JHPLT
Journal of Health Professions Learning and Technology

CASE REPORT

Vol. 1, No. 1 (Jul-Sep 2026) | e18
Published 23 September 2026
Published by Palmetto Innovative Education LLC, Mount Pleasant, SC | e-ISSN 3144-5454

Marcus Bennett

Amy McNicoll

* Correspondence: Amy McNicoll, ammcnico@utmb.edu

ABSTRACT

---Marcus Bennett is a clinical simulation case designed for nursing students to enhance their skills in patient-centered care, particularly with transgender individuals. The learning objectives focus on enabling students to understand the importance of gender-affirming communication, perform anatomy-based assessments of abdominal pain in transgender patients, recognize the significance of privacy and confidentiality, differentiate between ovarian cysts and ectopic pregnancy, and manage patient anxiety to build trust. The clinical scenario involves a 22-year-old transgender man, Marcus Bennett, who presents to the emergency department with sudden-onset severe lower right abdominal pain and nausea. Students are tasked with conducting a focused abdominal assessment, considering the patient's hormone therapy history, and addressing concerns related to gender identity and privacy. The case is useful in a curriculum for developing fundamental skills in effective communication, clinical assessment, and empathetic patient interactions, aligning with entry-level nursing competencies.

Keywords emergency medicine; abdominal pain; patient centered care

CASE OVERVIEW

Marcus Bennett, a 22-year-old transgender man, presents with lower right abdominal pain. The case explores anatomy-based assessment and gender-affirming communication.

INTENDED LEARNERS

Nursing Student

LEARNING OBJECTIVES

1. Perform an anatomy-based assessment of abdominal pain in transgender patients.
2. Demonstrate gender-affirming communication, including use of the patient's chosen name and pronouns.
3. Apply privacy and confidentiality principles when documenting sensitive information for a transgender patient.
4. Use trauma-informed communication strategies to reduce patient anxiety and build trust.

CLINICAL PRESENTATION

Name	Marcus Bennett
Age	22
Sex	Other
Race / ethnicity	Multiracial Non-Hispanic
Height	5ft 8in
Weight	170 lbs

Chief complaint. Lower right abdominal and pelvic pain

History of present illness. Marcus Bennett, a 22-year-old transgender man, presents to the ED with lower right abdominal and pelvic pain. He reports a pain level of 2/10. This has been going on intermittently for weeks now. He has been on testosterone for two years, but just recently had to stop due to being unemployed.

Past medical history. Hormone therapy with testosterone for past 2 years, recently stopped due to loss of job.

Past surgical history. None.

Past psychiatric history. None reported.

Social history. Recently lost his job as a retail associate and is currently uninsured. Lives with a roommate. Support person is his brother, Devon Bennett. He is bisexual and sexually active with both male and female partners, but currently with one male partner.

Family history. Mother and maternal grandmother both have Type II diabetes mellitus.

Medications. Testosterone cypionate 100 mg IM weekly is prescribed; not taken recently

Allergies. NKDA

SIMULATED CHARACTER

Name. Marcus Bennett

Demographics. 22-year-old transgender male

Personality and mood. Guarded but not hostile; softens with respect; anxious about privacy; weary of correcting gender details. Marcus gets upset and pushes back firmly if called by the wrong name.

Identity, purpose and background. Marcus Bennett is a 22-year-old transgender man. His legal name is still Marla on his ID and insurance, so it appears on his hospital armband, but he goes by Marcus and uses he/him pronouns. He is cautious in medical settings because of past negative experiences, including being called by his legal name in waiting rooms and asked unnecessary questions about his transition. He values his privacy and does not want his gender history shared beyond the people directly caring for him. He knows his anatomy well and is comfortable discussing it when asked respectfully and for a clear reason. Marcus lives with a roommate. His older brother, Devon, is his main support person. Marcus is bisexual and is currently sexually active with a male partner. They use condoms most of the time but not always.

