Supplementary Online Content

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This supplementary material has been provided by the authors to give readers additional information about their work.
**eTable 1. Glossary of Terms**

| Term                                      | Definition                                                                                                                                                                                                 |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assigned gender at birth (AGAB)           | A recorded gender (gender represented by various legal or other institutions/systems) generally indicated by the gender on the birth certificate.                                                                 |
| Gender                                    | Gender comprises the social, environmental, cultural, and behavioral factors and choices that influence a person’s self-identity                                                                                                           |
| Gender identity                           | An individual’s sense of belonging to a gender category as male, female, a blend of both, neither, or another gender and is comprised of both biological and sociological elements.                                            |
| Gender expression                         | The external manifestation of categorized gender norms based on sociocultural context (appearance, dress, and behavior).                                                                                          |
| Cisgender                                 | A term used to describe a person whose gender identity aligns with those typically associated with the AGAB                                                                                               |
| Transgender                               | An umbrella for people whose gender identity and/or expression is different than the cultural expectations based on their AGAB and may include gender nonbinary, gender nonconforming, or genderqueer identities. Note: being transgender does not imply a specific sexual orientation. |
| Transgender woman                         | Typically used to describe a woman who was assigned male at birth                                                                                                                                                                                                 |
| Transgender man                           | Typically used to describe a man who was assigned female at birth                                                                                                                                                                                                   |
| Non-binary                                | This is an umbrella term used for gender identities outside of the gender binary (man/woman) but does not mean the same as “intersex”. Individuals who identify as non-binary may identify as an intermediate or separate gender, identify with more than one gender or have fluctuating gender identity (genderfluid), or identify as agender. Some, but not all, individuals who identify as non-binary classify themselves as transgender.  |
| Genderqueer                               | A person who blurs preconceived binary gender boundaries and may identify as a combination of gender, neither, or both.                                                                                                                                              |
| Gender expansive                          | An umbrella term encompassing individuals and gender identities that may exist beyond the binary framework (e.g. may include non-binary, genderqueer, agender).                                                                 |
| Coming out                                | The process of disclosure of gender identity to oneself and/or others. There are degrees of being out (to self/social circles/professionally), and coming out is a personal, lifelong process.                                                                 |
| Transition                                | This term refers to the process a transgender individual goes through to affirm their gender identity and may occur in social, legal, and/or medical realms. The process of transitioning may include some of the following: changing names / pronouns / identification documents, as well as hormones and/or surgeries. Not everyone who identifies as transgender will undergo transition, or chose to transition in the same ways (e.g. hormone therapy, surgery, etc). |
| Passing                                   | A term used to describe when someone is perceived as their correct gender and gender-typical / cisgender.                                                                                                                                                            |
| Stealth                                   | A term used to describe transgender or gender-expansive individuals who maintain their privacy and do not disclose (similar to passing).                                                                                                                                   |
| Gender affirming care                     | Health care that attends to transgender individual’s physical, mental, and social health needs and well-being while respectfully affirming their gender identity                                                                                                                      |
| Mispergendering                           | To refer to someone using a word, especially a pronoun or form of address, which does not correctly reflect their gender. This may be unintentional and without ill intent or can be a maliciously employed expression of bias. Regardless of intent, misgendering has a harmful impact. |
| Deadname                                  | A term used by some transgender individuals to refer to their pre-transition or pre-coming out name which is often, but not always, the name which appears on their original birth certificate (i.e. birth name or “assigned name”). Deadnaming is the practice of referring to an individual by their deadname and is considered a form of abuse. |
eMethods. Interview Guide

Interview Guide

Thank you so much for agreeing to participate in this interview. We are conducting a study of the professional experiences of emergency physicians who identify as transgender and/or non-binary. We are going to ask questions about biases, gender biases, and transphobia in the workplace. Please skip any questions you don’t want to answer. You can also ask to stop the interview at any time. As mentioned previously, all information will be de-identified and in no way linked to you.

To help us understand the intersection of your experiences with gender and your professional career, it would be helpful to hear a bit about your gender identity and how you currently present at work.

And has this changed over time? / Have you always presented this way at work?

Tell me a bit about how

Do colleagues identify you or do you identify yourself as transgender and/or non-binary in the workplace?

How do you think this is perceived in your current job?

How does this affect your interactions with colleagues?
Students?
Patients?

If participant began presenting in their identified gender after the beginning of medical school, ask the following questions….  

