

Black at Temerty Medicine



*Addressing Anti-Black Racism
at Temerty Medicine*

*Findings Report
November 2022*

Anti-Black Racism at Temerty Medicine Findings Report

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ACKNOWLEDGEMENT OF TRADITIONAL LAND

We acknowledge the land on which the Temerty Faculty of Medicine operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the New Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.

OVERVIEW

Building upon activities and next steps articulated in the February 2022 [Black at Temerty Medicine: Addressing Anti-Black Racism in Medical Education Accountability Report](#) as well as feedback provided at a corresponding [Black at Temerty Medicine: Dismantling Anti-Black Racism in Medical Education](#) community engagement event held on March 23, 2022, this report provides a summary of areas *for* improvement or critical gaps, areas *of* improvement, and institutional and programmatic strengths. The areas *for* improvement or critical gaps are intended to identify areas in which a more solid foundation is required to enable and support ongoing improvements, while actions listed under areas *of* improvement reflect and suggest building on existing strengths.

As stressed in the accountability report and reaffirmed at the community engagement event, it is not enough to increase the number of Black learners and faculty without also addressing systemic barriers to inclusion, including institutional policies and practices that carry with them the ongoing histories of anti-Black racism. To not acknowledge and work to address the specific histories of anti-Black racism can itself be an act of anti-Black racism. As noted in the University of Toronto *Anti-Black Racism Task Force Report*: “While various forms of racism continue to exist in all societies, the level of psychological, social, and economic violence experienced is not the same for all racial groups. The particular sting of anti-Black racism in our society cannot be ignored.”

A foundational principle and goal of the accountability report and corresponding community engagement event was to enhance Black experiences within Temerty Medicine through participatory design processes and practices that center and act on the voices of the communities we serve. We hope that the findings summarized in this report enable Temerty Medicine to continue to act on its commitment to:

- accountability reporting and continuous improvement
- meaningful partnerships with communities that our institution and actions are intended to serve
- collaborative consideration of how we can act on these commitments in a meaningful and sustainable way

Our commitment to acting on those principles is inseparable from Temerty Medicine’s mission and social accountability mandate to “cultivate and bring to life ideas that impact scholarship and society through unprecedented collaboration drawing in the diverse voices of our research, learning and clinical network.”

Next steps involve active consideration of the findings in this report by the relevant Temerty Medicine portfolios, in partnership with our affiliated hospitals and other stakeholder groups. This includes the ongoing development, in partnership with the Black medical education community, of meaningful and sustainable accountability metrics and reporting processes.

More detailed background information, including a summary of Temerty Medicine offices primarily accountable for taking action, is provided below, following the findings.

1. AREAS FOR IMPROVEMENT (CRITICAL GAPS)

a) MD Program Curriculum

- Greater integration of Black health as well as anti-racist and anti-oppression teaching and learning in the core curriculum, which is contingent upon both increasing the number of Black faculty and providing enhanced faculty development opportunities for front-line teachers, particularly those who teach students in small group settings
- Development of national learning objectives on anti-Black racism and Black health, which could provide a foundation for the ongoing review and renewal of the MD Program's Black health curriculum (Development of national learning objectives is being led by the [Black Health Education Collaborative](#), co-founded by Drs. Onye Nnorom and OmiSoore Dryden)
- Development of core curriculum that provides more focused and comprehensive teaching and learning about the exclusion of Black people in and by medicine
- Development of a framework and process to support a proactive and systematic curriculum review and renewal process focused on effectively incorporating a social justice, anti-oppression, anti-racist and advocacy lens throughout the curriculum

b) Postgraduate Medical Education (PGME) Residency Selection

- Development of EDIIA-informed selection guidelines that can be implemented across PGME, including opportunities to build a corresponding community of practice

c) Postgraduate Medical Education (PGME) Curriculum

- Development of a collaborative framework or approach to effectively deliver anti-racist and anti-oppression teaching and learning across PGME

d) Learner Mentorship

- Development of a framework to provide mentorship or pathway opportunities to Black and other racialized residents that focus on the transition from learner to physician and education leader



e) Learner Experience (Mistreatment)

- Development of a framework to address racist behaviour from patients/families, including supports for Black learners and faculty (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Incident Reporting and Accountability, including the development a common approach/framework across TAHSN for safe and effective reporting of incidents of racism)
- Provision of education and training to enable a consistent trauma-informed approach to addressing mistreatment across the continuum of medical education (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Education and Training, including the identification and development of a suite of training resources that can be leveraged across and within TAHSN organizations)

