



CAEP NATIONAL GRAND ROUNDS

NOVEMBER 4

TOWARDS EQUITY DIVERSITY AND INCLUSION: THE START OF A CONVERSATION

MATTHEW WILLIAMS | JENNIFER BRYAN | MEETA PATEL | NADIA PRIMIANI
DARLENE KITTY
HOSTS: ANNA NOWACKI & GILLIAN SHEPPARD

Speaker	Questions	Answers
Matthew	<p>Do you have a link to the Special Olympics program you spoke about in your talk?</p> <p>Can anyone access this program, or do they have to be a member of Special Olympics?</p>	<p>https://www.specialolympics.ca/british-columbia/healthy-athletes</p> <p>You have to be a member of Special Olympics to access this program. Some communities offer a Local healthy athlete for all individuals with intellectual disabilities. Contact the Special Olympics program in your community to find more information if they offer this.</p>
Nadia	<p>Can you post links to the websites that you shared in your presentation?</p>	<ol style="list-style-type: none"> https://www.wpath.org/publications/soc https://ccgsd-ccdgs.org
Jennifer and Meeta	<p>One medical student in the US highlighted the racism and stereotyping that exists within exam questions in medical curricula. What is something that medical schools can do to reduce the systemic biases that affect medical trainees?</p> <p>What guidance do you have for white males to signal that you are an antiracist ally?</p>	<p>Dr. Patel:</p> <ol style="list-style-type: none"> Is there a way to report or disclose learner mistreatment at your university? Is there a way to support learners through wellness resources? Personal accountability and action are at the heart of being an anti-racist. If there are microaggressions occurring in your place of work to racialized or minoritized groups, speak up and help effect change. You don't have to signal that you're an antiracist. Your actions will demonstrate that you are antiracist. Change will not happen until the problem is recognized. <p>Dr. Bryan:</p> <ol style="list-style-type: none"> Excellent question. A few steps to take in addition to the importance of non-retaliatory reporting structures mentioned by Meeta above and the need for supports for learners dealing with microaggressions are outlined below. Keep an eye out for the upcoming CAEP2021 Antiracism and Anticolonialism Panel recommendations in the spring. <ol style="list-style-type: none"> Educators and exam question writers should be required to have training in antiracism and anticolonialism Reevaluate teaching of race-based differences recognizing that differences are due to racism, not race Including non-white examples in dermatology teaching Teaching about racism and medicine should be included throughout teaching topics, not only as a distinct special session with regular consideration of power and privilege



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		<p>e. Active recruitment of BIPOC educators to broaden the representation of lived experience</p> <p>Key resources I would recommend:</p> <p>Nieblas-Bedolla, Edwin, et al. "Changing How Race Is Portrayed in Medical Education: Recommendations From Medical Students." <i>Academic medicine: journal of the Association of American Medical Colleges</i> (2020). https://bit.ly/3548MpF</p> <p>Taylor, Susan C. "Meeting the unique dermatologic needs of Black patients." <i>JAMA dermatology</i> 155.10 (2019): 1109-1110. https://bit.ly/3ezJEu4</p> <p>I completely agree with Meeta's point above; action is the only signal needed. We discussed the "minority tax", there's also the concept of the "majority tax", described here which can be helpful to share with allies:</p> <p>Mensah, Michael O. "Majority taxes—toward antiracist allyship in medicine." <i>New England Journal of Medicine</i> 383.4 (2020): e23. https://www.nejm.org/doi/full/10.1056/NEJMpv2022964</p>
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