Teaching Students to Care for Transgender Patients and Families

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Objectives

- Describe terminology used within and about transgender populations, including: sex, sexual orientation, gender expression, and gender identity.
- Where, when, and how to provide care considerations within their course curriculum when caring for a transgender patient and/or family.
- Understand the health disparities and health determinants for transgender individuals. This objective will help facilitate anticipatory guidance when incorporating trans education within their respective courses.
- Explain strategies for improving clinical environments for transgender clients and family members, including the provision of culturally sensitive care.
We are taught...

- To be culturally aware to meet the needs of an increasingly diverse population patients and colleagues
- To provide a safe space for patients utilizing trust, respect, and nonjudgmental patient-centered care
- To be patient advocates by treating the “entire” patient

But how do we deliver on these principles?

Knowledge Gap

- “Nursing, as a profession, has been slower than other health disciplines in changing policies to include sexual orientation and gender identity and has been silent when other professional groups have issued statements about topics...”

- In a study by Rondahl (2009), only 10% of nursing students were found to have a basic level of knowledge regarding the care of the lesbian, gay, bisexual, and transgender (LGBT) population.
Why is this important?

The Joint Commission’s approach to LGBT patient-centered care

- In 2011, JCAHO urged US hospitals to create a more welcoming, safe, and inclusive environment that contributes to improved health care quality for lesbian, gay, bisexual, and transgender (LGBT) patients and their families.
  - *Advancing Effective Communication, Cultural Competence, and Patient- and Family Centered Care for the Lesbian, Gay, Bisexual, and Transgender (LGBT) Community.*

Healthy People 2020

- For the first time, specific objectives were included for improving the health, safety, and well-being of lesbian, gay, bisexual, and transgender people.
  - Efforts include: Providing medical students with access to LGBT patients to increase provision of culturally competent care.

Discrimination in Health Care

National Transgender Discrimination Survey (2011)

*National Center for Transgender Equality & the National Gay and Lesbian Task Force*

- Lack of provider knowledge
  - 50% reported having to teach their medical providers
- Negative experiences in health care
  - 19% were refused medical care
  - 28% were subjected to harassment in medical settings
  - 28% postponed medical care due to discrimination by health care providers
  - 33% delayed or did not try to get preventative health care due to discrimination by health care providers.

*If medical providers were aware of the patient’s transgender status, the likelihood of that person experiencing discrimination increased.*
It does not add up

- The Federal Government has identified the transgender community’s health as a National priority for public health improvement (Healthy People 2020).
- The Joint Commission evaluates compliance with standards for effective communication, cultural competence, and patient/family-centered care for LGBT care recipients as part of the accreditation criteria.
- There is a lack of transgender education provided in the baccalaureate nursing curricula.

Yet, nursing schools boast about their undergraduate programs, claiming their graduates will be adequately prepared to meet the needs of our very diverse population.

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Transgender topics in education

- “If the field of education is committed to equity and social justice, then teacher education programs must prepare educators to teach gender in more complex ways that take into consideration the existence and needs of transgender people.”

- “The term transgender is appearing more frequently in education journal articles, it usually appears at the end of the long list ‘lesbian, gay, bisexual, transgender’ or ‘LGBT.’ In most of these articles, the main focus is on lesbian and gay individuals while transgender issues are ignored.”


Joe Biden, Vice President: Transgender discrimination is ‘The civil rights issue of our time’ – October 30, 2012

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February 17, 2014
UCSF: University of California, San Francisco

Curriculum Resources: lgbt.ucsf.edu

The Fenway Institute:
The National LGBT Health Education Center

www.lgbthealtheducation.org
- Educational programs
- Webinars
- On-demand webinars
- Learning modules
- Online courses
A Valuable Resource from The Joint Commission

- Cultural competency trainings
  - Professional and administrative staff
- Display posters, flyers, or brochures that include and serve the LGBTQ community
- Be prepared with referral and resources for your clients
- Gender neutral bathrooms
- Forms
- Inclusive health education materials

Nursing curriculum – Ideas for inclusion

- Faculty, staff, and student needs assessment
- Faculty and staff development
- Ability to perform developmental assessment
- Complete a comprehensive health history, sexual history, and physical assessment
- Develop an increased comfort with interacting with clients whose backgrounds, beliefs, and identities or orientations may be different from their own
- Simulations
- Literature and film reviews
- Case studies
- Role playing
- Moderated panel discussions about interactions with healthcare providers and the healthcare system
- Test questions incorporating best practices in cultural sensitivity
Heavy lifting completed...

