Transgender Medical Communication: Review of the Literature And Future Directions

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INTRODUCTION

Transgender and gender diverse (TGD) individuals experience inequities in healthcare.

Miscommunication between providers and TGD patients can impair trust and limit disclosure of medical information (Fadus, 2019).

Medical school curriculums do not address the needs of TGD patients or LGBTQ+ health (Arthur et al., 2021; Karpel et al., 2023).

Communication approaches and case examples focused on TGD patients may improve care and increase comfort and readiness in clinical interactions (Jecke & Zepf, 2023).

Few educational interventions focus on clinical communication (van Heesewijk et al., 2022).

Present Study

The present study aimed to better understand existing curricula through a systematic review of medical education literature regarding interventions and assessments targeting clinical communication with transgender patients.

METHODS

Eligibility Criteria

- (a) published between 1/1/14 and 4/1/24 in a peer-reviewed English-language journal, (b) described a pedagogical intervention or assessment with a TGD patient medical communication component, (c) involved MD or DO learners in the U.S.

Data sources and Search strategy

- PubMed database

- Boolean search strategy was used: (trans, transgender, non-binary, non binary, nonbinary, gender minority, transsexual, transexual, gender affirming, gender-affirming) AND (communication or communication skills training) AND (medical students OR residents) Reference lists of relevant articles were examined for additional citations.
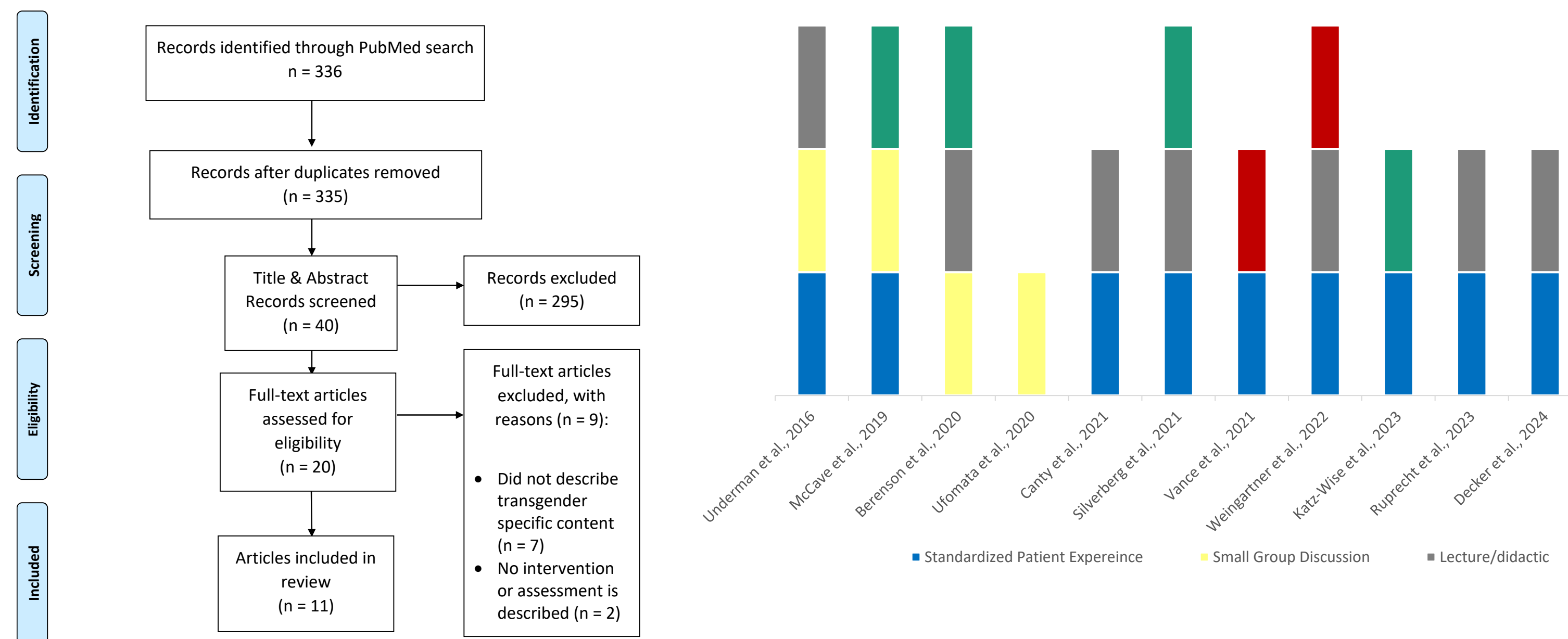
Study Selection and Data Abstraction

