

Pre-Clerkship Committee Retreat

September 18, 2020

Discussion/Resources/Network/Websites:

Incorporating Anti-Racism Teaching into Medical Curricula

Curriculum Document Signed by Students:

<https://docs.google.com/document/d/1T7OUrHWzn2Jt1hibIKJyHOQ8-TWQKetCCW45sjMxWFI/edit?usp=sharing>

Calgary Black Medical Student's Association

Resources: www.linktr.ee/CalgaryBMSA

Black Applicant Admissions Process

Backgrounder: <https://cumming.ucalgary.ca/mdprogram/future-students/black-applicant-admissions-process>

Dermatology Initiatives for Course 2

Email Dr. Jori Hardin at: jorihardin@gmail.com

Published Literature about what “Structural Competency” curricula look like and achieve

Work in the USA from [Vanderbilt by Jonathan Metzl](#)

Provincial Research network aiming to improve health outcomes for Indigenous Peoples

Backgrounder: <https://ucalgary.ca/news/provincial-research-network-aims-improve-health-outcomes-indigenous-peoples>

Rough numbers on Clinical Faculty at the CSM

5,000 Clinical Faculty at the CSM

~2,000 engaged in UME teaching annually (includes Clerkship)

Break-Out Rooms:

TOPIC: Curriculum Scan: What and Where?

Small Group: Jadine, Kerry, Laura, Mike, Nancy

- Can be overwhelming to overhaul curriculum. Identified different ways for change
- Simple quick fixes- low hanging fruit.
 - cases that reflect the population in lecture, or small groups
 - diversity of lecturers- lecturers can bring in their own experience
 - AEBM- can talk about why certain populations are chosen for study/represented- race can be highlighted more.
- Ideal to have longitudinal curriculum that integrates with the courses throughout med school, directed by. Would be nice for there to be a consultant or resource person or committee-someone who we could run things by for guidance as to how to teach certain topics
 - Could there be a step-by-step guide as to how to start?
- Is there a national working group- do different med schools working on this, where we could learn from...is there a way representatives can communicate and check in quarterly?
- Exams: How do we examine students? To give validity to these changes. This is very difficult to create exam material around. Look at exam bank- Want to avoid cultural biases- Nancy brought up at that MCC has a working group where they review exam questions to ensure. Having diversity as the 'norm'- so that when there is specific identifying data about a pt- students question if that is important part of the question to get the right answer, instead of just a descriptor of the patient. So it is also about questions on exams
- Doing all this, but still recognizing the time challenges that everyone faces especially during the pandemic

TOPIC: Curriculum Scan: What and Where?

Small Group: Chidera, Whitney, Allison, Wayne, Caley, Nishan

- All SPs are Caucasian. Should bring in BIPOC SPs. Desire for recruiting these SPs should be conveyed to company that provides the actors.
- General discussion of Black contribution to the history of medicine, as a short note when presenting material. Example, the use of Black slaves in egregious and unethical procedures (ineffective anesthesia, sterilization). Ethics may be a good place to start.
- Ethics could foster the understanding that you (the student) are either anti-racist or racist.
- Ethics might create a module on systemic racism.
- Wayne suggested that he struggles with creating diversity in cases without it feeling unnatural. An acknowledgement that cases reflect the makeup of the population would help. The message

would be that you are not changing your treatment, but acknowledge things like even getting to a medical appointment is more challenging for certain people (barriers exist to even coming in the door).

- Assessment drives learning – assessment should include.
- There was a desire to see more Black faculty involved in curriculum design. I suggested that we could be proactive to recruit and offer faculty development to these faculty to set themselves up to be comfortable in the role and to set them up for success. We wouldn't even have to create new Faculty Development workshops – existing ones can be arranged and invite Black faculty to attend.
- The weight of change has to come off the BMSA. They are here to study. It is now time for faculty, OPED, etc. to take the lead. BMSA can still provide ideas, but would channel them through champions
- Assessment drives learning (in school). Assessment is one of the ways we indicate what we value.