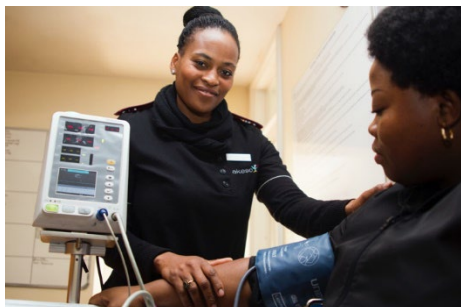
f) Faculty Mentorship, Professionalism, Faculty Development

- Faculty development opportunities for front-line teachers, particularly those who teach students in small group settings, to enable safe and supportive anti-racist and anti-oppression teaching and learning

- Development of a 'Community of Support' approach that provides a suite of resources and supports that mirror career progression steps and barriers, including population- or audience-specific experiences and challenges
- EDIIA leadership and mentorship faculty development opportunities for both racialized and non-racialized faculty and education leaders
- Framework or guidelines to help mitigate both minority tax effects and how those effects are managed differently across departments and programs

g) Institutional Accountability

(partnerships and governance, data collection, evaluation and quality improvement, reporting)



- Identification by Temerty Medicine, in partnership with the Black medical education community, of meaningful and sustainable accountability metrics and reporting processes
- System-wide collection and aligned evaluation of demographic data (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is EDI Data, including developing a better understanding of data currently being captured and the development of a common approach for EDI data across TAHSN, including a framework to enable monitoring of progress and accountability)

2. AREAS OF IMPROVEMENT

a) Medical School Outreach and Recruitment

- Build upon existing collaborative partnerships to enhance and expand opportunities and supports for learners regardless of their medical school or health professions interest or destination
- Expand in-person visits to GTA high schools, which will require capacity building among learner-led and community-based organizations and groups
- Build sustainable funding opportunities and supports to help mitigate or, ideally, eliminate pre-application financial barriers, such as MCAT and interview preparation

b) MD Program Admission

- Continue to consider how to mitigate or eliminate the negative effects of admission tools/requirements, such as the MCAT, that have historically disadvantaged Black learners, including ongoing consultation with the Black community about consistency of admission standards regardless of pathway

c) MD Program Curriculum

- Continue to expand core Black health curriculum to:
 - incorporate a Black health lens into the psychiatry section of the MD Program curriculum
 - provide opportunities for clinical electives that focus on Black population health, building upon observership opportunities at COVID-19 vaccine clinics led by the Black Physicians' Association of Ontario (BPAO) in partnership with community health centres as part of its Black Health Vaccine Initiative

- Increase the number of Black patients (real and standardized), which is contingent upon ensuring a safe environment for real patients and training for standardized patients to ensure that stereotypes are not perpetuated

d) Postgraduate Medical Education (PGME) Residency Selection

- Continue to build a community of EDIIA practice in residency selection
- Continue initial advocacy efforts with the CaRMS standardization committee about the inclusion of advocacy work in the CaRMS selection rubric

e) Learner Mentorship

- Leverage lessons learned and wise practices from the Diversity Mentorship Program to build capacity for more program- or department-based mentorship opportunities

f) Learner Experience (Mistreatment)

- Continue socialization efforts with hospital and departmental leadership as well as residency program directors to enable and support a shared and integrated approach to managing disclosures and reports across the continuum and among clinical sites (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Incident Reporting and Accountability, including the development a common approach/framework across TAHSN for safe and effective reporting of incidents of racism)

g) Academic Appointments and Promotion

- Greater incorporation of ways to measure excellence/impact, in addition to bibliometrics, to be more inclusive, including mentorship and advocacy

h) Faculty Mentorship, Professionalism, Faculty Development

- Build upon and expand suite of faculty development opportunities, including for front-line teachers to support and enable greater integration of Black health as well as anti-racist and anti-oppression teaching and learning in the core medical school curriculum

i) Institutional Accountability

- Consider revisions to annual departmental reporting requirements to ask for details about activities to support and advance EDIIA across all departmental operations, including recruitment, hiring and mentorship

3. INSTITUTIONAL & PROGRAMMATIC STRENGTHS

Further details about many of the activities summarized below are provided in the [Black at Temerty Medicine: Addressing Anti-Black Racism in Medical Education Accountability Report](#).

a) Medical School Outreach and Recruitment

- Dedicated leadership (Ike Okafor, Senior Officer, Service Learning and Diversity Outreach) located in a decanal-level office (Office of Access and Outreach)

