# Setting Priorities for Equity, Diversity, Inclusion, and Accessibility at a Canadian Medical School: Faculty and Learner Perceptions

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## Background and Objectives

Equity, Diversity, Inclusion and Accessibility (EDIA) education in Canadian medical schools EDIA has gained significant importance in medical and health sciences training. This has important implications for health equity and health workforce planning. To help combat systemic inequities at the structural and institutional-levels, renewal processes informed by EDIA principles are needed. To better advocate for policy reform, we sought to understand EDIA strategies and related programming currently in place at the Cumming School of Medicine (CSM).

## Method

We conducted an online needs assessment survey of EDIA-related curricula in our institution's bachelor's programs, undergraduate medical education (UME), graduate science education (GSE), postgraduate medical education (PGME), and faculty development/professional development programs. We targeted to those involved in curriculum development and education leadership when recruiting faculty and students across the programs.

## Results – Faculty

There were n=78 respondents to the faculty survey. Supports needed for EDIA education include mandatory foundational training, diverse faculty hiring policies, and the availability of EDIA-related programs. Faculty reported several barriers including perceived resistance from those in power, limited time for additional educational sessions, and the perception that EDIA is unnecessary. Faculty also reported concerns about faculty expertise in teaching EDIA-related content and the fear of unintentional harm that could hinder progress in implementing educational initiatives. We found strengths in the coverage of Indigenous health, health inequities, gender diversity, and marginalized populations, demonstrating a commitment to inclusivity. Opportunities for growth and development were suggested in teaching regarding the intergenerational differences, disability and ableism and intercultural competencies. Figure 1 highlights faculty perceptions of barriers and facilitators to EDIA programming.

## Results – Learners

There were n=110 respondents to the learner/student survey. Students commonly expressed poor perceptions of formal EDIA programming, citing a general feeling that EDIA was viewed as an extra-curricular add-on by program directors and faculty. As a result, programming was seldom meaningfully integrated into course content, and was often presented in the form of a mandatory guest lecture or class that was not directly assessed nor explicitly related to previous learning. Figure 2 highlights learner perceptions of barriers and facilitators to EDIA programming.

### Figure 1: Faculty perceptions of formal EDIA education



### Figure 2: Learner perceptions of formal EDIA education
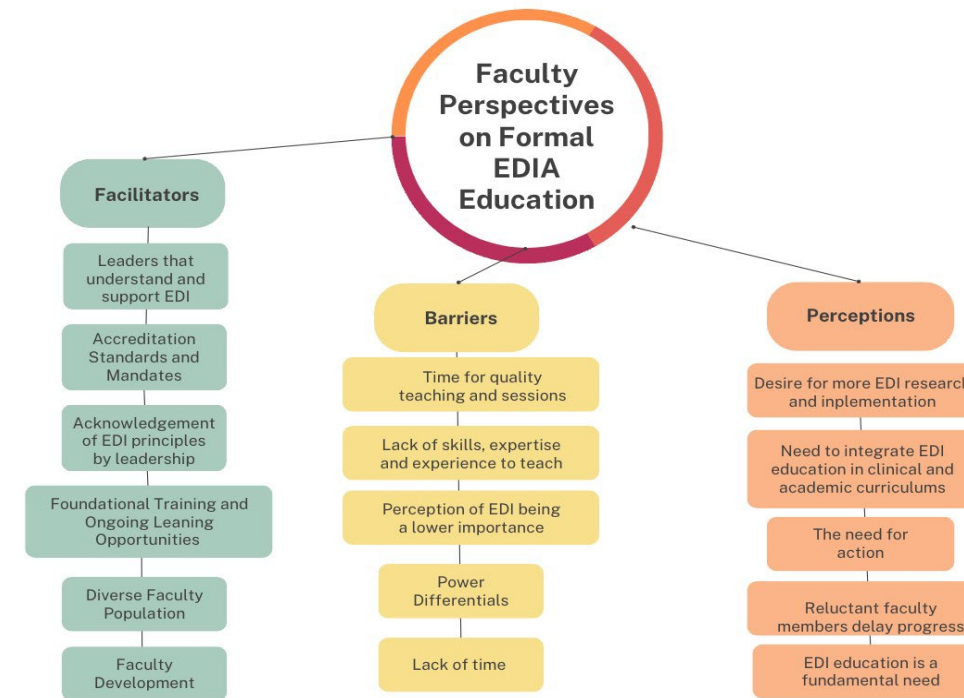


## Discussion

Our needs assessment provides a benchmark for our institution and highlights gaps which EDIA curriculum development initiatives can address. Our findings have implications for training current and future physicians, health scientists and policy makers. To transform the culture of CSM and foster knowledge, attitudes and skills rooted in EDIA principles, upstream efforts such as faculty development and building capacity to allow for structural change will be required alongside midstream efforts to formalize EDIA education to support learners. This could then help to catalyze downstream effects of EDIA awareness in the community at large.

## Conclusions

Our findings underscore the need to reconceptualize EDIA programming at our medical school to equip faculty and learners alike with the competencies to facilitate institutional renewal, catalyze transformative change, and to disrupt the systems that serve to maintain the status quo.

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