The University of Vermont

LARNER COLLEGE OF MEDICINE

Inclusive Language Glossary for the Learning and Practice Environments

An Accompaniment to the Winter 2022 Snow Season Retreat workshop: 'The Evolving Landscape of Language: Inclusion and Belonging in Medical Education'

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I. Learning Objectives:

After reviewing this glossary, readers should be able to:

- Define intent and impact and relate each term to the restorative justice framework.
- Recognize common examples of non-inclusive language in the learning and practice environments and explain why each example is not considered inclusive.
- Describe and demonstrate person-first, identity-first, and anatomy-based language in educational and clinical contexts.

II. Introduction:

Language is both complex and dynamic, and conceptual approaches to language are nuanced. With increasing awareness of the importance of diversity, equity, and inclusion across all facets of medical education, supporting language practices that are inclusive and reflect the diversity of our communities is an important aspect of individual and institutional efforts. Language has received increased attention nationally, including the development and publication of the resource 'Advancing Health Equity: a Guide to Language, Narrative, and Concepts' by the American Medical Association (AMA) and the Association of American Medical Colleges (AAMC).

Language is also an important part of our engagement with one another as teams in the learning environment. Study of leaders' language demonstrates increased team engagement across a hierarchy when leaders utilize inclusive phrases.[1]

In this guide, we present a resource that both provides examples of language that is not considered inclusive and contextualizes and examines these examples in broader conceptual frameworks. We provide suggestions to use in place of these phrases. This guide is not intended to be comprehensive, and language may continue to evolve after its completion. We aim to be practical, succinct, and provide consensus-driven guidance.

Intent and Impact

Intent and impact are important concepts in approaching inclusive language. Despite the best intentions, sometimes the language we use has a negative impact on another individual, including discussions of a third party with whom one identifies. These intent-impact gaps are difficult to navigate for both parties and can be detrimental to the learning and practice environments. Impact is often given more weight than intent when addressing harm, including AAMC metrics that are student-reported and focused on the impact on learners.[2]

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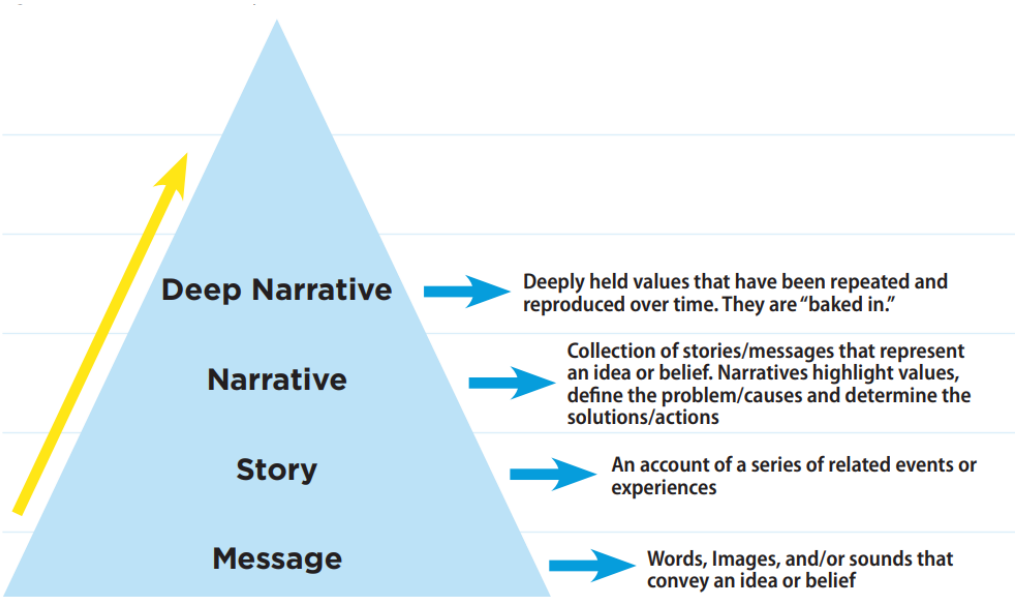
[1] Weiss M, Kolbe M, Grote G, Spahn DR, Grande B. We can do it! Inclusive leader language promotes voice behavior in multi-professional teams. *The Leadership Quarterly*. 2018;29(3):389-402.

[2] Mavis B, Sousa A, Lipscomb W, Rappley MD. Learning about medical student mistreatment from responses to the medical school graduation questionnaire. *Acad Med*. 2014;89(5):705-711. doi:10.1097/ACM.0000000000000199

Microaggressions, which are often subtle and unintentional, are also defined by impact and are an important focus of work to improve language inclusivity in medical education and clinical practice.[3,4]

Intent-impact gaps are frequently driven by differences in identity and lived experience. The words we use are interpreted by the recipient in the context of the 'Narrative Ecosystem,' as demonstrated in the following figure:[5,6]



For example, "pimping," a common phrase in medical education, is used to describe Socratic teaching methods but also carries narratives of intent to shame and humiliate, and deep narratives of imposter syndrome, capability, belonging, and fairness in the medical hierarchy.[7]

Pursuing awareness of deep narratives is imperative for recognizing injustice and developing cultural humility. However, translating this awareness into the language we use requires intentionality and practice with reproducible and methodical frameworks. While we include some information on deep narrative in our glossary of terms, we will first introduce several

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[3] Young K, Punnett A, Suleman S. A Little Hurts a Lot: Exploring the Impact of Microaggressions in Pediatric Medical Education. *Pediatrics*. 2020;146(1):e20201636. doi:10.1542/peds.2020-1636

[4] Sue DW, Capodilupo CM, Torino GC, et al. Racial microaggressions in everyday life: implications for clinical practice. *Am Psychol*. 2007;62(4):271-286. doi:10.1037/0003-066X.62.4.271

[5] Advancing Health Equity: Guide to Language, Narrative and Concepts. https://www.ama-assn.org/system/files/ama-aamc-equity-guide.pdf. Published 2021. Accessed January 3, 2022.

