

Cumming School of Medicine Inclusive Language and Images Policy

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Authorizing Unit Cumming School of Medicine (CSM)	
Approval Authority CSM Dean’s Executive Council	
Implementation Authority Dean	
Effective Date July 1, 2020	
Last Revision July 1, 2020	

1 Purpose

1. The purpose of this Operating Standard is:
 - a) To set out the Cumming School of Medicine’s standard related to the use of Inclusive Language and Imagery to shift towards a more inclusionary culture, particularly as it pertains to those identified with traditionally underrepresented or marginalized populations such as, but not limited to,
 - i. Indigenous peoples
 - ii. LGBTQ2+
 - iii. Members of Visible Minorities and Racialized Groups,
 - iv. People with Disabilities
 - v. Women
 - b) Through the related guidelines, to establish best practices at the Cumming School of Medicine for the use of Inclusive Language and Imagery in commonly encountered academic and clinical activities, referencing the most updated literature where possible and adhering to University guidelines

2 Scope

This policy applies to all Instructors, Employees, Contractors and Students at the Cumming School of Medicine

3 Definition

- a) “Academic Staff Member” means an individual who is engaged to work for the University and is identified as an academic staff member under Article 1 of the collective agreement between the Faculty Association of the University of Calgary and the Governors of the University of Calgary in effect at the relevant time
- b) “Act” means the Alberta Human Rights Act in force at the relevant time
- c) “Appointee” means an individual who is engaged to work for the University, or whose work is affiliated with the University, through a letter of employment, including adjunct faculty, clinical appointments, and visiting researchers and scholars
- d) “Employee” means an individual, other than an Academic Staff Member or Appointee who is engaged to work for the University under an employment contract
- e) “Inclusive Language and Imagery” means word and image choice that strives to be free of bias and avoids perpetuating prejudicial beliefs or demeaning attitudes. ;
- f) “Instructor” means the Academic Staff Member, Appointee, or other individual that is on record as the individual teaching or serving as the supervisor or co-supervisor of a student
- g) “Protected Grounds” means the grounds listed in Section 4 of the Act as they are defined and interpreted pursuant to the Act including:
 - i. Race;
 - ii. Religious beliefs;
 - iii. Colour;
 - iv. Gender
 - v. Gender identity
 - vi. Gender expression
 - vii. Physical disability;
 - viii. Mental disability;
 - ix. Age;
 - x. Ancestry;
 - xi. Place of origin;
 - xii. Marital status;
 - xiii. Source of income;
 - xiv. Family status; and
 - xv. Sexual Orientation
- h) “School” means the Cumming School of Medicine
- i) “School community” means Instructors, Employees, Contractors, and Students associated with the Cumming School of Medicine
- j) “Student” means an individual registered in a University course or Program of study at the Cumming School of Medicine
- k) “University” means the University of Calgary

4 Standard/Practice

- 1. The School has an obligation to uphold its core values as it relates to use of inclusive communication that respects and welcomes all communities, and is free from sexist, racist, and all other forms of stigmatized or discriminatory language based on Protected

Grounds. This obligation applies to all official CSM communications including but not limited to:

- a) presentations (e.g. conferences, meetings, rounds);
 - b) teaching materials (e.g. course syllabus, case studies, assessment tools, class lectures);
 - c) submitted research activities (e.g. abstracts, grant applications, publications, reviews);
 - d) recruitment processes (e.g. postings, informational webpages, promotional brochures);
 - e) admission processes (e.g. standardized interview questions or scenarios);
 - f) merit assessment and promotion processes (e.g. letters of reference/recommendation or nomination);
 - g) internal advertisements (e.g. announcements, notices, posters);
 - h) public communications (e.g. press releases, advertising, websites, social media posts);
 - i) signs in public or shared CSM spaces (e.g. office and room plaques);
 - j) artwork, exhibits or displays in public or shared CSM spaces.
2. Instructors, Employees, Contractors, and Students have a responsibility to support and facilitate the School in upholding the core values of respect and inclusion by being sensitive to language, imagery, stereotypes, and descriptors.
 3. The School will:
 - a) provide educational opportunities to learn about general principles of equity, diversity and inclusion, including defining inclusive language and describing the harms of exclusionary language in academic medicine and its impact on health care in diverse communities;
 - b) provide guidelines, resources, examples, and references for best practices in inclusive language and imagery use;
 - c) consult openly and regularly with campus community groups and the School community for current best practice recommendations in inclusive language and imagery use;
 - d) provide a process that will allow the School community to confidentially share concerns and provide feedback surrounding exclusionary language and imagery, in order to promote accountability;
 - e) Continuously review the School's- standards and communications for Inclusive Language and Imagery use to maintain best practices as culture and understanding changes

5 Special Situations

1. The School recognizes that inclusive language is both group and individual specific where there are sometimes no best answers for contested terms, only sensitivity to these differences when pertinent. Given that there may not always be consensus within a group about the most appropriate terminology, instructors or authors should acknowledge this variation in what is considered most appropriate language for this group.

