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Equity, Diversity and Inclusion moments to raise Equity, Diversity and Inclusion literacy among physician leaders Les moments équité, diversité, inclusion pour améliorer les connaissances des médecins leaders en matière d'équité, diversité, inclusion

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Résumé de l'article

Énoncé des implications de la recherche

Des travaux antérieurs menées dans notre département sur les groupes visés par l'équité ont révélé que les médecins leaders avaient une compréhension insuffisante des obstacles auxquels sont confrontés les médecins appartenant à ces groupes. Nous avons créé les Moments EDI, une brève intervention éducative périodique visant à améliorer les connaissances des médecins leaders de notre département de médecine d'EDI. Ceux qui y ont assisté estiment que cela a été un bon investissement de leur temps, mais les Moments EDI ont avant tout déclenché l'élaboration de processus et de politiques pour renforcer l'EDI dans le département. Les équipes qui organisent les Moments EDI devraient tirer parti de l'expertise locale en matière d'EDI et choisir des sujets adaptés aux connaissances de base de leur public.

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Equity, Diversity, and Inclusion moments to raise Equity, Diversity, and Inclusion literacy among physician leaders Les moments équité, diversité, inclusion pour améliorer les connaissances des médecins leaders en matière d'équité, diversité, inclusion

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Implication Statement

Previous research in our department on equity-deserving groups revealed that physician leaders could improve their understanding of barriers faced by physicians from these groups. We developed EDI Moments, a brief, recurring educational intervention, to raise the EDI literacy of physician leaders in our Department of Medicine. In addition to being considered a good use of time by attendees, EDI Moments have led to new processes and policies to improve EDI in our department. Teams that implement EDI Moments should leverage local EDI expertise and select topics suited for their audience's baseline knowledge.

Introduction

Barriers for women and racially marginalized physicians are often overlooked by physicians with privilege. 1,2,3 Furthering this work, we developed a theoretical framework to understand the persistence of inequity among physicians.⁴ In this framework, physician leaders do not address barriers when they are unaware of them, when they do not understand their impact, and/or when they do not believe that these barriers are important.4 Overall, a lack of knowledge among medical leaders about the existence and mechanisms of these disparities is a critical barrier to reducing inequity in medicine. To address this knowledge gap among our leadership, we developed "EDI

Énoncé des implications de la recherche

Des travaux antérieurs menées dans notre département sur les groupes visés par l'équité ont révélé que les médecins leaders avaient une compréhension insuffisante des obstacles auxquels sont confrontés les médecins appartenant à ces groupes. Nous avons créé les Moments EDI, une brève intervention éducative périodique visant à améliorer les connaissances des médecins leaders de notre département de médecine d'EDI. Ceux qui y ont assisté estiment que cela a été un bon investissement de leur temps, mais les Moments EDI ont avant tout déclenché l'élaboration de processus et de politiques pour renforcer l'EDI dans le département. Les équipes qui organisent les Moments EDI devraient tirer parti de l'expertise locale en matière d'EDI et choisir des sujets adaptés aux connaissances de base de leur public.

Moments," a brief, recurring educational and reflective intervention for physician leaders.

Description

EDI Moments were adapted from "Safety Minutes," concise presentations on safety that engage teams in highrisk workplaces. 5,6 "Safety Minutes" presentations focus on safety in workplace culture and frame the following discussions within a safety lens. Similarly, EDI Moments preface our Department of Medicine's monthly two-hour leadership meeting by introducing EDI concepts and prime attendees to consider EDI in subsequent discussions. These meetings are attended by internal medicine subspecialty leaders and those with a senior leadership role in our department (*n* = 28). Each EDI Moment consists of a five-minute presentation followed by questions and discussion. Alongside the meeting agenda, we distributed a one-page handout summarizing main concepts and additional resources. Early topics covered foundational EDI concepts and addressed misconceptions (Table 1). Topics have evolved in complexity and intensity, and now include topics such as anti-racism, sex and gender inclusivity, and ability.

Outcomes

Introduced in September 2020, EDI Moments have been presented at all 14 leadership meetings. The discussion period has led to several new initiatives, including creation of an Inclusive Vendor Policy to guide department spending to Black- and Indigenous-owned businesses (Table 1).

At one-year post-implementation, we distributed an electronic survey to understand attendees' perceptions of EDI Moments (n = 10, 35.7% response rate). Respondents rated the effectiveness, learning potential, and their comfort during EDI Moments using a 4-point scale (Poor to Excellent). Respondents also listed their three favorite EDI Moments and could provide comments.

We found that 90% of respondents felt EDI Moments were a good use of time and 100% learned something new. Interestingly, 40% of respondents felt uncomfortable asking questions and 30% felt uncomfortable sharing their opinion during EDI Moments.

