



PRECEPTOR GUIDE

Facilitating Positive Learning Environments
for Transgender, Non-Binary and Gender
Non-Conforming Medical Students

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TABLE OF CONTENTS

Introduction	3
The Basics: Sex, Gender Identity, and Gender Expression	4
Pronouns: Using the Correct Pronouns & Misgendering	5
Asking Questions	6
Your Role as a Preceptor	9
Disclosing Identity	9
Handling Transphobia	10
Healthcare Needs	10
Reference Letters and Evaluations	10
Diversity in Medicine	10
General Tips for Allies of Transgender People	11
Avoid backhanded compliments	11
Use inclusive language	11
Advocate for single-stall or all-gender restrooms in your clinic or hospital	12
Signalling	12
Learn more	13
If you're not sure, ask	13
Conclusion	13
Appendix A: Selected Terminology and Definitions	15
Appendix B: Resources to Learn More	17

INTRODUCTION

By reading this guide, you have taken an important step towards creating a safe and supportive environment for transgender, nonbinary, and gender non-conforming learners. This guide is not meant to present a series of instructions, orders, or rules. Rather, the purpose of this guide is to illustrate some key concepts and considerations that may not be immediately obvious to someone without lived expertise in this area. By demystifying the trans experience, we hope to offer insight into how to best support transgender, nonbinary, and gender non-conforming learners, recognizing that they are, above and beyond all else, much like any other student.

It is important to acknowledge that your student likely appreciates that you, too, may be a learner in this realm. Even if you consider yourself well-versed on 2SLGBTQ+ issues, please consider taking a few minutes to read this document. Many well-meaning allies,¹ even those who are LGB-identified, can carry attitudes or exhibit behaviours towards trans folks that inadvertently cause harm. This guide is intended to be a resource on the basics of what it means to be trans, the challenges transgender, nonbinary, and gender non-conforming learners may face, and how you, as a preceptor, can help create and support inclusive learning environments.



¹ In the context of social justice, an ally is someone from one social identity group who stands up in support of members of another group. Typically, this is a member of a dominant group (in this case, a cisgender person) standing beside member(s) of a group being discriminated against or treated unjustly (in this case, trans, nonbinary, and gender nonconforming individuals).



Before we move on, let's clarify...

The term “trans” is an umbrella term that broadly encapsulates all people whose gender is not the same as or does not sit comfortably within the sex they were assigned at birth. As such, it encapsulates transgender, nonbinary, and gender non-conforming individuals. While the term “trans” may also be used as an abbreviation, specifically referring to the binary transgender experience, it is used in this guide in its broadest sense to include transgender, nonbinary and gender non-conforming individuals.

THE BASICS

SEX, GENDER IDENTITY, AND GENDER EXPRESSION

Sex refers to the biologic, physical, or genetic traits that define ‘males’ and ‘females’, including chromosomes, internal reproductive anatomy, external genitalia, and hormone levels. Most people are assigned to one of two sexes at birth (male or female), based on the prevailing belief in a single, universally “correct” developmental pathway in which all indicators of biological sex align according to medical and social norms for typically ‘male’ and ‘female’ bodies.² Importantly, the number of people whose bodies do not neatly fit into these scientifically created categories³ (i.e. people who are intersex) is 1-2 in 100 births.² For reference, this is approximately the same incidence as people of European origin with red hair.



² For a good overview and review of the belief in absolute dimorphism with regards to biological sex, and the implications of this belief for intersex individuals, see: Blackless, M., Charuvastra, A., Derrtyck, A., Fausto-Sterling, A., Lauzanne, K., & Lee, E. (2000). How sexually dimorphic are we? Review and synthesis. *American Journal of Human Biology*, 12(2), 151–166.

³ There is no single trait that defines “biological sex”. Typically, five components are used to determine a person’s biological sex: internal reproductive organs, external sexual organs, hormone profile, gametes, and secondary sex characteristics. It may be helpful to recognize that, with the exception of chromosomes, these components are not immutable and can be altered by medical intervention or by pathology. It may also be helpful to think of “sex” as a spectrum with a largely (but not entirely) bimodal distribution.

Gender identity refers to someone’s personal experience of their gender. Similar to sex, the prevailing belief in dominant culture is that there are only two genders—boy or girl, man or woman—and these two genders are typically seen as distinct, opposing, and associated with natural roles that correspond to an individual’s assigned sex at birth. People whose gender identity is congruent with their assigned sex at birth are said to be **cisgender**. Those whose gender identity is incongruent with their assigned sex, on the other hand, are **transgender**⁴ (often abbreviated as trans or trans*⁵).

