“What do I do when a preceptor insists on using a person’s dead name and pronoun?”

Dietetic educators’ responsibilities in promoting social justice for gender diverse people

Catherine Morley, PhD, PDt, FDC
School of Nutrition and Dietetics

Land acknowledgement

Acadia University is proudly located on Mi'kma'ki, the ancestral territory of the Mi'kmaq People

A family collaboration

Sfé R. Monster

BEYOND PRESS

ACADIA UNIVERSITY

Sfé's passion and interest in the telling of visibly queer and genderqueer stories has manifested in their comics Eth's Skin, Seven Stories from the Sea, and Kyle & Atticus, as well as in the creation of the Beyond Anthology. Sfé is a Canadian born and raised, with ties to both the west and east coasts of Canada, and a heart that can never be moved too far from the sea.

Sfé identifies as trans, queer, and genderqueer, and uses eh/they, and he pronouns.

sfemonster.com / sfemonster.tumblr.com / @sfemonster

SSHRC Small Institution Grants x 3

Acadia University Research Fund Grant

Our work

2021: Workshop at Dietitians of Canada conference (launch the Clinical Practice Guidelines)

2020: developing a T+GD food, nutrition and eating webpage

2019: Morley C, Monster S, Bonnell H, Goodridge L & Falkeisen A. Transgender and gender diversity nutrition, food, and eating research: Our origin story. Journal of Critical Dietetics, 4(2); 58-62.

Morley C, Monster S, Bonnell H, Goodridge L. Toward Transgender and Gender Diverse-Appropriate Nutrition Care Guidelines: A participatory process. Canadian Professional Association for Transgender Health.

Morley C. Toward Transgender and Gender Diverse-Appropriate Nutrition Care Guidelines: A participatory process. 9th International Critical Dietetics Conference, Halifax NS.

2018: Morley C, Morley R (Sfé Monster). "Collaborative consultation to develop trans-friendly and trans-appropriate nutrition assessment and practice guidelines". *Canadian Foundation for Dietetic Research Sharing Event*, Vancouver.

2017: Morley C, Morley R (Sfé Monster). "Toward transfriendly and respectful dietetic practice". *Canadian Foundation for Dietetic Research Sharing Event*, St. John's NL.

Working on...

Nutrition Care Guidelines when working with transgender and gender diverse people

using a Participatory Action Research approach

“What do I do when a preceptor insists on using a person’s dead name and pronoun?”

Considerations:

- Power differentials
  - student & preceptor
  - RD & client

- Respect?
- Human rights?
- Appropriate care

Story from Rolling out the *Integrated Competencies for Dietetics Education and Practice* meeting (July ‘20)

“Is gender diversity tucked into cultural items 2.01 and 2.03?”

ICDEP excerpt

ICDEP V3.0 VS ICDEP V2.0 – WHAT'S CHANGED?

The significant points of refinement and clarification that distinguish ICDEP v3.0 from v2.0 are as follows:

- A restructuring and increase in the Domains of Competence (formerly called 'areas of practice') which form the structural framework for the PCs and PIs. Domains are increased from 5 in number containing 30 PCs (v2.0), to 7 in number containing 50 PCs (v3.0). This provides a more balanced picture of the abilities and expertise that dietitians bring to the workplace, creating a more meaningful stand-alone listing of PCs.
- Addition of a *Food and Nutrition Expertise* domain providing an outcome-based summary of the Foundational Knowledge Specifications listed in ICDEP v2.0.
- A shift in the deliverable requirements for dietetic education programs to 100% measurable candidate learning outcomes (PIs) and away from a partial listing of curriculum topics ('foundational knowledge' in v2.0).
- Removal of redundant and repetitive PIs in v2.0.
- A decrease in the total number of deliverables expected within education programs from 441 items (PIs & FK specifications in v2.0) to 210 items (PIs in v3.0).
- Addition of new content through 7 new PCs, to ensure currency:
  - 2.01 Practice within the context of Canadian diversity
  - 2.03 Practice in a manner that promotes cultural safety
  - 2.07 Use risk management approaches
  - 3.04 Use effective electronic communication skills
  - 4.04 Undertake knowledge translation
  - 4.07 Foster development of food literacy in others
  - 4.08 Foster development of food skills in others

PARTNERSHIP FOR DIETETIC EDUCATION AND PRACTICE

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When one clicks on ‘diversity’:

“Diversity refers to the variety of unique dimensions, qualities and characteristics that an individual possesses, such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. Dietitians work to create a culture that strives for equity and embraces, respects, accepts and values difference”.

