

OBSTETRICS & GYNECOLOGY



NOTICE: This document contains correspondence generated during peer review and subsequent revisions but before transmittal to production for composition and copyediting:

- Comments from the reviewers and editors (email to author requesting revisions)
- Response from the author (cover letter submitted with revised manuscript)*

**The corresponding author has opted to make this information publicly available.*

Personal or nonessential information may be redacted at the editor's discretion.

Questions about these materials may be directed to the *Obstetrics & Gynecology* editorial office:
obgyn@greenjournal.org.

Date: Oct 10, 2019
To: "Kyan Lynch" [REDACTED]
From: "The Green Journal" em@greenjournal.org
Subject: Your Submission ONG-19-1581

RE: Manuscript Number ONG-19-1581

Lived Experience and Learned Expertise

Dear Dr. Lynch:

Your manuscript has been reviewed by the Editorial Board and by special expert referees. Although it is judged not acceptable for publication in Obstetrics & Gynecology in its present form, we would be willing to give further consideration to a revised version.

If you wish to consider revising your manuscript, you will first need to study carefully the enclosed reports submitted by the referees and editors. Each point raised requires a response, by either revising your manuscript or making a clear and convincing argument as to why no revision is needed. To facilitate our review, we prefer that the cover letter include the comments made by the reviewers and the editor followed by your response. The revised manuscript should indicate the position of all changes made. We suggest that you use the "track changes" feature in your word processing software to do so (rather than strikethrough or underline formatting).

Your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Oct 31, 2019, we will assume you wish to withdraw the manuscript from further consideration.

REVIEWER COMMENTS:

Reviewer #1: This is a commentary regarding the experience of the author as a queer transgender man who is also a physician and his care in a department of OB/GYN.

This is engagingly written and well worth reading for OB/GYNs. In my mind, I feel it would be helpful for the author to teach more about the appropriate care he should receive in an OB/GYN office and hospital because many readers may not know why he was offended by certain things. Maybe some more information on what is the right thing to do. How should have his hospitalization been managed or how could it be improved?

[REDACTED]

Reviewer #2: This is a powerful, well written essay with a strong narrative that is compelling to read; a story with a clear beginning, middle and end, with surprise, suspense and perhaps, resolution. The narrative form contributes more to the readers understanding of the trans experience than reading a dozen survey or other type of studies - exactly as argued by the author. The narrative provides insight to the reader about the lived experience of a transgendered man interacting with our specialty as both a patient and a physician that is unique in the body of Obstetrics & Gynecology literature - at least in my experience. The discussion about the value of understanding lived experience over learned expertise is clear, perhaps a novel concept for many readers, and skillfully woven into the text alongside the narrative.

This is a thoughtfully structured and written piece, but of course it is the subject matter which is the most important. To my view, it is so important for all readers of this journal to read about this lived experience, especially in our current political climate. It is a powerful narrative which will foster understanding and respect, hopefully improving health care for the transgendered population.

The title of Lived experience/Learned expertise is of course perfectly suitable and allows for the element of surprise when the author introduces his identity as a transgendered man well after the introductory paragraphs (reinforcing the idea of controlling the narrative). Despite this however, I wonder if readers may find the title bland and flip past it in a journal -if indeed readers of this journal interact much with it in paper vs. digital form. I think that it is important that no-one flip past this essay.

Reviewer #3:

General Comments

This is a beautifully written reflection on a topic that is very important to the field of Obstetrics and Gynecology. You balance powerful, direct candor with constructive feedback in manner that has the potential to generate significant change. Your voice is an important one and I feel honored to have read these parts of your lived experience.

Specific Commentary

1. Line 78: Instead of using the word "act" I suggest a clause that contains a verb similar to "share." What you are doing within this paragraph is sharing an important truth ("for transgender medical care to improve, cisgender providers must seek more than learned expertise").
2. Line 96: I would suggest that you briefly highlight the particular Trump Administration policies that you refer to here. For instance, Section 1557 of the Affordable Care Act? What others? Our readers will be familiar in general with the fact that the current Administration is threatening the rights of transgender people but specific examples would be helpful.
3. Lines 104-105: This paragraph feels slightly hollow compared to others and may benefit from a few key examples that demonstrate how these new conferences, journals, or lecture series have had a positive impact on the transgender community.
4. Lines 108-111: The reflections here might be better served by providing several key examples of the ways in which these clinicians "don't see the work required to understand [your] community" and "don't try to understand [your] lived experience." Were there specific experiences that shaped this viewpoint?
5. Line 144: I did not come across another location within the document where it was explicitly stated that "we are in dire need of allies." As such, I would suggest that you rephrase the clause "As I've stated already..."

