

Leveraging a Quality Improvement Framework to Improve Transgender Care in Ultrasound: The BRIITE-US Educational Session

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Disclosures

- Nicolas Freeman, MD
 - None
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 - None
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 - None

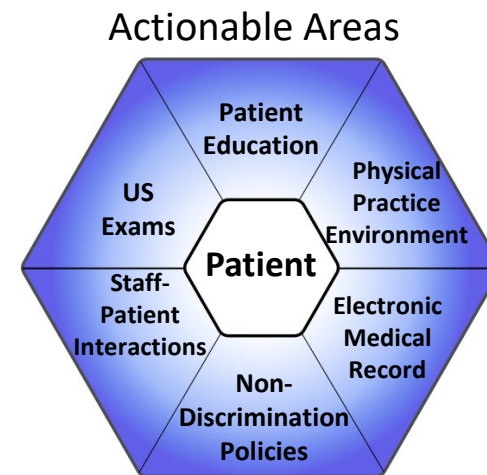
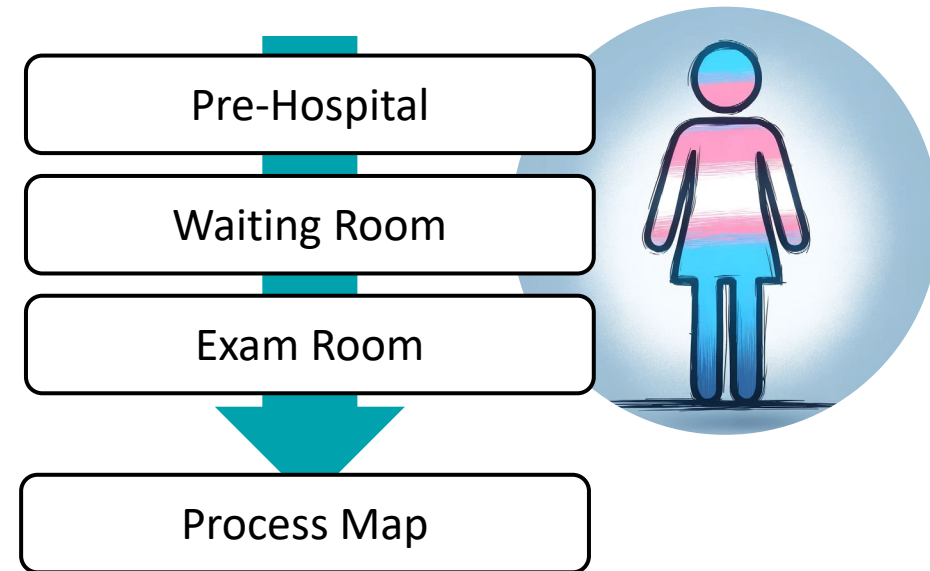
Learning Objectives

By the end of the presentation, participants will be able to:

1. Consider the steps of implementing a quality improvement (QI) framework in transgender and gender diverse (TGD) care in Ultrasound (US)
2. Describe an example of how a TGD US educational session can help improve knowledge, competency, and organizational readiness in US faculty and staff

