Equity, Diversity, and Inclusivity (EDI) Curriculum Report

SCHULICH MEDICINE EDI COMMITTEE

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2020-2021

Analysis of Equity, Diversity, and Inclusivity within Schulich School of Medicine's Pre-Clerkship Program

EDI CURRICULUM REPORT 2020-2021

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Objectives

This report was put together by students in the Schulich Medicine Class of 2023, 2024, and 2025. The purpose of this report is to evaluate the way in which the Undergraduate Medicine curriculum at Schulich School of Medicine addresses issues of equity, diversity, inclusivity and decolonization (EDI-D). The students involved in the formation of this report collected data across both synchronous and asynchronous curriculum modalities, along with data from an anonymous EDI-D curriculum reporting google document that all medicine classes have had access to as of January 2021.

The goals of this work are:

- To collect data from students about their experience with the pre-clerkship curriculum as it relates to EDI-D topics;
- To represent the thoughts, concerns and experiences that pre-clerkship students have expressed as it relates to issues of EDI-D in their curricular teachings;
- To outline existing gaps in the pre-clerkship curriculum as it relates to both how topics of EDI-D are approached and overlooked;
- To propose recommendations on how to improve the curriculum for future years to be structured in a more equity-focused manner;

In doing so, we hope to provide the Undergraduate Medical Education at Schulich Medicine a structured representation of strengths, as well as pitfalls and opportunities for improvement in the curricular learning of pre-clerkship students. We hope this report can help to catalyze adjustments in the school's approach to — and resources available for — the advancement of EDI-D values which are critical to student opportunity and success.

Year 1 Pre-Clerkship Curriculum

Foundations of Medicine

FoM

Hematology

Infection & Immunity

Year 1 Pre-Clerkship Curriculum

Principles of Medicine I

Cardiology
Respirology
ENT
Gastroenterology

Year 1 Pre-Clerkship Curriculum

Independent Small Group Learning I (ISGL I)

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Health Inequity

Goals surrounding this content:

- Discuss federal and provincial healthcare responsibilities and how these policies impact the healthcare of First Nations, Inuit, and Métis children
- Discuss federal and provincial healthcare responsibilities and how these policies impact the healthcare of immigrant and refugee children
- Discuss Jordan’s Principle and ethical obligations of the Government of Canada
- Consider the relationship between inequities and inequalities in relation to health services policy and outcomes

Current state of this content:

- Learning modality:
  - Small group discussion
- Notable educational content:
  - The sessions entailed a discussion of health inequity among immigrants, refugees, and indigenous communities in Canada
- Resources:
  - Pre-readings were provided that outlined immigrant, refugee, and indigenous health. It also includes an article regarding Jordan’s principle.

Session-based Summaries

Session: How to Study in Medical School

Assessment & Recommendations

- This session adequately provided time for discussion regarding health inequities in Canada and the various ways groups of individuals are impacted with regards to access to healthcare and overall health. This session also included a discussion on social determinants of health and the impact that has on individuals of various backgrounds.

- However, discussing indigenous, immigrant, and refugee health in one session does not provide an in-depth discussion on each of these topics and does not lead to a full exploration of the unique aspects that impact each individual topic. There was no deeper level of conversation regarding the intricacies of indigenous, immigrant, and refugee health and potential solutions we can work towards as future healthcare professionals.

- In order to improve upon this session, it would be beneficial to have separate sessions for each of these topics. Moreover, it would help to include more critical thinking types of discussions that allow students to come up with solutions for these health inequities or practical ways healthcare professionals can individually improve these disparities.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Child Maltreatment

Goals surrounding this content:

- Recognize when there is suspicion of a child that is in need of protection that there is an obligation under the law to report safety concerns to a Children's Aid Society.
- Name the five types of Child Maltreatment.
- Identify symptoms and signs suggestive of Child abuse.
- Appreciate that child abuse occurs across all socioeconomic classes, can happen anywhere and can occur in different forms.
- Describe what is meant psychologically for an individual when he or she experiences trauma.
- Describe the factors that can protect a child that has been abused.

Current state of this content:

- Learning modality:
  - Small group discussion
- Notable educational content:
  - Small group discussion concerning child maltreatment. Discussion included answering the suggested discussion questions and the case provided.
- Resources:
  - Pre-readings were provided that outlined what consists of child maltreatment, how to respond to incidents of child maltreatment, and reporting obligations of physicians to CAS were emphasized.

Session-based Summaries

Session: Child Maltreatment

Assessment & Recommendations

- This session adequately introduced students to the obligations of a physician regarding child maltreatment. Moreover, it provided students with a good case based approach with adequate opportunity for discussion using the discussion questions.
- However, there was no in-depth discussion on prevalence of child maltreatment in families of diverse backgrounds and orientations. Identifying signs of child maltreatment looks very different in minority cultures and therefore should be explored. Moreover, It would be beneficial to include how to approach child maltreatment and having those conversations with parents/guardians of diverse backgrounds as this might sometimes be more difficult either due to cultural sensitivity and/or language barriers. It is also important to realize that some aspects of parenting in other cultures are not the same as that of the Western parenting style and therefore should be addressed, because that can be difficult to grasp as a physician in the Western world.
- Readings regarding overrepresentation of indigenous children in child welfare programs were also poorly discussed. Greater emphasis should be placed on how socioeconomics and social determinants of health can impact this overrepresentation in child welfare programs in indigenous communities.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Elder Abuse

Goals surrounding this content:

- Identify risk factors for elder abuse and determine the level of immediate risk
- Describe resources available to assist patients for whom elder abuse is suspected and their limitations.
- Describe resources available to support families of victims of elder abuse and their families.
- Describe the roles of the members of your collaborative health care team in the development of an individualized approach to an elder suspected of experiencing elder abuse.
- Discuss factors that must be considered when deciding to report elder abuse.
- Discuss risk factors for caregiver stress and ways to mitigate caregiver burnout.
- Describe the association between caregiver burnout and elder abuse.

Current state of this content:

- Learning modality:
  - Small group discussion
- Notable educational content:
  - Small group discussion concerning elder abuse. Discussion included answering the suggested discussion questions and going through the resources and pre-readings.
- Resources:
  - Pre-readings were provided that outlined what consists of elder abuse, how to respond to incidents of elder abuse, and reporting obligations of physicians were emphasized.

Session-based Summaries

Session: Elder Abuse

Assessment & Recommendations

- This session adequately introduced students to the obligations of a physician regarding elder abuse. It met many of its objectives regarding caregiver burnout and what resources can be provided to those who are experiencing this burnout. Moreover, it did successfully cover an approach to elder abuse.

- However, this session would benefit from an exploration and a discussion of how to approach elder abuse in individuals of minority backgrounds or cultural identities. It had a Eurocentric focus regarding elder abuse as seen with many of the videos being portrayed by Caucasian families. Therefore, discussions should include the signs of elder abuse in families of diverse cultures and a better approach to communicating with these families in a culturally sensitive way if abuse is suspected.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Providing Inclusive Care to the LGBTQ+ Community

Goals surrounding this content:

- Compare and contrast the different population in the LGBT community and the spectrum of human sexuality.
- Describe the medical, social and spiritual determinants of health and well-being for LGBT population.
  - Identify the challenges of LGBT patients in accessing health and social services in Canada.
  - Discuss the issues of stigma and other social barriers of LGBT persons face (link to mental health).
  - Identify disparities in disease burden and access to care in LGBT patients.
- Describe use of inclusive and affirmative language when taking patient's sexual history.
- Discuss the unique health and social services available to LGBT persons

Current state of this content:

- Learning modality:
  - Small group discussion and online learning module
- Notable educational content:
  - Small group discussion putting an emphasis on LQBTQ+ health and ways to create an inclusive space in healthcare. There was also a smaller discussion on thalassemia. A case was provided for basis of discussion.
- Resources:
  - Pre-readings and an online learning module was provided to understand LGBTQ+ health inequities and ways to create an inclusive space for that community as a physician.

Session-based Summaries

Session: Providing Inclusive Care to the LGBTQ+ Community

Assessment & Recommendations

- This session and associated module did an adequate job at introducing students to pertinent LGBTQ+ terminology as well as the health disparities that are impacting that community. Moreover, there was valuable discussion regarding creating inclusive spaces for LGBTQ+ patients.

- To allow for a more in-depth discussion regarding the LGBTQ+ community's health experiences and inequities, there should be a separation of the thalassemia content from the LGBTQ+ topic. Due to the range of topics covered in one small group session, it made it difficult discussing both topics thoroughly.

- With regards to LGBTQ+ in healthcare, there needs to be an emphasis on intersectionality of the individual as this is only one part of their identity. Therefore, a more holistic approach should be taken to gain a better understanding of the inequities this community faces. As there are a lot of LGBTQ+ individuals that come from various cultures that may not be accepting of their identity, it would be beneficial to discuss how to address the patient's support systems or how they are coping within that cultural belief system. Moreover, it would also be valuable to explore how a physician's religious or cultural beliefs can hinder them from being unbiased or inclusive and discuss the resources that are available to these physicians.

- Emphasis on asexual health, transgender health, two-spirit individuals, and history of LGBTQ+ rights should also be explored both in the small group discussion as well as in the associated learning module.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Complementary and Alternative Medicine

Goals surrounding this content:

- Review common reasons patients opt for alternative medicine instead of
- standard Western medicine.
- Develop an approach to supporting patients seeking alternative medicine
- options.
- List reliable resources for information on alternative medicine options.
- Consider how you will manage patients that refuse the standard of care
- treatment that you recommend, but wish to still be monitored by you

Current state of this content:

- Learning modality:
  - Small group discussion and online learning module
- Notable educational content:
  - The discussion focused on the topic of complementary and alternative medicines (CAMs) used by patients and the factors that encouraged patients to pursue CAMs over Western medicine.
- Resources:
  - Pre-readings accompanied by an independent online learning module that explored the definition of CAMs and physician and patient-related factors that are involved when making health decisions.

Session-based Summaries

Session: Complementary and Alternative Medicine

Assessment & Recommendations

- This session successfully introduced students to the topic of CAMs and allowed for a good discussion surrounding physicians' roles in accommodating and working alongside patients' use of CAMs and incorporating Western medicine.

- Investigate the use of obsolete terminology in the online learning module; namely, the racialized term, "Oriental tradition," which was inappropriately used to describe East Asian tradition.

- The use of CAMs can be rooted in cultures due to physician distrust and colonialism. This should be particularly explored in indigenous communities as well as Black communities. Ways to acknowledge that distrust and ways of rebuilding trust should also be emphasized in order to create a welcoming space for all patients.

- The socioeconomic perspective should also be discussed for this topic as well, as one's socioeconomic status can greatly impact an individual's healthcare decisions. Ways to support patients from a financial perspective should also be explored.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Effective Teamwork

Goals surrounding this content:

- Discuss the importance of teamwork in medicine
- Understand the characteristics of an effective team
- Demonstrate the principles and values of effective teamwork
- Understand the barriers to effective teamwork

Current state of this content:

- Learning modality:
  - Role play and small group discussion
- Notable educational content:
  - The session consisted of a role play scenario that emphasized teamwork in a healthcare setting. This was followed by discussion of what effective teamwork entails.
- Resources:
  - Articles discussing how to create an effective team and how to problem solve within a team in a healthcare setting

Session-based Summaries

Session: Effective Teamwork

Assessment & Recommendations

- Effective teamwork was creatively explored using a role play scenario, allowing students to immerse themselves in roles that are very common to the healthcare field.

- However, there should be more discussion revolving around teamwork in spaces where diversity of individuals may not be appreciated, respected, or validated. This can also be a common experience when those in leadership do not share similar identities or experiences to those they are leading. This may compound the presence of a power imbalance and can exacerbate the incoherency found in healthcare teams. Therefore, there should be more emphasis placed on the available ways of creating safe spaces as a leader for your team. This will then enhance the ability for students to receive and provide constructive and safe feedback.

Session-based Summaries

Author: Anastasia Liu, Karen Michael

Session: Vaccination and Public Health

Goals surrounding this content:

- Understand the impact of vaccine refusal on the health outcomes of our society and worldwide.
- Describe measures to implement in advocating for improved vaccine acceptance and compliance with evidence-based practice.
- Understand the background and continued growth of the non-vaccine movement.
- Describe the process needed for a conversation with a family or patient who refuses vaccines.

