Guidelines for Equity, Inclusion and Diversity for Continuing Professional Development and CME in the Department of Obstetrics and Gynaecology

Prepared by the Department of Obstetrics and Gynaecology in conjunction with the EDI Officer, Director of Faculty Development, and Director of Continuing Professional Development

Introduction

- We serve a diverse group of people, families and support persons, and so when we are thinking of education, the diversity of our learners also must be considered. We serve and educate a diverse population of students, residents, fellows and medical professionals including nurses, family doctors, midwives and fellow obstetricians and medical specialists. Through our continuing medical education (CME) activities, we take on leadership roles in education, and thus carry responsibility to have our course design and content reflect the learning needs of our attendees, and to create a respectful and inclusive environment that promotes a positive educational experience. The following guidelines are meant to assist you in preparation for your courses, considering our audience and subject matter that relates to reproductive and gynaecologic health.

Course Development

- When considering the length and content of your proposed course, are there opportunities to include elements of equity and inclusion? Can data and studies be included from multiple sources, countries and populations that include subjects from diverse backgrounds? Are there outcome data that capture racial or ethnic disparities in the topics being described?
- If you are using cases to introduce topics, is it possible to use examples of people from varied backgrounds in a thoughtful manner?

Course Planning Committees and Faculty

- Does the Planning Committee include people who will review the course content, syllabus and speaker selection with a view to inclusiveness? Will the faculty/speakers/lecturers reflect the diversity of the audience likely to attend? Considerations may include male/female/transgender, age/experience, under-represented groups. For more information, see Appendix 5.
When discussing obstetrical topics, consider using the term “obstetrical provider” rather than obstetrician, as our audiences include nurses, midwives, family doctors and other health care providers.

Moderators have an important role providing guidance and leadership during segments of the course. It is important to be mindful of introductions and language to set the right tone for each session. More information can be found in Appendix 5.

Moderators should also be mindful of presenters’ preferred pronouns. For a list of examples of commonly used pronouns, see Appendix 2.

Moderators should strive to ensure that individuals in the audience of all genders, beyond the gender dichotomy, have opportunities to ask questions. Also consider allowing participants to send questions electronically in real time, in the event that being differently abled or other circumstances impede oral communication during Q&A.

A statement regarding the values and equity forethought about the course could be presented at the start of the program, or included in the syllabus. See Appendix 1 for exemplars.

During Q&A, be cautious about microaggressions. If the moderator will be asking participants’ names and where they are from, this should be uniform for all those asking questions. To learn more about related microaggressions, see Appendix 4. As you are responding to participants as the moderator, be mindful of comments or jokes that might stigmatize or embarrass the participant. Examples might include commenting on the quality of someone’s English language ability, pointing out accents, style of dress, etc.

Lecture and Syllabus Content

- Aim for inclusive language such as “people” or “persons” to be gender-inclusive where possible.
- Please consider using gender-inclusive language and consider making a statement about this at the start of the course. Think “pregnant person” rather than “pregnant woman” when possible.
- Think about gender neutral language. For example, here are commonly used terms that exclude non-males: “grandfathered” when granting someone status based on track record; “manpower” rather than workforce. On a similar note, “old wives’ tale” is a term worthy of retirement consideration.
- Please try to avoid weight-stigmatizing language in your talks. For example, please avoid “morbidly obese;” “extremely or super-obese” in favour of BMI class 1, 2, 3, etc.
- The word “fat” can be vexing. When referring to tissue, try to use “adipose.” If you want to use the word “fat”, then consider stating you will be using this term as your preferred term.
- Suggest “person with obesity” rather than “obese person”. Similarly, “person with overweight” (yes, used as a noun) rather than “overweight person.” Compare with “person with diabetes” rather than “diabetic patient.”
• If you will include images of people with obesity, please consider consulting Obesity Canada’s online image bank (https://obesitycanada.ca/resources/image-bank/) for body positive images. If showing technical or surgical images, consider alerting the audience ahead of time, indicate permission/consent and the intent is for teaching purposes. There are many negative and unflattering images of people with obesity on the internet. If you are uncertain, please consider sharing in advance with the Course Director and Planning Committee for feedback.
• Please be aware that cartoons and illustrations from the internet that might be meant to be humorous may in fact be racial, gender or weight discriminatory.
• Our obstetrical sonography language often refers to a dichotomy of fetal gender rather than fetal sex, potentially leading to a feeling of exclusion among gender-diverse people. See Appendix 6.