Importantly, genders outside the gender binary also exist (and have existed throughout history), particularly within non-Western cultures.⁶ The construction of a fixed, binary, and supposedly “natural” system of gender identity is intimately tied to Western ideology and colonialism.⁷ Colonial projects, both on Turtle Island and around the world, sought to suppress and erase gender diversity, violently enforcing a Western framework of binary and patriarchal gender that is now often erroneously seen as universally “natural”. For example, prior to colonization, Indigenous views of gender and sexual identity were diverse, fluid and rooted in spirituality. At least three, but up to six genders were recognized among Indigenous communities,⁸ and no less than 168 Indigenous languages across North America had words to describe people who were neither men nor women.⁹ Oral histories reflect widespread honour and respect for gender diverse individuals, who often held unique roles in their community that were vital to their communities’ collective well-being. Amongst other things, the strict segregation of girls and boys in the residential school system according to European ideals, the homophobic, transphobic and sexist beliefs imposed upon Indigenous children through Christian indoctrination, and the introduction of federal legislation that outlined gendered exclusions to “Indian Status”, led much of this rich gender diversity to be lost.¹⁰

Gender expression is a person’s outward demonstration of their gender identity, typically

⁴ This terminology is derived from organic chemistry. Cis = same side, trans = opposite sides.

⁵ Colloquially, “trans” or “trans*” is often (but not always) used as an umbrella term to describe a variety of non-cisgender identities. Fun fact: the asterisk in “trans*” is drawn from internet search mechanics, where the asterisk was used to achieve a broader, more inclusive search.

⁶ Some examples of non-binary genders across time and placethroughout history include: Hijras (India), Mahu (Native Hawaii), Fa’afafine (Polynesia), Two-Spirit (Indigenous North Americans), Sworn Virgins (Albania), and Female Husbands (Indigenous Africans).

⁷ Driskill, Q. L. (2015). Insurrections: Indigenous sexualities, genders and decolonial resistance. *Journal of Global Indigeneity*, 1(1), 2.

⁸ Cameron, M. (2005). Two-spirited Aboriginal People: Continuing Cultural Appropriation By Non-Aboriginal Society. *Canadian Women Studies*, 24(2), 123-127.

⁹ Tafoya, T. (2003). Native gay and lesbian issues: The two-spirited. In L. D. Garnets & D. C. Kimmel (Eds.), *Psychological perspectives on lesbian, gay, and bisexual experiences* (pp. 401-409). Columbia University Press.

¹⁰ Driskill, Q. (2004). Stolen From Our Bodies: First Nations Two-Spirits/Queers and the Journey to a Sovereign Erotic. *Studies in American Indian Literatures*, 162(2), 50-64. <https://doi.org/10.1353/ail.2004.0020>

presented through a combination of appearance, behaviour, and social interaction/communication. Gender expression may be developed or performed in reference to societal expectations and stereotypes of gender.

PRONOUNS

USING THE CORRECT PRONOUNS & MISGENDERING

Common pronouns, and the ones you are likely most familiar with, are he/him, she/her, and they/them. Regardless of whether a student identifies as trans, it is best practice to ask students which pronouns they use. If you aren't sure what pronouns to use, one approach is to introduce yourself with your own pronouns, such as, "Hi, my name is Fatima and I use she/her pronouns. What about you?" Some people may indicate that they use more than one set of pronouns, such as he/they or they/she. In this case, ask the student what set of pronouns they would like you to use and in which contexts.

In situations where you have either forgotten the student's pronouns or haven't yet had the opportunity to ask, try to use non-gendered language. Consider that you likely already do this, for example, when you ask questions about a patient whose gender you don't know (e.g. "The patient you admitted overnight - what's their lactate?").

Bear in mind that questions about pronouns should not only be posed to those that you perceive as gender non-conforming. Not all trans people "look" trans, and it is valuable to normalize the practice of asking regardless. Asking your students what pronouns they use demonstrates that you value their gender identity and respect their boundaries.

Try your best to use your student's chosen name and pronouns, though it is understood that mistakes may happen. If you accidentally misgender your student, correct yourself and move on. Perseverating over the event can be more of a problem than the misgendering itself, because it centers the apologizer's distress over the trans person's discomfort. An example of how an instance of misgendering is handled well might be as follows: "This is Sam. He- sorry- they will be taking the patient's blood pressure." For more information on pronouns, see this [guide](#) from the Medical Student Collective Against Gender-Based Violence.

