UGME Curriculum Renewal 2022

Report | Phase II
Anti-Racism Curriculum Working Group

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University of Ottawa, Faculty of Medicine
Undergraduate Medical Education

Chair:
Dr. Gaelle Bekolo Evina

Report submitted May 30, 2022

Part 1: Introduction

MANDATE

The mandate of the Anti-racism Curriculum Working Group was to develop a set of recommendations to integrate *anti-racist* and *race-conscious* medical concepts within the MD Program at the University of Ottawa.

Specifically, these recommendations aim to:

- Develop a longitudinal anti-racism curriculum over the four years of the MD Program.
- Provide a detailed description of core concepts, issues, topics, or skills that would be taught in each year in the MD Program.
- Propose any recommendations related to how the content proposed for a longitudinal anti-racism curriculum could be effectively integrated within the MD Program.

MEMBERSHIP

The Anti-racism Curriculum Working Group was chaired by Dr. Gaelle Bekolo. Members of the group included patient partners, medical students, faculty with curriculum development expertise and faculty with expertise in anti-racism and equity, diversity and inclusion (EDI) content.

ADMINISTRATIVE SUPPORT

The Anti-racism Curriculum Working Group received administrative support from the Office of Assessment, Evaluation and Curriculum. The administrative support distributed agendas and any materials to review prior to each meeting; took minutes at each meeting; and coordinated action items based on each working group meeting.

REPORT STRUCTURE

The Anti-racism Curriculum Working Group has generated recommendations, divided in the following broad categories.

1. Anti-racism Curriculum Content

2. Considerations for the Anti-racism Curriculum Integration
3. Considerations to Support the Anti-racism Curriculum Implementation
4. Evaluation of the Anti-racism Curriculum

This report also includes the results from an anti-racism curriculum audit for years 3-4 of the University of Ottawa, MD Program (see Appendix A).

Part 2: Curriculum Purpose and Goal

Purpose Statement

The anti-racism longitudinal curriculum will provide medical students with the knowledge and skills required to address:

- Racism in medicine
- Racialized health inequities in our patient population
- Patient safety concerns affecting racialized and Indigenous patients

Curriculum Goal

By the end of the longitudinal anti-racism curriculum, each medical student will be able:

- To provide patient-centred care that is sensitive to the impact of racism (race-conscious) and that is culturally safe.
- To demonstrate an understanding of racism as a determinant of health and how it contributes health inequities in racialized and indigenous populations.
- To promote patient safety in racialized and Indigenous patient populations.
- To advocate against racism in medical education and clinical setting.

RECOMMENDATIONS

1. Recommendations for the Anti-racism Curriculum Content

i. Anti-racism curriculum content should be delivered in both the Francophone and Anglophone streams.
ii. Anti-racism curriculum content for the University of Ottawa, MD Program should be mandatory.
iii. The longitudinal anti-racism curriculum should be a competency-based curriculum built around four core concepts divided into primary and secondary frameworks:

1.1. Primary Frameworks

The Race Construct in Medicine

Reframing the understanding of race as a social construct is essential to understanding racialized patient's health/health care experiences and differential health outcomes. This framework is intended to increase students' consciousness of the race construct, how it operates in medicine and how it contributes to racialized patients' health inequities. This understanding is essential for the delivery of safe and equitable race-conscious health care.

Structural Competency

Understanding racism as a determinant of health is required to address racialized health inequities. This framework is intended to teach medical students to identify and analyze structural factors' (historical, cultural, political, economic) impact on racialized patients' health outcome and incorporate it to patient management.

The following table further details the sequence for teaching content for each primary framework. It includes the topics, competencies and skills that should be incorporated each year of the UGME Program at the Faculty of Medicine of the University of Ottawa.

Core concepts	UGME YEAR			
	YEAR 1	**YEAR 2**	**YEAR 3**	**YEAR 4**
The Race Construct in Medicine	**Define** the foundational concepts of race, racism (i.e.: main subtypes including systemic, institutional, interpersonal, intrapersonal), microaggressions (and its subtypes), prejudice and the additional concepts of power privilege, minority tax and allyship. **Describe** racism as a determinant of health. **Define** racialized health inequities.	**Describe and explain** the different manifestation/mechanisms of racism within health care systems including (but not limited to) microaggressions and prejudice. **Define** the racialization of disease (i.e.: the association of diseases to "racial" classifications without social contextualization) **Describe** practices of racialization of disease in medicine including race-based medicine practices, how these implicitly infer genetic/biological differences between racial classifications and their impact on health outcomes.	**Identity increasingly complex situations** within health care where racism is enacted. **Describe and explain** how these situations compromise patient safety. **Identify and reflect** on intersections between racism and other systems of oppression.	**Demonstrates** race consciousness by engaging in a patient-centred dialogue with an awareness of the impact of racism on the patient's health and health care experience and by refraining from race-based generalization when assessing patients. **Analyze** how racism impacts patient safety in health care settings.

For additional definitions, an anti-racism glossary is available from the Racial Equity Tools

Structural Competency	**Define** the foundational concept of structural racism, institutional racism, systemic racism. **Describe** how racism is embedded in the history of medicine and medical school and its impact on the health of Indigenous and racialized communities. This includes policies, practices, culture, and the historic underrepresentation of Indigenous and racialized people in medicine. **Describe** the historical impact of colonization and racism on the social conditions and health/health conditions of Indigenous communities in Canada. **Describe** the "Truth and Reconciliation" commission.	**Identify** the historical, economic, and political mechanisms by which racism operates to generate differential access to goods, services, and opportunities in society by racialized groups. **Describe** existing policies that are still perpetuating/maintaining racism (e.g., access to medical services on Indigenous reserves, First Nations health benefits are restricted, Jordan's principle/portability of rights) and the role they play in reinforcing bias and creating racialized health inequities/inequitable outcomes. **Identify** that a history of medical experimentation, abuse, and exploitation of marginalized populations directly contributes to the mistrust these populations have toward the medical profession. **Describe** the interrelation between systemic and institutional racism and the social determinants of health.	**Analyze** the impact of historical, economic, political, sociocultural factors on patient clinical presentation, on patient health outcomes and racialized health inequities. **Describe** interdisciplinary resources beneficial for optimal care of racialized patients and explain the importance of optimal communication with other health care team members in maintaining patient safety. **Recognize** that electronic health records and other data source can be a source of bias and can affect patient data reliability and quality. **Describe** the importance of the timely reporting of incidents of racism to maintain patient safety, **describe** reporting mechanisms formally established in their institutions and **explain** the health care providers' role as gatekeeper of patient safety.	**Demonstrate** the ability to synthesize how historical, cultural, economic, political factors shape racialized patient's health condition and contribute to racialized health disparities. **Demonstrate** the ability to search and partner with interdisciplinary team inpatient and in the community to support racialized patient's care. **Demonstrate** the ability to report all racism incidents that occur in academic and clinical setting (including but not limited to those involving patients, peers, hospital team, supervisors) through formally established, processes, committees, or agencies at their institutions with the goal of working toward intervening. **Demonstrate** the ability to report structural impediments to equitable care delivery through formally established processes, committees, or agencies at their institutions with the goal of working toward intervening.

For additional definitions, an anti-racism glossary is available from the Racial Equity Tools

1.2. Secondary Frameworks

Implicit Bias

This framework is intended to increase students' awareness of individual and organizational implicit bias, including those impacting racialized patients. This will also allow them to develop the communication and interpersonal skills to mitigate *implicit bias* in health care delivery and medical education.

Cultural Humility

This framework is intended to increase students' awareness of the impact of their values and belief in cross-cultural interactions. This will also allow them to increase their understanding and acceptance of others to foster a culturally safe environment in medical education and clinical settings.

The following table details the sequence for teaching content for each secondary framework. It includes the topics, competencies and skills that should be incorporated each year of the MD Program at the Faculty of Medicine of the University of Ottawa.

Core concepts	UGME YEAR			
	YEAR 1	**YEAR 2**	**YEAR 3**	**YEAR 4**
Implicit bias	**Define** the foundational concept of implicit bias. **Describe** how implicit bias is manifested in patient care at the individual, systemic, and institutional levels. **Identify** one's personal implicit biases and values. **Define** the foundation concepts of *equity, diversity and inclusion* and understand the concept of equity as it related to clinical care, policies and procedures.	**Describe** the differences in power relationships between health service provider and the individual patients	**Analyze** the impact of one's personal and societal implicit bias on interpersonal interactions with patients. **Analyze** the impact of implicit bias on racialized health disparities.	**Acknowledge and demonstrate** a commitment to addressing personal implicit and explicit bias. **Maintain** approachability and openness to discuss opportunities to improve practice, address personal bias, and combat interpersonal racism.

Cultural humility	**Define** the foundational concepts of cultural humility and cultural safety as the outcome of culturally competent care. **Identify and describe** their own social identity and positioning in relation to racism	**Critically analyze** their own identity, social positioning in relation to racism	**Describe** the impact of one's cultural values on patient care outcomes. **Demonstrate** a patient-centred approach during encounters by seeking out the priorities and the perspectives of the individual patient, including patients from a racialized population and refrain from assigning values to cultural differences.	**Demonstrat**e the ability to foster an environment where patient feels culturally safe and without risk during patient encounters.

2. Considerations for the Anti-racism Curriculum Integration

i. The administration and operation of the anti-racism curriculum should be overseen by a defined team. Once established, this team should facilitate the integration of the anti-racism curriculum including assigning content as integrated or stand-alone.

ii. The anti-racism curriculum should incorporate integrated content and stand-alone content.

iii. The level of integration should be adapted to each UGME year to optimize learning and should increase throughout the anti-racism longitudinal curriculum.

iv. Elements of the anti-racism curriculum that should be presented as stand-alone include:
   - The foundational concepts described for each framework in section 1.
   - An overview of the regional patient population, describing its sociodemographic context to provide students with a baseline understanding of the community served by the University of Ottawa Faculty of Medicine.
     This content could be presented early in UGME and reviewed in "Transition to Clerkship" and "Transition to Residency."

v. The anti-racism curriculum should include a stand-alone longitudinal reflective assignment centred around key anti-racism concepts.
   - This could take the form of a yearly reflective writing assignment around anti-racism concepts, clinical cases or other content presented throughout the UGME curriculum. Students should have the option of using these yearly assignments as entries for their ePortfolio.
   - A reading list exploring anti-racism foundational concepts should be provided as a complementary resource.

vi. Elements of the anti-racism curriculum that are integrated should have a timeline and students should be provided with the timetable of the integrated teaching sessions with a description of how the content/objectives will be presented and tested throughout the four (4) years.
   - For example, this could include presenting the curriculum in an orientation lecture early in UGME to emphasize how the anti-racism curriculum will be presented over the four (4) years.

2.1. Curriculum Integration of Anti-racism Foundational Concepts

The foundational concepts that stem from the different core frameworks are intended to provide students with the foundational knowledge required to develop the capacity to address racism.

vii. Foundational concepts should be introduced through a variety of teaching strategies including

a) Didactic lectures: to provide definitions and introduce concepts related to the history of racism, structural racism including policies and related issues in Canadian medicine.

b) Self-learning modules (SLMs): to reinforce foundational concepts and allow learners to review these topics at their own pace.

c) Group discussions: to provide an opportunity for cooperative learning and create a space for students to share their experiences which would strengthen their understanding of the different foundational concepts.

2.2. Curriculum Integration of Anti-racism Skills and Abilities

The Race Construct in Medicine Framework: This framework is intended to enhance students' skills of empathy, communication, and critical thinking with a focus on narrative analysis.

viii. This framework should be presented by combining multiple diverse interactive strategies that provide exposure to racialized patients' experiences with an increasing level of complexity.

ix. Students should be given enough opportunities to practise their skills in a controlled setting.

x. The teaching strategies should include:

a) Case-based learning modules (CBLMs): to provide exposure to authentic context with varied levels of complexity and allow students to reflect on analytical, and communication skills in a lower risk setting.

b) Facilitated workshops: to foster-group discussions and skill development around broad concepts.

c) Simulation centres: to provide opportunities to students to demonstrate their skills in a safe learning environment. The incorporation of role-playing could allow students to be exposed to a variety of experiences. This can also help students identify more easily with the behaviours and feelings of others.

d) Clinical cases: should include patient testimonials (written testimonials, audiovisual testimonials or other) and community organizations' perspectives to stimulate a comprehensive discussion and reflection.

e) Group discussions/debriefing: to provide an opportunity for cooperative learning and allow students to revisit their thoughts, feelings, reinforce skill sets and their understanding of the different concepts.

f) Other formats: community service learning opportunities, reading lists, reflection pieces and non-Western approaches to teaching medicine.

