



# Towards Inclusive Excellence in Postgraduate Medical Education



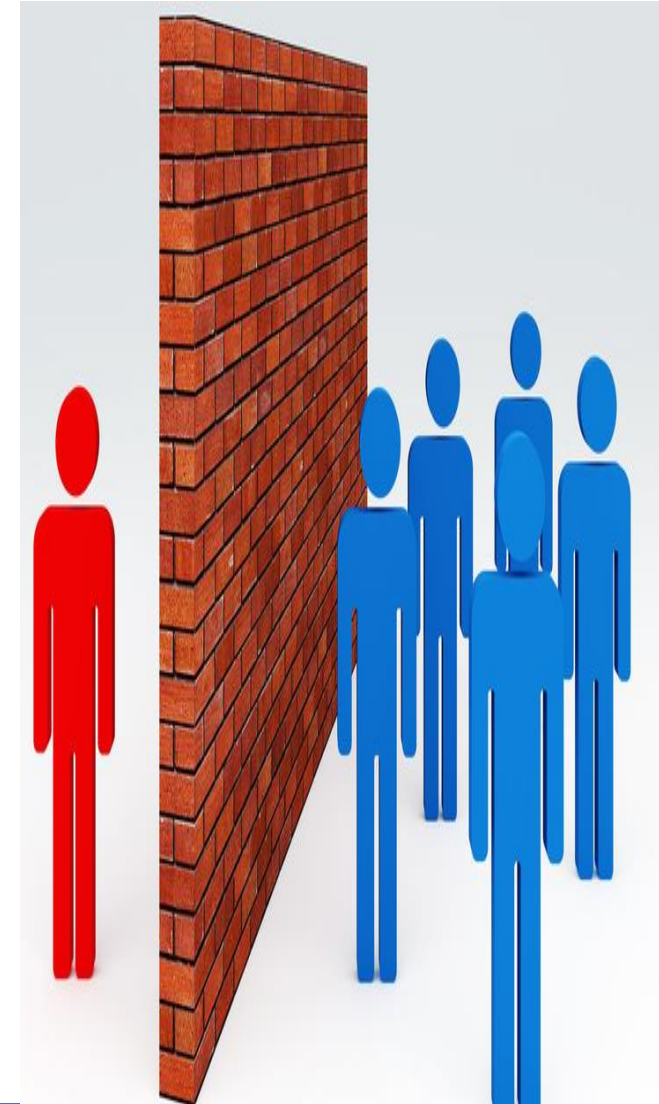
# Setting the Context

## WHY INCLUSIVE EXCELLENCE?

Every step of my medical education I have met self-proclaimed **"gatekeepers to medicine."** People who see it as their duty to "weed out" those who are unfit to become physicians. Unfortunately, many of these guardians were instructors, preceptors, and physicians. People who were supposed to be teachers and mentors.

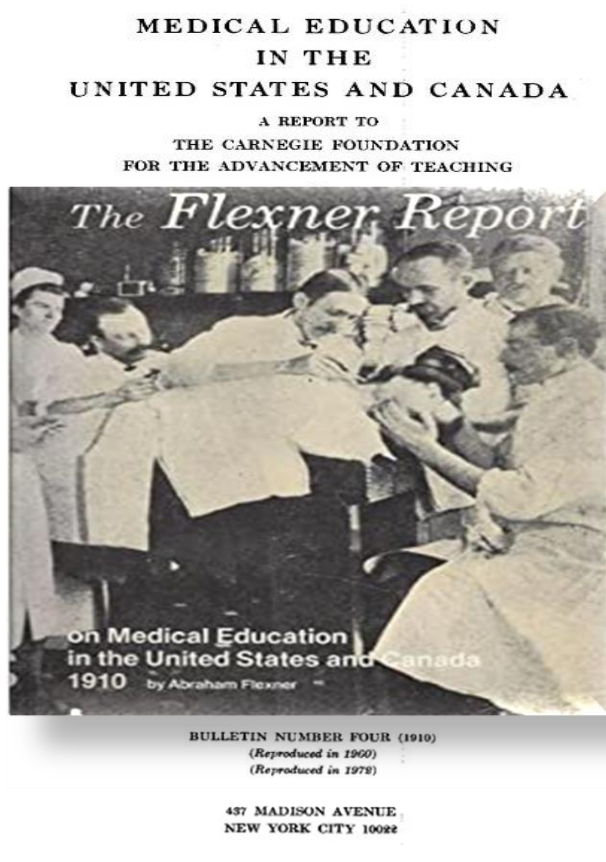
Yet, instead of focusing on teaching and nurturing, they focused on whittling us down. They saw their classroom as a garden, and **instead of cultivating the diverse plants they found and bringing forth fruit, they felt compelled to weed out any who did not fit the mold of what they perceived a "proper student" to be.**