ASKING QUESTIONS

Many people have a natural curiosity about the experience of being trans. While questions about a person's trans experience and/or gender identity may come from a genuine desire to learn, they may also be invasive, or invoke difficult memories or experiences your learner may not wish to revisit. While students may be happy to educate, posing these questions to your student leverages the power disparity of the learner-preceptor relationship such that the student may feel obligated to answer, regardless of their comfort in doing so. Unless invited to do so, please refrain from asking your student questions about the following:

When or how they knew they were trans.

Every trans person will have a different journey in understanding their gender. For some, these journeys have been difficult and painful, and people may not wish to relive the weight of these memories in casual discussion. Some trans individuals have shared their stories online, and these can be an excellent learning tool in understanding the depth and breadth of what it means to be transgender. See the Appendix for helpful resources.

Their "real" name.

Asking a student about their "real" name implies that their chosen name is fake, thereby perpetuating a common negative stereotype that characterizes trans people as deceptive and their lives as being a pretense. While some trans people choose a new name that better represents their gender identity, not all trans people change their name. For some who do, their birth name may be associated with a challenging and distressing time in their lives in which they could not live as their authentic selves. For this reason, many avoid disclosing their birth name and refer to it as their "deadname". Respect the name your student has chosen, as this is the only name you should use. Due to the expenses and bureaucratic complexities of changing one's name, a student may or may not have legally changed their name at the time of your preceptorship, which may have implications for medical and administrative record-keeping.

Medical or surgical interventions in their transition.

The decision to undertake medical or surgical intervention is an intensely personal one.

There are many medical, bureaucratic, logistical, financial, or psychological reasons why a trans person may or may not pursue certain gender-affirming medical interventions (e.g., hormone replacement therapy, top or bottom surgery, etc.), explanations of which are highly individual and thus beyond the scope of this document. However, a trans person's medical or surgical history does not determine the "validity" of their identity or experience. Transness is not an identity achieved, validated, or earned by way of medical intervention. There is no one way of being trans; it a unique and diverse identity for all.

Their anatomy.

Besides the fact that many trans people feel distress regarding their anatomy, it is simply inappropriate to ask any learner, cis or trans, about their genitalia.

Their romantic or sexual orientation.

Trans individuals exist across the full constellation of romantic and/or sexual orientation, from asexual (no sexual attraction) to pansexual (sexual attraction independent of gender identity). Again, it is inappropriate to ask any student, cis or trans, about their romantic or sexual orientation.

Please Note ...

This is not an exhaustive list! Additionally, this is not to say that you cannot ever ask your student questions about their identity, as some students may be eager to educate. However, you should approach such conversations, as well as trans students' bodies and personal lives, the way you would those of any other learner—with dignity and respect.



Still not sure? Here's a helpful tip...

If you don't know whether or not a question is appropriate, think about if you would ask a cis student the same question. If you wouldn't, then the question is likely inappropriate or irrelevant to the learning context. Instead of using questions as a way to signal your openness and acceptance, you may choose to say something similar to the following: "I want you to know that I support you and am always here to talk or simply listen if you wish to share more at any point in the future."

YOUR ROLE

AS A PRECEPTOR

Your learner likely appreciates that you may not have an in-depth working knowledge of how to support trans students and they are not expecting you to be perfect. Allyship is an active and continuous learning process.¹¹ Again, this guide is not meant to outline a series of rigid rules or expectations; rather, it is meant to demystify the trans experience and provide some support to preceptors who may have varying levels of comfort and familiarity working with or supporting trans individuals. Hopefully, this guide will help you take actions that are not just well intentioned, but also well received by your learner, allowing them to feel more comfortable and supported.

Over the course of a rotation, students will look to their preceptor for teaching, mentorship, and support. Having a trans student is no different in this regard. However, there are certain considerations that are unique to having a trans learner.

Disclosing Identity

A student may be out to you, but not to others in your clinical environment. Please do not assume that a student wishes to be “out” in all contexts. Ask your student how they would like to be referred to in front of others. If your student has indicated that they wish to keep their identity confidential, it is important you take the utmost care not to “out” them; the ability to choose with whom, when, where, and how a person shares their gender identity or sexuality is important. Additionally, please do not speculate or gossip about your student’s identity with others, and advise the same of others in your clinical space.



¹¹ Importantly, allyship is about more than being sympathetic towards those who experience discrimination or simply believing in equality. Being an ally means being willing to act with and for others in the fight to end oppression, as reflected in your willingness to educate yourself about different identities and experiences, to challenge your own discomforts and prejudices, to learn and practice the skills of being an ally, and to take action at the individual, institutional, and societal level.