Current state of this content:

- Learning modality:
  - Small group discussion
- Notable educational content:
  - Small group discussion of vaccine hesitancy. This included a discussion on approaching vaccine-hesitant parents and the resources that can be provided to them to increase vaccination confidence. In addition, the importance of vaccines to public health was emphasized as well as reasons why some patients may be vaccine-hesitant.
- Resources:
  - Articles discussing how to address a vaccine-hesitant patient and the importance of vaccinations. Resources were also provided to aid students in having these discussions with parents and suggestions of resources to offer to vaccine-hesitant parents were also included.

Session-based Summaries

Session: Effective Teamwork

Assessment & Recommendations

- Thanks to the provided resources and small group discussion, students were exposed to the importance of vaccination policies on public health. Moreover, adequate discussion was included to help students approach vaccine-hesitant parents and aiding them in their decision making.

- It would be beneficial to include a discussion on the promotion of health literacy in populations that do not have the appropriate science background to increase vaccination confidence. Health literacy is a key aspect of vaccine hesitancy and is common in marginalized communities as well as individuals of a lower socioeconomic status. Ways to mitigate this problem as a healthcare professional can be thoroughly explored.

ISGL I Summary

Topic Coverage

- The ISGL sessions throughout the foundations of medicine course have adequately addressed many important topics in medicine that are essential to a healthcare professional's ability to navigate unfamiliar situations and diversity.
- This content, however, does have some EDI-related gaps that can be addressed by including a diverse angle. Some notable areas of improvement are the LGBTQ+ content of ISGL sessions, as well as indigenous content, and lastly the impact of diversity in the healthcare field, whether that is the diversity of the patient or the healthcare provider.

Session Modality

- Small-group ISGLs offer the most active participation that encourages engagement with pre-reading material, but experience varies depending on facilitator and could potentially lead to nonproductive discussions or facilitators veering off course. To ensure students all receive consistent messaging across sensitive topics, post-session resources could be considered which would answer key learning objectives in case students wish to review or feel they did not receive enough education on the topic during the session. This would also increase transparency in the material, supporting buy-in from students and improvements in the material that may otherwise have been missed.
- Associated learning modules are great for supplementation of these discussions and can be modified to include more information on different aspects of health that were not discussed such asexual health, health literacy promotion, and the use of CAMs and reconciling that with Western medicine.

Year 1 Pre-Clerkship Curriculum

Professionalism, Career, and Wellness I

How to be a Successful Medical Student

How to Study in Medical School

Mindfulness

Professionalism in Medicine

Session-based Summaries

Author: Karen Michael

Session: How to be a Successful Medical Student

Goals surrounding this content:

- To consider strategies to be successful as a medical student
- To understand what comes after medical school- the Canadian Residency Matching Service (CaRMS)
- To understand the resources available to help you with your transition into medical school

Current state of this content:

- Learning modality:
  - Large group session with an initial break-out room period discussing strategies on how to become a successful medical student, which is then reported to the rest of the class along with a talk from UME
- Expertise:
  - Dr. Robert Stein, MDCM, Assistant Dean, Learner Equity and Wellness
- Notable educational content:
  - The session included breakout rooms for students to discuss strategies they will find useful as a medical student
  - Dr. Stein discussed tips to being successful as a medical student
  - The CaRMS process was explained and statistics were provided that included match rates into common specialties.
- Resources:
  - Different supports available for students were provided such as LEW, small group leaders, mentors etc.

Session-based Summaries

Session: How to be a Successful Medical Student

Assessment & Recommendations

- This session did a great job at introducing tips to be successful as a first-year medical student and successfully outlined the CaRMS matching process and statistics
- When including CaRMS statistics, it would be beneficial to include how the CaRMS process is impacting minority groups or individuals of diverse backgrounds differently. This could also include statistics on influential factors for those individuals of different socioeconomic status and backgrounds
- While supports were listed at the end of the session, it would be beneficial to include resource links or contact information of these different supports for easier reference at the end of the slides

Session-based Summaries

Session: How to Study in Medical School

Goals surrounding this content:

- Compare and contrast the differences between learning in medical school and undergraduate
- Explain the different approaches to learning in medical school

Current state of this content:

- Learning modality:
  - Large group session where study tips for leveraging online learning and for assessments were shared by experts and then by second year students
  - Students had the chance to ask questions via mentimeter and share their own studying strategies throughout the session
- Expertise:
  - Anna Sims
  - Dr. Peter Wang, MD, PCW course chair
  - Dr. Fabiana Crowley, PhD, Foundations of Medicine course chair
- Notable educational content:
  - The session included studying tips and resources from experts, second year students, and peers
- Resources:
  - Contact information of PCW course chairs were provided on the slides as well as Western resources such as LEO office contact information and resources for accessible education was provided in the chat

Session-based Summaries

Session: How to Study in Medical School

Assessment & Recommendations

- The content of this session was received well among students due to it being honest, relatable, and providing great tangible advice for studying in medical school. The addition of personal anecdotes from the presenters and addressing topics such as loneliness or perfectionism was greatly impactful and appreciated

- It would be beneficial to include more diverse ways of studying in medical school that are accessible to individuals of diverse backgrounds, study habits, and that caters to those with learning disabilities/visual impairments/hearing impairments. Moreover, while accessible education support information was provided in the chat, it would be helpful to include these in the slide deck for easier reference.

- While supports were listed throughout the session in the chat, it would be beneficial to include resource links or contact information of these different supports for easier reference at the end of the slide deck

Session-based Summaries

Session: MIndfulness

Goals surrounding this content:

- Describe mindfulness and how it related to wellness and performance
- Reflect on how mindfulness can improve personal wellness
- Demonstrate mindfulness through participation of mindfulness activity

Current state of this content:

- Learning modality:
  - Large group session that introduced students mindfulness behaviours and spirituality and ways to engage in mindfulness
  - These techniques were discussed to promote wellness and reduce stress
- Expertise:
  - Dr. Jenna Creaser, MD
  - Dr. Jillian MacDonalds, MD
- Notable educational content:
  - The session included defining mindfulness as well as a demonstration of mindfulness behaviours
  - Suggested techniques to engage in daily mindfulness was discussed and the benefits of those behaviours on wellness and stress reduction

Session-based Summaries

Session: Mindfulness

Assessment & Recommendations

- Thanks to Dr. Creaser and Dr. MacDonald, this session introduced students to the concept of mindfulness and the techniques that can be used to promote mindfulness in a daily manner and therefore, improve wellness.

- Spirituality in this session was quickly defined as thankfulness, gratitude, etc. and the role of religion was not introduced or addressed. Students have found that spiritual wellness, specifically with regards to religious beliefs, is not addressed or adequately explored, making these sessions less inclusive. Moreover, there is a lack of support, resources, and mentorship with regards to navigating religion as a physician. The role of an individual's faith in their practice is not emphasized and does need to be adequately explored for students in order to feel like religion is not in fact a negative quality of a physician or that it is an insignificant aspect of one's life as a physician.

Session-based Summaries

Session: Professionalism in Medicine

Goals surrounding this content:

- To introduce the College of Physicians and Surgeons and explain what we do and why we do it
- To Explore the concepts and expectations of Medical Professionalism using case based approach

Current state of this content:

- Learning modality:
  - Large group session that introduced students to professionalism in medicine and what the role of the CPSO is in maintaining that
  - This session included the complaint process for unprofessional behaviour, policies, expectations, and consequences of unprofessional behaviour
  - Break out rooms were used for discussion of case studies and how professionalism can be broken in medicine
  - These cases and the case questions were then taken up again in the large group
- Expertise:
  - Dr. Terri Paul, MD
- Notable educational content:
  - The session included key concepts regarding professionalism in medicine and the importance of the CPSO as a regulatory body for professional misconduct and behaviour
  - Case-based learning was used to illustrate what is considered professional misconduct

Session-based Summaries

Session: Professionalism in Medicine

Assessment & Recommendations

- The content of this lecture successfully introduced students to professionalism in medicine by using a case-based approach and by providing information on what the policies, rules, regulations of the CPSO regarding professionalism

- There was a major focus on social media and privacy in relation to physician professional conduct, which is extremely relevant considering today's virtual landscape. However, other aspects of professionalism could be further explored in the cases such as learner mistreatment by patients and other physicians or include cases that discuss more controversial topics of professionalism like freedom of expression through clothing (referencing the #medbikini movement).

PCW I Summary

Topic Coverage

- The PCW sessions throughout the foundations of medicine course have adequately addressed many important topics related to financial, physical, mental, and academic wellness.
- This content, however, does have some EDI-related gaps that can improve transparency and accessibility. This is particularly relevant to the content surrounding the CaRMS process and improving accessibility by including studying tips for individuals with disabilities in the "how to study in medical school" session.
- There should also be increased transparency with regards to the decisions made surrounding the PCW topics and opportunities should be given to students to contribute to the development of these sessions.

Session Modality

- There was an adequate time allotted for both large-group sessions and breakout rooms to allow for discussion and participation. Moreover, using a case-based approach for small breakout rooms was a valuable way to encourage discussion and to improve engagement.

- The use of a mentimeter to ask anonymous questions is a useful way to allow for students to express concerns or to ask questions anonymously.

- Resources should be provided after every PCW session, in the form of documents, videos, or an independent self-directed module, to allow students an opportunity to read more on a certain topic or to answer unanswered questions.

Year 1 Pre-Clerkship Curriculum

Clinical Skills I

Intro to Interviewing

Advanced Interviewing

Primary Physical Exam Skills

Introduction to Interviewing

Authors: Anastasia Liu & Karen Michael

Notable EDI-Related Content:

Diversity of SPs and Cases

Goals surrounding this content:

- To ensure the best medical education for students, SPs should reflect the patient population in terms of all demographics: Age, race, sex, gender, sexual orientation, religion, etc.

Current state of this content:

- The majority of current SPs are Caucasian and all Basic Interviewing cases are centered on cisheteronormative narratives. Even the fact that the two 2SLGBTQ+ cases are in Advance Interviewing sends a problematic message that such individuals are "non-standard."
- Atypical clinical presentations of diseases such as heart disease for various sexes or individuals of diverse backgrounds are not taught in these sessions.
- The only opportunity we are provided to learn about working with patients with disabilities is the LHSC iLearn module. No formal lectures or clinical skills sessions are devoted to this patient population.

Introduction to Interviewing

Notable EDI-Related Content:

Diversity of SPs and Cases

Assessment & Recommendations

- The **current diversity of SPs and SP cases is severely lacking**, and we are aware this point has been raised multiple times by students/student groups.
- Recruitment efforts should be implemented to increase SP actor diversity.
- Existing cases should be rewritten and given to actors in a way that is inclusive of all genders and sexual orientations (ie. "Casey, 45, lives with husband" would be portrayed by a man, woman or non-binary person without having to change the fact that they live with a husband).
    - It was brought up as a counterpoint that the actor themselves may choose to change the phrasing and this is difficult to control. We fail to appreciate this as a viable reason. We believe this flexibility must be an integral part of the SP's contract, and that this versatility must be ingrained into SP training.

Introduction to Interviewing

Notable EDI-Related Content:

Diversity of SPs and Cases

Assessment & Recommendations

- Additionally, for cases that do center on a specific culture (E.g. the case in Advanced Interviewing about traditional indigenous medicine), **we strongly recommend against casting an SP from outside of that culture.** This is currently being done and many students have reported being uncomfortable and upset by the performance.
- **We recommend medical ASL be taught as a formal component of clinical skills in first year.** The initial teaching can be accomplished in a 2-hour session. Subsequent practice via potential collaboration with community groups such as Community Living London.
  - University of Toronto currently collaborates with Surrey Place Center in their medical curriculum to educate students about working with patients who have special needs.
  - Students should be provided firsthand opportunities to apply their learning on working with special needs patients/SPs in clinical skills.

Introduction to Interviewing

Notable EDI-Related Content:

The Cultural Lens of Illness

Goals surrounding this content:

- Students in first year should be educated to consider all patient presentations through a culturally intersectional lens.

Current state of this content:

- Concerns have been brought up by the 2025s that there is always a lack of cultural ways of viewing the illness experience.
- It has also been reported that some SPs and facilitators have said culturally insensitive comments to students.