- The Joint Commission
- Center of Excellence for Transgender Health, University of California, San Francisco
- Gay and Lesbian Medical Association
- Fenway Health Institute

Words are Powerful

Great. Daddy's a Moron.

Baby's first thought
### Basic Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Sex</td>
<td>assigned at birth based on the appearance of external genitalia.</td>
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<tr>
<td>Gender Identity</td>
<td>One’s basic sense of being male, female, or other gender.</td>
</tr>
<tr>
<td>Gender Expression (Presentation)</td>
<td>Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine.</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Physical and/or emotional attraction to the same and/or opposite gender.</td>
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*Sexuality and Gender are two very different concepts. Who you are sexually attracted to is **not** dependent on your gender identity or expression.*

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### Basic Definitions - Continued

<table>
<thead>
<tr>
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<tr>
<td>Transgender</td>
<td>an umbrella term that describes a wide variety of cross-gender behaviors and identities.</td>
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<tr>
<td>Transsexual</td>
<td>a medical term applied to individuals who seek hormonal (often, but not always) or surgical treatment to modify their bodies so they may live as members of the sex category opposite to their birth-assigned sex.</td>
</tr>
<tr>
<td>Transvestite</td>
<td>a psychiatric term applied to male-bodied people who wear female clothing for sexual gratification. A pejorative term. “Cross-dresser” should be used instead.</td>
</tr>
<tr>
<td>Genderqueer</td>
<td>one who defies or does not accept stereotypical gender roles and may choose to live outside expected gender norms. They may or may not avail themselves of hormonal or surgical treatments.</td>
</tr>
<tr>
<td>Cisgender</td>
<td>A label for individuals who have a match between the gender they were assigned at birth, their bodies, and their personal identity.</td>
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### Transgender-Related Terms

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<tr>
<td><strong>Female-to-Male</strong> (FTM)</td>
<td>describes the trajectory of a person who is changing or has changed their body and lived gender role from a birth-assigned female to an affirmed male. Also used: trans male, trans man, or transman.</td>
</tr>
<tr>
<td><strong>Male-to-Female</strong> (MTF)</td>
<td>describes the trajectory of a person who is changing or has changed their body and lived gender role from a birth-assigned male to an affirmed female. Also used: trans woman or transwoman.</td>
</tr>
<tr>
<td><strong>Trans</strong></td>
<td>shorthand term for a variety of transgender identities. Also used: trans people or transpeople.</td>
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<td><strong>Transition</strong></td>
<td>period of time when a transgender or transsexual person is learning how to cross-live socially as a member of the sex category opposite their birth-assigned sex, or is engaged in early hormone use.</td>
</tr>
<tr>
<td><strong>Passing</strong></td>
<td>Trans people being perceived as non-trans people, in their gender identity. Most trans people strive for this.</td>
</tr>
<tr>
<td><strong>Stealth</strong></td>
<td>When a trans person chooses not to disclose their trans status to others. This can be done for numerous reasons including safety, or simply because the trans person doesn’t feel other people have the right to know.</td>
</tr>
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</table>
## Diagnostic Terms

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<tr>
<td>Gender Identity Disorder</td>
<td>DSM IV – perceived psychologically abnormal or unhealthy</td>
</tr>
<tr>
<td>Gender Dysphoria</td>
<td>DSM V – revised definition intended to depathologize. Focus on feeling of incongruence vs behavior. Not a sexual dysfunction.</td>
</tr>
<tr>
<td>Transsexualism</td>
<td>Medical diagnosis. Also used: Unspecified endocrine disorder.</td>
</tr>
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### The Genderbread Person

