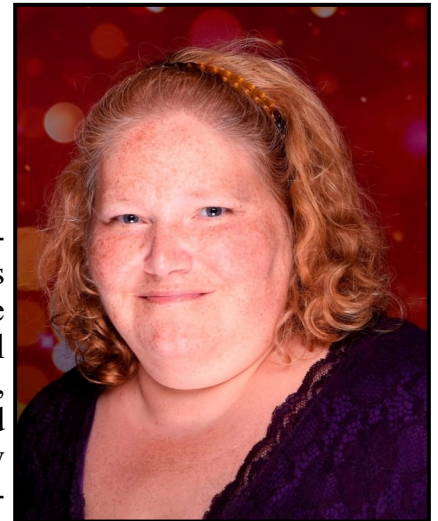




From the Chair

Keydi O'Hagan, MLS, AHIP
Librarian
Jersey College, Teterboro Campus



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Spring has sprung! Daffodils and other flowers are blooming and pollen is bringing out the tissues. With the change in the weather, there are changes all around us. As Helen Keller has stated, "In the golden sea of daffodils, we find the promise of spring, the promise of new beginnings." Colleagues are retiring, taxes are being done, basketball playoffs begin as baseball spring training begins, and new leadership comes into MLA and the annual conference being held.

"Stronger Together," this year's conference theme is designed to bring us together in our professional journey towards innovations in medical librarianship and in the world in general. Attending the conference will show the many ways collaboration and teamwork can fortify and enhance our work. This year not only marks our return to the west coast in beautiful Portland, Oregon, but also marks the culmination of MLA's 125th anniversary.

Please help me welcome the new leadership for NAHRS. The new chair is Pam Hargwood from RWJ Library of the Health Sciences at Rutgers University in New Brunswick, NJ. The new chair elect is Ann Dyer from Washington State University Health Sciences Library in Spokane, WA.

The new beginning for me will be the welcoming of a new family member who will be the tie breaker between nieces and nephews. Currently, I have 7 nieces and 7 nephews. I do not know the gender of the expected baby. The neat fact is the age difference will be approximately 10 years which happens to be the same age difference as my youngest sister (the pregnant mother) and myself. As my family is preparing for the baby shower and anticipated birthday of May 11th (the day before Mother's Day), we are remembering what we have learned and becoming a stronger team working together to raise this new life. Do not forget what A. A. Milne reminds us in Winnie the Pooh, "You're braver than you believe, stronger than you seem, and smarter than you think."

MLA 2024, Portland Presentations Come Support Fellow NAHRS Members!

Blake, L. Novel Librarian Collaborations: Stronger Together. Immersion Session.

Blake, L. Career Planning Bootcamp for Health Sciences Librarians. Immersion Session.

Blake, L., Strahan, K., & Anichiarico, C. Onboarding Experiences: Through the Looking Glass of Early Career Health Sciences Librarians. Paper Presentation.

Blake, L., Strahan, K., & Ford, J. Library-Led Interprofessional Education using NNLM grant funded examples. Paper Presentation.

Bright, H., Mullenbach, J., Fitterling, L., Montgomery, M., & Robinson, K. Textbook and Board Exam Prep Resources: Trends in Academic Health Sciences Libraries Serving College of Osteopathic Medicine Programs. Paper Presentation.

Bright, H., Fitterling, L., Robinson, K., Sloane, K., & Wang, YF. The 100 Top-Cited Articles in Osteopathic Medical Education: A

Bibliometric Analysis. Paper Presentation.

Bright, H. Discovery Systems and Academic Health Sciences Libraries 2015—2024. Paper Presentation.

Dienst, J. Inclusivity Benefits Everyone: A Guide for Health Professionals Working with Transgender Populations. Virtual Poster.

Gerberi, D., Rothbaum, E., Campbell, K., Epstein, HAB Evaluating the Apps for Clinical Key, DynaMed and UpToDate to Answer Patient Care Questions. Stronger Together. Immersion Session.

Ferguson, A. Partnering to Teach Evidence-Based Practice Skills at a Health Science University. Lightning Talk.

Harrington, EG, Sauer, A., Moorhead, L., Syme, S., Martinez Mier, EA, Shukla, A, McQuistan, M & Moncrieffe, MV. 'Righting' the story: Libraries as safe spaces

for narrative inquiry and re-writing stories about equitable oral health. Poster Presentation.

Henderson, S., Robinson, L., Robinson, C, Morgan, R, & Reeder, B. The Nature of Change: Navigating Organizational Upheaval Through Teamwork. Poster Presentation.

