Maximally Affirming Gender/Sex in Clinical Communications (MAGICC) Study

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Introduction

Transgender, non-binary, gender expansive, and intersex (TGE/I) people face significant health care barriers in the U.S., highlighting the need to train clinicians in inclusive and affirming communication practices. However, research has yet to identify best practices around the inclusion of patient gender and sex information in verbal and written clinical communications. In this poster, audience members will learn about proposed best practices for the inclusion of gender and sex information in clinical communications about adult patients using accurate, relevant, and affirming language, generated from both TGE/I people and clinicians who care for them.

Methodology

We developed a survey for transgender, non-binary, gender expansive, and intersex (TGE/I) participants as well as clinicians who routinely provid care to these populations, consisting of four clinical scenarios with corresponding one-liner options. Participants rated one-liners on a five-point Likert-type scale of appropriateness. Each scenario included an open-ended question to elicit comments and suggestions for alternative one-liners.

Participant Demographics

The 137 survey respondents included 57 clinicians and 80 non-clinicians. Within the respondent pool overall, 58% of participants identified as transgender, 66% as non-binary, 15% as gender-expansive, and 7% as intersex (note that TGE/I identities are not mutually exclusive). Of the clinicians in the respondent pool, 40% identified as non-TGE/I, and all routinely care for TGE/I patients. The respondents were 74% white, non-Latine/x/a/o. 79% of all participants identified as lesbian, gay, bisexual, queer, or asexual. 53% of the respondent pool, including 68% of the non-clinicians, identified as having a disability.

Cases

One-liner options for each clinical scenario were divided into three categories in which pronouns (e.g. he/him/his, they/them/theirs), patient descriptors (e.g. patient, non-binary person, F, cisgender woman), and sex information (sex assigned at birth, organ inventory, chromosome complement) within one-liner options were varied independently.

Cases - Continued

In scenarios one and two, the patient's chief concern was designed to be unrelated to the patient's sex or gender; these two scenarios differed only by the patient's sex assigned at birth. Scenarios three and four each contained chief concerns designed to be related to the patient's sex or gender.

Example Case and One-Liners

Patient Profile
Please assume that all information is self-reported by the patient except for sex chromosome complement and any physical exam, laboratory, or imaging findings, which were obtained in the course of medical care.

<u>Name:</u> BH
<u>Pronouns:</u> She/her/hers
<u>Age:</u> 42
<u>Gender identity:</u> Woman
<u>Sex assigned at birth:</u> Male
<u>Sex chromosome complement:</u> XY

<u>Organ inventory:</u>
- *Has:* Penis, testes, prostate
- *Does not have:* Breasts, ovaries, uterus, cervix, vagina

<u>Chief concern:</u> Cough for five days.
<u>Physical exam findings:</u> Crackles can be heard in both lungs.

Varying patient descriptors:
- BH is a <u>42-year-old</u> presenting with..
- BH is a 42-year-old <u>woman</u> presenting with....

Varying pronouns: :
- BH is a 42-year-old [descriptors] <u>pronouns she/her/hers</u> presenting with five days of cough and bibasilar crackles in <u>her</u> lungs.
- BH is a 42-year-old [descriptors] presenting with five days of cough and bibasilar crackles in <u>the</u> lungs.