- **Identity**: Man, Woman, Genderqueer
- **Orientation**: Feminine, Androgynous, Masculine
- **Expression**: Female, Intersex, Male
- **Sex**: Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes, male = penis, testes, XY chromosomes; intersex = a combination of the two.
- **Sexual Orientation**: Heterosexual, Bisexual, Homosexual

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To treat me, you have to know who I am

Stressful psychosocial realities
- Harassment
- Family rejection
- Discrimination
- Poverty
- Homeless
- Sexual assault
- Hate crimes
- Sex workers

Physical Presentation

Transgender people present themselves to the world in a variety of ways
- Some medically or surgically alter their body to affirm their gender identity
- Some change hairstyle and dress
- Some make no changes to their appearance
- Most, but not all, will change their given name
What does it mean to Transition?

- A range that can vary from person to person
- Does not necessarily include surgery or hormones
- Minimal – clothing, name, or pronoun choice
  - Chest binders, padding, packers
- Complete – hormones, anatomical reconstruction
  - Estrogen, testosterone, surgeries, legal documents amended
  - Gender affirmation, gender confirmation

What does it mean to Transition?

- Includes not only physical changes but may include
  - Hormonal
  - Surgical
  - Linguistic
  - Social
  - Psychological
  - Emotional
  - Intellectual
  - Legal
  - Spiritual

Many times the individual’s gender presentation, preferred name or pronoun do not match the information found on their medical insurance card or driver’s license.
Considerations for Compassionate Care

- Past experiences with provider insensitivity and hostility can produce intense fears of disclosure of transgender status, causing many to avoid health care altogether.
  - Developing trust and rapport may take longer.
- Nurses must look at the entire picture and understand the context of the patient’s life in order to provide comprehensive compassionate care.
- To provide patient-centered care, we must understand our patients.

Cultivating a Supportive Environment

- It is not always possible to know someone’s gender by their name or how they look or sound.
- If you are unsure about a person’s gender identity, or how they wish to be addressed, ask politely for clarification.
  - It can be uncomfortable to be confused about someone’s gender.
  - It can also feel awkward to ask someone what their gender is.

“I’d like to be respectful – how would you like to be addressed?”
“What name would you like me to use?”
Cultivating a Supportive Environment

- Be cognizant of pronoun usage
  - Avoid using Mr/Mrs/Ms/Miss
  - Ask how they prefer to be addressed.
  - Use patient’s preferred name and pronouns even when they are not present.

*Addressing transgender persons in a gender-appropriate manner can further help cultivate trust and build rapport.*

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Cultivating a Supportive Environment

- Often the name and gender on records do not match their preferred name and gender.
  - Legal name and gender marker changes regulated by state
  - Lengthy and complicated process
  - At times, medically necessary treatments may not be covered by insurance companies if anatomy does not match gender marker.

*“Could your chart be under a different name?”
“What is the name on your insurance?”*
Cultivating a Supportive Environment

- You will slip-up with pronouns and names. Expect it.
  - Apologize and ask the patient what they prefer. Patients will appreciate your sincerity and good intentions.
  - Be conscious of your communication

“I apologize for using the wrong pronoun/name.
I did not mean to disrespect you.”

Healthy People – A closer look

- Access to health services
  - Medical provider discrimination, hostility, and insensitivity
  - Lack of health insurance and coverage for trans-specific needs
  - Lack of FDA approval for transgender hormonal therapy

- HIV/AIDS prevention
  - HIV infection is highest among transwomen of color and on the rise
  - CDC’s meta-analysis of 29 studies found between 45-65% of HIV positive transgender women were unaware of their HIV status (2008).
Healthy People – A closer look

• Injury and violence prevention
  o In 10 studies, 16-60% were survivors of physical assault or abuse, and 13-66% were survivors of sexual assault.
  o Trans youth are at risk for anti-transgender violence, with MTFs of color at greatest risk
  o Trans identity is often hard to keep hidden