EDITOR COMMENTS:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:

- A. OPT-IN: Yes, please publish my point-by-point response letter.
- B. OPT-OUT: No, please do not publish my point-by-point response letter.

2. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

3. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- * All financial support of the study must be acknowledged.
- * Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.
- * All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your response in the journal's electronic author form verifies that permission has been obtained from all named persons.
- * If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

4. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

5. Only standard abbreviations and acronyms are allowed. A selected list is available online at <http://edmgr.ovid.com/ong/accounts/abbreviations.pdf>. Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.
6. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.
7. The journal does not use the Footnote function. Please cite the reference as "(1)" at the end of your sentence, or use a superscript number instead. A full Reference list should appear at the end of your manuscript file.
8. Authors whose manuscripts have been accepted for publication have the option to pay an article processing charge and publish open access. With this choice, articles are made freely available online immediately upon publication. An information sheet is available at <http://links.lww.com/LWW-ES/A48>. The cost for publishing an article as open access can be found at <http://edmgr.ovid.com/acd/accounts/ifaauth.htm>.

Please note that if your article is accepted, you will receive an email from the editorial office asking you to choose a publication route (traditional or open access). Please keep an eye out for that future email and be sure to respond to it promptly.

9. If you choose to revise your manuscript, please submit your revision through Editorial Manager at <http://ong.editorialmanager.com>. Your manuscript should be uploaded in a word processing format such as Microsoft Word. Your revision's cover letter should include the following:

- * A confirmation that you have read the Instructions for Authors (<http://edmgr.ovid.com/ong/accounts/authors.pdf>), and
- * A point-by-point response to each of the received comments in this letter.

If you submit a revision, we will assume that it has been developed in consultation with your co-authors and that each author has given approval to the final form of the revision.

Again, your paper will be maintained in active status for 21 days from the date of this letter. If we have not heard from you by Oct 31, 2019, we will assume you wish to withdraw the manuscript from further consideration.

Sincerely,

Nancy C. Chescheir, MD
Editor-in-Chief

2018 IMPACT FACTOR: 4.965
2018 IMPACT FACTOR RANKING: 7th out of 83 ob/gyn journals

In compliance with data protection regulations, you may request that we remove your personal registration details at any time. (Use the following URL: <https://www.editorialmanager.com/ong/login.asp?a=r>). Please contact the publication office if you have any questions.

[REDACTED]

October 30th, 2019

Re: Submission of “Accomplices Wanted: My Lived Experience, Your Learned Expertise, and Our Fight Against the Cistem”, ONG-19-1581

Dear Dr. Chescheir,

Thank you for the opportunity to revise my paper. I found the editor and expert referees’ reviewer comments to be immensely helpful. I believe that the paper I submit along with this letter is improved from the initial draft.

As requested, I have submitted the revised manuscript with track changes, so that you can clearly see the edits made. In addition, I have included the referee and editor comments and my responses below.

I confirm that I have read the Instructions for Authors.

Regarding the publication of the revision letter and my point-by-point response, I am hesitant to opt-in to the process given the personal nature of my submission. Ordinarily, I am quick to celebrate transparency in academia. However, many of the decisions I made when revising my manuscript were due to reviewers’ comments helping me see that some elements were too personal or extraneous to my central thesis. My preference would be to keep these elements private. I welcome your thoughts on this point.

Thank you for your continued interest.

Sincerely,

Kyan Lynch

Kyan Lynch, MD, MA

[REDACTED]

Please note: All line numbers are in reference to the track changes version of the manuscript.

Reviewer #1:

This is a commentary regarding the experience of the author as a queer transgender man who is also a physician and his care in a department of OB/GYN.

This is engagingly written and well worth reading for OB/GYNs.

1. In my mind, I feel it would be helpful for the author to teach more about the appropriate care he should receive in an OB/GYN office and hospital because many readers may not know why he was offended by certain things. Maybe some more information on what is the right thing to do. How should have his hospitalization been managed or how could it be improved?