Robinson, L, Robinson, C, Henderson, S, Morgan, R, & Reeder, B. Supporting Health Equity Initiatives: Creating an Interactive eResource to Support Health Disparities Competency. Lightning Talk.

Jacobsen, AL Case-Based Learning Enhances Engagement, Critical Thinking and Motivation. Lightning Talk.

Jacobsen, AL, Kritek, P, & Mookerjee, S. Integration of a Medical Librarian into a Clinical Teaching Certificate Program Enhances Teaching of Evidence-Based Medical Education. Light-

(Continued on page 3)

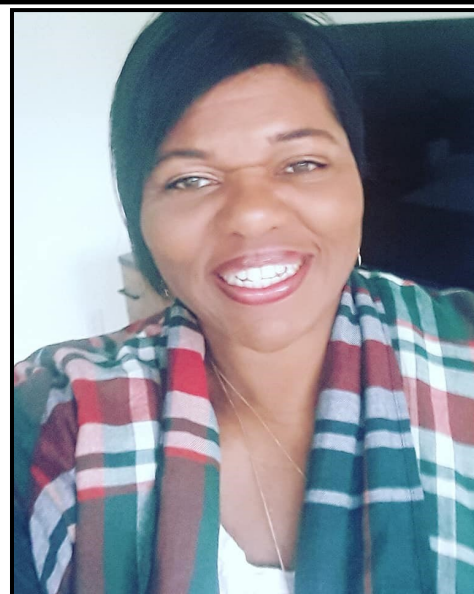
NAHRS Members on the MLA Nominating Committee 2024/2025



Michele L. Mason-Coles, MLS



Lindsay E. Blake, EdD, MLIS, AHIP



Shannon Shaunette Glover, MLIS, AHIP

MLA 2024, Portland Presentations Come Support Fellow NAHRS Members!

ning Talk.

Lieggi, M & Gillespie, L. Doing it together: Integrating a clinical education librarian into a continuing professional development (CPD) team. Paper Presentation.

Lieggi, M & Gillespie, L. Strength in numbers: Using data on library literature searches to measure impact on evidence-based patient care and hospital policy/procedure changes. Paper Presentation.

Linden, D, Martin, H, Grinstead, C. Stronger when supported by data: Clinical impact of a librarian mediated literature review service. Lightning Talk.

Loster, S. The Effectiveness of Library Space on Student Learning and Success: Perceptions and Realities. Lightning Talk.

Mokonyama, J & Justice, A. Libraries, Their Governing Bodies, and Our Worth. Stronger Together. Immersion Session.

Ferri, A & **Monnin, J**. Systematic Review(ish) Assignments for Faculty: From Learning Objective to Successful Classroom. Poster Presentation.

Petersen, D & **Stevens, GA**, Fajardo, F, Piazza, A & Hickner, A. Where are all the job candidates? Geographic considerations for recruitment. Poster Presentation.

Vaduvathiriyani, P & **Phillips, C**. An exploratory inquiry of the trends and practices of using AI

tools in systematic reviews and their adherence to methodological quality guidance. Paper Presentation.

Phillips, C & Torp, K. Supporting Early Career Librarians and Librarians New to Health Sciences, an MLA Chapter Task Force. Poster Presentation.

Stevens, GA Moving Out of the House (Librarian Program): Creating a New Medical Student Liaison Model. Paper Presentation.

Thomas, N, Maloney, M, Swick-Jemison, J, & Carlin, E. From Instruction to Health Sciences Librarianship: Coming Together

to Support Career Fluidity. Paper Presentation.

Walden, RL, Powell, K, Knecht, M, & **Whitney, R**. Building a Stronger MLA Together: Analyzing Member Engagement with MLA Caucuses. Paper Presentation.

McElfresh, J, **Walden, RL**, Comer, C, Ledbetter, L, **Whitney, R**, & Smith, S. Speed Dating Through Evidence Synthesis Education: Finding Your Instructional Match. Immersion Session.

Warner, L. Using a Practice Search Set to Teach Students Advanced Searching for Integrative Reviews. Lightning Talk.

NAHRS Election Results



Ann Dyer—Chair-Elect



Michelle Lieggi—Potential Candidate for MLA Nominating Committee



Nursing & Allied Health Resources & Services

MEDICAL
LIBRARY
ASSOCIATION

Author! Author! - NAHRS Members Activities

Books and Book Chapters

Joseph, CB, and Stephenson, PL, Editors. (2024) *Managing Health Sciences Libraries in a Time of Change*. Lanham, MD: Rowman & Littlefield.