[6] Race Forward. Guide to Counter-Narrating the Attacks on Critical Race Theory. https://www.raceforward.org/practice/tools/ bannedwords/guide-counter-narrating-attacks-critical-race-theory. Published 2021. Accessed January 3, 2022.

[7] Kost A, Chen FM. Socrates Was Not a Pimp. *Acad Med*. 2015; 90 (1): 20-24. doi: 10.1097/ACM.0000000000000446.

concepts and frameworks that will provide a 'toolkit' for transforming awareness of deep narratives into navigating and using inclusive language.

Restorative Justice

Restorative justice, a framework that has been proposed for addressing mistreatment in the medical education learning environment, focuses on building accountability and responsibility for gaps in intent and impact through efforts aimed at directly addressing and repairing harm to individuals or groups and mitigating the possibility of repeated instances of negative impact.[8] The application of restorative justice extends beyond formalized processes and can be integrated into navigating individual instances of a gap in intent and impact. We suggest utilizing this framework when addressing intent-impact gaps to promote understanding, humility, and accountability in the learning environment.

Person-First Language

Person-first language is a framework designed to simultaneously add humanization and precision to language practices. It avoids defining a person by a single attribute, diagnosis, or identity. While this is a common framework that is mandated in many academic publications, and much has been accomplished since the framework was developed by the disability community in 1974, person-first language is not the norm in the clinical setting.[9]

The framework is simple and formulaic: "the person" or "the persons" is placed first and then any descriptors second. For example, rather than saying "the diabetic" one may say "the person with diabetes." We include many examples of person-first language in our guide and annotate examples of person-first language in the 'additional notes' column of our glossaries.

Most of the terms we include can be addressed through the implementation of person-first language, and after completing your review of this glossary, we expect you will be familiar with and able to apply this framework to everyday language practices. Many resources document specific applications of person-first language and may be of interest for further reading.[10,11,12,13]

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[8] Acosta D, Karp DR. Restorative Justice as the Rx for Mistreatment in Academic Medicine: Applications to Consider for Learners, Faculty, and Staff. Acad Med. 2018;93(3):354-356. doi:10.1097/ACM.0000000000002037, 10.1097/ACM.0000000000002037

[9] Crocker AF, Smith SN. Person-first language: Are we practicing what we preach? Journal of Multidisciplinary Healthcare. 2019;12:125-129.

[10] Bedell P, So M, Morse D, Kinner S, Ferguson W, Spaulding A. Corrections for Academic Medicine: The Importance of Using Person-First Language for Individuals Who Have Experienced Incarceration. Academic Medicine. 2019; 94 (2): 172-175. doi: 10.1097/ACM.0000000000002501.

[11] Granello DH, Gorby SR. It's Time for Counselors to Modify Our Language: It Matters When We Call Our Clients Schizophrenics Versus People With Schizophrenia. Journal of Counseling & Development, 2021;99(4):452-461. https://doi.org/10.1002/jcad.12397

[12] Jensen ME, Pease EA, Lambert K, et al. Championing person-first language: a call to psychiatric mental health nurses. J Am Psychiatr Nurses Assoc. 2013;19(3):146-151. doi:10.1177/1078390313489729

[13] Crocker AF, Smith SN. Person-first language: are we practicing what we preach? Journal of Multidisciplinary Healthcare. 2019;12:125-129. doi:http://dx.doi.org/10.2147/JMDH.S140067.

Person-first language is not without critique. Some have criticized the framework's utilization of singularly focused identifying language, especially language historically associated with significant stigma, as maintaining reductive and dehumanizing elements of other language frameworks.[14,15] This added nuance is important to consider and these criticisms highlight the importance of work to address broader injustice and stigma. These criticisms are relevant to and within the scope of clinical practice and learner engagement.

Identity-First Language

An alternative framework to person-first language is identity-first language. This framework, much like person-first language, is straightforward: to utilize identity-first language, you first state the descriptor and then "person" or "people" to whom the descriptor is applied. For example, to describe someone who has a disability, you would say "disabled person," compared to the person-first framework which would be "person with a disability."

This framework addresses criticisms of person-first language by centering community and cultural identity and recognizing how each element of a person, including a disability, are part of their whole person.[16,17] Proponents of this model appreciate the attention of this model to both the social and medical definitions of disability, although it is not universally agreed that identity-first language better captures the social definition compared to person-first language.[18] Identity-first language is the preferred model for many Autistic people and Deaf people.

There is debate within many communities regarding the use of person-first compared to identity-first language, and this may lead to intent-impact gaps with some community members. When approaching such gaps, centering restorative justice facilitates building trust and demonstrating respect for people even after a gap between intent and impact is identified.

Anatomy-Based Language

Anatomy is often gendered through our care systems. For example, OBGYN centers are often called "women's care centers," which is exclusive of trans, nonbinary, or intersex people with a uterus, cervix, etc. Much of our language is cis-normative and represents dominant discourse about gender that can be harmful to trans, nonbinary, and intersex people. Qualitative research conducted with trans and nonbinary youth demonstrated a preference for language that is

[14] Collier R. Person-first language: what it means to be a "person". *CMAJ*. 2012;184(18):E935-6. doi:10.1503/cmaj.109-4322, 10.1503/cmaj.109-4322

[15] Gernsbacher MA. Editorial Perspective: The use of person-first language in scholarly writing may accentuate stigma. *J Child Psychol Psychiatry*. 2017;58(7):859-861. doi:10.1111/jcpp.12706, 10.1111/jcpp.12706

[16] Why Person-First Language Doesn't Always Put the Person First. https://www.thinkinclusive.us/post/why-person-first-language-doesnt-always-put-the-person-first. Published 2021. Accessed January 4, 2022.

