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COMPARING MEDICAL STUDENT NONVERBAL BEHAVIOR WITH CISGENDER AND TRANSGENDER STANDARDIZED PATIENTS

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Introduction

- Gender minority populations face distinct health disparities and barriers to care, with one major reason being a lack of physician competency.¹
- It is critical for providers to be able to communicate with patients of all gender identities.
- Nonverbal behaviors play a large role within provider communication by allowing for the development of rapport and trust with patients.²
- Nonverbal cues that detract from a patient encounter could harm the relationship between the provider and patient.
- Evaluating nonverbal behavior is one way to assess patient care, and communication disparities may identify potential implicit biases.

Purpose

- We aimed to evaluate medical student nonverbal behaviors during standardized patient (SP) encounters to compare trainees' interactions with cisgender and transgender SPs.

Methods

- We analyzed video-recorded training sessions with SPs who identified as either cisgender women (n = 46) or transgender women (n = 46).
- The third-year student sample included cisgender men (n = 52) and cisgender women (n = 40).
- We adapted existing student nonverbal communication scales^{2,3} to rate 10 nonverbal behaviors on a scale of 1-7.
- Nonverbal cues or other behaviors perceived to detract from the encounter were noted.
- We compared nonverbal scores and detracting nonverbal behaviors among the four combinations of student/patient gender identity.
- Recordings that began late were not included in eye contact, expressivity, or smiling proportions.
- This study was approved by the University of Louisville Institutional Review Board.

