The Equity, Diversity and Inclusion Tool Kit for Emergency Medicine

A resource from the Section of Emergency Medicine of Doctor's of B.C.
November 2021

Authors: Alaina Chun, Dr. Niresha Velmurugiah, Dr. Ka Wai Cheung, Dr. Gina Gill, Dr. Averil Ivsins, Dr. Diana Chang, Dr. Quynh Doan

Table of Contents

Introduction 3

Key Terms and Definitions 4

Hiring 6

Need for Change 6

Framework for Change 7

Retention 10

Need for Change 10

Framework for Change 11

Leadership, Opportunities and Promotions 15

Need for Change 15

Framework for Change 16

References 18

Introduction

Purpose

Evidence-based research shows that equity, diversity and inclusion (EDI) contribute to a more positive experience for both the patient and physician. Increased representation in healthcare improves patient outcomes, builds resilient communities and increases employee satisfaction (1). Racial diversity in particular amongst physicians has exhibited improved access to health care for underserved populations and encourages the development of culturally informed care. (2, 3, 4,5) Gender diverse institutions have shown to outperform those that are not gender diverse and have demonstrated increased productivity, innovation, decision making and employee retention and satisfaction (5, 6)

Creating an environment where equity, diversity, and inclusion, equity are embedded in a systemic manner cannot be accomplished by one group alone. An infrastructure and set of guidelines must be in place to aid an organization to dismantle systemic discrimination* at its foundation (7). Standardized procedures reduce discrimination, and awareness reduces race-based discrimination (8). This document is Doctors of British Columbia's Section of Emergency Medicine's first step in developing procedures and fostering awareness to begin dismantling structural/institutional discrimination*.

Objective and scope

The objective of this toolkit is to provide an approachable set of best practices or practical steps to emergency physicians and emergency medicine institutions in British Columbia to promote equity, diversity and inclusion (EDI) in our profession.

This toolkit is meant to guide implementation of EDI principles in hiring, retaining, promoting leadership, and creating opportunities for under-represented Emergency Medicine professionals in our working environment.

Key Terms and Definitions

Belonging - The feeling of security and support when there is a sense of acceptance, inclusion, and identity for a member of a certain group or place, and as the basic fundamental drive to form and maintain lasting, positive, and significant relationships with others (9).

Cross-Cultural Communication – The communication between people who have differences in: styles of working, age, nationality, ethnicity, race, gender, sexual orientation, etc. It refers to the attempts that are made to exchange, negotiate and mediate cultural differences by means of language, gestures and body language. It is how people from different cultures communicate with each other (10).

Diversity – All the different ways in which people differ, encompassing the different characteristics that make one individual or group different from another. While diversity is often used in reference to race, ethnicity, and gender, we embrace a broader definition of diversity that also includes age, national origin, religion, disability, sexual orientation, socioeconomic status, education, marital status, language, and physical appearance. Our definition also includes diversity of thought: ideas, perspectives, and values. We also recognize that individuals affiliate with multiple identities (intersectionality) (11).

Emotional Tax – The heightened experience of being different from peers at work because of gender and/or race/ethnicity and the associated detrimental effects on health, well-being, and the ability to thrive at work (12).

Equity - The fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society (11).

Ethnicity – Shared culture such as language, ancestry, practices and beliefs (13).

Gender – How a person identifies. It is unlike natal sex in that gender is not made up of binary forms, rather it is a spectrum of identities. An individual may identify at any point on the spectrum or outside of it entirely. Some gender identities include but are not limited to female, male, transgender, non-binary, non-conforming, and gender-neutral (14).

Inclusion - The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people. It is important to note that while an inclusive group is by definition diverse, a diverse group is not always inclusive. Increasingly, recognition of unconscious or 'implicit bias' helps organizations to be deliberate about addressing issues of inclusivity (11).

Institutional Discrimination - Institutional racism refers to the policies and practices within and across institutions that, intentionally or not, produce outcomes that chronically favor, or put a group at a disadvantage (15).

Intersectionality – The complex, cumulative way in which the effects of multiple forms of discrimination combine, overlap, or intersect especially with the experiences of marginalized individuals or groups. When it comes to thinking about how inequalities persist, categories like gender, race, and class are best understood as overlapping and mutually constitutive rather than isolated and distinct (16).

Marginalized – Marginalized populations are groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions (17).

Minority Tax – The tax of extra responsibilities placed on minority faculty in the name of efforts to achieve EDI. Although minorities are often underrepresented in the work place, they are overrepresented in diversity work (18). People who belong to underrepresented groups generally spend more time working in the community and helping others who are also underrepresented free of charge. Therefore, they have less time to pursue other projects that may further them in their careers.

Race – Physical differences that groups and cultures consider socially significant (13).

Sexual Orientation – Who an individual is attracted to romantically, emotionally and sexually. Some sexual orientations include but are not limited to straight, gay, lesbian, bisexual, asexual, pansexual (19).

Systemic/Structural Discrimination - A system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate inequity. It identifies dimensions of our history and culture that have allowed privileges associated with “whiteness”, “maleness”, “straightness” etc. and disadvantages associated with anything outside of that to endure and adapt over time. Structural discrimination is not something that a few people or institutions choose to practice. Instead, it has been a feature of the social, economic and political systems in which we all exist (15).

Underrepresented – Populations that make up a lower proportion of a subgroup, such as the medical profession or medical leadership, relative to their proportion in the general population (20).

Visible Minorities – Defined in the Employment Equity Act as "persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour" (21).