Background

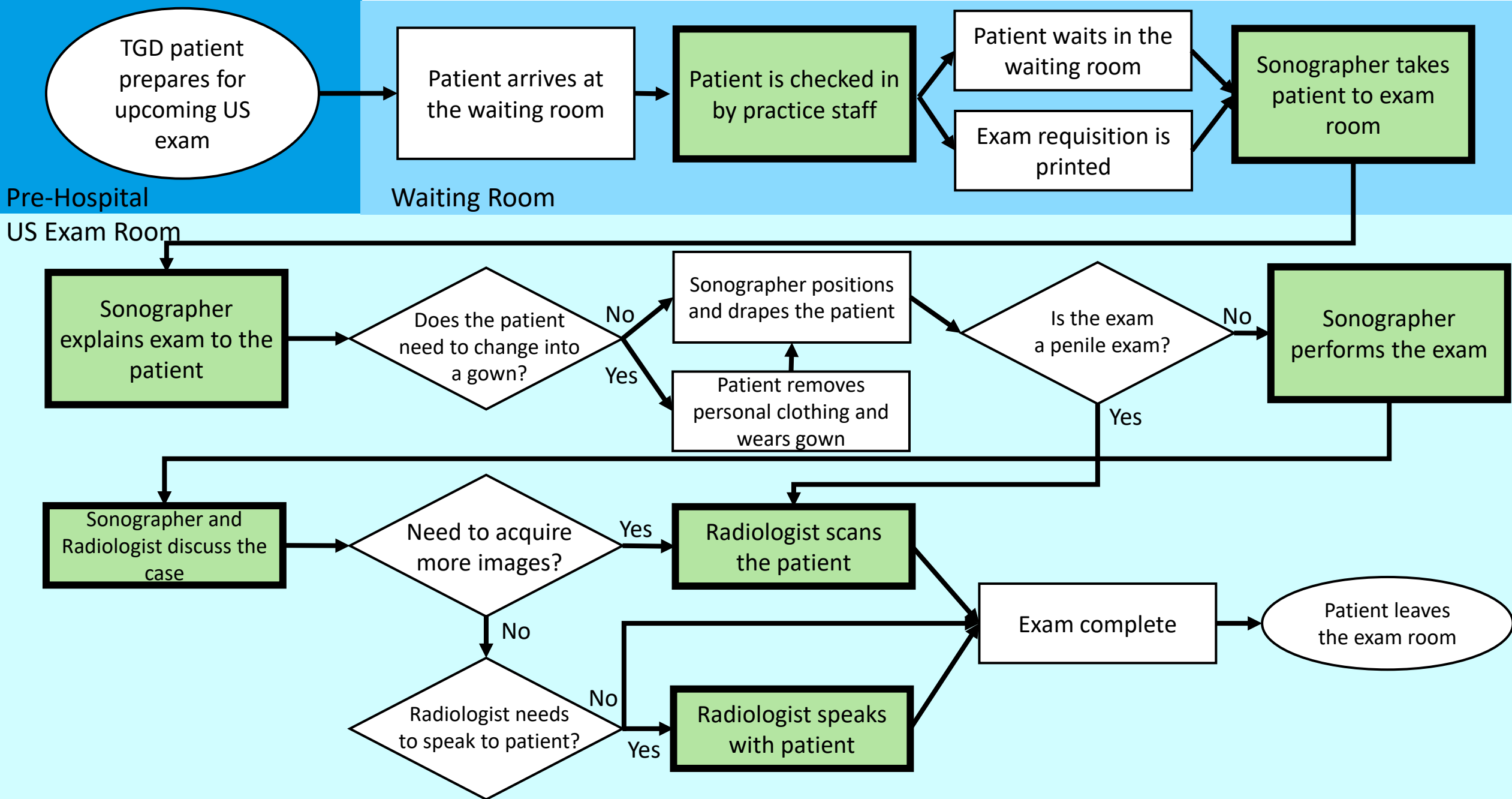
- TGD is an umbrella term that can describe people with gender identities that do not align with the gender that they were assigned at birth.¹
- TGD patients may have negative experiences in Radiology, especially Ultrasound due to the intimate nature of many exams, which has the potential to diminish their care.²
- At our institution, the Brigham Radiology Initiative for Inclusive Transgender Experiences in Ultrasound (BRIITE-US) was established to evaluate and provide recommendations about improving the experiences of TGD patients in US and improving the knowledge and readiness to care for these patients.
- The aim of this quality improvement report is to evaluate the effectiveness, acceptability, and feasibility of a TGD educational session for Radiologists and staff as part of BRIITE-US.



Overview of Actionable Areas Identified by BRIITE-US. Multiple factors of the TGD patient experience were considered, including patient education, the physical environment, the electronic medical record, non-discrimination policies, staff-patient interactions, and Ultrasound exams.

¹Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. Int J Transgend Health. 2022;23(Suppl 1):S1-S259. Published 2022 Sep 6. doi:10.1080/26895269.2022.2100644

²Grimstad FW, Stowell JT, Gaddis M. Survey of Experiences of Transgender and Gender Nonbinary Patients During Imaging Encounters and Opportunities for Improvement. AJR Am J Roentgenol. 2020;215(5):1136-1142. doi:10.2214/AJR.19.22558



Process Map of TGD Patient Encounters in Our US Practice. In the waiting room and US exam room stages, staff-patient encounters that could benefit from the TGD-related educational session were identified with a darker border and green shading.

