#### Canadian Medical Education Journal Revue canadienne de l'éducation médicale



#### 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

Shannon M Ruzycki, Jayna Holroyd-Leduc et Allison Brown

Volume 14, numéro 3, 2023

URI : https://id.erudit.org/iderudit/1106011ar DOI : https://doi.org/10.36834/cmej.75216

Aller au sommaire du numéro

Éditeur(s)

Canadian Medical Education Journal

ISSN 1923-1202 (numérique)

Découvrir la revue

#### Citer cet article

Ruzycki, S., Holroyd-Leduc, J. & Brown, A. (2023). Equity, Diversity and Inclusion moments to raise Equity, Diversity and Inclusion literacy among physician leaders. *Canadian Medical Education Journal / Revue canadienne de l'éducation médicale*, 14(3), 116–118. https://doi.org/10.36834/cmej.75216

#### 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.

© Shannon M Ruzycki, Jayna Holroyd-Leduc et Allison Brown, 2022



érudit

Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

https://apropos.erudit.org/fr/usagers/politique-dutilisation/

#### Cet article est diffusé et préservé par Érudit.

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche.

https://www.erudit.org/fr/

# 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

Shannon M Ruzycki,<sup>1,2</sup> Jayna Holroyd-Leduc,<sup>1,2</sup> Allison Brown<sup>1</sup>

<sup>1</sup>Department of Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada; <sup>2</sup>Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Alberta, Canada

Correspondence to: Shannon M. Ruzycki; Room 1422, Health Sciences Centre, 3330 Hospital Drive NW, Calgary, AB, Canada, T2N 2T9; phone: 403-210-7370; email: Shannon.Ruzycki@ucalgary.ca; Twitter: @ShannonRuzycki

Published ahead of issue: Nov 16, 2022; published Jun 27, 2023. CMEJ 2023, 14(3) Available at https://doi.org/10.36834/cmej.75216

© 2023 Ruzycki, Holroyd-Leduc, Brown; licensee Synergies Partners. This is an Open Journal Systems article distributed under the terms of the Creative Commons Attribution License. (https://creativecommons.org/licenses/by-nc-nd/4.0) which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is cited.

### 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.<sup>1,2,3</sup> Furthering this work, we developed a theoretical framework to understand the persistence of inequity among physicians.<sup>4</sup> 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.<sup>4</sup> 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.<sup>5,6</sup> "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 fiveminute 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.<sup>6</sup> 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
	diversity, and	"Introduction to EDI Moments"
	inclusion.	good or excellent.
Intersectionality	Understand how	
	overlapping	
	marginalized identities	This was the lowest ranked EDI
	can lead to unique	Moment, with 15% of respondents rating it as poor.
	experiences of	
	discrimination.	
Europianoso of		
Experiences of Ableism	Understand how	
	ableism influences a	Attendees learned the most at
Presented by a	colleague's experiences	this EDI Moment.
physician with a	as a physician.	
disability.		
Meritocracy		Due to engagement of
	Examine how bias	leadership in this EDI Moment,
	influences how we	the Department hosted a
	evaluate physicians.	Medical Grand Rounds on the
		meritocracy in medicine.
Anti Dinak Daaian	Understand how racism	
Anti-Black Racism	influences a colleague's	75% of attendees rated this EDI
Presented by a Black	-	Moment as excellent.
physician colleague.	physician.	
Sex and Gender	. ,	Due to interest of leadership in
		this EDI Moment, the
	Use sex and gender correctly in clinical and academic work.	Department invited an expert in
		sex and gender in health
		research for Medical Grand
		Rounds
	Respond appropriately	Due to the importance of this
Harassment and	to a disclosure of	topic, the Department decided
Discrimination	harassment or	to include formal disclosure
	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.	Moment.
	Explain how land	
	acknowledgements	
Land	meet our obligations	100% of attendees rated this ED
	for truth and	Moment good or excellent.
	reconciliation.	
		Department members added
	colleague or patient's pronouns.	their pronouns to their e-mail
Pronouns		signatures and their virtual
		conferencing identifications.
	Examine how selection	
		Due to engagement of
Anti-Racist	of businesses and	leadership in this EDI Moment,
Consumers	vendors can reinforce	the Department created an
	structural	Inclusive Vendor Policy.
	disadvantage.	,
Being an Indigenous	Understand how	
Physician Led by a	Indigeneity influences a	Not evaluated.
First Nations	colleague's experiences	
physician.	as a physician.	

**Conflicts of Interest:** The authors have no conflicts of interest related to this manuscript. **Funding:** This project is unfunded.

### 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. <u>https://doi.org/10.1001/jamanetworkopen.2019.15165</u>
- 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. <u>https://doi.org/10.1007/s11606-022-07734-8</u>

- 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. <u>https://doi.org/10.1136/leader-2021-000554</u>
- 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. <u>https://doi.org/10.1016/j.jchas.2013.06.011</u>
- Redfern L. Safety minutes: a consistent way to promote and sustain the commitment to research safety. ACS Fall 2019 National Meeting and Exposition2019. p. <u>https://dchas.org/wpcontent/uploads/2019/09/05-Redfern-Safety-minute-talk.pdf</u>.