Introduction to Interviewing

Notable EDI-Related Content:

The Cultural Lens of Illness

Assessment & Recommendations

- The illness experience varies wildly from patient to patient, and from culture to culture. Cases can be written to simulate this reality to develop students' cultural competence.
- Cultural insensitivity from the SP and facilitators is a serious issue that must be addressed. Certainly, the learner mistreatment reporting system exists but this is insufficient; microaggressions are difficult to report, and students may feel uncomfortable reporting incidents (especially when the groups are small and the situations are highly specific - anonymity only goes so far). Perhaps an investment could be made for cultural competence training for SPs, facilitators, and staff in general.
- We encourage faculty to potentially collaborate with students to find additional methods of improving intersectional clinical skills education

Introduction to Interviewing

Notable EDI-Related Content:

Patient Pronouns and SP Education

Goals surrounding this content:

- Ensure students become comfortable with asking patients for their gender identity and pronouns by enforcing and normalizing this practice.
- Ensure SPs are competent to understand the definition of a pronoun and that they are not disrespectful of this practice in this learning environment, unless it is necessary for their character.

Current state of this content:

- Most students fail to ask for gender identity or pronouns during patient interviews.
- Some SPs are cooperative in answering questions about their gender identity and pronouns. Some SPs appeared uncomfortable or even offended with the question.

Introduction to Interviewing

Notable EDI-Related Content:

Patient Pronouns and SP Education

Assessment & Recommendations

- Asking a patient's gender and pronouns should be as commonplace as asking for their name, age and occupation. Students should be made to get into the practice of doing so via pre-clinical skills readings or in-session instruction. Other schools, such as MUN, have already implemented this practice as a standard of their clinical skills training, for example.
- Aggression or confusion from patients is a very real and possible reaction to such questions, especially in elderly patients, patients from anti-LGBT countries, transphobic patients, etc. As such, even if SPs are not instructed on how to respond to these questions for the sake of "authenticity," our teachings should cover or discuss how to properly and safely navigate these situations.
  - For example: When one SP was asked "Do you have any preferred pronouns?", the SP answered "no." and the interview proceeded with she/her pronouns, regardless. If correct instruction was given, the student might instead ask "What are your pronouns?" and the answer in this SP's case would be "she/her."
  - We would advise against any decision to not properly instruct SPs on how to answer questions about pronouns for the sake of learner safety. Again, for the "uncooperative" characters, aggression on this matter may be tolerated to a degree but the debrief should then address this performance choice.

Advanced Interviewing

Authors: Anastasia Liu & Karen Michael

Notable EDI-Related Content:

Domestic Abuse Case

Goals surrounding this content:

- Ensure students are properly educated on the protocol for working with patients experiencing domestic abuse

Current state of this content:

- This is one of our first cases in Advanced Interviewing. Perhaps it is different for other years but the 2024s were thoroughly unprepared entering this interview as no teaching on domestic abuse protocols was given.

Assessment & Recommendations

- Many students were outraged that this case was given at our woefully inadequate level of training, and that no disclaimer or warning was given for this content. Even if prior warning is unfavorable to preserve the "surprise" element of these cases, a structured post-interview debrief must then be given.
- It is counterproductive, harmful, and not educational to have first year students with no previous lecture-teaching on the topic of trauma-informed care or abuse-centered interviewing to "practice" on an SP. If this case was meant to be presented at a different time during a non-Covid-affected year, Covid-affected cohorts can at the very least be given a pre-reading or short module on the matter.
    - E.g. Resource from Stanford Med on interviewing abused patients: https://domesticabuse.stanford.edu/screening/how.html

Advanced Interviewing

Notable EDI-Related Content:

HIV Testing Case

Goals surrounding this content:

- Adequately educate students on working with patients who have HIV or who seek HIV testing.
- Adequately educate students for working with 2SLGBTQ+ patients.
- Avoid perpetuating undue stigma and misinformation for an already-marginalized patient population

Current state of this content:

- No HIV education is given to students (see Immunology report), who are then asked to practice interviewing an SP who is concerned he may have contracted HIV from having extramarital sex with a man, without his wife knowing.

Advanced Interviewing

Notable EDI-Related Content:

HIV Testing Case

Assessment & Recommendations

- Especially considering no other SP case before this one is centered around an 2SLGBTQ+ patient, linking the first such patient with HIV and infidelity - two incredibly tired stereotypes of the MSM community (men who have sex with men) - is damaging and misinforms the student body.

- It is not educational or productive to present such a case when HIV is not taught to first year students in any capacity. Uninformed students cannot learn from these cases the basics of HIV stigma, homopohobic biases, etc. Unless the SPs are adequately trained to disseminate this information, which they currently are not - or if they are, they do not. It is better practice to teach these skills and this knowledge, then have students apply them.

- If this case is presented in the future, please ensure it is given to students after the 2SLGBTQ+ Health module and a lecture or reading on HIV.

Advanced Interviewing

Notable EDI-Related Content:

"Over-Friendly" Female Patient Case

Goals surrounding this content:

- Ensure students of all genders receive the same educational experience.

Current state of this content:

- One of the final SP cases was a female-identifying patient who was “new to town” and made inappropriate social advances so the student could practice rebuffing them. Groups that had a male-identifying student interview this patient were given the experience of having to enforce physician-patient boundaries on a flirtatious patient. Groups that had a female-identifying student interview this patient were given a confusing performance where boundaries were not threatened this way.

Advanced Interviewing

Notable EDI-Related Content:
"Over-Friendly" Female Patient Case

Assessment & Recommendations

- The heteronormativity of this case is unacceptable and may even be construed as homophobic. In the debrief, the female-identifying students were told this patient wanted to "be your best friend" whereas male-identifying students were told "if this was conducted in-person, the patient would be initiating uncomfortable physical contact". This discrepancy erases the possibility of a homosexual patient.

- Realistically, while male physicians and trainees do experience sexual harassment, studies show that female physicians and trainees experience sexual harassment more often and the harassment affects them more deeply[1]. As such, it is doubly unfortunate that as things stand, only male students are truly afforded this opportunity of dealing with an inappropriate SP. That said, perhaps the topic of "violence/harassment from patients" can be explored further in future ISGLs or PCWs, similar to how the current Racism ISGL discusses dealing with racist patients.

Clinical Skills I Summary

Report Summary

- No specific cases from **Clinical Skills: Basic Interviewing** were identified as being problematic. However, global changes are recommended in the realms of SP/case diversity, cultural differences in the illness experience, and the normalization of asking patients about their pronouns and gender. Additionally, the clinical skills curriculum should better prepare students for working with patients who have disabilities/special needs by teaching core skills such as American Sign Language (ASL) and providing opportunities to examine/interview SPs of this population.

- Three cases from **Clinical Skills: Advanced Interviewing** were identified as being problematic and in need of reexamination with consideration for our recommendations. Most of our recommendations are for improved student education on the relevant subjects (E.g. abuse, HIV, 2SLGBTQ+ health) prior to engaging with these cases to optimize learning and minimize harm.

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Year 2 Pre-Clerkship Curriculum

Principles of Medicine 2

Endocrinology Block

Reproductive Block

MSK Block

Neurology Block

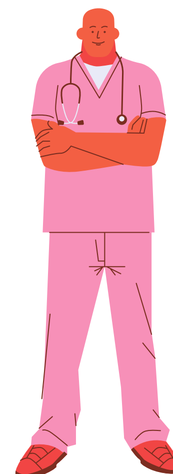
Psychiatry Block

Endocrinology Block

Authors: Komal Jariwala, Dave Campbell, Julia Hildebrand

Notable EDI-Related Content:

Transgender Care Lecture



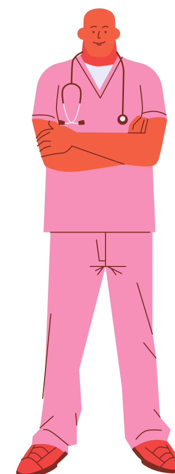
Goals surrounding this content:

- Use the most up-to-date language and guidelines to describe how to provide quality gender-affirming care that meets current global standards.

Current state of this content:

- For the most part this lecture was delivered using up-to-date guidelines and inclusive, de-stigmatizing language that met the current standards for gender-affirming care. However, some tables and images still included outdated language such as GID (gender identity disorder), from older guidelines such as the EndoGuidelines 2009, or the DSM-IV. Using some of these out-dated sources might be misleading, for example the DSM-IV used the term "Gender identity disorder" which is generally not an accepted term in the trans community and acts to further stigmatize and pathologize patients' gender identity.
- This lecture did not include an explicit discussion on the role of the primary care provider in providing hormone therapy and gender-affirming care. There were slides on the role of an endocrinologist, but it was not made clear that hormone therapy may be administered by a knowledgeable primary care provider/family physician. We feel it is necessary to clarify this point in this lecture, especially given that many primary care providers in Ontario do not feel comfortable providing hormone therapy without referral to an endocrinologist, which is not a sustainable practice.

Endocrinology Block



Notable EDI-Related Content:

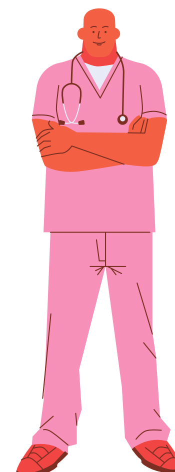
Transgender Care Lecture

Suggestions for Improvement

- Include explicit discussion on language: Affirming language is important in the care of trans and gender-nonconforming individuals, considering the history of pathologizing and stigmatizing language that has been used in the medical field (1). This warrants a robust discussion on current accepted language to use when addressing patients and discussing their care, as well as past terms used (ie. Those in the DSM and ICD) and why some of these terms may be harmful to patients. We suggest ensuring all lecture material uses up-to-date language from the most recent available guidelines. As well, an explicit discussion of accepted terms might be helpful for students who are not familiar with the language surrounding transgender care. For example, the WPATH SOC V7 (pg 5) (1) includes a section explaining the differences between the terms 'gender nonconformity' and 'gender dysphoria', and diagnoses related to gender dysphoria. This provides an excellent example of a discussion on the destigmatization and de-psychopathologization of gender nonconformity, which we feel is crucial to understanding the current standards of gender-affirming care, and is vital information for us as medical students. The Endocrine Society Clinical Practice Guidelines also provide a glossary of terms (2).

- We suggest using the language present in the most up-to-date versions of guidelines such as the WPATH SOC V7 (1), Endocrine Society Clinical Practice Guidelines 2017 (2), and the DSM-V.

Endocrinology Block



Notable EDI-Related Content:

Transgender Care Lecture

Suggestions for Improvement

- Include a section on the role of the family physician/generalist – the WPATH Guidelines V7 state that "hormone therapy is best undertaken in the context of a complete approach to health care that includes comprehensive primary care and a coordinated approach to psychosocial issues", and that "with appropriate training, feminizing/masculinizing hormone therapy can be managed by a variety or providers, including nurse practitioners and primary care physicians" (1). Therefore, WPATH strongly encourages increased training and involvement of primary care providers in the area of hormone therapy, and that an endocrinologist or experienced hormone provider should only be involved if the primary care provider has no experience or if the patient has a pre-existing endocrine disorder that could affect treatment. We feel this should be made clear so students are aware of the role that primary care providers can play in hormone therapy, and in providing continuous, un-fragmented care to this population who so often have difficulties seeking quality, gender-affirming care.

- Include discussion on hormone therapy coverage by OHIP (or source for where to find this information) – many patients will have questions on what is covered and this will be important knowledge for us going forward

Endocrinology Block Suggestions Summary

Notable EDI-Related Content:

Transgender Care Lecture

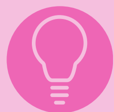
01. Include explicit discussions on affirming language, especially in the care of trans and gender non-conforming individuals

02. Use the most up-to-date language in guidelines such as the WPATH SOC V7

03. Include details on the role of the family physician/generalist in the care of transgender populations

04. Include discussion on hormone therapy coverage by OHIP

Endocrinology Block



Notable EDI-Related Content:

Disorders of Sexual Development (DSD) ISGL

Goals surrounding this content:

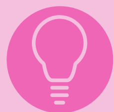
- To have an informed and safe discussion on variations in sexual development from a biological as well as a sociopolitical perspective, which will help to provide patient-centred care and advocacy, and understand patient perspectives.

Current state of this content:

- Does not include an in-depth discussion on the use of the terms 'DSD' and 'intersex', which terms are accepted in the intersex community, and how certain terms might pathologize intersex traits. Currently, one of the pre-readings (3) provides justification for the use of the term DSD within the medical community, however there are no pre-readings that discuss what people with intersex traits think of this terminology, or how it might be harmful to them.