Suggestions

Longitudinal integration of EDI Moments into leadership meetings is one way to build foundational awareness of EDI principles and issues. The topics and objectives of EDI Moments should account for the level of EDI expertise of the target audience. For example, teams with significant background knowledge of EDI could start with higher-level objectives, such as appraising policies for inclusivity, whereas teams with less exposure to EDI should start with definitions of common terms and concepts. Units should leverage local expertise and lived experience in the design and delivery in EDI Moments.

Keeping to the allotted time for EDI Moments was important for the sustainability and feasibility of reserving meeting time for these presentations. We are developing anonymous response web-based survey tools to create a safer method for participation in the discussion periods and future evaluation will explore the reported discomfort of audience members.

Table 1. A chronological list of all EDI Moment topics with their associated skill or learning objective and the outcome of evaluation or discussion of this topic at Department of Medicine monthly leadership meetings

meetings		
EDI Moment	Skill or Objective	Outcome
	Define equity, equality,	85% of participants rated
Introduction to EDI	diversity, and	"Introduction to EDI Moments"
	inclusion.	good or excellent.
	Understand how	This was the lowest ranked EDI Moment, with 15% of
Intersectionality		
	overlapping	
	marginalized identities	
	can lead to unique	respondents rating it as poor.
	experiences of	
	discrimination.	
Experiences of	Understand how	
Ableism		Attendees learned the most at
Presented by a		
physician with a	colleague's experiences	this EDI Moment.
disability.	as a physician.	
,		Due to engagement of
Meritocracy	Examine how bias	leadership in this EDI Moment,
		the Department hosted a
		Medical Grand Rounds on the
	evaluate physicians.	
		meritocracy in medicine.
Anti-Black Racism	Understand how racism	L
Presented by a Black	1	75% of attendees rated this EDI
physician colleague.	experiences as a	Moment as excellent.
priyototari comeagaet	physician.	
Sex and Gender		Due to interest of leadership in
	Use sex and gender	this EDI Moment, the
	Use sex and gender	Department invited an expert in
	correctly in clinical and	sex and gender in health
	academic work.	research for Medical Grand
		Rounds
		Due to the importance of this
	Respond appropriately	topic, the Department decided
Harassment and	to a disclosure of	to include formal disclosure
Discrimination	harassment or	
	discrimination.	training at a Departmental
		leadership meeting.
Microaggressions	Describe how	30% of participants rated this as
	microaggressions	the most informative EDI
	influence physician	Moment.
	colleagues.	
	Explain how land	
Land	acknowledgements	100% of attendees rated this EDI
Acknowledgement	meet our obligations	
	for truth and	Moment good or excellent.
	reconciliation.	
Pronouns		Department members added
	Ask for and use a	their pronouns to their e-mail
	colleague or patient's	signatures and their virtual
	pronouns.	conferencing identifications.
	Examine how selection	
	of businesses and	Due to engagement of
Anti-Racist	vendors can reinforce	leadership in this EDI Moment,
Consumers		the Department created an
	structural	Inclusive Vendor Policy.
	disadvantage.	-
Being an Indigenous		
Physician Led by a	Indigeneity influences a	Not evaluated.
First Nations	colleague's experiences	
physician.	as a physician.	

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References

- Ruzycki SM, Freeman, GF, Bharwani A, Brown, A. Association of physician characteristics with perceptions and experiences of gender equity in an academic internal medicine department. *JAMA Netw Open.* 2019;2(11):e1915165. https://doi.org/10.1001/jamanetworkopen.2019.15165
- Ruzycki SM, Roach P, Holroyd-Leduc J, Barnabe C, Ahmed SB. Experiences and perceptions of racism and sexism among alberta physicians: quantitative results and framework analysis of a cross-sectional survey. *J Gen Intern Med*. 2022. https://doi.org/10.1007/s11606-022-07734-8

- Ruzycki SM, Roach P, Ahmed S, Barnabe C, Holroyd-Leduc J.
 Diversity of physicians in leadership and academic positions in Alberta: a cross-sectional survey. BMJ Leader. 2022.
 https://doi.org/10.1136/leader-2021-000554
- Ruzycki SM, Brown A, Bharwani A, Freeman GF. Gender-based disparities in medicine: a theoretical framework for understanding opposition to equity and equality. *BMJ Leader*. 2021. https://doi.org/10.1136/leader-2020-000231
- Hill Jr RH, Finster DC. Academic leaders create strong safety cultures in colleges and universities. J Chem Health Safety. 2013;20(5):27-34. https://doi.org/10.1016/j.jchas.2013.06.011
- Redfern L. Safety minutes: a consistent way to promote and sustain the commitment to research safety. ACS Fall 2019 National Meeting and Exposition2019. p. https://dchas.org/wp-content/uploads/2019/09/05-Redfern-Safety-minute-talk.pdf.