Structural Competency Framework

This framework is intended to teach students skills of critical thinking and interdisciplinary team work to enhance their understanding of the impact of structural factors on health outcomes and to learn to incorporate it in patient management.

xi. The teaching strategies should include:

- SLMs: to reinforce foundational concepts and allow learners to go through these topics at their own pace.
- CBLMs: to provide exposure to authentic context with varied levels of complexity and allow students to reflect on structural factors a lower risk setting.
- Facilitated workshops: to foster-group discussions and skill development around broad concepts.
- Group discussion/debriefing around case and content seen through other teaching strategies: to provide an opportunity for cooperative learning and allow students to revisit their thoughts, feelings, reinforce skill sets and their understanding of the different concepts.

Implicit Bias and Cultural Humility

These secondary frameworks are intended enhance students' skills of communication, empathy, self-awareness, other awareness, and self-reflection.

xii. Simulated and described patients should represent the diverse ethnocultural background of our regional patient population and when diversity is introduced, it should not be stereotypical.

xiii. The teaching strategies should include:

a) SLMs and CBLMs: to reinforce foundational concepts and demonstrate how the skills set is applied to the clinical setting. CBLMs could provide increased guidance while SLMs could allow students to revisit the content at their own pace.

b) Simulations and facilitated workshops: to provide students with the opportunity to practise the skills in a controlled setting.

c) Group discussion/debriefing around case and content seen through other teaching strategies: to provide students with the opportunity to revisit concepts, their thoughts, and feelings.

2.3. Additional Integration Considerations

xiv. Additional areas where anti-racism content should be integrated are:

- ePortfolio:

  - This longitudinal course creates opportunities for group discussion and feedback around anti-racism concepts through students' experiences. It also creates opportunities for connectedness between diverse groups of students.

- Courses with a focus on communication including those on interviewing skills.
- Courses with a focus on professionalism including those on professional skills.

xv. Informal education accounts for a significant learning strategy through modelling. This makes faculty development paramount to the sustainability of the anti-racism curriculum. The University of Ottawa Faculty of Medicine should hire an external anti-racism consultant to assist the development of an anti-racism training curriculum for faculty.

  - Faculty development is essential for a successful integration of the anti-racism curriculum. Teaching faculty should receive the needed support to enhance their level of understanding and comfort to present the anti-racism content to medical students.

2.4. Anti-racism Integrated Teaching and Harmonization

xvi. For a comprehensive anti-racist education throughout UGME, anti-racist practices should be applied across the different disciplines.

xvii. All Faculty of Medicine teaching faculty should develop their clinical and basic science teaching materials using an equity assessment checklist to reduce the introduction of racial bias into the MD curriculum.

- An example of an equity assessment checklist for undergraduate medical education is available from the Feinberg School of Medicine.[8]
- This checklist includes (but is not limited to) reviewing and identifying the level of diversity presented in simulated and presented cases and reviewing the use of race as a social construct rather than a biological concept.

xviii. All Faculty members should be provided with resources to facilitate the integration of anti-racism to their educational content.

- An example of online resource to facilitate the integration of Indigenous knowledge includes the Collaborative Learning Bundles : https://carleton.ca/tls/teaching-learning-and-pedagogy/collaborative-indigenous-learning-bundles/

3. Considerations to Support the Anti-racism Curriculum Implementation

3.1. Recommendations for Policy and Infrastructure

i. The University of Ottawa Faculty of Medicine should adopt an anti-racism policy for its trainee, faculty, and staff members as well as its hospital partners.
   - An anti-racism policy should be integrated into the Faculty of Medicine UGME's Policies and Procedures as well as the Student Guide.
   - The anti-racism policy should clearly define acts of racism and explicitly present them as professionalism concerns. It should clearly present consequences for non-compliance with this policy.

ii. The University of Ottawa Faculty of Medicine should integrate anti-racism concepts to the entrusted professional activities (EPA) to fill the current gap in addressing health inequities affecting racialized populations and Indigenous populations. This would assist teaching faculty in the development of content that aligns with the anti-racism curriculum's purpose and goal.

   - For example, the UGME Entrusted Professional Activity (EPA) " Formulate, Communicate and Implement management plan" could incorporate: "identify populations at risk for inequitable health outcomes (e.g., Indigenous, racialized and other populations) and collaborate with interdisciplinary team members to identify interventions to address the barriers and determinants of health for these patient populations."

3.2. Recommendations for Accountability and Sustainability

iii. The Curriculum Content Review Committee (CCRC) should disseminate all UGME anti-racism recommendations including the UGME audit reports to the unit/course leads of the Faculty of Medicine of the University of Ottawa.

iv. The CCRC should provide annual reports to demonstrate progress toward the Anti-racism Curriculum Working Group's recommendations for curriculum reform and to identify enablers and barriers to this progress.

v. The quality and content of the anti-racism curriculum in the University of Ottawa, MD Program should be evaluated on an annual basis.

vi. The Anti-racism Curriculum Working Group should continue as an advisory group to the CCRC to facilitate a continuous evaluation and improvement of anti-racism education within the MD curriculum at uOttawa.

3.3. Recommendations for Budget of Resources

vii. The administration/operation of the anti-racism curriculum should be overseen by a defined team.

viii. The time the personnel in the administrative structure allocates to operating the anti-racism curriculum should be budgeted. These operations could involve:

- Coordinating the management of the curriculum;
- Maintaining communication with stakeholders including student representatives, curriculum renewal, teaching faculty, administrative leadership, and participating community members;
- Developing mechanisms to support stakeholders and core functions of the curriculum implementation.

ix. The participation of patient partners and other community members or associations to the anti-racism curriculum should be budgeted.

x. The Faculty of Medicine should consider hiring a consultant for the anti-racism audit of the curriculum every 1-2 years.

3.4. Recommendations for Internal and External Consultants for Anti-racism Curriculum Implementation

- Dr. Jude Cénat (University of Ottawa)
- Dr. Monnica Williams (University of Ottawa)
- Dr. Manjeet Birk (Carleton University)

4. Recommendations for the Evaluation of the Anti-racism Curriculum

i. Anti-racism curriculum evaluation should include course evaluations from students and student assessments. Patient partners' evaluations should also be considered.

4.1 Student Evaluations

ii. The anti-racism curriculum course evaluation should be evaluated at the end of each relevant lecture/module.

iii. All course evaluations should include specific items to identify problems related to racism and anti-racism content.

iv. Course evaluation from students should focus on self-reported understanding of the content presented and the acquisitions of the targeted skills, behaviours and attitudes as described in the anti-racism curriculum content (see section 1). Additional outcomes to consider in the course evaluations include allyship, allophylia, "general intergroup contact quantity and quality," ethnicity identity.

v. Students should be evaluated on the anti-racism competencies detailed in the curriculum content section.

- Student assessment should initially be formative and an optimal time frame to transition to summative assessments should be established.
- Examples of evaluation tools that have been described include:
  - "Structural Foundations of Health Survey" (Meltz and Petty, 2017)
  - Validated tool to access racial literacy (Robinson et al., 2021)

vi. Students should be assessed on the anti-racism competencies yearly to ensure that they are maintaining these competencies and to monitor any boomerang effect.

- An example of a timeline for student assessment would be at the beginning of each UGME academic year allowing students to focus on the content as stand-alone.

vii. Students should be assessed on anti-racism core competencies upon entry into medical school. This would provide the faculty of medicine with the baseline anti-racism competency level of their student population. This could assist in identifying curriculum priorities. This entry competency level could be compared to a student's subsequent anti-

racism competency level.

viii. Course evaluation tools/questions can be built within existing evaluation for the University of Ottawa, MD, Program platforms (e.g., one45, Elentra).

ix. Summarized evaluations should be sent to pre-clerkship/clerkship supervisors at the end of each module for dissemination to teaching faculty.

x. Existing curriculum content should be audited every 1-2 years to identify and remove race-based generalizations and to provide racial representation that reflects our Ottawa community.

xi. Community consultation with partners external to the University of Ottawa Faculty of Medicine should be carried out every 1-2 years (alternating with the curriculum audit) to identify strengths and gaps in the existing anti-racism curriculum content.
    - This may be done in combination with the Social Accountability and Patient Partnership Working Groups' recommendations for the MD Program curriculum renewal.

4.2 Patient evaluation

xii. Patient partners from diverse backgrounds should be invited to evaluate their interactions with students through an anonymous process where only sociodemographic variables are collected.
    - These patients need to be clearly informed that the evaluation is part of a general process of evaluating how efficiently the medical curriculum teaches student anti-racism skills and cultural safety to provide optimal care to a diverse patient population.
    - The evaluation should aim to capture whether the patient felt respected, felt treated as well as other patients and whether their concerns were addressed. Patients should have the opportunity to provide additional comments on their evaluation form.
    - The Faculty of Medicine of the University of Ottawa should consider collaborating with community health services to foster trust with patient partners for optimal participation.

xiii. Summarized evaluations should be sent to pre-clerkship/clerkship supervisors at the end of each interaction for dissemination to teaching faculty.

Conclusion

The anti-racism longitudinal curriculum will provide medical students with the knowledge and skills required to address 1) Racism in medicine 2) Racialized and Indigenous patients' differential health outcomes and 3) Patient safety concerns for racialized patients.

The longitudinal anti-racism curriculum is built around four core concepts, including 1) The Race Construct in Medicine 2) Structural Competency 3) Implicit Bias and 4) Cultural Humility. To adequately support the implementation of the anti-racism curriculum, anti-racism should be embedded in the policies and in the EPA framework of the Faculty of Medicine. In addition, a structure for sustainability and accountability needs to be set in place and the Faculty of Medicine needs to provide comprehensive anti-racism faculty training. The anti-racism curriculum evaluation should include course evaluations from students and student assessments. Patient-partner evaluations should also be considered.

Membership

The members of the Anti-racism Curriculum Working Group were:

1. **Patient partners**:
    - Carling Miller (Executive Director, Kind Space)
    - Lamia Moheb (Quality Improvement Specialist, Knowledge Institute on Child and Youth Mental Health and Addictions)

2. **Medical students**:
    - Patricia Burhunduli (MD/PhD Candidate)
    - Saada Hussen (MD Candidate)
    - Jasmin Pagé (MD Candidate)
    - Yuanyi Song (MD Candidate)

3. **Faculty**:
    - Ms. Lisa Abel (Program Manager, Office of Strategic Planning and Implementation, Faculty of Medicine, University of Ottawa)
    - Dr. Gaelle Bekolo (Family Medicine, Montfort Hospital, and MD Program Black Health Theme Lead, University of Ottawa)
    - Dr. Kassia Johnson (Assistant Clinical Professor, Pediatrics, McMaster University, and Canadian Pediatric Society Anti-Racism Curriculum Director)
    - Dr. Denice Lewis (Curriculum Director and Academic Day Director, Postgraduate Family Medicine, University of Ottawa)
    - Dr. Wildhine Lominy (Family Medicine, Palliative care, Montfort Hospital)
    - Dr. Laura Muldoon (Lead, Society, the Individual and Medicine Curriculum, Anglophone stream, MD Program, University of Ottawa)
    - Dr. Ewurabena Simpson (Assistant Dean, Office of Equity, Diversity, and Inclusion, University of Ottawa)
    - Dr. Monnica Williams (Canada Research Chair for Mental Health Disparities, and Assistant Professor, School of Psychology, University of Ottawa)

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Appendix A

ANTIRACISM CURRICULUM AUDIT REPORT

An antiracism curriculum audit was carried out for the clerkship years of the University of Ottawa's MD Program. The objectives of the curriculum audit were:

i. To identify race-based generalizations and gaps within the clerkship undergraduate MD program curriculum at the University of Ottawa.

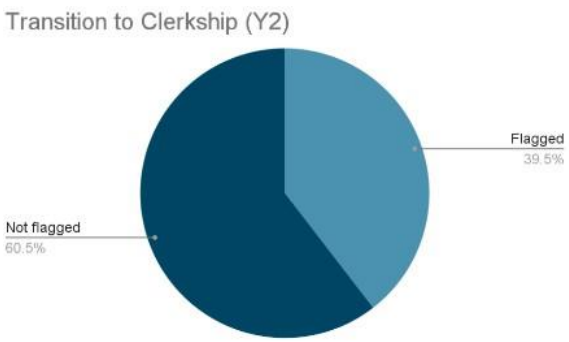
ii. To flag areas within the clerkship curriculum deemed as culturally insensitive, holding race-based generalizations, or lacking diversity.