Hiring

The need for change:
Minority applicants are often discriminated against in the hiring process. Despite having identical resumes and cover letters, minority applicants need to send 40-60% more applications or have 8 more years of experience to receive a positive response (call back from a potential employer) than their "white" counterparts (22,8,23). This is a global issue that spans across occupations.

Studies have shown that over the past 50 years, there has been little to no increase in diverse hiring practices, particularly for people of colour (22, 24). Despite laws prohibiting discrimination on gender, sexual orientation, ethnic, racial, and religious grounds, the research shows clear discrimination when it comes to hiring practices exposing implicit (and possibly explicit) bias and a need for change (22,8,23,24).

Why is this change important:
It is important for physicians to be diverse because patients are diverse. Through the development of more meaningful and trusting doctor-patient relationships, diversity in the work force has been shown as an effective way to reduce health disparities and break down barriers to accessing healthcare (4, 25, 26, 27).

When patients feel represented in their healthcare system, they are more likely to access and continue with care, heed medical advice and begin preventative care measures (28). Some studies have shown that racial concordant visits are longer and have more positive ratings, demonstrating it to be a successful tool to bridge the divide between patients and physicians (28,29). It is crucial to note that this evidence is not to promote the training of minority physicians specifically to treat minority patients or to suggest that segregated medicine is more effective. Rather it demonstrates that when the diversity in workforce matches the diversity in population, patient outcomes and experiences are more positive and can actually lead to alleviation of resources, particularly for emergency medicine, as patients are more likely to access preventative care.

Framework for change:

1. Create a hiring committee that is dedicated to implementing EDI
    a. The hiring committee must include people from diverse backgrounds - people of all genders and people of colour. Committee members should have a strong commitment to diversity and offer a variety of perspectives and expertise (30).
    b. Compensate the hiring committee:
    Keep the minority tax in mind! It is important to recognize that underrepresented minorities are usually asked to do more service and diversity work. It is important to be mindful of the committee's workload, alleviate them of less important tasks and to compensate them properly for the important EDI work they do (18, 30).
    c. Every member of the committee should participate in EDI training.
    d. Have an EDI advisor as a senior member of the committee.
    e. Identify potential biases and stereotypes during the discussions – verbalize them and try to support members to address them.
2. Job Postings:
    a. Include the organization's commitment to EDI and emphasize the importance of working with diverse populations. Diversity and excellence are complementary goals and this needs to be communicated to applicants. These statements may make the job posting more welcoming to marginalized groups (see reference 30 for a list of potential statements to include). While race and gender should not be factors in hiring decisions, indicating an interest in service, research or other factors that contribute to diverse environments can be helpful (30).
    b. Use language that focuses on both abilities and experience – define the position in the widest possible terms that are consistent with the job description so as not to deter anyone from applying. Generally, men apply to positions if they meet only 60% of the requirements whereas women and people of colour only apply if they meet 100% of the requirements (31).
    c. Be clear about what is required versus what is preferred in the job description.
    d. Avoid words that are traditionally gender biased (assertive, competitive, takes charge).
    e. Use inclusive pronouns and gender language (all genders as opposed to male/female – use pronouns such as they/them).
    f. Mention that the candidate can ask for accommodations during the recruitment process and offer multiple methods of submission for applications.
3. The search for candidates
    a. Cast a wide net when it comes to your search - advertise with professional organizations that align with your EDI values. Consider diverse distribution through social media, electronic mailing lists, job portals (30). Consider liaising with organizations that support underrepresented groups.
    b. Consider targets for diversity – while many EDI committees have set a goal of interviewing at least one candidate who is from an underrepresented group, evaluation bias is minimized if you interview more than one person from the underrepresented group. Consider making your target more than one.

4. The evaluation of candidates
    a. Create a rubric with a clear understanding of and commitment to EDI before reviewing applications.
        i. Decide on qualities and qualifications – prioritize and document search criteria based on position duties and identify "deal breaker" qualifications without which candidates will not be selected regardless of their other qualifications (30).
        ii. Decide how each criterion will be weighted – discuss the range of evidence that will be considered in relation to each criterion (30).
    b. Ensure that the criteria do not exclude people with non-traditional career paths – this includes individuals who have had to take a leave of absence, those who may have international degrees or those whose careers have been interrupted for personal reasons.
    c. Decide how the committee will make decisions (i.e. vote, scoring, unanimous decision, etc.).
    d. Consider cultural communication styles and norms which may affect how candidates speak about themselves. These may sometimes be misinterpreted as boasting or lacking confidence depending on their background.
5. Interviews
    a. Ask candidates if they require any accommodations.
    b. Be aware of differences in cross-cultural communication.
    c. Apply the hiring rubric and assessment process to all candidates equally.
    d. Remember that all interactions are part of the interview process.
        i. Avoid inadmissible questions. All questions asked should be job related. Should the candidate offer personal information during the interview (marital status, family status) it should be dismissed if it is irrelevant to the position. (32)
    e. Avoid the casualization of interviews that can sometimes favor culturally similar candidates. This is particularly important in social settings such as meet and greet events or "meet the candidate dinners" where candidates are introduced as part of the recruitment process.
    f. Develop core questions to ask all candidates.
        i. Include questions about EDI.
        ii. The more structured the interview, the more equitable it will be.
    g. Avoid making comparisons between candidates until all interviews are complete.
6. Virtual Interviews
    a. Describe the virtual process and acknowledge that technology may create additional challenges:
        i. Explain how technical issues will be dealt with.
        ii. Have a technical support contact the candidate can call if they are having trouble.
        iii. Ask about accommodations and be mindful of scheduling (childcare issues, the lack of a quiet space, insufficient or slow technology, etc. can all contribute to the additional challenges to the interview).
    b. Consider time zones and familial or cultural obligations.
    c. Check in during the interview to see if all technical components are working.

   d. Focus on the candidate during the interview:
      i. Understand that the person is possibly at home and there may be more background noise or distractions than in a traditional in-person interview.

