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### Tone and Language Used by Medical Students to Discuss Sexual Orientation and Gender Identity with Standardized Patients

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## Introduction

- During a standardized patient (SP) encounter, medical students interact with a specially trained individual acting as a patient in order to practice specific clinical skills.
- These skills include taking a full history for a new patient in a primary care setting, in which collecting patient information related to sexual orientation and gender identity (SOGI) is crucial to comprehensive care.<sup>1</sup>
- The tone and language used by medical students when pursuing lines of questioning related to SOGI are important reflections of adequacy, frequency, and retention of training received concerning these topics.
- Medical students must be able to prompt these discussions comfortably to ensure that patients are affirmed and receive comprehensive care.

## Methods

- We reviewed a sample of 130 video-recorded SP encounters from 2017-18 that were completed by medical students at the UofL School of Medicine.
- Rising third year medical students had up to 30 minutes to complete a full new patient intake, with observed encounters ranging from 10-30 minutes.
- Students completed one patient history among five possible case iterations that varied only in gender identity and sex assigned at birth.
- We coded a random sample of gender minority (n=79) and cisgender (n=51) encounters:

Transgender women n=26	Transgender men n=26	Genderqueer people n=27
Cisgender men n=26		Cisgender women n=25

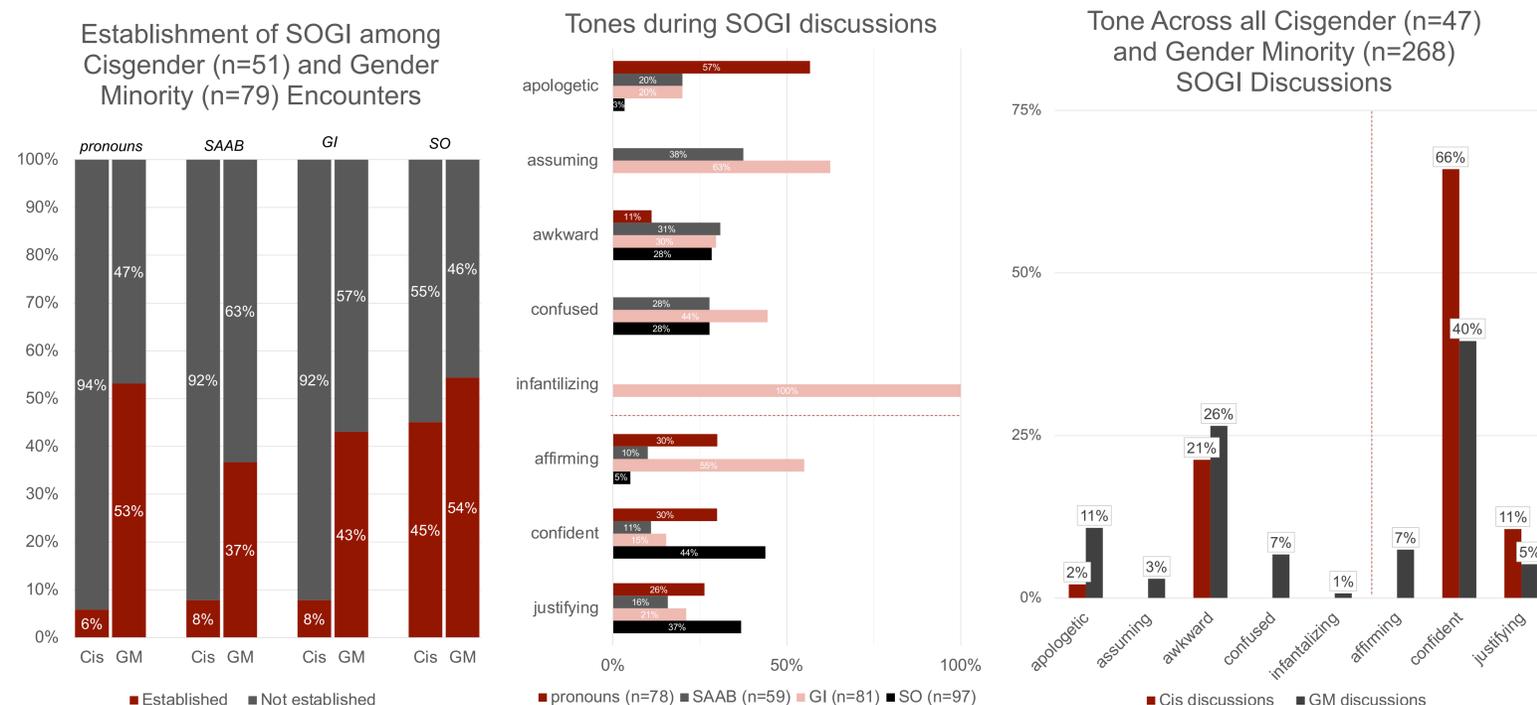
- Students were not told the SP's gender identity or sexual orientation before completing the case.
- Our analysis included first manually transcribing the SOGI discussion between patient and student.
- Next, pre-defined codes for tone were applied for each of the following SOGI discussion topics:
  - pronouns
  - sex assigned at birth (SAAB)
  - gender identity (GI)
  - sexual orientation (SO)
- Tone was only coded when SOGI and pronoun information was collected.
- Multiple tones could be applied to each exchange.
- This study was approved by the UofL IRB.