Down With the Gatekeepers of Medicine | M.T. Bennett | MedPage Today, May 21, 2021





# Historical Context



Race, gender, region, and class all intersect in the formation of the ideal doctor and patient that for Flexner has a very narrow window of possibility....For the Carnegie Foundation, Flexner became a vehicle for creating equality in medical education.

But this ... was premised on Flexner's own indifference towards women, derision of the South, patronizing of Blacks and outright dismissal of Black women...a myopic and **contingent equality that still reverberates in medical institutions and practice now.**

The Flexner Report: Standardizing Medical Students Through Region, Gender, and Race-based Hierarchies  
<https://www.racism.org/index.php/en/articles/basic-needs/health/access/2183-the-flexner-report-standardizing>

Progress for Whose Future? The Impact of the Flexner Report on Medical Education for Racial and Ethnic Minority Physicians  
[https://journals.lww.com/academicmedicine/Fulltext/2010/02000/Progress\\_for\\_Whose\\_Future\\_The\\_Impact\\_of\\_the.20.aspx](https://journals.lww.com/academicmedicine/Fulltext/2010/02000/Progress_for_Whose_Future_The_Impact_of_the.20.aspx)



# Historical Context



**Emily Stowe**

**Denied entrance** into the Toronto School of Medicine in 1865.



**Dr. S. J. Kaufman**

**Denied candidacy** to Ontario Medical Board Examinations. Establishes private dispensary for Jewish patients in 1907, now Mt. Sinai / Sinai Health



**Ethelbert Bartholomew**

**Expelled** from Queen's University when a ban on admitting Black students to the medical program came into effect in 1918.



# Historical Context



Although doctors with disabilities have proven to be valuable additions to hospitals, there is very little information available about their prevalence.

Statistics on doctors with disabilities in Canada are scarce, but a 2016 study published by the journal *Academic Medicine* based on US statistics found that only a third of medical schools asked said outright that they could accommodate a student with a disability. Information for prospective students with disabilities was difficult to find on 42 per cent of medical school websites; on 16 per cent of websites, there appeared to be no information at all.

**Often, the thing holding people with disabilities back from pursuing a career in medicine isn't their disabilities, but a lack of accommodations and physical accessibility features.**



Dr. Jessica Dunkley

First hearing-impaired Métis doctor  
to practise in Canada

<https://www.canlii.org/en/bc/bcsc/doc/2016/2016bcsc1383/2016bcsc1383.html>



# Historical Context



**Disparities in promotion, compensation, discrimination, and harassment that disadvantage women and racialised physicians have been found in every setting and specialty** where such inequities have been studied.

Despite increases in the number of women admitted to medical schools in many countries, **the proportion of under-represented minorities, including ethnic minorities, people with disabilities, and members of the LGBT+ community, remains low or unmeasured.**



**Making Medical Leadership More Diverse** (26 April 2021)

Shannon M Ruzycki, Susan Franceschet, Allison Brown

<https://www.bmj.com/content/373/bmj.n945>





# Contemporary Realities



.... impacts the health and well-being of patients, from the care we provide to the inequitable outcomes we see in the health disparities literature.

## Interrupting Microaggressions in Health Care Settings: A Guide for Teaching Medical Students

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7394346/>

**CityNews** **EXCERPT**

“My brother was 33 years old when he went to the E-D with a crisis. They saw a black male and told him he was looking for drugs not having a crisis...”

