MD Program
UNIVERSITY OF TORONTO | Office of Faculty Development

A faculty primer: Portraying Social Identities in Medical Curriculum

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 collaboratively developed by faculty and students 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. The attached tool has been designed as a reference for medical educators when creating or delivering lectures, CBL cases, seminars, or other teaching and learning materials.

How can I use the Social Identities tool in my teaching?

The attached tool poses five questions for educators to consider regarding the portrayal of different social identities in medical education material.

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 consider the nuances of terminology used to describe various identities?**

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... 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 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 alcoholism case that may not be as stereotypical but still important to learn about (i.e. an upper-class individual who struggles with alcoholism).

How was this resource developed?

This resource was developed by students in the MD Program, Faculty of Medicine, University of Toronto, in response to concerns from classmates about the representation of certain identities in our curriculum. We collected feedback from students about how various social identities (i.e. gender, race, sexuality, etc.) were portrayed in lectures across both years of preclerkship. We conducted a thematic analysis of this feedback and, with the aid of faculty, developed this resource for medical educators.

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References

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3	**Do 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 don't exist, bring attention to the limitations of the existing tools.

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

Materials should avoid suggesting that people become ill solely because of their choices, and not because of their environments.

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 up the door for referral to other services (ie. social work).

5	**Do 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 the patient being South Asian, the condition is often cardiovascular disease related.

Instead... Clinical examples highlighting the propensity for 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.

Portraying Social Identities in Medical Curriculum – Abridged Glossary

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Portraying Social Identities

Do my learning materials...

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