

CAEP Equity, Diversity, Inclusion Statement for Members

CAEP is committed to making Equity, Diversity, and Inclusion (EDI) foundational to our organization and how we approach the practice of Emergency Medicine in Canada. As part of this initiative, CAEP recently established an EDI Advisory Group and all CAEP Board members completed an online course through Stanford University called "[Anti-Racism and Allyship 7 Day Journey](#)". Board members also participated in a 2-hour session led by CAEP's EDI Advisors and Dr. Saleem Razak from McGill University. Part of the Board's EDI "workout" involved identifying one short term and one long term action item for each of our mission statements to advance EDI at CAEP. These have been refined after membership consultation and are summarized below. If you would like more information, please contact Christina Bova at: cbova@caep.ca.

Mission Statements:**1. Advocating for Emergency physicians and their Patients**

- **Short term goals:** Create an ombudsperson role on the Board to improve EDI accountability, if possible the board should explore including a patient partner in addition to physicians with EDI expertise. Promote diverse representation on the board, including indigenous, BIPOC and other minority group members.
- **Long term goals:** Develop a visionary position statement on EDI in the world of EM as related to conduct, recruitment, education and clinical practice. Curate a clearing house for educational resources and processes.

2. Connecting Emergency Physicians

- **Short term goal:** Continue to offer EDI topics in National Grand Rounds presentations and the Leadership Series.
- **Long term goal:** Establish an Indigenous care track or plenary session at CAEP's conference next year (2022) and an ongoing commitment to EDI topics at future conferences. Have round table discussions with the CAEP membership to determine ways that CAEP leadership can better represent all groups. Require that EDI facet/lens is built into all committees and sections.

3. Leading Emergency Medicine Education

- **Short term goal:** Issue a statement that EDI training should be required for all who practice EM.
- **Long term goal:** Ensure this model becomes part of regular practice and core competencies for trainees and practitioners. Include cultural competence in competence based medical education curriculums. Ensure written and oral exams are inclusive, without bias in patient and illness descriptions. Encourage diverse SIM scenarios and models.

4. Fostering Research and Innovation

- **Short term goal:** As a trial for 2021, use software to remove names and pronouns from the CAEP Annual Award submission letters and CVs prior to distribution for voting to prevent implicit bias. Require all members of the selection committee to complete the Stanford one-hour implicit bias training, at a minimum. Collect aggregate equity-based demographic data with a clear explanation of rationale and how it will be used. Ensure conference and CME presenters are diverse. Support EDI projects and researchers with funding from CAEP. Dedicated space for EDI projects at the conference.
- **Long term goal:** Direct the Academic Section to create best practices on how to include EDI in research. Implement EDI policy for CJEM. Involve QIPS Committee in establishing and rolling out "best practices" for EDI.

5. Defining Standards for Quality Emergency Care

· **Short term goal:** Identify what the current gaps in EDI are from the perspective of all diverse emergency physicians and patients.

What are the problems in the system that we may not be aware of or require more background on before making recommendations?

· **Long term goal:** Have guidelines or a position statement covering different topics once the gaps are identified.

6. Collaborating with Emergency Care Providers

· **Short term goal:** Invite other health professions, such as paramedics and nurses, to CAEP's EDI Academic Half Day at the CAEP 2021 Conference to nurture interprofessional collaborations.

· **Long term goal:** Consider expanding membership and partnership opportunities for other health professions.