Session Design, Implementation, and Assessment

- This QI initiative was designated an exempt status from our institutional IRB.
- The session was created by the study team with experience and expertise in TGD care.
- The session was tailored for Radiologists, Sonographers, and Radiology staff and included (1) a slide presentation on foundational TGD terms/concepts, gender pronouns, staff responses for modeling challenging TGD interactions, and US exam practices, and (2) a question-and-answer session.
- A twelve-item, pre- and post-educational session survey was designed based on a previously validated survey^{3,4} and given to participants. Eight items used a 5-point Likert scale analyzed using the logrank test between timepoints.
- Needed resources, time, and costs were assessed.

³Bidell MP. The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS): Establishing a New Interdisciplinary Self-Assessment for Health Providers [published correction appears in J Homosex. 2019;66(9):1308. doi: 10.1080/00918369.2019.1617602]. J Homosex. 2017;64(10):1432-1460. doi:10.1080/00918369.2017.1321389

⁴Ding JM, Thomas RH, Guzzo TJ, Lee DJ. Assessing Baseline Knowledge and Usage Patterns of Sexual Orientation/Gender Identity Affirming Electronic Health Record Modules Within a Urology Division at a Single Tertiary Care Institution. Urology. 2023;180:113-120. doi:10.1016/j.urology.2023.04.047

Pre- and Post-Session Survey

Survey Question	Pre-Session	Post-Session	P-value
1. Please select your role within the Ultrasound Service. (N)			
Radiologist	17	11	
Sonographer	16	12	
Practice Staff Member	5	4	
Did not specify	1	1	
Overall	39	28	
2. I have already participated in the BRIITE-US Gender-Inclusive Terms and Concepts Training (in person, virtually, or on my own). (% Yes)	0%	100%	
3. I have previously received training on interacting with transgender and nonbinary patients in an ultrasound practice. (% Yes)	35.90%	--	
4. I am comfortable interacting with transgender and nonbinary patients. (median Likert value)	4	5	0.152
5. I worry about making a mistake or unintentionally offending a transgender or nonbinary patient. (median Likert value)	4	3	0.002
6. I feel well prepared to ask patients about their pronouns. (median Likert value)	3	4	<0.001
7. I feel comfortable using a patient's pronouns. (median Likert value)	4	4	0.172
8. If I make a mistake by using the incorrect name or pronouns for a patient, I feel comfortable with how to respond to the situation in the moment. (median Likert value)	3	4.5	<0.001
9. I know how to access a patient's chosen name and gender pronoun information in Epic. (median Likert value)	4	5	0.002
10. I believe that we foster an inclusive, respectful environment for transgender and nonbinary patients. (median Likert value)	4.5	5	0.458
11. I believe that we foster an inclusive, respectful environment for all patients. (median Likert value)	4.5	5	0.280
12. I feel that the BRIITE-US Gender-Inclusive Terms and Concepts Training was helpful. (median Likert value)	--	5	

12 items were presented to session participants before and after the educational session.

The Likert scale responses ranged from 1 to 5, representing:

- 1 = "Strong Disagree"
- 2 = "Disagree"
- 3 = "Neither Agree nor Disagree"
- 4 = "Agree"
- 5 = "Strongly Agree"

Pre- and post-session Likert scale questions were compared using the logrank test between timepoints. Significant *P*-values are shown in bold ($P < 0.05$).

"--" indicates that the corresponding question was not asked in either the pre- or post-session survey.