Marcus's primary care provider is Dr. Ortega, who prescribed his testosterone (100 mg IM weekly) for about two

years. Visits with Dr. Ortega usually involve wellness checks, medication refills, mental health screenings, and conversations about his general health and options for continued medical and possibly surgical transition. Recently, Marcus lost his job as a retail associate, and with it his health insurance. He stopped his testosterone because he could not afford it without coverage. He has been looking for work but has not found a new job yet. He has not told Dr. Ortega that he stopped because he feels embarrassed, and he plans to restart once he has insurance again. Since stopping, his period returned about two months ago, which has been upsetting for him. He believed testosterone worked as birth control and does not fully understand why a pregnancy test is needed. He is also worried about how he will pay for this ED visit.

Before starting testosterone, Marcus had irregular periods from the time they began in his early teens. He sometimes went three or four months without a period, and when one came it was often heavy and lasted more than a week. He had persistent acne on his jaw, chin, and back that did not improve with over-the-counter products, along with hair growth on his chin and lower abdomen. Because his periods were unpredictable and the hair growth did not bother him, he assumed these things were normal for him and never mentioned them to a provider. Since stopping testosterone, his acne has started coming back. He has gained weight around his midsection since high school and finds it hard to lose even when he is active and careful about what he eats. He often feels tired and sluggish, especially after meals. He has noticed darker, velvety patches of skin on the back of his neck and under his arms, which he thought came from not scrubbing well enough. At a wellness visit last year, Dr. Ortega mentioned that his blood sugar was "a little high" and suggested he watch his diet, but Marcus did not really understand what that meant. His mother and grandmother both have type 2 diabetes.

For the past several weeks, Marcus has had a dull ache on both sides of his lower abdomen that comes and goes. He did not think it was serious and did not mention it to Dr. Ortega. About three hours before arriving at the ED, the ache became worse and more focused on his lower right side, with a crampy quality that just won't go away. He rates the pain a 2 out of 10. Marcus does not know what is causing the pain and has never connected his past symptoms to one another or to his current pain. He has not been told he has any medical condition.

Simulation behaviour. Reveal gender history only if asked directly, and be cautious of privacy concerns. Respond respectfully to gender-affirming cues. Marcus does not know he has PMOS (PCOS) or any other medical condition and should never name or guess a diagnosis. Share past symptoms (irregular periods since his early teens, acne, hair growth on his chin and lower abdomen, weight gain around his midsection, tiredness after meals, and dark velvety skin patches) only when the student asks related questions, one or two details at a time rather than all at once. Mention that he stopped testosterone after losing his job and insurance only if asked about medications, his provider, or how he will pay for care. Marcus feels embarrassed that he has not told Dr. Ortega he stopped testosterone and may hesitate before sharing this. Share sexual activity details only if the student asks about sexual history respectfully and explains why it matters for his care. If the student explains test results or his condition in plain language, Marcus asks follow-up questions and becomes less guarded. If the student uses medical jargon without explaining it, Marcus says he does not understand.

Opening line

> Hi, I'm Marcus. I've been having pain on my right side.

Procedures and actions available to the learner

Action	Result added to the chart	How the character responds
Check arm band	Marla Bennett, DOB 9/10/2004, MRN 0123456	I know it says my name is Marla...it is not. I go by Marcus and I identify as male and use he/him pronouns. Can you change that in the system?
Ask Reason for Visit / Chief Complaint		The pain in my lower right belly comes and goes and is really cumbersome to deal with. Right now it is maybe a 2 out of 10. It feels crampy.
Obtain Vital Signs	HR 105, BP 110/68, RR 18, Temp 98.6 F, SpO2 98%	Are my vital signs okay?
Can you tell me about any medications you are on?		I was on testosterone, but I had to stop after I lost my job.
When was your last menstrual period?		My period came back about two months ago, after I stopped my testosterone. Even before testosterone, my periods were never regular, and they are getting really painful more recently.
Call Provider with SBAR	Orders received from S. Nguyen, MD.	What did the doctor say I needed to do?
Administer Pregnancy Test	Urine hCG: Negative	Are you going to put that in my chart? I am worried about people knowing I am trans. I don't like dealing with all the questions; it makes me tense.
Call Radiology to Administer Ultrasound	Impression: Both ovaries are enlarged with multiple small peripheral follicles, consistent with polycystic ovarian morphology. Correlate with clinical history and laboratory findings. No ovarian cyst, mass, or sign of ovarian torsion. No free fluid in the pelvis.	Who can tell me what the ultrasound says?
Collect Labs	High androgen levels with low SHBG. High LH:FSH ratio and high AMH, which point to an ovarian cause. Insulin resistance, prediabetes-range glucose and A1c, abnormal cholesterol, and mildly elevated ALT. Normal adrenal, pituitary, and thyroid tests.	Will the doctor come talk to me about my results?

