

DRAFT

Recommendations: Equity Diversity and Inclusion Sub Committee, Undergraduate Curriculum Refresh 2021.

Dalhousie University Faculty of Medicine

Chair: Dr. Gaynor Watson-Creed, Assistant Dean, Serving and Engaging Society, Faculty of Medicine

Committee Members: The full membership of the Anti-Oppression Sub Committee of the Social Accountability Committee of the Faculty of Medicine has taken part in this review, as follows: Dr. Aruna Dhara, Faculty of Medicine, Department of Family Medicine; Catherine Martin, Director of Indigenous Engagement, Dalhousie University; Hannah Asprey, Faculty of Medicine, Global Health Office; Carl Mopoho, Medical Student; Sara-Ann Upshaw, Faculty of Medicine, Global Health Office; Shawna O’Hearn, Director, Global Health Office, Faculty of Medicine; Christina Dort, Assistant to Dr. Watson-Creed and Global Health Office, Faculty of Medicine; Dr. Christy Simpson, Faculty of Medicine, Department of Bioethics; Dr. Asra’a Abidali, Faculty of Medicine, Department of Family Medicine; Dr. Ajay Parasram, Faculty of Arts and Social Science, Department of International Development Studies & History, Dalhousie University; Dr. Thomas Brothers, Resident Physician; Freddy Lee, Medical Student; Nardeen Grace, Medical Student; Boon Kek, Faculty of Medicine, Undergraduate Medical Education Office

Background:

The Anti-Oppression Sub-Committee (AOSC; previously known as the Anti-Discrimination Sub-Committee) of the Social Accountability Committee of the Faculty of Medicine formed in 2020 in part in response to issues related to Black Lives Matter (BLM) and in response to broader interest in addressing and improving upon issues of systemic racism within the Faculty of Medicine (FoM). These issues were identified as part of the initiation of the Serving and Engaging Society portfolio in 2018, which was given the mandate to house and coordinate Equity, Diversity, and Inclusion (EDI) initiatives within the FoM on a go-forward basis. Given that the AOSC formed prior to the initiation of the Curriculum Refresh project, it was decided that the sub-committee would be ideally suited to take on the Refresh as a first project.

The AOSC started by looking at existing policies/statements related to EDI within the FoM and also by looking at existing EDI content within the undergraduate curriculum. A few things were noted:

- An Equity, Diversity, Inclusion Guidelines document was created for the FoM in 2016. The document does well to highlight the need for EDI-focused approaches within the Faculty, and signals a commitment by the FoM to be inclusive in its approaches to recruitment of faculty, staff, and learners. However, the AOSC finds that the existing language overemphasizes “inclusion” without adequately considering the need to structurally change the oppressive structures that are known to exist within the FoM. In order for the FoM to ensure that it is not inadvertently undermining its stated goals by creating, maintaining, and even potentially exacerbating exclusion rather than inclusion, language and approaches must reflect that the FoM, as well as those who seek inclusion into the FoM, need to actively dismantle and rebuild those structures. Inclusion into an institution that even subconsciously enable racism and other forms of discrimination would undoubtedly set up students, faculty and learners to fail.

Indeed, Faculties of Medicine have been challenged to undertake more activities (i.e., take concrete steps to dismantle oppressive structures) that go beyond promoting diversity and inclusion by many authors and scholars (see appendix for short list). Accordingly, it was felt that the opportunity with the curriculum refresh was to embed these updated principles into the approach to undergraduate medical education going forward;

- Related to above, it was noted that EDI initiatives in and of themselves were already known to fail to produce sustained outcomes for disadvantaged groups if the prerequisite understanding and systemic dismantling of exclusion-generating structures does not also occur – in this respect the Sub-Committee again felt that EDI as a focus alone would not serve undergraduate medical learners well;

The AOSC also noted that while an initial focus spurred by BLM was an “anti-racist” (specifically “anti-Black racism”) focus, a necessary expansion of that focus to include anti-Indigenous racism, anti-Muslim sentiment; ageism; homophobia; sexism; ableism’ and other forms of discrimination must also be tackled. To that end, the Sub-Committee was deliberate in not naming its work as “Equity, Diversity and Inclusion” focused. Rather, given the limitations of EDI work noted above, the Sub-Committee was purposeful in naming itself as the Anti-Discrimination Sub-Committee. However, further exploration of formal definitions of Anti-Discrimination led the Sub-Committee to rename itself as Anti-Oppression as it was discovered that:

- Anti-discrimination has a specific meaning in law and equity-focused discourse that relates to the adoption of and adherence to human rights legislation specifically;
- Anti-oppression exists in literature as a term defined as follows:
 - Anti-oppressive practice (AOP) embodies a person-centered philosophy; an egalitarian value system concerned with reducing the deleterious effects of structural inequalities upon people’s lives; a methodology focusing on both process and outcome; and a way of structuring relationships between individuals that aims to empower users by reducing the negative effects of hierarchy on their interaction and the work they do together ([Dominelli 1996](#), cited under [History of the field](#), p. 170).

The Sub-Committee is only just beginning to explore anti-oppression as a framing for its work and the work of the FoM going forward, but understands now that anti-oppressive practice is well embedded in schools of nursing and social work, and is fundamentally about identifying and dismantling structures that serve to continue oppression and exclusion, including those that do so without direct intention. Its use in nursing and social work affirms our belief that it would be a suitable framework from which to launch a revised approach to EDI for a faculty of medicine. The attached document from the Sub-Committee highlights our discussion of this concept to date, with more refinement expected over time, as our understanding of this body of work deepens. The Sub-Committee has therefore revised its name to reflect this new understanding and direction.