- Commitment to and success in outreach programming, including the [Summer Mentorship Program](#) and [Community of Support](#)
- Collaborative partnerships with and contributions from learner- and physician-led organizations, including the University of Toronto Black Medical Students' Association and Black Physicians' Association of Ontario (BPAO), community-based stakeholders, and other medical schools
- Collaborative advocacy initiatives (e.g., [Price of a Dream](#)) focused on eliminating pre-application financial barriers, such as MCAT and interview preparation

b) MD Program Admission

- Well established [Black Student Application Program](#), supported by an inclusive Black Canadian Admissions Subcommittee
- Transparency about [admission requirements](#), [admission statistics](#), and [FAQs](#) about academic credits, grades and weighting
- Process and training to address potential conflicts of interest and unconscious bias among admission committee members



c) MD Program Curriculum

- Dedicated leadership (Dr. Onye Nnorom, Black Health Theme Lead) and inclusive governance (Black Health Education Advisory Committee, composed of education leaders as well as MD and PGME learners, including representation from the U of T BMSA)
- Core Black health curriculum, including:
 - Year 1 Health Equity, Race, and Medicine lecture, with particular focus on Black health, including how anti-Black racism manifests in medicine; i.e., racism as a social determinant of health
 - Year 2 Black Population Health lecture, including how anti-Black racism manifests in medicine; i.e., racism as a social determinant of health
 - Year 2 Re-imagining Healthcare panel that explores racism and discrimination in healthcare, cultural safety and promising practices at the individual patient and population levels
- Population-specific and intersectional cultural safety, anti-racist and anti-oppression teaching activities that support and enable the provision of culturally competent health care by future physicians
- Inaugural MD-PGME Social Justice, Anti-Oppression and Advocacy Theme Lead appointed in May 2021 (Dr. Ritika Goel), followed by establishment of a Social Justice, Anti-Oppression and Advocacy Foundations Curriculum Review Working Group

d) Postgraduate Medical Education (PGME) Residency Selection

- Development of pathway programs by some residency programs (Internal Medicine; Psychiatry; Obstetrics & Gynaecology)
- Initial advocacy efforts with the CaRMS standardization committee about the inclusion of advocacy work in the CaRMS selection rubric
- Establishment of an Excellence through Equity sub-group focused on developing EDIIA-informed selection guidelines for PGME learners

e) Postgraduate Medical Education (PGME) Curriculum

- Development and delivery by some residency programs of anti-racist and anti-oppression teaching and learning in their discipline-specific orientations and/or grand rounds

f) Learner Mentorship

[Diversity Mentorship Program](#), which aims to connect Temerty Medicine medical students and first year residents from minoritized groups to faculty mentors who are able to support and assist them in their educational and professional development

g) Learner Experience (Mistreatment)

- Dedicated and effective leadership (Dr. Reena Pattani, Director of Learner Experience) and inclusive governance (Learner Experience Advisory Council, composed of learners, education leaders and administration staff from across the continuum)
- Designated program leaders who use and promote trauma-informed approaches that center the goals, agency and voice of learners as much as possible
- Learner mistreatment framework for MD and PGME learners that articulate guiding principles, definitions and practices, including:
 - discrimination and discriminatory harassment defined as a general category of mistreatment
 - microaggressions and retaliatory threats or actions explicitly named as specific types of mistreatment
 - emphasis on a human rights framework in which impact is privileged over intent
 - clear distinction among discussing, disclosing and reporting experienced or witnessed mistreatment, with the process and supports designed to help ensure learners can make an informed decision about whether or not and how they would like to pursue their concern
- Learner-facing [mistreatment webpages](#) and [online disclosure form](#) that provide a learner-centric mistreatment portal
- Annual [learner experience reports](#) include data regarding the frequency, types and sources of mistreatment behaviours occurring within the Temerty Medicine learning environment as well as the spectrum of resolutions that have been used to manage incidents
- Two-hour MD Learner Mistreatment Workshop that is embedded in the second year core MD Program curriculum

h) Academic Appointments and Promotion

- [Guidelines for Appointments of Faculty and Academic Administrators](#) that promote and enable inclusive excellence

i) Faculty Mentorship, Professionalism, Faculty Development

- Opportunities co-funded by the Office of the Dean and participating departments to sponsor underrepresented in medicine faculty members to participate in the [New and Evolving Academic Leaders Program](#)
- [Standards of Professional Behaviour for Clinical \(MD\) Faculty](#) that explicitly name microaggressions as a type of mistreatment and identify allyship as professional behaviour that faculty should strive to embody and corresponding Professional Values module (completed by 5,256 faculty 2021 cycle)