Accessibility

• Is the event booked so as to avoid conflicts with the list of religious holidays outlined as part of the University of Toronto’s policy on accommodations for religious observances? A list of such observances is available online: https://www.viceprovoststudents.utoronto.ca/policies-guidelines/accommodation-religious/
• Is the venue accessible to differently-abled persons? Does the venue accommodate persons with disabilities? Are there facilities and seating that would accommodate persons with obesity? Consider whether your venue meets the Accessibility for Ontarians with Disabilities Act (AODA).
• Consider that travel costs may prohibit participation of professionals from distant and under-served communities. Are there alternate ways to access the course material and presentations, i.e. through electronic media? Are there financial considerations and/or dispensation for those who might not be able to attend due to financial concerns?

Course Evaluations

Course evaluations can ask participants about their experience with inclusion and diversity during the course. Participants may also have suggestions for future speakers and/or content that might address areas when inclusion could be enhanced.
Appendices

1. Sample syllabus statement
2. Pronouns Primer
3. Groups to consider regarding inclusivity; historically under-represented groups
4. Microaggressions
5. U of T CPD Resources
6. Sex assigned at birth

Appendix 1. Sample Syllabus Statement

This example from an undergraduate reading course:

“Respect for Diversity: It is my intent that students from all diverse backgrounds and perspectives be well served by this course, that students’ learning needs be addressed both in and out of class, and that the diversity that students bring to this class be viewed as a resource, strength and benefit. It is my intent to present materials and activities that are respectful of diversity: gender, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. Your suggestions are encouraged and appreciated. Please let me know ways to improve the effectiveness of the course for you personally or for other students or student groups. In addition, if any of our class meetings conflict with your religious events, please let me know so that we can make arrangements for you.”

University of Iowa College of Education
https://education.uiowa.edu/coe-policies/syllabus-checklist

Appendix 2. Pronouns Primer

<table>
<thead>
<tr>
<th>Feminine Pronouns</th>
<th>She, Her, Hers, Herself</th>
</tr>
</thead>
<tbody>
<tr>
<td>Masculine Pronouns</td>
<td>He, Him, His, Himself</td>
</tr>
<tr>
<td>Gender Neutral Pronouns</td>
<td>They, Them, Theirs; Ze, Zir, Zirs</td>
</tr>
</tbody>
</table>

Harvard Medical School
Appendix 3. Groups to consider regarding inclusivity; historically socially under-represented groups

Groups who have been historically disadvantaged and excluded from institutions and decision-making as a result of colonialism and systemic sexism, racism, ableism, homophobia and transphobia. Includes women, those who identify as racialized, Indigenous people, persons with disabilities/differently abled, and those who identify as lesbian, gay, bisexual, transgender, two-spirit; may also include people with obesity.

Students in the Temerty Faculty of Medicine at U of T who are under-represented compared to proportions in the broader local population include people of Indigenous, African, and Filipino descent.

For more information about Diversity and Inclusion at the University of Toronto see: https://medicine.utoronto.ca/office-inclusion-and-diversity

Appendix 4. Microaggressions

Examples of microaggressions as they occur in CME and other contexts:

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alien in own land</td>
<td>“Where are you from?” “Where were you born?” “You speak good English” (a common remark made by moderators) “Where is your accent from?”</td>
<td>You are not Canadian You are a foreigner Performative action of land acknowledgment may diminish its intent and may or may not be appropriate for all meetings</td>
</tr>
<tr>
<td>Ascription of intelligence</td>
<td>“You are a credit to your race.” “You are so articulate.” (beware if this is directed at clearly racialized individuals more often than others)</td>
<td>People of colour are generally not as intelligent as whites. It is unusual for someone of your race to be intelligent.</td>
</tr>
<tr>
<td>Theme</td>
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<td>Message</td>
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<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Colour blindness</strong></td>
<td>“When I look at you, I don’t see colour.”</td>
<td>Denying a person of colour’s racial / ethnic experiences.</td>
</tr>
<tr>
<td></td>
<td>“Canada/Toronto is a melting pot/salad bowl.”</td>
<td>Assimilate / acculturate to the dominant culture.</td>
</tr>
<tr>
<td></td>
<td>“There is only one race, the human race.”</td>
<td>Denying the individual as a racial / cultural being.</td>
</tr>
<tr>
<td><strong>Denial of individual racism</strong></td>
<td>“I have several Black/Asian/racialized friends or colleagues.”</td>
<td>I am immune to racism because I have friends of colour.</td>
</tr>
<tr>
<td></td>
<td>“As a woman, I know what you go through as a racial minority.”</td>
<td>Your racial oppression is no different than my gender oppression. I can’t be a racist. I’m like you.</td>
</tr>
<tr>
<td><strong>Myth of meritocracy</strong></td>
<td>“I believe the most qualified person should give the lecture.”</td>
<td>People of colour are given extra unfair benefits because of their race.</td>
</tr>
<tr>
<td></td>
<td>“Everyone can succeed in this society, if they work hard enough.”</td>
<td>People of colour are lazy and/or incompetent and need to work harder.</td>
</tr>
<tr>
<td><strong>Pathologizing cultural values / communication styles</strong></td>
<td>Asking a racialized person: “Why do you have to be so loud/animated/aggressive? Just calm down.”</td>
<td>Assimilate to dominant culture. Leave your cultural baggage outside.</td>
</tr>
<tr>
<td></td>
<td>To an Asian or Latinx person: “Why are you so quiet? We want to know what you think. Be more verbal. Speak up more.”</td>
<td>Being assertive is considered being aggressive.</td>
</tr>
<tr>
<td></td>
<td>Dismissing an individual who brings up race / culture in a meeting</td>
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</tbody>
</table>
### Guidelines for Equity, Inclusion and Diversity

for Continuing Professional Development and CME

Guidelines approved October 2020

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**Theme**

<table>
<thead>
<tr>
<th>Environmental microaggressions</th>
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<tbody>
<tr>
<td>Macro-level microaggressions, which are more apparent on systemic and environmental levels</td>
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</table>

<table>
<thead>
<tr>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the slides in a presentation represent individuals of the dominant group</td>
<td>You don’t belong / You won’t succeed here / There is only so far you can go.</td>
</tr>
<tr>
<td>Immodest or graphic images more often depict racialized people</td>
<td>You are an outsider / You don’t exist.</td>
</tr>
<tr>
<td>Course participants called on during Q&amp;A more often male than female, or more often not members of racialized groups</td>
<td>People of colour don’t / shouldn’t value education</td>
</tr>
<tr>
<td>Most common example is the lack of racial/gender diversity in course faculty selection process</td>
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Adapted from:


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**Appendix 5. U of T CPD Resources**

The Temerty Faculty of Medicine’s Continuing Professional Development office has a great deal of information available, including a guide to creating a representative scientific planning committee, at its “Quick Tips” page: [https://www.cpd.utoronto.ca/educators/program-development/quick-tips/](https://www.cpd.utoronto.ca/educators/program-development/quick-tips/)

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**Appendix 6. Sex assigned at birth**

The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, and chromosomes. Chromosomes are frequently used to determine sex from prenatal karyotyping. However, chromosomes do not determine genitalia in all cases: examples include congenital adrenal hyperplasia (CAH) and androgen insensitivity syndrome (AIS). Previously known as Intersex or Disorders of Sex Development, CAH and AIS are now called Differences of Sex Development (DSD). The term ‘hermaphrodite’ is outdated and should not be used. In most cases, sex is determined based on external genitalia of the infant at birth.

Harvard Medical School

[https://mfdl.med.harvard.edu/sites/default/files/files/HMS%20SOGI%20terminology%203.22.17.pdf](https://mfdl.med.harvard.edu/sites/default/files/files/HMS%20SOGI%20terminology%203.22.17.pdf)