TOPIC: Faculty Recruitment / Barriers / Capacity

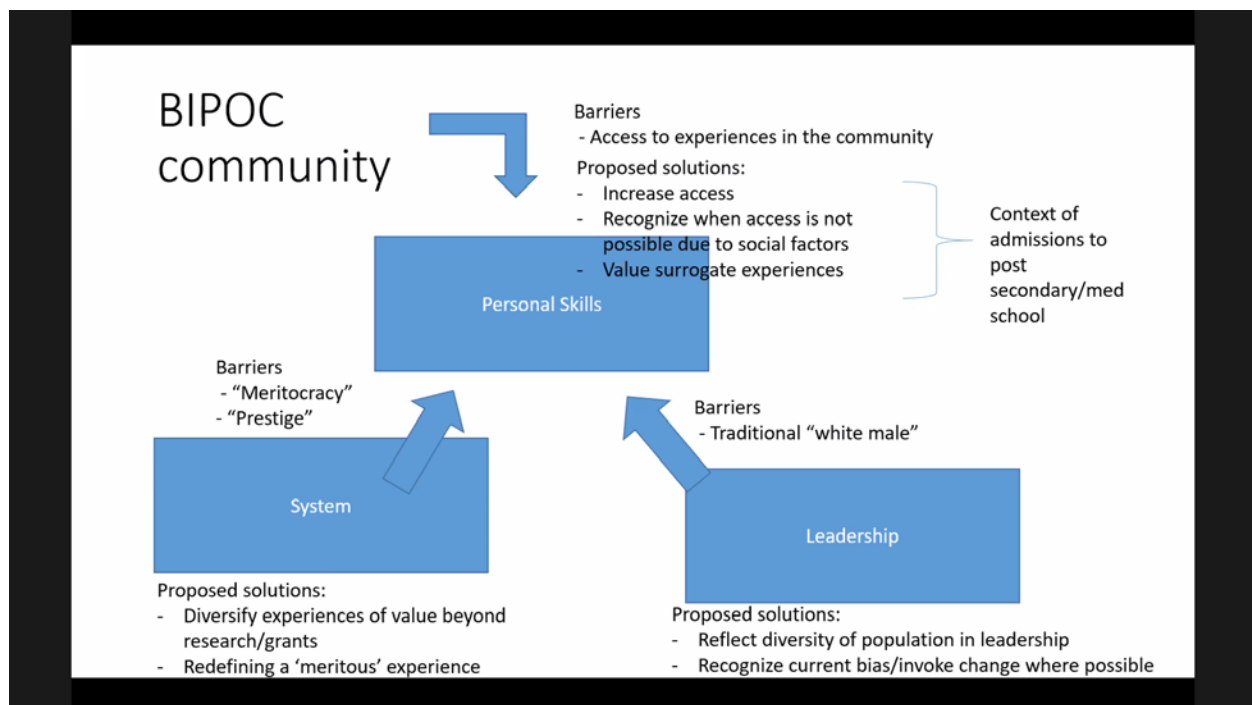
Small Group: Suzanne, Sarah A., Philip, Erika

- Diversity in recruitment:
 - tough because not many people apply from populations of colour
 - Must include more POC in leadership --> shows us what we can be when we grow up
 - maybe widen the circle of where this is posted
- We need to identify BIPOC faculty:
 - generally its done by tapping on the shoulder from a course chair to their colleagues
 - reaching out to residents? Should we reach out specifically to BIPOC or let them self identify?
 - consider using exit interviews to look at structural issues --> BIPOC members needed for this
 - be more active to ensure support for BIPOC candidates
 - course committees should include someone specifically looking at EDI in content + recruitment
 - sometimes people don't want to self identify because it feels very uncomfortable - tokenism is bad
 - championing >mentoring
- what are structural issues (caregiver duties? financial viability? are there other things in kind that we could help with?)

- How do we host opportunities for BIPOC to meet with UME staff/recruitment --> online may allow more opportunities
- Which specialties get the most BIPOC applicants --> can we recruit from these groups? --> tends to be family medicine so can we have more diverse family med involvement?
 - do you exclude BIPOC because we do not generally recruit from qual researchers
- Barriers - time it takes to create SG scenarios / changing curriculum -->
 - recruit residents/ students = this helps recruitment in general+ improve resident
 - must have representation from the community in question
- Survey UME to self identify and compare this to Calgary's population and make this public data
 - acknowledge this as an area of growth. --> public accountability.
 - ongoing accountability in course reports

TOPIC: Faculty Recruitment / Barriers / Capacity

Small Group: Adrian, Amy, Theresa, Vishal



TOPIC: Curriculum Scan: What and Where?

Small Group: Kim, Murray, Taelina, Teresa, Shannon

- TBD

TOPIC: Faculty Recruitment / Barriers / Capacity

Small Group: Amira, Anthony, Aya, Christopher, Clark, Fariba, Rahim

- TBD