# Portraying Social Identities in Medical Curriculum: A Primer

## What are social identities?

A social identity is a set of common experiences, qualities, beliefs, and perceptions that describe a group of individuals. Individuals can share identities as determined by external forces (society, law, and other people) as well as internal forces (schema, self-perception). Criteria for belonging to a specific social identity are complex, constantly in flux, and often arbitrary. For example, racial identity categories are defined differently in different countries, and change over time based on political interests.

## Why is understanding social identities important for medical students?

Although social identities are artificially constructed, they shape the way that every individual experiences illness, the medical system, and treatment. As such, physicians need to understand the importance of various aspects of identity, and how to practically apply this knowledge in a therapeutic encounter. Including a diverse range of identities in educational materials will equip students with the skills to think critically about how someone's identity may shape their experience with the medical system.

This resource was developed by students, in collaboration with faculty, in the MD Program, Faculty of Medicine, University of Toronto, in response to concerns about how various social identities (i.e. gender, race, sexuality, etc.) are portrayed in our curriculum. Health disparities and epidemiological differences do exist between different groups in society, and should be addressed in medical education – this resource is designed to ensure that these discussions can occur in a sensitive and productive way. The attached tool is intended as a reference for medical educators when creating or delivering lectures, CBL cases, seminars, or other teaching and learning materials, and for students to use in their group learning environments and in clinical practice.

**How can I use the Social Identities tool in my teaching and learning?**
The attached tool poses five questions to consider regarding the portrayal of different social identities in medical education. The tool features a border of icons meant to represent various categories of social identities. These images and descriptions do not constitute an exhaustive list of categories, but are meant to serve as a reminder of some of the groups to keep in mind when considering the following five points:

| 1 | Do learning materials and discussions consider the nuances of terminology used to describe various identities? |
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*Avoid using different terms such as race and ethnicity or gender and sex interchangeably. These distinctions are important for learners to develop accurate medical knowledge and patient rapport.*

**For example...** In a clinical seminar, reference is made to a genetic condition as being more prevalent among people of a certain gender, when the intended meaning was people of a certain sex.

**Instead...** Consider that sex refers to the classification of an individual 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), and select the term that best represents your intention. For more terms, click to read glossary: Portraying Social Identities in Medical Curriculum

| 2 | Do learning materials or discussions inadvertently reinforce prejudices against marginalized populations? |
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*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 and how negative stereotyping continues to negatively impact Indigenous patients. Alternatively, choose an identity for the alcoholism case that may not be as stereotypical but still important to learn about (e.g. an individual with high socio-economic status who struggles with alcoholism).

**References**

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| 3 | **Do learning materials or discussions overlook differences in identities with regards to diagnosis, treatment, or ability to access health care?** |
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*Seek to present medical knowledge that accounts for differences in identity. Where this is not available, the limitations of generalizing such information 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...** Seek out newer scales with a range of skin tones, or if these tools don't exist, bring attention to the limitations of the existing tools.

| 4 | **Do learning materials or discussions place implicit blame on individuals for their health status?** |
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*Avoid suggesting that people become ill solely because of their choices, and not because of their environments.*

**For example...** When giving a lecture, 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...** Present social and environmental risk factors in addition to behavioural ones. Emphasize how understanding the context of illness can increase doctor-patient rapport and open up the door for referral to other services (e.g. social work).

| 5 | **Do learning materials and discussions incorporate various identities in a way that is not strictly limited to illustrative epidemiological examples?** |
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*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 the patient being South Asian, the condition is often cardiovascular disease related.

**Instead...** While it is essential to discuss real epidemiological differences in disease risk between different groups, avoid doing this in a tokenizing way. Clinical examples illustrating the propensity of South Asians to develop cardiovascular disease are important, but South Asian patients should be represented in cases that are not medically related to ethnicity as well.

**Click to read glossary: Portraying Social Identities in Medical Curriculum**

# Do my learning materials and discussions...

**1** CONSIDER THE NUANCES OF TERMINOLOGY USED TO DESCRIBE VARIOUS IDENTITIES?
E.G. SEX VS. GENDER; RACE VS. ETHNICITY

**2** INADVERTENTLY REINFORCE PREJUDICES ABOUT MARGINALIZED POPULATIONS?
E.G. ALCOHOLISM AMONG INDIGENOUS PEOPLES

**3** OVERLOOK DIFFERENCES IN IDENTITIES WITH REGARDS TO DIAGNOSIS, TREATMENT, OR ABILITY TO ACCESS HEALTH CARE?
E.G. DIFFERENCES IN DERMATOLOGICAL PRESENTATION BASED ON SKIN TONE

**4** PLACE IMPLICIT BLAME ON PATIENTS FOR THEIR HEALTH STATUS?
E.G. EQUATING OBESITY TO LAZINESS

**5** INCORPORATE VARIOUS IDENTITIES IN A WAY THAT IS NOT STRICTLY LIMITED TO ILLUSTRATIVE EPIDEMIOLOGICAL EXAMPLES?
E.G. SOUTH ASIANS WITHOUT HEART DISEASE

RACE

GENDER

RELIGION

EDUCATION STATUS

PHYSICAL ABILITY

SOCIOECONOMIC STATUS

HEALTH STATUS

HOUSING STATUS

INDIGENEITY

AGE

NEURODIVERSITY

MENTAL HEALTH

SEXUAL ORIENTATION

IMMIGRATION STATUS

# Glossary

## 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

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.

*Sexual Orientation:* The direction of one's sexual interest or attraction. It covers the range of human sexuality from lesbian and gay, to bisexual and straight.

*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.

*Two Spirit:* A term used by Indigenous People to describe from a cultural perspective people who are gay, lesbian, bisexual, trans, or intersex.

## 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.

*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.

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

*First Nations People:* This replaced the term "Indian", which some people found offensive; however, 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. Not a synonym for Aboriginal Peoples because it doesn't include Inuit or Métis.

*Inuit:* Inuit are a circumpolar people, inhabiting regions in Russia, Alaska, Canada and Greenland, united by a common culture and language. Singular: Inuk.

*Métis:* French for "mixed blood." Now used broadly to describe people with mixed First Nations and European ancestry who identify themselves as Métis.

## 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.

*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.

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