

## The Responsible Portrayal of Identities in Medical Curriculum

Dear Faculty of Medicine Educator,

The attached graphic and glossary were developed by medical students at the University of Toronto with the advice and guidance of the Preclerkship Committee. Students collected feedback from their class on how various social identities (i.e. gender, race, sexuality, etc.) were portrayed in lectures across both years of preclerkship. With the aid of faculty, students developed the follow graphic and glossary resource for educators to review before submitting their content (i.e. lecture, CBL, seminar, etc.).

This graphic poses five questions for educators to consider regarding the portrayal of different identities in medical education material. It is meant to be used as a reference when planning lectures, CBL cases, course manuals, or other learning materials.

The graphic is surrounded by a border of icons meant to represent various social identities. These images do not cover an exhaustive list of identities, but serve as a reminder of some of the groups to keep in mind when considering the points for reflection that are the centrepiece of the graphic.

Elaboration on these points is included below:

### **1) Do your learning materials consider the nuances of terminology used to describe various identities?**

*Educators should avoid the pitfall of using different but related terms such as race and ethnicity, or gender and sex, interchangeably. Understanding the different meaning of each term is important for learners in developing accurate medical knowledge and patient rapport.*

**For example...** A lecture refers to a genetic condition as more prevalent among people of a certain gender, when the intended meaning was people of a certain sex.

**Instead...** Stay up to date with the terminology of identity using the glossary resource developed and updated by medical students that accompanies this document.

### **2) Do your learning materials inadvertently reinforce prejudices against marginalized populations?**

*Marginalized people face prejudices in society which can be inadvertently propagated by medical education.*

**For example...** The prejudice that all Indigenous people struggle with alcoholism may be reinforced by a clinical example of alcoholism that involves an Indigenous person, especially if that is the only mention of alcoholism or Indigenous people.

**Instead...** If you use that example, explain some of the social and historical context for why alcoholism is more prevalent in Indigenous populations. Alternatively, choose an identity for the patient with alcoholism that may not be as stereotypical but still important to learn about (i.e. an upper-class individual who struggles with alcoholism).

### **3) Do your learning materials overlook differences in identities with regards to diagnosis, treatment, or ability to access health care?**

*Medical educators should seek to present medical knowledge that accounts for differences in identity. Where this is not available, the limitations of generalizing information specific to one group of people should be clearly stated.*

**For example...** Appearance of skin conditions such as rashes or discoloration may only be illustrated on a single skin tone in some older dermatological visual scales.

**Instead...** An educator could seek out newer scales with a range of skin tones, or if these tools do not exist, bring attention to the limitations of the existing tools.

#### **4) Do your learning materials place implicit blame on individuals for their health status?**

*Materials should avoid suggesting that people become ill solely because of their personal choices.*

**For example...** When giving a lecture on obesity, it would not be responsible to represent obesity with a picture of a hamburger and french fries (unless the slide includes multiple pictures that each illustrate a risk factor for obesity).

**Instead...** Focus on presenting social and environmental risk factors in addition to individual ones. Understanding the context of illness can increase doctor-patient rapport and open the door for referral to other services (i.e. social work).

#### **5) Do your learning materials incorporate various identities in a way that is not strictly limited to illustrative epidemiological examples?**

*Incorporating diverse identities into ALL medical cases, whether epidemiologically relevant or not, illustrates underlying similarities among people and reduces the tokenization of marginalized groups.*

**For example...** When a clinical example makes reference to a patient being South Asian, the condition often relates to cardiovascular disease.

**Rather...** Clinical examples highlighting the propensity for South Asians to develop cardiovascular disease are important, but South Asian patients should also be represented in cases that are not medically related to ethnicity as well.

Thank you for considering these points! Please feel free to contact us at [socialjustice.meded@gmail.com](mailto:socialjustice.meded@gmail.com) if you would like any clarification or further explanation.

## Abridged Glossary

**\*Note:** This is an abridged glossary. There will be a more complete glossary available on the Faculty Development website soon.

### Sexual Assault and Gender Based Violence

**Rape Culture:** A culture in which dominant ideologies, media images, social practices and institutions promote or condone, either implicitly or explicitly, the normalization of male sexual violence and victim blaming. In a rape culture, incidents of sexual assault, rape and general gender-based violence are ignored, trivialized, normalized and/or made the fodder of jokes and entertainment.

**Slut-shaming:** The act of criticising a woman for her real or presumed sexual activity, or for behaving in ways that one thinks are associated with her real or presumed sexual activity.

**Survivor:** A term, now commonly used in place of "victim," to refer to a person who has experienced sexual assault. Using "survivor" instead of "victim" aims to empower the individual and help them regain the power that was taken from them.

**Victim Blaming:** The act of blaming the occurrence of sexual assault on the survivor instead of the perpetrator. Victim blaming can be very implicit. For example, recommending that one does not wear revealing clothing or travel alone at night implies that such actions provoke sexual assault. A non-victim blaming response acknowledges that perpetrators make choices to violate the bodily integrity of others, and that perpetrators alone are responsible for these choices.