Joseph, CB (2024) Trends Shaping Our Libraries. In **Joseph, CB, and Stephenson, PL**, (Editors) *Managing Health Sciences Libraries in a Time of Change*. (pp. 9-14) Lanham, MD: Rowman & Littlefield.

Joseph, CB (2024) Management Skills for the Successful Library Leader. In **Joseph, CB, and Stephenson, PL** (Editors) *Managing Health Sciences Libraries in a Time of Change*. (pp. 51-60) Lanham, MD: Rowman & Littlefield.

Stephenson, PL (2024) Managing the Small Health Sciences Library. In **Joseph, CB, and Stephenson, PL** (Editors) *Managing Health Sciences Libraries in a Time of Change*. (pp. 97-106) Lanham, MD: Rowman & Littlefield.

Articles

Otwell, AG, Stambough, JB, Cherney, SM, **Blake, L**, Siegel, ER, & Mears, SC (2024) Does the type of lower extremity fracture affect long-term opioid usage? A meta-analysis. *Archives of Orthopaedic and Trauma Surgery* 144(3): 1221-1231. <https://doi.org/10.1007/s00402-023-05174-5>.

Ciechanowicz, S, Kim, J, Mak, K, **Blake, L**, Carvalho, B, & Sultan, P (2024) Outcomes and outcome measures utilised in randomised controlled trials of postoperative caesarean delivery pain: a scoping review. *International Journal of Obstetric Anesthesia* 57, 103927. <https://doi.org/10.1016/j.ijoa.2023.103927>

Murdoch, I, Carver, AL, Sultan, P, O'Carroll, JE, **Blake, L**, Carvalho, B, Onwochei, DN, & Desai, N. (2023) Comparison of different nonsteroidal anti-inflammatory drugs for cesarean section: a systematic review and network meta-analysis. *Korean Journal of Anesthesiology* 76(6): 597-616. <https://doi.org/10.4907/kja.23014>

Wong, MJ, Wang, Y, **Blake, L**, & Ke, JXC (2023) Preventing controlled substance diversion in perioperative settings: a narrative Review. Prevention du détournement de substances contrôlées en milieu périopératoire: un compte rendu narratif. *Canadian Journal of Anaesthesia=Journal Canadien d'anesthésie*. 70(12): 1989-2001. <https://doi.org/10.1007/s12630-023-02574-4>.

Ke, JXC, deVos, M, Kojic, K, Hwang, M, Park, J, Stuart, H, Osborn, J, Flexman, A, **Blake, L** & McIsaac, DI (2023)

Healthcare delivery gaps in pain management within the first 3 months after discharge from inpatient noncardiac surgeries: a scoping review. *British Journal of Anaesthesia* 131(5): 925-936. <https://doi.org/10.1016/j.bja.2023.08.006>

Castro, A (February 27, 2024) Review Update: Access Pharmacy/Doody's Collection Development Monthly. <https://dcdm.doody.com/2024/02/review-update-accesspharmacy/>

Dale, A, Perry, J, & **Creazzo, J**. (2024) Impact of group coloring therapy on stress reduction among nurses. *Nursing* 54(3): 50-53. <https://doi.org/10.1097/01.NURSE.0001006252.89450.de>

Epstein, HAB (2024) Suggestions from Experience and AI Tools to Teach Evidence-Based Practice to Nurses. *Medical Reference Services Quarterly* 43: 59-71. DOI:10.1080/02763869.2024.2289335

Street, HJ, Boos, ZP, **Fial, A**, Lennon, SL, Smith, CS, Creasey, SA, Hunter, SK, Farquhar, WB, & Capin, JJ (2023) Long term function, body composition and cardiometabolic health in midlife former athletes: a scoping review. *BMJ Open Sport & Exercise Medicine* 9(4), e001605. <https://10.1136/bmjsem-2023-001605>

Jeun, KJ, Kamal, KM, Adhikari, K, **Nolfi, DA**, Ashraf, MN, & Zacker, C. (2024) A systematic review of the real-world effectiveness and economic and humanistic outcomes of selected oral antipsychotics among patients with schizophrenia in the United States: Updating the evidence and gaps. *Journal of Managed Care & Specialty Pharmacy* 30(2): 183-199. <https://doi.org/10.18553/jmcp.2024.30.2.183>