SOURCE: CLINICAL HANDBOOK FOR SICKLE CELL DISEASE VASO-OCCLUSIVE CRISIS

**CityNews** **RACIAL BIAS IN HEALTH CARE** **MON 19°**

**#JusticeforJoyce**  
**#JoyceEchaquan**



**Black neighbourhoods in Toronto are hit hardest by COVID-19 – and it’s ‘anchored in racism’: experts**

By [Olivia Bowden](#) & [Patrick Cain](#) · Global News  
Posted June 2, 2020 3:18 pm · Updated June 2, 2020 3:28 pm



# Contemporary Realities

...Bias, stereotyping, and prejudice may play an important role in persisting healthcare disparities ... **Bias may unconsciously influence the way information about an individual is processed, leading to unintended disparities that have real consequences.**

*The Journal of Infectious Diseases*

SUPPLEMENT ARTICLE



The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It

Jasmine R Marcelin,<sup>1</sup> Dawd S. Siraj,<sup>2</sup> Robert Victor,<sup>3</sup> Shaila Kotadia,<sup>3</sup> and Yvonne A Maldonado<sup>3</sup>

<sup>1</sup>University of Nebraska Medical Center, Omaha; <sup>2</sup>University of Wisconsin, Madison; and <sup>3</sup>Stanford University School of Medicine, California

[https://academic.oup.com/jid/article/220/Supplement\\_2/S62/5552356](https://academic.oup.com/jid/article/220/Supplement_2/S62/5552356)



<https://www.today.com/health/what-implicit-bias-invisible-racism-hurts-black-women-doctor-s-t189105>



# Contemporary Realities



...largely explained by systematic differences in workplace experiences, particularly perceptions of exclusion from social networks and having to work harder to be perceived as legitimate scholars.

This suggests a role for institutions and leaders to build inclusive, anti-racist, and anti-oppressive cultures to support the flourishing of all faculty.

**Effect of race, gender identity, and their intersection on career satisfaction:  
A cross-sectional survey of academic physicians**

Reena Pattani, Karen E. A. Burns, Edmund Lorens, Sharon E. Straus & Gillian A. Hawker

<https://doi.org/10.1080/0142159X.2021.2014799> (Jan 2022)



# Contemporary Realities



There is compelling evidence that increasing diversity in the healthcare workforce improves healthcare delivery, especially to underrepresented segments of the population.

## **The Impact of Unconscious Bias in Healthcare: How to Recognize and Mitigate It**

The Journal of Infectious Diseases, Volume 220, Issue Supplement\_2, 15  
September 2019

[https://academic.oup.com/jid/article/220/Supplement\\_2/S62/5552356,](https://academic.oup.com/jid/article/220/Supplement_2/S62/5552356)



# Contemporary Realities

To date, the majority of interventions to increase participation in medicine have been undertaken within the existing systems and structures of academic medicine. These efforts have seen only marginal success and do not come close to meeting the needs of ...changing demographics.

Stat! An Action Plan for Replacing the Broken System of Recruitment and Retention of Underrepresented Minorities in Medicine (2018)

<https://nam.edu/stat-an-action-plan-for-replacing-the-broken-system-of-recruitment-and-retention-of-underrepresented-minorities-in-medicine/>





# Contemporary Realities

1. Minority students trying to pursue a career in medicine are rapidly leaving the “medical school pipeline.”
2. The pipeline does not leak in a trickle but through a sieve.
3. Those who leak out the most are from groups least represented in medicine.
4. The population of students who applied for entrance to medical school is substantially smaller than the estimated number of high school sophomores from the same cohort who, years earlier, declared intentions of becoming doctors.
5. This group is much more diverse than the group matriculating into medical school

**For Minorities, Road to Medical School a Leaky Pipeline**

<https://www.ama-assn.org/education/medical-school-diversity/minorities-road-medical-school-leaky-pipeline>

# Contemporary Realities



1. Comparatively fewer role models
2. Unintentional biases, Stereotypes and Microaggressions
3. Distrust of field
4. Assumed linearity norm of scientific career paths
5. Biased indicators of excellence



*“Describe what you can bring to this company.”*



# New Possibilities



To address the urgent need for a diverse physician workforce, we must use **innovative tools...which will result in a higher likelihood of retention within the medical pipeline.**