Vayring sex information:
- BH is a 42-year-old [possible pronouns / descriptor]<u>(assigned male at birth)</u> presenting with...
- BHis a 42-year-old [possible pronouns / descriptors] with <u>XY sex chromosomes</u> presenting with...
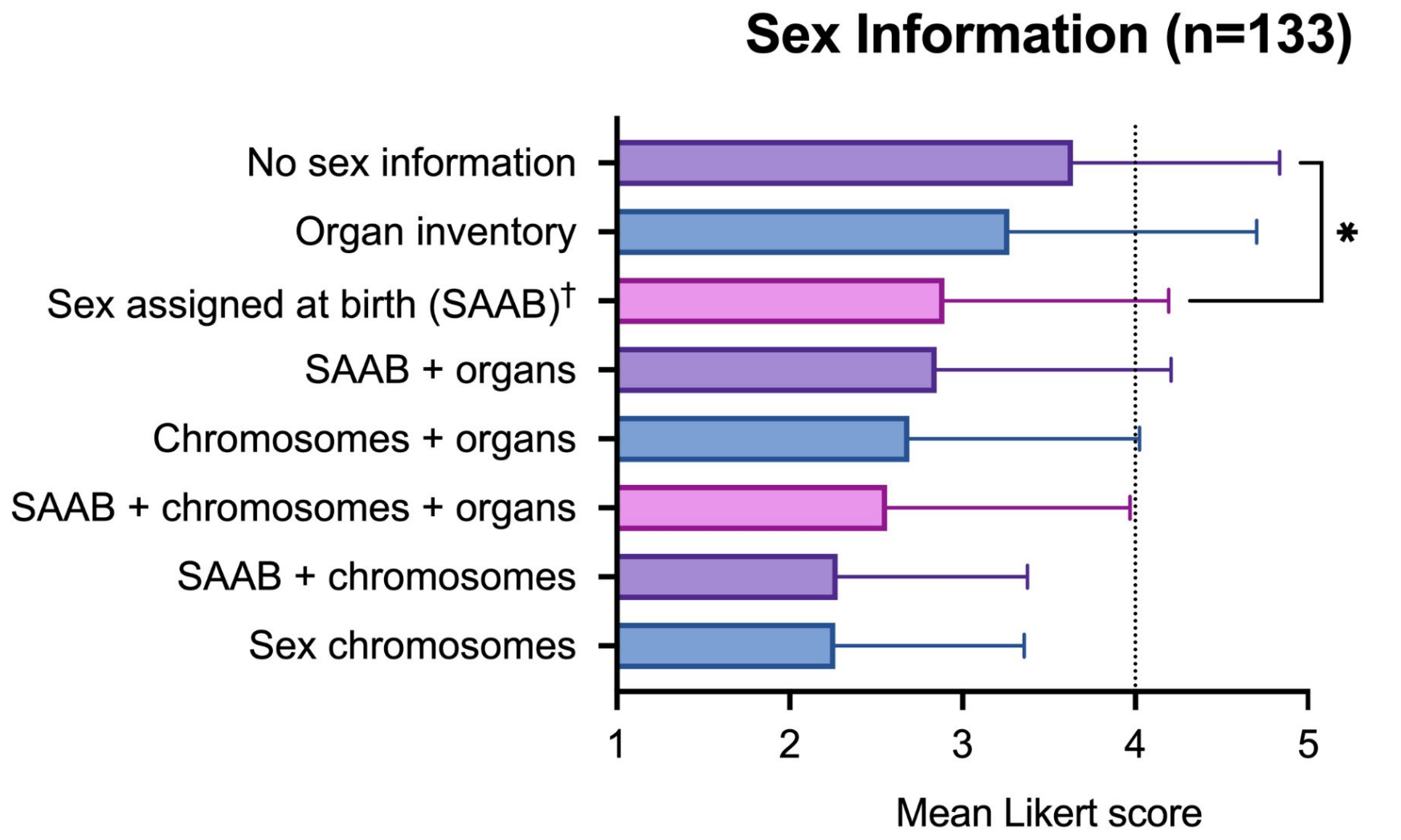
Results - Patient Descriptors and Pronouns

Scenario 1

Patient Descriptors (n=137)