So…why would anyone think it is OK to say, *"It is up to the employer?"*

It is not!

Addressing Stigma: Towards a More Inclusive Health System

The Chief Public Health Officer's Report on the State of Public Health in Canada 2019

Help us understand our audience better by filling out a quick survey.

Message from the Chief Public Health Officer of Canada

By and large, we are a healthy nation. We can be proud of Canada's health and social systems that contribute to this status. From this position of strength, we have an even greater opportunity to lead the world in health status and to ensure all Canadians can achieve optimal health. This year, my annual report provides a snapshot of key public health trends and shines a light on one of the drivers of health inequities: stigma.

I am pleased to report on some important positive health trends this year like the lower incidence of certain chronic and other non-infectious diseases. Some social factors that lead to good health in Canada are also improving; more people are achieving post-secondary education, and poverty rates, especially childhood poverty, are decreasing

Download the alternative format (PDF format, 1.89 MB, 78 pages)

Organization: Public Health Agency of Canada

Date published: December 2019

Related links

Canadian Charter of Human Rights and Freedoms (1982)

Life, liberty and security of person

7. Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

Equality before and under law and equal protection and benefit of law

•**15.** (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability.

Rights guaranteed equally to both sexes

28. Notwithstanding anything in this Charter, the rights and freedoms referred to in it are guaranteed equally to male and female persons.

Department of Justice

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  - Bill C-59: *An Act respecting national security matters*
  - Strengthening Impaired Driving Laws
  - Strengthening Human Trafficking Laws

Gender Identity and Gender Expression

Archived information

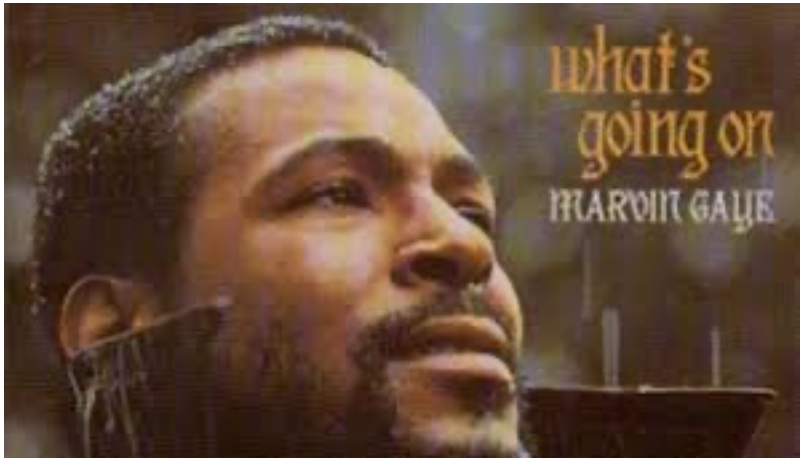
Legislation on gender identity and gender expression received royal assent on June 19, 2017.

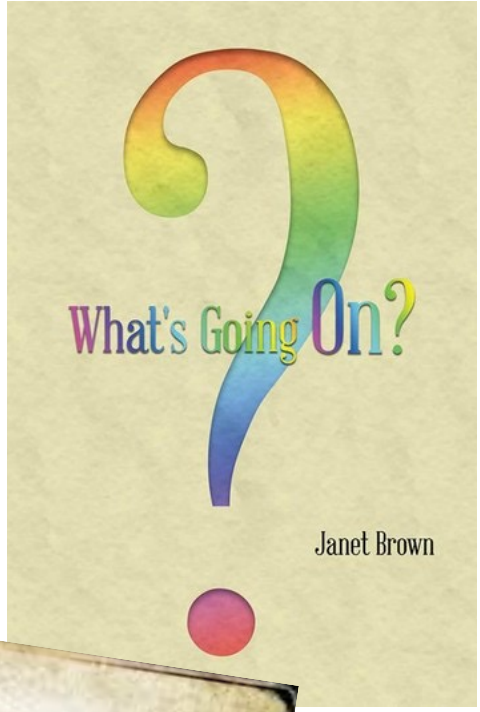
On May 17, 2016 the Government of Canada introduced legislation that aims to help ensure transgender and other gender-diverse persons can live according to their gender identity and gender expression, by explicitly protecting them from discrimination, hate propaganda and hate crimes.