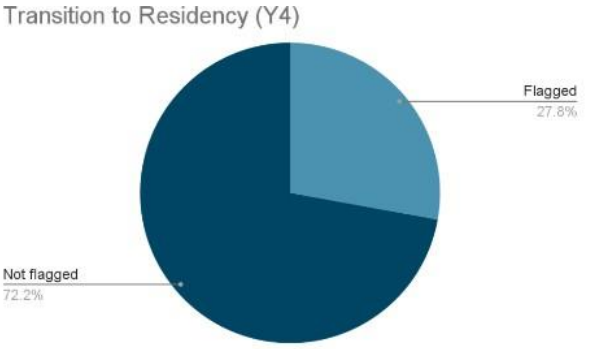
iii. To identify opportunities for anti-racism content integration.

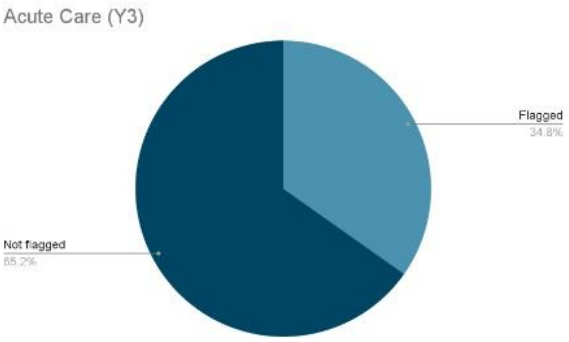
Methods:

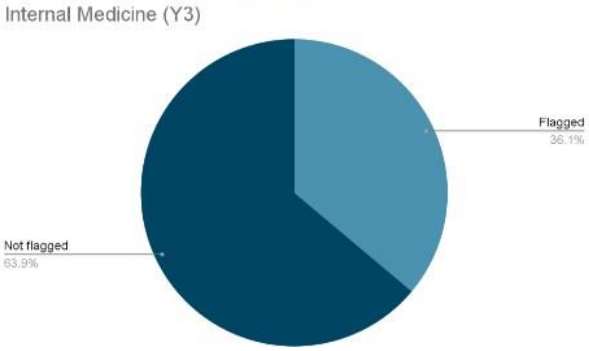
Twenty-two (22) medical student volunteers reviewed the clerkship curriculum and flagged areas as culturally insensitive, holding race-based generalizations and/or lacking diversity based on a standardized scoring tool. All comments were reviewed by two medical students to ensure inter-rater reliability. Components of the curriculum were categorized by blocks, and material consisted mostly of didactic lectures but also included online modules, preceptor-assisted learning sessions, telemedicine cases, video demonstrations, and supplemental reading material. A total of 479 sessions and lectures were reviewed for this curriculum audit.

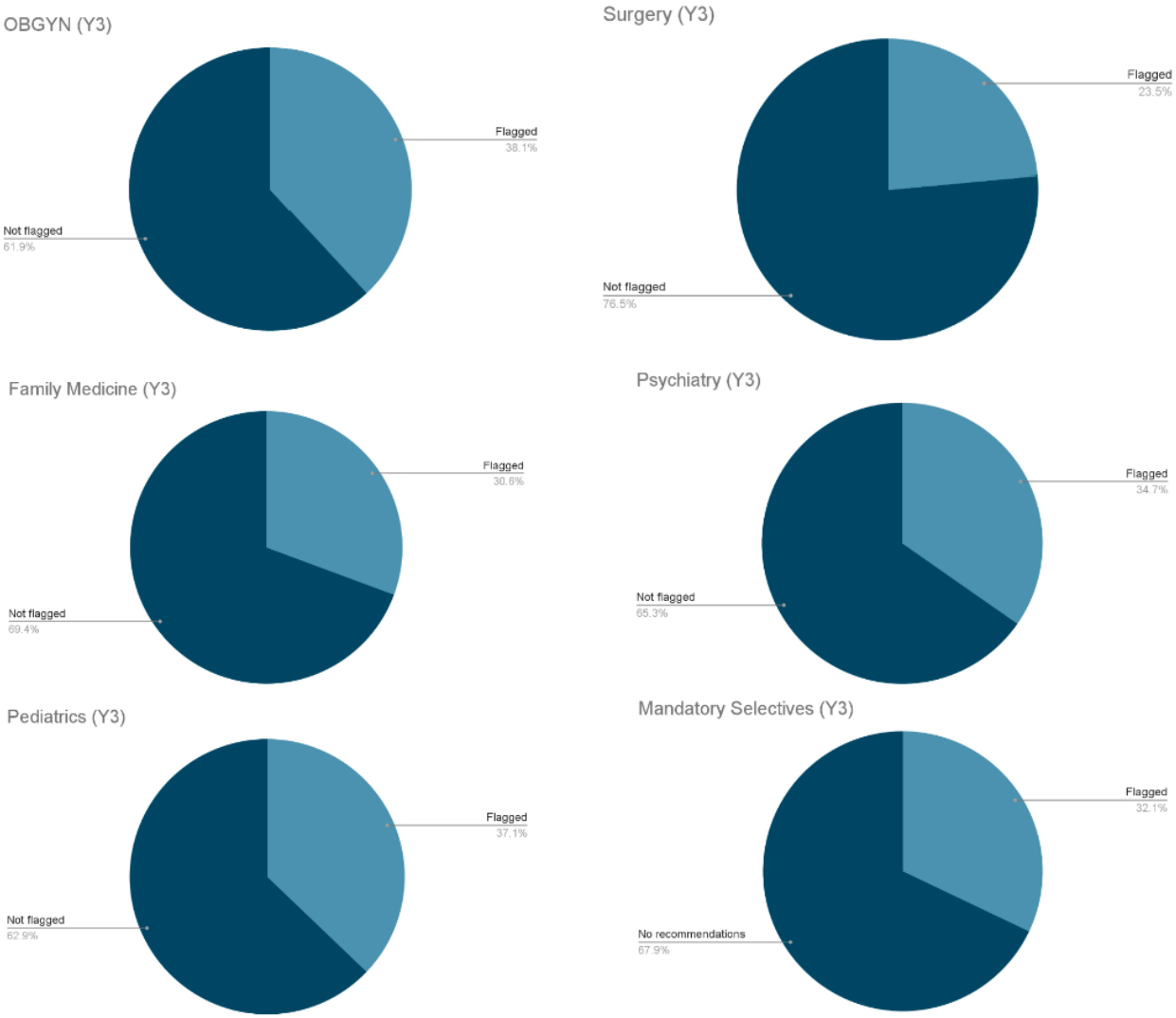
Results:


Transition to Clerkship (Y2)
Flagged
39.5%
Not flagged
60.5%


Transition to Residency (Y4)
Flagged
27.8%
Not flagged
72.2%


Acute Care (Y3)
Flagged
34.8%
Not flagged
65.2%


Internal Medicine (Y3)
Flagged
36.1%
Not flagged
63.9%



An anti-racism audit of the University of Ottawa's MD Program clerkship curriculum identified a high frequency of stereotyped and negative portrayals of racialized and Indigenous populations. A curriculum reform is necessary to reduce bias stemming from inaccurate or lack of representation of racialized and Indigenous individuals in medical curricula. Next steps should focus on the introduction of a longitudinal anti-racism curriculum with specific attention to faculty development, local policies and infrastructure to help to mitigate racial bias in undergraduate medical education. This will increase physician competency and confidence when treating racialized and Indigenous patients.

Appendix B

Block	Document Title	Recommendations	Additional content to be added
Ob/Gyn	Tracings.NST.1-français	No recommendations	
Ob/Gyn	Tracings.NST.2-français	No recommendations	
Ob/Gyn	Tracings-français	No recommendations	
Ob/Gyn	RAT 1 - Complications of Labour & Delivery-français	No recommendations	This would be a good opportunity to discuss the impact of racism on maternal-fetal outcomes, for example the racialized health disparity in preterm births in Black vs. white populations (https://www.cmaj.ca/content/188/1/E19).
Ob/Gyn	RAT 2 - Third Trimester Bleeding Presentation-français	No recommendations	
Ob/Gyn	Pregnancy 101-français	Slide 45 and 47: Afro-american is a broad term and treats this popualtion as a monolith while in reality they are diverse group. on Slide 47 it states "[la maladie hémolytique du nouveau-né] est plus courante et plus grave chez les nourrissons afro-américains" but does not explain why. From UpToDate, this claim seems to be based solely on a series of 2 cases published in 1998. https://www.uptodate.com/contents/postnatal-diagnosis-and-management-of-hemolytic-disease-of-the-fetus-and-newborn?search=hemolytic%20disease%20of%20the%20fetus%20and%20newborn&source=search_result&selectedTitle=1~150&usage_type=default&display_rank=1#H1471026639	All figures, including photos demonstrating Fetal Alcohol Syndrome and teratogenic effect of Coumadin, feature white patients only. Diversity would be appreciated. Figures on slides 13, 17, 35, 38, 39, 50. Figure demonstrating Rubeola shown on white child only (slide 22). Consider adding photos of rash across darker skin tones.
Ob/Gyn	Intro to ULTRASOUND in ObGyn-français	No recommendatons	
Ob/Gyn	Hypertension in Pregnancy Presentation-français	Slide 13: The preeclampsia rate is 60 percent higher in black women than in white women,1 and black women are more likely to develop severe preeclampsia. Good opportunity to discuss this racialized health disparity. https://www.preeclampsia.org/public/frontend/assets/img/gallery/D0900705.pdf	
Ob/Gyn	First Trimester Bleeding -français	No recommendatons	
Ob/Gyn	Complications of pregnancy-français	No recommendatons	This would be a good opportunity to discuss the impact of racism on maternal-fetal outcomes, for example the racialized health disparity in preterm births in Black vs. white populations (https://www.cmaj.ca/content/188/1/E19).
Ob/Gyn	Uterine bleeding-français	Slide 29: states increased incidence of uterine fibroids in Black women. Consider referencing study "Baird, DD, et al. Am J Obstet Gynecol, 2003;188(1):100" - incidence of fibroids was higher in Black study participants after adjusting for parity, BMI, and smoking status. Reason for higher incidence in Black women is not yet known.	
Ob/Gyn	Pelvic masses & Pelvic Pain-français	Slide 18, 29, 32: states increased incidence of uterine fibroids in Black women. Consider referencing study "Baird, DD, et al. Am J Obstet Gynecol, 2003;188(1):100" - incidence of fibroids was higher in Black study participants after adjusting for parity, BMI, and smoking status. Reason for higher incidence in Black women is not yet known. Similar explanations for slides 29 and 32 that state white women are more likely for different pathologies should be given	
Ob/Gyn	Prolapse and Pelvic Anatomy Review-français	Slide 33: reviews risk factors for pelvic organ prolapse, including "Race (hispanique > caucasienne > asiatique > africaine)". Consider revising this to reflect the lack of equitable representation of minority communities in studies to date. https://www.uptodate.com/contents/pelvic-organ-prolapse-in-females-epidemiology-risk-factors-clinical-manifestations-and-management/abstract/47	
Ob/Gyn	Introduction to GyneOncology-français	No recommendations	
Ob/Gyn	Endometriosis-français	Consider reviewing choice of figure on slide 15.	
Ob/Gyn	Domestic Violence - Sexual Assault-français	Slide 9: Good opportunity to discuss increased prevalence of intimate partner violence in minoritized populations - see figure from StatCan (reference). Slide 11: Elaborate on cultural barriers	