[17] I am Disabled: On Identity-First Versus People-First Language. https://thebodyisnotanapology.com/magazine/i-am-disabled-on-identity-first-versus-people-first-language/. Published 2015. Accessed January 4, 2022.

[18] People first vs identity first: a discussion about language and disability. https://www.croakey.org/people-first-vs-identity-first-a-discussion-about-language-and-disability/. Published 2016. Accessed January 4, 2022.

anatomical but not gendered or based in self-determination (the latter of which will be covered under "mirroring language").[19]

For example, the term "woman's body" is a gendered term associated with a reproductive tract including a uterus, ovaries, cervix, and vagina and secondary sex traits including breasts. Not all people with this anatomy identify as women. Using anatomical terms can reduce gender dysphoria associated with medical care for organs discordant with gender identity.

Mirroring Language

Mirroring language is a strategy to use self-determined language demonstrated by another individual. None of the inclusive language strategies we discuss are one-size-fits-all; rather, they are consensus-driven. Listening to the terms used by people to discuss their own identity, anatomy, etc. may provide their individual preferred terminology.

As discussed above, trans and nonbinary people may experience gender dysphoria with their anatomy, and anatomy-first language is a standard approach to avoid gendering organs. However, if a person were to refer to their uterus as "my box" or another colloquial phrase, this may be their preferred term for this anatomy, and you can either mirror this language or ask if they would prefer you use the modeled language.

In other instances, reclaimed or reappropriated terms may be used by community members and may not be appropriate for people outside the community to use.[20,21] It is best to avoid terms that have historically been derogatory unless you are a member of the identity group.

III. Describing Individuals and Identity

When describing individuals or communicating about an aspect of their identity, person-first and organ-based language can be important frameworks to utilize, and we have provided many examples below that demonstrate how to transform non-inclusive language to inclusive language utilizing the person-first and organ-based frameworks.

Notably, not all people of an identity group prefer the same language, which can result in intent-impact gaps even with the best of intentions and the most carefully selected language. In these situations, relying on restorative techniques and mirroring language can be useful.

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[19] Tordoff DM, Haley SG, Shook A, Kantor A, Crouch JM, Ahrens K. "Talk about Bodies": Recommendations for Using Transgender-Inclusive Language in Sex Education Curricula. *Sex roles*. 2021; 84:152-165. https://doi.org/10.1007/s11199-020-01160-y

[20] Coles G. The Exorcism of Language: Reclaimed Derogatory Terms and Their Limits. *College English*. 2016; 78(5):424-446.

[21] Galinsky AD, Wang CS, Whitson JA, Anicich EM, Hugenberg K, Bodenhausen GV. The Reappropriation of Stigmatizing Labels: The Reciprocal Relationship Between Power and Self-Labeling. *Psychological Science*. 2013;24(10):2020-2029. doi:10.1177/0956797613482943

Diagnoses and ability

Several of the terms below discuss drug use and addiction. For more information and a CME (Continuing Medical Education) opportunity, see this resource developed by the National Institute of Drug ~~Ab~~use.[22]

Many other terms address (dis)ability. For more examples and information, see the National Center on Disability and Journalism's Disability Language Style Guide.

Term	Suggested Replacement	Additional Notes
the diabetic / the cirrhotic / the epileptic / the paraplegic / Sickler / etc.	person diagnosed with _____ / person with _____	Examples of person-first language. This language model is precise, humanizing, and promotes inclusivity.
alcoholic / addict / junkie / drug abuser / user	Person with substance use disorder / Person who uses _____	
Former Addict	Person in recovery / person who previously used _____	
Dwarf / little person / midget	Person with dwarfism	
Mentally Retarded / Slow	Person with intellectual, cognitive, or developmental disability	
Crazy / insane / nuts / psycho / loony / deranged	Person with mental illness / Person with psychiatric disability / Person living with _____	
Handicapped / the disabled	People / person with disabilities	
Invalid / cripple	People / person with disabilities	
Brain damaged	Person who has a traumatic brain injury	
The blind	People who are blind	
Wheelchair bound	Person who uses a wheelchair	

[22] We included this strikethrough purposefully to highlight the institutional integration of terms that do not follow inclusive language standards. By their own guide, 'abuse' is not a preferred term.

Obese / morbidly obese /overweight	Person with unhealthy weight / Person with high BMI	These examples use person-first language. Note, that "fat" has become a reclaimed term that may be appropriate to mirror when used by people. Avoid discussing weight singularly. Focusing on exercise, diet, etc. rather than weight may reduce stigma felt by patients/individuals.
Autistic	Autistic person / neurodivergent person	The use of identity-first language is overall preferred to person-first language in these communities, although there is no universal agreement.
the *d*eaf	**D**eaf people / **D**eaf person	
Afflicted with / stricken with / suffers from / victim of _____	The patient has _____	Switching to person-first language reduces connotations of pity
Able-bodied	Person without a disability	This language others people with disabilities or medical diagnoses.

Sex and Gender

Gender pronoun use is an important part of inclusive language practice. Sharing and asking for personal pronouns is an important part of introductions to colleagues, students, and patients. This is an affirming practice that promotes inclusivity of trans and nonbinary persons. Sharing pronouns is important in both individual interactions and large group spaces. Notably, pronouns may evolve over time as an individual's dynamic identity evolves and introductions may not be the only time that you ask for someone's pronouns.

When introducing yourself to another person, one might say, "My name is Alex and I use They/Them pronouns, what pronouns should I use to address you?" In situations where you might mistakenly address another person by pronouns that are not congruent with their identity, a quick apology and correction are typically the best approach. For example, after using the incorrect pronoun, one might say "I'm sorry I used the incorrect pronoun," and then continue the conversation with effort to utilize the individual's pronouns.