Results

Figure 1: Average Nonverbal Scores Among Encounters

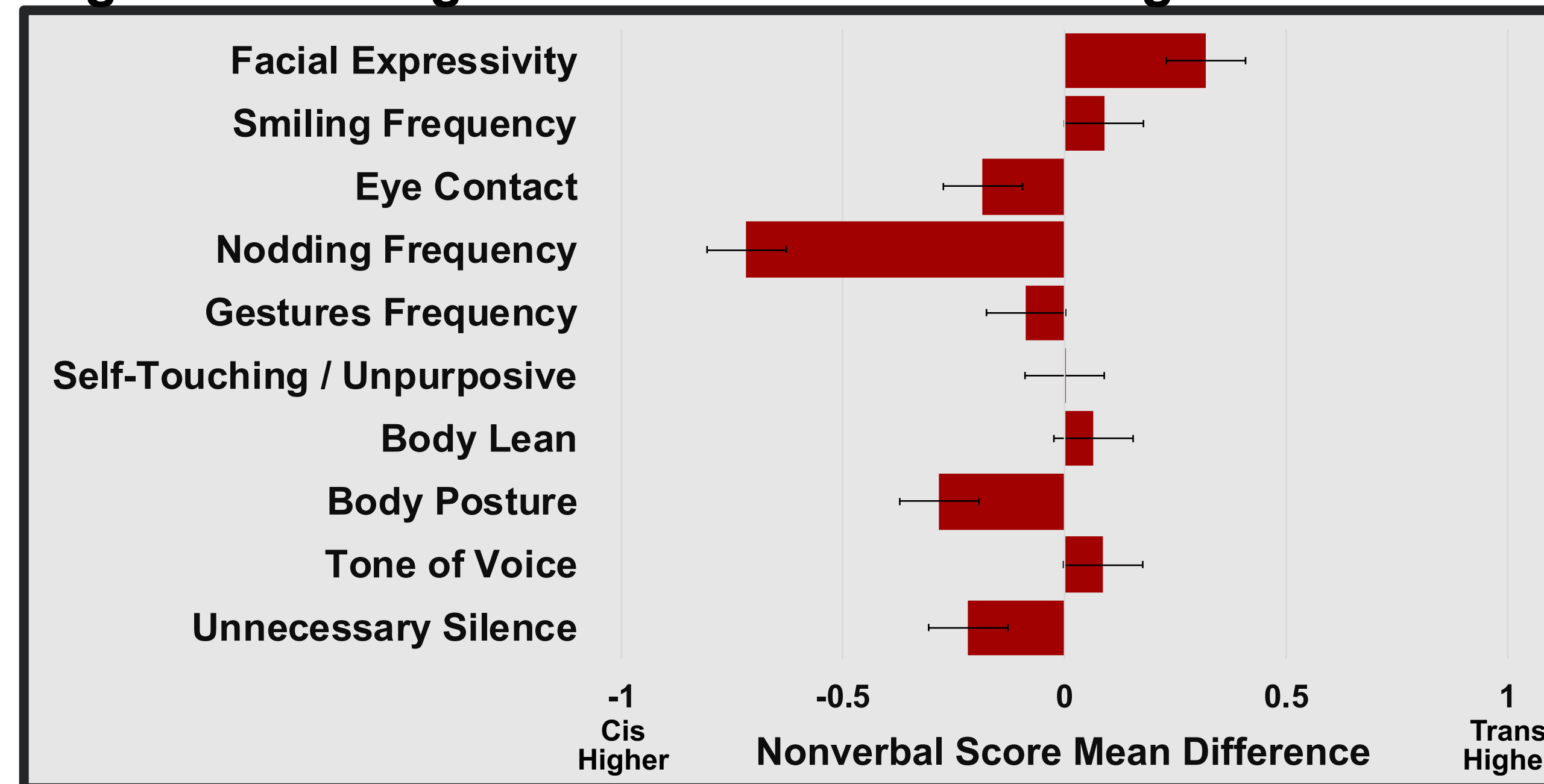


Figure 2: Encounters with One or More Nonverbal Detractors

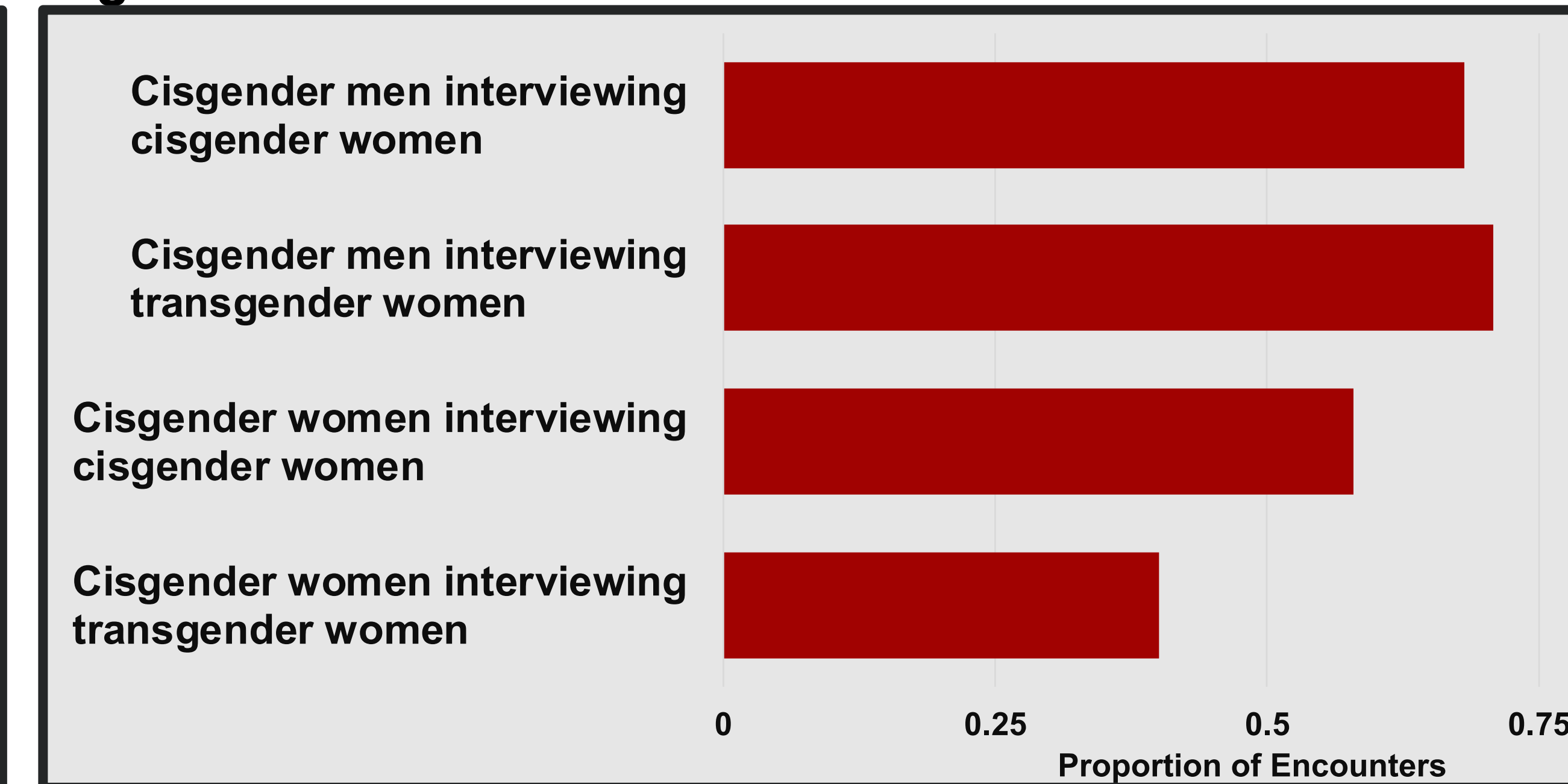


Table 1. Comparison of Average Nonverbal Behavior Scores and Proportion of Detracting Behavior

