

Gender Identity and Pronoun Usage in Standardized Patient Encounters

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Introduction

One of the most common documentation frameworks clinicians use for patient evaluations are Subjective, Objective, Assessment, and Plan, (SOAP) notes. The clinician will usually record medical, family, social, etc. history as “subjective” information. Temperature, blood pressure, lab work, etc. would be considered “objective” information. An evaluation of the patient’s health and possible medical issues would be considered the “assessment,” and their intentions for current and future treatment would be the “plan” within these notes. Trainees often write SOAP notes after completing a standardized patient (SP) encounter—an educational practice used in medical schools to simulate real-world physician-patient interactions in order to develop and assess clinical reasoning skills. A standardized patient is employed to act as a patient, memorizing and reciting previously delineated information provided by medical educators.

Using the materials from SP encounters as qualitative data allows for the analyzation of student language in response to a structured clinical visit; the language students use can also provide insight into how they perceive their patients and the specific clinical skills they utilize in providing care.

Methodology & Results

This study took place at the University of Louisville’s School of Medicine with a sample of 286 SOAP notes written by second and third-year medical students following a standardized patient encounter with five iterations of the same standardized patient with one key difference between the five—their gender identities. These five iterations included a cisgender male, a cisgender female, a transgender male, a transgender female, and a genderqueer person (assigned female at birth).¹ The medical students involved in this study were randomly assigned a standardized patient for their encounters and were required to fill out a SOAP note immediately after the encounter, which had a time limit of 30 minutes. These notes were collected and qualitatively coded for the documentation of various pertinent information, including if the medical student established the patient’s pronouns and sex assigned at birth (SAAB), consistent/inconsistent/lack of pronoun usage in the note, if the student disregarded a patient’s established pronouns in the note, and the accuracy of the pronouns used in the note (regardless of whether pronouns were established or not).

¹ Someone who is cisgender has a gender identity that matches the sex they were assigned at birth. Someone who is transgender, on the other hand, has a gender identity that does not match their assigned sex at birth. Someone who is genderqueer does not explicitly identify as a man or a woman, and instead lies on the spectrum that exists between this binary, regardless of their sex assigned at birth.

After I analyzed the notes for the information listed above, certain trends emerged. In general, non-cisgender patients had their pronouns and SAAB documented far more than cisgender patients, whose pronouns and SAAB were virtually undocumented but were significantly more accurate and consistent than those documented for non-cisgender patients. Genderqueer patients' documentation was the most likely to contain inaccurate and inconsistent pronoun usage, as well as blatant disregard for pronouns established in the documentation itself.

Conclusions & Discussion

These notes demonstrate a gap in trainees accurately recording pronouns and consistently using the correct pronouns for non-cisgender patients. The analysis of pronoun and SAAB establishment for the genderqueer patients demonstrated continued lack of understanding/acknowledgment of non-binary identities.² There is a clear cis-normative bias on the part of the medical students, indicated by the stark difference in the documentation of SAAB between cisgender and non-cisgender patients. Not establishing SAAB for non-cisgender patients can lead to incorrect assumptions by the care team, leading to ineffective and potentially harmful recommendations. Based on these findings, it can be concluded that there is a need for more education and practice interacting with non-cisgender patients and consistently documenting pronouns, gender identity, and SAAB among medical students.³

These notes provide a rich source of information that can be used for a wide range of future research. The information could importantly be analyzed concurrently (for example, how often pronouns and SAAB are established together) for more complex analysis. The specific language in the notes (in the context of gender identity) could also provide insight into how medical students perceive their patients, especially those who are non-cisgender. Non-cisgender patients experience significant health disparities linked to medical mistrust⁴, so the analysis undertaken on this kind of medical documentation can provide insight into specific ways that these patients' gender identity experiences are minimalized and allow for the construction of possible solutions for more thorough medical education in terms of inclusive/LGBTQ+ aware healthcare.

² Lykens, J. E., LeBlanc, A. J., & Bockting, W. O. Healthcare Experiences Among Young Adults Who Identify as Genderqueer or Nonbinary. *LGBT Health*. 2018 Apr 2018; 5(3): 191–196.

³ Noonan, E. J., Weingartner, L. A., Combs, R. M., Bohnert, C., Shaw, M. A., & Sawning, S. (2020). Perspectives of Transgender and Genderqueer Standardized Patients. *Teaching and Learning in Medicine*, 1–13. <https://doi.org/10.1080/10401334.2020.1811096>

⁴ AAMC Advisory Committee on Sexual Orientation, Gender Identity, and Sex Development. Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who are LGBT, Gender Nonconforming, or Born with DSD. *Association of American Medical Colleges*. 2014; 1: 14-17.

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