**Stat! An Action Plan for Replacing the Broken System of Recruitment and Retention of Underrepresented Minorities in Medicine**

<https://nam.edu/stat-an-action-plan-for-replacing-the-broken-system-of-recruitment-and-retention-of-underrepresented-minorities-in-medicine/>

Indeed, it is becoming clear that the next generation of work for diversity and inclusion in **academic medicine must include** a deeper focus on **changing the culture and climate of our learning and workplace environments - toward ones that practice equity-mindedness and conscious inclusion.**

**Achieving Excellence Through Equity, Diversity, And Inclusion**

David A. Acosta, MD

Association of American Medical Colleges

<https://www.aamc.org/news-insights/achieving-excellence-through-equity-diversity-and-inclusion>





# New Possibilities



## CONSCIOUS INCLUSION

The **process** of **strategically** executing a practical approach to driving the thoughts, beliefs, and behaviors that allow environments to **value** and **leverage differences to achieve superior results.**

<https://kgdiversity.com/conscious-inclusion-at-work/>



### AVOIDANCE

Difference is avoided



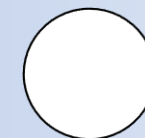
### TOLERANCE

Difference is respected but not engaged



### ACCEPTANCE

Similarities are acknowledged but differences not engaged



### CONSCIOUS INCLUSION

Similarities are acknowledged and differences seen as a strength and source of synergy and **Inclusive Excellence.**

Modified from: [www.kornferry.com/content/dam/kornferry/docs/fact-sheets/ConsciousInclusion\\_FactSheet\\_Final.pdf](http://www.kornferry.com/content/dam/kornferry/docs/fact-sheets/ConsciousInclusion_FactSheet_Final.pdf)