Block	Document Title	Recommendations	Additional content to be added
Chirurgie	Neurosurgery 1 - Emergencies FR	No recommendations	
Chirurgie	Neurosurgery 2 - Clinics FR	No recommendations	
Chirurgie	General Surgery - Hernias FR	Slide 24 states "plus forte incidence chez les personnes de race blanche" in terms of biliary colics. This is a race-based generalization and elaboration is required.	
Chirurgie	General Surgery - Breast Pathology FR	No recommendations	
Chirurgie	General Surgery - Bowel Obstruction FR	Slide 25 discusses diverticulitis - good opportunity to discuss prevalence of right-sided diverticulosis and diverticulitis in Asian populations (link) Slides 34-35 show figures of perianal disease on white patients only. The images should be more representative of the full spectrum of skin tones	
Chirurgie	General Surgery - Acute Abdomen FR	No recommendations	
Chirurgie	Cardiac Surgery FR	No recommendations	
Chirurgie	Orthopedic Surgery 1- Acute Orthopedic Emergencies FR	Slide 2, 3, 4, 13: Ensure to show necrotozing fasciitis and other skin manifestations in different skin	
Chirurgie	Pediatric Surgical emergencies FR	No recommendations	
Chirurgie	Thoracic Surgery- Lung and Esophageal Cancer FR	No recommendations	
Chirurgie	Thoracic Surgery-Acute Thoracic Emergencies FR	No recommendations	
Chirurgie	Urology 2- Stones, BPH, Hematuria, PCa FR	Slide 62: Mentions that being African American is a risk factor for prostate cancer. This is suggestive of a race-based generalization that needs to be elaborated. This is an opportunity to introduce racialized health disparities in regards to prostate cancer.	
Chirurgie	Urology 1- Acute Emergencies FR	No recommendations	
Chirurgie	Vascular Surgery 1- Acute Vascular Emergencies FR	No recommendations	
Chirurgie	Vascular Surgery 2- Chronic Vascular Conditions FR	No recommendations	

Block	Document Title	Recommendations	Additional content to be added
Med Fam	Dentisterie Dr Oliver Julien FR 1	Overall gums of individuals of varying skin tones should be presented	
Med Fam	Dentisterie Dr Oliver Julien FR 2	Overall gums of individuals of varying skin tones should be presented	
Med Fam	Dentisterie Dr Oliver Julien FR 3	Overall gums of individuals of varying skin tones should be presented	
Med Fam	Dentisterie Dr Oliver Julien FR 3a	Slide 6: Present Herpertic stomitits in varying skin tones	
Med Fam	Dentisterie Dr Oliver 4	Slide 10: Red or white ulcer mentiones, this description should be visually show in varying skin tones	
Med Fam	ARC - Fatigue - Dre Anne-Marie Auclair	No recommendations	
Med Fam	ARC Céphalée	No recommendations	
Med Fam	Communiquer le diagnostic	No recommendations	
Med Fam	Mauvaise Nouvelle	No recommendations	
Med Fam	ARC-DIABETE	No recommendations	
Med Fam	ARC-DYSPNÉE	No recommendations	
Med Fam	PDF-Maladie d'Alzheimer	No recommendations	
Med Fam	Dx and treatment of OSA in adults	No recommendations	
Med Fam	Le deuil blanc	No recommendations	
Med Fam	COVID Webinar 2	No recommendations	
Med Fam	ARC Demence	Dementia and cultural language barrier interplay would be an important topic to discuss	
Med Fam	Douleur abdominales	Pallor and jaundice mentioned as physical exam findings, students should be able to identify this in varying skin tones	
Med Fam	Vaccination	Slide 27, 29, 31: Show skin condition on varying skin tones	
Med Fam	Ressources Vaccination	No recommendations	
Med Fam	Serve object 1 (Stage en médecine familiale)	No recommendations	
Med Fam	Serve objects 2 (Collaborer avec des pharmaciens	No recommendations	
Med Fam	Hypoglycémiant oraux	No recommendations	
Med Fam	Insuline	No recommendations	
Med Fam	La physiothérapie	No recommendations	
Med Fam	Éducation interprofessionnelle	No recommendations	
Med Fam	Sommaire de la session d'apprentissage au	No recommendations	
Med Fam	Questions que doivent se poser les médecins de	No recommendations	
Med Fam	Principes d'un diagnostic en toute dignité	No recommendations	

Block	Document Title	Recommendations	Additional content to be added
Psych	ACE.pdf	No recommendations	
Psych	Mood disorders / troubles de l'humeur	Slide 124: "The parents are immigrants, and state that due to mental health stigma, they don't know if any other family members have ever had any formal diagnoses." Though this may be a reality, it would be beneficial to include resources for students to access in order to tackle encounters like this.	
Psych	Note de consultation	No recommendations	
Psych	La psychose	Slide 15: "immigration récente" is indicated as a risk factor, worth explaing or having accompanying information.	
Psych	APC - troubles du spectre de l'autisme	No recommendations	
Psych	APC - TDAH, trouble oppositionnel avec provocation, trouble de conduites	No recommendations	Not mentioned in the lecture but an important point is the disparities in ADHD ddx: https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC3691530/
Psych	APC - Troubles anxieux	No recommendations	
Psych	APC - La dépression chez les enfants et les adolescents	No recommendations	
Psych	Trouble du spectre de l'autisme	No recommendations	
Psych	Troubles anxieux	No recommendations	
Psych	Troubles de la personnalité	No recommendations	
Psych	Troubles de sommeil	No recommendations	
Psych	Troubles de substances	No recommendations	
Psych	Troubles des conduites alimentaires	Slide11: Derm manifestation should be presented in varying skin tones	Referring to "cultures occidentals" when demonstrating the epidemiology of bulimia and anorexia in Canada. Specifications/explanations would be benefical
Psych	Delirium	No recommendations	
Psych	Fonction et dysfonction sexuelle	No recommendations	
Psych	Besoins en santé physique et mentale dans les services correctionnels	Slide 6: Consider including racism as a determinant of health; Slide 31: Pie chart indicating proportion of incarcerated demographic groups. Consider including the proportion of these groups in canadian society as well	
Psych	Psychothérapie	No recommendations	
Psych	Troubles	No recommendations	
Psych	Les troubles dépressifs chez les personnes âgées	Slide 33: " Les hommes âgés blancs sont les plus à risque" Studies explaing the specification of race would beneficial.	
Psych	Somatisation et troubles à symptomatologie somatique et apparentés	No recommendations	
Psych	Urgences psychiatriques	No recommendations	

Block	Document Title	Recommendations	Additional content to be added
IM	Arc déséquilibre métabolique	No recommendations	
IM	Arc Fièvre	No recommendations	"Démontrer l'examen physique d'un patient avec endocardite bactérienne" Students should be able to identify dermatological manifestations in varying skin tones
IM	Arc insuffisance rénale	No recommendations	"énumérer les examens complémentaires les plus utiles au diagnostic" oppotuniry here to raise awareness that historically there used to be a race correction for Black patients but that there is a push to remove it given how it causes CKD to be under-diagnosed in this patient population, this is helpful. Given that race is a social construct and not biological, biological assumptions about Black patients have been shown to be unfair. MDCalc, a popular tool for these calculations, have also made the race criteria optional and one should discourage trainees from using it.
IM	Arc Monoarthrite Polyarthrite	No recommendations	
IM	Arc7 Objectif syncope	No recommendations	
IM	L'examen neurologique	No recommendations	
IM	Consignation et communication de l'examen neurologique	No recommendations	
IM	Recording and communicating the neurological exam	No recommendations	
IM	Arc 5 MPOC et asthme	No recommendations	
IM	Arc 6 Anemie	No recommendations	
IM	Pharmacothérapie	Slide 46: It would be good to add images of the red man syndrome on different skin tones as it can appear differently (and not red) on other skin colors. Slide 24: Link redirects to a website wfor kidney function calculation that has the options to select Black patinet, worth discussing.	
IM	Arc MPOC et asthme Exercices	No recommendations	Not mentioned in exercises, but worth discussing race/ethnicity differenced in PFTs

Block	Document Title	Recommendations	Additional content to be added
Soins aigus	Les voies aériennes	No recommendations	
Soins aigus	Techniques de prise en charge	No recommendations	
Soins aigus	Gestion des voies aériennes (PPT)	No recommendations	Provide more diversity regarding the images used as examples for all techniques (BVM, intubation) and all aspects of airway examination. All images used are of Caucasian individuals.
Soins aigus	Douleur Abdominale (Doc + PPT)	Slide 23: mentions, Bluish periumbilical discoloration and discoloration when describing cullens and gray turner sign, important to ensure this decription is accurate for varying skin tones	
Soins aigus	Douleur thoracique (Doc + PPT)	Slide 33: Visible minorities are listed as a group that presents differently. This implies a norm that excludes racialized people and does not read equitably. Perhaps mention the racial disparity in the treatment and investigation of chest pain in the ED. Equity in the Diagnosis of Chest Pain: Race and Gender (https://www.ingentaconnect.com/content/png/ajhb/2001/00000025/00000001/art00007) The impact of race on the acute management of chest pain (https://pubmed.ncbi.nlm.nih.gov/14597496/)	
Soins aigus	Ponction lombaire et lampe à fentes (Doc + PPT)	No recommendations	
Soins aigus	Réparation plaies / points de sutures	Introduce greater patient diversity for the examples presenting images of different stitching techniques. Should present patient of varying skin tones.	
Soins aigus	Toxicologie (Doc + PPT)	Slide 14: Red as a beet: peau rouge, imprtant to highlight if patients of varying skin tones also present as red, Case example on slide 35 with the example of the 72 year old man of Indian origin. I don't know if the example demonstrates the difficulty of obtaining a history with language barriers in toxicology but it is not really mentioned in the slides. All the other examples in this presentation do not mention the race of the patient (e.g., 40 year old female, IV drug use, etc.) I don't know if it is necessary to mention her origin or if it refers to the instances of methanol poisoning in India due to alcohol (unregulated moonshine laced with methanol in country made liquor) but it is not explicit and does not offer more information to the case? So, maybe revisit the mention of the patient's origin in this case or offer more explanation as to the relevance because I don't see the relevance personally. https://www.bbc.com/news/magazine-16197280 https://www.cnn.com/2019/02/24/asia/india-alcohol-poisoning/i misconcep	
Soins aigus	Traumatologie (Doc + PPT)	Slide 30/31: Present skull fracture signs in varying skin tones	
Soins aigus	Cathétérisme vésical	No recommendations	
Soins aigus	Fractures	No recommendations	
Soins aigus	Intraveinothérapie	No recommendations	
Soins aigus	Sonde naso/orogastrique	No recommendations	

Block	Document Title	Recommendations	Additional content to be added
T2C	Orientation to T2C	No recommendations.	
T2C	One45 Logs	No recommendations.	
T2C	Professionalism 1	Discuss issues related to racism within professional settings as well as strategies to confront this as learners.	
T2C	Professionalism 2	Change images in the module to include a greater diversity of healthcare professionals.	
T2C	Patient Admission Notes and How to Write Admission Orders	No recommendations.	Slide 5: Change language to differentiate between sex and gender, as 'gender' is mentioned when sex is the appropriate term. Slide 11: In 'Social History', add note about social support, language spoken, immigration status (if relevant to insurance coverage) and other important social categories that may impact health.
T2C	How to Write Progress Notes and Discharge Notes &	No recommendations.	
T2C	MLife	No recommendations.	
T2C	Patient Safety	Slide 17: Add discussion about "implicit biases". Please include how racism/violence impacts patient safety and how learners can play a role in mitigating/preventing/reporting.	Slide 4: Update CanMEDS roles (manager has been replaced with leader). Slide 33: Please review for accuracy of EHR system. Should this be accessible via EPIC?
T2C	Infection Prevention and Control in a Global Pandemic	Slide 39: Change "Aboriginal" to "Indigenous" given current preferences voiced by Indigenous leaders. Slide 43: The discussion of heightened risk of TB in Indigenous and "foreign-born" patient populations does not read equitably and does not put emphasis on the fact that risk factor for TB is associated to the endemic area. This is also an opportunity to discuss the traumatic history of displacement of Indigenous peoples for TB treatment. https://www.cmaj.ca/content/193/43/E1666	
T2C	Pandemics and Blood Borne Pathogens in the Hospital	Slide 11: Raise discussion regarding how some community members more at risk due to already existing vulnerabilities. Slide 18: Change the image; may unconsciously add to stereotype of WOC as those that clean hospitals vs. as physicians. Slide 53: Change example to avoid stereotype that individuals who are precariously housed are at greater risk to transmit infection to HCWs. If an accidental prick occurred from a needle used to draw blood from a patient in stable housing, the protocol would be enacted in the same way regardless. Can discuss/contextualize how individuals that are unhoused are put at greater risk for various infections without stigmatizing.	