- Have you experienced any changes in patients’ confidence in you as an emergency physician before and after transitioning/presenting as [ ]?
- Do you feel like your own confidence as an emergency physician has changed before and after transitioning/presenting as [ ]?
- Have you experienced any changes in how patients perceive your ‘likability’?
- Have you experienced any changes in how colleagues perceive your ‘likability’?
- Do you feel there has been a change in your professional evaluations since transitioning/presenting as [ ]? (from supervisors, trainees, nurses, patients)

Tell me about any biases you’ve experienced in medical school, in training, or in your career as a physician.

- Tell me about any experiences with violence, aggression, or microaggressions

Do patients frequently misgender you?

- Tell me about how you react to that...
- Does it come more from males/females/or anyone?

Do patients correctly gender you on a regular basis?

- Tell me about how you react to that...

What about colleagues, do they frequently misgender you?

- How do you react when that happens?

What about colleagues, do they frequently correctly gender you?

- How do you react to that?

How has representation from transgender and/or non-binary emergency physicians played a role in your career and gender identity at work?

- Do you feel this is something that needs significant changes?
- Do you perceive yourself taking on such a role throughout your career?

Have you had direct or indirect pressure to avoid pursuing leadership positions (whether locally, nationally, etc.) as a result of your gender identity?
How have witnessed experiences towards transgender or non-binary individuals from other providers affected your perception of emergency medicine?
  · Has it changed the way you provide care?
  · Has it changed the way you educate / train / lead?
## eTable 2. Codebook

| Domains (Bold) / Themes / Subthemes (Indented) |
|-----------------------------------------------|
| **Affirmation**                               |
| Active allyship                               |
| Normalize talking about pronouns/gender identity |
| Opt-in pronoun disclosure (badges/posters)    |
| Pronoun pins invite conversation             |
| Speak up                                     |
| being 'accepted' but not 'understood'         |
| connecting with other marginalized groups     |
| Equality departments                          |
| Intake structure asks pronouns, sex assigned at birth |
| **Obligation to TGNB community**             |
| Online community                              |
| opt-out therapy for clinicians                |
| **Pro-active guidance**                       |
| Include TGNB in planning process              |
| Prepare to support potential for trans residents |
| **Professional education on TGNB**            |
| Representation is important                   |
| Colleagues perform differently in front of TGNB colleagues |
| Important to disclose gender identity at times to align with patients |
| Insufficient education/Lack of representation/inclusion in MedEd |
| Lack of representation-space in professional societies |
| Need for mentors in specialty/medicine        |
| Role of LGB / queer mentors/community in specialty/medicine |
| Seeing someone 'like them'                   |
| trans/NB patients seek trans/NB clinicians    |
| **Support from colleagues**                  |
| Superficial support undermines progress       |
| Support even when trans individual isn't visible |
| Support from administrators/attendings        |
| Ease of name change, etc                     |
| Support from fellow residents/students        |
| **Fear/Anxiety/Stress**                      |
| Fear in seeking healthcare                   |
| How to Disclose                              |
| Lack of capable healthcare clinicians         |
| Prior trauma                                 |
| Privacy                                      |
| Fear of loss                                 |
| Job loss                                     |
| Topic | Details |
|-------|---------|
| **Difficult to prove discrimination** | |
| **More difficult in training** | |
| **On Being ‘Out’** | |
| Don’t come out as nonbinary because complicated | |
| Forced to be ‘out’ | |
| Have to come out due to name/pronoun change | |
| Outed by Colleague | |
| To ensure fit/lack of discrimination | |
| Important to be oneself | |
| No clear way to 'come out' professionally | |
| Out after match | |
| ‘Out’ out of obligation to TGNB community | |
| To support patients | |
| Prefer to be stealth | |
| selectively 'out' based on others around | |
| not out with conservative patients | |
| **Personal taxation “the minority tax”** | |
| Depersonalization | |
| emotional exhaustion | |
| if I don't do it - who will? | |
| Looking for helpful allys to take on work | |
| Isolation | |
| **Stress from being stealth** | |
| **Transphobia** | |
| Difficulty finding healthcare | |
| Gay/lesbian privilege | |
| Internalized Transphobia | |
| microaggressions | |
| Overt transphobia | |
| Bias against trans women | |
| Intentional (to be harmful) | |
| Particularly if don't fit typical model | |
| religiosity perpetuating transphobia | |
| Seen as deviant or odd /psych | |
| Present in training | |
| Safety | |
| Seen as 'difficult to get along with' | |
| trans exclusive feminism | |
| Transphobia leading to burnout | |
| Witnessed against patients | |
| **Gendered expectations** | |
| assigned roles that don’t align with interests | |
| assumption of gender experiences |
|----------------------------------|
| Binary gender                    |
| Binary easier to understand      |
| Default is binary and cisgender  |
| Pressure to conform to gender norms |
| Communication                    |
| change in communication and perception |
| Male voice “heard” more          |
| Expected gender norms            |
| Categorized based on what people can relate to (gay/lesbian) |
| Have to be careful with kids as male |
| Male as machismo                 |
| More empathy as female           |
| lack of exposure to gender diversity |
| Male privilege                   |
| Assumption that female=nurse, male = leader/doctor |
| Bar lower for men                |
| Sexual harassment as female      |
| Tension between affirmation and frustration with gender affirmation & sexism |
| Woman treated differently by nurses |
| Misgendering                     |
| Addressing misgendering          |
| Confrontation                    |
| Dilemma of when to correct       |
| Quick acknowledgement makes people feel safe |
| Affects work                     |
| Asking pronouns isn't enough     |
| Avoid correction to avoid getting into a conversation |
| Can open up to liability         |
| Culture can help reduce misgendering |
| Euphoria/surprise when correctly gendered |
| Not a big deal when done by patients |
| Pronoun use culturally ingrained |
| Repeat offenders                 |
| Passing' privilege               |
| **Transitioning**                |
| Changes in evaluations/criticism of performance |
| Emotional Changes                |
| Hard                             |
| Difficult to find care           |
| Hard to go through in front of people |
| Improved performance once true to oneself |
| Legal issues | nurse distrust of care |
|-------------|------------------------|
| Timing of transition | |
| Fear that transition will affect evaluation/job | |
| Post-match/ acceptance | |
| Power dynamics | |
| Time transition for "fresh start" | |
| Deadnaming/misgendering starts with welcoming | |
| Transition at same place can leave a shadow | |
| Transition as physician is complicated | |
| Transition is gradual | |
| Peri-transition awkwardness | |
| Patient distrust | |