- This ISGL discussion included important questions about unnecessary medical interventions that can happen when a child has ambiguous reproductive organs. However, due to the nature of ISGL sessions and the large role that discussion plays in these sessions, it is possible that students might not gain an understanding of the full range of harms that can be caused by these interventions. Adequate resources should be provided to facilitators so they may fully address this topic.

Endocrinology Block



Notable EDI-Related Content:

Disorders of Sexual Development (DSD) ISGL

Suggestions for improvement:

- Include a discussion surrounding the terms 'DSD' and 'Intersex', including the potential for shame and stigma that comes with the word 'disorder' and the importance of using language that is preferred by patients. We acknowledge that this is a nuanced discussion and that there is controversy surrounding what terms should be used to describe variations in sexual differentiation. Therefore, pre-readings should reflect multiple perspectives. InterAct Advocates for Intersex Youth has created an article on the definition of the term 'intersex' (4) which may be a useful resource for students to understand what this term means to the intersex community. InterACT has also created a statement on DSD terminology (5). Ultimately, this ISGL should include pre-readings that centre patient voices and perspectives. Knowing how to approach patients (especially kids and teens) in a non-judgemental way that centres their lived experience is crucial, and the reading materials for this discussion should reflect that. Many examples of resources that reflect patient experiences can be found on the InterACT website, https://interactadvocates.org/, as well as other intersex advocacy groups (6).
- Emphasize the importance of counselling and support groups for parents and children, and that there should not be pressure for parents to make a decision about surgery. Knowledge about what counselling/support resources are out there should be made available to facilitators so this can be brought up during discussion. As well, facilitators should be equipped to discuss the relationship between infant intersex surgeries and the principles of informed consent, bodily autonomy, and the cosmetic nature of 'normalizing' surgeries, as well as the potential harm these surgeries may cause.

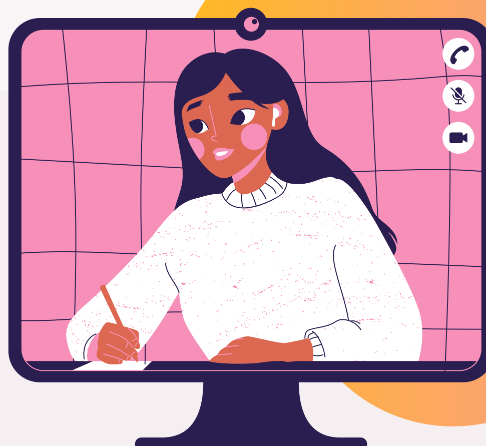
Endocrinology Block Suggestions Summary

Notable EDI-Related Content:

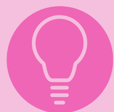
Disorders of Sexual Development (DSD) ISGL

01. Include a discussion surrounding the terms "DSD" and "Intersex"

02. Emphasize the importance of counselling and support groups for parents and children, and that there should not be pressure for parents to make a decision surrounding surgery



Endocrinology Block



Notable EDI-Related Content:

Disorders of Sexual Development (DSD) Lecture

Goals surrounding this content:

- To include an understanding of variations in sexual development from a biomedical perspective as well as a psychosocial perspective, that will enable students to provide patient-centred care.

Current state of this content:

- This lecture currently does not include a discussion of gender identity and gender expression as it relates to intersex traits. However, gender identity is influenced by one's sex assigned at birth and these two things cannot be easily separated when one considers the whole person.

- This lecture currently uses the medical term 'Disorders of Sexual Development' or DSD to the range of medical conditions that people with intersex traits may experience. However, it does not include a discussion on how the term DSD impacts the intersex community.

Endocrinology Block Suggestions

Notable EDI-Related Content:

Disorders of Sexual Development (DSD) Lecture

01. Include a statement/discussion on the fact that sex assigned at birth and one's anatomic genitalia influences gender identity (7)

And why this might be important in the care of people with intersex traits.

02. Include a discussion on the origin of the term "DSD" and its use within the medical community

As well as how this term can convey stigma to patients with the use of the word 'disorder', and the importance of using language based on patient preferences. InterACT Advocates for Intersex Youth have created a statement on DSD terminology that may be helpful (5). Discussion on the origin of the term 'DSD' may also be found in the medical literature (3).

Endocrinology Block

Notable EDI-Related Content:

Introduction to Obesity Lecture

Goals surrounding this content:

- Change from a weight-centered approach to obesity to a health-centered approach. Change wording which implies the causative role of obesity in metabolic diseases to correlative wording. Explain the current mis-treatment and mis-diagnosis of people who are obese in medical settings and give students awareness on how to be more patient-centered when treating their patients who are obese.

Current state of this content:

- This lecture does an excellent job at describing the multifactorial causes of obesity and the complexity associated with this condition. It describes obesity as more than an energy in-energy out issue. It also includes many techniques to be used to be respectful when talking to a patient about weight and even includes an external link to a video discussing the issue of weight bias/weight stigma in medicine. The video brings up important points regarding the futility of a weight-centred approach to obesity management and the effects of weight discrimination on a person's health. The lecture then goes into detail discussing some issues surrounding weight bias/stigma and ways to avoid it.
- The lecture content focused on management of obesity patients places a heavy focus on the weight of the patient and uses this focus to determine management. The most salient management points focus on targeted weight loss using a calorie-restriction approach with additional changes to exercise regimen, sleep habits, and dietary choices. In addition to this, pharmaceuticals are recommended based on BMI and associated comorbidities. At many points within the lecture, obesity is suggested/implied to have a causative relationship with metabolic diseases such as diabetes, dyslipidemia, hypertension and non-alcohol steatohepatitis (rather than a correlative relationship).

Endocrinology Block

Notable EDI-Related Content:

Introduction to Obesity Lecture

Suggestions for improvement:

- Move the focus of management of obese individuals from their weight to their health. As mentioned previously, this lecture did an excellent job of addressing weight bias/stigma, but the weight-centered approach to management undermines this message. We suggest moving towards a Health at Every Size approach where discussion is focused on body positivity, self-acceptance, and improved self-esteem (14). In addition to this, regular health practises can be discussed and, where needed, improvements can be suggested regarding diet, exercise, and other lifestyle choices. Within reasonable limits, weight itself does not need to be discussed unless the patient wishes.

- Stop focusing on weight loss as a main therapeutic target in obese patients. Long-term follow up studies focusing on weight loss in association with changes to diet and exercise have documented that the majority of individuals will regain all weight lost initially despite maintenance of diet, calorie restriction, and exercise program (9,10,11). By focusing on weight loss as a main therapeutic target we strengthen the stigma associated with living in larger bodies.

- Move from calorie-restriction as a main management target for obese patients. A calorie restriction approach is problematic because it implies that all calories are the same regardless of food source. When looked at through this lens, food containing little nutrients/low calorie food may be prioritized over nutrient dense food. This point is particularly important when considering new evidence pointing to high-fructose foods as a potential main driver of NASH (12) and population level data that strongly suggests that sugar consumption, not obesity or other factors, is the main driver of diabetes (13).

Endocrinology Block

Notable EDI-Related Content:

Introduction to Obesity Lecture

Suggestions for improvement:

- Move away from wording that implies causation rather than correlation between obesity and diseases in situations where only a correlative relationship can be determined.

- Include education about the dangers of assuming metabolic disease in people who are obese and assuming no metabolic disease in people who have thinner bodies. There are many correlations between higher weight and worse cardiovascular outcomes, however, there are also many studies that demonstrate that weight and health are not directly correlated. This lecture could be a good place to include a slide emphasizing that studies have found 33-75% of "obese" individuals are metabolically healthy with no signs of increased BP, insulin resistance, or cholesterol (8).

- Include education about mistreatment and misdiagnosis and how to prevent bias in practice. Many people report their legitimate health concerns being ignored in medical settings and being told to "lose weight" regardless of what they are presenting with. Everything from pulmonary embolisms and cancers to endometriosis, and even broken bones have been missed causing devastating outcomes because of the current attitude toward larger BMIs. Encourage students to ask themselves if they would have a different assessment and plan if the patient had a lower BMI.

Endocrinology Block Suggestions Summary

Notable EDI-Related Content:

Introduction to Obesity Lecture

01. Move the focus of management of obese individuals from their weight to their health, adopting a Health at Every Size approach

02. Stop focusing on weight loss as a main therapeutic target in obese patients

03. Move from calorie-restriction as a main management target for obese patients

04. Avoid wording that implies causation between obesity and diseases where only correlation exists

05. Include education about the dangers of assuming metabolic disease in solely obese patients

06. Include education about mistreatment and misdiagnosis and how to prevent bias in practice

Assessment Summary for Endocrinology

Highlight 1 Transgender Care Lecture

For the Transgender Care lecture, use of up-to-date language and guidelines should be implemented to work towards the destigmatization and depathologization of patients' gender identity

Highlight 2 Disorders of Sexual Development ISGL

For the Disorders of Sexual Development ISGL, discussions should be centred on patient voices in order to understand the positive and negative impacts that medical care and interventions can have on those with intersex traits. As well, discussion around terminology should be included.

Highlight 3 Disorders of Sexual Differentiation Lecture

For the Disorders of Sexual Differentiation lecture, there should be consideration of the complex relationship between sex assigned at birth, anatomical sex, and gender identity, as well as an informative discussion on the use of the term DSD and its reception by the intersex community.

Highlight 4 Introduction to Obesity Lecture

For the Introduction to Obesity lecture, there should be a change from a weight-centered approach to a health-centred approach to discussion and management of obesity. There should be more emphasis placed on the impacts of weight stigma and bias on medical outcomes and that emphasis should be reflected (and not undermined) in the suggested management practises for patients who are obese. Finally, there should be more stress placed on the fact that obesity does not equal poor health and that individuals' with thinner bodies are not immune to poor metabolic outcomes.

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Reproductive Block

Authors: Rebecca Nakhoul. Editors: Caroline McKenna and Bronwyn Hersen

Notable EDI-Related Content:

Inclusion of transgender and gender non-conforming individuals in class content related to common gynecological issues

Goals surrounding this content:

- Introduction and overview of the role of OBGYN practitioners in the care of transgender and gender non-conforming individuals.

Current state of this content:

- Caring for transgender and non-binary individuals is not currently addressed within the Repro block. The guidelines regarding the necessary screening tests and continued life-long primary care that these individuals should receive are not taught. However, within the Endocrinology Block, there is one online module which provides an introduction to the management of a patient looking for support in social and medical transitioning and a Patient Experience lecture provided by a transgender individual who shares their experience within the healthcare system.

Reproductive Block

Notable EDI-Related Content:

Inclusion of transgender and gender non-conforming individuals in class content related to common gynecological issues

Suggestions for Improvement

1. Inclusion of an online module and/or class lecture to introduce this material at the undergraduate level. Information that would be valuable to share in these lectures includes:
   a. Trips to gynecologists' office may be traumatic for these patients and exacerbate gender dysphoria. [1]
   b. Transmasculine and nonbinary patients should still receive regular gynecologic care. Care for these individuals should be covered in lecture content pertaining to current screening (such as Pap smears).[1]
   c. Transfeminine patients receive lifelong follow-up care from gynecologists. Course material should include considerations for patients who have undergone gender affirming surgery in content pertaining to vaginal and vulvar care and counselling against STIs, as well as considerations for individuals on HRT in content related to regular breast exam and mammography. [1]
   d. Course material should cover how to provide culturally safe care for these patients, including emphasis on gender-neutral terminology for anatomy.
   e. The American College of Obstetricians and Gynecologists created modules designed to educate healthcare providers on how to better care for individuals who identify as transgender or non-binary: https://www.acog.org/education-and-events/creog/curriculum-resources/additional-curricular-resources/transgender-health-care

Reproductive Block Suggestions Summary

Notable EDI-Related Content:

Inclusion of transgender and gender non-conforming individuals in class content related to common gynecological issues

01. Explain to students that trips to the gynecologists' office may be traumatic for these patients and exacerbate gender dysphoria

02. Include a discussion on the fact that transmasculine and nonbinary patients still require regular gynecologic care

03. Discuss that transfeminine patients receive lifelong follow-up care and what that entails

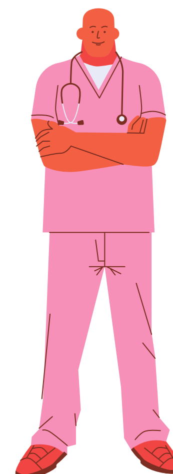
04. Cover how to provide culturally safe care

05. Possibly include modules on transgender and non-binary reproductive care provided by the American College of Obstetricians and Gynecologists

Reproductive Block

Notable EDI-Related Content:

Ensuring respect for diverse cultures, religions, and traditions throughout class content - "Female Genital Cutting ISGL"



Goals surrounding this content:

- Promotion of open conversations which are non-judgemental and respectful of all individual's cultures, religions, and traditions.

