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Just a Thought?: A Cognitive-Behavioral Learning Approach to Improving Transgender Patient-Health Professional Interactions

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Introduction

Purpose

- Trans and gender nonconforming (TGNC) patients often experience non-affirmative care practices when interacting with healthcare staff (e.g., Grant et al., 2011)

- Staff training has been shown to effectively increase trans-affirmative care (e.g., Lelutiu-Weinberger & Pachankis, 2017) but most has targeted clinical vs. administrative staff

- This training gap is a barrier to increasing trans-affirmative care due to the critical role administrative staff play in shaping TGNC patients' experience within the healthcare system:
  - They are patients' first point of contact
  - Their roles involve collecting, recording, and using patient gender information (e.g., billing, insurance and identity documents, intake forms, verbal greetings/instructions)
  - Errors can signal an unsafe, low-quality clinical environment that may deter TGNC patients from utilizing health services

Theoretical Rationale

- At the micro-level, maladaptive cognitive-behavioral processes are likely behind many non-affirmative care practices (Kahneman, 1973)
  - The high-stress healthcare environment limits the amount of cognitive resources administrative staff can dedicate to gender information-related tasks so they are often completed via automatic processing requiring fewer cognitive resources
  - Automatic processing increases reliance on faulty gender-related knowledge and behaviors acquired over a lifetime
  - Overreliance on faulty knowledge/behaviors can result in performance errors when interacting with TGNC patients

- For training to be effective it will likely need to include:
  1. Accurate information about gender and TGNC patients
  2. Opportunities for practice interacting with TGNC patients
  3. Emphasis on preventing automatic processing of gender information

Methods

Training Design

- We designed a 90-minute blended-learning strategy using psychoeducational and behavior modeling techniques rooted in cognitive-behavioral and social learning theories (e.g., Taylor, Russ-Eft, & Chan, 2005)
- Activities were custom-designed, integrating components of activities from similar training initiatives (Massachusetts General Physicians Organization; National LGBT Health Education Center, A Program of the Fenway Institute; University of Southern California LGBT Resource Center).

Table 1. Training Format and Activities

30 min	5min	10min	10min	30min	5min
Prework	**Purpose / Objectives**	**TGNC Patient Experience**	**TGNC Patient Misconceptions**	**Practice with TGNC Patient Interactions**	**Wrap-Up**
• Online Module Providing an Overview of LGBT Terms & Experiences	• Icebreaker Poll • Statement of Objectives	• Situational Safety Perceptions Activity • Actual Situational Safety Statistics • Group Discussion	• Sentence Completion Activity • Group Discussion	• Group Discussion of Trans-Affirmative Care Practices at Stages of Patient Interaction • Video Scenario-Based Behavior Modeling, Practice, and Feedback Activities • Non-Gender Specific Storytelling Activity • Proper Record Keeping Demonstration	• Group Discussion of Training Application • Additional Learning Material Distribution • Rainbow Badge Sticker Distribution

Pilot Study Design & Evaluation Methodology

- The training was delivered to two groups of administrative staff at a healthcare system in the Northeast U.S.
  - **Sample 1**: Fourteen participants from a neurology unit a large academic medical center in December '18
  - **Sample 2**: Four participants from an inpatient psychiatry unit and an outpatient clinic at a small community hospital in June '19
- Qualitative data was collected via an online questionnaire administered 6 and 12 months post-training
- Six open-ended items evaluated participants' post-training reactions, learning, behavior, and results

Findings

- Participants reported beneficial training outcomes, including enhanced trans-affirmative knowledge, cognitive processes, practices, and positive patient interactions. In addition, they expressed the need for regular and widespread training of this kind. Sample responses included:

> "It touched on all the areas a secretary or front desk person might encounter if it were unclear as to whether a patient was transgender (e.g. differences in first names), and how to handle it."

> "Not to assume and ask questions is the most impactful of the training."

> "Currently we have a few patients and I have not had any challenges at all."

> "I personally think this should be a regular offering for all employees."

> "This training was like a 'recharge' on what I had trained on [previously]."

Discussion

Implications

- Results provide preliminary evidence of the training's efficacy and suggest its value can be enhanced when there is:
  1. Support of hospital leadership and administration
  2. Provision of training on a regular basis
  3. Adoption of a lifelong learning approach
  4. Reinforcement of strategies for managing and learning from uncertainty and mistakes

Limitations

- Training length and sample size were limited due to staff availability
- Evaluation data collection was limited due to few opportunities for staff to interact with TGNC patients and a high staff turnover rate
- All evaluation data collected was subjective self-report

Future Directions

- Additional efficacy research is needed with inclusion of more distal objective outcomes (e.g., behavioral ratings, patient satisfaction)
- Expansion of training to non-medical healthcare staff is critical

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