Gionfriddo, MR, McClendon, C, **Nolfi, DA**, Kalarchian, MA, & Covey, JR (2024) Back to the basics: Guidance for designing good literature searches. *Research in Social and Administrative Pharmacy*. <https://doi.org/10.1016/j.sapharm.2024.01.009>

Cadogan, D, Campbell Rice, B, Maher, S, & **Torian, S**. (2023) One within many, many within one: A collaborative, dialogical exploration of librarian-teacher identity. *Canadian Journal of Academic Librarianship* 9: 1-28. <https://doi.org/10.33137/cjal-rcbu.v9.40956>

Presentations

Daly, A, Perry, J & **Creazzo, J** (2024, March) Impact of group coloring therapy on stress reduction among nurses. Poster presentation. Robert Wood Johnson University Hospital Somerset Quality Fair, Somerville, NJ.

Creazzo, J, Hilliard, D, Hailani, B, Kurzweil, K, Russell, MB (2024, March) Cost savings through interdisciplinary collaboration: implementation of a clinical solutions resource. Poster presentation. RWJBarnabas Health Corporate Quality Fair, Livingston, NJ.

Epstein, HAB (2024, March) Hospital Librarian-Led interprofessional online journal club. *Journal of Hospital Librarianship*. DOI:10.1080/15323269.2024.2323911

Frenn, M, Small, L, Snethen, J, Browne, N, Greenberg, C, Hodges, E, **Fial, A (Author only)**, Irving, S. (2024, February) Does policy help mitigate childhood obesity in underrepresented populations? Paper presentation. Midwest Nursing Research Society Conference, Minneapolis, MN.

Lipke, L & Gilman, N. (2024) Evidence synthesis methodology: promoting reproducible methodology through modified assignments. Presentation to Nursing Faculty at Binghamton University. *Library Created Resources* 31. https://orb.binghamton.edu/library_resources/31

Adhikari, K, Kamal, K, Jeun, KJ, **Nolfi, DA**, Zacker, C. (2023) MSR93 a systematic review of current evidence and gaps on the impact of oral antipsychotic treatment in schizophrenia. *Value in Health* 26(6): S294. <https://doi.org/10.1016/j.jval.2023.03.2750>

Published abstract of a poster presented at ISPOR 2023: Impacting Innovation, Value, and Healthcare Decision Making, Boston, MA.

Nolfi, DA, Behary, R, Heinlen, AL & White, K (2023, October) It takes a whole library to support evidence synthesis research. Presentation at MLA Mid-Atlantic Chapter Annual Meeting, Pittsburgh, PA.

Torian, S (2024, February) Audre Lorde: A Personal Reflection. Pre-recorded video presentation. Audre Lorde Read-A-Thon, Charis Books & More, Decatur, GA. <https://www.youtube.com/watch?v=D4ShxTCsxIM>

Torian, S (2024, January) A librarian's reflections on the life and contributions of Chester Pierce, the black psychiatrist who coined the term "microaggressions." Google Slides Presentation. Social Justice Caucus Action Club, MLA Social Justice and Health Disparities Caucus. Virtual.

Torian, S (2024, March) Exploring and envisioning partnerships between academic health sciences librarians and health information-sharing communities. Presentation.

2024 NYC STEM Library and Information Professionals Mini Conference, Barnard College, New York, NY.

NAHRS Member Spotlight: Carolyn Ching Dennison, MLIS, AHIP

NAHRS MLA Member Since: 2008

First Professional Position: Librarian, M&E Pacific, Honolulu, HI

Current Position: Science & Technology Librarian, University of Hawaii at Manoa Library, Honolulu, HI.

As the liaison to the nursing, public health, dental hygiene, and medical technology departments, I am responsible for instruction and collection development & management for their subject areas. I assist with reference and research questions that are in the Library's Science & Technology Reference Department's subject areas.

Education (include all degrees):

- Bachelor of Arts (History), University of Hawai'i at Mānoa
- Master of Arts (History), University of Hawai'i at Mānoa
- Master of Library & Information Studies, University of Hawai'i at Mānoa

Favorite Website or Blog: The Hawaii State Public Library System's Overdrive website

Involvement in MLA or library organizations: (You can list past and current involvement.)