7. Selection
   a. Rely on the developed rubric to evaluate each candidate – the key to an equitable search is that all candidates are treated equally. Sticking with the developed criteria and weighting candidates equitably is crucial. Note that using internet searches and social media searches for candidates may interrupt the equity of this process (30).
   b. Spend sufficient time reviewing applications – women and underrepresented minority candidates are disproportionately negatively affected if reviewers do not spend enough time (15-20 minutes) reviewing their applications (30).
   c. Be skeptical of cultural "fit". Rather than hiring for the current cultural fit, select the candidate that will stretch the culture in the direction you are striving for (49).
   d. Have the team and the chair review the rejected applicants:
      i. Is there a group overrepresented in the rejection pile?
   e. Provide a written report to senior leaders on the hiring process and the rationale (30):
      i. Be transparent about your decisions.
      ii. Be prepared to justify your decisions.
      iii. Consider making this document available to candidates.
8. Reference Checks:
   a. Consider how bias may affect recommendations, paying particular attention to gendered terminology in reference letters.
   b. Use the same process for all candidates.
   c. Create a set of questions that will be asked to all referees.

Retention

The Need for Change:
Successfully implementing EDI into a work environment requires not only attention to recruitment but also retention of great candidates. Factors that cause employees to quit their jobs can be divided into 'pull' and 'push' factors. 'Pull' factors are incentives outside of the current work place such as offers from other high-paying jobs, desires to pursue a different career or family matters. 'Push' factors are issues that arise within the current work place such as perceived discrepancy between employer's commitment to diversity and the execution of those practices, limited opportunities, unfair compensation, lack of role models in leadership positions or an unclear career path. (33). Catalyst, a non-profit group that studies workplace trends found that 77% of voluntary turnover is preventable due to 'push' factors. In 2018, Canada had a 21% average turnover rate across all fields, 12% of which was voluntary turnover (34). These retention rates are even worse in rural areas. A study published in the BC Medical Journal found that retention rates for communities with 7000 or less people had up to 20% less retention than communities with over 7000 people. Furthermore, we know that physicians of colour tend to serve more rural populations (35). There are many factors that contribute to turnover in rural communities and we cannot attribute it all to EDI, but it is important to note that these factors affect marginalized physicians at disproportionate rates.

People of colour, particularly women of colour, are more likely to quit if they experience microaggressions at work. In Canada, workers of colour report emotional tax leading to feeling highly "on-guard" due to the biases in the workplace and are significantly more likely to quit than those who reported lower levels of feeling "on-guard" (34, 36). It is worth mentioning that many of the harrowing stories from this study were not revealed until participants were well into the interview – emphasizing the importance of devoting time and resources into understanding the experience of people of colour in the workplace.

In addition to more subtle discrimination embedded in many workplaces, there are explicit systemic inequities in areas like employee compensation that inhibit retention of great candidates. The limited data available on Canadian physicians shows evidence of a gender pay gap even in a system where the primary payment model is fee-for-service (37, 38). Only 8% of Ontario's highest-billing physicians are women and studies suggest that there are pay differences between specialties and gender pay differences within specialties (38). Between specialties we see that women make up less than 35% of physicians among the 10 specialties with the highest incomes and make up 47%, 48% and 62% of physicians in the 3 specialties with the lowest income (38). Within specialties, men are consistently paid more in all the 32 specialties analyzed including Emergency Medicine. In fact, Emergency Medicine is among the top 10 specialties with the highest discrepancy in Ontario (38). Another B.C. study of primary care physicians showed that women made 36% less than their male counterparts despite the workload differing only by 3.2 hours per week (39).

Why is this change important:

Studies show that inclusive leadership and an environment that fosters a sense of belonging for all can reduce turnover (34, 40). Feelings of belonging have been linked to a 50% decrease in turnover risk and a 56% increase in job performance (41). Replacement costs, training, time finding new candidates and lost productivity make losing an employee expensive. Less turnover means less time and resources dedicated to finding new candidates and will therefore save institutions time and money (34).

Recognition also promotes retention. In one workplace study, 88% of employees reported that being recognized made them more productive, engaged, satisfied, creative, innovative and more likely to stay on (42). Another survey found that 87% of employees who reported a strong culture of recognition also reported a strong culture of inclusion. When recognition and EDI were implemented together, organizations were more likely to not only achieve their EDI goals but see greater program effectiveness compared to those that did not integrate recognition. This further confirms that recognition is a useful tool for successfully incorporating EDI (42). Ultimately, fostering EDI in the work place by creating a sense of inclusion, belonging and recognition for each employee, while also compensating all employees fairly, can increase retention rates.

Framework for change:

1. Create an EDI committee to aid in the development and implementation of strategies to create an environment of belonging for all employees (43,44).
   a. Membership should include:
      i. People whose values align with EDI and who have a strong commitment to seeing these changes through.
      ii. People from all levels (students, staff, and even volunteers if applicable).
   b. Procure buy-in, financial and practical support. Having employees, particularly senior employees who are not on the committee 'buy in' and champion the initiatives that come from the committee can help keep the program 'alive'. Furthermore, implementing new initiatives can require funding and it can be helpful to have EDI projects included in the budget.

