Quick Reference Guide:
Factors of Identity to Consider When Building 'Patients' for Cases

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Cases should be patient centered.
Consider all of the parts of a person's identity that should be respected, and let clinical decisions be guided by individual patient preferences, needs and values.

WHAT HAPPENS IF I DO NOT INCLUDE MULTIPLE FACTORS IN MY CASE PATIENT'S IDENTITY?

If we do not create cases outlining the many identities of our patients' learners tend to default to stereotype aligned with mainstream 'dominant' population i.e., white, cis-gender, heterosexual male.

Please also consider using an appropriate patient name: visit the '[Choosing Names](#)' resource guide

Considering the 'patient' being built into a case, factors of a person's identity can be grouped into 4 categories:
- Demographic Characteristics
- Clinical Characteristic
- Social Characteristics
- Family History

Demographic characteristics can include:

- Nickname
- Sex - note this is not the same as gender - Choices could include: Female, Male, Intersex, Assigned Female at Birth, Assigned Male at Birth
- Gender identity (potentially used name versus legal name) – note this is not the same as sex - Choices could include: Woman, man, transwoman, transman, gender non-binary, gender non-conforming, agender, gender neutral, cassgender, genderqueer, two-spirit, and more.
- Personal pronouns - Choices could include: she/her/hers, he/his/his, they/them/theirs, ze/zir/zirs, and combinations like she/they and more.
- Sexual orientation
- Mental health
- Disabilities
- Physical ability
- Indigeneity
- Neurodiversity
- Ethnicity
- Age
- Languages spoken

Why is race not here?
Before including race, ask yourself WHY you are including this information.

"Most scholars in the biologic and social sciences converge on the view that racism shapes social experiences and has biologic consequences and that race is not a meaningful scientific construct in the absence of context. Race is not a biologic category based on innate differences that produce unequal health outcomes. Rather, it is a social category that reflects the impact of unequal social experiences on health… Racial/ethnic differences in burden of disease are often presented without any context, which primes learners to attribute these differences exclusively to genetic predisposition."

Recommended reading before you incorporate race into a case: Amutah, Christina, et al. *Misrepresenting race—the role of medical schools in propagating physician bias.* New England Journal of Medicine 384.9 (2021): 872-878.

Clinical Characteristics can include:

- Medical conditions
- Number of medicines prescribed
- Allergies
- Height
- Weight – remember weight without height provides no context is essentially useless
- Body Mass Index (BMI) can be included – but you should recognize this was based on flawed methodology and should only be used for population level studies.

Social Characteristics can include:

- Marital and/or relationship status – consider single, married, widowed, partnered living together, partnered living apart, same sex relationships, polyamorous relationships (multiple partners including single, or multiple genders and sexes)
- Housing status – person experiencing homelessness, person with non-permanent shelter
- Living situation - single does not necessarily mean you live alone, partners, roommates, family
- Domicile
- Incarceration status
- Access to healthcare
- Employment status – employed, non-employed, part-time/full-time, sedentary, or active.
- Immigration status
- Smoking status
- Use of alcohol, marijuana, unprescribed prescription medication and/or illicit drugs
- Frequency of exercise
- Religion

- Transportation access
- Access to food
- Education Level
- Health literacy

Family History can include:

- Elder care
- Childcare
- Children biological and non-biological
- Family health history and conditions

This "*Quick Resource Guide*" is designed as a resource for UMass Chan UGME and GME faculty who are developing cases. This guide is a 'work in progress, 'please check back regularly for updates and if you have any updates or suggestions for improvement email Yasmin.Carter@umassmed.edu