Scope:

The AOSC has limited its discussion of EDI for the curriculum refresh to development of the overarching framework of anti-oppression to guide curriculum development, as well as to suggested content through which the framework can be shared with undergraduate medical learners. This includes evaluative plans for such teaching. The Sub-Committee did not deal with issues related to specific “equity-deserving populations” as those were largely left as the purview of the Priority Populations working group for the curriculum refresh.

Consultations:

The Sub-Committee has not yet conducted any formal consultations on its work. Those are being planned for early in 2021, and may include:

- Additional undergraduate medical learners;
- Additional Faculty members, particularly those to whom the ideas of anti-oppression practices may well be known, as well as those to whom the ideas would be entirely new;
- Undergraduate medical learners and Faculty specifically at Dalhousie Medical School New Brunswick (DMNB) and the other distributed educational sites;
- Faculty members leading longitudinally embedded content and practices, such as RIM, for advice as to whether such an approach could be used to embed AOP;
- The Dalhousie University School of Social Work and School of Nursing for advice related to creating introductory content on AOP and reflexive practice.
- Engagement with colleagues across Canadian medical schools embarking on similar work (i.e. McGill, Saskatchewan and Manitoba)

Successful Implementation Goal:

The AOSC believes that the undergraduate “refresh” would be successful when it can be demonstrated that the FoM has adopted an “anti-oppression” approach that allowed regular identification of and self-reflection on oppressive practices and approaches in medicine, for the purposes of changing and ultimately eliminating said practices. Effectiveness would be gauged by the degree to which there is specific and dedicated anti-oppressive content in the undergraduate curriculum; the degree to which such practices are regularly and openly identified and challenged by students, and with faculty; and the degree to which oppressive language is replaced by more inclusive language in the day-to-day work of the FoM.

Recommendations:

Table 1 details each recommendation from the Sub-Committee related to the adoption of an anti-oppressive approach:

Table 1: Recommendations for UGME

#	Identified Gap	Recommendation	Required Resources	Prerequisites	Affected EPA (Table 2)	New Objective or Modified?	Delivery Format	Assessment Format	Affected curriculum years/units	Additional Information
1	Framing	Where possible change language in official documents related to EDI to “anti-oppressive”	UGME reviewers, AOSC, review of documents already created for refresh, recommendations back to objective holders/other sub-ctees		P1, P2, P3. C1, C2, C3. L1, L3, L4. S1, S2, S3.					
2	Framing	In the UGME curriculum map and associated documentation, revise the diagram (see last column) to include anti-oppressive practice <i>as the background to the flower</i>			P1, P2, P3. C1, C2, C3. L1, L3, L4. S1, S2, S3.					
3	Framing	Structures to support this as longitudinal embedded work, similar to RIM, DI, and other “foundational” and longitudinal content/programming;								
4	Content: Introduction to Anti-	See attached proposal.	Subject matter expertise from Schools of SW	Introduction to reflexive practice			Lecture and tutorial	Journals	Year 1	

	Oppressive practice		and Nursing to guide faculty development and development of this content	<p>must go alongside this module.</p> <p>Faculty development in anti-oppressive practice must occur for the purposes of creating a core group of faculty able to steward the work in each of the four years of the curriculum</p> <p>Need faculty commitment to yearly review and recognition proceedings as a student reward and engagement process</p>						
5	Content: Introduction to Reflexive practice	Formal collaboration with CPD to enhance and strengthen faculty development training to support AOSC recommendations	Subject matter expertise from Schools of SW and Nursing to guide faculty development and development of this content	Faculty development in reflexive practice must occur for the purposes of creating a core group of faculty able to steward the work in each of the four years of the curriculum			Lecture and tutorials	Journals	Year 1	

6	Yearly review and recognition event	Yearly review of submitted student journals for review and reflection by faculty, for purposes of informing next stages of strategic development for the school as a whole, and honouring student contributions to anti-oppression within the FoM					Faculty, staff, learner, and resident retreat?	Awards event	All years	This would serve as an evaluation event for the FoM as well “how are we doing”.
7	Unit content review	Review unit content in each of Med 1-4 for race-based content and remove outdated references/content		Engagement with unit heads.					All years	Race-based content includes specific medical content now considered of “questionable” value and unethical due to lack of evidence, including the use of race-based clinical care algorithms.
8	Program content	Revise structure of Volunteer Patient Program in keeping with recommendations from Anti Racism Action Committee		Some funding for remuneration of volunteers					Med 1	See AHAC report submitted to AOSC, January 2021.
10	Ongoing reflection			Trained faculty for journal review				journal	Years 2-4	

Table 2:

Dalhousie University – Entrustable Professional Activities		
Professional	P1	Demonstrate appropriate professional attitudes and ethical commitments
	P2	Demonstrate commitment to the well being of the patient
	P3	Promote health and provide healthcare equitably
Community Contributor	C1	Contribute to the improvement of healthcare institutions and systems
	C2	Use their professional role to promote the public good
	C3	Pay particular attention to identifying inequities and the needs of the most vulnerable
Lifelong Learner	L1	Be effective lifelong learners
	L2	Participate in the creation, dissemination, application, and translation of new knowledge
	L3	Participate in the systematic improvement of clinical practice
	L4	Raise questions and bring fresh perspectives to existing practice
Skilled Clinician	S1	Perform an accurate history and physical examination in diverse populations of patients
	S2	Develop and propose a differential diagnosis and appropriate plans for investigation and management
	S3	Provide safe, supportive and evidence-based care for patients, within their scope of training
	S4	Communicate and collaborate effectively and respectfully with patients, families, and colleagues in the team environment and across the continuum of care
	S5	Help patients navigate the illness and healing experience

Submitted to: Dr. Evelyn Sutton, Associate Dean, Undergraduate Medical Education

Date: 14 January 2021