- [Building the Foundations of Anti-Opressive Healthcare](#) faculty development program, delivered by the Centre for Faculty Development, which introduces participants to the language and frameworks of anti-oppression and social justice
- [Practicing Critical Allyship and Interrupting Microaggressions](#) and [Who's Got the Power?](#), faculty development workshops, delivered by the Centre for Faculty Development

j) Health & Wellbeing

- Dedicated leadership (Dr. Tony Pignatiello, Associate Dean, Learner Affairs) of an office ([Office of Learner Affairs](#)) responsible for providing MD and PGME learners with personal counselling and wellness supports and programming



- Dedicated Learner Life Specialists in the Office of Learner Affairs responsible for providing mental health and learning environment intervention and support to learners through a needs assessment, navigation and case management approach, with an essential qualification being familiarity with trauma-informed approaches and anti-oppression/anti-racism frameworks as well as experience working with diverse individuals and groups

- Appointment in 2021 to [two new leadership positions](#) focused on health and wellbeing: Dr. Julie Maggi, Director of Faculty Wellness and Dr. Heather Flett, Temerty Professor in Learner Wellness

k) Institutional Accountability

- Decanal-level leadership position (Dr. Lisa Richardson, Associate Dean), office (Office of Inclusion & Diversity), and committee ([Diversity Advisory Council](#)) with broad and inclusive membership
- Black Learner Experience Working group (MD), chaired by Ike Okafor, established in 2020 to help ensure Black medical student concerns are taken seriously and efforts are made to improve their experience once they have been admitted to Temerty Medicine
- TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee, co-chaired by Temerty Medicine Dr. Lisa Robinson, Vice Dean of Strategy and Operations, Temerty Medicine and Dr. Heather McPherson, President and CEO of Women's College Hospital
- Temerty Medicine's "Voices" surveys, which involve the collection and evaluation of valid, reliable information about learners and faculty, including race-based and other socio-demographic data, that helps Temerty Medicine deliver high quality training programs and optimize its learning and work environments
- Inclusion of a comprehensive EDIIA lens in departmental external review, which occur on a five-year cycle, including how they have incorporated an EDIIA lens across all operations, including educational activities, research, faculty complement planning, relationships, and long-range planning challenges

BACKGROUND

This report was created to document the findings of a community engagement exercise about past, current and future actions required to address and dismantle anti-Black racism at Temerty Medicine. That community engagement exercise included two major components: a [Black at Temerty Medicine: Addressing Anti-Black Racism at Temerty Medicine Accountability Report](#), which was shared widely via email on February 2, 2022, and a corresponding [Black at Temerty Medicine: Dismantling Anti-Black Racism in Medical Education](#) community engagement event held on March 23, 2023. This findings report is a third component that community engagement exercise, acting as both a culminating activity and point of departure for ongoing conversations and partnerships to collectively address and dismantle anti-Black racism at Temerty Medicine.

A major impetus for the creation of an accountability report and corresponding event was the publication of the following four reports, each of which articulate the legacy of anti-Black racism as well as recommendations to address that legacy and dismantle its systemic impacts:

- [Temerty Medicine Equity, Diversity and Inclusion Plan Working Group Report](#) (2020)
- [Black Medical Students' Association of Canada \(BMSAC\) Recommendations to Canadian Faculties of Medicine](#) (2020)
- [Black Physicians' Association of Ontario \(BPAO\) Proposal for a Network for Advancing Black Medical Learners Proposal](#) (2020)
- [University of Toronto Anti-Black Racism Task Force Report](#) (2021)

Acting on observations and proposals from Dr. Onye Nnorom and Ike Okafor about the need for greater engagement with the Black medical education community about what is -- and is not -- being done to address anti-Black racism at Temerty Medicine, a steering committee was formed, co-sponsored by Dr. Patricia Houston, Vice Dean, Medical Education and Dr. Lisa Richardson, Associate Dean, Inclusion & Diversity. The steering committee was co-chaired by Dr. Onye Nnorom and Ike Okafor, and composed of education leaders, learners and administrative staff from across the continuum of medical education, including: Dr. Yohanna Asghedom, Anita Balakrishna, Semir Bulle, Lina El-Faki, Dr. Ritika Goel, Dr. Cynthia Maxwell, Beverley Osei, Dr. Oluwatoni Oyewole-Eletu, Jerusha Retnakanthan, Dr. Paula Rowland, Dr. Helen Teklemariam. Project support was provided by Paul Tonin.