2. The Role of the EDI Committee
   a. Assess diversity and inclusiveness of organization and identify areas for improvement. Is the management team mostly composed of older white men? Are salaries equal among genders? What does the department's promotion history look like? :
      i. It may be helpful to send out an anonymous employee survey to gauge how employees feel about the EDI culture.
   b. Identify goals and address policies and practices based off of the areas of concern (benefits, employee referral program, employee resource groups, company events, company culture, etc.). Develop ways to monitor and evaluate progress.
   c. Implement initiatives by dividing responsibility and creating action items with time frames:

        i. Make sure to clearly communicate these initiatives to all stakeholders. This can be communicated through as many channels as possible (department wide e-mail, newsletter, presentations, social media, etc.).
    d. Review and adapt. Ongoing review and evaluation are important as EDI is fluid and needs to respond to changing needs. This may include surveying employees after an initiative has been implemented or repeating this framework to find new committee members or identify new areas of concern.

3. Compensation
    a. Fairly compensate the EDI committee and those doing EDI work. Take into account that those who usually do EDI work are women and people of colour and who already pay the Minority Tax. Fair compensation for EDI work may look like (45):
        i. Financial compensation.
        ii. Alleviating workload so they can spend time on EDI.
        iii. Recognizing this work professionally, similar to other traditional academic achievements.
        iv. Encourage more people who are not part of marginalized groups to take on this work and alleviate marginalized individuals of this work.
    b. Work toward closing the gender pay gap. While this may not be something one department or organization can do on their own, organizations can work toward this goal:
        i. Make physician payment reports stratified by gender and other demographic characteristics transparent and available to everyone.
        ii. Provide anti-oppression training to all.
        iii. Maintain standard, fair and transparent hiring and promotion practices.
        iv. Actively seek women and women of colour for leadership roles as salaries within medicine are often based on rank.
        v. When possible, provide better parental leave and/or childcare programs or benefits.
        vi. Apply gender-based analysis to discussions of income relativity. Be explicit in current state of gender pay/unit of work gap in the group.

4. Educate all staff (including the EDI committee) and make it compulsory. Studies have shown that educating people about inequities improves their ability to understand them and increases the likelihood that they will support policies that address those inequities. (46,47) Furthermore, exposure to the experiences of racism and discrimination of others increases the perception of prevalence in those who do not belong to marginalized groups (48). Organizations are often nervous to make training compulsory. However, if training is not mandatory, there is a danger that the training will become a support group for the already converted – 'preaching to the choir'. (49)
    a. Education should include (49):
        i. Clear and achievable learning outcomes.

ii. Give employees the vocabulary they need to talk about EDI. This includes defining key terms and talking about how they apply to clinical practice.
iii. Educate regarding implicit bias and raise awareness of employees' own biases and prejudices. See reference 54 for further reading.
iv. Centering on the margins. Challenge the idea that doctors only need to understand how a minority group differs from the majority (an arbitrary norm). Rather work to understand each patient as a holistic and intersectional individual. Emphasize content that is patient centered and focuses on the diversity of the human experience as a whole (culture, customs, holidays, intersectionality, etc.).
v. Educate staff on historical institutional prejudices and evaluate current institutional prejudices.
vi. Identify strategies to challenge prejudices safely and effectively.
vii. Discuss different approaches to develop skills to meet the needs of diverse populations.
viii. When possible, teach and learn outside the hospital setting. This could mean facilitating training with experts outside the hospital or doing this work in a community setting.

5. Create an inclusive environment in meetings. A negative workplace culture can contribute to employee turnover, with three quarters of workers surveyed saying management is responsible for setting the tone (34,50):
    a. Consider meeting location.
    b. Have a code of conduct that underlines EDI principles. Come up with this code of conduct as a team, have it in writing and mention it at the beginning of each meeting.
    c. Make it clear how a meeting will be moderated.
    d. Managers/meeting chairs set the tone for the meetings (51,52):
        i. Invite those who are quieter to share their thoughts first (53)
        ii. Break the team up into smaller groups for discussion to encourage those with quieter voices to share (53).
        iii. Interrupt interruptions! Studies show that men take up 75% of the conversation at meetings and interrupt women 33% more than other men. Ensure every point is heard before adding to it and encourage others to do the same (54,55).
        iv. Give credit where credit is due. Acknowledge each contribution. If a clarification is needed, invite the original contributor to clarify
        v. If one person is dominating, ask them to be the transcriber. This tasks them to listen and make space for others.
    e. Review key points and decisions to make sure everyone is on the same page, then clarify and reiterate next steps. Send the meeting minutes to all attendees after the meeting.

f. Periodically review with the team (either together or anonymously) what is working and what needs improvement in the way meetings are run. Share this assessment publicly if possible.

6. Create and encourage a collaborative complaints process. Legalistic complaints processes can create difficult situations for the complainant who is usually encouraged to quit or pushed out of the organization and the problem is rarely resolved. It is important to encourage feedback and not vilify the complainant. Research shows that formal grievance procedures for discrimination and harassment slows EDI efforts as it is usually women or people of colour being discriminated against. More often than not they leave their jobs which in turns interrupts the careers of many professionals from minority groups. (56,57)

a. Use a transformative model of dispute resolution. This model is to be used when complainants feel safe to do so. It seeks empowerment and mutual recognition of each parties. It enables each party to define their own issues and seek solutions on their own by seeing the other person's perspective. In this model the parties are seen as experts and the mediator is responsive to parties.
b. Use the Ombud office as a resource. They will act as a neutral party outside the chain of command who can listen to the complaints and provide confidential advice. Advice may include tools on how to speak to the offender, how to address the accused on behalf of the complainant, how to handle the situation if it happens again or advice on switching jobs where appropriate. Resources are available at:
    i. https://www.cpsbc.ca/public/complaints
    ii. https://bcombudsperson.ca/
    iii. https://bchealthregulators.ca/how-regulation-protects-you/complaints-about-care/
c. Use the dispute resolution office which is primarily within the public sector. This is a place where employees can go with complaints of any kind about coworkers or supervisors. Arbitration and mediation will be used to come to a solution that will be harmonious for both parties. This may not be the best route to take if there is a significant power dynamic.