T2C	Breaking Bad News - Slides	Add cases where cultural and linguistic barriers are involved in some way. It is important to not only teach trainees how to break bad news, but to break bad news to a particularly vulnerable subset of people.	Consider adding EDI awareness to the SPIKES model.
T2C	Breaking Bad News - Links	No recommendations.	
T2C	Breaking Bad News - Tutorial	Page 1: It is specified, "Many studies have demonstrated that patients and their families want to hear the truth about their prognosis". This would be a good opportunity to acknowledge that not all patients come from cultural or personal backgrounds that agree with this statement. Since the Invitation component of SPIKES is clearly an act of obtaining consent from the patient/family to proceed with sharing bad news, it would be valuable to add a case in which the patient/family specifies that they would prefer to not know x regarding their illness. https://spcare.bmj.com/content/11/2/128	
T2C	Drugs are your Life	No recommendations.	
T2C	Pre-Printed Insulin Orders	No recommendations.	
T2C	Antibiotics Prescribing	No recommendations.	
T2C	Prescriptions for IV Fluids	No recommendations.	
T2C	How to Complete a Death Certificate	No recommendations.	
T2C	Confidentiality, Medical Records, Documentation	No recommendations.	Slide 25: Add examples of non-healthcare persons in the circle of care other than clergy for greater inclusivity e.g. interpreters - unless they count as health team, cultural support workers, etc.
T2C	MSK System History Skills	Opportunity to introduce differential pain assessment in racialized and Indigenous groups and the consequences on treatment disparities and health outcomes.	
T2C	GI History Skills	No recommendations.	
T2C	Cardiovascular System System History Skills	No recommendations.	
T2C	Respiratory System History Skills	No recommendations.	
T2C	End of Life Decision Making	No recommendations.	
T2C	Chest - Slides	No recommendations.	
T2C	Chest - Link	No recommendations.	
T2C	ECG Core	No recommendations.	
T2C	Introduction to ACLS	No recommendations.	
T2C	Prescription Writing	No recommendations.	Page 44 (Cases): Briefly discuss the impact of the opioid epidemic, the role that physicians have played in it, the complexities associated with drug use and overuse.
T2C	Occupational Health History Skills	Slide 10: Consider including ethnicity/culture/religion/migration status in history to help better understand patient's background. Slide 14: Add a question regarding discrimination, and whether the patient feels that their workspace is inclusive with regards to race, sex, gender, religion, or culture. Important for ensuring mental/emotional wellbeing and preventing/diagnosing sources of workplace depression/stress. Slide 18: Consider including anxiety in DDx for dyspnea, and could tie this into potential workplace emotional stresses (i.e. discrimination).	
T2C	SAO Navigating the 3rd Year	Explore options to support students experiencing racism. Currently we are unable to identify any formal resources or outlets for students to report events of this nature. Add content before slide on mistreatment and reporting to discuss the ways in which the curriculum has not prepared students to know what is reportable behaviour. In high stress environments, the risk of encountering comments that are discriminatory towards trainees or patients/staff/etc. from patients/families/peers may be heightened. Teach students how to recognize disciminatory comments and teach them the most appropriate ways in which to respond, as well as what not to do.	

T2C	Selected Cases	No recommendations.	Slide 1: Rewrite the following section in clinical vignette 2: "The use of terminology like this usually develops out of a sense of frustration with our inability to deal successfully with what we would refer to as "difficult patients" or some particular bias within ourselves." No mention of racism. Shifting blame back towards the "difficult" patient instead of accepting responsibility for racist language used. This is not just an issue of difficulty providing care but also one of racial stereotyping & ableism (hysteric).
T2C	IV Insertion	Slide 16: Include images of people of colour to demonstrate landmarking for venupuncture.	
T2C	Phlebotomy	Slide 1: Change the image to include physicians and patients of diverse backgrounds to better present our healthcare system.	
T2C	Sensitive Exam	No recommendations.	Use more gender inclusive language in the Breast examination section, rather than exclusively she/her.
T2C	Patient Assessments and Differentials	Unable to access.	
T2C	Advocacy in Medicine	Unable to access.	
T2C	Catheter	No recommendations.	
Telemedicine	#3	Include more culturally diverse patient names. Integrate more socioeconomic information in prompts and/or SP scripts so as to encourage students to take biopsychosocial approaches to diagnosis and treatment. The descriptions are currently very clinical and not true to real life.	
Telemedicine	#4	Same recommendations as above.	
Telemedicine	#5	Same recommendations as above.	

Block	Document Title	Recommendations	Additional content to be added
IM	Asthma and COPD	Slide 10: Add visuals of physical exam (e.g. signs of cyanosis in racialized patients). Elaborate on PFT race correction. Opportunity to Introduce the concept of race-based medicine and its impact on racialized population. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC4631137/	
IM	ECG	No recommendations.	
IM	PFTs	Opportunity to present the challenges of race-based medicine and its impact on racialized population health and disparities regarding the history of race/ethnicity-based spirometry values. The practice of race-correction leads to making non-racialized groups as the standard and racialized groups as others. Emphasis on differential practices and these do not equate to differences in biology. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC4631137/	
IM	Pleural Effusions	No recommendations.	
IM	LFTs	Include images of the stigmata of liver disease manifestations on different skin tones.	
IM	CXR	No recommendations.	
IM	CAP	No recommendations.	
IM	Healthcare Professional Team Orientation	Slide 53: Mentions chaplain. Add more examples of spiritual leaders/religious examples that others can connect with.	
IM	CHF/Edema	No recommendations.	
IM	Acute Monoarthritis	Slide 9: Include images of skin lesions/ ulcers, rashes, erythema nodosum looks like on different skin colors. Slide 13 & 17: Case 1 & Case 2 should show variations of red swelling on foot with different skin tones. Slide 26: Show Reiter's pustular rash on darker skin tones.	
IM	Hyponatremia	No recommendations.	
IM	Extra-Intestinal Manifestations of IBD	Update images to include manifestations in different skin tones.	
IM	Bugs and Drugs	No recommendations.	
IM	AKI	Slide 4: Delete/modify "How does race affect GFR?" If the purpose is to raise awareness that historically there used to be a race correction for Black patients but that there is a push to remove it given how it causes CKD to be under-diagnosed in this patient population, this is helpful. Given that race is a social construct and not biological, biological assumptions about Black patients have been shown to be inequitable.MDCalc, a popular tool for these calculations, have also made the race criteria optional and one should discourage trainees from using it. https://www.nejm.org/doi/full/10.1056/NEJMms2004740 https://www.cmaj.ca/content/194/11/E421	
IM	Approach to Anemia	Modify the comment "genetic background (African/Mediterranean/Asian)". The brackets list ethnicities.	
IM	Anemia	slide 21-26: Modify the third case. It is possible that the case is written as such because Mr. Yousef Abbadi presents with confusion, but it is unfortunate that the one case with a Middle Eastern name is discussed passively, as if he wasn't spoken to or no attempt was made to seek a history directly from him. The other 2 cases were able to describe their symptoms or deny symptoms. For case #3, it reads as a chart review. This may perpetuate stereotypes to not seek translators, family collateral, or to not attempt communication with patients who are not white.	
IM	ABG	No recommendations.	
IM	CV Exam Session	No recommendations.	
IM	MSK Exam Session	No recommendations.	
IM	Easing Suffering	Slide 8: Add photos to show people of colour.	
IM	Neuro Exam	No recommendations.	
IM	Antibiotics	Slides 10, 11: Include images of different presentations in people of colour, especially if highlighting the similarity in appearances.	
IM	Diabetes	No recommendations.	

Block	Document Title	Recommendations	Additional content to be added
Anesthesia	Acute Pain Management	Discuss the historical differential pain evaluation in racialized and Indigenous populations, resulting in racial bias associated with pain prescriptions, among other impacts on health outcomes on these populations. Discuss the potential implications of this. Research was conducted in the US in 2021, see link. "Within individual health systems, Black and White patients received markedly different opioid doses." https://www-nejm-org.proxy.bib.uottawa.ca/doi/full/10.1056/NEJMsa2034159	
Anesthesia	Acute Pain	Slide 50: Consider updating to a more recent and inclusive graphic or use opportunity to discuss the challenges of race-based medicine and its impact on racialized population health and disparities. The graph demonstrates the frequency of the CYP2D6 phenotype in White population. One should avoid the use of racial descriptors as a correlate to genotypic/phenotypic characteristics. Additionally, based on speaker notes, this study was completed in 2004. If one is to include descriptive statistics on the frequency of this CYP2D6 in different ethnic groups, an updated study should be used (2012 published & updated in 2021): https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/books/NBK100662/	
Anesthesia	Airway Workshop	No recommendations.	
Anesthesia	Anesthesia Clerkship Orientation	No recommendations.	
Anesthesia	Anesthesia Learning Cases	No recommendations.	
Anesthesia	Cardivascular physiology	No recommendations.	
Anesthesia	Fluid transfusion management	No recommendations.	
Anesthesia	Introduction Pre-Op Assessment	No recommendations.	
Anesthesia	Maintenance of Anesthesia	Slide 17: Disadvantages to pulse oximeters: this is an opportunity to mention the potential for racial bias in this measurement as per a recent (2020) study. See article. "Black patients had nearly three times the frequency of occult hypoxemia that was not detected by pulse oximetry as White patients." https://www-nejm-org.proxy.bib.uottawa.ca/doi/full/10.1056/nejmc2029240	
Anesthesia	Perioperative Physiology	Slide 12: Visual signs of hypoxia-cyanosis. Potential opportunity to mention how signs of hypoxia differ with various skin pigmentation and where to look for these clinical signs in different populations, as cyanosis/'blue-ish' appearance will not present uniformly across skin colours. ("Gray" was detailed for skin findings in Slide 59: Consider emphasizing differences in various skin pigmentation as I cannot see speaker notes) Slide 81: Signs of Allergic Reaction: another opportunity to emphasize the importance of being aware of the various skin manifestations of allergy based on skin pigmentation.This may be already covered during presenting but as there are no speaker notes here thought I would make a note. :) May consider also adding photos demonstrating the differences.	
Anesthesia	Pharmacology	No recommendations.	
Emergency	EM Objectives	No recommendations.	
Emergency	EM Orientation	No recommendations.	
Emergency	PAL Cases (Tutor Guide)	No recommendations.	Case 10: Note that IPV towards male patients is a reality and shoudl be considered in the differential diagnosis for males presenting with injury.
Emergency	Abdo Pain Tutorial	No recommendations.	
Emergency	Chest Pain SOB Tutorial	No recommendations.	
Emergency	Dysrhythmia Tutorial	No recommendations.	Case 9: Change phrase "He is a smoker" to "He smokes".
Emergency	Recommendations for evaluation of non-fatal strangulation	The handout itself cannot be changed of course, but it would be worth noting during the teaching session that soft tissue trauma/petechial hemorrhages are more difficult to visualize on darker skin tones, so it would be important to inspect closely and potentially put more weight on other signs that are more obvious.	
Emergency	Rule outs	No recommendations.	
Emergency	Toxicology Tutorial	No recommendations.	

Emergency	Rule outs	No recommendations.	
Emergency	Toxicology Tutorial	No recommendations.	
Emergency	Trauma Tutorial	Slide 82: Given the importance of detecting signs of basal skull fracture, please include images of Battle Sign and raccoon eyes in POC.	
Emergency	Trauma Videos	"Trauma Assessment - C-spine Rule and CT Head Rule": same recommendation as Trauma Tutorial.	
Emergency	Trauma MCQs	No recommendations.	
Emergency	Wound Care Module	Include images of wounds on people of colour to reflect diversity of patient population. Slide 4 and 14: Show pallor on skin of colour (or suggest comparing to contralateral side).	
Emergency	Mandatory SIM Session Prep Material	No recommendations.	
Emergency	Emergency Handbook	Page 23: Change "red man syndrome" to "vancomycin infusion reaction" or similar term. There have been several calls to stop teaching this presentation with such terms as it fails to represent the cutaneous findings from drug allergies in diverse patients and is also akin to the discriminatory term used to characterize Indigenous peoples. Page 26: Elaborate on symptoms of MI in diverse patient population. Change wording of "Atypical Features". Not only is "non-Caucasian" a generalization, but these groupings also suggest that presentations in patients who are not white males are an exception rather than a large majority of patients who present to ED with MI. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC4082800/ https://jamanetwork-com.proxy.bib.uottawa.ca/journals/jamanetworkopen/fullarticle/2712182 https://jamanetwork-com.proxy.bib.uottawa.ca/journals/jamainternalmedicine/fullarticle/770038	
Acute Care	SLM: Casting/Plinting	No recommendations.	"Follow-up instructions": Consider adding points about patients' ability to complete ADLs and IADLs with a sling/cast. Do they have sufficient help/support in the home to overcome functional impairment? Do they require alternatives to transportation (i.e. with barriers to driving)?
Acute Care	SLM: Catheter	No recommendations.	Consider emphasizing the importance of explaining the procedure, and sensitivity considerations in language used with patients that may have past experiences of trauma or distrust in health care systems.
Acute Care	SLM: IV	No recommendations.	Add to steps of 'Establishing a Peripheral Intravenous Line' - 'tell the patient you are about to insert the line'.
Acute Care	SLM: LP	No recommendations.	
Acute Care	SLM: NG Tube	No recommendations.	
Acute Care	SLM: Slit Lamp	Add photos of clinical manifestations in different skin tones.	
Acute Care	SLM: Wound/Suture	"'Redness and red streaking' is mentioned multiple times throughout the module. Add considerations of how an infected, erythematous wound may appear on different skin tones.	
Acute Care	SLM: ABG Puncture	Unable to access.	