Handling Transphobia

Your individual support of a trans student is essential, but broader attitudes within the team define the overall safety of the clinical environment for the student. It may be psychologically or logistically challenging for the learner to address their identity with everyone in the clinical space for a variety of social and professional reasons. For example, learners are in a position of relative disempowerment, and trans learners may not feel able to address transphobic comments themselves out of fear of professional retaliation. If something goes wrong (e.g., if a negative comment is made), your learner may turn to you to help make it right. You may not know the right words to say or things to do—that is okay. If you find yourself in a situation where transphobia was expressed, either by other clinicians, learners, or patients, privately follow-up with your student to ask how you can best support them in these circumstances in the future. Notably, the transphobia does not need to be directed at the individual student for it to create an unsafe environment. Any transphobic comments or actions that go unchecked signal to the learner (and all other people within that environment) that trans experiences are not respected or valued.

Healthcare Needs

A trans learner may require more time to attend to their health than the average student. Please attempt to be reasonably accommodating with your student and find appropriate avenues to make up for lost clinical time, if applicable. The student should be advised to connect with the Office of Learner Affairs to formally request accommodations if necessary.

Reference Letters and Evaluations

Ask your student how they wish to be referred to in the letter, with regards to their name, pronouns, and title—they may not be “out” in the context at hand. Likewise, if comments from evaluations are included in the Dean’s Letter/MSPR or transcript, ask your student which name and pronouns they would like you to use.

Diversity in Medicine

2SLGBTQ+ individuals, particularly trans individuals, have been historically under-represented in medicine. As such, trans learners may be able to offer unique insights, experiences, and perspectives that you may not have previously considered.



Additionally, 2SLGBTQ+ learners may be able to forge connections and build rapport with some patients more easily due to shared lived experiences. Your student's identity and, indeed, the diversity of all learners and practicing clinicians is a valuable asset to the medical field.

GENERAL TIPS

FOR ALLIES OF TRANSGENDER PEOPLE

Avoid backhanded compliments.

Trans folks sometimes receive comments on how well they “pass”— that is, if the trans person is perceived by others as their identified gender (e.g., “Wow, I wouldn’t have been able to tell that you’re trans!”). Sometimes others will offer unsolicited tips on how to change one’s appearance or behaviour to “pass better”. While well-intentioned, these comments may be invalidating, as they imply that people who can’t or don’t want to meet these expectations are less worthy of acknowledgement and validation.

Use inclusive language.

In the English language, many aspects of conversation are gendered—often unnecessarily so. Consider using inclusive terminology to shift the focus away from the gender binary. For example, instead of “Good morning, ladies and gentlemen,” consider something like “Good morning, everyone”. These shifts in language, though subtle, can make a big difference in creating an inclusive, affirming, and safe environment for trans students. While some historically gendered language is now often used in a gender-neutral context, such as “guys”, some people may prefer the use of expressly gender-neutral language such as “folks”.

Advocate for single-stall or all-gender restrooms in your clinic.

Being visibly trans carries a risk of social rebuke, harassment, or interpersonal violence, and this is especially true in the setting of public washrooms. Many trans individuals face stress over which bathroom to use, particularly when their interpreted gender is ambiguous or is not yet congruent with their gender identity. Having accessible single-

stall and/or all-gender restrooms mitigates this stress. Make information regarding restroom availability and location publicly available (e.g. online or on a poster) so that anyone who requires such a restroom may be able to access one easily and confidentially.

Signalling.

Medical settings can be a threatening and invalidating place for many LGBTQ2S+-identified individuals, who fear overt or tacit discrimination from their healthcare providers. Trans learners have dual identities as trans patients, and may have experienced prejudice and discrimination from healthcare providers. Even small gestures, such as having visible “safe space” stickers, can make a difference on your learners’ (and patients’) perception of the safety of the clinic environment. Similarly, wearing a pronoun pin on your ID badge/lanyard can be a small but impactful way of practicing allyship. It is, however, important that these signals are authentic, which is to say that the policies and practices in place at your institution, and/or your actions align with these signals. It is critical that your gestures of support are genuine, that they are followed by action, and that you hold yourself and your institution accountable when harm is (often unintentionally) caused. Put simply, actions speak louder than words.

The University of Toronto Sexual and Gender Diversity Office can provide you with stickers, buttons, and posters. As of this writing (June 2022), students and faculty within the MD program are also working on preparing similar resources for residents and faculty with the Faculty of Medicine.

Learn More.

Signalling isn’t enough to make a clinic environment safe and inclusive. Depending on your specialty, you may or may not have regular interactions with trans patients (at least that you know of—remember, not all trans people “look” trans, or are out!). Consider reading some additional resources on LGBTQ2S+ health, such as those published by Rainbow Health Ontario, PFLAG, or Planned Parenthood (links in the Appendix).



If you're not sure, ask.

