Caring for Transgender Patients: Bridging the Gaps

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Objectives

After completing this activity, learners will be able to:

- Use appropriate terminology including pronouns, preferred name and terms for gender identity.
- Address common and uncomfortable patient care situations (such as assigning a room to a transgender patient, asking about surgical procedures and what to do if you make a mistake)
- Identify unique considerations for transgender care including providing gender affirming clinical care and addressing implicit bias
Foundation

- **Sex**: The sex assigned to an infant at birth. Also sex assigned at birth and AFAB or AMAB.

- **Gender Identity**: A person’s inner sense of being a girl/woman/female, boy/man/male, something else, or having no gender.

- **Gender Expression**: The way a person communicates their gender to the world through mannerisms, clothing, speech, behavior, etc.

Source: National LGBTQIA+ Health Education Center
https://www.convertbinary.com/alphabet/
Sex assigned at birth is not binary

Sex is biology:

Anatomy: external and internal organs
Chemistry: Estrogen, Testosterone, etc.
Genetics: XX, XY, XXX, XXY etc.

1. Female
2. Male
3. Intersex

FMI: www.who.int/genomics/gender/en/index1.html
Gender identity is not binary
Collect what counts

- Honorifics
- Pronouns
- Chosen name
- Gender identity
- Legal name
- Sex assigned at birth

Jacksonville Jaguars Recall Survey

1. Gender

- Male
- Female
- Prefer to Self Describe
<table>
<thead>
<tr>
<th>Pronouns and Honorifics</th>
<th>Neutral</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>They, Them, Theirs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ze, Hir, Hirs</td>
<td>Mx</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Xe, Xem, Xyrs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>She, Her, Hers</td>
<td></td>
<td>Miss, Mrs, Ms</td>
<td></td>
</tr>
<tr>
<td>He, Him, His</td>
<td></td>
<td></td>
<td>Mr</td>
</tr>
</tbody>
</table>
Collecting sex and gender identity data

Gender identity data collection is confusing for both transgender and cisgender people.

Use a two-step method:

1. Ask for Gender Identity first, followed by
2. Sex (assigned at birth)

Communication etiquette

- Explain necessary use of legal name
- Use chosen name and pronoun
- Apologize if you make a mistake
- “Don’t make it a thing if it’s not a thing”
- Control your curiosity unless invited

- Do not purposefully deadname
- Do not purposefully misgender
- Do not “out” the person
### Etiquette

<table>
<thead>
<tr>
<th>Instead of…</th>
<th>Use…</th>
</tr>
</thead>
<tbody>
<tr>
<td>How are you ladies/girls/gentlemen/guys?</td>
<td>How is everyone? How are you all doing?</td>
</tr>
<tr>
<td>Has he completed the intake form?</td>
<td>Have they completed the intake form? Has the patient completed the intake form.</td>
</tr>
<tr>
<td>I don’t have a Samantha Jones in the system, sir.</td>
<td>Samantha, is it possible you have been previously registered under another name?</td>
</tr>
<tr>
<td>Are you male or female?</td>
<td>What is your sex assigned at birth?</td>
</tr>
<tr>
<td>Are you transgender?</td>
<td>How do you identify?</td>
</tr>
<tr>
<td>Have you had “the surgery”?</td>
<td><strong>Don’t ask this.</strong></td>
</tr>
</tbody>
</table>

Transgender patient safety

Medical Care Considerations
- Diagnostic Imaging
- Laboratory Results
- Primary Care
- Pregnancy
- Psychiatry
- Resuscitation
- Surgery

Social Considerations
- Semi-private rooms
- ID bands and labels
- White boards
- Auto-generated letters
Pediatric transgender patient safety

Puberty suppression
Gender dysphoria

• Age at which gender affirmation therapy can/should be initiated
• Non supportive parents
• Non supportive teachers/classrooms/schools
• Non supportive providers
• Suicidality
Cisnormativity

The assumption that everyone is cisgender and that cisgender identities are superior to transgender identities or people.

Source: Safe Zone Project Vocabulary Extravaganza 3.0
Examples
Implicit bias

“Attitudes or stereotypes that affect our understanding, actions and decisions in an unconscious manner.”

Source: The Ohio State University Kerwan Institute for the Study of Race and Ethnicity. 2015.

- No one is immune
- Our implicit biases favor our own “normativities”
- They are subconscious
- They may create or reinforce negative stereotypes
- They can be addressed, controlled, changed
# Implicit bias in clinical encounters

## Behavior
- Hesitancy to touch
- Decreased eye contact
- Flat expression
- Less smiling
- Shorter encounters

## Communication
- Dominant/clipped tone of voice
- Stereotypical conversation choices
- Closed ended questions
- Rushing

## Clinical Decisions
- Lower referrals to specialists
- Failure to recommend preferred treatment
- Poor pain management
- Delayed follow up response

Implicit bias and patient safety

Lack of evidence base

- Invisibility
- Lack of funding for clinical trials

Increased disease burden

- Microaggressions
- Lack of access to specialists
- Limited or less effective treatment
- Inequities in screening

Nonadherence

- Dissatisfaction with care
- Fear and distrust of providers
- Satisficing
- Lack of access to appropriate services
- Lack of insurance coverage
Are you biased? Take the test...

Project Implicit
Harvard University
University of Virginia & University of Washington

Implicit Association Test (IAT)
Mindfulness

Practice perspective-taking

- What would feel like to have a doctor avoid eye contact with you because the doctor is uncomfortable with transgender people

Humanize the person

- Learn some information about them. What do they do for work, what do they like to do, ask about their family or pets.

Use anticipatory guidance

- How do you need to adjust your approach to meet the patient’s needs
Scripts to address biased comments

• My experience has been different. In my experience...
• I used to use those terms too, but then I heard they can be offensive because . . .
• All our patients deserve to be treated fairly and with respect.
• It seems that you’re describing all bisexual people as unstable or undecided. Am I hearing you correctly?
• That behavior could be considered discriminatory against LGBTQ people and we have a policy against discriminating on the basis of sexual orientation and gender identity

“Of all forms of inequity, injustice in health care is the most shocking and inhuman.”

Martin Luther King, Jr., National Convention of the Medical Committee for Human Rights, Chicago, 1966
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