Current state of this content:

- Some ISGL pre-readings are inadequate for complex topics.

Suggestions for Improvement

1. Pertaining to ISGL content related to "female genital cutting" (removed in 2021-2022 curriculum)
   a. Ensuring that all individuals have access to resources which may teach the differences between culture and religion and how to approach this topic in a non-judgemental manner. For example, it is imperative to avoid insinuating that FGC is a religious practice, rather than a cultural practice.
   b. Relying on this teaching to occur within the context of an ISGL session is not sufficient, as the responsibility falls to physician facilitators to educate the medical students on a topic which they themselves may not be suitably prepared for. Alternatively, the nuanced topic of female genital cutting would be better addressed by a single expert or panel of individuals with knowledge on the subject who provide an online module or in-class lecture.
2. Ensuring use of neutral language in patient cases in order to foster an environment of respect when having these conversations.
3. Prioritizing cultural humility and avoiding negative undertones when discussing various cultures and religions.
4. Avoidance of activities involving "role playing" individuals from different cultures/backgrounds, as this behaviour risks promoting harmful generalizations and stereotypes and may be insensitive and offensive to those of that background.

Reproductive Block Suggestions Summary

Notable EDI-Related Content:

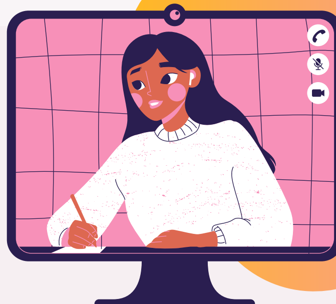
Ensuring respect for diverse cultures, religions, and traditions throughout class content - "Female Genital Cutting ISGL"

01. Ensure that all students have access to resources that teaches the differences between culture and religion

02. Teaching about female genital cutting should not occur in ISGL format due to lack of preparation and knowledge amongst facilitators

03. Prioritize cultural humility and avoid negative undertones when discussing various cultures

04. Avoid "role-playing" activities that portray individuals from different cultures and identities



Reproductive Block

Notable EDI-Related Content:

Inclusion of images of vulvar and other dermatological pathologies on a variety of skin tones - Vulvular Dermatoses Lecture

Goals surrounding this content:

- To promote the equal recognition of common dermatological conditions of the vulva on darker skin tones.

Current state of this content:

- Currently, the Vulvular Dermatoses online module provides a few pictures of some pathologies on darker skin; however, there are many conditions only shown on lighter skin.

Suggestions for improvement

- Inclusion of images demonstrating the appearance of dermatological conditions on all skin tones.

- Editing the current material to help increase medical learners' exposure to pathology on brown and black skin has been shown to result in greater confidence in diagnosing pathology in these populations and help reduce health inequities. [2]

- Inclusivity in the description of "normal" – e.g., descriptions of mucosa as "coral pink" being normal may disregard that healthy mucosa of individuals of colour may be pigmented. [3]

Assessment Summary for the Reproductive Block

In Summary, the Repro Block from the Principles of Medicine 2 course includes lectures and class content aimed at inclusion, diversity and equity, such as the "Transgender Medicine" lecture, the ISGL session aiming to begin discussion around female genital cutting and the inclusion of some images demonstrating dermatological conditions on various skin tones in lectures. Certain next steps to further expand this initiative could include:

Next Step 1

Inclusion of transgender and gender non-conforming individuals in class content related to lifelong primary care.

Next Step 2

Promoting a more respectful environment for all cultures and religious backgrounds through the use of further pre-readings and more formal teaching sessions.

Next Step 3

The inclusion of images demonstrating the appearance of conditions on a wide range of skin colours, including darker skin tones specifically.

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MSK Block

Author: Matthew Burke

Notable EDI-Related Content:

Connective Tissue Diseases Lecture

and

Seronegative Arthritis Lecture

Current state of this content:

- Lacking inclusion of non-white skin tone

Goals surrounding this content:

- Better inclusion of skin of colour in examples shown

Suggestions for improvement

- Provide a variety of examples of how these lesions appear on different skin tones, especially as one of the risk factors for lupus is being a person of colour.

References

https://www.lupus.org/resources/risk-factors-for-developing-lupus#

Assessment Summary

Overall, this block is very anatomy-focused and from an EDI perspective, there are very few issues so not a lot of material needs to be changed. The modules were high-quality and inclusive of fictitious patients from a wide variety of backgrounds. An area of improvement for the block as a whole would be greater inclusion of images from different ethnicities. The only section of this block that needs improvement are the lectures with MSK problems that are associated with characteristic skin findings. Our suggestion is to add additional images of characteristic rashes/lesions on skin of colour in order to better represent the patient populations at risk of these diseases.

Neurology Block

Author: Peter Denezis

There are well-documented disparities in prevention, treatment, and long-term outcomes of neurological conditions in racialized populations, especially strokes. While most research regarding this has focused on black populations, these disparities extend to other racialized populations too. These disparities are linked primarily to social determinants of health (SDH).

Goals surrounding this content:

- Make students more aware of the general role of SDH in neurological care, including prevention, as this is a speciality which is generally not thought of as having a tight link to SDH.

Current state of this content:

- There does not appear to be any explicit teaching about SDH and their role on racial disparities in neurology care in the pre-clerkship curriculum.

Suggestions for Improvement

- A good starting point would be incorporating explicit teaching on racial disparities in neurological care within the neurology curriculum. This would likely be best served within existing lectures, as opposed to standalone lectures, so that students have proper context and specific examples of racial disparities affecting disease progression (e.g. during the stroke lecture, explain possible reasons that BIPOC populations have higher incidence of strokes than white populations)
- Ideally there would also be explanations and concrete examples of how medical students can take action to create positive change regarding these racial disparities, as opposed to just learning that they exist

Neurology Block

The outcome of the clinical neurological exam relies heavily on the assumption that the patient can understand the instructions given to them and the questions being asked of them. This is especially true of the mental status and language components, but also other components to a certain extent. Standardized neuropsychological assessments may also only be validated in English or a small group of other languages. Patients whose first language is English generally outperform non-native English speakers on various components of the neurological exam, even when an interpreter is used. While this is a systemic issue, there is teaching that could be incorporated into the clinical skills component of neurology that can teach medical students how to best conduct a neurological exam on non-native English speakers.

Goals surrounding this content:

- Make students aware of the steps they can take to best perform a neurological exam on non-native English speakers.
- Ensure students understand how to best recognize unconscious bias and how this may affect diagnosis and treatment decisions in neurology patients.

Current state of this content:

- There does not appear to be any formal teaching on this topic. There may have been facilitator-specific guidance within clinical skills small groups that referenced the idea of not confusing difficulties with the English language with neurological findings

Suggestions for Improvement

- Incorporate specific teaching within neurology clinical skills for non-native English speaking patients, including but not limited to: ideal practices (e.g. finding a colleague who speaks the patient's native language), and realistic options (e.g. using an interpreter, speaking slowly, confirming that the patient understands the instructions)

Neurology Block

False beliefs about racial differences in pain perception are a well-documented phenomenon, both among the general public and the medical community. For example, one study found over half of white medical students and residents reported at least one false belief about racial differences in pain perception, and these same learners subjectively judged the pain of black patients to be lower than white patients. Further studies have shown that these biases are largely unconscious, and that they occur independently of other measures of racial bias.

Goals surrounding this content:

- Explicit training for students specifically on false beliefs on racial differences in pain perception within neurology (acknowledging the overlap with MSK and rheumatology), as well as broader teaching about unconscious biases, how to recognize them, and their effect on patient care.

Current state of this content:

- The pre-clerkship curriculum does introduce the idea of unconscious bias and how to recognize and overcome it, especially in Foundation of Medicine. However, it does not appear to be as well-integrated in later medical expert content, and does not appear to be acknowledged in the neurology block.

Suggestions for Improvement

- Incorporate the idea of unconscious bias, which is introduced early in the curriculum, into the various blocks in P1 and P2 with specific examples of typical biased beliefs that may impact patient care within that specialty and how to overcome them
- Explicit teaching within the neurology block on the well-documented phenomenon of false beliefs about racial differences of pain perception and how these beliefs can lead to poor patient care

Assessment Summary for the Neurology Block

Main Highlight	Introduce topics such as racial disparities in neurological care, conducting neurological exams for non-English speakers, and dispelling false beliefs about racial differences in pain perception

Neurology and neurosurgery are fields which generally seem to have a lower number of EDI-related concerns, and students did not identify any explicit issues with the current content being presented in a concerning way. Where there is room for improvement, however, is including EDI-related content that is currently absent, which is the focus of the previously mentioned suggestions.

By introducing topics such as racial disparities in neurological care (especially stroke care), conducting neurological exams for non-English speakers, and dispelling false beliefs about racial differences in pain perception, students will be able to learn about issues affecting patient care in neurology that they may not have previously known to have existed.

Teaching issues such as these will also allow students to be more aware of and evaluate their unconscious biases, which they can apply to all areas of medicine. For these reasons, the above suggestions are focused on introducing content that is currently absent into the curriculum, which would likely be better served by incorporating this new content into existing modules/lectures, as opposed to having standalone teaching for these topics.

References

Disparities in prevention, treatment, and long-term outcomes of neurological conditions in racialized populations:

- https://n.neurology.org/content/88/24/2268
- https://www.thelancet.com/pdfs/journals/laneur/PIIS1474-4422(20)30211-8.pdf
- https://n.neurology.org/content/early/2019/09/25/WNL.0000000000008384/tab-article-info?versioned=true
- https://n.neurology.org/content/93/18/773
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1864787/
- https://www.sciencedirect.com/science/article/abs/pii/S0027968415300237

Outcomes of the clinical neurological exam amongst non-native English speakers:

- https://academic.oup.com/acn/article/27/7/749/5157
- https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4629774/
- https://ir.uiowa.edu/cgi/viewcontent.cgi?article=2760&context=etd

False beliefs about racial differences in pain perception:

- https://www.pnas.org/content/113/16/4296#sec-2
- https://pubmed.ncbi.nlm.nih.gov/24462976/
- https://www.nejm.org/doi/full/10.1056/NEJMpv2024759

Psychiatry Block

Authors: Divya Santhanam & Jaiden Tu
Editor: Kimya Manouchehri & Anastasia Liu

Notable EDI-Related Content:

Gender differences in ADHD and under diagnosis in cis-females

Goals surrounding this content:

- Include epidemiologic information on the diagnosis of ADHD and discuss reasons for underidentification and underdiagnosis in cisgender females

Current state of this content:

- The lecture on ADHD states that ADHD is very common, with a prevalence of 5%-9% of children worldwide. It mentions that ADHD is thought to be underdiagnosed but does not elaborate.

Suggestions for Improvement

Address the difference in diagnostic prevalence between sexes as well as reasons why cis-females may be underdiagnosed. The male-to-female ratio in population based studies is 3:1 and up to 9:1 in clinical samples [1]. Discuss the potential impact of underdiagnosis of ADHD on school life, social life and adolescent/adult life.

Psychiatry Block

Notable EDI-Related Content:

Autism Lecture

Goals surrounding this content:

- Provide perspective on the social model of disability. In accordance with patient centred care, "ASD" is considered a harmful term by the disability justice community. This content should be included with a social lens on disability justice, centering the voice of disability advocates.

Current state of this content:

- Currently, there is no social lens on disability justice provided in lectures.

Suggestions for Improvement

We suggest that those with lived experience also play a role in educating medical students regarding psychiatric disorders. A session that involves learning from someone who lives with autism from a disability justice perspective would be meaningful for medical students.

Assessment Summary for the Psychiatry Block

It is essential to approach this block with the understanding that many medical students may identify with some of the diagnoses discussed. Given the stigma surrounding psychiatric illnesses, it is important to keep this in mind while discussing lecture content. Inclusive language surrounding disability is also important. Rather than medically focused terms such as “disorder,” it is essential to educate medical students on terms that members of disability justice communities prefer.