Allyship is a continuous process of unlearning and relearning, and being an ally requires an appropriate degree of humility. If you’re ever in doubt or unsure on how to best support your student or other trans people, ask! Most people will be grateful that you did.

CONCLUSION

This guide is intended to be a general resource in the approach to supporting a trans learner. It is not intended to be comprehensive nor dogmatic; in any situation of ambiguity, it is best to ask rather than to assume. The ability to have open dialogues with your student is crucial—they likely understand that allyship is a continuous process, and that each person will find themselves on a different point on that journey. Please feel comfortable checking in with your student directly (and privately) to ask them if there is a way you could better support their learning. Importantly, trans students are, above and beyond all else, students—no different from their peers with regards to their potential, passion, motivation, or commitment. The goal is simply to create an inclusive learning environment where **ALL** students can thrive.

By reading this guide, you have taken an important step in creating such an environment for trans students, supporting them in their professional and personal journeys. Your time, consideration, and attention is much appreciated, and will not go unnoticed!

For more information, please reach out to the Faculty of Medicine Office of Inclusion and Diversity (medicine.inclusionanddiversity@utoronto.ca) or the Sexual and Gender Diversity Office (sgdo@utoronto.ca).

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APPENDIX A

SELECTED TERMINOLOGY AND DEFINITIONS

This section is meant to be a brief primer on important terminology. Terminology is always evolving; these particular terms have been selected for inclusion because they are widely accepted and stable in meaning/relevance (at least at the time of this guide's publication in August 2022). For further reading, we suggest reading the [PFLAG Glossary](#), which is a much more expansive, comprehensive resource.

- **2SLGBTQ:** An acronym used to collectively refer to gender and sexual minorities. By letter: Two Spirit, lesbian, gay, bisexual, transgender, queer/questioning. May be shortened as LGBT+, with the + representing space held for additional identities.
 - May also be written as 2SLGBTQIA+: Two Spirit, lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, plus.
 - Please note that individual people may be represented by more than one "letter" as this acronym encompasses systems of gender, sex, and sexuality. For example, an individual may identify as bisexual and transgender, or intersex and gay, etc.
- **Non-binary:** A person whose gender identity falls outside the gender binary. This is an umbrella term that encompasses a broad set of identities, such as agender, genderfluid, and genderqueer.
- **Gender non-conforming (often abbreviated as GNC):** A person of any gender identity who does not conform with the gender norms expected of them based on their assigned sex at birth and/or their gender identity; someone who demonstrates preferences, traits, and/or behaviours typically associated with a different gender. Being gender non-conforming is a distinct concept from being transgender, though the two can intersect.
- **Misgendering:** An act of identifying someone in a manner that is incongruent with their gender identity (e.g. calling a cisgender woman "sir" or referring to a transgender man as "she"). This may be intentional or accidental.
- **Gender dysphoria:** A feeling of psychological distress provoked by an experienced incongruence between a person's assigned sex at birth and their gender identity. This is a diagnostic label used in the DSM-5 and therefore reflects a long trajectory of the medicalization of trans identities.

APPENDIX B

RESOURCES TO LEARN MORE

On-Campus:

University of Toronto Sexual and Gender Diversity Office

- Website: sgdo.utoronto.ca
- Email: sgdo@utoronto.ca

Faculty of Medicine Office of Inclusion and Diversity

- Website: medicine.utoronto.ca/office-inclusion-and-diversity
- Email: medicine.oid@utoronto.ca

Office of Learner Affairs (Formerly the Office of Health Professions Student Affairs)

- Website: md.utoronto.ca/OHPSA
- Email: ohpsa.reception@utoronto.ca

Medical Student Collective Against Gender-Based Violence

- Email: uoftgbvteam@gmail.com

Online:

Clinical Resources

- [Sherbourne Guidelines on Gender-Affirming Primary Care with Trans and Non-Binary Patients](#)
- [Planned Parenthood: Trans and Nonbinary Youth Inclusivity in Sexual Health: Guidelines for Sexual Health Service Providers and Educators](#)
- [WPATH Guidelines for Trans Care](#)
- [Rainbow Health Ontario- Mentorship Program for Clinicians Providing Care to Trans Patients](#)
- [Teaching LGBTQ+ Health - A Faculty Development Course for Health Professions Educators](#)

Learn More About The Experiences of Trans People:

- [Disclosure: A Netflix Documentary](#)
- [Third Sex, Third Gender: Beyond Sexual Dimorphism in Culture and History](#)
- [The Care We Dream Of: Liberatory and Transformative Approaches to LGBTQ+ Health](#)
- [PFLAG Straight for Equality: Guide to Being a Trans Ally](#)