Block	Document Title	Recommendations	Additional content to be added
Pediatrics	Fever	No recommendations	
Pediatrics	Fluid and Electrolytes	Slide 10: Mottling is listed. Learners should be able to identiy this in patients with different skin tones.	
Pediatrics	Headache	No recommendations	
Pediatrics	Hematuria Proteinuria	Slide 29: " Black race (more likely SLE, FSGS)". Race based medicine should be accompanied with explanations or studies; Slide 27: "usually males, ages 2-6, Caucasian or Indian subcontinental race"	
Pediatrics	Hematuria Proteinuria cases	Slide 23: HSP should be presented in varying skin tones, Slide 47: "African Canadian race" listed as a red flag for nephrotic syndorme	
Pediatrics	Infant Nutrition	Giving recommendations in this presentation is good, but highlighting that there is a plethora of foods that can also be perfectly okay to feed a baby, and that the practitioner should be open minded could also be included.	Opportunity to include several slides about foods across the world and how infants can be fed a variety of different things, not just what is considered culturally "normal" here in Canada. For example, a quick google search yielded this article https://amaraorganicfoods.com/blogs/blog/baby-food-around-the-world-what-babys-first-foods-are-around-the-world (which is not a scientific paper, but gives a glimpse of different "first foods") which shows how different cultures introduce different foods to their babies.
Pediatrics	Limping Child	No recommendations	
Pediatrics	Lumps and Bumps	No recommendations	
Pediatrics	Murmurs	No recommendations	Inclusion of an explanation of how to assess cyanosis in individuals with different skin tones (areas to look, etc.) .
Pediatrics	Neonatal Jaundice	"The family is of Greek origin." Demographics should be presented in all cases rather than using it as a prompt to imply the association of a particular disease to a racial/ethnic group without contextualization	
Pediatrics	Pediatric Rashes	All skin manifestations should be presented in varying skin colours (especially ones that are common in "meningitis belt of sub-Saharan Africa" from slide 60	
Pediatrics	Preterm Infants	No recommendations	Opportunity to discuss the disparities in pre-term delivery between Black and White women and the reasons for that. "On average, black women are about 60% more likely to have a premature baby compared to white women." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4402979/
Pediatrics	Immunizations	Slides 29 and 53: Lists Africa as a common place for some of the diseases. List of areas that are endemic for specific disease rather than the continent as a whole.	Opportunity to discuss reasons for hesitancy in certain populations (i.e. hesitancy in Indigenous populations due to negative history with the government and healthcare systems, etc.) and why parents may be skeptical of vaccines beyond autism and side effects (systemic reasons, etc.).

Pediatrics	Poisoning	No recommendations	
Pediatrics	Respiratory Emergencies	No recommendations	
Pediatrics	Syncope	No recommendations	
Pediatrics	Troubled Adolescent	No recommendations	
Pediatrics	Type I Diabetes	No recommendations	
Pediatrics	Family Faculty	No recommendations	
Pediatrics	Pediatric Obesity	No recommendations	
Pediatrics	Abdominal Pain	No recommendations	
Pediatrics	Anemia	"Child of Italian descent" Demogrpahics should be presented in all cases rather than using it as a prompt to imply the association of a particular disease to a racial/ethnic group without contextualization	
Pediatrics	Apnea	"She was pink" this descriptor may not be accurate in patients of varying skin colour	
Pediatrics	Asthma in Children	No recommendations	
Pediatrics	Bugs and Drugs	Slide 13: Skin manifestations should be presented in varying skin tones	
Pediatrics	Child Maltreatment	Sensitive topic so perhaps the photos are not available, but could be worthwhile to show more injuries on darker skin to help encourage trainees to be aware of what these could look like on a variety of patients. There is one example using darker skin which does help in terms of providing variety.	
Pediatrics	Chronic Cough	"blue eyed blond thin child" Demogrpahics sould be presented in all cases rather than the few that would prompt us to think of a specific dx	
Pediatrics	Developmental Delay	No recommendations	
Pediatrics	Diarrhea	No recommendations	
Pediatrics	Dysmorphias	No recommendations	
Pediatrics	Enuresis	No recommendations	
Pediatrics	Failure to Thrive	No recommendations	
Pediatrics	Febrile Seizure	No recommendations	
Pediatrics	History and Physical Exam Booklets	No recommendations	Physical Examination of Infants and Toddlers booklet: Change language regarding patient and patient's parent to gender neutral terms.
Pediatrics	Child sexual abuse	Slide 19: "Cultural factors". It would beneficial to elborate rather than listing to avoid preconceived notions of how other cultures communicate	

Block	Document Title	Recommendations	Additional content to be added
ENT	Approach to Dizziness	Add photos to reflect diverse patient population.	
ENT	ENT Resident Review	Add photos to reflect diverse patient population.	
ENT	ENT Three Audiograms	No recommendations.	
ENT	Epistaxis	No recommendations.	
ENT	Airway Obstruction	No recommendations.	
ENT	Pharmacology	Add photos to reflect diverse patient population.	
Ophthalmology	Objectives	No recommendations.	
Ophthalmology	Ophthalmology Essentials	No recommendations.	
Ophthalmology	Ophthalmology Mini Guide Handout	Regarding Eye History, race is noted but never discussed again in relation to disease process and epidemiology. Expand on the necessity of this and evidence to support e.g. relevance to glaucoma epidemiology and possible explanations.	
Ophthalmology	Red Eye Tutorial	Add photos to reflect diverse patient population.	Use gender neutral pronouns when referring to patients e.g. "How can you assess the patient if it is too painful for him to open his eye?" should be edited.
Ophthalmology	Q&A Review Part 1	Add photos to reflect diverse patient population.	
Ophthalmology	Red Eye Tutorial	Blepharitis, Stye/Chalazion, Preseptal Cellulitis Slides: Add photos to reflect diverse patient population and depict skin findings on different tones.	
Ophthalmology	Videos	No recommendations.	
Ophthalmology	Learning Modules	External Causes of Red Eye: Add photos to reflect diverse patient population and depict skin findings on different tones.	
Peds Neurology	Objectives	No recommendations.	
Peds Neurology	Acute Ataxia in Childhood	No recommendations.	
Peds Neurology	Autoimmune Neuromuscular Disorders	No recommendations.	
Peds Neurology	Genetic and Metabolism Testing on	No recommendations.	
Peds Neurology	Global Developmental Delay and	No recommendations.	
Peds Neurology	Hypotonic Infant	No recommendations.	
Peds Surgery	Objectives	No recommendations.	
Peds Surgery	Pediatric General Surgery	Add photos to reflect diverse patient population especially of those depicting lymphadenopathy (skin involvement), suppurative lymphadenitis, abdominal compartment syndrome, incarcerated inguinal hernia, seatbelt syndrome.	
Peds Surgery	Pediatric Surgery Review	No recommendations.	
Peds Surgery	Pediatric Neck Masses	Add photos of pathologies such as vascular malformations, dermatologic lesions, and neck masses on POC/patients with higher Fitzpatrick phototypes. Add epidemiology and other relevant statistics regarding diagnostic rates, incidence, prevalence, and missed diagnoses of these diseases in POC.	
Peds Surgery	Inguinoscrotal Lecture	Add photos to reflect diverse patient population especially of those depicting testicular torsion, epididymitis, strangulated hernias where skin erythema is a sign.	
Dermatology	Objectives	No recommendations.	
Dermatology	Cutaneous Reactions	Add photos of cutaneous reactions on different skin tones. Add epidemiology and other relevant statistics regarding diagnostic rates, incidence, prevalence, and missed diagnoses of these diseases in POC. Outline any differences in morphology or presentation that may differ in racialized patients' clinical presentations.	

Dermatology	Ambulatory Selective Dermatology	Add photos of cutaneous reactions on different skin tones. Add epidemiology and other relevant statistics regarding diagnostic rates, incidence, prevalence, and missed diagnoses of these diseases in POC. Outline any differences in morphology or presentation that may differ in racialized patients' clinical presentations. Basic morphology should be taught on different skin tones. This is especially true for infectious diseases but even more true for skin cancers.	
Dermatology	Topical Therapy	Add any relevant facts for patients with different skin tones e.g. if certain topical therapies should be avoided in certain skin types due to specific risk factors or complications that may arise such as hypo/hyperpigmentation.	
Palliative Care	Care of the Imminently Dying Patient	Discuss ways in which different cultural groups and racialized communities may perceive palliative care, and pain management and other types of symptomatic controls e.g. reasons behind why it may be resisted against, fears of engaging in palliative care as immigrants, cultural sensitivities or taboos regarding dying, etc.	
Palliative Care	Guidelines for Opioids	No recommendations.	
Rad Oncology	Cancer Management - A Multidisciplinary	Add photos to reflect diverse patient population. Also discuss any considerations that should be made for patients with higher Fitzpatrick skin tones e.g. risk of post-radiation scars or side effects.	
Heme Oncology	Objectives/Orientation Materials	No recommendations.	
Adolescent Health	Objectives	No recommendations.	
CYP	Objectives	No recommendations.	
Developmental Peds	Objectives	No recommendations.	
Endocrinology	Objectives	No recommendations.	
Gastroenterology	Objectives	No recommendations.	
Nephrology	Objectives	No recommendations.	
Rheumatology	Objectives	No recommendations.	
SIM	Public Health Session/Q&A	No recommendations.	
SIM	Occupational Medicine	No recommendations.	
SIM	Multi-Cultural Health	No recommendations.	Create more case scenarios to explore religious and cultural practices. The existing cases are excellent and a great resource for students even if there is not enough time to work through all of them in lecture.
SIM	Environmental Health	No recommendations.	Discuss the vital role of Indigenous leadership in planetary health. Land defenders in Canada especially have been at the forefront of climate action and neocolonialism projects such as pipelines directly threaten people's health by way of jeopardizing water security. Slide 82: Expand on "climate change amplifies health inequities and vulnerabilities" in Indigenous communities and people living in the North.

SIM	Optimizing our interactions with	No recommendations.
SIM	Shared Decision Making	Add examples that shed light on the ways in which shared decision making may be viewed and valued in different cultures and in face of language barriers. How much is SDM done in Canada vs. other countries? Canada has many immigrants, and it would be good to know what perceptions and values they bring in terms of SDM in physician-patient interactions.
Radiology	Self-Learning - Easily missed MSK	No recommendations.
Radiology	Self-Learning - Extremity fractures	No recommendations.
Radiology	Self-Learning - Abdomen review	No recommendations.
Radiology	Self-Learning - Radiology of spine	No recommendations.
Radiology	Self-Learning - Chest review	No recommendations.
Radiology	Self-Learning - Commonly Encountered	No recommendations.
Radiology	Intro to CT Head	No recommendations.