• Mental health
  o SI, depression, and anxiety are widely reported with a strong association of gender-based discrimination and victimization
  o Treatment barriers
  o Family rejection

Healthy People – A closer look

• Public health infrastructure
  o Absent from curriculum of medical and nursing schools
  o Traditionally viewed as a mental disorder
  o Limited number of competent providers
  o Evidence-based guidelines extremely scarce
  o Poor data collection methods

• Sexually transmitted diseases
  o Lack of surveillance, but some research has found high rates of syphilis, gonorrhea, chlamydia, herpes, and HPV.
Healthy People – A closer look

- **Substance abuse prevention**
  - High rates of alcohol and substances (marijuana, crack, meth)
  - Barriers to treatment

- **Tobacco use**
  - Need for tobacco cessation programs for trans people
  - High rates of use – living with a social stigma increases use
  - MTFs smokers taking estrogen have an increased risk for blood clots.
  - FTMs who take testosterone increase their risk of heart disease, and smoking increases that cardiovascular risk.
Patient interview

- Address sensitive topics carefully, yet treat as routine.
- Chief complaint may not be the main reason for the visit.
  - Do you have any other problems or questions, or want anything else checked out while you are here?
- Let patients use their own terminology. Ask them to explain what their terms mean to them.
  - Discuss choice of language, especially for their anatomy
  - Listen and echo back the language heard

Patient assessments

- Transgender individuals may be very uncomfortable with physical exams that involve their genitalia – be extra sensitive.

  “What can I do to make you more comfortable?”
  “Would you like someone else in the room?”
Patient assessment – Don’t assume

- Avoid assumptions about sexual orientation and gender identity by the patient’s appearance
  - Do not rely on external appearances to identify a patient.
  - Information regarding sexual orientation and/or gender identity should only come from the patient.
  - It is not always possible to determine by appearance if a patient is transgender or is struggling with gender identity.
  - Gender identity is distinct from sexual orientation (don’t assume transgender people are all homosexual).

Incorrect assumptions can interfere with the establishment of a trusting therapeutic relationship.

Patient assessment

- Ask open-ended questions
  - Tell me about yourself.
  - Who lives in your home with you?
  - Are you involved in a relationship?
- Use non-judgmental communication
  - Ask questions that do not assume heterosexuality
  - Listen to how your patient describes themselves and their family, then follow their lead

If you are not sure what terminology to use, ask your patient.
Patient assessments

- Be frank and direct
  - Do you still have a penis? Do you use it for sex?
- Questioning should be restricted to addressing the patient’s chief complaint
  - Asking about a patient’s genitals is not necessary if the patient is being treated for an ear infection
  - If in doubt, ask patients what terms they prefer. Be curious without worrying about offending patients.
- Use gender-neutral language whenever possible

  How a question is phrased can communicate acceptance and normalcy.

Gender-neutral communication

- Use neutral and inclusive language in interviews and when talking with all patients.
- Acquiring personal histories
  - “Are you married” vs “Who are the important people in your life?”
  - Partner, significant other, SO, lover, spouse
  - Sibling, parent, parental unit, child, offspring
- Be mindful of language that labels
  - Body parts: “persons with ovaries” vs “females”, chest, genitals
- Health issues, preventative measures, and health screenings related to anatomy
  - Ex: mammogram, colonoscopy, testicular exams, pelvic and pap test, etc
  - “persons with vaginas” or “persons with penises” vs “females” or “males”
Assessment: Medications and surgeries

- Include questions regarding hormones and other feminizing or masculinizing agents
  - Do you take hormones or other substances that may have feminizing/masculinizing effects?
  - Have you acquired hormones from nonmedical sources?
- Include an inquiry into surgical history, specifically in relation to transition
  - Have you had any pelvic surgery, breast surgery, genital surgery?
  - Have you had any other surgical procedures to alter your body/appearance?