References

1. Skogli et al. BMC Psychiatry 2013, 13:298 http://www.biomedcentral.com/1471-244X/13/298

Year 2 Pre-Clerkship Curriculum

Transition to Clerkship

Transition to Clerkship

Author: Suhaima Tunio and Cindy Lin

Notable EDI-Related Content:

Diversity in Patient Presentations

Goals surrounding this content:

- Increase diversity and representation in Transition to Clerkship curriculum including asynchronous content, synchronous sessions, group projects, and cases

Current state of this content:

- This was done really well in dermatology as many different skin tones were used throughout but would encourage students to also use POC skin in presentations to the class as this was a very presentation heavy block
- This was also done really well in the asynchronous cases during palliative care week
- Diversity in pediatric and family medicine presentations is needed as most of the patient cases were quite homogenous

Suggestions for improvement

- Continue the positive trend in dermatology and expand to other blocks as well.

- Increase the heterogeneity/diversity in cases in transition to clerkship in all blocks to provide an introduction to a broader patient population

Transition to Clerkship

Notable EDI-Related Content:

Use of Inclusive Terminology

Goals surrounding this content:

- Use appropriate terminology that allows diverse groups to feel included and doesn't unintentionally exclude any members

Current state of this content:

- Currently, the OBGYN block utilizes "pregnant women" instead of "pregnant people" for the majority of the block, but more inclusive language is needed to include trans and non-binary people
- During Internal Medicine, during our weekly case we were told to suggest to a patient that they should "stop doing IV drugs", however this places blame on the patient and isolates them from the medical community instead of prioritizing harm reduction strategies
- The palliative care block focused on end-of-life and goals of care, this could have been explored further to include various perspectives on this issue and benefitted from the use of an EDI lens

Suggestions for improvement

- Use more inclusive language to allow more people to feel included in conversations regarding health

- Consider different approaches and appropriate language (e.g., the language of harm reduction) to reduce stigma surrounding sensitive topics

- Suggestions for additional modules or additions to existing modules (e.g., diversity in palliative care discussions) are available in the next section

Transition to Clerkship

Notable EDI-Related Content:

Areas where EDI content can be added

Goals surrounding this content:

- To recognize that in every block of transition to clerkship there's EDI related content that would be helpful to be aware of for clerkship

Current state of this content:

- Currently, only dermatology has made an effort to increase EDI related content in their modules, this would be helpful for all parts of Transition to Clerkship, however, more discussions around making cosmetic dermatology more inclusive can be considered

Suggestions for improvement

- Include a module related to social pediatrics to highlight how social determinants of health can impact child health and child development

- Discussion of goals of care and end-of-life discussions from an EDI perspective, honouring different experiences, and respecting cultural diversity could be helpful for students to be able to approach these conversations in culturally sensitive ways

- Additions to psychiatry modules on cultural perspectives on mental health and acknowledgement of the troubled history of psychiatry (and often medicine in general)

- Consider including sessions about different standards of cosmetic beauty in various cultures within the cosmetic dermatology section, including biases towards fair skin

Transition to Clerkship

Notable EDI-Related Content:

Representation in Panelists

Goals surrounding this content:

- To highlight diversity in panelists and lecturers for various specialities whenever possible

Current state of this content:

- During a family medicine panel on back pain where expert opinions were being shared, the panelists consisted of only caucasian males. There could have been a diversity in the panelists so that expert opinions from different perspectives could be shared as well

Suggestions for improvement

- Include panelists of diverse backgrounds and representations whenever possible, especially in fields like family medicine where expertise from a diverse group of physicians will benefit patient care

Assessment Summary

Overall, the T2C course has made some efforts towards including EDI content. Given the overall goal of this course being less on medical expert and more on the soft skills required for clerkship, it would align well with the course goals to include more EDI content (e.g. one EDI related module per block) so that students are more aware of speciality specific EDI issues that they may encounter during their rotations.

Year 2 Pre-Clerkship Curriculum

Professionalism, Career, and Wellness II

Trauma-Informed Care

Racism in Medicine

Treating Underprivileged Patients

Workplace Boundaries

Session-based Summaries

Author: Andrew Jeong

Session: Trauma Informed Care

Goals surrounding this content:

- REALIZE impact of past trauma
- RECOGNIZE signs and symptoms of trauma in patients
- RESPOND in a helpful way as individual clinicians, and within our broader care teams

Current state of this content:

- Learning modality:
  - Combined small-group and large-group discussions. Small-groups were in fact quite large (~30 students) but this allowed full supervision of the small groups by experts.
  - The PCW session was accompanied by a Principles of Medicine lecture on trauma-informed care which consisted of a 67-minute lecture
- Expertise:
  - Dr. McNair, Medical Director of Regional Sexual Assault and Domestic Violence Treatment Centre
- Notable educational content:
  - cases included topics on Indigenous health, human trafficking, LGBT, childhood maltreatment, and refugee health.
  - The lecture content included statistics such as that women are more susceptible to adverse childhood experiences, while also noting that individuals from all backgrounds can experience trauma.
- Resources:
  - Support resources for students such as the LEO, sexual assault office, student counselling were provided.
  - References on trauma-informed care were noted.

Session-based Summaries

Session: Trauma Informed Care

Assessment & Recommendations

- Thanks to the supervised small groups and pre-assigned lecture content, this session successfully introduced students to the use of trauma-informed care for diverse populations.

- Although not the main focus of this session, resources for further reading on trauma especially for populations benefiting from special considerations, such as those mentioned in the small group cases, could have been useful for students to develop a better understanding of how trauma is inflicted and can be managed.

- The small groups were also very large, which may have prevented questions or discussions that may have otherwise been brought forth. Methods of enhancing engagement should be considered with the resources available.

Session-based Summaries

Session: Racism in Medicine

Goals surrounding this content:

- Students should have an understanding of racism in medicine, both towards and perpetuated by health care providers.

Current state of this content:

- Expertise
  - Dr. Sukhera https://javeedsukhera.com/about
  - ISGL was led by the regular facilitators and with student-driven content + facilitator guide.
- Learning modality
  - Large group lecture + filtered anonymous Q&A in term 1 and ISGL in term 2
- Notable educational content
  - Large group session content unavailable for review.
  - ISGL content included a case scenario and discussion prompts around facing racism and microaggressions as a doctor.
- Resources
  - Various pre-readings including lived experience of racialized populations, privilege, and a discussion of critical race theory
  - No slides were given for the large group session.

Note: For the 2021/2022 year, this session was no longer provided given Dr. Sukhera's departure from Schulich Medicine.

Session-based Summaries

Session: Racism in Medicine

Assessment & Recommendations

- While the large group session content is unavailable, the content itself likely has no issues thanks to the expertise of Dr. Sukhera. If students feel that there is something missing then they may express that through the Q&A or formal course feedback. Providing students with slides could contribute to better engagement and act as a resource for students to come back to.
- The ISGL content was student-driven and should be reviewed by an expert if it hasn't been already. Small-group discussion is effective in engaging with the complex subject matter and the prompts included thought-provoking content for people of varying levels of privilege. Unavoidably, ISGL facilitators were at times unsure of the answers to discussions around the prompts. For example, many students disagreed with the concept that requiring English language proficiency from foreign-trained doctors was an example of racism or microaggression. There was transparency in that the facilitator guide was provided to students, but this was over social media and not through an official forum. To maintain transparency around topics that may not adequately be discussed within the session, release of facilitator guides or sample 'answers' to prompts could be considered so that everyone is on the same page at the end of the session.
- Overall, there is a large amount of curriculum time devoted to racism in medicine. More closely linked timing of the large group and ISGL sessions could provide a more cohesive learning experience and allow for questions to be answered that may not be able to be answered adequately during the ISGL

Session-based Summaries

Session: Treating Underprivileged Patients

Goals surrounding this content:

- REALIZE impact of past trauma
- RECOGNIZE signs and symptoms of trauma in patients
- RESPOND in a helpful way as individual clinicians, and within our broader care teams

Current state of this content:

- Learning modality:
  - Combined small-group and large-group discussions. Small-groups were in fact quite large (~30 students) but this allowed full supervision of the small groups by experts.
  - The PCW session was accompanied by a Principles of Medicine lecture on trauma-informed care which consisted of a 67-minute lecture
- Expertise:
  - Dr. McNair, Medical Director of Regional Sexual Assault and Domestic Violence Treatment Centre
- Notable educational content:
  - cases included topics on Indigenous health, human trafficking, LGBT, childhood maltreatment, and refugee health.
  - The lecture content included statistics such as that women are more susceptible to adverse childhood experiences, while also noting that individuals from all backgrounds can experience trauma.
- Resources:
  - Support resources for students such as the LEO, sexual assault office, student counselling were provided.
  - References on trauma-informed care were noted.

Session-based Summaries

Session: Treating Underprivileged Patients

Assessment & Recommendations

The session involved active participation and made use of students' knowledge of social determinants of health in a clinical scenario. The ISGL facilitation was appropriate for the navigation of a clinical context. This session was effective in delivering education on levels of privilege and how it impacts medical care, and no changes are recommended.

Session-based Summaries

Session: Workplace Boundaries

Goals surrounding this content:

- Outline boundaries and response to boundary violations

Current state of this content:

- Learning modality:
  - Large group lecture including anonymous form responses for audience engagement
- Expertise (from UWindsor):
  - Sexual misconduct response & prevention officer
  - Sexual wellness & consent coordinator
- Notable educational content:
  - 1) What are boundaries?
  - 2) Our framework
  - 3) Contextual factors
  - 4) Types of boundaries
  - 5) How to set boundaries
  - 6) Boundary violations
  - 7) What to do when someone crosses boundaries
  - 8) What to do when we cross a boundary
- Resources:
  - LEO reporting forms

Session-based Summaries

Session: Workplace Boundaries

Assessment & Recommendations

This session covered an important topic of sexual harassment and workplace boundary violations. Experts were appropriately recruited and students were taught practical skills on what to do regarding boundary violations. There was ample opportunity for students to engage with the content despite the large-group modality. However, the anonymous engagement platform (Mentimeter) allowed inappropriate and unprofessional anonymous submissions which was detrimental to the subject matter. In future sessions this risk will need to be considered before use of the anonymous submission platforms.

Note

As the EDI-related content is a core part of many sessions, the course committee is highly aware of the sensitive nature of the content and is very receptive to student feedback. Official feedback avenues through course representatives or other means offer chances to directly address any concerns that may arise. Student representatives should continue to make feedback avenues easily accessible and relay concerns to the course chairs in a responsible manner.

PCW II Summary

Topic Coverage

- The PCW course appropriately covers many EDI-related topics throughout its syllabus, while some topics are left for Principles of Medicine where it may fit more closely with the subject matter discussed there. No prominent topic gaps were identified during this review.
- Student-driven content is valuable in meeting student learning needs but student confidence in this material, especially around potentially divisive or sensitive topics, could be boosted through several methods. These methods include:
  - Scrutiny by experts which is clearly stated
  - Transparency in its content, such as through full or partial release of the facilitator guide
  - On the student side, transparency in the development of such content and accessibility for students to contribute to its development

PCW II Summary

Session Modality

- Large-group sessions offer the most expert supervision, but are limited by challenges in promoting active participation. Anonymous engagement platforms carry a risk of unprofessional conduct, which was displayed several times throughout the course this year. Moderated anonymous engagement may offer the best compromise.
- Small-group ISGLs offer the most active participation that encourages engagement with pre-reading material, but experience varies depending on facilitator and could potentially lead to nonproductive discussions or facilitators veering off course. To ensure students all receive consistent messaging across sensitive topics, post-session resources could be considered which would answer key learning objectives in case students wish to review or feel they did not receive enough education on the topic during the session. This would also increase transparency in the material, supporting buy-in from students and improvements in the material that may otherwise have been missed.
- The challenge remains in targeting students who are most in need of professionalism training but actively avoid engagement with material due to disinterest or divergent opinion with the curriculum. As attendance of large group sessions does not guarantee learning and small-group sessions do not guarantee adequate participation in discussions, the only way to ensure students retain concepts of professionalism may be through a formal examination.