- Titles, abstracts, and full-texts were screened for eligibility. See Figure 1 for PRISMA flow diagram.

- One coder assessed articles for eligibility and extracted: (i) authors and publication year, (ii) learners, (iii) intervention structure, (iv) communication learning competency, (v) assessment

RESULTS

Authors	Learners	Intervention structure	Communication Learning Competency	Assessment
Underman et al., 2016	Advanced clerkship students (N = 64)	Lecture on communication challenges with patients. Observation by peers and faculty. History taking: SP experience Small group discussion of feedback	Identify and use names and pronouns Use a gender affirming, patient centered approach	Qualitative: general feedback on consultation skills and individualized feedback related to their communication. No examples of this feedback were given
McCave et al., 2019	Graduate healthcare learners in medicine (N = 83), other graduate programs (total N = 494).	Community LGBT patient panel Small group discussion of Emergency Department video with TGD SP ED discharge: SP experience Group debrief	Communicate effectively as an interprofessional health care team Use a gender affirming, patient centered approach	Quantitative communication skills: Learner confidence (e.g., After the workshop I feel better prepared to: Use respectful language appropriate for a given difficult situation, crucial conversation, or conflict)
Berenson et al., 2020	2nd year medical students (N = 161)	Lecture on transgender health disparities Small group discussion of videos with a TGD SP Community LGBT patient panel	Describe best practices for gender affirming care Creating inclusive safe spaces	Qualitative: Debrief reflection (e.g., In terms of the patient- physician encounter, what was done in a competent manner for LGBT-identified patients?)
Ufomata et al., 2020	Internal medicine residents (N=153) and faculty preceptors (N=35)	Case based small group discussions on transgender health disparities and TGD history taking	Describe best practices for gender affirming care Value LGBT medical education Creating inclusive safe spaces	Quantitative communication: confidence in ability to create an environment where patients comfortably disclose their gender identity. Ways to refer to genitalia of a transgender individual who has not had gender affirming (reassignment) surgery. No explicit communication skill assessment.
Canty et al., 2021	Undergraduate medical students (N = 58)	New patient visit: SP Experience Small group discussion of feedback Lecture on consultation with TGD patients	Creating inclusive safe spaces Asking about and using inclusive terminology	Qualitative: general feedback on consultation skills and individualized feedback related to their communication. No examples of this feedback were given
Silverberg et al., 2021	Pre-clerkship medical students (N = 126)	Lecture on taking a history from TGD patients History taking: SP experience Community LGBT patient panel	Identify and use names and pronouns Awareness of unique barriers to engagement in health care	Quantitative communication skills: Learner confidence (e.g., After the encounter I feel more confident with the overall experience of taking a history from a transgender patient.) Students received direct feedback from the SP, which is not described.
Vance et al.,2021	4th-year medical students (N = 9), pediatrics interns (N = 25), psychiatry interns (N = 2), and nurse practitioner trainees (N = 7)	Online module on LGBTQ+ clinical skills training History taking and treatment planning: SP Experience	Asking about and using inclusive terminology Use a gender affirming, patient centered approach	Quantitative communication skills: SP Encounter Skills Checklist completed by faculty observers and by SPs
Weingartner et al., 2022	3rd year medical students (N=286)	Online module on LGBTQ+ clinical skills training Roleplay with other students History taking: SP experience (Same standardized patient instructions as McCave et al)	Identify and use names and pronouns Use a gender affirming, patient centered approach Make appropriate preventive care recommendations Effectively discuss hormone therapy and gender transition.	Quantitative communication skills: SP checklists (e.g., I felt that the student confused my gender identity and sexual orientation) Qualitative: debrief post encounter notes, and preventive care recommendations.
Katz-Wise et al., 2023	~60 Faculty and students attended each panel. N of 2nd year medical student for SP experience not reported	Community Advisory Groups Community LGBT patient panel History taking: SP experience Community member interviews	Address assumptions about LGBTQIA + patients' identities, bodies, behavior Creating inclusive safe spaces Asking about and using inclusive terminology Trust between LGBTQIA + patients and clinicians	Qualitative: impactful experience related to being an LGBTQIA+ person seeking health care Communication skills not assessed
Ruprecht et al, 2023	Pre-clinical medical students (N=199)	Lecture on transgender health disparities Clinical guide for TGD patient history History taking: SP experience	Identify and use names and pronouns Use a gender affirming, patient centered approach	Qualitative: strengths/benefits of the session Communication skills not assessed
Decker et al., 2024	Rising 3rd year medical students (N=285)	Clinical guide for taking a history from TGD patients History taking: SP experience	Address assumptions about LGBTQIA+ patients' identities, bodies, behavior Creating inclusive safe spaces Asking about and using inclusive terminology Avoiding microaggressions Communicate effectively as an interprofessional health care team	Quantitative communication skills: Coding on presence or absence of microaggressions. Qualitative: Responses from SPs and learners were collected but not reported.

