

DOCUMENTATION CONSIDERATIONS FOR THE LGBTQ+ COMMUNITY

Athletic trainers can foster change, support patients in ways they may have never received before

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Lesbian, gay, bisexual, transgender and queer (LGBTQ+) individuals experience many of the same health care concerns as cis-gender, heterosexual patients. As such, every organizational health care policy and procedure may affect the health care experiences of LGBTQ+ patients.

Oftentimes, health care facilities don't collect data regarding sexual orientation and gender identity, which may impede the provision of health care services to LGBTQ+ individuals. This may include preventative screening, assessment of risk for certain sexually transmitted diseases and screening for behavioral health care concerns. In addition to collecting relevant clinical data, incorporating questions regarding sexual orientation and gender identity into intake forms promotes culturally competent care and may reduce health care disparities. In order to create an affirming and welcoming health care space for LGBTQ+ patients, using inclusive documentation on intake and evaluation forms is critical. Terminology used to create inclusive documentation, when paired with visible clues (pamphlets, posters, etc.) for LGBTQ+ patients, helps provide a welcoming environment.

As a profession, we are moving toward a more patient-centered approach to care. Part of practicing inclusiveness is collecting data on important characteristics, values and beliefs of our patients to ensure our treatment plans include the patient's perspective. Asking questions about sexual orientation and gender identity in the demographics section of pre-participation physical examination forms sends the message to patients that the health care facility providing their care recognizes them as an individual.

IMPORTANCE OF VISIBILITY

LGBTQ+ patients have faced judgement when accessing health care, and due to a long history of discrimination, nondiscrimination policies should include the terms "sexual

orientation," "gender identity" and "gender expression."¹ Although some health care facilities are located in states where discrimination on the basis of these characteristics is unlawful, best practices for health care providers outline incorporating these terms. In addition to providing a patient with documents, such as the nondiscrimination policy, displaying it throughout the facility communicates to all patients and providers that inclusion is the standard of care. Having other LGBTQ+-friendly posters and relevant brochures displayed throughout the facility can also send a positive message that all patients are welcome and valued.²

Best practices for athletic trainers when creating and revising PPE forms are to document each patient's name used and pronouns.¹ Once these data are collected and upon review of each individual's physical form, athletic trainers should ensure to use each individual's pronoun when providing health care. In asking questions about gender identity, it's best practice to ask the patient's current gender identity and the patient's sex assigned at birth.³ Particularly for transgender individuals, this communicates to the patient that the health care facility recognizes that their gender identity and sex assigned at birth may not align and will provide the health care provider with clinically relevant information.

Oftentimes, on orthopedic and general medical history forms, an athletic trainer will have portions of the form indicating only "male" or "female." It is best practice to include these questions in all sections to appear for all patients, with the addition of the option "not applicable." Because not all transgender patients undergo gender affirmation surgery; some individuals retain their external genitalia from birth. It's important that these questions are answered by all patients so not to overlook pertinent medical information.

TECHNOLOGY CONSIDERATIONS

A consideration for revising the intake paperwork process is patient ease. It will likely be easier for a health care facility to update the questions and terminology used on documents that are given to the patient to complete by hand. Facilities and schools that utilize online digital documentation have less flexibility.

In conversations recently with representatives from three digital documentation providers, it became clear that creativity is needed to make these systems more LGBTQ+ inclusive. Each system has questions regarding gender or sex that are unable to be modified; however, all three systems allow the health care administrator to customize the options for answers on certain questions. For example, the answer options typically include male and female, but also have an option that the facility can accept "other" with a following field where patients can provide more details. Each documentation system also offers different sections where additional questions can be custom added. The more a facility is willing to be creative and work with existing questions and edit answer options, the more inclusive documentation will become. The three digital documentation platforms appeared to be willing to help clients create more inclusive documents while reporting that requests to customize questions have been minimal.

PRONOUN USE

As health care professionals, it's important to recognize that our patients have their own identity (identities). This recognition is salient when it comes to earning patient trust and building patient rapport. Pronoun use and recognition is representative of respect from a patients' health care provider.⁴ As athletic trainers, we should develop methods unique to our practice settings to ensure patients feel respected by recognizing their identity (identities) and utilizing correct pronouns.

