes the Medicare card and looks really confused]

→

→ PARAMEDIC #1

→ [To BILL, confused] Who is Jasmine?

→

→ BILL.

→ Oh, sorry I thought you realised. That's Jasper's card, but we're waiting for Medicare to update his name. That's his deadname, we don't use it. Jasper is trans.

→

→ PARAMEDIC #1.

→ Oh... (*puzzled facial expression turns to understanding*)

→

→ PARAMEDIC #2.

→ (*peering over to look at the card and back at Jasper*) I see, I'll get the stretcher.

→

→ [Stretcher comes in.]

→ [Sirens are heard, signifying travel to Hospital ED.]

→ [END of SCENE 1]

→

→ SCENE TWO – Emergency Department of a Hospital

[JASPER is in a bed hooked up to machines, BILL is on a seat beside him.
PARAMEDIC JENNA is doing a handover with NURSE PETA on the other side of the
curtain.]

[PARAMEDIC #1 gives a handover to Triage Nurse]

PARAMEDIC #1 to Nurse Pete/Peta

This is Jasper, a 20yo trans person called with burning on urination, query UTI. Um, he
has red flags for sepsis, with fever, confusion, tachycardic at 123, and hypotensive at 90
systolic.

NURSE PETA.

Thanks.

BILL.

[To JASPER, with concern] How are you feeling, mate?

JASPER.

[Weakly] I just want to sleep, Dad.

BILL.

[Consoling] I know you do. It's gonna be okay.

[NURSE CASSIE (who is a new graduate nurse) barges in from behind the curtains
to see JASPER and looks confused because she expects to see 'Jasmine' in the
bed.]

NURSE CASSIE.

[Looking confused] Oops, sorry I was looking for Jasmine, wrong room.

BILL.

[Trying to explain] This is Jasper... He's...

NURSE CASSIE.

[Ignoring BILL, calls out loudly to NURSE SHAUN who is out of sight/not in the room.]

Shaun, I'm not sure what's going on the EMR says 'Jasmine', but this doesn't look like a 'Jasmine' to me.

JASPER.

[Calling out, angered but weak] I'm Jasper!

NURSE CASSIE. (to Shaun with a focus on the computer)

That's not what on here (shot of the EMR).

[NURSE SHAUN walks into the room, has a quick look at the medical records.]

NURSE SHAUN.

I'll check. But in the meantime, can you take her, um, I mean, *their*, blood pressure?

BILL.

[Sternly correcting the nurses] *Him! His* blood pressure!

NURSE SHAUN.

[Ignoring BILL's correction] Cassie, we'll still need a urine sample from them. Can you do that while I check the system?

[NURSE SHAUN leaves the room.]

[BILL and JASPER look at one another and roll their eyes in disbelief.]

NURSE CASSIE.

[To JASPER] I'm also going to need you to wee into this bottle.

[NURSE CASSIE pulls out a bottle from nearby]

JASPER.

[Concerned] I can't use that.

NURSE CASSIE.

I know you are probably feeling like you can't wee, but it's really important.

JASPER.

[Trying to explain] I can't. I...

BILL.

[Trying to advocate] No, he can't...

NURSE CASSIE.

[To JASPER, interrupting] if you don't give us a sample, we'll have to catheterise you.

JASPER.

It's not that – I need a pan.

NURSE CASSIE.

[Naively] But we need a urine sample not a stool sample.

JASPER.

[Really frustrated] I know you are trying to help, but what would *really* help is if you listen to what I am saying. I identify as a *man*, but I need a pan to pee because I don't have a penis – do you understand?

NURSE CASSIE.

[Looking visibly upset and confused] Oh, sorry – I really didn't get that you are trans, and... I think I need someone to come and help.

[NURSE CASSIE steps away from JASPER and calls out to NURSE SHAUN.]

[NURSE SHAUN approaches NURSE CASSIE. Outside the curtain, there is an exchange between NURSE CASSIE & NURSE SHAUN. NURSE CASSIE remains upset and NURSE SHAUN attempts to comfort her.]

NURSE CASSIE.

[To NURSE SHAUN] Shaun, I really think we need some help caring for Jasper – cause he's trans and we really don't get it.

[NURSE SHAUN quickly peeps through the curtain and pops out again.]

Well, he is obviously not dressed as Jasmine at the *moment*! He must be a cross dresser.

NURSE CASSIE.

[Looking more confused and peeking around the curtain] Yeah, but Shaun, for 'Jasmine'... 'Jasper', I don't think this is 'dress up' he is actually trans.

NURSE SHAUN.

[Dismissively] This trans fad and pronouns. Anyway, drag, trans, whatever, just treat everyone the same, Cassie.