Note: SP = Standardized Patient, TGD = Transgender and/or Gender Diverse

PRISMA flow diagram:
Identification — Records identified through PubMed search n = 336
Screening — Records after duplicates removed (n = 335) → Title & Abstract Records screened (n = 40) → Records excluded (n = 295)
Eligibility — Full-text articles assessed for eligibility (n = 20) → Full-text articles excluded, with reasons (n = 9): Did not describe transgender specific content (n = 7); No intervention or assessment is described (n = 2)
Included — Articles included in review (n = 11)

Legend: ■ Standardized Patient Experience   ■ Small Group Discussion   ■ Lecture/didactic

DISCUSSION

Interventions have been developed to support medical education to care for transgender patients, but many do not directly assess communication practices.

Interventions targeted a range of learners, with no clear consensus when this medical training is most helpful.

Communication learning competencies varied in their depth and focus. Assessment of communication behaviors was inconsistent across studies.

Limitations

This study focused on clinician communication with TGD patients but did not explore intersections of race and gender (Katz-Wise et al., 2023).

Some authors (e.g., Bos & Bos, 2023; Easterling & Byram, 2022; Fadus, 2019; Goldhammer et al., 2018) have produced communication behavior recommendations for clinicians, but implementation of theory-driven best practices for transgender communication remains an emerging field.

CONCLUSION

This review identified multiple educational interventions designed to improve communication with TGD patients.

However, interventions are often not grounded in communication theory, and work establishing guidelines from transgender patients' direct clinical experiences is new (e.g., Harner et al., 2024; Sundus et al., 2021)

Research identified communication behaviors that are important to patient experiences with clinicians, including use of correct names and pronouns, and avoiding transphobic assumptions and language

Few interventions placed, educated, and evaluated learners in specialty clinics or inpatient care, and it is possible TGD patients in those settings may have different communication needs.

TGD medical education curricula could benefit from the application, adaptation, and evaluation of existing communication skills assessment measures.

Development of a standardized observation tool may help validate the effectiveness of existing interventions and assess learner behavior in real world clinical practice.

REFERENCES