

Equity, Diversity, and Inclusion moments to raise Equity, Diversity, and Inclusion literacy among physician leaders Les moments équité, diversité, inclusion pour améliorer les connaissances des médecins leaders en matière d'équité, diversité, inclusion

Shannon M Ruzycski,^{1,2} Jayna Holroyd-Leduc,^{1,2} Allison Brown¹

¹Department of Medicine, Cumming School of Medicine, University of Calgary, Alberta, Canada; ²Department of Community Health Sciences, Cumming School of Medicine, University of Calgary, Alberta, Canada

Correspondence to: Shannon M. Ruzycski; Room 1422, Health Sciences Centre, 3330 Hospital Drive NW, Calgary, AB, Canada, T2N 2T9; phone: 403-210-7370; email: Shannon.Ruzycski@ucalgary.ca; Twitter: @ShannonRuzycski

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Implication Statement

Previous research in our department on equity-deserving groups revealed that physician leaders could improve their understanding of barriers faced by physicians from these groups. We developed EDI Moments, a brief, recurring educational intervention, to raise the EDI literacy of physician leaders in our Department of Medicine. In addition to being considered a good use of time by attendees, EDI Moments have led to new processes and policies to improve EDI in our department. Teams that implement EDI Moments should leverage local EDI expertise and select topics suited for their audience's baseline knowledge.

Énoncé des implications de la recherche

Des recherches antérieures menées dans notre département sur les groupes visés par l'équité ont révélé que les médecins leaders avaient une compréhension insuffisante des obstacles auxquels sont confrontés les médecins appartenant à ces groupes. Nous avons créé les Moments EDI, une brève intervention éducative périodique visant à améliorer les connaissances des médecins leaders de notre département en matière d'EDI. Ceux qui y ont assisté estiment que cela a été un bon investissement de leur temps, mais les Moments EDI ont avant tout déclenché l'élaboration de processus et de politiques pour renforcer l'EDI dans le département. Les équipes qui organisent les Moments EDI devraient tirer parti de l'expertise locale en matière d'EDI et choisir des sujets adaptés aux connaissances de base de leur public.

Introduction

Barriers for women and racially marginalized physicians are often overlooked by physicians with privilege.^{1,2,3} Furthering this work, we developed a theoretical framework to understand the persistence of inequity among physicians.⁴ In this framework, physician leaders do not address barriers when they are unaware of them, when they do not understand their impact, and/or when they do not believe that these barriers are important.⁴ Overall, a lack of knowledge among medical leaders about the existence and mechanisms of these disparities is a critical barrier to reducing inequity in medicine. To address this knowledge gap among our leadership, we developed "EDI

Moments," a brief, recurring educational and reflective intervention for physician leaders.

Description

EDI Moments were adapted from "Safety Minutes," concise presentations on safety that engage teams in high-risk workplaces.^{5,6} "Safety Minutes" presentations focus on safety in workplace culture and frame the following discussions within a safety lens. Similarly, EDI Moments preface our Department of Medicine's monthly two-hour leadership meeting by introducing EDI concepts and prime attendees to consider EDI in subsequent discussions. These meetings are attended by internal medicine subspecialty leaders and those with a senior leadership role in our

department ($n = 28$). Each EDI Moment consists of a five-minute presentation followed by questions and discussion. Alongside the meeting agenda, we distributed a one-page handout summarizing main concepts and additional resources. Early topics covered foundational EDI concepts and addressed misconceptions (Table 1). Topics have evolved in complexity and intensity, and now include topics such as anti-racism, sex and gender inclusivity, and ability.

Outcomes

Introduced in September 2020, EDI Moments have been presented at all 14 leadership meetings. The discussion period has led to several new initiatives, including creation of an Inclusive Vendor Policy to guide department spending to Black- and Indigenous-owned businesses (Table 1).

At one-year post-implementation, we distributed an electronic survey to understand attendees' perceptions of EDI Moments ($n = 10$, 35.7% response rate). Respondents rated the effectiveness, learning potential, and their comfort during EDI Moments using a 4-point scale (Poor to Excellent). Respondents also listed their three favorite EDI Moments and could provide comments.

We found that 90% of respondents felt EDI Moments were a good use of time and 100% learned something new. Interestingly, 40% of respondents felt uncomfortable asking questions and 30% felt uncomfortable sharing their opinion during EDI Moments.

Suggestions

Longitudinal integration of EDI Moments into leadership meetings is one way to build foundational awareness of EDI principles and issues. The topics and objectives of EDI Moments should account for the level of EDI expertise of the target audience. For example, teams with significant background knowledge of EDI could start with higher-level objectives, such as appraising policies for inclusivity, whereas teams with less exposure to EDI should start with definitions of common terms and concepts. Units should leverage local expertise and lived experience in the design and delivery in EDI Moments.

Keeping to the allotted time for EDI Moments was important for the sustainability and feasibility of reserving meeting time for these presentations.⁶ We are developing anonymous response web-based survey tools to create a safer method for participation in the discussion periods and future evaluation will explore the reported discomfort of audience members.

Table 1. A chronological list of all EDI Moment topics with their associated skill or learning objective and the outcome of evaluation or discussion of this topic at Department of Medicine monthly leadership meetings

EDI Moment	Skill or Objective	Outcome
Introduction to EDI	Define equity, equality, diversity, and inclusion.	85% of participants rated "Introduction to EDI Moments" good or excellent.
Intersectionality	Understand how overlapping marginalized identities can lead to unique experiences of discrimination.	This was the lowest ranked EDI Moment, with 15% of respondents rating it as poor.
Experiences of Ableism Presented by a physician with a disability.	Understand how ableism influences a colleague's experiences as a physician.	Attendees learned the most at this EDI Moment.
Meritocracy	Examine how bias influences how we evaluate physicians.	Due to engagement of leadership in this EDI Moment, the Department hosted a Medical Grand Rounds on the meritocracy in medicine.
Anti-Black Racism Presented by a Black physician colleague.	Understand how racism influences a colleague's experiences as a physician.	75% of attendees rated this EDI Moment as excellent.
Sex and Gender	Use sex and gender correctly in clinical and academic work.	Due to interest of leadership in this EDI Moment, the Department invited an expert in sex and gender in health research for Medical Grand Rounds
Harassment and Discrimination	Respond appropriately to a disclosure of harassment or discrimination.	Due to the importance of this topic, the Department decided to include formal disclosure training at a Departmental leadership meeting.
Microaggressions	Describe how microaggressions influence physician colleagues.	30% of participants rated this as the most informative EDI Moment.
Land Acknowledgement	Explain how land acknowledgements meet our obligations for truth and reconciliation.	100% of attendees rated this EDI Moment good or excellent.
Pronouns	Ask for and use a colleague or patient's pronouns.	Department members added their pronouns to their e-mail signatures and their virtual conferencing identifications.
Anti-Racist Consumers	Examine how selection of businesses and vendors can reinforce structural disadvantage.	Due to engagement of leadership in this EDI Moment, the Department created an Inclusive Vendor Policy.
Being an Indigenous Physician Led by a First Nations physician.	Understand how Indigeneity influences a colleague's experiences as a physician.	Not evaluated.

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