Many resources are available for further information on pronoun use and sex/gender:

- A video generated by Osmosis.org in collaboration with UVM LCOM discussing the concepts of sex, gender, and sexual orientation.

- A peer-generated video designed by UVM LCOM students focused on pronoun use in the learning environment.
- GLSEN Pronoun Guide
- NPR: A Guide to Gender Identity Terms

Example term	Suggested Replacement	Additional Notes
Chairman, manpower, etc.	Chairperson, people power	Gender neutrality in common phrases can increase inclusivity and validate the presence of cisgender women, transgender, and nonbinary individuals.
"Hey guys" / "Ladies and gentlemen"	Folks / y'all / colleagues / friends / attendees / everyone	
"Boys and girls"	Children / kiddos	
"Husband" / "wife"	Spouse / Partner	
"Mom and dad" or "mother and father"	Parents / Guardians	
"Women's care"	Gynecologic Care / Obstetric Care / Breast care	Adding specificity provides organ/system-based, rather than gender-based, language and is inclusive of trans or nonbinary people with those organs.
"Preferred pronouns"	"Personal pronouns" / "pronouns"	Pronouns reflect gender identity, utilizing "preference" insinuates choice.
transvestite / transsexual / Hermaphrodite	They are transgender / a transgender individual / they identify as transgender (adj.) Some people accept the reclaimed word "queer" as an umbrella term.	Trans and nonbinary gender identities exist on a spectrum. "Transgender" is one of many identities on this spectrum and other adjectives may be preferred. Pay attention to language modeled or ask if uncertain.
they are "a" transgender (n.) / they are "transgendered" (v.)		

they "transgendered" a few years ago (v.)	They "transitioned" a few years ago.	Transitioning is the preferred term for this complex and individual process including social, medical, and other components. The process of transitioning, including identity in medical records, does not follow the same timeline as the development of identity. Try to avoid language that invalidates identity prior to transition.
they "changed genders" a few years ago		
Is "actually" …, Born as….	"Assigned at birth"	
"Before he was a boy"	"Before he transitioned"	
"de-transitioned"	"transitioned" / "they identify as ____"	Gender is a dynamic identity on a spectrum, and people may or may not identify the same way throughout their lives.
"Sex change" operation / "opposite sex hormones"	Gender-affirming care	Gender-affirming care includes hormone therapies, procedural interventions etc. Not all trans and nonbinary people will pursue medical intervention, but for many this is live-saving care that affirms their identity.
"Biological sex" or "Biological gender"	Sex traits	People are born with sex traits, including chromosomes, genitals, and reproductive organs, but these may not line up neatly into what most people think of as one "biological sex."
"Born with ambiguous gender" or "ambiguous genitalia"	"Born with genitalia outside of the typical male/female binary"	"ambiguous" implies seeking to place an individual within a binary definition of sex which is not inclusive of intersex people.

"Born both a man and a woman"	"Born intersex" or "born with different sex traits"	With most people's binary understanding of sex, this could imply a person was born with two sets of genitalia, which is not possible. It also assumes being a man or a woman depends on sex traits at birth (and implies these are the only two options!).
"Female/Male Chromosomes"	XX/XY chromosomes	Chromosomes do not determine gender identity. Also, intersex people can have chromosome patterns that are not XX or XY.
"Women's/Man's Genitalia"	Vagina/Penis	Body parts don't have genders. Organ-based language is inclusive of intersex and transgender people with sex traits often associated with a different gender.
"Both sexes/genders"	Multiple sexes/genders	There are more than two genders, and many combinations of sex traits
Frequently referring to physicians with he/him pronouns	Diversify your example physicians. Use she/her or they/them	"They" can be used as a non-binary or gender-neutral pronoun

Sexuality

Term	Suggested Replacement	Additional Notes
Homosexual	LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, and more)	Homosexual is viewed as pathologizing and reinforces a binary gender construct.
Promiscuous	Engages in ____ with ____ partners	Person first language that is precise and non-judgmental
Sexual preference	Sexual orientation / sexuality	Sexual preference connotates choice

Other identity-based terms

Example Term	Suggested Replacement	Additional Notes
"Elderly people" / "old people"	Older adults / adults / People over the age of ____	Person-first or language with reduced stigma.
"minorities"	"underrepresented"	This language recognizes systemic barriers. Furthermore, it is important to be general when discussing general topic and precise when discussing a specific identity group.
"marginalized"	"groups facing systematic oppression"	
Vulnerable	Oppressed / disenfranchised	
Victim	Person who has experienced / person who has been impacted by _____	These examples utilize person-first language. Some people may prefer the term "survivor" or "survivor of ____" to person-first language in this situation.
"Choice" / "lifestyle" / "preference"	A person who is _____ / people who are _____	Person-first language, with emphasis on identity recognition.
"normal"	A person who is not _____	Less "othering" and avoids centering privileged identities as "defaults"
Person who does not seek care	Person with limited access to (specific service/resource)	Avoid unintentional blaming
Homeless	Person experiencing homelessness / unhoused person	Person-first language
Prisoner / Convict	Person who was/is incarcerated	Person-first language
Prostitute	Person who engages in sex work / Sex worker	Person-first language and less stigmatizing.
Child Prostitute	Child who has been trafficked	Person-first, recognizes power dynamics
Caucasian	White	The term Caucasian has a white supremacist origin.[5]

Latino/Latina/Latin@ (when referring to multiple people)	Latine / Latinx	Gender neutral and non-binary. Note that Latine originated in Spanish-speaking populations and is generally preferred over Latinx.
Illegal immigrant / illegal alien	Undocumented Immigrant	"illegal" and "alien" are dehumanizing and othering terms
Indians	Native peoples / Indigenous peoples / American Indian & Alaska Native	The term "Indian" is rooted in colonization, which resulted in genocide of the native people of North America.
"Orientals"	Person of Asian ancestry	Person-first replacement of outdated language. Ancestry may be preferred to "Asian-American," as this term can be interpreted as othering and is sometimes inaccurate.
African Americans / Black**s**	Black (use a capital B) / Black people (plural)	Note, this is not universally agreed upon and different people may prefer different terminology. "African-Americans" has been seen as othering by some who have been in the US for generations or inaccurate for those who identify as Caribbean Islanders, etc.
"People of Color"	Black and Indigenous People of Color (BIPOC)	When discussing oppression, this is a more precise representation of racial groups disproportionately affected by violence and discrimination. Note that this is an umbrella term and more precise discussions warrant more precise language.