Assessment: Medications and surgeries

- Physical and lab exams should be based on current anatomy, medications, and comorbidities, rather than birth sex or gender presented.
  - Routine screening on all organs present
  - Testicular exams and education for self exams
  - Breast exams and education for self exams
  - STI screenings, immunizations
Assessment: Sexual history

- Transgender people express the same range of sexual behavior and identity as non-transgender (cisgender) people
  - “Have you been sexually involved with anyone during the past year, including oral, vaginal, or anal sex, or other kinds of sexual practices?”
  - “Have you ever been sexually involved with men, women, or both?”
  - “Are you currently involved with women, men, or both?”

Sexual behavior and identity can change over time in any direction and “sex” has different meanings to different people.

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Patient interview – Sexual activity

- I am going to ask you some questions about yourself and I want you to tell me how you feel, not how you think others see you or how others think you should feel. These are questions I ask all my patients.

- There are many ways of being sexual or intimate with another person: kissing, hugging, touching, having oral sex, anal sex, or vaginal sex.
  - Have you ever had any of these experiences? Which ones?
    Were they with boys, girls, or both?

- What term (if any) do you prefer that I use to best describe your sexual orientation?
  - For example, do you consider yourself gay, lesbian, bisexual, heterosexual, or are you not sure?
Patient interview – Mental health

- SI screening and support
  - Over the past few weeks, have you ever felt down or depressed?
  - Have you had less interest in doing things that you normally enjoy?
  - Have you ever thought about hurting yourself?
  - Have you ever actually tried to hurt yourself? What did you do and tell me what happened?

- Who do you turn to when you are down, lonely, or need someone to talk to?

- Have you ever thought about seeing a counselor or therapist? Do you think that might be helpful?

*Homeless youths are at higher risk of SI and attempts.*

57-62% report suicide attempts vs 29-33% of non-LGBTQ youth

*(Suicide Prevention Resource Center, 2008).*

Patient interview – Tobacco, alcohol, etc

- Do you currently smoke cigarettes?
  - How much and for how long? Have you ever tried quitting? Do you need or want help quitting?

- Do you drink alcohol? How often?
  - Where do you get it, and who do you drink with? How many drinks do you typically have? Do you ever get drunk?

- Have you ever used any drugs such as marijuana, cocaine, ecstasy, GHB, crystal meth, etc?
  - Which drugs do you currently use? How often?

- Do you ever have sex while drunk or high?
  - Have you ever done something sexually while high or drunk that you regretted or didn’t really want to?
Patient interview – Safety and violence

- How are things going at home, school or work?
- Do you feel safe when you are at home?
- Do you feel safe in your neighborhood and school/work?
- Has anyone ever picked on you? Can you tell me about it? Was this because you are LGBTQ?
- Who can you turn to for advice, support or protection?

Patient education

- Smoking cessation
- Alcohol and drug use, harm reduction
- Safer sex
- Proper nutrition and exercise
- Local resources
- Hormone replacement therapy – medication administration, risks, side effects
Tips for working with transgender patients

- Avoid unnecessary questions. Keep the focus on care rather than indulging in questions out of curiosity.
  - It is inappropriate to ask about genital status if it is unrelated to their care.
  - “Is my question necessary for their care or am I asking it for my own curiosity?”
  - “What do I need to know? How can I ask for the information I need to know in a sensitive way?”
  - Sometimes information about biological sex and/or hormone levels is important for assessing risk and/or drug interactions. But in many health care situations, gender identity is irrelevant.

Tips for working with transgender patients

- Never disclose a person’s transgender status to anyone who does not explicitly need the information for care.
  - Do not gossip or joke about transgender people
  - Only discuss a patient’s transgender identity with those who need to know for providing appropriate and sensitive care.
  - If disclosure is relevant to care, use discretion and inform the patient whenever possible.