Join the Discussion

Get in on the discussion using #FreeToBeMe on Twitter

Learn About the Proposed Legislation





So, how is it that, in 2020, gender identity (per federal legislation passed in 2017) has not become current practice?

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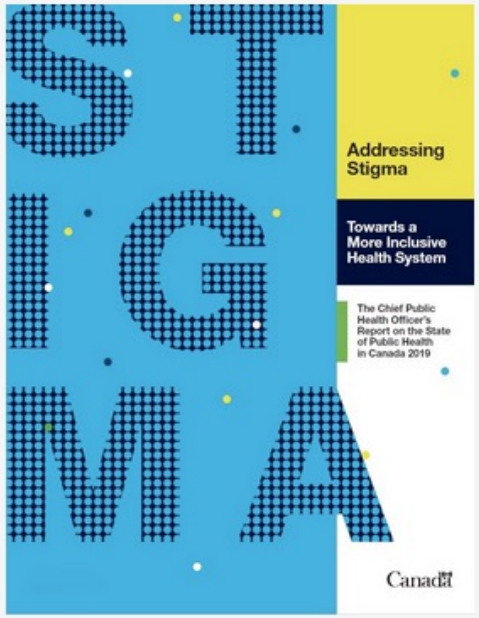

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Related links

United States) Notes Comments

Practical application of the stigma model

To illustrate how the model can be used to explore stigma pathways in detail and identify both cross-cutting and unique issues for different stigmas, 7 examples are presented below (Table 1):

1. Racism as experienced by First Nations, Inuit, and Métis peoples
2. Racism as experienced by African, Caribbean, and Black Canadians

3. Stigmas as experienced by LGBTQ2+ people (sexual stigma and gender identity stigma)
4. Mental illness stigma
5. Substance use stigma
6. HIV stigma
7. Obesity stigma

Although the content for these examples has been drawn from the evidence, this is not a full examination of all possible pathways or the varied experiences within stigmas. Rather, the examples offer some areas for

Drivers of stigma	Intersecting stigmas	Stigma practices	Experiences of stigma	Outcomes and impacts for affected populations
Heteronormativity (expected sexual orientation is heterosexual); historical criminalization of same-sex relationships and sexual practices; societal expectation that gender identity matches biological sex at birth; gender bias that values men over women; historical medical diagnosis of alternative sexual orientation or gender identity as disordered; stereotypes based on sexual orientation	Other social identity stigmas (e.g., racism, sexual stigma, gender identity stigma, ageism) and health-related stigmas (e.g., mental illness stigma, substance use stigma, HIV stigma)	Assumptions of an individual's sexual orientation or gender identity; rejection and exclusion from family, peers, and/or community; lack of alternative gender identities on identification documents; hate crimes and assaults; negative media portrayals; demeaning language **Health system:** Discriminatory interpersonal behaviour of health professionals (e.g., incorrect use of gender pronouns); insufficient training of health professionals pertaining to LGBTQ2+ health; inappropriate practices such as	Enacted stigma (the experience of unfair treatment); internalized stigma (e.g., shame and embarrassment for LGBTQ2+ people, people who use substances, and people living with HIV, mental illness or obesity); anticipated stigma; secondary stigma for family, friends, and/or caregivers	Decreased social participation; concealment or denial of identity; increased risk of homelessness; reduced employment and income opportunities; exposure to violence; reduced seeking or avoidance of healthcare services and poorer quality of services received Chronic stress leading to health harming coping strategies (e.g., self-harm, disordered eating, smoking, alcohol and substance use) **Health outcomes:** Increased risk of adverse physical

Observations and disheartenment:

- Limited reach of conference presentations
- Limited reach of articles in journal
- Not specifically mentioned in ICDEPs (so may not be something educators would include in curriculum/courses)
  - A failure of educational standards and programs to prepare students?
- What are we afraid of?

Dietetic educators' responsibilities

- Address transphobia
- Address homophobia
- … address all the phobias and discriminations
- Acknowledge and work on one's discomfort

LET'S TALK

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