



## **DEI Office Report (July 2021 - Aug 2022)**

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## Introduction

This annual report highlights the work that has been done, or is currently ongoing in the DEI office from July 2021 to August 2022; previous reports and other DEI documents can be found within the Deans Office 'I' folder. In this period, there were two leadership transitions. Dr. Mario Brondani stepped down from the directorship on June 30<sup>th</sup>, 2021, and rejoined the DEI office as the co-director on November 20<sup>th</sup>, 2021. Dr. Warren Roberts joined the DEI office as the other co-director, with a focus on indigenous component. On July 1<sup>st</sup>, 2022, Dr. Mario Brondani continued with the DEI office as the full director; Dr. Warren Roberts stepped down and continued as ex-officio.

## DEI Committee Meetings

Dr. Brondani rejoined the DEI office as the co-director on November 20<sup>th</sup>, 2021. Dr. Warren Roberts joined the DEI office as the other co-director. They then resumed the DEI meetings with faculty, staff, and student groups. Since then, the DEI faculty sub-committee met on January 20<sup>th</sup>, 2022 and April 8<sup>th</sup>, 2022; the DEI staff sub-committee met on January 25<sup>th</sup>, 2022, February 22<sup>nd</sup>, 2022, and April 13<sup>th</sup>, 2022; the DEI student sub-committee met on January 20<sup>th</sup>, 2022 and April 7<sup>th</sup>, 2022. DEI committee meetings will be resumed after new member elections, which will take place in September, 2022.

## Developing the Terms of Reference

The Terms of Reference includes the DEI Committee's purpose, membership, roles (members' responsibilities and co-directors roles), accountability, code of conduct, task force principles, note takers, and glossary of terms. The Terms of Reference is up-to-date as of May, 2022. It needs to be reviewed as new members join the DEI office. See Appendix 1 for the full Terms of Reference.

## Call for Self-nomination and Elect New DEI Members

A total of 6 members stepped down from the DEI Faculty (#4) and Staff (#2) sub-committees. Therefore we have 6 positions available for new members to join. An email has been sent out to the Faculty via intranet, and was advertised through Just Smile as well. Available positions are listed as follows:



- 1 full-time faculty member (tenure-track and lecturers);
- 1 salaried clinical faculty member;
- 2 unsalaried clinical faculty members (sessional);
- 1 M&P member;
- 1 CUPE 116 member.

We have received self-nominations for each position. The recruitment process lasted until June 30<sup>th</sup>, 2022. Elections will take place between August and September, 2022. Ex-officio positions were introduced in this process. Director of Student Affairs and Faculty Counsellor will join the DEI office as ex-officio.

As for the Student Sub-committee, since students graduated, and some students stepped down from the DEI office, 11 positions became available. Available positions are listed as follows:

- 1 DMD Class of 2023;
- 2 DMD Class of 2026;
- 1 DHDP Class of 2023;
- 2 DHDP Class of 2024;
- 1 DHDP Class of 2025;
- 2 DHDP Class of 2026;
- 2 MSc/PhD Grad Specialty.

Emails were sent out to the class presidents and ethics representatives to the students in July, 2022 for student self-nomination. We received one self-nomination. Another round of emails will be sent out in September, 2022, when students will return from their summer break.

## Student Collective for Change (SCC) Report

The Student Collective for Change was formed in late 2019 by an independent group of undergraduate dental and dental hygiene students in response to the lack of a DEI office in our faculty at the time; the DEI office was introduced in mid-2020 and had a good synergy with the SCC that was working on a report. The DEI office incorporated that report herein, titled '*UBC Doctor of Dental Medicine and Dental Hygiene Degree Program concerns regarding diversity, equity, and inclusion (DEI): a call for action*'. See Appendix 2 for the full report as written by the students.



The DEI concerns highlighted in the report include calls for more diversity and inclusion in the admission process, financial considerations, and revision of discriminatory dress code requirements. The report also discusses the accountability within the faculty, including teaching evaluations and issues with reporting complaints. At the end, the report lists some recommendations, including:

- Collect comprehensive admissions statistics to examine issues of self-selection and barriers to entry in dentistry;
- Explore the idea of application cost bursaries for applicants;
- Increase the exposure of dentistry as a profession to students of all backgrounds through outreach initiatives;
- Replace gender-specific dress code requirements with gender neutral requirements and language;
- Increase transparency surrounding teaching evaluations and facilitate the collection of unbiased student responses;
- Revise policy around tattoo covering and let students to decide to cover or not;
- Explore alternatives to help mitigate conflicts of interest when students bring concerns forward.

Many of these recommendations were already addressed by the DEI in collaboration with the faculty including development of the mistreatment reporting system. Dr Brondani has also met with Dr Gottlieb in earlier 2021 to discuss ideas around ‘inclusive’ admissions – this conversation is ongoing.

## Organization and Participation in DEI Events

### Participate In the Summer Program: Diversifying Access to Health Professional Education Program

Faculty of Dentistry participates in and funded the 2022 Summer Program: Diversifying Access to Health Professional Education Program project. Dr. Mario Brondani, Dr. Riki Gottlieb, and Lydia Chen coordinate between the project lead, Dr. Tal Jarus and Dentistry. Lydia Chen also participates in the program group in developing the learning objectives and lessons/activities.