*Congruence between verbal and nonverbal communication is critical!*
What to avoid

- Avoid using “transgender” as a diagnostic term
  - It does not imply a medical or psychological condition.
- Avoid using “transgender” as a noun
  - A person is not "a transgender"; they may be a transgender person
- Avoid using “transsexual” as a noun
  - A person is not "a transsexual"; they may be a transsexual person.
- Avoid using “trans” as a noun
  - A person is not "a trans"; they may be a trans person
- Avoid using “transgendered”
  - It is not an affliction. We didn't "decide" to be transgender.

What to avoid

- Avoid asking “What is your real name and/or gender”
  - Suggests that they are deceptive, fooling, pretending, posing, and masquerading
- Avoid using “sex change” or “pre/post op” – instead use “transition” or “gender affirmation”
  - Inaccurately suggests that one must have surgery to change sex
- Avoid saying “when you were a girl/boy”
  - Use: “before you transitioned” or “when you were living as a girl.”
  - Use other frames of reference:
    “last year”, “when you were in middle school”
Unhelpful questions or comments

- “When did you decide to be a man/woman?”
- “You look so real. I never would have known.”
- “Have you had/do you want THE surgery?”
- “What is your real name?”
- “You are so attractive, why would you want to...?”
- “Can I see what you looked like before?”
- “When did you know you wanted to change?”
- “You aren’t a real man/woman.”

Offensive words

- She-male
- He-she
- Trannie or tranny
- “Real” woman or “real” man
- Referring to someone as “it”
- Referring to non-transgender people as “normal”
Greetings and salutations

A new client comes to your health center presenting for care with one of their parents. You are unsure what pronoun to use with the parent (ex. “he” or “she”). Which of the following is the LEAST preferred strategy to use with your patient’s (potentially) transgender parent in this situation?

- Politely ask them what pronoun they prefer
- Avoid using a pronoun at all
- Use “it” as a neutral pronoun
- Use “they” as a neutral pronoun

Patient scenario

- Your review the appointments for the day. Your first patient of the day is listed as:
  - Patient’s name: Jessica Banks
  - Demographics: 18, Caucasian, female
  - Reason for appointment: suspected UTI, chief complaint: burning with urinations and increased frequency
Patient scenario - Continued

- You noticed that your new patient just arrived and have check-in with the front desk. Another staff member brings the client into an exam room since you were speaking with a parent on the phone. Upon walking into the exam room, the patient appears extremely masculine and has a light scruffy beard.
  - How do you greet your patient?
  - How do you address them?
  - How do you manage the possible discrepancy with the medical record and the patient’s gender identity and gender expression?
  - Nursing handoff report – what do you communicate?

Patient scenario

- Would you treat this patient scenario any differently?
  - Patient’s name: Ashley Banks
  - Demographics: 36, Caucasian, female
  - Reason for appointment: suspected UTI
  - Patient appears as a masculine athletic female with short hair.
Literature for an inclusive curriculum


Websites for further education

  [http://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf](http://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf)

- Center for Disease Control and Prevention: [www.cdc.gov/lgbthealth](http://www.cdc.gov/lgbthealth)

- Center of Excellence for Transgender Health, University of California, San Francisco: transhealth.ucsf.edu

- Gay and Lesbian Medical Association: [www.glma.org](http://www.glma.org)

- Fenway Health Institute: [www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)

  [www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf](http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf)

- National Gay and Lesbian Task Force: [thetaskforce.org](http://www.thetaskforce.org)

- WPATH – World Professional Association for Transgender Health: [www.wpath.org](http://www.wpath.org)

- New York City Health and Hospitals –To Treat Me, You Have to Know Who I Am. 
  [www.youtube.com/watch?v=NUhvlxgAac](http://www.youtube.com/watch?v=NUhvlxgAac)
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  - www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf
  - http://www.jointcommission.org/assets/1/18/LGBTFieldGuide_WEB_LINKED_VER.pdf
  - The Genderbread Person v2.0: itspronouncedmetrosexual.com/2012/03/the-genderbread-person-v2-0/
References


Questions?

“Knowing is not enough; we must apply. Willing is not enough; we must do.”
—Goethe

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