I appreciate this reviewer's questions related to how my care may have been improved. I spent time considering these points and trying to determine the best way to be helpful to the reader without allowing the essay to become a list of grievances. In addition, I realized that it would be important to highlight that often, and particularly so in my case, it is the health care system that causes discomfort for transgender patients, rather than individual-level errors. In fact, because of my status as a faculty member, I received "VIP" care, and in my revision, I felt it was important to note this.

In order to make the systemic causes of poor transgender care clearer, I added a paragraph (lines 216 – 228) outlining the many ways that systems lead to suboptimal care for non-cisgender patients. I chose to highlight the ways the multiple small slights can add up to harm for transgender patients.

2. 


Reviewer #2:

This is a powerful, well written essay with a strong narrative that is compelling to read; a story with a clear beginning, middle and end, with surprise, suspense and perhaps, resolution. The narrative form contributes more to the readers understanding of the trans experience than reading a dozen survey or other type of studies - exactly as argued by the author. The narrative provides insight to the reader about the lived experience of a transgendered man interacting with our specialty as both a patient and a physician that is unique in the body of Obstetrics & Gynecology literature - at least in my experience. The discussion about the value of understanding lived experience over learned expertise is clear, perhaps a novel concept for many readers, and skillfully woven into the text alongside the narrative.

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1. The title of Lived experience/Learned expertise is of course perfectly suitable and allows for the element of surprise when the author introduces his identity as a transgendered man well after the introductory paragraphs (reinforcing the idea of controlling the narrative). Despite this however, I wonder if readers may find the title bland and flip past it in a journal -if indeed readers of this journal interact much with it in paper vs. digital form. I think that it is important that no-one flip past this essay.

I agree with this reviewer's assessment that the original title was too bland. I changed the title from "Lived Experience and Learned Expertise" to "Accomplices Wanted: My Lived Experience, Your Learned Expertise, and Our Fight Against the Cistem" to increase the likelihood that it will grab readers' attention.

Reviewer #3:

This is a beautifully written reflection on a topic that is very important to the field of Obstetrics and Gynecology. You balance powerful, direct candor with constructive feedback in manner that has the potential to generate significant change. Your voice is an important one and I feel honored to have read these parts of your lived experience.

1. Line 78: Instead of using the word "act" I suggest a clause that contains a verb similar to "share." What you are doing within this paragraph is sharing an important truth ("for transgender medical care to improve, cisgender providers must seek more than learned expertise").

I agree, and I changed "act" to "share". The relevant line is now #107

2. Line 96: I would suggest that you briefly highlight the particular Trump Administration policies that you refer to here. For instance, Section 1557 of the Affordable Care Act? What others? Our readers will be familiar in general with the fact that the current Administration is threatening the rights of transgender people but specific examples would be helpful.

I agree that the original passage referenced here by Reviewer #3 was insufficient to give readers a full appreciation for the impacts of the current administration. After a few attempts to add the requisite information, I realized that including this section might unnecessarily draw readers' attention from my main points. As a result, I opted to remove this paragraph.

3. Lines 104-105: This paragraph feels slightly hollow compared to others and may benefit from a few key examples that demonstrate how these new conferences, journals, or lecture series have had a positive impact on the transgender community.

I understand how the reviewer came to feel that the paragraph was hollow. This statement helped me recognize that the wording I chose was not conveying my meaning correctly. My intention was to note that, while the data show that transgender medical care is lacking, there is increased attention being paid to the topic now. Rather than add examples to this paragraph, I revised the first line of the paragraph to read, "Despite this bleak picture, the mainstream world of academic medicine appears to be paying increasing attention to transgender medicine." (Lines 146 and 147). I return to the importance of listening to transgender people at conferences and lecture series later in the paper (Lines 189 – 196).

4. Lines 108-111: The reflections here might be better served by providing several key examples of the ways in which these clinicians "don't see the work required to understand [your] community" and "don't try to understand [your] lived experience." Were there specific experiences that shaped this viewpoint?