2. The School recognizes that individual preferences should take precedence over established principles in one-on-one interactions as openness to being corrected, and acceptance of other people's preferences is central to inclusion.

6 Responsibilities

Instructors, Employees, Contractors, and Students will:

- a) become familiar with and adhere to the principles of this Operating Standard;
- b) review their communications for to ensure they are using Inclusive Language and Imagery;
- c) identify exclusionary language and imagery perpetuated within the School to allow for opportunities of correction
- d) consider, consult, and collaborate with community members and groups when consensus language is unclear

Associate Deans, Department Heads, Institute Chairs and the School's Leadership will:

- e) endorse and widely disseminate this policy and best practice guidelines amongst their members;
- f) become familiar with and adhere to the principles of this Operating Standard;
- g) be open to listening and correction when exclusionary language and imagery is identified and reported;
- h) provide transparency and accountability in responding to exclusionary language and imagery use.

7 Appendices

Appendix 1. Principles of person-first, inclusive language, with unacceptable statements and proposed alternatives (Ruzycki, S. 2020)

8 Related Policies

9 Related Operating Standards

CSM Equity, Diversity and Inclusion Literacy Operating Standard
(Hyperlink when completed)

10 Related Guidelines/Forms

University of Calgary News Style Guide [UCalgary Style Guide](#)
CSM Best Practice Guidelines for Inclusive and Language and Imagery Use
(OPED Hyperlink when completed)
CSM Protected Disclosure to Office Professionalism Equity Diversity (OPED)
[OPED Online Disclosure](#)

11 References

(Ruzycki, S. 2020)

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y%20personal%20matters.&text=By%20using%20a%20person's%20pronouns,affirm%20and%20respect%20their%20identity.

12 History

June 16, 2020

CSM Office of Professionalism, Equity and Diversity (OPED)

This operating standard has been reviewed by OPED Advisory Committee for inclusive and person-first language and imagery. Contact OPED for any suggestions regarding inclusive language usage

Appendix 1. Principles of person-first, inclusive language, with unacceptable statements and proposed alternatives^{8, 12, 13, 21}.

Principle	Unacceptable	Acceptable/Correction	Comment
Person-first*	She is diabetic.	She has diabetes.	Emphasis is on people rather than diseases.
Neutral and non-judgmental	He is non-adherent to insulin.	He uses his insulin about half of the time.	Present objective facts and avoid terms such as non-compliant and non-adherent.
Based on facts, actions or physiology	Women from 'certain countries' scream a lot during labor.	Pain tends to be undermanaged in patients from marginalized groups.	Do not mention race, ethnicity, country of origin, or other such patient characteristics unless medically relevant.
Medically relevant and accurate	A normal BMI is between 19.5 to 25 kg/m ² .	People from Southeast Asia may develop obstructive sleep apnea at lower BMI than Caucasian people.	Do include risk factors or different ranges of normal parameters for non-Caucasian, non-male people. Acknowledge limitations in reference ranges developed in single populations.
Free from stigma or discrimination	He is a poorly controlled diabetic. She is an addict.	This man with diabetes has a hemoglobin A1C that is above target. She has opioid use disorder	Present objective facts and avoid terms such as non-compliant and non-adherent.
Strengths-based	The patient refused insulin.	The patient declined to use insulin due to concerns about cost and access.	Focus on personal agency, strength, and choice.
Use of singular 'they'	He/she must hold an up-to-date ACLS certification to apply for this role.	They must hold an up-to-date ACLS certification to apply for this role.	Use of he/she implies a false dichotomy of sex and gender, and excludes non-binary and gender diverse individuals.
Respect individual preferences	Refer to a patient as having alcohol use disorder when they prefer the term 'addiction'	Accept individual corrections in one-on-one interactions.	Some individual members of groups may have different preferences for language that what are accepted by the larger group.

*Some groups do not prefer person-first language; an example is the Deaf community, who prefer to be referred to as "Deaf" though note that "person who is deaf" is also acceptable⁹.

BMI = body mass index; ACLS = advanced cardiac life support