IV. Clinical Vocabulary / Terms

Example Term	Suggested Replacement	Additional Notes
"harvesting" or "procuring" organs	Organ "recovery"	Reduces transactional language to respect donor.
Non-compliance	Non-adherence	Non-compliance does not recognize additional factors (structural barriers, mistrust, poor communication) and places blame on the patient
Refused care	Declined _____ option/ selected to _____	Centers patient autonomy and shared decision-making
Dirty / Clean	Testing negative or positive / in remission / not actively using drugs	Clinically accurate and non-stigmatizing
Habit (in reference to substance use)	Substance use (disorder) / Drug addiction	Habit implies the ability to stop and minimizes the seriousness of the disease.
Committed/successful/completed suicide	Died by suicide / Took their own life	Removes framework of criminality or achievement and attached judgement
Failed / unsuccessful / attempted suicide	Took steps to end their life	
Chief Complaint	Chief Concern	Complaining has negative connotations for patients
"Red Man Syndrome"	Vancomycin Infusion Reaction	White male standard has led to gender and race related bias. Also "Red Man" has been used as racist language towards Native people.
Mongolian Spots	Dermal melanocytosis	The former term is racialized.
Wegener's Granulomatosis / Reiter's syndrome / Clara cell / Asperger Syndrome	Granulomatosis with polyangiitis / reactive arthritis / Club cell / Autism Spectrum	Avoid medical eponyms which have been associated with Nazi human experimentation.
Conceptualizing race as a biological construct	Race is a social construct and is distinguished from ancestry.	There's no genetic basis for race. Biologic race has been used to support white supremacy and ignore social sources of disparities, such as racism.

Sickle Cell Crisis	Acute painful episode	"Acute painful episode" preferred because patients shouldn't have to be at a point of true crisis for appropriate analgesia.

V. Medical Education Terms

In the medical education space, providing and receiving feedback is an important part of learner development and is also an area in which bias can be present. In both written and oral feedback, descriptors such as "confident," "compassionate," "quick learner," "scholarly," "natural leader," and "needs to smile more," are used in a gendered way that perpetuates inequities within medical education.[23,24,25] The following graphic demonstrates domains that tend to be evaluated using gendered language:[26]

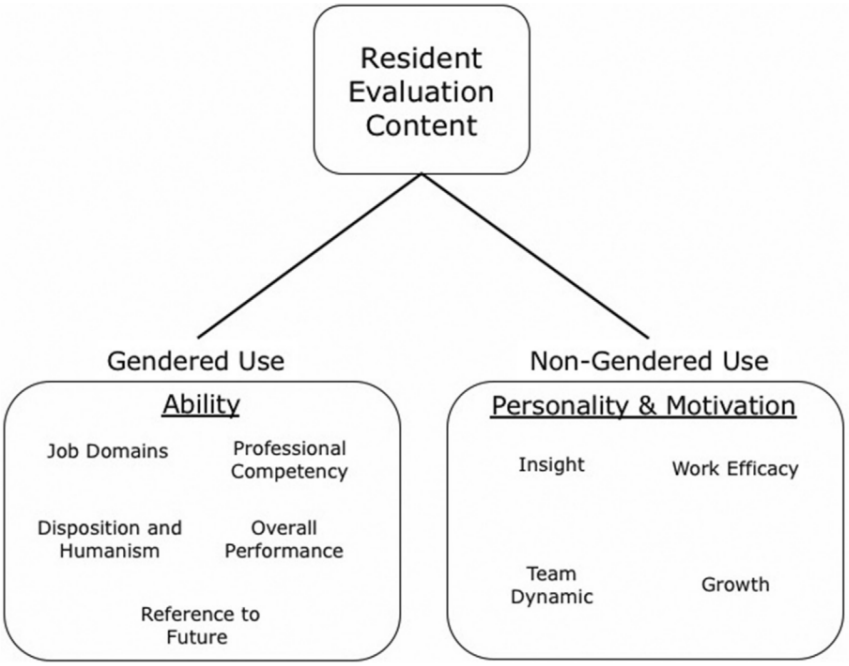

Fig. 2. Conceptual model of how people write differently about men and women surgical trainees.

[23] Brewer A, Osborne M, Mueller AS, O'Connor DM, Dayal A, Arora VM. Who Gets the Benefit of the Doubt? Performance Evaluations, Medical Errors, and the Production of Gender Inequality in Emergency Medical Education. *American Sociological Review*. 2020;85(2):247-270

[24] Blanch DC, Hall JA, Roter DL, Frankel RM. Medical student gender and issues of confidence. *Patient Educ Couns*. 2008;72(3):374-381. doi:10.1016/j.pec.2008.05.021

[25] Gerull KM, Loe M, Seiler K, McAllister J, Salles A. Assessing gender bias in qualitative evaluations of surgical residents. *Am J Surg*. 2019;217(2):306-313. doi:10.1016/j.amjsurg.2018.09.029

[26] Ibid.

