

Agenda and Notes



Sex and Gender Working Group

February 28, 2023

Via Teleconference

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Item	Purpose	Allocated Time	Presenter
1	<i>Welcome and Acknowledgement</i>	2 minutes	
2	<i>Ground rules for respectful dialogue</i>	2 minutes	
3	<i>Purpose of Infoway Sex and Gender WG</i>	2 minutes	
4	<i>Co-Development and Analysis of Use Cases / Scenarios</i>	52 minutes	
5	<i>Schedule and Topics Review</i>	1 minute	
6	<i>Adjournment</i>	1 minute	



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1. Welcome and Land Acknowledgement and Ground Rules

Completed. See slide deck for details.

2. Ground rules for respectful dialogue

Completed. See slide deck for details.

3. Purpose of Infoway Sex and Gender Working Group

Completed. See slide deck for details.

4. Co-Development and Analysis of Use Cases / Scenarios

Patient walks in to their doctor's office, is greeted by the MOA. MOA would use correct pronouns, gender identity, name used. Existing relationship presumed. Ask the patient. "What pronouns do you use? What is your gender identity? What name would you like me to use? ID matching – risk is that service is denied if name used does not match the name on ID. Is this an opportunity to ask what name they would like to use for correspondence as well? Possibly using other IDs to match ID. Ensuring conversation about legal documentation/insurance v. clinical interaction is had.

During assessment / primary caregiver interaction: 1) gender identity, 2) sex assigned at birth, 3) presence / absence of organs – part of intake and / or clinical assessment. Could also be a self-report via a non-verbal modality (i.e. electronic patient-entered data or paper based form). Gender identity is demographic.

This case scenario assumes that the person is positively IDd and proceeds to physician's interaction.

Honorifics used in pre-visit letters / post-visit results, correspondence: risk is getting it wrong, or doesn't have one. Avoid use of marital status honorifics (i.e. Mrs.). Best practice is to avoid the use of honorifics. For patient letters. If sending report to other Dr., for instance, can use honorifics. Treat all patients the same. Recommendation for patients is Patient, Last Name.

Privacy – conversations should be private. Environments should support private interactions. Telling the MOA the "Reason for Visit" is confidential. Can use "to see the doctor." Must ensure privacy for reason for visit. For all patients.

We should also consider the person whose ID says F, and medical record says is transgender. Scenario as-is suggests that the provider does not have the information they need. Perhaps they did not read the record. Perhaps the EHR does not have the fields.

Normalize questions that pertain to all people like ID verification: "I see that the name on your ID is not the same as the name you would like use. What legal name is listed on your ID? What your birthday? Ask for another ID to verify, but for insurance / ID verification purposes.

Gender identity: is fluid, can be asked each time. Repetitive disclosure can be traumatic. How can we enable decisions about how long gender identity is stored for? Shared? Conversations about whether or not to document in record? Consent. Also, consent for secondary use. An explanatory



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statement “these are questions we ask of all patients” would be helpful. Patients may have different gender identities in different services.

Workflow for MOA if fields don't exist? Current v. future state for systems.

Environment – should be private. Mindful of who could be hearing this information. Consider using non-verbal options for registration such as electronic registration or paper-based registration.

Assumption is that systems will be interoperable. Practically, is professional responsibility and best practice to confirm with the patient inventory status (as far as is pertinent to the visit).

New resource for review: <https://pubmed.ncbi.nlm.nih.gov/36398908/>

Please note that I will organize the case and notes into a cohesive document.

5. Group Discussion and/or Questions

Want to move away from othering and/or making people feel like they don't belong.

6. Schedule Review

Completed.

7. Adjournment

Completed.