Some actions reveal media in the simulation: Check arm band (image); Obtain Vital Signs (image); Can you tell me about any medications you are on? (image); Call Provider with SBAR (image); Administer Pregnancy Test (image); Call Radiology to Administer Ultrasound (image); Collect Labs (image).

ASSESSMENT ITEMS

Item 1. When the nurse checks the identification band, it reads "Marla Bennett." The patient says, "I know it says my name is Marla. It is not. I go by Marcus, and I use he/him pronouns. Can you change that in the system?" Which response by the nurse is most appropriate? *(multiple choice, 1 point)*

- A. "I have to call you by the name on your band so we avoid any mistakes with your care."
- B. "Thank you for telling me, Marcus. I will make sure your name and pronouns are documented."
- C. "Can you tell me when you started going by Marcus? I will try to make sure to call you by the right name."
- D. "I cannot change anything, sorry. Maybe I can call medical records later or something."

Answer and rubric. "Thank you for telling me, Marcus. I will make sure your name and pronouns are documented."

Item 2. When the nurse completes the pregnancy test, Marcus asks, "Are you going to put that in my chart? I am worried about people knowing I am trans." Which response by the nurse is most appropriate? *(multiple choice, 1 point)*

- A. "I understand. I will leave the pregnancy test out of your chart so no one will know that we did it."
- B. "Don't worry. No one will ever see your chart except me. It is just between us."
- C. "It sounds like protecting your privacy is really important to you. Let's discuss who can view your chart."
- D. "This is a standard test for all female patients, so it is not a big deal. Sorry."

Answer and rubric. "It sounds like protecting your privacy is really important to you. Let's discuss who can view your chart."

Item 3. Marcus is guarded and appears anxious. He tells the nurse he has had negative experiences in healthcare settings. The nurse needs to ask about his sexual history and perform an abdominal assessment. Which approach is most likely to reduce his anxiety and build trust? *(multiple choice, 1 point)*

- A. Ask the sensitive questions quickly and at the beginning of the assessment so the conversation is over sooner.
- B. Explain why each question and assessment step is needed and ask permission before touching him.
- C. Reassure him that there is nothing to worry about and that the staff treats everyone the same.
- D. Ask him to describe his past negative experiences in detail so the nurse can avoid repeating them.

Answer and rubric. Explain why each question and assessment step is needed and ask permission before touching him.

Item 4. Marcus reports lower right abdominal and pelvic pain that has worsened over the past three hours. He stopped testosterone a few months ago, and his menstrual periods returned about two months ago. Which assessment approach by the nurse is most appropriate? *(multiple choice, 1 point)*

- A. Skip reproductive questions because Marcus identifies as male.
- B. Explain the reason, then ask about menstrual and sexual history.
- C. Focus only on gastrointestinal causes such as appendicitis.
- D. Ask about his transition timeline before assessing his pain.

Answer and rubric. Explain the reason, then ask about menstrual and sexual history.

Item 5. The pelvic ultrasound shows enlarged ovaries with polycystic morphology and no torsion, cyst, or free fluid. Labs show high androgen levels, insulin resistance, and prediabetes-range glucose. Marcus's heart rate is 105, and he asks, "Will the doctor come talk to me about my results?" Which action by the nurse is most appropriate? *(multiple choice, 1 point)*

- A. Tell Marcus he has polycystic ovary syndrome.