# New Possibilities



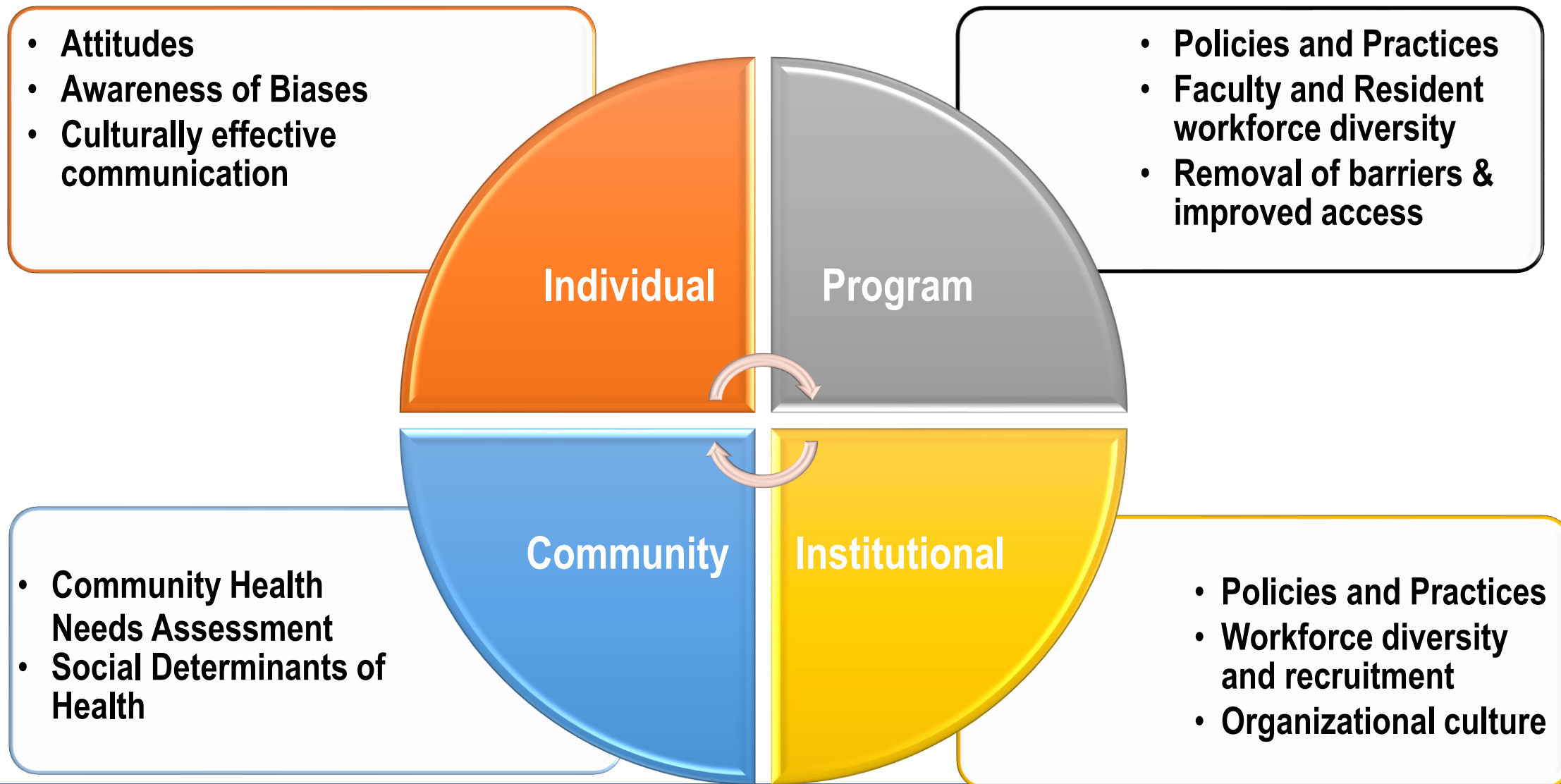
## INCLUSIVE EXCELLENCE

1. **Moves beyond numbers** and involves **embedding practices** and philosophies that **encourage diversity** in every aspect of an organization
2. **Promotes institutionalization of systemic practices** and philosophies, generating a **broader outcome with numerical representation** serving as a byproduct of inclusive excellence.
3. **Advances an organization from valuing diversity**—with access and cultural competence as its primary goals—to **ensuring through structural interventions that all groups are achieving the desired outcomes at equitable rates.**

<https://www.utsa.edu/inclusiveexcellence/>



# New Possibilities





# New Possibilities



## INCLUSIVE EXCELLENCE

1. Reflects a striving for excellence in higher education ...by ...infus[ing] diversity into recruiting, admissions, and hiring; into the curriculum and co-curriculum; and into administrative structures and practices.
2. Moves diversity and inclusion efforts beyond numbers ...[to] multilayered processes through which we achieve excellence in learning; research and teaching; student development; local and global community engagement; workforce development; and more.
3. Embraces newer forms of excellence, and has expanded ways to measure excellence, [through] more nuanced accountability structures.

**Making Excellence Inclusive**

A Framework for Embedding Diversity and Inclusion into Colleges and Universities' Academic Excellence Mission

American Association of Colleges & Universities (AACU): <https://www.aacu.org/making-excellence-inclusive>



# New Possibilities



## INCLUSIVE EXCELLENCE

Pursuing **Inclusive Excellence** begins with the application of an **Equity lens** as a means to **remove barriers** to diversity and meaningful inclusion

**Diverse** peoples and perspectives when **intentionally and skillfully included** create **opportunities** for enhanced curiosity, creativity and innovation, which are key drivers of **excellence**

Excellence must be considered as the **function of expansive quantitative and qualitative measures** of quality and of merit in academic medicine.



# New Possibilities



## INCLUSIVE EXCELLENCE and CONFRONTING BIAS

Most of us believe that we are ethical and unbiased.

We imagine we're good decision makers, able to objectively size up a job candidate or a venture deal and reach a fair and rational conclusion that's in our, and our organization's, best interests.

...decades of research confirms that **most of us fall woefully short**....

