



# Member Profile

# ROBIN PRONOVOST

Robin Pronovost (BSc, MLT) has lived everywhere from Australia to New York to BC and is happy to be back to Ontario, even with all the mosquitos. They currently live in a tiny apartment on a horse farm with a dog, two cats, and a house plant named Palmela. In their spare time they enjoy video games, Dungeons and Dragons, baking and drawing. Their website is [flyingarmadillo.com](http://flyingarmadillo.com).

## CAN YOU TELL ME WHERE YOU CURRENTLY WORK AND WHAT YOUR MAIN DUTIES THERE INCLUDE?

I work at Georgian Bay General Hospital a small hospital in Midland, in the Core Lab. It's pretty much all there is, is a Core Lab! We do Hematology, Chemistry, Blood Bank, Urinalysis. We have a BD Max, for screenings like MRSA and VRE. I come from a micro background, so I was very excited to play with PCR because we did not have it at the hospital I worked at in Saskatchewan.

## YOU ARE A MEDICAL LAB TECHNOLOGIST BY DAY AND ARTIST BY NIGHT. CAN YOU TALK ABOUT THE RELATIONSHIP BETWEEN ART AND SCIENCE AND WHAT GOT YOU INTO THE LAB FIELD?

I have a BSc in Biology from Australia. I graduated 1996, which was a recession. When I moved back to Canada, there was no full-time work so I started my career doing website design, graphic design, and illustration. When the other recession hit, that nuked the art job, and I put in an application at Cambrian and got into the MLT program. I used to do a lot of licensed stuff like Star Wars, but now I do a lot of other science-y art, paintings of viruses, and stuff like my Bactqueeria stickers, which merges my love of science and art and queerness. I really like Microbiology because I love the little microorganisms, it's very logic-based and the artistic stuff helps. I can tell the difference between slightly different colours, which even helps with identifying bugs based off a straight blood agar plate. My favourites are the nasty little Gram-Negative Diplococci. I remember the first time I saw the full-blown gonorrhea picture under a gram stain, four plus neutrophils with intracellular, it's horrific but the slide is beautiful!

## AS A PERSON WHO IS NON-BINARY TRANS-MASC, WHAT ARE SOME BARRIERS YOU'VE FACED IN THE FIELD?

The Human Rights Act of Ontario is very specific in the accommodation of trans people, and I've used it quite extensively. With that, I've managed to get under my chosen

name at work and with my college membership instead of my deadname. Seeking healthcare can be stressful. There are certain barriers—some hospitals are unable to put in a chosen name. They had to write my name on a piece of paper instead of adding it to my permanent file, so every time I visit, I have to out myself. I work there so if I did have an issue, I know where to go. I know what my rights are and am not afraid to stand up for them. For other trans people, sometimes you just don't have the fight. People still have problems with pronouns. My pronouns are they or he, whenever anybody uses a female pronoun, it's like a little stab in the heart. Or when people come into the lab and say "hey ladies!" Despite some warnings from other trans people seeking care in our region, I have gotten good care which means people are finally listening. I sent a whole bunch of resources for dealing with trans people to the Nursing Manager to pass on that will help, especially for people who don't know how they can advocate for themselves. For young trans people, or older trans people who may have lived 50 or 60 years and are finally becoming themselves. They've always been themselves, they've just been hidden, it's been inside.

## WHAT ARE SOME THINGS MEDICAL LABORATORY PROFESSIONALS CAN DO TO ENSURE NON-BINARY AND TRANS PATIENTS RECEIVE CARE?

Flagging specimens for rejections should never be done based off a gender marker. There are trans women who have prostates and need a PSA test, and there are trans men who have cervixes and need pap smears. There are non-binary people, who are fine with the gender marker they were born with, and some who might switch to an X. Right now I have an F, and I have testosterone and all of my bloodwork is in the male reference range. You might get a vaginal swab from someone who is M and if you reject it right away you could potentially be delaying care. What if they have toxic shock syndrome and they end up going from a treatable situation to an ICU? If you are a healthcare professional, it is your job to not discriminate against people based on their gender,

sexuality, identity, or race. You have the information available for you at your fingertips, and there are very good resources that you can find. Certainly don't ridicule your patients. You might have a trans co-worker who's now afraid of coming out to you.