- B. Reassure Marcus that nothing serious was found and he can go home.
- C. Report findings to the provider using SBAR and advocate for follow-up.
- D. Advise Marcus to restart his testosterone as soon as possible.

Answer and rubric. Report findings to the provider using SBAR and advocate for follow-up.

DEBRIEFING DIMENSIONS

Communication Skills (narrative)	Assesses the learner's ability to communicate respectfully and effectively with transgender patients, using appropriate pronouns and names.
Clinical Assessment (narrative)	Evaluates the learner's proficiency in conducting a thorough and anatomy-based clinical assessment.
Patient Privacy (narrative)	Measures the learner's attention to maintaining patient privacy and confidentiality.
Anxiety Management (narrative)	Assesses the learner's capability to manage patient anxiety and build trust through empathetic interactions.
Patient Advocacy (narrative)	Evaluates how the learner protects Marcus's dignity, privacy, autonomy, and safety. This includes using his chosen name and pronouns, telling him why the pregnancy test and pelvic ultrasound are needed without judgment, getting informed consent, keeping his gender history and testosterone use confidential, speaking up if anyone misgenders him or makes biased remarks, and escalating his pain or abnormal findings to the provider promptly.

COMPETENCY ALIGNMENT: AACN2026

Progression level. 1 - Entry

The case focuses on foundational pre-licensure nursing skills: respectful communication, anatomy-based assessment, privacy, informed consent, anxiety reduction, and timely advocacy and escalation. It does not require graduate-level advanced practice or systems leadership.

Domain 2: Person-Centered Care

Code	Competency	Rationale
2.1	Engage with the individual in establishing a caring relationship.	Use trauma-informed, respectful interactions to build trust and respond to Marcus's prior negative healthcare experiences.
2.2	Communicate effectively with individuals.	Use Marcus's chosen name and pronouns, explain the reasons for sensitive tests without judgment, and communicate in ways that reduce anxiety.
2.3	Integrate assessment skills in practice.	Conduct a thorough abdominal assessment informed by relevant anatomy and respectfully elicit pertinent history and symptoms.
2.6	Demonstrate accountability for care delivery.	Protect confidentiality, obtain informed consent, preserve dignity, and promptly escalate pain or abnormal findings.

Domain 3: Population Health

Code	Competency	Rationale
3.5	Demonstrate advocacy strategies.	Advocate for Marcus's privacy, autonomy, safety, and respectful treatment, including speaking up about misgendering or biased remarks.

Domain 8: Informatics and Healthcare Technologies

Code	Competency	Rationale
8.5	Use information and communication technologies in accordance with ethical, legal, professional, and regulatory standards, and workplace policies in the delivery of care.	Apply confidentiality and privacy principles when documenting sensitive gender history and testosterone use in the health record.

Domain 9: Professionalism

Code	Competency	Rationale
9.1	Demonstrate an ethical comportment in one's practice reflective of nursing's mission to society.	Respect Marcus's identity, dignity, autonomy, and confidentiality while providing nonjudgmental care.

SIMULATION FORMAT

Platform	Figment Clinic
Format	Clinical encounter simulation with a full patient record
Synthesised voice	female_warm
Case first authored	September 2026

The interactive version of this case runs on the Figment Clinic platform. This article is the archival record of its content at the time of publication.

How to cite this article

McNicoll, A. (2026). Marcus Bennett [Simulation case]. Journal of Health Professions Learning and Technology, 1(1), e18.

Open access

This is an open access article distributed under the terms of the CC BY 4.0 licence (https://creativecommons.org/licenses/by/4.0/), which permits unrestricted use, distribution and reproduction in any medium, provided the original work is properly cited.

Permanent link	https://jhplt.org/pages/article.php?id=28
Publisher	Palmetto Innovative Education LLC, Mount Pleasant, SC
e-ISSN	3144-5454