The steering committee endorsed and provided direction regarding the production and dissemination of the accountability report, focused on summarizing actions taken, underway and/or planned for within Temerty Medicine to address anti-Black racism in medical education. With the goal of enabling active engagement with the Black medical education community, the steering committee also endorsed and provided direction about a community consultation event, with a particular focus on the identification of overlooked, under-addressed and/or structural-institutional issues as well as potential next steps to inform strategic and operational planning at Temerty Medicine. To help inform the steering committee's discussions and recommendations, the Office of Inclusion & Diversity hosted a focus group with Black faculty members, co-facilitated by Anita Balakrishna and Paul Tonin, and facilitated deployment of a survey to solicit input about the form and content of the report and event.

As noted above, the [Black at Temerty Medicine: Addressing Anti-Black Racism at Temerty Medicine Accountability Report](#) was shared widely via email on February 2, 2022. The corresponding [Black at Temerty Medicine: Dismantling Anti-Black Racism in Medical Education](#) community engagement event was held (virtually) on March 23, 2023. Temerty Medicine's Office of [Continuing Professional Development](#) was instrumental in the development and delivery of the virtual event.

Bookended by opening and closing remarks, the March 23rd event included [four sessions](#) focused on pre-medical school outreach and recruitment; medical school (MD Program); Postgraduate Medical Education, and; transition to medical education practice. Each session provided participants with a brief overview current and future directions followed by facilitated discussion. The event was hosted by Dr. Patricia Houston, with the following individuals acting as [session presenters and facilitators](#): Dr. Meredith Giuliani, Dr. Marcus Law, Dr. Cynthia Maxwell, Dr. Onye Nnorom, Ike Okafor, Dr. Reena Pattani, Dr. Antonio (Tony) Pignatiello, Dr. Lisa Richardson, and Dr. Lisa A. Robinson. A total of 76 registrants, composed of learners, faculty and administrative staff from the University of Toronto, other medical schools and stakeholder/community organizations, were present during the event. The number of registrants present at the three concurrent breakout sessions ranged from 18 to 34.



The areas *for* improvement or critical gaps, areas of improvement, and institutional and programmatic strengths summarized above are based on information included in the accountability report as well as feedback provided at the March 23rd community engagement event. The areas *for* improvement or critical gaps are intended to identify areas in which a more solid foundation is required to enable and support ongoing improvements, while actions listed under areas *of* improvement reflect and suggest building on existing strengths.

From the outset, a foundational principle and goal of this community engagement exercise has been to enhance Black experiences within Temerty Medicine through participatory design processes and practices that center and act on the voices of the communities we serve. We hope that the findings summarized above enable Temerty Medicine to continue to act on the commitments expressed by Dr. Patricia Houston, Vice Dean, Medical Education and Dr. Lisa Richardson, Associate Dean, Inclusion & Diversity in their closing remarks at the March 23, 2022 Black at Temerty Medicine: Dismantling Anti-Black Racism in Medical Education community engagement event:

We are committed to:

- accountability reporting and continuous improvement
- meaningful partnerships with communities that our institution and actions are intended to serve
- collaborative consideration of how we can act on these commitments in a meaningful and sustainable way

Our commitment to acting on those principles is inseparable from Temerty Medicine’s mission and social accountability mandate to “cultivate and bring to life ideas that impact scholarship and society through unprecedented collaboration drawing in the diverse voices of our research, learning and clinical network.”

Next steps include active consideration of the findings included in this report by the relevant Temerty Medicine portfolios, in partnership with our affiliated hospitals and other stakeholder groups. This active consideration includes how to most effectively take action to address the areas for improvement or critical gap as well as how to continue or build upon existing institutional strengths. Although no one person, office or unit can act in isolation take effective action, it is possible to summarize, using the areas listed below, which portfolios are primarily accountable for active consideration of these findings.