**SOURCE:** <https://www.mcgill.ca/saap/glossary-terms>

### Gender, Sexuality and LGBTQ Populations

**\*Helpful Tip\*** **Sex** refers to the classification as male or female at birth, based on physical characteristics, while **gender** refers to an individual's internal sense of being a man, woman, both, or neither (gender-nonconforming). A person is **cisgender** if their gender identity "matches" their sex assigned at birth, or may identify as **transgender** if their sense of gender is "different" to the sex they were assigned at birth.

**Sex:** The classification of people as male, female or intersex. Sex is usually assigned at birth and is based on an assessment of a person's reproductive systems, hormones, chromosomes and other physical characteristics.

**Gender:** A person's internal and individual sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender identity may be the same as or different from their birth-assigned sex. A person's gender identity is fundamentally different from and not related to their sexual orientation.

**Cisgender:** a person's gender identity is in line with or "matches" the sex they were assigned at birth. Cis can also be used as a prefix to an assortment of words to refer to the alignment of gender identity and the assigned at birth sex status including; cisnormativity, cissexual, cisgender, cis male, and cis female.

**Trans/Transgender:** Umbrella terms that describe people with diverse gender identities and gender expressions that do not conform to stereotypical ideas about what it means to be a girl/woman or boy/man in society.

**Gender Affirming Surgery:** Surgical procedures that alter or change physical sex characteristics in order to better express a person's inner gender identity. May include removal or augmentation of breasts/chest or alteration or reconstruction of genitals. Also written as Gender Confirming Surgery or Sex Reassignment Surgery (SRS). Preferred term to "sex change surgery".

**Gender Binary:** A social system whereby people are thought to have either one of two genders: "man" or "woman." These genders are expected to correspond to birth sex: male or female. In the gender binary system, there is no room for living between genders or for transcending the gender binary.

**Heteronormativity:** Refers to the commonplace assumption that all people are heterosexual and that everyone accepts this as "the norm". The term heteronormativity is used to describe prejudice against people that are not heterosexual, and is less overt or direct and more widespread or systemic in society, organizations, and institutions. This form of systemic prejudice may even be unintentional and unrecognized by the people or organizations responsible.

**Queer:** Formerly derogatory slang term used to identify LGBT people. Some members of the LGBT community have embraced and reinvented this term as a positive and proud political identifier when speaking among and about themselves.

**Trans Man (FTM) / Trans Woman (MTF):** A person whose sex assigned at birth is "female" and identifies as a man may also identify as a trans man (female-to-male, or FTM).

**Two Spirit:** A term used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex. It is used to capture a concept that exists in many different Indigenous cultures and languages.

**SOURCE:** <http://www.rainbowhealthontario.ca/glossary/>  
<http://transwellness.org/wp-content/uploads/2013/12/Trans-and-Queer-Terms-HTWG.pdf>

## **Indigenous Populations**

**\*Helpful Tip\*** When referring to all of Canada's original peoples and their descendants, use the terms "First Peoples" or "Indigenous Peoples". The terms "Aboriginal", "Indian" or "Native" are considered outdated. "First Nations" is a separate term, because it doesn't include Inuit or Métis.

**Aboriginal Peoples:** A collective name for all of the original peoples of Canada and their descendants. Aboriginal Peoples in Canada consist of three groups – Indian (First Nations), Inuit and Métis. The term "Aboriginal" has recently fallen out of favour because of its origin in colonization. The term "First Peoples" or "Indigenous Peoples" may be used instead.

**First Nations People:** The term First Nations came into common usage in the early 1980s to replace band or Indian, which some people found offensive. Despite its widespread use, there is no legal definition for this term in Canada. Many people prefer to be called First Nations or First Nations People instead of Indians. The term should not be used as a synonym for Aboriginal Peoples because it doesn't include Inuit or Métis.

**First Peoples:** First Peoples is another collective term used to describe the original peoples of Canada and their descendants.

**Indian:** Collectively describes all the Indigenous People in Canada who are not Inuit or Métis. Indian Peoples are one of three peoples recognized as Aboriginal in the Constitution Act of 1982 along with Inuit and Métis. In addition, three categories apply to Indians in Canada: Status Indians, Non-Status Indians and Treaty Indians. The term Indian is considered outdated by many people, and there is much debate over whether to continue using this term.

**Indigenous:** Means "native to the area." In this sense, First Nations, Inuit and Métis are indeed indigenous to North America. Its meaning is similar to Aboriginal or Native, but because both of those terms were imposed by colonial powers, Indigenous is now preferred.

**Inuit:** Inuit are a circumpolar people, inhabiting regions in Russia, Alaska, Canada and Greenland, united by a common culture and language. There are approximately 55,000 Inuit living in Canada. Inuk is the singular form of Inuit.

**Métis:** French for "mixed blood." Today, the term is used broadly to describe people with mixed First Nations and European ancestry who identify themselves as Métis. Note that Métis organizations in Canada have differing criteria about who qualifies as a Métis person.