## Results

**Table 1. Examples and definition of tones coded in the standardized patient encounters.**

TONES	CODING DEFINITION	EXAMPLE LANGUAGE
<b>apologetic</b>	The student apologizes or appears to feel sorry.	"I didn't even ask when I walked in—do you have pronouns you prefer? Sorry for not asking sooner."
<b>assuming</b>	The student uses language and tone that indicates assumptions about the patient's SOGI.	"So you're taking the testosterone because you're—are you transitioning from...?"
<b>awkward</b>	The student asks a question or makes a statement in a vague, disjointed, indirect, and/or uncomfortable manner.	When asking about sex assigned at birth: "But—were you originally...?"
<b>confused</b>	The student's tone or language demonstrates ignorance and/or a lack of understanding about SOGI topics.	"Okay, alright, so, no, that's—that's totally fine and again, this is something that I always get confused about—so if someone's a trans female that means that...?"
<b>infantilizing</b>	The student uses condescending tone and language that implies the patient's knowledge of and experience with SOGI-related topics is superficial, simple, and/or uninformed.	"...are you in the process of transitioning? Do you wanna explain to me how all that works a little bit? Teach me a little something?"
<b>affirming</b>	The student uses accepting language or offers support.	"We'll make sure we have [patient's pronouns] reflected in all of our paperwork."
<b>confident</b>	The student uses direct and concise language and tone.	"Who are your partners— male, female, or both?"
<b>justifying</b>	The student provides a reason for the line of questioning.	"We just like to know because there's some health risks that come with [the] sex you were born with..."

**Figures: Proportion of SOGI established and tone used among SOGI discussions and case iteration.**



## Conclusions

- The results display variation in tone observed with cisgender and gender minority patients.
- Our results also show that students do not discuss SOGI topics with cisgender patients as frequently as gender minority patients, which demonstrates a cis/heteronormative mindset.
  - Students were consistently more confident discussing sexual orientation and pronouns than gender identity and sex assigned at birth.
  - Students were also more apologetic, awkward, and confused during SOGI discussions with gender minority patients
- Awkward tone and language used by students can translate into microaggressions, which have negative health impacts on gender minorities.<sup>2</sup>
- Noticeable discomfort can also contribute to medical mistrust among gender minority patients.<sup>3</sup>
- We conclude that more comprehensive training should require medical students to reflect on language used in SOGI discussions.
- Increased interaction with gender minority SPs and additional practice discussing these topics could help increase affirming tones.

## Future Study

- An analysis directly comparing the recorded encounters and post-encounter medical notes could provide deeper insight about how medical students discuss and record SOGI.
- Evaluating students who are required to discuss SOGI with all patients will help determine whether additional practice helps increase comfort.

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