- NAHRS Nursing Essential Resources List Working Group (2020-Present)
- NAHRS Nursing Journal List Working Group (2023-Present)
- MLA Nominating Committee (2022-2023)
- MLA National Program Committee 2023, (2021-2023)
- Chapter Project of the Year



Carolyn Ching Dennison, MLIS, AHIP

Award Jury: Chair (2021-2022), Member (2020-2021)

- Hawaii-Pacific Chapter: Member (1995-Present), Chapter Council Representative (2019-Present); Credentialing Committee Liaison (2016-2019); Immediate-Past Chair (2015-2016); Chair (2014-2015)

I became a librarian/informationist because: Librarianship was one option to put my background and interest in history to practical use (i.e., get a paying job). I wanted to work with special and archival collections. My dream job was to work in a presidential library.

Issues that I see are big for NAHRS members in the profession are:

- Keeping up to date with advances in artificial intelligence and how it is impacting education and health care;
- Ensuring that librarians are active and essential contributors to health care teams in health care facilities;
- Embedding librarians into educational programs and curricu-

lums that prepare students for careers in health care.

My bucket list includes:

- Taking a road trip across the United States to visit all of the national parks;
- Visiting every presidential library.

My favorite holiday is Easter because we remember and celebrate the resurrection of Jesus Christ (and jelly beans).

If I could have dinner with 4 people in the world (living or dead): My grandparents who passed away before I was born or before I was old enough to hear their stories about leaving China and coming to Hawaii to start a new life.

In my spare time, I like to: read and listen to cozy mysteries; crafting with friends; watching Hallmark movies, HGTV, and classic TV series.

Other item(s) you would like us to know: I became a medical librarian by accident. I applied for a position that included responsibility for organizing the Hawaii Medical Library's special collections and archives. Since I had no background or experience in medicine or health care, a medical dictionary became my best friend. With help from an amazing volunteer and colleagues, some collections got organized and were made accessible online ([Wayback Machine link](#)). Due to the changing needs of the library, I had to let go of the special collections part of the job in order to focus solely on the library's main patron groups – physicians, nurses, and other health care providers, and students.

NAHRS Member Spotlight: Marissa Testerman, MS

NAHRS MLA Member Since: 2021

First Professional Position: Access Services Instruction Librarian, The University of Texas at El Paso, El Paso, Texas

Current Position: Nursing, Pharmacy, and Health Sciences Librarian, The University of Texas at El Paso, El Paso, Texas

In my role, I provide comprehensive support to our students, faculty, and staff in the College of Nursing, School of Pharmacy, and various departments in the College of Health Sciences. I engage with every Nursing student in each program at least twice in their academic career! My responsibilities include instruction, embedded librarianship in courses, both online and in the curriculum, chat, and reference desk shifts, collection development, and collaborating with faculty on research projects, such as evidence synthesis and grant-funded work.

Education (include all degrees):

- MS in Library Science, University of North Texas
- BA in English and American Literature, The University of Texas at El Paso

Favorite Website or Blog: YouTube – I learn so much on there!

Involvement in MLA or library organizations: I joined many caucuses, but I am most active in NAHRS as part of a working group. I am also a member of the South Central Chapter of the MLA and part of the Membership Com-

mittee. Locally, I'm a member of the Border Regional Library Association.

I became a librarian/informationist because: it is something I've wanted to do since I was a child! I love being in service and teaching others to access important information. I didn't plan on the setting where I would eventually work as a librarian, but I'm so grateful I ended up working with the health sciences in the community I grew up in!

Issues that I see are big for NAHRS members in the profession are:

Seeing their necessary role in evidence-based practice but are not given the opportunity to be embedded or involved in the curriculum by programs or departments.

Budgetary constraints and limitations imposed on library programs when the need to stay up-to-date on evidence-based practice is a must!

My bucket list includes: traveling internationally, swimming with sharks, and hearing a whale underwater.

My favorite holiday is Easter because of my family's cultural and culinary traditions!

If I could have dinner with 4 people in the world (living or dead):

- Anthony Bourdain



Marissa Testerman, MS

- Dr. Anthony Fauci
- The Obamas

In my spare time, I like to: doodle in my planner, embroider, or watch YouTube.

Weirdest question/request I've had as a librarian/informationist: The scores for the USC vs Notre Dame football games in the 90s!

Other item(s) you would like us to know: I'm a proud first-generation graduate from my immediate and extended family. I have an identical twin sister who is a nurse, and we share the same students!

My recent professional growth is due to all the #medlibs and I'm paying it forward where I can! Thank you for being one of the greatest communities I've ever been a part of!