Area	Primary Temerty Medicine Portfolios
Medical School Outreach and Recruitment	Office of Access and Outreach
MD Program Admission	Enrolment Services
MD Program Curriculum	Office of the Associate Dean, MD Program
PGME Residency Selection	Office of Postgraduate Medical Education
PGME Curriculum	Office of Postgraduate Medical Education
Learner Experience (mistreatment)	Learner Experience Office
Learner Mentorship	Office of Inclusion & Diversity
Academic Appointments and Promotion	Vice Dean, Strategy and Operations; Vice Dean, Clinical and Faculty Affairs
Faculty Development	Centre for Faculty Development; MD Program Office of Faculty Development; Continuing Professional Development
Faculty Mentorship	Vice Dean, Strategy and Operations; Vice Dean, Clinical and Faculty Affairs
Health & Wellbeing	Office of Learner Affairs; Vice Dean, Clinical and Faculty Affairs
Institutional Accountability	Vice Dean, Strategy and Operations; Office of Inclusion & Diversity; Vice Dean, Medical Education

As stressed in the accountability report and reaffirmed at the community engagement event, it is not enough to increase the number of Black learners and faculty without also addressing systemic barriers to inclusion, including institutional policies and practices that carry with them the ongoing histories of anti-Black racism. To not acknowledge and work to address the specific histories of anti-Black racism can itself be an act of anti-Black racism. As noted in the University of Toronto Anti-Black Racism Task Force Report: "While various forms of racism continue to exist in all societies, the level of psychological, social, and economic violence experienced is not the same for all racial groups. The particular sting of anti-Black racism in our society cannot be ignored."

Addressing anti-Black racism requires a focused and comprehensive approach, including collaborative partnerships among Temerty Medicine programs and offices, hospital and clinical partners, and community-based groups and organizations. The continuation of this community engagement exercise is the identification includes the ongoing development, in partnership with the Black medical education community, of meaningful and sustainable accountability metrics and reporting processes.

APPENDIX – TABLE SUMMARY OF ALL FINDINGS

	Areas FOR Improvement (Critical Gaps)	Areas OF Improvement	Institutional & Programmatic Strengths
Medical School Outreach and Recruitment		<p>Build upon existing collaborative partnerships to enhance and expand opportunities and supports for learners regardless of their medical school or health professions interest or destination</p> <p>Expand in-person visits to GTA high schools, which will require capacity building among learner-led and community-based organizations and groups</p> <p>Build sustainable funding opportunities and supports to help mitigate or, ideally, eliminate pre-application financial barriers, such as MCAT and interview preparation</p>	<p>Dedicated leadership (Ike Okafor, Senior Officer, Service Learning and Diversity Outreach) located in a decanal-level office (Office of Access and Outreach)</p> <p>Commitment to and success in outreach programming, including the Summer Mentorship Program and Community of Support</p> <p>Collaborative partnerships with and contributions from learner- and physician-led organizations, including the University of Toronto Black Medical Students' Association and Black Physicians' Association of Ontario, community-based stakeholders, and other medical schools</p> <p>Collaborative advocacy initiatives (e.g. Price of a Dream) focused on eliminating pre-application financial barriers, such as MCAT and interview preparation</p>
MD Program Admission		<p>Continue to consider how to mitigate or eliminate the negative effects of admission tools/requirements, such as the MCAT, that have historically disadvantaged Black learners, including ongoing consultation with the Black community about consistency of admission standards regardless of pathway</p>	<p>Well established Black Student Application Program, supported by an inclusive Black Canadian Admissions Subcommittee</p> <p>Transparency about admission requirements, admission statistics, and FAQs about academic credits, grades and weighting</p> <p>Process and training to address potential conflicts of interest and unconscious bias among admission committee members</p>
MD Program Curriculum	<p>Greater integration of Black health as well as anti-racist and anti-oppression teaching and learning in the core curriculum, which is contingent upon both increasing the number of Black faculty and providing enhanced faculty development opportunities for front-line teachers, particularly those who teach students in small group settings</p> <p>Development of national learning objectives on anti-Black racism and Black health, which could provide a foundation for the ongoing review and renewal of the MD Program's Black health curriculum (Development of national learning objectives is being led by the Black Health Education Collaborative, co-founded by Drs. Onye Nnorom and OmiSoore Dryden)</p> <p>Development of core curriculum that provides more focused and comprehensive teaching and learning about the exclusion of Black people in and by medicine</p> <p>Development of a framework and process to support a proactive and systematic curriculum review and renewal process focused on effectively incorporating a social justice, anti-oppression, anti-racist and advocacy lens throughout the curriculum</p>	<p>Continue to expand core Black health curriculum to</p> <ul style="list-style-type: none"> - incorporate a Black health lens into the psychiatry section of the MD Program curriculum - provide opportunities for clinical electives that focus on Black population health, building upon observership opportunities at COVID-19 vaccine clinics led by the Black Physicians' Association of Ontario (BPAO) in partnership with community health centres as part of its Black Health Vaccine Initiative <p>Increase the number of Black patients (real and standardized), which is contingent upon ensuring a safe environment for real patients and training for standardized patients to ensure that stereotypes are not perpetuated</p>	<p>Dedicated leadership (Dr. Onye Nnorom, Black Health Theme Lead) and inclusive governance (Black Health Education Advisory Committee, composed of education leaders as well as MD and PGME learners, including representation from the U of T BMSA)</p> <p>Core Black health curriculum (more details on page X)</p> <p>Population-specific and intersectional cultural safety, anti-racist and anti-oppression teaching activities that support and enable the provision of culturally competent health care by future physicians</p> <p>Inaugural MD-PGME Social Justice, Anti-Oppression and Advocacy Theme Lead appointed in May 2021 (Dr. Ritika Goel), followed by establishment of a Social Justice, Anti-Oppression and Advocacy Foundations Curriculum Review Working Group</p>
PGME Residency Selection	<p>Development of EDIIA-informed selection guidelines that can be implemented across PGME, including opportunities to build a corresponding community of practice</p>	<p>Continue to build a community of EDIIA practice in residency selection</p> <p>Continue initial advocacy efforts with the CaRMS standardization committee about the inclusion of advocacy work in the CaRMS selection rubric</p>	<p>Development of pathway programs by some residency programs (Internal Medicine; Psychiatry; Obstetrics & Gynaecology)</p> <p>Initial advocacy efforts with the CaRMS standardization committee about the inclusion of advocacy work in the CaRMS selection rubric</p> <p>Establishment of an Excellence through Equity sub-group focused on developing EDIIA-informed selection guidelines for PGME learners</p>