7.Create an inclusive environment that promotes retention. Employees who are different from their colleagues in religion, gender, sexual orientation, ethnicity, socio-economic background and generation tend to hide parts of who they are at work for fear of discrimination. If employees are comfortable being their complete selves at work, employers will know what motivates them and can help keep them fulfilled at work (51).

a. Show commitment to EDI at every level of the organization. Uphold the EDI policies you put in place and do not put off training.
b. Focus on listening and truly trying to understand the different experiences, perspectives and ideas of underrepresented groups.
c. Embrace empathy.
d. Conduct "stay" interviews where employees can be asked if there is anything the organization can do to make their experience better and create more staying power.
e. Establish systems to help employees navigate their careers like providing mentorship (see Leadership encouragement and opportunities section).

Leadership, Opportunities, and Promotions

The Need for Change:
Retention is not possible without proper opportunities for promotion and leadership.

Women physicians not only tend to make less money than their male colleagues, but they are also promoted at a slower rate and hired in leadership positions less frequently. These same issues are well-documented for visible minorities and while less studied, it is likely true for non-heterosexual physicians and physicians with disabilities (58). Women are 52% less likely than men to be promoted to senior healthcare positions even after controlling for age, experience, education and training and 80-90% of leadership roles in medicine (including academics like medical school deans) are filled by men (59).

Despite the fact that for 25 years now in Canada, more women are enrolled in medical school than men, there continues to be more male leadership in medical societies, journals, and other leadership roles. Even though there are technically more women physicians to choose from, there is still a lack of women, visible minorities and non-heterosexual physicians in leadership and decision-making roles (60).

The need for change lies at the level of leadership, promotion, and opportunity.

Why is this change important?
Leadership that is not diverse and inclusive cannot support a healthcare team composition that fully recognizes the structural and cultural barriers that marginalized patients face nor adequately address their needs. In order for EDI to be fully incorporated into an organization, there needs to be a culture shift. As mentioned in previous sections, those in leadership roles are often the ones who set the tone for the way EDI is perceived and adopted. This may be a difficult paradox in that diverse leadership is necessary to successfully promote EDI, but in order to have diverse leadership, EDI strategies must be in place. (61). While these changes will not happen overnight, organizations and teams can begin to work toward that goal.

Framework for change:

1. Mentorship. In order to increase the number of women and people of colour in leadership roles, mentorship as a means of representation and guidance is crucial:
    a. Start early and mentor at all levels. Senior team members can begin to take on mentees that are volunteers, medical students, residents, or further along in their career.
    b. Be prepared for both formal and informal mentorship. Formal mentorship may include guidance in terms of career and navigating career decisions whereas informal mentorship may look like informal time spent together outside of work and providing support and guidance for other issues that arise in the work place. For example, this could be a coffee hour for women in emergency medicine or a barbeque for Latinx physicians and students to chat about their experiences in medicine (62).
    c. Set up a peer-to-peer mentorship program. It can be difficult to find mentors. Setting up a program that allows every employee to be both a mentor and a mentee for 1-3 people creates networks for all employees (63).
    d. Set goals with your mentee and act as a catalyst for their success. Try to understand their experience and where they would like to go. Setting goals and timeframes as well as regular check-ins can be helpful in keeping both parties accountable. Be on the look out for opportunities to nominate them for recognition, promotion, or awards.
2. Speakership and Conference Representation. Increasing speaker diversity improves value of content through more diverse perspectives and increases the diversity and volume of attendees (45).
    a. Gain leadership support. The first step is getting the decision makers on board. If the people who choose the speakers have buy-in and support EDI, it is much easier to garner support in hiring more diverse speakers. This could be a potential task for the EDI committee.
    b. Determine key metrics. Start by reviewing last year's speaker roster and determining where the EDI gaps were – gender, ethnicity, age, geography?
    c. Define goals that are determined by the EDI representation discrepancies. For example, a goal could be to increase the number of women speakers or speakers of colour.
    d. Create and communicate a shared vision. Once goals are in place, communicate to the planning committee how the event or speakership can be improved this time based on your findings.
    e. Implement the plan. It can be difficult to change the way speakers are recruited. If it is an open call, follow the hiring framework. If selection is more arbitrary, for example if chairs typically select people they know, have the chair and the EDI committee collaborate to brainstorm other recruitment strategies. When just starting out, here are two guiding principles:
        i. No panels with only men
        ii. No panels with only people of European descent.
    f. Measure and build on your successes. Making fundamental changes takes time. Measure how many more women, people of colour, people of different ages,

genders, sexual orientations, etc. presented and the progress to reaching your EDI goals. Next year, build on those recruitment strategies and work to outdo the previous year.