Even the most well-intentioned person unwillingly allows **unconscious thoughts & feelings to influence apparently objective decisions.**

**Mahzarin Rustum Banaji**  
Founder, Project Implicit  
Harvard University



# New Possibilities



## INCLUSIVE EXCELLENCE and CONFRONTING BIAS

Attitudes or stereotypes that affect our perceptions, actions, and decisions:

- a. Rapid and involuntary
  - Different from known biases that individuals may choose to conceal
- b. Not accessible through introspection
- c. Encompass both favorable and unfavorable assessments

Professor Irene Blair (Psychology and Neuroscience), University Of Colorado (USA)  
Professor Geoffrey Beattie, Edge Hill University (UK)





# Confronting Bias



## INCLUSIVE EXCELLENCE and CONFRONTING BIAS



## BE STRATEGIC

1. Getting Started
2. Review of Applicants
3. The Offer
  - ❖ Onboarding and retention



# Confronting Bias

## GETTING STARTED

- ☑ Focus on **strategic priorities**



### Are we about Hiring?

- Tactically filling a vacancy in an organization
- Guided by duties/responsibilities of the incumbent
- Focus is on the needs of the organization's present state
- Driven by perceptions

### Are we about Talent Acquisition?

- Strategically sourcing leaders, experts, and specialists
- Guided by established competencies, strategic objectives and calibrated for the position
- Focus is on the needs of the future given current industry trends
- Driven by data



# Confronting Bias



## APPLICANT REVIEW

1. **Rank selection criteria** prior to screening the applications; **and establish minimum qualifications**
2. Be aware of **bias**:
  - ❖ Personal biases (Avoid using a candidate's "fit")
  - ❖ Reference letters may hold unconscious biases
  - ❖ Avoid making **assumptions** about any candidates' motivation for application
3. **Be intentional about inclusive excellence** and building inclusive environments
4. **Allocate sufficient time for the review of applicants**
5. **Discuss** each qualified candidate **and document** reasons for elimination



# Confronting Bias



## APPLICANT REVIEW

BIAS	How to Disrupt it...
<p><b>Affinity</b></p> <p>Preference for applicants for with whom we share similarities or find attractive.</p>	<ul style="list-style-type: none"><li>- Actively take note of the similarities you share with candidates and intentionally differentiate between these attributes that may cloud your judgement and the concrete skills, experiences and unique qualities required for the job</li></ul>
<p><b>Personal Filters &amp; Competence</b></p> <p>Perceptions of how well someone would “fit” into the organisation..</p>	<ul style="list-style-type: none"><li>- Do not include considerations of “fit” in selection criteria</li><li>- Incorporate diversity as a key criterion for selection that will enhance team performance.</li><li>- Develop an appreciation of differences, e.g. cultural competencies, and how diversity can contribute to innovation and team problem solving</li></ul>





# Confronting Bias



## APPLICANT REVIEW

BIAS	How to Disrupt it...
<p><b>Performance Bias</b></p> <p>Overestimation of performance, attributes and abilities of non-equity deserving/denied individuals and an underestimation of performance, attributes and abilities of equity-deserving/denied groups.</p>	<ul style="list-style-type: none"><li>- Establish selection criteria before interview</li></ul>
<p><b>Performance Attribution Bias</b></p> <p>Tendency to attribute success of those from dominant or high-status groups to natural ability, but to attribute success of low status groups to help from others or through special programs</p>	<ul style="list-style-type: none"><li>- Make no assumptions; and recognize that everyone gets 'help' to succeed in some form, e.g. such as wealth, health, family support and connections.</li></ul>



# Confronting Bias



## APPLICANT REVIEW

BIAS	How to Disrupt it...
<p><b>Confirmation Bias</b></p> <p>The tendency to seek out confirmation of our preconceived beliefs.</p>	<ul style="list-style-type: none"><li>- Take care to look at all of the information in an application or from an interview, and not just pick the material that supports an initial impression.</li></ul>
<p><b>Normative Bias</b></p> <p>Preference for candidates with traditional career paths.</p>	<ul style="list-style-type: none"><li>- Become informed about different knowledges, experiences and career paths, and how they can be assessed in terms of equivalencies and transferrable skills.</li></ul>



# Confronting Bias



## APPLICANT REVIEW – IMPORTANT CONSIDERATIONS



Inaccurately-defined *cultural fit* becomes a snap judgment used to justify hiring people who are similar to decision makers and rejecting people who are not.. this unintentional **hiring bias will create and then reinforce a homogeneous work group.**