I agree with this sentiment. I made several changes to the paper to address this valid criticism. In response, I:

- a. *Made it clear that these are observations based on my personal experience (Line 151)*
 - b. *Softened the language I use when making these claims. Now, I say: "They don't always think about the lived experiences..." (Line 157)*
 - c. *Added a sentence to illustrate the ways that transgender care is sensationalized, and the ways I've seen colleagues become attracted to the medicine but not the community: "They read about experimental procedures, see news segments on the growing "trends", and imagine publications in their futures." (Lines 154 – 156)*
 - d. *Added language to clarify the reasons why the clinical components of transgender medical care are less unique than people often think (Lines 130 – 137)*
 - e. *Drew a clearer connection between understanding the lived experience of transgender individuals and being the kind of physician that we need, again emphasizing the role of the health care system rather than individual health care workers (Lines 162 – 166)*
5. Line 144: I did not come across another location within the document where it was explicitly stated that "we are in dire need of allies." As such, I would suggest that you rephrase the clause "As I've stated already..."
- I agree, and I removed the clause indicated.*

Editor:

1. The Editors of Obstetrics & Gynecology are seeking to increase transparency around its peer-review process, in line with efforts to do so in international biomedical peer review publishing. If your article is accepted, we will be posting this revision letter as supplemental digital content to the published article online. Additionally, unless you choose to opt out, we will also be including your point-by-point response to the revision letter. If you opt out of including your response, only the revision letter will be posted. Please reply to this letter with one of two responses:
 - A. OPT-IN: Yes, please publish my point-by-point response letter.
 - B. OPT-OUT: No, please do not publish my point-by-point response letter.

As I mentioned in my cover letter, I am a bit hesitant to have the complete reviewer comments and my responses published due to the personal nature of this work. I do

believe that the stated goal of increasing transparency in the peer-review process is a good one.

I am wondering if there is perhaps a way to publish a slightly edited version of both documents, in which I can remove some of the content that touches on more personal elements. For example, I am hesitant to publish the reviewer's concern about a colleague looking in my medical record without cause. I worry that publishing this comment without the benefit of explanation would lead to unnecessary concern.

2. Because of space limitations, it is important that your revised manuscript adhere to the following length restrictions by manuscript type: Personal Perspectives essays should not exceed 12 typed, double-spaced pages (3,000 words). Stated page limits include all numbered pages in a manuscript (i.e., title page, précis, abstract, text, references, tables, boxes, figure legends, and print appendixes) but exclude references.

My total word count, including title page and précis, is 2216.

3. Specific rules govern the use of acknowledgments in the journal. Please note the following guidelines:

- a. All financial support of the study must be acknowledged.

As this is a personal perspective, there is no financial support to disclose.

- b. Any and all manuscript preparation assistance, including but not limited to topic development, data collection, analysis, writing, or editorial assistance, must be disclosed in the acknowledgments. Such acknowledgments must identify the entities that provided and paid for this assistance, whether directly or indirectly.

I added an acknowledgment in which I include the names of three colleagues who provided editorial assistance.

- c. All persons who contributed to the work reported in the manuscript, but not sufficiently to be authors, must be acknowledged. Written permission must be obtained from all individuals named in the acknowledgments, as readers may infer their endorsement of the data and conclusions. Please note that your

response in the journal's electronic author form verifies that permission has been obtained from all named persons.

Done.

- d. If all or part of the paper was presented at the Annual Clinical and Scientific Meeting of the American College of Obstetricians and Gynecologists or at any other organizational meeting, that presentation should be noted (include the exact dates and location of the meeting).

Not applicable.

4. Provide a précis on the second page, for use in the Table of Contents. The précis is a single sentence of no more than 25 words that states the conclusion(s) of the report (ie, the bottom line). The précis should be similar to the abstract's conclusion. Do not use commercial names, abbreviations, or acronyms in the précis. Please avoid phrases like "This paper presents" or "This case presents."

I added a précis as requested.

5. Only standard abbreviations and acronyms are allowed. A selected list is available online at Abbreviations and acronyms cannot be used in the title or précis. Abbreviations and acronyms must be spelled out the first time they are used in the abstract and again in the body of the manuscript.

All acronyms are standard and are spelled out the first time they are used.

6. The journal does not use the virgule symbol (/) in sentences with words. Please rephrase your text to avoid using "and/or," or similar constructions throughout the text. You may retain this symbol if you are using it to express data or a measurement.

The only such occurrence was in the previous title. The new title does not use this symbol.

7. The journal does not use the Footnote function. Please cite the reference as "(1)" at the end of your sentence, or use a superscript number instead. A full Reference list should appear at the end of your manuscript file.

References are denoted with a superscript and listed at the end of the file.