3. Performance management using EDI principles (16).
    a. Set clear goals and base performance reviews on facts, not opinions.
    b. Use multiple feedback sources to limit bias. Having multiple supervisors or higher-ups who can lend their opinion reduces the likelihood of biased performance reviews. Furthermore, ongoing reviews reduce the likelihood of recency bias.
    c. Use inclusive language. Language is a powerful tool in creating a welcoming environment where everyone feels respected and feels like they belong. This will come with EDI training for all employees, but remember that performance management reviews can be difficult conversations and to emphasize inclusive language in these meetings.
    d. Include EDI principles as part of the evaluation review. Positively reinforce inclusive behaviour among staff. This may include visible commitment to EDI, awareness of bias, cultural intelligence, curiosity, effective collaboration and humility.
    e. Ask staff how they feel during the performance reviews. Perhaps their performance is related to other issues in the environment. Remember that this review is a way to help them improve.

4. Opt-Out Approach to promotion
    a. Consider an Opt-out approach to competition. As it stands, employees must nominate themselves or “opt in” for promotions and other opportunities. This means that the default is that no application is submitted. Research shows that women are less likely than men to put themselves forward in competition which can lead to gender discrepancies in leadership positions. Rather than attempting to change employee behaviour consider changing the structure around the decision-making process to apply. By making competition the default whereby all eligible candidates are automatically considered and may choose to opt out to be removed from the competition, organizations may see more enrolment, engagement and a reduction in gender differences at higher levels (64).

References

1. Diversity in Healthcare and The Importance of Representation. Usa.edu. https://www.usa.edu/blog/diversity-in-healthcare/. Published March 2021, Accessed July 24th, 2021.

2. Saddler N, Adams S, Robinson LA, et al. Taking Initiative in Addressing Diversity in Medicine. Canadian Journal of Sciencem Mathematics and Technology Education. 2021;21:309-320. https://link.springer.com/article/10.1007/s42330-021-00154-6. Published July 21 2021. Accessed July 27th 2021.

3. Saha S, Shipman S. *The rationale for diversity in the health professions : A review of the evidence*. Hyattsville, MD: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions; 2006.

4. Cohen JJ, Gabriel BA, Terrell C. The Case for Diversity in the Health Care Workforce. Health Affairs. 2002;21(5): 90–102. https://doi.org/10.1377/hlthaff.21.5.90

5. Shannon G, Jansen M, Williams K, et al. Gender equality in science, medicine, and global health: where we are at and why does it matter? The Lancet. 2019;393(10171):560-569. https://doi.org/10.1016/S0140-6736(18)33135-0

6. Trager L. Why Gender Diversity May Lead to Better Returns for Investors. Morganstanley.com. https://www.morganstanley.com/access/gender-diversity. Published March 16, 2021. Accessed July 27th 2021.

7. Diversity in Health Care: Examples From the Field. Aha.com. https://www.aha.org/system/files/2018-01/eoc_case_studies.pdf. Published July 2015. Accessed July 29, 2021.

8. Zshirnt E, Ruedin D. Ethnic discrimination in hiring decisions: a meta-analysis of correspondence tests 1990-2015. Journal of Ethnic and Migration Studies. 2016;42(7):1-19. https://doi.org/10.1080/1369183X.2015.1133279

9. Baumeister RF, Leary MR. The Need to Belong: for Interpersonal Attachments as a Fundamental Human Motivation. Psychological Bulletin. 1995;117(3):497-529). doi:10.1037/0033-2909.117.3.497

10. Cross Cultural Communication. Communicationtheory.org. https://www.communicationtheory.org/cross-cultural-communication/. Accessed November 9, 2021.

11. Kapila M, Hines E, Hilnes E, et al. Why Diversity, Equity and Inclusion Matter. Independentsector.org. https://independentsector.org/resource/why-diversity-equity-and-inclusion-matter/. Published October 6, 2016. Accessed July 29, 2021.

12. Travis DJ, Thorpe-Moscon J, McCluny C. Emotional Tax: How Black Women and Men Pay more at Work and How Leaders Can Take Action (Report). Catalyst.org. https://www.catalyst.org/research/emotional-tax-how-black-women-and-men-pay-more-at-work-and-how-leaders-can-take-action/. Published October 11, 2016. Accessed August 4, 2021.

13. Race and Ethnicity. Asanet.org. https://www.asanet.org/topics/race-and-ethnicity. Accessed November 9, 2021.

14. Newman T. Sex and Gender: What is the difference? Medicalnewstoday. https://www.asanet.org/topics/race-and-ethnicity. Published May 11, 2021. Accessed November 8, 2021.

15. Glossary for Understanding the Dismantling Structural racism/promoting racial equity analysis. Aspeninstitute.org. https://www.aspeninstitute.org/wp-content/uploads/files/content/docs/rcc/RCC-Structural-Racism-Glossary.pdf. Accessed August 1, 2021.

16. Intersectionality. Merriam-webster.com https://www.merriam-webster.com/dictionary/intersectionality. Accessed November 10, 2021.

17. Glossary: Marginalized populations. Nccdh.ca. https://nccdh.ca/glossary/entry/marginalized-populations. Accessed July 20, 2021.

18. Rodriguez JE, Campbell KM, Pololi LH. Addressing disparities in academic medicine: what of the minority tax? BMC Medical Education. 2015;15(6). https://doi.org/10.1186/s12909-015-0290-9

19. Sexual Orientation. Plannedparenthood.com. https://www.plannedparenthood.org/learn/sexual-orientation/sexual-orientation. Accessed November 10, 2021.