[NURSE PETA, standing just outside near the doorway, overhears the NURSE SHAUN & NURSE CASSIE's conversation and intervenes]

NURSE PETA.

[To NURSE SHAUN and NURSE CASSIE] Shaun and Cassie could I have a moment?

[NURSE SHAUN AND CASSIE just look at each other. Cassie looks worried, Shaun looks exasperated]

NURSE PETA.

Look, I couldn't help but overhear you both. [Beat] Your patient is trans and goes by the name 'Jasper'. He is not "in drag" or a cross dresser.

NURSE SHAUN.

Well, not "drag", but you know what I mean...

NURSE PETA.

No. Drag is different to being trans. [To NURSE CASSIE] Cassie, what pronouns does Jasper use?

NURSE CASSIE.

He/him

NURSE PETA.

Well, that's what you should be using. Otherwise, that's *really* disrespectful. [To NURSE SHAUN] And Shaun, you know he can hear you here, don't you?

[NURSE SHAUN walks off mumbling as NURSE PETA pops her head around the curtain]

NURSE PETA.

[To JASPER] Jasper, I apologise about my colleagues, I'm doing my best to whip them into shape. I'm gonna get them both a progress flag pin!

[NURSE PETA smiles before she exits]

[Lights fade]

→

→

→ SCENE THREE – Emergency Department of a Hospital

→

→ [DOCTOR GREG enters to see SERENE finishing the clinical examination of JASPER. SERENE has a stethoscope, notebook and pen]

→

→ DOCTOR GREG.

→ Hi Jasper. I'm Doctor Greg. [He flips through the notes and turns to SERENE]

You're a medical student, right?

→

→ SERENE.

→ Yes, my name is Serene. I'm in Year 3 – near the end of my first clinical year.

→

→ DOCTOR GREG.

→ Goodo! Can you make a quick summary?

→

→ SERENE.

→ Jasper is a 20-year-old trans man who was admitted an hour ago by paramedics with suspected urosepsis. Since his clinical condition has stabilised, he may be transferred to the ward; but we are still waiting for some lab results.

→

→ [DOCTOR GREG nods in agreement]

→

→ DOCTOR GREG.

→ [To SERENE] I agree. [To JASPER] Jasper, I am pretty sure that you've experienced a nasty urinary tract infection which has become septic, meaning it has caused disruptions to other organs in your body.

→

→ BILL.

→ [Concerned] Oh, that sounds serious.

→

→ DOCTOR GREG.

→ [To BILL] Yes, it is. [To JASPER] The good thing is you are not in immediate danger anymore. You are in good hands with Serene here looking after you, she's very thorough. [SERENE smiles] She will update you with the lab results as soon as they become available. Would that be alright?

→

→ [JASPER nods weakly]

→

→ BILL.

→ Thanks Doctor.

→

→ [DOCTOR GREG exits followed by SERENE]

→

→ SERENE.

→ [Continuing just outside the curtain] Doctor, can I just ask a few questions?

→

→ DOCTOR GREG.

→ [Turning to listen] Sure.

→

→ SERENE.

→ Jasper is the first trans patient I have ever come across. Do you think that Jasper's UTI may have come from chronic withholding of urination – possibly bathroom avoidance? [Beat]

→ I heard from a Queer Health seminar that it may happen.

→

→ DOCTOR GREG.

→ Sure. That's a real possibility and may be followed up later.

→

→ [DOCTOR GREG goes to exit but SERENE continues talking]

→

→ SERENE.

→ Also, Doctor, perhaps we can organise a consult while Jasper is here? I heard trans people are at a much higher risk for mental health problems.

→

→ DOCTOR GREG.

→ Ah... be careful you don't jump to conclusions without checking your assumptions. Why do you think this trans person has mental health issues that require such urgent attention?

→

→ SERENE.

→ [Confused] But aren't we supposed to provide *comprehensive* care, especially for hard-to-reach patient groups?

→

→ DOCTOR GREG.

→ [Chuckles] That's true, as emergency physicians we are holistic in our care. But we prioritise health needs based on urgency. Our focus is on the acute issues, while redirecting non-urgent issues to more appropriate settings...

→

→ SERENE.

Like GPs and psychologists?

→

→ DOCTOR GREG.

→ That's right. When you go back to update Jasper on the lab results, feel free to explore *briefly* his psychological health. But remember: the acute mental health services we have in hospital are not for stable long-term issues.

→

→ [DOCTOR GREG exits. SERENE looks around for her pen.]

→ Ehh, where's my pen?

→

→ [SERENE realises she left her pen at JASPER's bedside table. She walks back in and greets JASPER. BILL, exhausted, is asleep on the chair beside JASPER.]

→

→ SERENE.

→ Hi Jasper, sorry to pop back in, I think I left my pen here. [SERENE picks up her pen] How are you feeling?