Results

- *Effectiveness and Acceptability:*

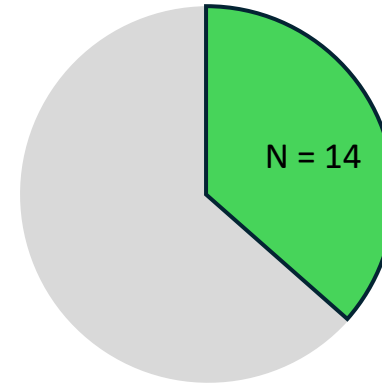
Worrying about making mistakes or offending TGD patients ($P = 0.002$)

Feeling comfortable asking about pronouns ($P < 0.001$)

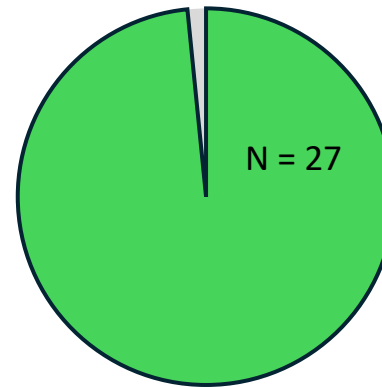
Responding to mistakes where the wrong name or pronouns were used ($P < 0.001$)

Accessing gender-related data on the exam requisition ($P = 0.002$)

Four Likert scale items showed a statistically significant improvement.



~36% had prior TGD training in the pre-session survey.

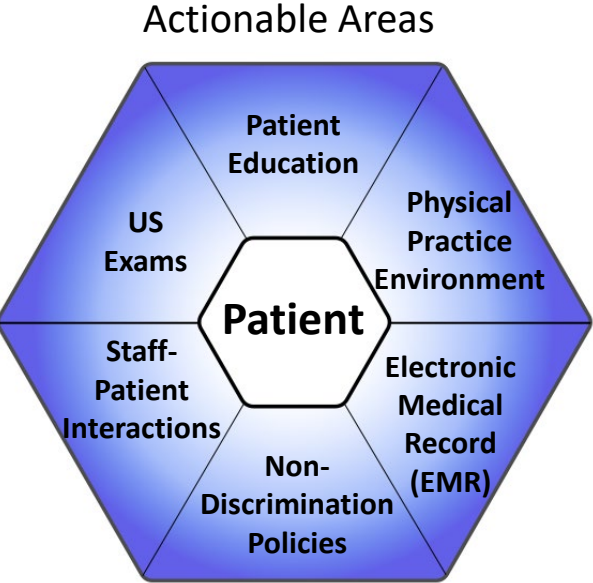


~96% found the educational session helpful in the post-session survey.

- *Feasibility:* Sessions were administered in less than an hour with an available computer and screen and incurred no additional costs.
- *Limitations:* Opt-in survey with possible self-selection bias; loss of participants between pre- and post-session surveys; the two questions about promoting an inclusive, respectful environment for patients skewed strongly towards “Strongly Agree”.

Discussion

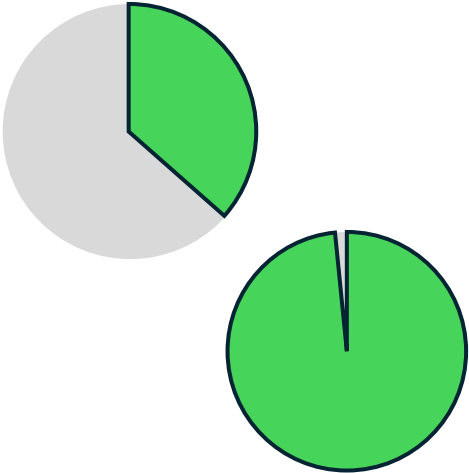
Leveraging a QI framework to help improve TGD US experiences in radiology, the BRIITE-US educational session was highly effective, acceptable, and feasible.



The session improved participants' knowledge, competency, and preparedness for TGD interactions. Respondents were less worried about making mistakes or unintentionally offending TGD patients and were better prepared to ask about pronouns, respond to instances of misgendering, and find gender-related information on requisitions.



This QI initiative increased organizational readiness to improve TGD patient experiences while promoting institutional values of diversity, inclusion, and belonging.



References

1. Coleman E, Radix AE, Bouman WP, et al. Standards of Care for the Health of Transgender and Gender Diverse People, Version 8. *Int J Transgend Health*. 2022;23(Suppl 1):S1-S259. Published 2022 Sep 6. doi:10.1080/26895269.2022.2100644
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