The impact of evaluations utilizing biased language is most often misaligned with their impact. Deep narratives that influence the impact of feedback are also intersectional, meaning they are informed by the intersections of multiple identities held by one person. For example, if a woman was to be provided feedback that she was “abrasive” or “aggressive” this would carry additional deep narratives for a Black woman compared to a White woman, because the language is both gendered and racialized. We hope that our emphasis on precision, intentionality, and attention to deep narratives is evident and helpful for crafting evaluations using inclusive language.

Example Term	Suggested Replacement	Additional Notes
"pimping”	“quizzing” / “putting you on the spot”	References position of power and exploitation in sex trade and human trafficking, carries narratives of learning environment mistreatment.
Freshman	First-year student	Gender-neutral
Walk-in	Drop-in	Assumes the ability to walk
Trigger warning	Content note	Prepares learners for content without assumption of reaction / impact, leading to learner autonomy and kindness to learners.

VI. Other Terms

Example Term	Suggested Replacement	Additional Notes
Hysterical	Upset	Derived from gendered language and historically used in medicine to describe women in a sexist way.
"Powwow”	Meeting, gathering, check-in	This language appropriates native culture.
“Totem poll”	Hierarchy, organizational structure	
“gypped” / “jewed”	“ripped off” / “haggled down”	Originates from slurs directed at Romani/Gypsy and Jewish people.

"Killing it"	"Great job!"	Avoids violent language
Take a shot at / take a stab at	Give it a go / give it a try	
"grandfathered in"	I was able to retain _____ / I got an exception because _____	References "grandfather clause" used to disenfranchise black voters during reconstruction.
"Long time no see"	I haven't seen you in a while	These idioms are derived from phrases to mimic "broken" English
"No can do"	I can't do that	
Third world country	Low-income country, Low resource country	Recognizes systemic barriers for states with low resources.

VII. Additional Resources:

The following resources are available to further inform inclusivity in the learning and practice environments. While some sources cited in our glossary are included below, many additional resources can be found in our citations.

- UVM Resource: Creating a Positive Learning Environment (and Avoiding mistreatment!)
- UVM Resource: What is a Microaggression and How to Avoid Committing Them
- UVM Resource: Supporting Learners When a Patient Makes and Inappropriate (Racist, Sexist) Request or Comment.
- UVM Resource: Use of Pronouns and Navigating Gender Identity
- AAMC Guide: Advancing Health Equity: A Guide to Language, Narrative, and Concepts
- AAMC Guide: Accessibility, Inclusion, and Action in Medical Education Lived Experiences of Learners and Physicians with Disabilities
- NASPA: Brave Spaces and Safe Spaces

Inclusive Language for Medical & Health Education: An Evolving Guide

By Melinda Campbell and Laura Wilkinson

July 27, 2021

What is inclusive language? It's language that makes people feel included—language that doesn't discriminate based on a person's race or ethnicity, sexuality, gender, age, ability, or socioeconomic status.

In medical and health education, the way we discuss patients (even hypothetical ones) matters because all people deserve to feel seen, respected, and included. To address traditionally biased language in medicine, we've created this **Inclusive Language Guide**

for Medical and Health Education to help keep wording consistent and respectful. This ever-evolving guide is available for anyone who finds it useful.

After reading, if you're ready to test what you've learned, check out the free Quiz for a Cause: Inclusive Language in Medical Education in your Rosh Review Boost Exams box.

Take the free Inclusive Language Quiz:

1. Create a free account (existing users can skip this step).
2. Add the exam in the Boost Exams box (or here).
3. In your dashboard, click My Exams > Boost Exams.
4. Start the 26-question quiz!

The important work of improving health care education and patient interactions is not going to happen overnight, but with our combined commitment to doing better, we can make a difference. And please reach out with any comments or suggestions—much of what is included here has come from current best practices from expert clinicians and advocacy groups, updates released by major style guides, and YOU. Although old questions are continuously updated to address outdated wording, you may find something before we do!

Updated January 2022

This guide was originally created to address language used in Qbanks (i.e., regarding hypothetical patients), but conscientious wording is also essential in patient interactions and medical records. But keep this in mind: **these guidelines will not pertain to every patient** and every medical scenario, as individuals may have their own preferences about the language they use to refer to themselves or their loved ones. Often, **the best solution is to directly ask the patient for their preferred terms**.

Three basic principles have come out of creating the guide, no matter what you're discussing:

1. Be as specific as possible (e.g., NOT APPROPRIATE = foreign-born* and APPROPRIATE = from Nepal)
   *Foreign to who? Only you? Anyone in the US? This is why being specific is important

2. Only use relevant details (i.e., no need to bring up a point, like sexual orientation, if it has nothing to do with what you're discussing, like Lyme disease)

3. When interacting with patients, never make assumptions; always elicit the pertinent information, whether it is a patient's desired gender-affirming interventions or their decision to fast for Ramadan

It is important not to "other" (comparing groups to what you consider "normal"), so don't use normal when describing the reverse of any of the categories listed below (e.g.,

normal vs disabled, transgender, gay), and be conscious of othering terms such as differently abled or at-risk.

Here are some of the resources the editing team referred to when creating these guidelines. Within the subsections outlined below, you'll see links to more specific guides, as well:

18F Content Guide
The Diversity Style Guide
The Conscious Style Guide
Sum of Us: A Progressive's Style Guide

Race and Ethnicity

There aren't cohesive guidelines about how to use race in medicine (see this article in NEJM for some examples), and it's a complex topic. On one hand, some common medical guidelines involve race, which may be important to know for the board exams. But on the other hand, these guidelines may be incorrectly equating race with issues that might be due to other factors, like social determinants of health. (Watch "The problem with race-based medicine," a TED talk by Dorothy Roberts.)

