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LETTERS TO THE EDITOR

When inclusion is optional: the hidden curriculum of transgender and gender-diverse care in clerkship

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Lorsque l'inclusion est facultative : le curriculum caché des soins aux personnes transgenres et de diverses identités de genre en externat

Dear Editor,

Giffin and colleagues make an important case for moving sexual and gender minority health education beyond isolated curricular additions and toward integration across medical training.[1] Yet in clerkship, what learners are formally taught is only part of the curriculum. Where we encounter transgender and gender-diverse (TGD) patients, and who we see caring for them, may teach us another lesson.

During clerkship, I (RC) learned that care for TGD people existed in medical training, but often as something to actively seek: through an affirming preceptor, a designated gender-care clinic, or clinicians known to be comfortable caring for TGD patients.

These spaces are necessary, concentrating expertise and providing support for complex needs. Yet a necessary specialized space can also become an educational silo. If learners only see TGD patients with self-selected affirming clinicians, we may learn that TGD care is an exception rather than an expectation. If a patient is referred onward because a clinician is "not comfortable," learners may internalize discomfort as a reasonable endpoint rather than a curricular signal. Referral may be appropriate when care falls outside a clinician's knowledge or scope, but the responsibility to learn does not disappear with the referral.

TGD care spans much of routine medicine. Canadian undergraduate curricular frameworks identify relevant competencies across communication, preventive care, sexual and reproductive health, mental health, and primary care.[2] Yet after graduation, residents have described transgender health education

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as "learning by chance," alongside limited formal teaching, discomfort, and assumptions that another specialty knows more.[3] The challenge, then, is not only whether TGD health appears in the formal curriculum, but whether clerkship makes that competence visible as part of ordinary clinical practice.

The answer is not to place TGD patients into unsafe or unwanted teaching encounters, nor to dismantle specialized services that provide essential expertise. Clerkship should instead distinguish specialized care from routine competence. Required rotations can identify TGD-relevant competencies within their own scope: inclusive history-taking, anatomy- and organ-based screening (e.g. cervical or prostate screening by anatomy), familiarity with common considerations related to hormone therapy, and knowing when referral is clinically necessary rather than discomfort-driven. Simulation, case-based teaching, assessment, and faculty development can reinforce these skills without making marginalized patients responsible for teaching them.

Clerkship is a time when learners discover what medicine considers ordinary. If TGD patient care remains something learners must seek out, inclusion becomes optional. If we embed routine competence across clinical spaces while preserving specialized supports, we teach a different lesson: TGD patients deserve expert care when needed, and respectful care everywhere.

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References

1. Giffin C, Glow S, Lebo D, et al. Sexual and gender minority health: a roadmap for developing evidence-based medical school curricula. *Can Med Educ J.* 2024;15(4):93-114. https://doi.org/10.36834/cmej.78448
2. Ellaway RH, Thompson NL, Temple-Oberle C, et al. An undergraduate medical curriculum framework for providing care to transgender and gender diverse patients: a modified Delphi study. *Perspect Med Educ.* 2022;11(1):36-44. https://doi.org/10.1007/s40037-021-00692-7
3. Fung R, Gallibois C, Coutin A, Wright S. Learning by chance: investigating gaps in transgender care education amongst family medicine, endocrinology, psychiatry and urology residents. *Can Med Educ J.* 2020;11(4):e19-e28. https://doi.org/10.36834/cmej.53009