**Native:** A word similar in meaning to Aboriginal. Native Peoples is a collective term to describe the descendants of the original peoples of North America. The term is increasingly seen as outdated (particularly when used as a noun) and is starting to lose acceptance.

**Reserve:** The land that is set aside by the Crown for the use and benefit of a band in Canada. Many First Nations now prefer the term First Nation community and no longer use reserve.

**SOURCE:** <http://www.naho.ca/publications/topics/terminology/>

## **Culture and Religion**

**Cultural safety:** An approach to medicine that goes beyond cultural sensitivity and competence to include several additional layers of commitment: (1) Self-reflection on the part of the practitioner, which is fundamental to understanding the power differentials inherent in health service delivery. It acknowledges that we are all bearers of culture and that our actions can easily damage culture, just as a callous remark can cause emotional harm. (2) Taking a cultural safety approach implies a health advocacy role: working to improve healthcare access; exposing the social, political, and historical context of health care; and interrupting unequal power relations. (3) It also implies awareness that the patient exists simultaneously within several health care systems: the influence of their family, community and traditions. These will interact with, and possibly conflict with, your interventions.

**Ethnocentrism:** The sense that one's own beliefs, values and ways of life are superior to, and more desirable than the lifestyle of others. For example, patient autonomy may appear the ideal to you, but your patient may wish to let her spouse decide on whether or not she has the operation.

**SOURCE:** [http://www.med.uottawa.ca/sim/data/Cultural\\_Awareness\\_e.htm](http://www.med.uottawa.ca/sim/data/Cultural_Awareness_e.htm)

## **Race and Racism**

**\*Helpful Tip\*** **Ethnicity** refers to commonalities in nationality or shared cultural traits, while **race** refers to (artificial) categories based on physical characteristics.

**Ethnicity:** An ethnic group or ethnicity is a population group whose members identify with each other on the basis of common nationality or shared cultural traditions. Ethnicity connotes shared cultural traits and a shared group history. Some ethnic groups also share linguistic or religious traits, while others share a common group history but not a common language or religion.

**Race:** The term race refers to the concept of dividing people into populations or groups on the basis of various sets of physical characteristics (which usually result from genetic ancestry). Race presumes shared biological or genetic traits, whether actual or asserted. In the early 19th century, racial differences were ascribed significance in areas of intelligence, health, and personality. There is no evidence validating these ideas. Racial classifications have changed back and forth due to political interests.

**People of Colour:** A term which applies to all people who are not seen as White by the dominant group, generally used by racialized groups as an alternative to the term 'visible minority.' It emphasizes that skin colour is a key consideration in the 'everyday' experiences of their lives. The term is an attempt to describe people with a more positive term than 'non-White' or 'minority,' which frames them in the context of the dominant group.

**SOURCE:** <http://www.ucalgary.ca/cared/glossary>

### **Immigration Status**

**Person without status:** A person who has not been granted permission to stay in the country, or who has stayed after their visa has expired. The term can cover a person who falls between the cracks of the system, such as a refugee claimant who is refused refugee status but not removed from Canada because of a situation of generalized risk in the country of origin. Preferred term to "illegal alien" or "illegal immigrant".

**Stateless person:** A person that no state recognizes as a citizen. Some refugees may be stateless but not all are. Similarly, not all stateless people are refugees.

**SOURCE:** <http://ccrweb.ca/en/glossary>

### **Disability**

**Able-ism:** A form of discrimination or social prejudice against persons with disabilities.

**Accessibility:** The opportunity to access programs, services, devices and the environment at the time they are needed without encountering barriers.

**Person with a Disability:** The phrase "person with a disability" is the preferred way to refer to people living with various types of disabilities. In general, we should be using person first language, such as a person with low vision, a person with bi-polar disorder, etc. However, there is debated within the disabled community as to whether person-first or identity-first language is preferred.

**Sanism:** Is a form of ableism and is used to name the discrimination and oppression, both attitudinal and by actions, towards those labeled or perceived to be 'mentally ill'.

**SOURCE:** <http://accessibility.mcmaster.ca/glossary-of-terms/glossary-of-terms>

### **Neurodevelopmental Impairments**

**Neurotypical:** A person is neurotypical if the way their brain works is regarded as more or less "normal" by the standards of the society they live in, and if the institutions and expectations of that society were mostly created by and for people with brains that work much like their own.

**Neurodiversity:** Short for neurological diversity. Refers to the diversity of human brains and minds, and to the idea that this is a natural, valuable form of diversity. For example, a classroom that includes neurotypical, autistic, and ADHD students is a neurodiverse classroom.

**Neurodivergent:** Sometimes abbreviated as ND, means having a brain that functions in ways that diverge significantly from the dominant societal standards of "normal". Neurodivergence can be largely or entirely genetic and innate (e.g. autism), or it can be largely or entirely produced by brain-altering experience (e.g. trauma or drug use).

**SOURCE:** <http://neurocosmopolitanism.com/neurodiversity-some-basic-terms-definitions/>  
<http://www.autismacceptancemonth.com/resources/101-3/autism-acceptance/neurodiversity/>