20. Anderson ES, Lippers S, Newberry J, et al. Addressing Social Determinates of Health from the Emergency Department through Social Emergency Medicine. West J Emerg Med. 2016;17(4):487-489. doi:10.5811/westjem.2016.5.30240

21. Visible minority of person. Statcan.gc.ca. https://www23.statcan.gc.ca/imdb/p3Var.pl?Function=DEC&Id=45152. Published October 19, 2015. Accessed August 1, 2021.

22. Di Stasio V, Heath A. Are employers in Britain discriminating against ethnic minorities? Csi.nuff.ox.ac.uk. http://csi.nuff.ox.ac.uk/wp-content/uploads/2019/01/Are-employers-in-Britain-discriminating-against-ethnic-minorities_final.pdf. Published January 2019, Accessed August 1, 2021.

23. Bertrand M, Mullainathan S. Are Emily and Greg more employable than Lakisha and Jamal? A field experiment on labor market discrimination. Nber.org. https://www.nber.org/system/files/working_papers/w9873/w9873.pdf. Published July 2003. Accessed August 1, 2021.

24. Quillian L, Pager D, Hexel O, et al. Meta-analysis of field experiments shows no change in racial discrimination in hiring over time. PNAS. 2017;114(41):10870-10875. https://doi.org/10.1073/pnas.1706255114

25. LaVeist TA, Nuru-Jeter A, Jones KE. The Association of Doctor-Patient Race Concordance with Health Services Utilization. Journal of Public Health Policy. 2003;24(3/4):312-323. https://doi.org/10.2307/3343378

26. Recruitment, Retention and Advancement. Seramount.com. https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/import/embedded/anchors/files/diversity_primer_chapter_08.pdf. Accessed August 4, 2021.

27. Jackson SC, Gracia JN. Addressing Health and Health-Care Disparities: The Role of Diverse Workforce and the Social Determinants of Health. Public Health Rep. 2014;129(2):57-61. doi: 10.1177/00333549141291S211.

28. Arno K, Davenport D, Shah M, et al. Addressing the Urgent Need for Racial Diversification in Emergency Medicine. Annals of Emergency Medicine. 2021;77(1):69-75. https://doi.org/10.1016/j.annemergmed.2020.06.040

29. Cooper LA, Roter DL, Johnson RL, et al. Patient-Centered Communication, Ratings of Care, and Concordance of Patient and Physician Race. Ann Intern Med. 2003;139:907-915. https://doi.org/10.7326/0003-4819-139-11-200312020-00009

30. Handbook for Faculty Searches and Hiring. Advance.umich.edu. https://advance.umich.edu/wp-content/uploads/2018/10/Handbook-for-Faculty-Searches-and-Hiring.pdf. Published September 2018. Accessed July 26, 2021.

31. Hannon K, Next Avenue. Are Women Too Timid When They Job Search? Forbes.com. https://www.forbes.com/sites/nextavenue/2014/09/11/are-women-too-timid-when-they-job-search/?sh=51817e4d411d. Published September 11, 2014. Accessed August 12, 2021.

32. Equitable Faculty Recruitment and Selection Toolkit. Uwaterloo.ca. https://uwaterloo.ca/human-rights-equity-inclusion/sites/ca.human-rights-equity-inclusion/files/uploads/files/equitable_recruitment_selection_toolkit-final-lr_0.pdf. Published October 2020. Accessed November 10, 2021.

33. Recruitment, Retention and Advancement. Seramount.com. https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/import/embedded/anchors/files/diversity_primer_chapter_08.pdf. Accessed August 4, 2021.

34. Turnover and Retention (Quick Take). Catalyst.org.https://www.catalyst.org/research/turnover-and-retention/. Published April 16, 2020. Accessed August 4, 2021.

35. Thommasen H. Physician retention and recruitment outside urban British Columbia. BCMJ. 2000;42(6):304-308. https://bcrhn.files.wordpress.com/2018/06/physician-retention-and-recruitment-outside-urban-british-columbia-thommasen-2000.pdf. Accessed August 4, 2021.

36. Thorpoe-Moscon J, Pollack A, Olu-Lafe O. Empowering Workplaces Combat Emotional Tax for People of Colour in Canada. Catalyst.org. https://www.catalyst.org/wp-content/uploads/2019/06/Emotional-Tax-Canada-2019.pdf. Accessed August 4, 2021.

37. Izenberg D, Oriuwa C, Taylor M. Why is there a gender wage gap in Canadian medicine? Healthydebate.ca. https://healthydebate.ca/2018/10/topic/gender-wage-gap-medicine/. Published October 18, 2018. Accessed August 6, 2021.

38. Cohen M, Kiran T. Closing the gender pay gap in Canadian medicine. CMAJ. 2020;192(35):1011-1017. DOI: https://doi.org/10.1503/cmaj.200375

39. Hedden L, Barer M, McGrail K, et al. In British Columbia The Supply Of Primary Care Physicians Grew, But Their Rate Of Clinical Activity Declined. Health Affairs. 2017;36(11). https://doi.org/10.1377/hlthaff.2017.0014

40. Labucay I. Diversity Management and Performance: Paving the way for a revised business case. European Journal of International Management. 2015;9(4):425. DOI:10.1504/EJIM.2015.070228

41. Carr EW, Reece A, Kellerman GR, et al. The value of Belonging at Work. Hbr.org. https://hbr.org/2019/12/the-value-of-belonging-at-work. Published December 16, 2019. Accessed August 6, 2021.

42. The recognition and D&I Study. Workplaceintelligence.com. http://workplaceintelligence.com/the-recognition-and-di-study/. Accessed August 6, 2021.