Nonverbal Behavior	F-value	p-value	Proportion of Encounters with Detractor	Example Detracting Behavior
Facial Expressivity (FE)	3.626	0.016 *	0.45	Lack of FE was not visually engaging.
Smiling Frequency (SF)	5.093	0.003 **	0.15	Low SF made the student seem unfriendly.
Eye Contact (EC)	1.16	0.330	0.25	Lack of EC made the student seem uncomfortable.
Nodding Frequency (NF)	1.603	0.194	0.10	Low NF made the student seem disengaged.
Gestures Frequency (GF)	0.534	0.660	0.10	Lack of a handshake could seem unprofessional.
Self-Touching/Unpurposive Movements (SU)	0.229	0.876	0.65	SU made the student seem nervous and restless.
Body Lean (BL)	0.112	0.953	0.10	Many changes in BL were distracting.
Body Posture (BP)	0.839	0.476	0.10	Slouched BP made student seem unprofessional.
Tone of Voice (TV)	1.709	0.171	0.10	Monotone TV was not auditorily engaging.
Unnecessary Silence (US)	2.206	0.093	0.35	Frequent US while note-taking broke up dialogue.

Figure 3: Average Facial Expressivity Scores

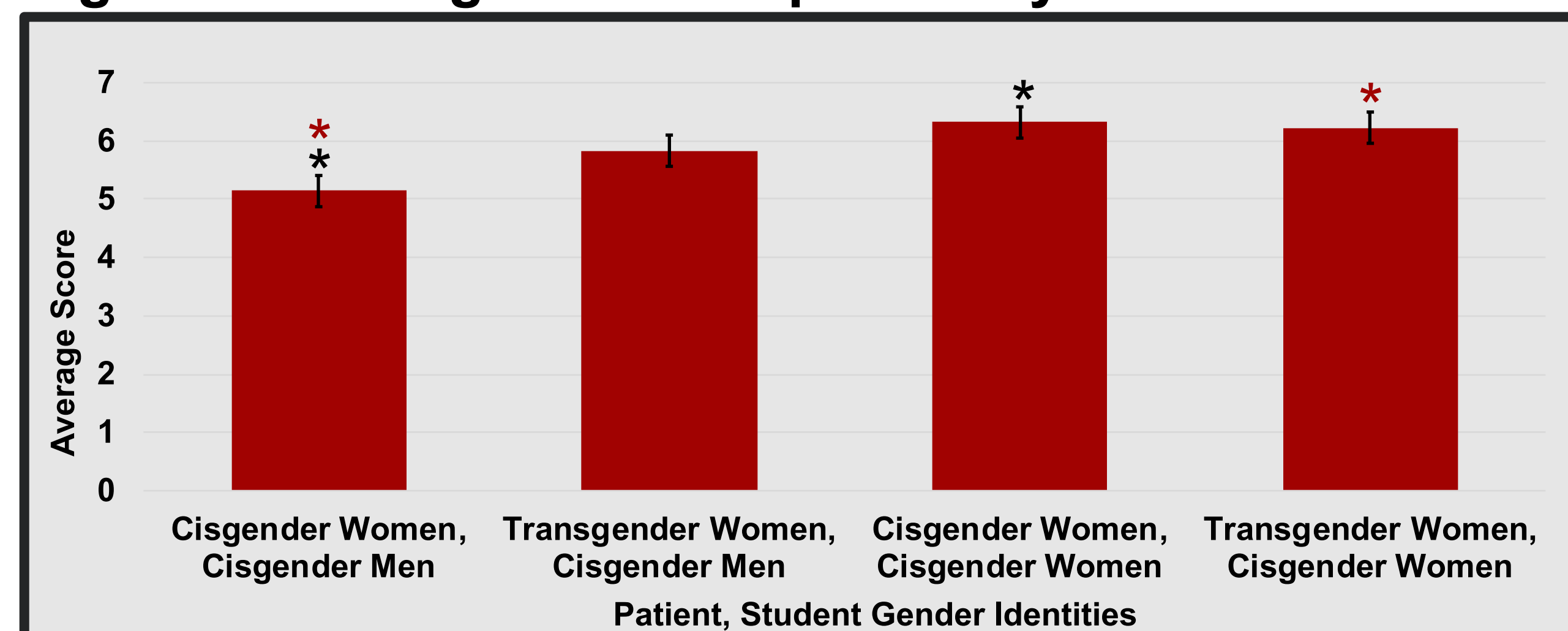
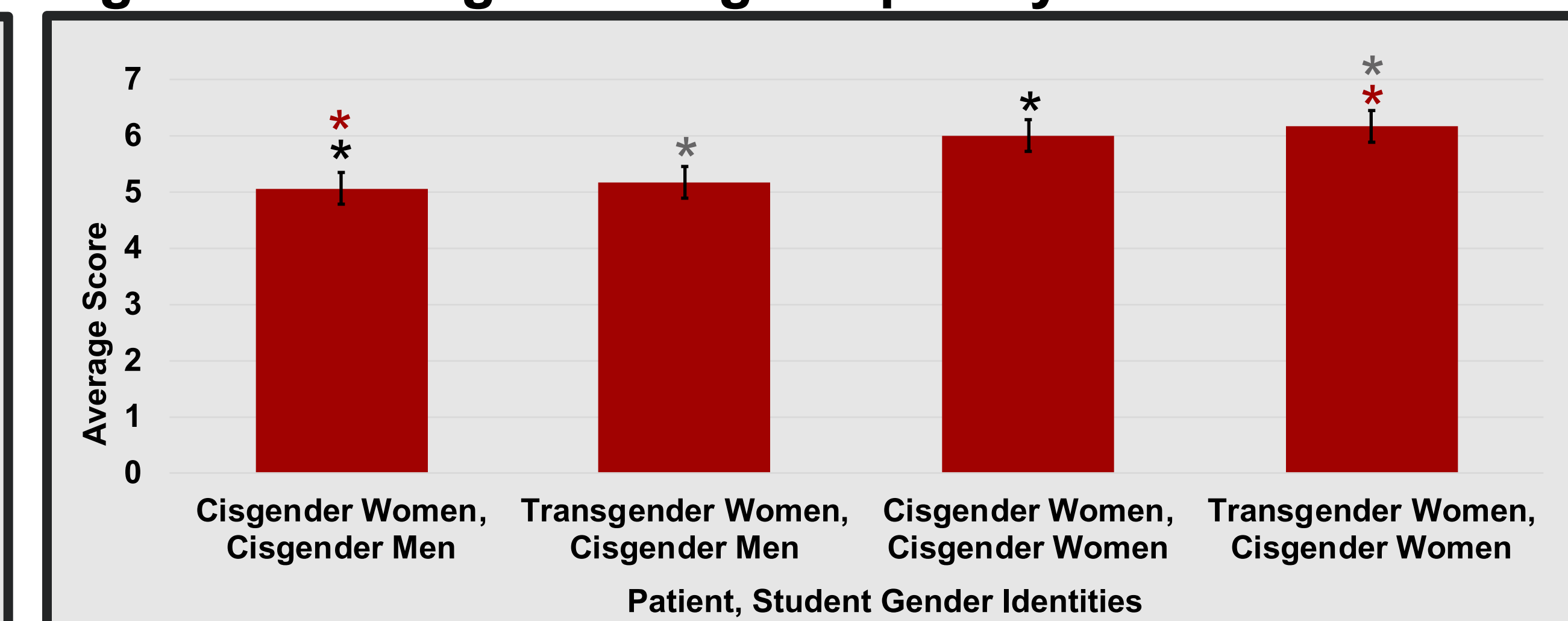