Pronouns (n=137)
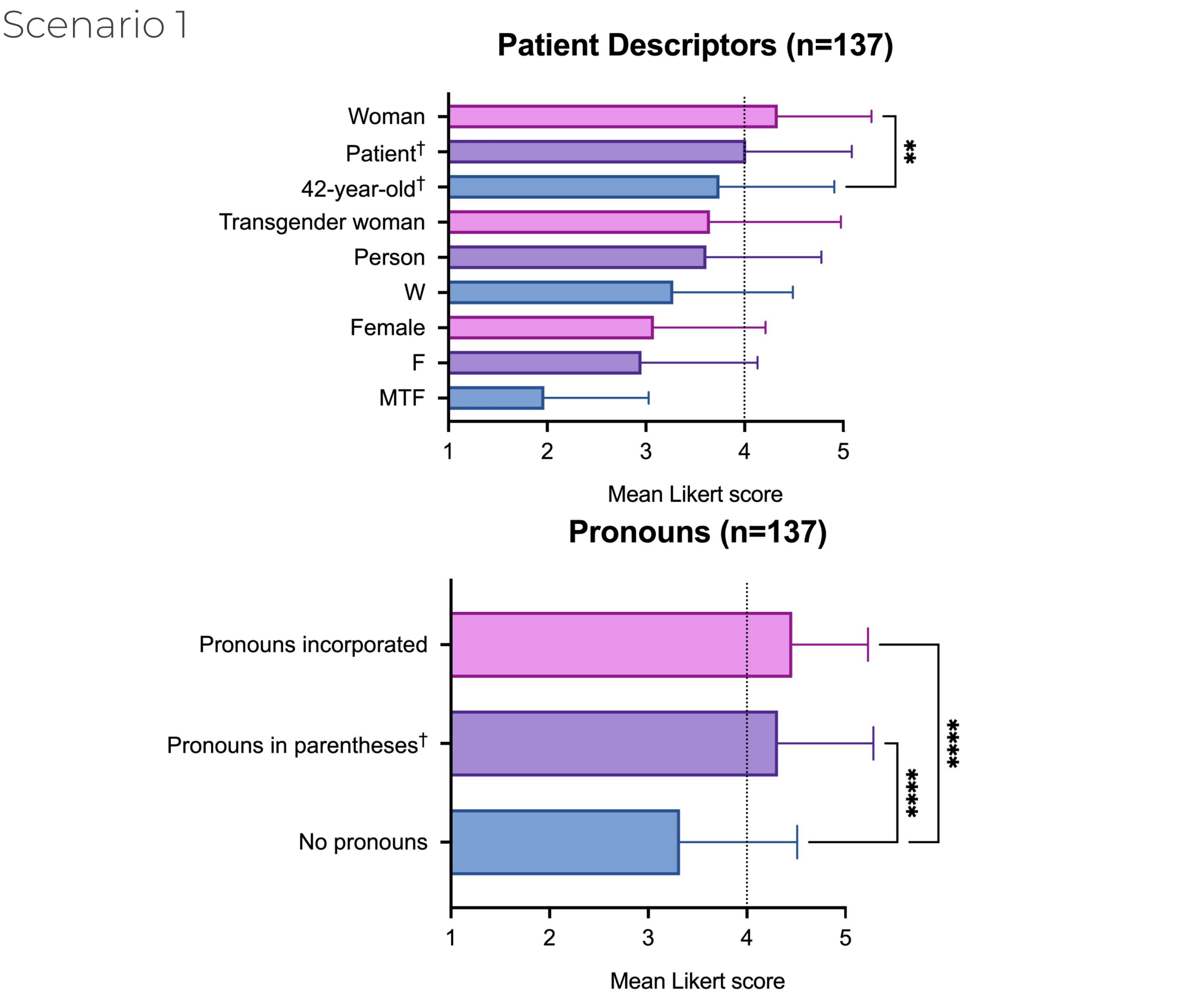
Results - Sex Information

Clinical case with sex irrelevant to case
Scenario 1 - Upper Respiratory Infection