Katharine Thomson, PhD, a clinical psychologist at Boston Children's Hospital involved in LGBTQ+ education and advocacy, said health care professionals should never assume one's gender based on looks.¹ Health care providers should ask, and never assume, one's gender and pronouns based on what medical records say. Athletic trainers have the opportunity to foster change and support patients in ways they may have never been recognized before.

Athletic trainers can begin to support patients' identities by asking them their pronouns of reference. This sets an expectation that, moving forward, conversations about them are centered around their pronouns of reference and/or their preferable name. If this is difficult and you find yourself making an occasional mistake, remember to acknowledge that mistake and moving forward be more aware of the language you use while speaking with your patient. Pronoun use can be unsettling, and asking a patient may be difficult, but setting the example may be a good start. An introduction, conducted by the athletic trainer, that states, "Hi, my name is [blank], I use [blank] pronouns of reference. What is your name and pronouns of reference?" may be a good start.

Some things to consider when approaching patients about their pronouns of reference:

1. Minors: If you work closely with minors, it's especially important to ask for their permission when utilizing preferred

pronouns of reference in front of others.⁴ Affirmation of someone's pronouns is respected across all patients, and relationship status and sexual orientation are components to be aware of as well when using proper terminology with your patients and those around your patient.

2. Conversations with guardians

of minors: Often times, communicating with guardians can be more difficult to navigate, especially if the patient wishes to use other pronouns of reference when engaging with them.⁴ It's important to respect this and engage in proper terminology when discussing a patient's medical care when conversing with guardians. If overlooked, patients face further challenges of rejection and difficult conversation with their guardian, with which they do not wish to engage in. It may even create a negative space.

3. Vocabulary:

Get a better understanding of your patients identity (identities), and make room for culturally competent care by engaging in conversation about which identities your patient holds. This provides patients an opportunity to explain their experience, allows you to better understand their life and provides better considerations when approaching treatment and care for them. Utilizing proper terminology is that one extra step a health care professional can take to better the care they provide. Athletic trainers should take time to review the

READ MORE ABOUT LGBTQ+ PATIENT CARE THROUGHOUT JUNE ON THE NATA NOW BLOG, WWW.NATA.ORG/BLOG.

NATA LGBTQ+ Advisory Committee's "LGBTQ+ Terminology 101" webpage, available at www.nata.org/practice-patient-care/health-issues/cultural-competence/lgbtq-terminology.

References

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THE IMPACT OF HEALTH CARE DISCRIMINATION ON THE LGBTQ+ POPULATION

ATs may be the only health care provider these patients are comfortable with – are you ready to address their needs?

BY JENNIFER STURTEVANT, MBA, LAT, ATC, NATA LGBTQ+ ADVISORY COMMITTEE

Why is the impact of health care discrimination on the LGBTQ+ population pertinent to athletic training? Because, as athletic trainers, we may be the first point of contact on the health care team for a patient in the lesbian, gay, bisexual, transgender and queer/questioning community.

We're starting to hear and read more stories of LGBTQ+ patients choosing athletic training facilities as safe places to "come out." It's important to understand the barriers the LGBTQ+ population faces when accessing

health care, and how that can lead to disparities we see in their physical and mental health.

Discrimination in health care is a reality. Many LGBTQ+ persons have experienced discrimination or even have been refused treatment because they are LGBTQ+.¹ This can lead to an avoidance of seeking medical care. Because of this, the rates of depression, suicide, alcohol and drug abuse, smoking, infectious diseases and heart disease are elevated within the LGBTQ+ population.¹

Research shows that health disparities in this community are caused from a complex

combination of factors. The main factors that contribute² are:

1. Cultural and social norms that prioritize heterosexuality (i.e., heteronormativity)
2. Minority stress associated with sexual orientation and gender identity as minority populations
3. Victimization and violence
4. Discrimination
5. Stigma

These factors lead to lack of health insurance, delayed medical care, avoidance of