Gender Affirming Care: A Primer for Librarians

By Jo Dienst, MLIS; Gumberg Library, Duquesne University

Introduction

Transgender and gender-nonconforming (GNC) populations have been disproportionately targeted by misinformation, hate speech, and restrictive legislation for decades. According to a 2022 data report from the UCLA Williams Institute, roughly 1.6 million Americans (teenagers and adults) identify as transgender (Herman, Flores, & O'Neill, 2022). Since the US population in 2022 was estimated to be 333.3 million (United States Census Bureau, n.d.), this means that transgender individuals make up roughly 0.48% of the population. Despite the low prevalence of these identities, hate speech and crimes towards transgender individuals are a common experience. According to the U.S. Transgender Survey, 46% of respondents experienced verbal harassment throughout the previous year, while almost 1 in 10 (9%) respondents were physically assaulted due to being transgender (James et al., 2016).

The U.S. National Transgender Survey found that 24% of respondents who saw a healthcare provider in the previous year had to teach their provider about transgender people to get appropriate care (James et al., 2016). It is important as information professionals that we encourage our audiences to treat patients and families with the utmost care and respect. In addition to the risk of victimization that transgender individuals face, there is also a lack of awareness in health communities regarding the needs of transgender and GNC patients.

My goal in writing this column is to spread awareness to information professionals on the importance of **gender-affirming care** as well as the varying contexts and degrees that gender-affirming care encompasses. I hope that, in sharing this information, NAHRS members will be able to understand the impacts and applications of gender-affirming care so that they are better able to direct their respective audiences to resources and information on the subject. I admit I do hold a stake in the topic, as someone who identifies as **nonbinary**. If I'm able to increase awareness for my fellow trans community members, I will do everything I can.

Disclaimer: Throughout this article, I will be using some terms that are frequently used by transgender and GNC individuals to refer to specific experiences. For your convenience, these terms are bolded and a



By [Pride-Flags](#); Monica Helms. CC 3.0.

glossary is provided to define them.

Crucial Steps to Gender-Affirming Care

Fostering a Safe Environment

One of the barriers that transgender and GNC populations face in seeking medical care is the clinical environment. Several steps of visiting a health professional can be uncomfortable, or even traumatic. Navigating healthcare can be incredibly complicated and varies greatly depending on whether an individual is **'out'** as transgender/GNC, if they are in the process of **transitioning**, if they have fully transitioned, or if they're not interested in transitioning.

While this can be overwhelming to those who may not have much knowledge or awareness of transgender issues, establishing your environment as a welcoming space does not have to be rocket science. Simple things like being called the right name, using the correct pronouns, and offering access to gender-neutral bathrooms are excellent first steps. A way to get started with this could be to start using inclusive paperwork at patient intake, where there are options to disclose preferred name, preferred pronouns, gender identity, and sex assigned at birth. [Do Ask, Do Tell](#) is a toolkit that outlines how to collect information related to sexual orientation and gender identity in a healthcare setting, enabling professionals to acknowledge and honor the identities of their patients (Cahill, Baker, & Makadon, n.d.).

As someone who goes by a preferred name that does not match my legal name, having the opportunity to avoid the **dysphoria** that being **deadnamed** can

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Gender Affirming Care Continued...

(Continued from page 7)

cause makes my healthcare experience a lot more personalized and comfortable. Additionally, standard practices in health professions dictate that clinicians and professionals use preferred pronouns and names for their patients. For example, the American Psychiatric Association (2024) encourages all staff to respect the preferences of patients' name and pronouns as part of their best practices in caring for transgender and GNC individuals. This encouragement is also echoed by organizations such as [The Joint Commission](#), the [Association of Perioperative Registered Nurses](#), and the [American Occupational Therapy Association](#) (The Joint Commission, 2011; Angelilli, 2023; Guillory & Rafalski, 2023).

Another step is to have access available to a gender-neutral restroom (also referred to as a single-occupancy or "family" bathroom). For those who do not identify as strictly male or female, being forced to label oneself in accordance with the gender binary just so they can use the restroom can be alienating. Additionally, depending on the status of their physical transitioning, it may be dangerous for a transgender person to use the restroom that affirms their gender identity. Transgender and GNC people risk facing discrimination, hate speech, and even physical violence for attempting to use bathrooms – whether they use the bathroom that aligns with their gender identity OR the bathroom that matches their **sex assigned at birth** (Watts & Andrew, 2020; Padgett, 2022).