PGME Curriculum	Development of a collaborative framework or approach to effectively deliver anti-racist and anti-oppression teaching and learning across PGME		Development and delivery by some residency programs of anti-racist and anti-oppression teaching and learning in their discipline-specific orientations and/or grand rounds
Learner Mentorship	Development of a framework to provide mentorship or pathway opportunities to Black and other racialized residents that focus on the transition from learner to physician and education leader	Leverage lessons learned and wise practices from the Diversity Mentorship Program to build capacity for more program- or department-based mentorship opportunities	Diversity Mentorship Program , which aims to connect Temerty Medicine medical students and first year residents from minoritized groups to faculty mentors who are able to support and assist them in their educational and professional development
Learner Experience (mistreatment)	<p>Development of a framework to address racist behaviour from patients/families, including supports for Black learners and faculty (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Incident Reporting and Accountability, including the development a common approach/framework across TAHSN for safe and effective reporting of incidents of racism)</p> <p>Provision of education and training to enable a consistent trauma-informed approach to addressing mistreatment across the continuum of medical education (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Education and Training, including the identification and development of a suite of training resources that can be leveraged across and within TAHSN organizations)</p>	Continue socialization efforts with hospital and departmental leadership as well as residency program directors to enable and support a shared and integrated approach to managing disclosures and reports across the continuum and among clinical sites (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is Incident Reporting and Accountability, including the development a common approach/framework across TAHSN for safe and effective reporting of incidents of racism)	<p>Dedicated and effective leadership (Dr. Reena Pattani, Director of Learner Experience) and inclusive governance (Learner Experience Advisory Council, composed of learners, education leaders and administration staff from across the continuum)</p> <p>Designated program leaders who use and promote trauma-informed approaches that center the goals, agency and voice of learners as much as possible</p> <p>Learner mistreatment framework for MD and PGME learners that articulate guiding principles, definitions and practices (more details on page X)</p> <p>Learner-facing mistreatment webpages and online disclosure form that provide a learner-centric mistreatment portal</p> <p>Annual learner experience reports include data regarding the frequency, types and sources of mistreatment behaviours occurring within the Temerty Medicine learning environment as well as the spectrum of resolutions that have been used to manage incidents</p> <p>Two-hour MD Learner Mistreatment Workshop that is embedded in the second year core MD Program curriculum</p>
Academic Appointments and Promotion		Greater incorporation of ways to measure excellence/impact, in addition to bibliometrics, to be more inclusive, including mentorship and advocacy	Guidelines for Appointments of Faculty and Academic Administrators that promote and enable inclusive excellence