Block	Document Title	Recommendations	Additional content to be added
OB/GYN	Pelvic Masses and Pelvic Pain	Add pictures to reflect diverse patient population as most were of White patients/patients with fair skin. Slide 18: Change "blacks" to "Black women" or "women of colour". Slide 32: Elaborate on the point "More in White women. (higher rate in female history of Sexual Abuse)." What does the presentor mean by this? https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC4625911/	
OB/GYN	Pregnancy 101	Add pictures to reflect diverse patient population as all pictures were of babies/parents with fair skin/White patients.	
OB/GYN	Prolapse and Pelvic Anatomy Review	Add pictures to reflect diverse patient population as all pictures were of babies/parents with fair skin/White patients. Slide 30: Regarding race and ethnicity as risk factors for pelvic organ prolapse, note the following statement on UptoDate: "Minority populations have typically not been represented equitably in database studies of POP and knowledge is therefore limited. Data suggest that African American women have a lower prevalence of symptomatic POP than other racial or ethnic groups in the US. In a prospective cohort study of 2270 women, the risk in Latina and White women for POP was four- to fivefold higher than in African American women. In contrast, other studies have found no relationship between POP and race or ethnicity." https://www.uptodate.com/contents/pelvic-organ-prolapse-in-females-epidemiology-risk-factors-clinical-manifestations-and-management#H7156775	
OB/GYN	PTL PPROM Hybrid	No recommendations.	
OB/GYN	Complications of L&D	No recommendations.	
OB/GYN	Third Trimester Bleeding	Add pictures to reflect diverse patient population as all pictures were of babies/parents with fair skin/White patients.	
OB/GYN	Tracings NST1	No recommendations.	
OB/GYN	Tracings NST2	No recommendations.	
OB/GYN	Tracings	No recommendations.	
OB/GYN	Uterine Bleeding	Slide 29: Review formulation of/elaborate on "race as a risk factor". Discuss the disproportionate burden of uterine fibroids in women of colour and consequences. From UptoDate: "The incidence rates of fibroids are typically found to be two- to threefold greater in Black females than in White females; differences in diet, lifestyle, psychosocial stress, perceived racism, and environmental exposures are thought to contribute to this disparity rather than race itself. Black females compared with White females are also more likely to have clinically relevant fibroids (eg, larger uteri and fibroids, more severe anemia, faster growing fibroids), develop symptoms earlier (on average four to six years younger), and be managed surgically. The etiology of these differences are unknown and cannot be explained by known factors that vary by race. Data are mixed regarding whether Hispanic females have an increased risk of uterine myomas compared with non-Hispanic White females." https://www-ncbi-nlm-nih-gov.proxy.bib.uottc, it is important to also note that non-White patients have a higher risk of presenting with distant metastases. Article on prostate cancer in the United States by race/ethnicity: Siegel et al. - 2020 - Prostate Cancer Incidence and Survival, by Sta	

OB/GYN	Vaginal Delivery	Add pictures to reflect diverse patient population as all pictures were of babies/parents with fair skin/White patients.	Opportunity to discuss maternal/fetal outcomes in delivery, including mortality outcomes for BIPOC women.https://www-sciencedirect-com.proxy.bib.uottawa.ca/science/article/pii/S000293780902002X
OB/GYN	GYN Student CBL	No recommendations.	
OB/GYN	Gyne Questions 1	No recommendations.	
OB/GYN	OB Questions	No recommendations.	
OB/GYN	IPV/Prenatal Case	No recommendations.	
OB/GYN	Cheat Sheet for Med Students	No recommendations.	
OB/GYN	Complications of Pregnancy	No recommendations.	
OB/GYN	Domestic Violence	Slide 11: Expand on the cultural barriers to communication. Slide 40: Provide more diverse cultural resource options.	Slide 28: Rephrase "Rape kit" to "Sexual Assault Forensic Exam" or similar.
OB/GYN	Endometriosis	No recommendations.	Slide 4: More gender-inclusive language could be used when discussing statistics of 5-10% of endometriosis prevalence.
OB/GYN	First Trimester Bleeding	No recommendations.	
OB/GYN	Hypertension in Pregnancy	Discuss maternal hypertension prevalence in racialized patients. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC4171100/	
OB/GYN	Introduction to OB	No recommendations.	
OB/GYN	Introduction to Ultrasound in Ob Gyn	No recommendations.	
OB/GYN	Introduction to Gyne Onc	No recommendations.	
OB/GYN	Videos	No recommendations. It should be noted that these videos are not created by the University of Ottawa FoM. Many are created by the Association of Professors of Gynecology and Obstetrics (an American foundation). Thus, changes cannot be made by the faculty.	

Block	Document Title	Recommendations	Additional content to be added
	General Comments	Of all surgery lectures reviewed, there was only one slide with images of visibly non-white people (Orthopedic Surgery - Elective Issues Slide #2). Using more images of racialized people and photographic examples of racialized patients would serve for better representation and reduce medical students' unconscious bias of what patients "look like." In addition, using images of patients with darker skin tones to demonstrate the different ways in which certain dermatologic manifestations of disease manifest on various skin colors would be an excellent addition. For example, demonstrating how necrotizing fasciitis, varicose veins, or venous ulcers may look on Black skin would be beneficial for students; who are accustomed to seeing examples on light-colored skin.	
Surgery	General Surgery Handbook	Add pictures to reflect diverse patient population.	
Surgery	Orthopedic Surgery - Acute Orthopedic Emergencies	Add pictures to reflect diverse patient population.	
Surgery	Orthopedic Surgery - Elective Issues	Add pictures to reflect diverse patient population.	
Surgery	Pediatric Surgery - Surgical Emergencies	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Lung and Esophageal Cancer	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Acute Thoracic Emergencies	Add pictures to reflect diverse patient population.	
Surgery	Urology - Acute Emergencies	Add pictures to reflect diverse patient population.	
Surgery	Urology - Stones, BPH, Hematuria, PCa	Slide 62: Rephrase and expand on "African-American" race/ethnicity as a risk factor for prostate cancer. Epidemiology should not be confused with biological differences in pathophysiology and therefore race cannot be listed as as a risk factor. This is an opportunity to elaborate on racialized health outcomes. Discrepencies in healthcare access is one of many factors that lead to higher rates of prostate cancer in Black patients. See additional comments.	Slide 62 mentions that a risk factor for prostate cancer is being "African-American", although this term is not clearly defined in the presentation. There are indeed multiple papers that have noted a higher incidence of prostate cancer in Black people as compared to other racial/ethnic groups, including a large 16-year study based in the United States. However, it is important to use appropriate language for this. Primarily, the usage of the term "Black" is preferred to the term "African-American," as many Black people in North America do not necessarily identify with the term African-American, as they may identify as being Black but non-African in origin. In addition, it is important to acknowledge that much of the race-based discrepancies in disease incidence and progression is not directly linked to any genetic predisposition or measurable biomarkers, and rather arise due to systemic inaccess to healthcare services; leading to delays in diagnosis and preventable disease progression. In this case in specifi misconception that ACE inhibitor monotherapy cannot be used in Black patients. https://journals.sagepub.com/doi/pdf/10.1177/2332649214567578 https://www.uptodate.com/contents/burden-of-hypertension-in-black-individuals?search=treatment-of-hypertension-in-black-individuals&source=search_result&selectedTitle=1~150&usage_type=default&display

Surgery	Vascular Surgery - Acute Vascular Emergencies	Add pictures to reflect diverse patient population.	
Surgery	Vascular Surgery - Chronic Vascular Conditions	Slide 54: Change the patient HPI description, which uses their travel to "Africa" as a risk factor. This treats the continent as a monolith and perpetuates race-based stereotypes. See additional comments.	Slide 54 mentions that the patient was recently on a 3-month long business trip in "Africa." The continent is often referred to as a monolith, which is evidently erroneous. It would be much more appropriate to use a specific African country as an example instead of referring to the continent as a whole. From a sociological perspective, it is inappropriate to combine all African countries, with their varying customs, traditions, and histories, into one term. From a medical perspective, epidemiologic distributions of infectious agents and hereditary conditions vary greatly within the continent. If one were expecting this case stem to hint at a specific pathogen or condition prevalent in a certain region, "Africa" would not be a good hint. In this scenario, the stem was simply hinting at a history of a prolonged flight as a risk factor for an acute DVT. Nonetheless, it would be much more appropriate to use a specific African country as an example instead of referring to the continent as a whole.
Surgery	Cardiac Surgery for Dummies	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Acute Abdomen	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Bowel Obstruction	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Breast Pathology	Add pictures to reflect diverse patient population.	
Surgery	General Surgery - Hernia and Biliary Pathology	Slide 24: Update the slide regarding prevalence of cholelithiasis in different ethnic groups. See additional comments.	Slide 24 notes that the "5-F" or "7-F" rule for cholelithiasis includes "Fair", as gallstones are "more prevalent" in the Caucasian population. A citation is included which discusses the "5-Fs" and shows a higher prevalence of cholelithiasis in "fair" patients in that particular study's patient population. However, it is unclear where this notion originated and whether or not it is even accurate. In fact, a 1999 study which analyzed results from the Third National Health and Nutrition Examination Survey in the United States showed that the prevalence of cholelithiasis was actually highest in Mexican Americans and lowest in non-Hispanic White Americans. However, this study was limited to three racial groups, selected lifestyle factors over a short duration of follow-up, and did not report on dietary factors, putting into question the quality and validity of the results. A more recent study from 2017 by Figueiredo et al. could not find any differences in the associations between gallbladder disease risk factorc, it is important to also note that non-White patients have a higher risk of presenting with distant metastases. Article on prostate cancer in the United States by race/ethnicity: Siegel et al. - 2020 - Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. https://pubmed.ncbi.nlm.nih.gov/33056955/
Surgery	Neurosurgery - Neurosurgical Emergencies	Add pictures to reflect diverse patient population.	
Surgery	Neurosurgery - Clinics	Add pictures to reflect diverse patient population.	

Block	Document Title	Recommendations	Additional content to be added
Family	FM Learning Objectives	No recommendations.	
Family	Dyspnea Slides	No recommendations.	
Family	Dyspnea PAL	Change names in cases to reflect diverse patient population. Suggest adding cases that touch on social, cultural, or ethnic background of patients. This lens can be referred to in case discussions.	
Family	Fatigue DDX CFMP	No recommendations.	
Family	Fatigue PAL	Change names in cases to reflect diverse patient population. Suggest adding cases that touch on social, cultural, or ethnic background of patients. This lens can be referred to in case discussions.	Of the 7 patient cases, 5 represent women and only 2 males. Aim for even distribution of male and female cases, which would also help address the stigma of presenting with fatigue in males or include a case or two with gender queer patients. Case 8: One of the male patients is "a CEO of a multinational company" while female patients' jobs are not well described.
Family	Fatigue Slides	No recommendations.	
Family	Palliative Care	No recommendations.	
Family	Care in the Time of COVID	No recommendations.	
Family	Diabetes PAL	No recommendations.	
Family	Diabetes Slides	Slide 16: Include pictures of Acanthosis Nigricans on different skin tones. Slide 18: Include pictures of diabetic ulcers on different skin tones. Slide 8: Re-evaluate the use of "High risk ethnic group (Aboriginal, Asian, South Asian, African, Hispanic)". Epidemiology should remain descriptive rather than framed as a risk factor. Mention systemic racism and health disparities as a unifying risk factor for racialized patients rather than the race/ethnicities themselves. Without these disclaimers, it may appear that writer is suggesting that all non-White patients would be considered higher risk. Please make modifications to Case 2 in light of these suggestions. Slide 43: Mr. Sharma is a South Asian/Indian man. His job is described to be truck driver, which is stereotypical.	
Family	Collaborating with Clinical Pharmacists	No recommendations.	
Family	Insulins	No recommendations.	
Family	Oral Hypoglycemics	No recommendations.	
Family	Smoking Cessation	No recommendations.	
Family	Dementia PAL	No recommendations.	Cases 2-5: Consider adding more social and function history to the case summaries and the questions that
Family	Dementia Slides	No recommendations.	
Family	Preventative Medicine	Slide 20: Change names of patients to reflect diverse population. Slide 32-35: Students should be reminded that the BMI and waist circumference are used as crude measurements of obesity. The lack of data regarding cut-offs in different ethnic groups points to the weak association to date. Should the finding of "central obesity" in our patients affect the ways in which we counsel them? It is a bit harmful to mention these measures without elaborating on them in some way as it adds to weight-based discrimination, and the burden on racialized patients. The Edmonton Obesity Staging System may be a more comprehensive way to discuss obesity screening. Slide 42: The CCS 2016 Guidelines recommend to "Consider earlier [screen] in ethnic groups at increased risk such as South Asian or First Nations individuals". Following the citation on this slide, the CCS also acknowledges that "only the FRS model and the CLEM have been validated and shown to accurately estimate risk among Canadian individuals. It is acknowledged thac, it is important to also note that non-White patients have a higher risk of presenting with distant metastases. Article on prostate cancer in the United States by race/ethnicity: Siegel et al. - 2020 - Prostate Cancer Incidence and Survival, by Stage and Race/Ethnicity — United States, 2001–2017. https://pubmed.ncbi.nlm.nih.gov/33056955/	Slide 28 and 36: Change "For young women and women" to "For young people" for gender inclusivity. While there exists a gender binary in existing guidelines, we can mitigate our use of gendered terms where not needed.