On the topic of bathrooms, it's no secret that transgender and

GNC individuals' right to access restrooms is under attack in the United States. Restrictive legislation has been passed (or is in the process of being passed) in several states, limiting transgender individuals from using bathrooms and other facilities in K-12 schools as well as (in some cases) all government-owned buildings (Movement Advancement Project, 2024). States enforcing these bans include Alabama, Arkansas, Florida, Idaho, Iowa, Kentucky, North Dakota, Oklahoma, Tennessee, and Utah (Movement Advancement Project, 2024). That is 1/5 of the United States where transgender and GNC individuals' rights to a restroom are being opposed!

Providing a neutral space for patients and clients (and providers, as there are transgender and GNC healthcare professionals, as well) to use the bathroom shows that the healthcare environment is a safe one. When all the news is negative, and there are active bans being enforced (or suggested), a small act of solidarity like having a place to use the restroom can be monumental.

Surgical Procedures

As noted previously, the act of physically transitioning is a choice that many transgender and GNC people don't decide on doing. It is up to the individual if they want to undergo surgical procedures to affirm their gender- it doesn't make anyone more or less trans if they decide not to pursue surgery. Gender-affirming surgeries can also be very expensive – the cost of gender-affirming surgery is a barrier that I know many transgender individuals are trying to navigate. Unfortunately, these procedures are also not always covered by insurance;

several health insurance plans intentionally exclude coverage for gender-affirming care (Gonzales & Henning-Smith, 2017; Department of Health and Human Services, n.d.).

Provided that an individual is interested in pursuing gender-affirming surgery and they have the financial supports to do so, there are numerous procedures that fall under the umbrella of gender-affirming surgery. Procedures tend to be categorized based on whether they are feminizing (i.e. feminizing one's features, removing biologically male sex organs or creating biologically female sex organs) or masculinizing (i.e. masculinizing one's features, removing biologically female sex organs or creating biologically male sex organs). Feminizing surgeries include mammoplasty (breast augmentation), facial feminization, body contouring, removal of the Adam's apple, orchiectomy, vaginoplasty, and vulvoplasty (Mayo Clinic, 2024). Masculinizing surgeries include mastectomy (chest reduction), hysterectomy, oophorectomy, metoidioplasty, scrotoplasty, and phalloplasty (Mayo Clinic, 2022).

Despite the gendered terms of "feminizing" and "masculinizing", these procedures can be undergone by anyone of any gender identity. Certainly, transgender individuals may want to pursue surgical procedures to have sex organs that match their gender identity. A trans woman may want to undergo some form of feminizing surgery if she chooses. However, gender-nonconforming and nonbinary individuals can also pursue surgical procedures to address their dys-

(Continued on page 9)

Gender Affirming Care Continued...

(Continued from page 8)

phoria. There are assigned male at birth (AMAB) nonbinary individuals who want to get mammoplasty, despite not identifying solely as female. There are assigned female at birth (AFAB) nonbinary individuals who want hysterectomies, despite not identifying exclusively as male.

To clarify, cisgender individuals may be interested in the procedures listed above as well! In those instances, these procedures would not be referred to as ‘gender-affirming surgeries’. If a cisgender woman, for example, needs to get a mastectomy as a part of treating her breast cancer, that isn’t a procedure that is ‘gender-affirming’. Gender-affirming care is specifically designated as such because its purpose is to affirm and support an individual’s gender identity.

Hormone Replacement Therapy

Another option that transgender and GNC individuals might pursue for gender-affirming care is hormone replacement therapy, or HRT. HRT is another umbrella term, referring generally to any kind of intervention involving taking hormones. HRT was, at one time, used primarily for the treatment of menopausal symptoms – however, it is also a viable option for gender affirmation (North American Menopause Society, 2024).

Similarly to surgical procedures, HRT is typically divided into categories of feminizing hormone therapies and masculinizing hormone therapies. Feminizing hormone therapies include pre-

scribing antiandrogens (spironolactone or cyproterone) or estrogens (estradiol) (Speck, 2020a). Masculinizing hormone therapies include prescribing some form of testosterone (Speck, 2020b). Depending on the dosage, HRT can be administered in several ways – including orally, a transdermal patch, injectable, nasally, or as a topical gel (Speck, 2020b).

Hormone therapy has numerous effects on the body, some of which are reversible (while others are not). [Rainbow Health Ontario](#) has two incredibly detailed guides that provide interactive diagrams of the various effects of masculinizing AND feminizing HRT, noting each symptom’s reversibility AND the timeframe of typical symptom onset (Speck, 2020a; Speck 2020b). Additionally, these resources provide detailed risk mitigation strategies to avoid bodily harm to the various biological systems. I highly recommend sharing these resources with your health communities.