To help highlight this, and in the hopes of teaching learners to think critically about how race is presented in medicine, we are starting to add this disclaimer in explanations where treatment may be affected by a patient's race:

> *The demographic information in the above explanation follows AMA Manual of Style terminology and may not match the language used in the references. Race is a social construct that is often correlated to certain medical conditions in the literature and evidence-based guidelines. Our hope is to inspire a change in the way race is used in the medical community.*

Here are the basic principles we use when the team has decided race or ethnicity should be included in the Qbank:

- When more specific terms can't be used, we prefer using American Indian, Asian American, Black, and White based on currently accepted wording in major style guides. Rather than the broad and oft-confused terms Latino and Hispanic, we aim to use specific descriptors (e.g., Colombian, Mexican American).
- Any term referring to race or ethnicity should be used as an adjective, not a noun (e.g., White men, patient of Korean descent rather than Whites or a Korean/a Korean American), and they are capitalized and do not use hyphens when more than one word (e.g., not Mexican-American woman, per major style guides).
- It is important to refer back to the original categories used in studies to determine their relevance (e.g., when estimating glomerular filtration rate, it is suggested to multiply by "1.210 if African American" at sites like this, but

the original study uses “Black”). It may be prudent to mention what terms were used in the original data.

- Do not use the terms nonwhite, Caucasian, Oriental, or Brown.
  - Nonwhite indicates that White is the default and everything else is “other.”
  - Caucasian and Oriental are both outdated terms: Caucasian is commonly used interchangeably with White but specifically refers to the Caucasus region in Eurasia, while Oriental exoticizes and stereotypes the “East” relative to Europe.
  - Brown is a nonspecific term that is commonly used in casual language, but it’s best to be specific when describing a person’s heritage.

But remember, individual patients may have their own preferences about the language they identify with. For example, while the editing team chooses to use specific language such as Mexican American to refer to a hypothetical patient in the Qbank, an actual patient may identify as Latino, Latina, or Latinx.

Socioeconomic Status

Take care to avoid othering language or language that has a negative connotation, especially if it makes a person’s socioeconomic status sound permanent.

Instead of…	Use…
the homeless	people without housing, people experiencing homelessness
third-world, developing countries	low-income, limited-income, resource-limited, resource-poor, transitional
the poor, the unemployed	person with low income, with no income, who is not currently employed
developed, first-world*, Western** countries/world	high-income, resource-rich, industrialized
at-risk***	the specific descriptor being discussed

*Othering language works both ways (i.e., we don't want to use "third-world" OR "first-world" countries, as first-world indicates there are other, lesser, countries).

**Western is traditionally code for predominantly White countries that were originally colonized by European countries. Try to be more specific about what you're truly trying to say.

***See principle 1 about being specific—this term is vague in the sense of socioeconomic status. For example, if you write "at-risk youth are susceptible to self-harm," what exactly makes these youth at risk—economics, exposure to violence, poor nutrition, another factor? Be specific, such as "Youth residing in foster care are at higher risk of [or have higher rates of] self-harm compared to youth in the general population." This specifies the factor that puts these individuals at risk.

APA Guidelines for Socioeconomic Status

Sex and Gender

In Qbank and other hypothetical content, avoid reinforcing gender stereotypes (female nurse vs male doctor, a mother always accompanying a child to doctor visits, assuming that all relationships are heterosexual).

- fe/male = sex (biological classification), wo/man = gender (a person's personal and social identity)
  - Therefore, correct usage is transgender wo/man (not transgender fe/male)
  - Note: transgender is an umbrella term that is not limited to binary sex and gender. Some terms you may encounter include MTF (male-to-female), indicating a transgender woman who was assigned male at birth, and FTM (female-to-male), indicating a transgender man who was assigned female at birth
- When applicable to acknowledge nonbinary gender identity or if sex or gender needs to be anonymous, is unknown, or can be used in nonpreferential general terms, use "they" as a singular pronoun

Instead of…	Use…

opposite sex	different sex
hermaphrodite	intersex
gender-neutral (to refer to person or population)	nonbinary, gender diverse
born a boy/girl, biologically fe/male	assigned fe/male at birth
sex change, sex reassignment surgery	gender confirmation surgery
normal	cisgender
identifies as a wo/man, nonbinary	is a wo/man, nonbinary

Clinicians should be familiar with community resources where they can refer transgender patients for any care that can't be obtained in the office and should also familiarize themselves with the unique physical and mental health care needs of transgender patients.

UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

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Sexuality

A person's sexual orientation describes who they are romantically, physically, or emotionally attracted to. It is separate from one's gender identity, which is how a person sees themselves (e.g., transgender, nonbinary, cisgender). Defer to the language

that a person or group prefers. For example, some may consider “queer” offensive while others identify as queer.

- Do not use nonstraight, homosexual, or queer (unless this is how a person or group refers to themselves)

- Use sexual orientation not sexual preference, lifestyle choice, or sexual identity

- In hypothetical situations, unless knowing a patient’s sexual orientation is necessary to understanding something about them, referring to their spouse or partner is preferred to husband, wife, boyfriend, or girlfriend
  - In clinical situations, nonbinary language (spouse, partner) is appropriate when the sex or gender of a patient’s partner is unknown

- Wo/men who have sex with wo/men is acceptable terminology when discussing behavior

- Instead of identifying sexuality (e.g., gay man), it might be better to describe their partner (e.g., has a male sexual partner).
  - Think about principle 2: what is important to the topic? Does it matter whether the patient is gay, straight, or bisexual or what behaviors they engage in (e.g., sex with partners of the same or a different sex)?

GLAAD Media Reference Guide

Disability

As with other categories, avoid othering language, and use the language that a person or group prefers.

- Most of the time, person-first language is preferred, but some people (including many in the Autistic and Deaf communities) prefer identity-first language because they feel the identity is an inherent part of their being
  - person-first: man with diabetes
  - identity-first: autistic man
- Beware of othering language that implies 100% healthy is normal (e.g., "differently abled"—different from what?)