Figure 4: Average Smiling Frequency Scores



- Overall, medical students' average nonverbal behavior scores were similar during SP encounters with cisgender and transgender women, with the largest difference being less frequent nodding with transgender patients (Figure 1).
- We observed a larger proportion of detracting behaviors during encounters with cisgender men students (Figure 2).
- Unpurposive movements, such as face touching, hand wringing, or foot bouncing, detracted most frequently (Table 1).
- One-way ANOVA results showed that facial expressivity and smiling frequency varied significantly among the four patient-student gender identity groups (Figures 3-4, *p < 0.05).

Conclusions

- We found that variation in nonverbal behaviors was influenced more by student gender identity than patient gender identity.
- Significant differences in facial expressivity and smiling frequency of cisgender men and women students align with the current literature that suggests there are notable gender differences in these nonverbal behaviors.⁴
- The lack of major differences in nonverbal behaviors used during encounters with cisgender and transgender women could be influenced by students' previous LGBTQ health training.
- However, disparities in care quality for transgender patients may be driven more by verbal communication than nonverbal behavior.
- Nonverbal skills training could reduce the incidence of detracting behaviors, such as unnecessary silence and self-touching/unpurposive movements, which were the most prevalent detractors during encounters.

Future Study

- Because the patients in this study were all women, future studies could also compare students' nonverbal behavior among patients of other gender identities—including transgender men, nonbinary patients, and cisgender men—to see if the trends are consistent.
- Future studies of trainees' verbal behaviors would confirm that students are communicating equitably with cis and trans women during clinical encounters.

Acknowledgements

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