<p>Faculty Mentorship, Professionalism, Faculty Development</p>	<p>Faculty development opportunities for front-line teachers, particularly those who teach students in small group settings, to enable safe and supportive anti-racist and anti-oppression teaching and learning</p> <p>Development of a 'Community of Support' approach that provides a suite of resources and supports that mirror career progression steps and barriers, including population- or audience-specific experiences and challenges</p> <p>EDIIA leadership and mentorship faculty development opportunities for both racialized and non-racialized faculty and education leaders</p> <p>Framework or guidelines to help mitigate both minority tax effects and how those effects are managed differently across departments and programs</p>	<p>Build upon and expand suite of faculty development opportunities, including for front-line teachers to support and enable greater integration of Black health as well as anti-racist and anti-oppression teaching and learning in the core medical school curriculum</p>	<p>Opportunities co-funded by the Office of the Dean and participating departments to sponsor underrepresented in medicine faculty members to participate in the New and Evolving Academic Leaders Program</p> <p>Standards of Professional Behaviour for Clinical (MD) Faculty that explicitly name microaggressions as a type of mistreatment and identify allyship as professional behaviour that faculty should strive to embody and corresponding Professional Values module (completed by 5,256 faculty 2021 cycle)</p> <p>Building the Foundations of Anti-Oppressive Healthcare faculty development program, delivered by the Centre for Faculty Development, which introduces participants to the language and frameworks of anti-oppression and social justice</p> <p>Practicing Critical Allyship and Interrupting Microaggressions and Who's Got the Power?, faculty development workshops, delivered by the Centre for Faculty Development</p>
<p>Health & Wellbeing</p>			<p>Dedicated leadership (Dr. Tony Pignatiello, Associate Dean, Learner Affairs) of an office (Office of Learner Affairs) responsible for providing MD and PGME learners with personal counselling and wellness supports and programming</p> <p>Dedicated Learner Life Specialists in the Office of Learner Affairs responsible for providing mental health and learning environment intervention and support to learners through a needs assessment, navigation and case management approach, with an essential qualification being familiarity with trauma-informed approaches and anti-oppression/ anti-racism frameworks as well as experience working with diverse individuals and groups</p> <p>Appointment in 2021 to two new leadership positions focused on health and wellbeing: Dr. Julie Maggi, Director of Faculty Wellness and Dr. Heather Flett, Temerty Professor in Learner Wellness</p>
<p>Institutional Accountability</p>	<p>Identification by Temerty Medicine, in partnership with the Black medical education community, of meaningful and sustainable accountability metrics and reporting processes</p> <p>System-wide collection and aligned evaluation of demographic data (One of the areas of focus of the TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee is EDI Data, including developing a better understanding of data currently being captured and the development of a common approach for EDI data across TAHSN, including a framework to enable monitoring of progress and accountability)</p>	<p>Consider revisions to annual departmental reporting requirements to ask for details about activities to support and advance EDIIA across all departmental operations, including recruitment, hiring and mentorship</p>	<p>Decanal-level leadership position (Dr. Lisa Richardson, Associate Dean), office (Office of Inclusion & Diversity), and committee (Diversity Advisory Council) with broad and inclusive membership</p> <p>Black Learner Experience Working Group (MD), chaired by Ike Okafor, established in 2020 to help ensure Black medical student concerns are taken seriously and efforts are made to improve their experience once they have been admitted to Temerty Medicine</p> <p>TAHSN Anti-Black and Anti-Indigenous Racism Steering Committee, co-chaired by Temerty Medicine Dr. Lisa Robinson, Vice Dean of Strategy and Operations, Temerty Medicine and Dr. Heather McPherson, President and CEO of Women's College Hospital</p> <p>Temerty Medicine's "Voices" surveys, which involve the collection and evaluation of valid, reliable information about learners and faculty, including race-based and other socio-demographic data, that helps Temerty Medicine deliver high quality training programs and optimize its learning and work environments</p> <p>Inclusion of a comprehensive EDIIA lens in departmental external review, which occur on a five-year cycle, including how they have incorporated an EDIIA lens across all operations, including educational activities, research, faculty complement planning, relationships, and long-range planning challenges</p>



Addressing Anti-Black Racism at Temerty Medicine Steering Committee

Co-Chairs: Dr. Onye Nnorom and Ike Okafor

Committee members: Yohanna Asghedom, Anita Balakrishna, Semir Bulle, Lina El-Faki, Ritika Goel, Cynthia Maxwell, Beverley Osei, Oluwatoni Oyewole-Eletu, Jerusha Retnakanthan, Paula Rowland, Helen Teklemariam

Project support: Paul Tonin

Illustration by Diego Altamira Olvera (Digital Communications and Graphics Designer, Continuing Professional Development)

Design support: Sol Park, Jerusha Retnakanthan

Images via Pexels (@nappy, @tima-miroshnichenko) & Unsplash (@hush52, @zacharytnelson)

Black at Temerty Medicine

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November 2022