Conclusion

In summary, there are numerous applications of “gender-affirming care” - and it isn’t limited to physical medical procedures. As health information professionals, we can encourage awareness of these issues and implementation of some of these practices in our own fields. For example, we can respect the importance of preferred names and pronouns of library patrons, students, staff, faculty, and clinicians. If we’re able, we could also provide gender neutral restrooms – or just identifying that the space that we’re working in is not a pejorative, unwelcoming one.

Additionally, in our roles as librarian liaisons and collaborators with health professionals, we can direct them to information sources that include best practices in gender-affirming care and encourage them to advocate for the health and safety of their patients. Transgender and GNC people are facing violence and hateful rhetoric at seemingly every turn these days. Instead of perpetuating feelings of isolation, shame, and fear, the healthcare setting should be one that opens its arms and welcomes all patients, meeting them where they are and addressing their health needs. This echoes the Medical Library Association’s core values of diversity, equity, and inclusion and its mission to support the creation and communication of knowledge on health information (Medical Library Association, 2024).

We are obligated as health information professionals to ensure that students and professionals in our respective settings can receive AND provide the proper, sensitive care that everyone deserves. Understanding the ins and outs of gender-affirming care is a part of that obligation.

Glossary of Terms

Gender-Affirming Care: Any health interventions that are designed to support an individual’s gender identity, be it medically, psychologically, or socially.

Nonbinary: An identity that lies outside of the gender binary (male/female). Nonbinary individuals may identify somewhere between the man-woman binary (may identify as masculine or feminine to some degree) or beyond it (as neither).

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Gender Affirming Care Continued...

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Out: Whether or not an LGBTQIA+ individual has publicly shared or disclosed their status as LGBTQIA+. Transgender and GNC individuals may decide to 'come out' in some places (e.g. with friends and family) but not in others (e.g. at work, to medical staff, etc.). Coming out is not one-and-done – LGBTQIA+ people will come out throughout the lifespan in numerous contexts and to several people.

Transitioning: The transition from one's sex/name/identity assigned at birth to their chosen and true self. Transitioning can be legal (i.e. changing one's name or gender on identification), social (i.e. use of preferred name and/or pronouns), or physical (i.e. undergoing surgical procedures or hormone replacement therapy to affirm one's gender identity).

Dysphoria (or gender dysphoria): Psychological discomfort, distress, or unease that a transgender or GNC person experiences due to the disconnect between their sex assigned at birth and their gender identity (American Psychiatric Association, 2022).

Deadnaming: Calling a transgender or GNC person by their name assigned at birth, when they go by a different preferred name or nickname. Deadnaming can lead to discomfort and dysphoria.

Sex Assigned at Birth: Biological sex - referring to the sex that is listed on a birth certificate. This information is important to gather in a healthcare setting because it

helps inform the reproductive health of an individual. However, referring to a patient as their sex assigned at birth as a default can be dysphoric, as it operates on the assumption that all patients are cisgender.

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In our Toolkit - A column for Resources New and Cool

This column highlights useful, cool, or new resources including websites, monographs, OA sources, subscription resources/databases, etc. that NAHRS members find helpful to their work.

Tool: WAVE Web Accessibility Evaluation Tool (wave.webaim.org)

Recommended for: Library staff creating and editing web-based resources

In a Nutshell: WAVE is a free web accessibility evaluation tool by WebAIM that identifies ways to make websites or LibGuides more accessible. On the WAVE website, users can enter a URL and WAVE will display a version of the website marked with icons placed directly on the page to indicate items that are important during an accessibility evaluation, as well as on a sidebar summarizing WAVE's findings. WAVE identifies issues with headings, missing labels and alt text, text with low contrast, and other elements of the page that may constitute an accessibility issue. You can read more about what WAVE identifies in WebAIM's [Web Accessibility Evaluation Guide](#).



WAVE also has Chrome, Firefox, and Edge browser extensions for testing accessibility directly within your web browser that can be used on any password-protected sites such as Sharepoint sites

or intranet pages.

It is important to remember that WAVE and other tools can only identify certain accessibility issues. WebAIM recommends testing the pages with a keyboard, screen reader, and/or browser developer tools as well, and they also provide cost-based assistance for more extensive projects.

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To recommend a tool for this column, fill out the Google form at <http://bit.ly/NAHRStoolkit>. Tools mentioned in this column will also be added to the NAHRS Resources Wiki. To see the full list of resources, or to offer up your own suggestions via the Wiki, visit <http://bit.ly/NAHRSresources>.

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