

Medical Students Take Lead to Educate Faculty on the Use of Sex and Gender Terminology in Pre-Clinical Courses

HALLIE TOLO (M3), RACHAEL CONGER (M4),
VICTOR MAGANA (M3), JESSICA SMOKO (M3),
SEAN LA BODDA (PHARMD), SAMUEL POLHEMUS (M4),
SANDRA PFISTER (PHD)



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Background

- Leaders in the student-run Lesbian, Gay, Bisexual and Transgender (LGBT) People in Medicine organization at MCW noticed that in many preclinical (M1/M2) courses, terms like sex and gender were often used interchangeably
- This reinforces the notion that sex and gender are the same, and doesn't encourage students to be thoughtful about their language use. This is a disservice to transgender, intersex, and non-binary patients and colleagues



Why Does This Matter?



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23%

“...of [trans] respondents reported that they **did not seek the health care** they needed... due to **fear of being mistreated** as a transgender person.”

James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. Washington, DC: National Center for Transgender Equality.



Why Does This Matter?

23%

“...of [trans] respondents reported that they **did not seek the health care** they needed... due to **fear of being mistreated** as a transgender person.”

33%

“...of [trans respondents] who saw a health care provider had at least one negative experience related to being transgender, such as being **verbally harassed or refused treatment** because of their gender identity .”

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- LGBTQ+ patients may misinterpret ignorance, which may lead to reduced rapport
- A discriminatory environment may be a deterrent for medical help, even if not intentional



Importance of the Preclinical Classroom

- Many people have been socialized to believe that sex assigned at birth equals gender
- The preclinical classroom presents an excellent opportunity to reach all students, and correct those beliefs

Promote student and faculty understanding of the distinction between sex and gender to improve patient care



Thinking critically about sex and gender **starts in the preclinical years**. Consistently modeling correct use of sex and gender terminology encourages students to be thoughtful about language and their own implicit bias **before** they encounter patients.



Objective to Educate the Educators

- Students developed a presentation that was given at the quarterly M1/M2 course director meeting (Fall 2019)
- Curated short, clear definitions list of sex and gender terminology

Sex = a biological construct of being male/female/intersex according to chromosome composition and reproductive organs

Gender = a person's self-identity as a man/woman/etc. within the context of social structure and culture

Cisgender = describes a person whose gender identity aligns with their sex assigned at birth

Transgender = describes a person whose gender identity differs from their sex assigned at birth



Action Items to Faculty

- Evaluate presentations and lectures to affirm that sex and gender terms are used appropriately and consistently:

1. Consider accuracy when using terms like “man” and “woman”
2. Consider adding a slide with definitions of sex vs. gender terminology if these terms are used, regardless of overall topic



What Changed? - Student Audit

- Students in M1 and M2 classes reported on whether sex and gender terminology was included and/or used appropriately
 - Endocrine lectures no longer used the terms “boys” and “girls”
 - Abnormal puberty lecture: > 75% of previous inaccurate terminology corrected
 - Cardiovascular course included a “Women and Heart Disease” lecture which included evidence regarding cardiovascular risks of hormonal therapy in transgender patients



What Changed? - Course Director Self-Report

- Course directors given opportunity to self-identify if sex and gender terminology was included and/or used appropriately
- Sex and gender terminology was now included in:
 - **66%** of M1 basic sciences courses (Anatomy, Physiology, Pharmacology, Biochemistry/Cell Biology)
 - **25%** of M2 systems-based courses (Cardiovascular, Endocrine/Reproduction)
 - **100%** of M1/M2 clinically based courses (Bench to Bedside, Foundations of Clinical Medicine, Foundations of Human Behavior)



Conclusions

- Students recognized that medical school curriculum often used incorrect terminology and images regarding sex and gender
- Students took initiative to present findings to faculty and ask for faculty to evaluate lectures for appropriate terminology
- Students can drive change necessary to ensure sex and gender terminology is addressed in the medical curriculum
- Future directions: One presentation is not enough (ways to keep momentum/faculty champions/increased awareness)



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Questions?

email

mcwlgbtpm@gmail.com