Instead of...	Use...
differently abled, challenged, handicap(ped), special needs	disabled, functional needs (depending on context)
normal, able-bodied	without disabilities
suffers from, is a victim of, is afflicted by [disorder, disability, disease]	has [disorder, disability, disease]
wheelchair-bound, confined to a wheelchair	uses a wheelchair
mental retardation	intellectual disability, developmental disability

obese/overweight patient	patient with a history of obesity, with obesity/overweight, with elevated BMI, with a BMI of [X] (for adults)
substance abuse	substance use, substance use disorder
alcoholism	alcohol use disorder, chronic alcohol use, excessive alcohol use
alcoholic	patient with alcohol use disorder, person who excessively uses alcohol
[patient] is [bipolar, schizophrenic,...]	[patient] has, with [bipolar disorder, schizophrenia,...]

National Center on Disability & Journalism's Disability Language Style Guide

APA Guidelines for Nonhandicapping Language

Other Terms

Some things don't fall neatly into categories, and as you may have noticed, language is full of exceptions. Here are some other outdated terms and their suggested replacements.

Instead of...	Use...
provider*	clinician, be specific (e.g., physician, PA, NP)
prostitute	sex worker
elderly, senior, aged, geriatric	older, age range (e.g., patients ≥ 65 years)

admits (e.g., patient admits to drinking two glasses of wine per day)	reports (e.g., patient reports he drinks two glasses of wine per day)
denies	reports no
complains/complaining of	has, notes, reports
patient failed [treatment]	patient refractory to, who did not improve from, who didn't respond to, did not derive benefit from [treatment]
noncompliant [with medication]	discontinued the medication [due to…]
committed/completed suicide	died by/due to suicide
un/successful suicide	suicide attempt/suicide
doesn't speak English**	has limited English proficiency, requires/prefers assistance in [language], requires the help of an interpreter

*There are a few reasons this term is problematic. As with most topics, it's better to be specific.

**It is important to remember that proficiency may decrease when sick or scared. Also, be sure not to assume or generalize their proficiency. Confirm with the patient.

Remember to test your inclusive language knowledge with the **Inclusive Language Qbank—**free in your Boost Box.

This guide was developed by Melinda Campbell and Laura Wilkinson with the editing team: Lisa Alchier, Gina Jansheski, Grace Satterfield, and Kristian Savic with the help of Morgan Leafe, MD, MHA; Melinda Chen, MD; Charmian Lewis, MD; and Adam Rosh, MD.

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More on use of pronouns and navigating gender identity

I. Use of Pronouns
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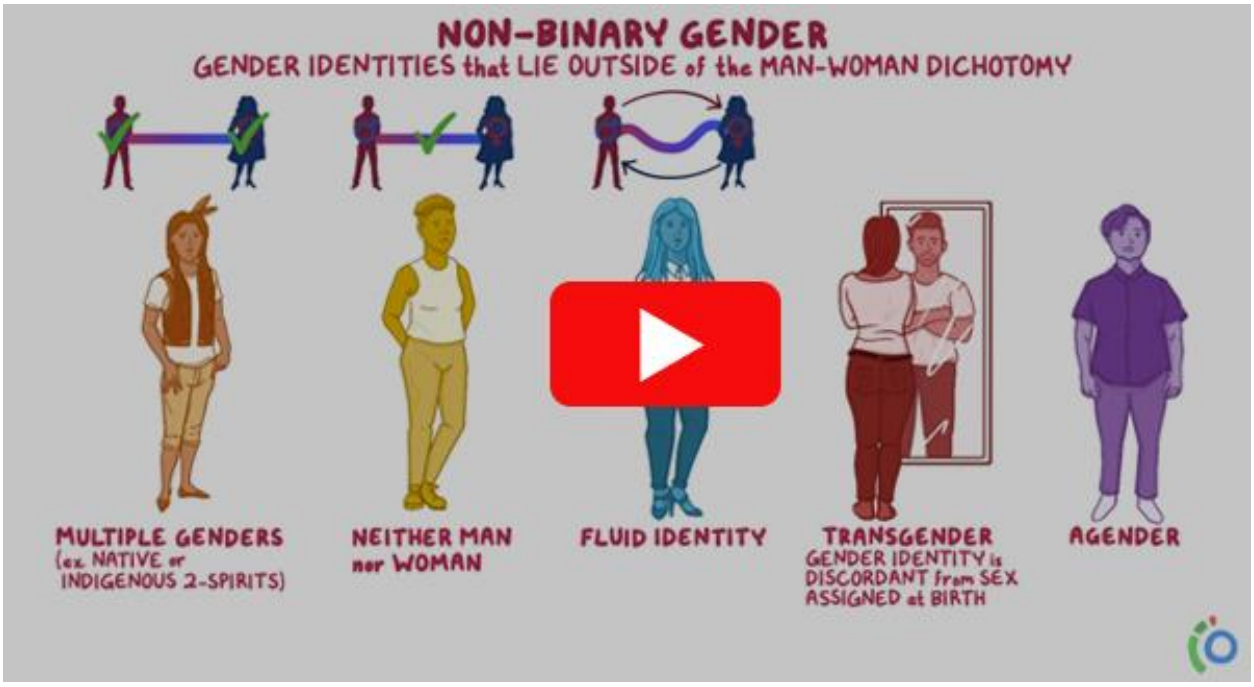

Larner College of Medicine faculty, staff, and students are encouraged to watch the "Sexual Orientation & Gender Identity" video by Osmosis, which was created in collaboration with medical students **Luke Higgins, Emerson Wheeler,** and**Rachel Harrison**, and Curricular Design & Delivery Manager **Cara Simone, M.A.**

Watch the video on YouTube.