Hire for Diversity? Cultural Fit? Reframe the Challenge. (2017)  
Kirsten Oulton



# Confronting Bias



## APPLICANT REVIEW – IMPORTANT CONSIDERATIONS

PRINCIPLE	QUESTION	SPECIFIC CONSIDERATIONS
<b>Strategic Priorities</b>	Do the skills, expertise and lived experiences of your recommended candidates contribute to broadening the scope of the outputs of the Faculty and Department?	1. Consider how diverse peoples and perspectives create opportunities for enhanced curiosity, creativity and innovation, which are key drivers of excellence
<b>Inclusive Excellence</b>	Are the candidates you recommended internal or external/international?	2. Consider having a good distribution of both 3. Make no assumptions of potential candidates' interest in the position
<b>Conscious Inclusion</b>	Has your <a href="#">sourcing strategy</a> attempted to reach candidates from underrepresented groups including: <ul style="list-style-type: none"><li>- Women</li><li>- Racialized communities</li><li>- Persons with disabilities</li><li>- Indigenous communities</li><li>- Persons self-identified as 2SLGBTQ+</li></ul>	4. Broaden perceptions of excellence outside of traditionally accepted and exclusionary parameters, usually based on social identity and social location. 5. How will the research interests of the persons you have recommended address existing diversity gaps in the current outputs of the Faculty/Department?



# Confronting Bias



## APPLICANT REVIEW – IMPORTANT CONSIDERATIONS

PRINCIPLE	QUESTION	SPECIFIC CONSIDERATIONS
<b>Unconscious Bias</b>	Are there commonalities across the candidates that you've recommended that could reveal unconscious biases when considered together?	<ol style="list-style-type: none"><li>6. How different are the candidates you have recommended?</li><li>7. What connections (people, organizations, platforms [social media]) have you personally tapped to help source a diverse set of candidates?</li><li>8. To what extent have you explored sources outside of your usual networks?</li></ol>
<b>Diversity Dividends</b>	Have you recommended your potential candidates based on how you believe they will "fit" into the Faculty/Department?	<ol style="list-style-type: none"><li>9. How will the work and contributions of your recommended candidates support a robust research framework; as well as facilitate outcomes with broad applicability; and the potential to impact as wide and diverse a cross section of (Canadian) communities possible?</li><li>10. Consider how your recommended candidates can stand out as opposed to fitting in; and create new synergies in the pursuit of excellence.</li></ol>

# Confronting Bias



## APPLICANT REVIEW – IMPORTANT CONSIDERATIONS

Encouraging greater diversity allows scientific organizations to derive an “innovation dividend” that leads to smarter, more creative teams, hence opening the door to new discoveries.

**Diversity** of experience, age, class, physical ability, religion, race, ethnicity, gender and sexual orientation are just some of the qualities that **contribute to the richness of the environment for teaching and research.**

**Opinion: Gender Diversity Leads to Better Science**

PNAS February 21, 2017 114 (8) 1740-1742; <https://doi.org/10.1073/pnas.1700616114>



# Confronting Bias



## APPLICANT REVIEW – IMPORTANT CONSIDERATIONS

At the faculty level, real action is offering faculty and leadership positions to non-prototypical candidates



The NEW ENGLAND  
JOURNAL of MEDICINE

Diversity, Equity, and Inclusion That Matter (July 23, 2020)

Vanessa Grubbs, M.D.

<https://www.nejm.org/doi/full/10.1056/NEJMpv2022639>



# Confronting Bias

## MAKING THE OFFER AND ONBOARDING

1. When selecting a top candidate, focus your discussion on the criteria for the position; and NOT personal attributes or “fit”
2. Keep the potential for unconscious bias in mind when negotiating compensation and/or conditions
3. Ensure the candidate has access to the support needed for (early) career success
  - ❖ Culture of Inclusion
  - ❖ Policy around Inclusive Excellence
  - ❖ Barrier free environment







UNIVERSITY OF  
**TORONTO**

Make **inclusion and equity essential components of how we define and foster excellence** in scholarship, practice and health outcomes. Individuals across the Faculty of Medicine, regardless of how they identify, will be invited to have a voice and be empowered to effect change.

Temerty Faculty of Medicine Academic Strategic Plan

# Towards Inclusive Excellence in Postgraduate Medical Education



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