Analysis of Equity, Diversity, and Inclusivity within Schulich School of Medicine's Clerkship Program

Authors: Himani Dhar, Louise Mui, Arita Alija, Dianna Deng, Kush Joshi, Dharini Ilangomaran

Editors: Himani Dhar, Louise Mui

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Objectives

This report was formulated by students in the Schulich Medicine Class of 2022. The purpose of this report is to explore the current state of equity, diversity, and inclusion (EDI) in clinical learning and curricular contexts. In the formation of this report, data and anecdotal information were voluntarily collected from the Class of 2022, and synthesized in this document. The goals of this work are:

- To collect voluntary information from students about their experiences in clerkship as it relates to EDI in clinical rotations and teaching;
- To outline existing academic and course curriculum resources for EDI topics in clerkship and where they can be improved or expanded upon;
- To analyze and summarize student feedback with regards to their perspectives on learning methodology, EDI experiences, and negative experiences during clerkship;
- To create recommendations on various EDI topics regarding learning methodology on diverse patient populations; and
- To identify the types of mistreatment learners have faced, what the barriers to reporting are, and what recommendations can be implemented to improve learner support in clerkship based on survey responses collected.

In doing so, we hope to provide the Undergraduate Medical Education and Learner Experience at Schulich Medicine a structured representation of strengths, as well as pitfalls and opportunities for improvement in the clinical learning and curricular environment for Clerkship students. We hope this report can help to catalyze adjustments in the school's approach to — and resources available for — the advancement of EDI values which are critical to student opportunity and success.

Orientation, Curriculum and Academic Resources

Clerkship Orientation

Clerkship is a unique experience in medical training. Students are aiming to learn and impress in order to establish a foundation on which to build their medical expertise off of. However, in this position comes vulnerability to disrespectful and unjust behaviours from staff higher up the professional hierarchy.

With clerkship orientation, a certain amount of empowerment should be bestowed upon students so they can protect themselves and bring up concerning experiences during their clerkship training.

For the class of 2022, there was no clear announcement or presentation made on how to do so. This is one of the few moments during clerkship training where all of the students can be addressed together, and pivotal information such as this should be addressed.

In clerkship, a certain amount of empowerment should be bestowed upon students so they can protect themselves and bring up concerning experiences.

Course Curriculum and Academic Resources

A notable theme among the course curriculums and academic resources is a lack in formal education on matters from an EDI perspective. With the variability within each core rotation, there are a number of subjects that can be introduced that are critical to equity in patient care.

Topics Addressed

Transgender Care Module in the mandatory Obstetrics and Gynecology teaching:

This includes core terminology with regards to gender identity, as well as hormone treatment for transgender individuals. Having this as a mandatory objective is an excellent way of providing exposure of these concepts to all students, who will no doubt encounter transgender individuals in their medical career.

Mental Health Stigma lecture within the Psychiatry morning teaching:

This is a crucial component to psychiatric care. Within the realm of Psychiatry, it is important that we stay mindful of our own bias and don't subscribe to the pervasive stigmas about mental health and mental illness. Addressing this in a mandatory and engaging way can make a greater impact on students' self-awareness as well as others' own stigmas, which allows us to address it to ameliorate patient care.

Course Curriculum and Academic Resources

A notable theme among the course curriculums and academic resources is a lack in formal education on matters from an EDI perspective. With the variability within each core rotation, there are a number of subjects that can be introduced that are critical to equity in patient care.

Topics Not/Inadequately Addressed

Dermatology

A comprehensive dermatology guide is given as a resource for the Family Medicine rotation. While it provides extensive information on different types of dermatologic pathologies, it only addresses those on Caucasian or light-presenting skin. The presentations of skin disorders are impacted by the baseline tone of the patient itself, and thus not educating students on this variety of presentation may lead to future misdiagnoses in people of colour.

Reporting Mistreatment

The concept of reporting mistreatment is not something that is easily reinforced or brought up to students, particularly within a rotation. The idea of reporting is typically brought up after an incident happens. However, there isn't accessible knowledge for students on who they can confide in within a specific rotation. Whether it be about teaching physicians or other staff, there is a lack of a formalized safe space in many rotations for these serious complaints to be addressed.

Family Medicine

There are no lectures or resources within the Family Medicine Rotation regarding differences in cultural views and practices, and how this impacts patient health. These topics have been addressed slightly within our pre-clerkship curriculum, but it would be helpful to consolidate these teachings within these formative clinical years.

Diversity in the London Community

The London area is gradually becoming more diverse, but even its historical diversity is often neglected within our formal education. In an area that is surrounded by Indigenous, Amish, and Mennonite communities, there is a striking lack of formal, standardized teaching for them in clerkship. This is also evident with regards to indigenous populations. It is important that education regarding these diverse populations is reinforced in clerkship when we will be working more closely with these patients. This allows students to relearn and apply important concepts including proper terminology, culture, and avoiding bias and stigma.

Current Rotation Conditions and Student Feedback

Current Rotation Conditions and Student Feedback

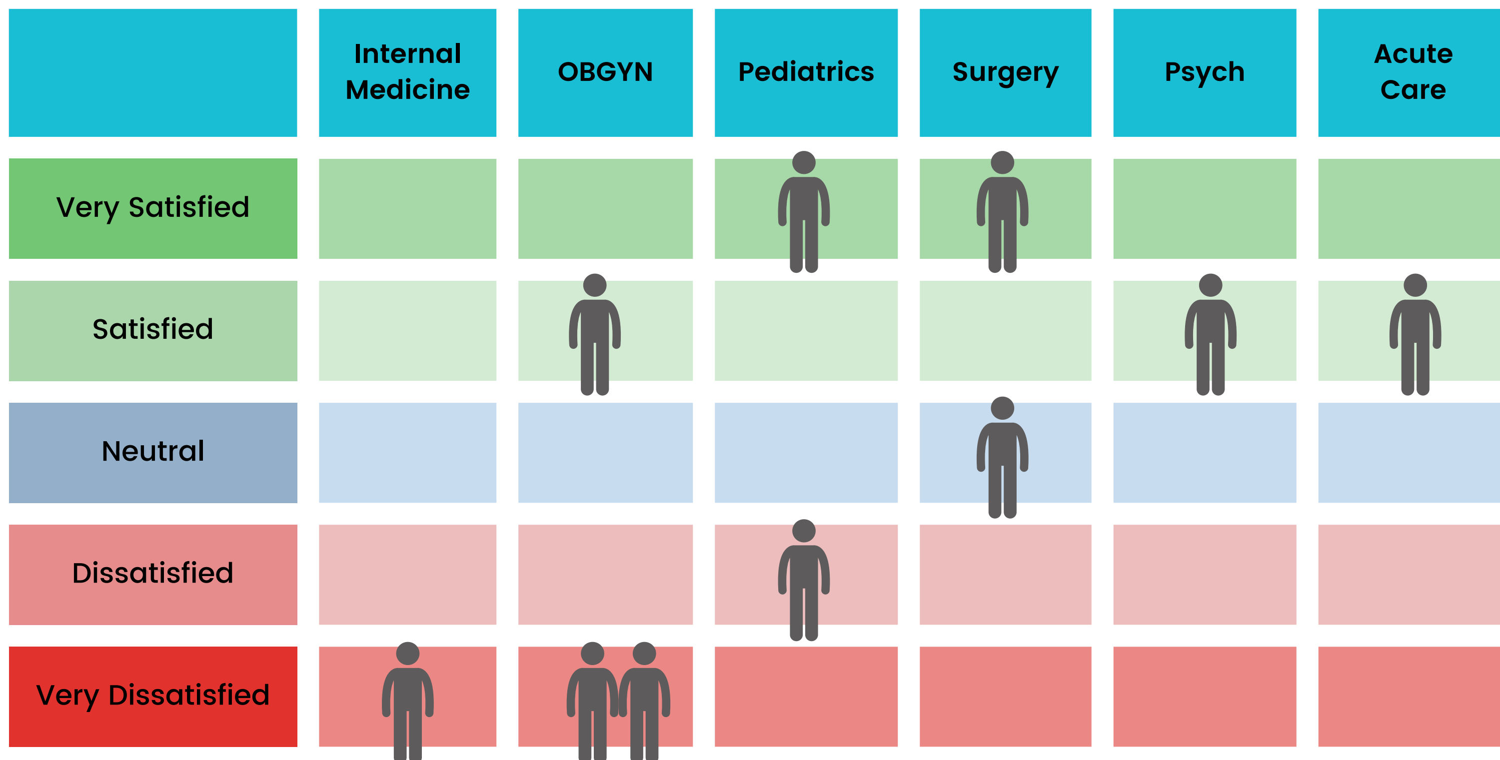
To gather student feedback regarding the current state of clerkship from an EDI perspective, a questionnaire was sent out to the Class of 2022 during their clerkship year to gather response data. This questionnaire asked about student satisfaction with learning methodology, EDI experiences within clerkship, and gave students an opportunity to provide detailed feedback regarding negative experiences they felt strongly needed to be addressed. The survey was not mandatory, and students were assured all responses would be anonymous and further anonymized before inclusion in the report. There was no additional incentive provided to fill out the questionnaire. This was to maintain integrity in reporting.

Despite multiple reminders throughout the school year, a total of 10 responses were received from the student body. Out of a total Class of 2022 student body of 171 students, this reflects a response rate of 5.84%. A number of reasons could contribute to the low response rate, including the length of the questionnaire, voluntary reporting method, the sensitive nature of reporting negative experiences especially pertaining EDI topics, and fear of potential social or professional backlash if responses could not be adequately anonymized after the report was released. Regardless, the data that was received did give valuable insight into student satisfaction with EDI in clerkship, and detailed feedback that was received highlighted experiences that need to be addressed moving forward, and the results are summarily reported below.

A questionnaire was sent out to the Class of 2022 during their clerkship year to gather data about student satisfaction with learning methodology, EDI experiences within clerkship and gave an opportunity to provide detailed feedback regarding negative experiences.

Learning Methodology

Students provided responses pertaining to specific rotations within which they wished to report their experiences. Total responses = 10.



Student satisfaction with teaching and learning methods are summarized below with higher numbers reflecting more positive responses (1 = lowest, 5 = highest):

LEARNING METHOD	AVERAGE RATING +/- SD
Experience with Staff	2.90 +/- 1.37
Online Teaching	3.62 +/- 1.19
Physician Feedback	3.56 +/- 1.42
Academic Half Day Sessions	3.57 +/- 1.13
Quality Improvement Project (FM+)	3.67 +/- 1.15
Educational Resources	3.43 +/- 1.51
Exam Content	4.43 +/- 1.13

Learning Methodology Summary

Overall, students who responded to the questionnaire felt the learning methodologies within the clerkship curriculum were satisfactory, however it should be noted that "experiences with staff" was rated significantly poorer overall. It should be noted that given the small response number, and the nature of the questionnaire, there is likely response bias, as students driven to respond to the questionnaire were more likely to report negative experiences, compared to students who did not have negative experiences who were more likely to not complete the questionnaire at all.

In fact, when considering the detailed targeted feedback with accounts of specific student experiences, all the specific examples in the later section of the questionnaire pertained to interactions with staff, so it is likely these issues were at the forefront of the respondent's mind while completing the questionnaire. The lower rating then does not necessarily mean there is widespread dissatisfaction with staff within the clerkship curriculum, but that when there were concerns or negative experiences within clerkship, the majority of cases had to do with staff interactions rather than other learning methodologies students were exposed to.

When there were concerns or negative experiences within clerkship, the majority of cases had to do with staff interactions rather than other learning methodologies students were exposed to.

EDI Experience

The questionnaire also asked questions pertaining specifically to EDI issues and satisfaction with their coverage within the curriculum. Student rating regarding overall student safety, inclusivity, and diversity during their rotations is summarized as follows, with higher numbers reflecting more positive responses (1=lowest, 5=highest):

EDI EXPERIENCE	AVERAGE RATING +/- SD
Overall student safety within the block	3.10 +/- 1.52
Felt could participate openly without fear	3.22 +/- 1.72
Topics adequately addressed diverse populations	3.78 +/- 0.97
Manner in which topics were taught was done in appropriate and safe environment	3.00 +/- 1.50
Did not experience negative or harmful behaviours	2.38 +/- 1.92
Learning did not reinforce negative stereotypes	2.67 +/- 1.50

EDI Experience Summary

Overall, these results suggest that respondents felt topics taught in the curriculum satisfactorily addressed diverse populations, and that student safety, ability to participate openly, and opinion on the safety and appropriateness of the teaching environment were overall slightly above neutral. Respondents report experiencing negative or harmful behaviours more often than not, and did believe that learning reinforced negative stereotypes. Again, given the low response rate, and likelihood that students responding to the questionnaire were more likely driven to report negative experiences, these results do not necessarily reflect the entirety of the clerkship curriculum, but rather that negative EDI experiences within the curriculum are more likely to be related to these subjects.