43. Creating a Diversity, Equity and Inclusion Committee in the Workplace. 4pointconsulting.com. https://www.4pointconsulting.com/resources/2020/6/15/creating-a-diversity-equity-and-inclusion-committee-in-the-workplace. Published June 15, 2020. Accessed August 13, 2021.

44. Mirza B. Toxic Workplace Culture Hurts Workers and Company Profit. Shrm.com. https://www.shrm.org/resourcesandtools/hr-topics/employee-relations/pages/toxic-workplace-culture-report.aspx. Published September 25, 2019. Accessed August 13, 2021.

45. Williamson T, Goodwin R, Ubel PA. Minority Tax Reform-Avoiding Overtaxing Minorities When We Need Them Most. N Engl J Med. 2021;384:1877-1879. DOI: 10.1056/NEJMp2100179

46. Adams G, Edkins V, Lacka D, et al. Teaching about racism: Pernicious implications of the standard portrayal. Basic and Applied Social Psychology, 2008;30(4):349-361. Doi:https://doi.org/10.1080/01973530802502309

47. Carter ER, Onyeador IN, Lewis Jr NA. Developing & delivering effective anti-bias training: Challenges & recommendations. Behavioral Science & Policy. 2020;6(1):57-70. https://behavioralpolicy.org/wp-content/uploads/2020/08/Developing-delivering-effective-anti-bias-training-Challenges-1.pdf. Published 2020. Accessed August 14, 2021.

48. Carter ER, Murphy MC. Consensus and consistency: Exposure to multiple discrimination claims shapes Whites' intergroup attitudes. Journal of Experimental Social Psychology, 2017;73:24-33. https://doi.org/10.1016/j.jesp.2017.06.001

49. Dogra N, Reitmanova S, Carter-Pokras O. Twelve tips for teaching diversity and embedding it in the medical curriculum. Med Teach. 2009;31(11):990-993. doi: 10.3109/01421590902960326

50. How to Develop a Diversity and Inclusion Initiative. Shrm.org. https://www.shrm.org/resourcesandtools/tools-and-samples/how-to-guides/pages/how-to-develop-a-diversity-and-inclusion-initiative.aspx. Accessed August 13, 2021.

51. Inclusive Meetings. Atlassian.com. https://www.atlassian.com/team-playbook/plays/inclusive-meetings. Accessed August 18, 2021.

52. Pendergrass A, Zelikova J, Arnott J, et al. Inclusive Scientific Meetings: Where to Start. Diversity.idea.columbia.edu. https://diversity.ldeo.columbia.edu/sites/default/files/content/AGCI%20NCAR%20Inclusive%20Meeting%20Guide.pdf. Published March 2019. Accessed August 6, 2021.

53. Wrenn E. The great gender debate: Men will dominate 75% of the conversation uring conference meetings, study suggests. Dailymail.co.uk. https://www.dailymail.co.uk/sciencetech/article-2205502/The-great-gender-debate-Men-dominate-75-conversation-conference-meetings-study-suggests.html. Published September 19, 2012. Updated September 19, 2012. Accessed August 19, 2021.

54. Men Interrupting Women. Advisory.com. https://www.advisory.com/daily-briefing/2017/07/07/men-interrupting-women. Published July 7, 2017. Accessed August 19, 2021.

55. Spangler B. Transformative Mediation. Beyondinteractability.org. https://www.beyondintractability.org/essay/transformative_mediation. Published October 2003. Updated 2013. Accessed August 19, 2021.

56. What works? Umass.edu. https://www.umass.edu/employmentequity/sites/default/files/What_Works.pdf. Accessed August 29,2021.

57. Anigbogu U, Woodington C, Harris C, et al. Developing a Diverse and Inclusive Pipeline in Emergency Medicine: Part 2. Emra.org. https://www.emra.org/emresident/article/diversity-pipeline-part-2/. Published April 9, 2021. Accessed July 20, 2021.

58. Silver JK. Why are women excluded from medical society awards? Statnews.com. https://www.statnews.com/2017/07/19/women-excluded-medical-society-awards/. Published July 19, 2017. Accessed August 9, 2021.

59. The State of Diversity and Inclusion in the Healthcare Industry. Seramount.com. https://www.diversitybestpractices.com/sites/diversitybestpractices.com/files/attachments/2018/01/healthcare_part_2_workforceworkplace.pdf. Published October 2017. Accessed August 9, 2021.

60. Ruzycki S, Franceschet S, Brown A. Making Medical leadership more diversity. Bmj. 2021;373(945). doi: https://doi.org/10.1136/bmj.n945

61. Feyes E. Leadership and the Promotion of Diversity in the Work Force and Beyond. Ohiostate.presbooks.pub. https://ohiostate.pressbooks.pub/pubhhmp6615/chapter/leadership-and-the-promotion-of-diversity-in-the-work-force-and-beyond/. Accessed August 12, 2021.

62. Asare JG. The Key to Diversity and Inclusion Is Mentorship. Forbes.com. https://www.forbes.com/sites/janicegassam/2019/09/26/the-key-to-diversity-and-inclusion-is-mentorship/?sh=687816fc7fbd. Published September 26, 2019. Accessed August 19, 2021.

63. Miller G. Increasing Speaker Diversity of a Conference. McKinley-advisors.com. https://www.mckinley-advisors.com/blog/increasing-speaker-diversity-of-a-conference/. Published April 8, 2021. Accessed August 20, 2021.

64. He JC, Kang SK, Lacetera N. Opt-out choice framing attenuates gender differences in the decision to compete in the laboratory and in the field. PNAS. 2021;118(42):e2108337118. DOI: https://doi.org/10.1073/pnas.2108337118