**IF YOU WERE TO PICTURE AN IDEAL FUTURE FOR THE MEDICAL LABORATORY PROFESSION IN ONTARIO, WHAT WOULD THAT LOOK LIKE?**

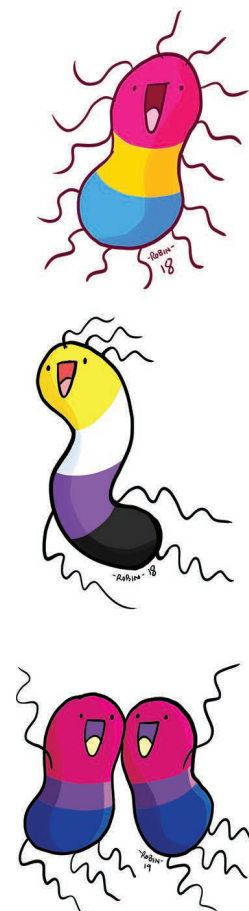
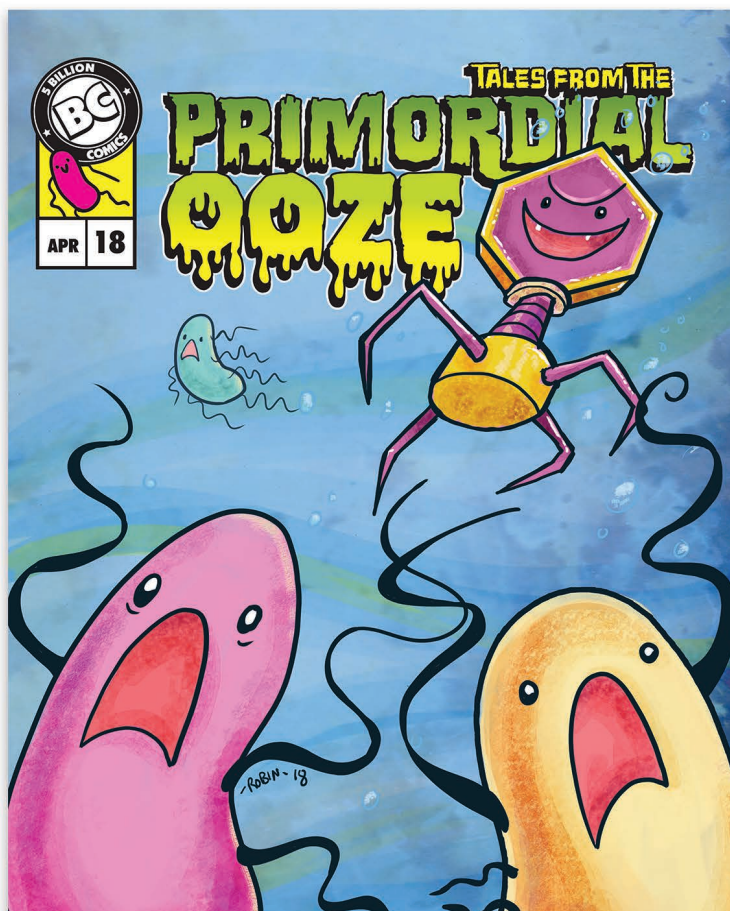
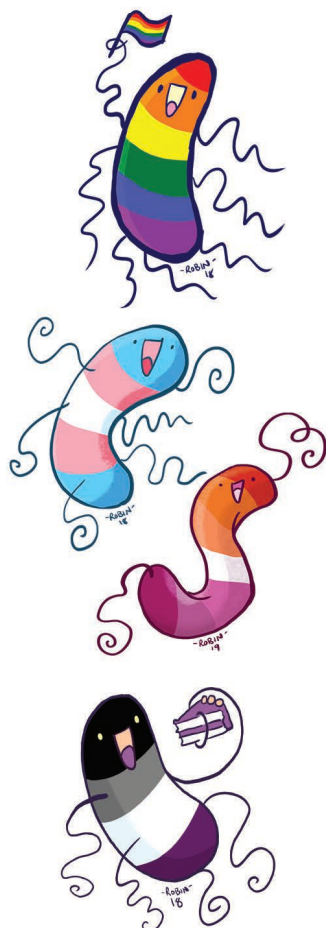
You folks have been doing a really good job of advocating for us and letting people know that we're here. People are realizing we're important and not just caring about us when our machines are down and we can't get the results fast enough. Right now, everybody's understaffed, everybody is stressed. In rural areas, we don't get any extra staff or any extra money, but all this pandemic work. We all work as a team, and we all work together. Inter-professional stuff would be helpful—sometimes the nurses and the doctors don't necessarily know what's happening in the lab, and sometimes we don't know what's happening on the floor. Once the pandemic is over maybe we can start working all together as a cohesive healthcare unit. We're important, we're here! Don't forget the labs when you're putting money towards hospital infrastructure. Sometimes it feels like the lab is the last place to get upgrades.

**CARE FOR TRANS PATIENTS - RESOURCES FOR LABORATORY PROFESSIONALS:**

- <https://www.ohtn.on.ca/rapid-response-barriers-to-accessing-health-care-among-transgender-individuals/>
- <https://www.news-medical.net/health/Do-We-Need-Transgender-specific-Reference-Ranges-for-Common-Laboratory-Tests.aspx>
- <https://academic.oup.com/labmed/article/47/3/180/2453833>
- [https://www.tandfonline.com/doi/abs/10.1300/J485v09n03\\_02](https://www.tandfonline.com/doi/abs/10.1300/J485v09n03_02)

**IF YOU WERE TO GIVE ADVICE TO STUDENTS IN MLT OR MLA/T PROGRAMS (OR RECENT GRADUATES), WHAT WOULD YOU TELL THEM?**

Get the experience where you can get it. Don't be afraid to get out of your comfort zone and move away from home. There are areas where there are so many people wanting to work that everybody is casual and fighting for hours, and that's not good for your mental health. If you can get your foot in the door and get some experience, you may be able to slip back to where you want to be eventually. If you want to specialize, find a big lab in a city. Rural labs are great for generalists and people who love doing everything. Follow your heart, but don't be afraid to follow the jobs too. There are lots of opportunities in rural areas. I lived in Thunder Bay for 9 years, a 24-hour drive from the GTA. Being 2-3 hours away is not a big deal. There are times it will feel like everything is on fire, but it's a very rewarding career.



Art by Robin Pronovost, MLT. [flyingarmadillo.com](http://flyingarmadillo.com).