Family	Vaccines	Slide 4: Add photos to reflect diverse patient population and healthcare team.
Family	Abdominal Pain PAL	No recommendations.
Family	Abdominal Pain Slides	No recommendations.
Family	Headache PAL	No recommendations.
Family	Headache Slides	No recommendations.
Family	Diseases of the Joint	Slide 23 and 28: Add photos to reflect the diverse patient population and healthcare team, especially in the case of findings on different skin tones.
Family	Diseases of the Joint PAL	No recommendations.
Family	Joint Pain PAL	No recommendations.
Family	IPT - Physiotherapy	Slides 12-18: Add photos to reflect the diverse patient population and healthcare team.
Family	Hypertension PAL	No recommendations.
Family	Hypertension Slides	No recommendations.
Family	Motivational Interviewing	No recommendations.
Family	Diabetes mellitus type 2 SLM	Diabetes and risk factors: Re-evaluate the use of "High risk ethnic group (Aboriginals, Africans, Asians, Hispanics). These are not recognized ethnic groups and are far too broad to help in risk stratification. For example, "Asians" are not at increased risk of developing type 2 diabetes. There is more nuance to this topic. This is an opportunity to present and elaborate on racialized health inequities To avoid perpetuating race-based generalizations, it would be helpful to mention systemic racism and health disparities as a
Family	Hypertension SLM	Similar recommendation to the Diabetes mellitus type 2 SLM re: "Defining hypertension"
Family	Headache SLM	No recommendations.

Block	Document Title	Recommendations	Additional content to be added
Psych	Objectives	Add a learning objective addressing the affects of racism as a DOH on BIPOC patients within the field of psychiatry through a historical and sociological lens, as well as the systemic barriers to BIPOC seeking mental health support. https://ajp.psychiatryonline.org/doi/10.1176/appi.ajp.2021.21060558 https://refugeeresearch.net/wp-content/uploads/2016/11/Corneau-and-Stergiopoulos-2012-Anti-racism-and-anti-oppression-in-mental-health-1.pdf https://jamanetwork-com.proxy.bib.uottawa.ca/journals/jamapsychiatry/fullarticle/2784450	
Psych	Anxiety	No recommendations.	
Psych	Substance Use	Opportunity to discuss the racism that BIPOC patients face, especially when seeking support for SUDs. There is also a higher proportion of BIPOC who are incarcerated on drug-related charges. Recall the traumatizing experiences of BIPOC patients such as Joyce Echaquan who died at the hands of racist healthcare providers who assumed she was intoxicated, and so many unnamed others. Additionally, the majority of the patients described in the cases are men. As discussed later in the ppt, SUDs do not disproportionately affect males. We can include more women and non-binary people too. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC3314492/ and https://medicine.yale.edu/news-article/racial-inequities-in-treatments-of-addictive-disorders/	
Psych	Sexual Dysfunctions, Gender Dysphoria, Paraphilias	No recommendations.	Slide 5: Broaden the definitions of gender to include include non-binary and transgender identies.
Psych	ACEs Handout	No recommendations.	
Psych	Correctional Psych	Slide 6: Include racism as a determinant of health.	
Psych	Emergency Psych	Many stories emerged from the gains made by Black Lives Matter advocacy campaigns in 2020 regarding the discrepencies in crisis interventions for BIPOC patients seeking mental health services. It would be worthwhile to acknowledge this and provide additional resources for students. Slide 6: It is also important to note that initiating a Form 2 or police use of Section 17 can be especially traumatizing for many racialized individuals who are at increased risk of experiencing police brutality and discrimination. https://www.crisisservicescanada.ca/en/resources-for-marginalized-communities-and-allies/	
Psych	Personality Disorders	No recommendations.	
Psych	Psychotherapy	No recommendations.	
Psych	ADHD Article	No recommendations.	Consider adding an updated piece of literature as this article is almost 20 years old.
Psych	ADHD Lecture	Slide 19: Opportunity to discuss the racialized health disparities in ADHD diagnosis and its effect on epidemiological research. Slide 57: There is evidence that suggests racial biases in medicine result in different interpretation of behaviours such that racialized youth are more likely to be misdiagnosed with ODD and CD when presenting with symptoms of ADHD. https://jamanetwork-com.proxy.bib.uottawa.ca/journals/jamanetworkopen/fullarticle/2776807 and https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC3691530/ and https://link-springer-com.proxy.bib.uottawa.ca/article/10.1007/s40596-019-01127-6 and https://www.pacesconnection.com/fileSendAction/fcType/5/fcOid/466166364383962008/fodoid/466166364383962007/11-RED%20in%20Psychiatric%20Diagnoses-Treatment%20of%20Serious%20Juvenile%20Offenders.pdf	

Psych	ASD Article	No recommendations.	Consider adding an updated piece of literature as this article is almost 20 years old.
Psych	ASD Lecture	Opportunity to discuss the racialized health disparities in ASD diagnosis. https://www-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/pmc/articles/PMC5925757/ and https://publications.aap.org/pediatrics/article/146/3/e2020015420/36714/Structural-Racism-and-Autism	
Psych	Child Depression	Add photos and change patient names to reflect diverse patient population (every patient in this lecture is white or has an Anglicized name). Slide 9: Consider intergenerational trauma as a psychosocial factor, especially in Indigenous families or children of refugees (something that may need to be asked as it does not always come up when asking parental history). Every image of a patient in the lecture is White (not a major issue, but introducing diversity would be ideal).	Slide 13: Please add a content warning before the photos of self-injury. This was quite jarring to see as a learner with no warning and could be triggering for some. Alternatively, reassess the need to share visual content of self harm.
Psych	School Refusal/Child Anxiety Article	No recommendations.	Consider adding an updated piece of literature as this article is almost 20 years old.
Psych	Child Psychiatry Cases	No recommendations.	Case 1 and 3: ADHD and ASD can present very differently in girls and boys. Please add a case to reflect these gendered differences as all of these cases describe males. Additionally, please update these cases as they were written before the DSM-V was published and from our understanding, Asperger's Disorder is no longer a recognized classification under the ASD spectrum in DSM-V.
Psych	Child Anxiety Lecture	No recommendations.	
Psych	Eating Disorders	There is a lack of ethnocultural diversity representation in slides. The current slides mostly depict White patients. Literature suggests that the prevalence of ED is comparable across minority groups and White patients. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6382562/ and https://onlinelibrary-wiley-com.proxy.bib.uottawa.ca/doi/10.1002/eat.22846	
Psych	Consult Note Presentation	No recommendations.	
Psych	Sleep Lecture	Add photos of POC to reflect diverse patient population.	
Psych	Somatoform Disorders	Slide 17: Note that some studies suggest that cultural understanding (particularly stigma) regarding mood and anxiety disorders may have significant effects on presentation, reporting and management in immigrant and racialized patients. https://www.frontiersin.org/articles/10.3389/fpsyg.2018.02792/full and https://www.karger.com/Article/Abstract/350057	
Psych	Mood Disorders	No recommendations.	
Psych	Psychosis	Slide 43: While it is not explicitly mentioned in writing in this lecture, many students have noted that the presenter(s) of this lecture has/have mentioned repeatedly that "younger Black men with previous cocaine use are at higher risk of EPS side effects". Some have noted that their preceptors have mentioned this as well. If this is to be mentioned and taught to students, there should be proper citations that support what, at face value, could seem like a race-based generalization, especially given the racial disparities in psychosis treatment. We have found no such articles that support this claim. https://pubmed-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/26132170/ https://pubmed-ncbi-nlm-nih-gov.proxy.bib.uottawa.ca/32169007/	

Psych	Pharmacology	No recommendations.
Psych	Delirium	Slide 24: Add "Consider using an interpreter service" to the list of reorientation strategies. While this should be the standard of care, unfortunately there are many instances in the clinical setting where there are barriers to accessing care in patients' preferred languages. It is that much more important for the patient's safety and comfort to be able to communicate with them in the reorientation process. Opportunity to discuss the racialized health disparities in delirium diagnosis and weaponization of mental health in racialized persons in crisis https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(22)00410-X/fulltext
Psych	Geriatric Depressive Disorders	No recommendations.
Psych	Neurocognitive Disorders	Opportunity to discuss the racialized health disparities in dementia diagnosis. https://jamanetwork-com.proxy.bib.uottawa.ca/journals/jama/fullarticle/2789334 and https://www.nia.nih.gov/news/data-shows-racial-disparities-alzheimers-disease-diagnosis-between-black-and-white-research

Block	Document Title	Recommendations	Additional content to be added
T2R	Graduation Questionnaire	No recommendations	
T2R	LMCC - How to Study	No recommendations	
T2R	LMCC - Review	No recommendations	
T2R	Medicine FR - Guidelines for	No recommendations	
T2R	Medicine FR - Journey Through End of Life Booklet_FR	No recommendations	
T2R	Debt repayment Fr	No recommendations	There could be acknowledgement that there are large disparities in debt load for those that come from lower socio economic situations. I think it would be useful to also have resources on current loan forgiveness programs offered by federal/provincial governments
T2R	Introduction à la gestion médicale	No recommendations	
T2R	Neonatology	Slide 79: Skin manifestations should be presented in varying skin tones	
T2R	Ped Endocrine Emergencies	No recommendations	
T2R	Ped Endocrinology	Slide 45: Presentation of T1DM vs T2DM : Type 1, "predominantly white"; type 2 " Minority youth" Slide 49: Genetic and Environmental Risk factors for T2DM: "ethnicity" Slide 46: Acanthosis Nigricans shoudl be presented in varying skin tones	
T2R	Peds Cardiology	Slide 83: "Asian > Black > White"; Slide 84: Skin changes should be presented in varying skin tones	
T2R	Peds Development	Slide 49 and 57: Skin conditions should be presented in verying skin tones	
T2R	Peds General Review	Slide 52: Inuit/First Nation is listed as a risk factor.	
T2R	Peds Neurology	No recommendations	
T2R	Peds Respirology	Slide 68: Racial breakdown of Cystic Fibrosis that includes "Caucasian", "Native American", "Hispanics", "African-Americans"	
T2R	2019 Bruyere Academic Family	No recommendations	
T2R	Pharmacology Review I	No recommendations	
T2R	Pharmacology Review II	No recommendations	
T2R	Epidemiology Methods, Questions	No recommendations	
T2R	Assessing and Measuring Health	"Race" is listed as a cause for inequalities. Racism may be the more realistic term	Slide 5 on Topics includes the heading "Aborginal Health". Slide 50 includes a story about two priests that are "Dominican" and a "Jesuit". Aboriginal is used as terminology from Slide 77 to 83.
T2R	Biostatistics	No recommendations	On slide 70, cartoon with a joke on socioeconomic status.
T2R	Communicable Diseases	No recommendations	
T2R	Epidemiology Methods, Critical	No recommendations	
T2R	Health Care Organization	No recommendations	On slide 51, "aboriginal" is used.
T2R	Health Determinants and Health Promotion	"Linked to identity (ethnicity, etc.) which may exacerbate disadvantages (re: income)" Important to note that the nature of these disadvantages are from inquities and not intrinsic to demographics	
T2R	Infant Child Immunization	No recommendations	
T2R	Introduction - Population Health	No recommendations	
T2R	Occupation and Environmental	No recommendations	
T2R	Occupation and Environment (2019)	No recommendations	
T2R	Prevention & Occupation and	No recommendations	
T2R	Prevention MCQs	No recommendations	
T2R	Preventive Medicine	No recommendations	
T2R	Health of Priority Populations	Slide 44: "Compounded if sexual or ethnic minority" re: poor outcomes. Important to elaborate that this is due to external factors (ex: racism)	Aborginal used on slide 56.
T2R	What to expect on the Ward	No recommendations	
T2R	What to expect on the Ward 2021	No recommendations	
T2R	B2B Introduction Fr	No recommendations	
T2R	Bioethics and the Law	Add photos to reflect diverse patient population. Currently, of the few photos included, all appear to be White.	

T2R	Journey Through End of Life Booklet	No recommendations
T2R	Morphology	No recommendations
T2R	Nephrology	No recommendations
T2R	Neurology	No recommendations

Slide 11: Review use of religion status i.e. if promotes bias or reinforce stereotypes considering that this sociodemographic factor is not consistently mentioned across most cases.

T2R	Palliative Care	No recommendations
T2R	Respirology	No recommendations
T2R	Care of adults in the last days of life: summary of NICE guidance	No recommendations
T2R	Serious Illness Conversation Guide	No recommendations
T2R	Introduction to practice management	No recommendations
T2R	Debt repayment En	No recommendations
T2R	Obstetrics	No recommendations
T2R	Gynecology	No recommendations