Sex Information (n=136)
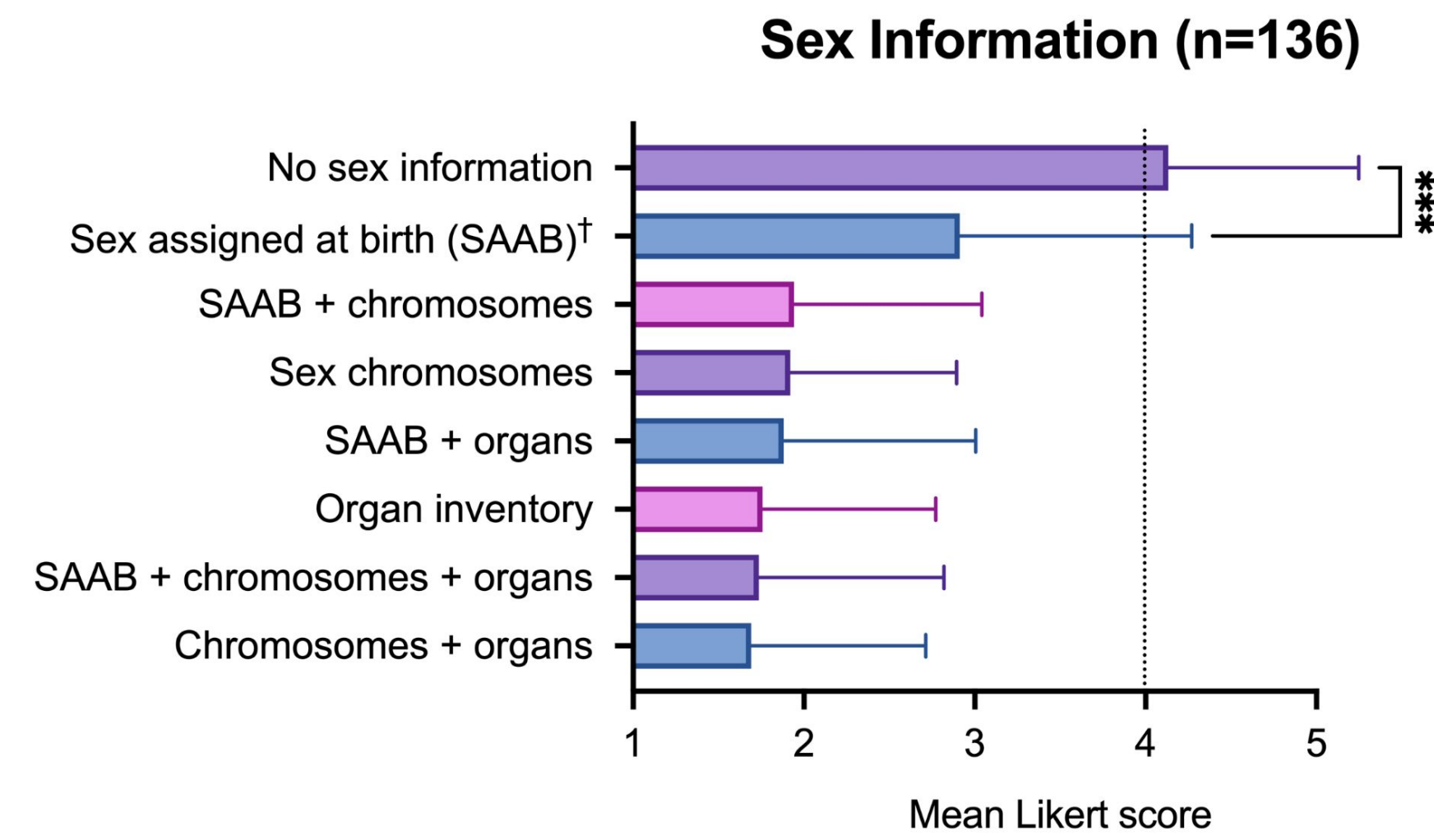
Clinical case with sex relevant to case
Scenario 4 - Ovarian Mass

Sex Information (n=133)

† Indicates one-liners that demonstrated a statistically significant difference between mean clinician and non-clinician ratings (p < 0.05, Mann-Whitney test). No apparent patterns were observed among the one-liners that showed significant differences between clinician and non-clinician ratings. Friedman tests comparing individual one-liners: * p < .05, ** p < .01 , *** p < .001, **** p < .0001

Themes

Theme 1: Include/exclude sex info based on relevance to chief concern
83/137 participants including 49 non-clinicians and 32 clinicians

"I think anatomy is what matters in this case over assigned sex and chromosomes."

Theme 2: Mirror patient language
31/137 participants including 16 non-clinicians and 19 clinicians

"[The] client put man and should be referred to as such, don't insert cis, trans, intersex, or any other label into client's mouth for him."

Theme 5: Potential for one-liners to cause harm/ microaggressions
20/137 participants including 13 non-clinicians and 5 clinicians

"Whoever is reading these notes will end up misgendering the patient...The term AFAB is unnecessary and therefore its use is invalidating the patient's identity."

Discussion

- One-liners containing the patient's pronouns were rated as significantly more appropriate (p<0.01, Friedman test) than one-liners not containing the patient's pronouns.
- The highest-rated one-liners used patient descriptors that either reflected patient gender identity (i.e. "woman") or used gender neutral language (i.e. "patient").
- In clinical scenarios where chief concerns were not related to patient gender and sex, one-liners containing no sex information were rated highest and were rated significantly higher than one-liners containing sex assigned at birth (p<0.001).
- In clinical scenarios where chief concerns were related to patient gender and sex, there was no consensus on language around sex information, though one-liners with no sex information were rated significantly higher than one-liners containing sex assigned at birth (p<0.05).

Conclusions and Future Directions

TGE/I individuals and clinicians who care for TGE/I patients expressed similar preferences regarding the appropriateness of gender and sex information in one-liners across a variety of clinical scenarios. Quantitative and qualitative results revealed the importance of only including clinically relevant information about gender/sex and mirroring patient language around identity and anatomy. The lack of consensus around the relevance of specific sex information in certain scenarios merits further investigation.

The findings of this study may directly influence medical education curriculum and health systems trainings, guidelines, and electronic health record support to increase compliance with all components of best practices for gender-affirming note writing.

Acknowledgements

UCSF
University of California
San Francisco

center of excellence for TRANSGENDER health