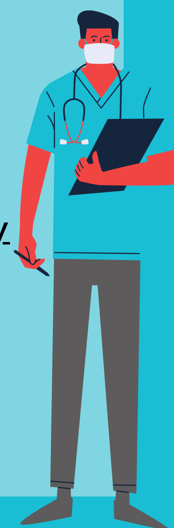
Overall, respondents experienced negative or harmful behaviours more often than not, and did believe that learning reinforced negative stereotypes.

Targeted Feedback

Of the 10 students who provided responses for the questionnaire, 6 students provided specific examples of negative clerkship experiences they believed needed to be addressed from an EDI perspective. Two students provided multiple examples, bringing the total number of reported incidents to 10. All of these responses pertained to experience with staff (preceptors, residents, administration etc).

Three respondents reported being yelled at, disrespected, insulted, condescended at, or made to feel inadequate and incompetent by staff or residents while on their rotations of concern. Specific mention was made to poor accommodation, empathy, or understanding towards mental health issues, which made situations worse or made students feel they could not ask for help or express concerns safely during their rotations. The lack of an anonymous reporting system for unacceptable resident/staff behaviour may contribute to students being uncomfortable with respect to reporting certain instances of poor behaviour towards learners. There were two additional reports of physicians being rude to nurses and/or patients, which made clerks feel awkward, embarrassed, or unsafe to be associated with such behaviour.

Multiple respondents expressed concerns with feeling unprepared or not receiving adequate guidance prior to working on shift or on call, and feeling overwhelmed by workload. Relating to this, there were also a number of reports that there was inadequate teaching, or that they felt they were made to work with little effort or time put in by the rotation structure or individual preceptors to teach during the rotation. Feeling there were lost opportunities to learn was a particular shared concern. The excessive workload put onto students was identified as a contributing factor to impaired learning and overall rotation satisfaction. One respondent noted they were left to round by themselves on the first day of their first block with no resident guidance. On another occasion, a student provided feedback on the rotation to a supervising individual and was met with visible upset and the supervisor storming out of the room instead of having concerns addressed.



Targeted Feedback

One respondent reported hearing transphobic remarks made in clinic or hospital settings. These remarks were hateful, unprofessional, unnecessary, and did not contribute to a safe learning environment.

Other responses detailed issues with inconsistent or unclear guidelines or policies, and which ones were enforced or unenforced within the curriculum. This included concerns regarding preceptors insisting on all students having webcams on during online lectures in contradiction to UME policy that this could not be enforced. In particular, during the pediatrics rotation the coordinator would individually message students to turn their cameras on, despite some students not being comfortable with this.

In addition, there was unclear and inconsistent messaging received by a student requesting approved absence. This resulted in reprimand and having to make up lost time with extra shifts despite having applied for and received an approved absence in an earlier confirmatory email. There was a notable lack of transparency and clear reasoning given for the sudden reversal of the decision.

Targeted Feedback Summary

- **Total number of reported incidents = 10**
- **3 reports of being yelled at, disrespected, or insulted by staff/residents**
- **2 reports of physicians being rude to nurses and/or patients**
- **1 report of overhearing transphobic remarks from staff**
- **Multiple reports of feeling unprepared and not receiving adequate guidance prior to call shifts or performing rounds for the first time**
- **Issues with inconsistent or unclear guidelines regarding Zoom webcam etiquette and absence requests**

Recommendations

Based on an analysis of the clerkship course and orientation curriculum, resources, rotation conditions and student feedback, a few recommendations have been determined and are as follows:

01. Guidance on reporting mistreatment

Present the appropriate pathway to reporting mistreatment to clerkship students during orientation with resources for them to access.

02. Include mandatory teachings that include diverse populations

Include mandatory teachings that encompass diverse patient populations within each core rotation, including but not limited to people of colour, LGBTQIA2S+ individuals, local Indigenous populations, local Amish communities and local mennonite communities.

03. Create reporting systems within each rotation

Create positions or reporting systems within each rotation that students can turn to report mistreatment, anonymously if needed, specific to that rotation. Administration should be transparent with students as to exactly how their reporting data will be anonymized to prevent any chance of identification.

04. Use feedback on mistreatment to guide choice on teaching physicians

Use student feedback on mistreatment to guide the choices for physicians who are allowed to teach clerks. Transparency with this process for the incoming students would help garner more trust between students and clerkship administration.

Mistreatment

Mistreatment

Types of Mistreatment

Several types identified in survey responses include:

- Focus on excessive workload rather than learning opportunities
- Demeaning, scolding, condescension of learners
- Repeated microaggressions against learners
- Lack of empathy for students dealing with difficult personal circumstances and mental health issues
- Creation of an unsafe learning environment by preceptors (ex. Being left to round by oneself with no resident supervision while the staff is away at clinic)

Learner Supports

Overview of current supports for learners and mistreatment protocol

- The Schulich Learner Experience website has a dedicated section titled "Learner Mistreatment". This can be accessed through the front page by clicking "Defining Mistreatment" or "Mistreatment Guideline".

- This website includes information regarding the definitions of mistreatment, the Schulich Learner Mistreatment Guideline, flowchart of the reporting process as well as the post-reporting process, a link to the reporting form, and an annual report card, the first of which is due to be released in late 2021.

Definition of Mistreatment

"Mistreatment refers to the intentional and unintentional behaviour that shows disrespect for the dignity of others and unreasonably interferes with learner process (American Association of Medical Colleges 2011).
Mistreatment may be verbal, emotional or physical in nature. Examples of mistreatment include but are not limited to:

- harassment and discrimination
- use of offensive names, insults or slurs
- public embarrassment or humiliation
- threats or acts of physical harm
- obligation to perform personal services
- willful neglect of learner support
- "omission of learner from academic or professional communication
- disregard for the physical or emotional safety of the learner
- exclusion from training that is unreasonable given learner's performance or merit
- denial of fair assessment or grading
- gender-based or sexual violence as defined by Western Policy
- retaliation or other prohibited conduct."

Further definitions of discrimination and harrassment are provided as defined in Western University's Non-Discrimination/Harassment Policy.

Mistreatment

Summary of Reporting Protocol

- It is the preference of the School for learners to report using the Learner Experience electronic form. Should the student report to a leader or administrative staff outside of the Learner Experience Office, they must still complete the online form.
- The student can choose to report anonymously or be identified, however anonymous reporting may limit follow-up. If the reporter is identified, contact from the Learner Experience Office will be prompted.
- All reports reviewed are confidential. However the policy states "if there is reason to anticipate identification of the learner because of the review, there may be a discussion with the complainant to consider a delay in action until the end of a course, rotation or academic year" unless delayed action may place learners at risk
- The Learner Experience Office reviews and manages all reports, stores all documents in a secure file in the Learner Experience office or a secure electronic file. These documents will not be disclosed unless released by the Privacy Officer or under the legal requirements of a court order.
- The reporter meets confidentially with the Associate Dean, Learner Experience, or a designate if LE is in conflict. Discussions will include details about the event, the reporter's decision to remain anonymous or not, next steps, and support referrals as needed.
- It is then specified that follow up meetings are only possible for non anonymous reports.
- Next steps include confidential mediation , investigation, referral to University bodies or academic leaders regarding professionalism concerns.
- Report is generated and provided to stakeholders, including the reporter and leadership

Benefits of Reporting

- ✓ **Increase student's faith in the school's commitment to their mental health, wellbeing, and safety.**
- ✓ **Removal of those who have repeatedly shown lack of care and empathy towards learners by creating a hostile work environment can lead to better trust and transparency between students and the administration**

Mistreatment

Student Feedback on Current Protocols

There is a notable lack of confidence that reporting will lead to any meaningful change:

Survey responses indicate that even when students do report staff and the feedback is passed along to the administration, nothing is done about it. Thus, leading to a sense of futility in even reporting harmful experiences

There are also concerns about the repercussions of reporting:

There is also great concern that reports will be identifiable and compromise student's applications to various programs through CaRMs, or have otherwise negative consequences/repercussions on their career aspirations. This is especially true for students interested in smaller and more niche subspecialties

Identified Gaps and Patterns

Anonymity

The protocol states the student can choose to remain anonymous, however would then not be able to be identified by the Learners Experience Office for support. If they choose to remain anonymous, follow up meetings after the initial disclosure are not possible.

Confidentiality

Although there is mention of confidentiality, there lacks elaboration into how this will be maintained if this is even possible during investigation and mediation.

Repercussions

Given the above concerns, a deterring factor for reporting continues to be concerns about lack of protection from repercussions of reporting. The current protocols are also insufficient to ensure that preceptors and residents who have a history of mistreating learners are removed from the ability to be preceptors to clerks. This adds to a lack of confidence in a system whose entire purpose is to protect learners.

Recommendations

Based on an analysis of Schulich School of Medicine's mistreatment and reporting protocol, a few recommendations have been determined and are as follows:

01. Implement a third-party complaint system

- Potential to implement a third-party complaint system which is wholly disconnected from medical academic institutions for reporting mistreatment.
  - Rationale: Medicine is a very small world. Especially in surgical and sub-specialist fields. Often when bringing up issues of mistreatment to academic institutions with direct ties to faculty who do research and are involved in clinical activities, this presents one of the core issues to reporting; students do not want repercussions on their careers.
  - If this cannot be achieved, then at the very least we should aim to improve the existing anonymized reporting system so that students do not have to fear for their professional careers

02. Mandatory modules for staff

- Mandatory modules on the basics of how to treat learners. Further modules could explore topics such as supporting learner wellness and cultural sensitivity training.

03. More strict policies for teaching physicians and residents

- Something akin to a "Three strikes" policy for residents and attendings with respect to being reported should be implemented.
- Currently not enough is being done by the school to ensure that attendings and residents with a history of unacceptable behaviour towards medical students are removed from the privilege to teach - and we do want to enforce that teaching should be considered a privilege. There should be tangible repercussions for those who continually are shown to create hostile work environments for students.
- Without tangible and transparent change, students will continue to have a lack of trust in the system and not report

Conclusions

In summary, this report details several aspects of the EDI challenges Schulich currently faces. We collected data on student experiences with learning methodology, EDI teaching, and negative experiences in clerkship. These experiences were analyzed and summarized to provide recommendations for improving both EDI teaching and learner wellness. We identified the types of mistreatment that learners reported, noting that a low response rate for this survey could potentially be a source of bias. Ways to improve reporting and change the infrastructure of the current reporting system were discussed.

Highlight 1 — **The clerkship curriculum would benefit from further exploration of EDI topics**

While teaching in clerkship seems to be overall satisfactory, the curriculum could stand to benefit from further exploration of various EDI topics (as an example, having more of a focus on how skin pathology presents on darker-presenting skin tones)

Highlight 2 — **Experiences with staff were notably rated low in our survey to students**

Highlight 3 — **Mistreatment reporting and holding staff accountable is a significant area of concern for students**

While there may be a reporting system for learner mistreatment in place, it is currently not sufficing. Student respondents noted that even preceptors who are reported multiple times are still allowed to teach. Examples of condescending and demeaning behaviour towards learners were reviewed, based on survey responses. We emphasize the importance of holding staff and residents accountable for the way they treat learners.

We authored this report to ensure that there is a framework for future interventions on EDI topics along with learner mistreatment. Although there was a relatively low response rate for our survey on student experiences, we believe that it is important to act on the recommendations put forth in this report to promote a safe learning culture within clerkship.

Acknowledgements

We would like to sincerely thank all of the students who contributed their time and effort toward this report:

- Aamna Abdullah
- Adeel Sheikh
- Aileen Liang
- Alveena Ahmed
- Amalka De Silva
- Andrew Jeong
- Arita Alija
- Bronwyn Hersen
- Caroline McKenna
- Cindy Lin
- Daisy Deng
- Dave Campbell
- Dharini Ilangomaran
- Dianna Deng
- Dixon Pinto
- Divya Santhanam
- Donna Mofidi
- Gavin Raner
- Gopika Punchhi
- Harry Kim
- Himani Dhar
- Jaiden Tu
- Julia Hildebrand
- Karen Michael
- Kimya Manouchehri
- Komal Jariwala
- Kush Joshi
- Lotus Alphonsus
- Louise Mui
- Matthew Burke
- Peter Denezis
- Rania Belhadjhamida
- Rebecca Nakhoul
- Suhaima Tunio

We thank you for your time in reviewing this report and consideration of our suggestions

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