→

→ JASPER.

→ [To SERENE] A bit better now. [Beat.]

→ By the way, I overheard your conversation with the doctor. People here seem to forget that these curtains are not soundproof!

→

→ SERENE.

→ [Startled, and sheepish] Oh I'm so sorry!

→

→ JASPER.

→ Um, I heard you mention 'bathroom avoidance'. Do you think that's what's causing this infection?

→

→ SERENE.

→ To be honest, I only heard about it from a seminar, that *some* trans people withhold going to the toilet and avoid drinking much so they don't have to use the bathrooms at uni or work.

→

→ JASPER.

→ [Realising] Yeah, I guess I do avoid going to public toilets.

→

→ SERENE.

→ Well, over time, that can lead to damages to the urinary tract and make you more susceptible to infection.

→

→ JASPER.

→ What, like a UTI?

→

→ SERENE.

→ Yes, that's right.

→

→ JASPER.

→ [Pondering] I have been avoiding going to the toilet since I was at school, and limiting drinking water, just like you said... [SERENE nods empathetically as JASPER continues] I've had a few UTIs in the past, but never this bad. I didn't realise it could get this bad.

→

→ SERENE.

→ Just be aware that you should take UTI symptoms seriously and go to your GP if it doesn't go away by itself in a couple of days.

→

→ JASPER.

→ Okay.

→

→ SERENE.

→ I guess you also heard my suggestion about getting you a mental health consult. [Beat] Is that something you think you need? Just in case, you know, you need some support.

→

→ JASPER.

→ [Sighs] Look, I appreciate your care, but I don't want to talk to a stranger about bathrooms.

→ If I were to see a psychologist, I need someone that understands trans health care.

→ Thankfully I already have a great psychologist.

→

→ SERENE.

→ That's good to know. My apologies to assume you need one, I should have checked first. [Beat] Well, I best be off – I'll say goodbye now if I don't see you.

→

→ [JASPER nods and smiles as SERENE exits]

→

→ SCENE FOUR – Psychologist Office

→

→ [INT. of Psychologist's office. JASPER arrives for his appointment and is greeted by PSYCHOLOGIST. JASPER is holding a water bottle.]

→

→ PSYCHOLOGIST.

→ [To JASPER] Good to see you again, Jasper. How have the last couple of months been?

→

→ JASPER.

→ I've been okay – although I did end up in hospital.

→

→ PSYCHOLOGIST.

→ Oh no! What happened?

→

→ JASPER.

→ Well, I collapsed at home, so Dad called the ambos. Turns out I had a really bad UTI.

→

→ PSYCHOLOGIST.

→ Oh no! I know how you really don't like doctors and hospitals; how did you manage the experience?

→

→ JASPER.

→ Well, I was a bit out of it, and I felt quite vulnerable since I wasn't as in control as I like to be.

→

→ PSYCHOLOGIST.

→ I can only imagine.

→

→ JASPER.

→ *And* some of the staff said some dodgy things.

→

→ PSYCHOLOGIST.

→ Oh, like what?

→

→ JASPER.

→ You know; misgendering me and getting confused about my pronouns. Really, how hard can it be!?! Just refer to me as 'he'! They were mostly polite about it, but it does get really exhausting. People just don't realise how often I have to do it.

→

→ PSYCHOLOGIST.

→ That's right. Did you have to be the one to correct the staff every time?

→

→ JASPER.

→ Not always, there was one great nurse who corrected people too, and Dad of course, but there was this other nurse who should have known better. I think he was gay, but he just didn't get trans people at all.

→

→ PSYCHOLOGIST.

→ That *is* disappointing. It really sounds like the whole thing was quite an ordeal. How did you manage?

→

→ JASPER.

→ Well, as you know, having people examine or talk about my body is hard. Especially when there was a mix up with bedpans – *really* awkward, but I got through it, with Dad's support.

→

→ PSYCHOLOGIST.

→ Your Dad has been great, hasn't he? [JASPER nods and smiles] Aside from that good nurse, how were the other medical staff?

→

→ JASPER.

→ There was a great medical student who was so direct and kind. She was Muslim which surprised me because often people from religious groups can be transphobic. She didn't misgender me and because of her I felt like I understood what I could do so it didn't happen again.

→

→ PSYCHOLOGIST.

→ Oh, that sounds very helpful. Have you recovered okay?

→

→ JASPER.

→ Yeah, I have.

→ I don't think they get that I avoid bathrooms because people look at me weirdly sometimes, and that all through school I was bullied in the toilets for being trans. It can still get dangerous. They don't seem to understand that it's other people who are the problem.

→

→ PSYCHOLOGIST.

→ Absolutely, that's so true.

→ What else do you want to talk about today?

→

→ [Fade out]

→

→