Institutional/Structural Issues

| Culture | |
| Specialty choice | |
| Presence of queer/non-trans colleagues | |
| Provide gender affirming care (demonstrates support) | |
| How TGNB patients are treated (e.g. rooming issues) | |
| Hierarchy can perpetuate biases | |
| Job opportunities | |
| Seek inclusive environment | |
| Disconnect between enthusiasm for candidate and action taken | |
| Lip service to inclusion | |
| Provide gender affirming care (demonstrates support) | |
| Side conversations/comments can be hurtful | |
| Leadership of TGNB clinicians | |
| Become a safety net for patients | |
| Take on educational leadership | |
| Tokenism | |
| EHR perpetuating dead name/misgendering | |
| Difficult to change | |
| Lack of understanding of when sex assigned at birth is important | |
| No momentum to change | |
| Gender behavior Institutionalized by policy/norms | |
| dress/code professionalism standards | |
| Not built for non-binary | |
| Physical space issues (locker rooms/bathrooms) | |
| Presence of gender-neutral restrooms (affirming) | |
| Role of Geography (rural/South less inclusive) | |
### eTable 3. Qualitative Rigor

| Purpose | Strategies applied in our study to achieve rigor |
|---------|-------------------------------------------------|
| **Credibility** | To establish confidence in the results | Interview protocol (guide and process) tested in 3 pilot interviews |
| | | Trained primary interviewer and investigators |
| | | Member checking – Gives participants opportunity to correct errors and challenge what are perceived as wrong interpretations |
| **Dependability** | To ensure the findings are repeatable within the same cohort of participants, coders, and context | Rich description of the study methods: We created a detailed draft of the study protocol |
| **Confirmability** | To extend confidence that the results were derived from the data and would be confirmed by other researchers | Reflexivity: Although our study team was comprised of women emergency physicians/trainees and one student, we included investigators who are members of the LGBTQIA+ community and not, and members across the spectrum of training/career. We also reported research positions and demographics in the manuscript. |
| | | Triangulation: We triangulated sources and examined the consistency of individuals with different backgrounds, gender identities, and specialties |
| **Transferability** | To extend the generalizability or transferability of results to other contexts/settings | Sampling to form a nominated sample: We used a combination of sampling techniques (recruited via social media, list servs, and by word of mouth). |
| | | Data Saturation: We identified when we reached theoretical data saturation and extended interviews to reach demographic saturation targets (gender identity / region of United States) |
| | | Thick description: we used probes in the semi-structured interviews to enhance description |
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