The summer program was initiated from Department of Occupational Science and Occupational Therapy, Faculty of Medicine. This project aims to increase the success of Equity-



deserving group<sup>1</sup> (EDG) applicants to UBC's health profession programs including Occupational Therapy, Physical Therapy, Dentistry, and Pharmaceutical Science programs. It includes a paid one-week summer program from August 8<sup>th</sup> to August 12<sup>th</sup>, 2022, and a follow-up mentorship program from September 2022 to June 2023. A total of 13 high school and undergraduate students participated in the summer program. Faculty of Dentistry hosted the students on Friday, August 12<sup>th</sup>, 2022. In total, 4 faculty members and 5 student volunteered from our Faculty and shared their views about the practice of dentistry and dental hygiene, lived experiences, application preparations, and dentistry related skills with the students. Two staff volunteers from the Admission Office shared the admission process with the students. This has largely enriched participants' experience in the summer program. The next step is recruiting volunteers for the mentorship program that plans to be an ongoing activity.

### Indigenous Curriculum Project

The PBL DEI working group has created a set of goals to expand PBL cases to include better representation of historically marginalized groups. Grace Barlow, Hana Darrach-Cottick, Shuwen Liu Pavneet Kalsi, Annika Koonar were leading this project, while Drs. Brondani, Murphy, and Roberts were observing. Although this initiative was student-led, it might have overburdened some students. Moving forward, efforts should be focusing in involving the faculty members themselves who teach/develop these cases to modify the cases accordingly for better representation. Dr Brondani suggested this approach to both DMD and DHYG Curriculum Directors back in 2021.

### Develop UBC 23 24 Indigenous Cultural Safety (ICS) Student and Faculty Courses

Drs. Brondani and Roberts represent Dentistry as Advisors for the UBC 23 24 Indigenous Cultural Safety (ICS) courses for students and faculty. While the undergraduate students already take the ICS via the UBC Health integrated curriculum, there is not yet a course for FoD faculty and staff, as the need has been long identified.

### Lunch and Learn session with Dr. Warren Roberts

Dr. Warren Roberts gave a personal perspective on how the federal and provincial governments affected the culture of our Indigenous families & First Nations. He also provided

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<sup>1</sup> EDG include, but are not limited to, people who identify as first-generation university students, Disabled, Indigenous, racialized, economically disadvantaged, 2SLGBTQIAP+.



an overview of how the events of the last 10 years have influenced the current Indigenous decisions of the Federal and Provincial governments and also UBC. The session took place on April 25<sup>th</sup>, 2022.

### DEI Talk Series

Dr. Mario Brondani organized a DEI Talk Series led by Kaitlyn Kraatz from the D&I Office, titled “Gender Identify, Sexual Orientation, and Personhood: Language, Pronouns and Best Practices.” The event took place on Monday, June 20<sup>th</sup>, from 12:30-1:30 pm. Participants had the opportunity to learn about and understand some of the best practices around language, terminology and pronouns when comes gender identity and sexual orientation. Dr Brondani also met with Dr Esteves, the Clinic Director, in July 21 2022 to discuss possible ways to make our clinic intake form/patient record more inclusive. The talk was recorded over Zoom platform. Anyone who missed the session can view it online:

[https://ubc.zoom.us/rec/share/S2CstYU9gszDjPqj8UKdRygVGqy71HzFO4ehD3wkvvHSsuDIE2PH2giAdLNJCehm.VYj8M3dQm7Z\\_kG5H](https://ubc.zoom.us/rec/share/S2CstYU9gszDjPqj8UKdRygVGqy71HzFO4ehD3wkvvHSsuDIE2PH2giAdLNJCehm.VYj8M3dQm7Z_kG5H)

Access Passcode: **9M54LM=\$**

The slide for the session can be found from this link:

[https://docs.google.com/presentation/d/1GI0--MgRCPm6qhBHf5Uu6t9dPr93-F9RE\\_yXYKc-Mf8/edit#slide=id.g11ac36aa7b7\\_0\\_36](https://docs.google.com/presentation/d/1GI0--MgRCPm6qhBHf5Uu6t9dPr93-F9RE_yXYKc-Mf8/edit#slide=id.g11ac36aa7b7_0_36)

### Distribute information of DEI related resources, workshop, seminars, videos, etc

The DEI Office has circulated information about courses, workshop, seminars, and videos related to DEI topics via email communications; resources have been posted under the DEI website. Some of the information includes:

- DEI resources, such as funding opportunities and books to read;
- 30-min video about diversity, equity and inclusion to reach excellence in research: <https://www.youtube.com/watch?v=R-O7TXIlenM;>
- Webinars "Understanding the Relationship Between Diversifying the Healthcare Workforce and Achieving Health Equity" by Dr. Monica McLemore on May 17<sup>th</sup>, 2022;
- Webinar “Interprofessional Panel on Substance Use Care” on May 12<sup>th</sup>, 2022;



- Webinar “Diversity Dialogues - Honoring our past, celebrating our present and ensuring an equitable and inclusive future” on March 30<sup>th</sup>, 2022.

## Representations in Associations and Meetings

### Representations in the ADEA, ACFD, AIDPH, BCDA

- Dr. Brondani participated in the ADEA Climate Study focus group discussion on EDI, focus on LGBTQ+. The study gathers data from North American dental schools.
- Dr. Brondani participates at the monthly meetings to discuss LGBTQ+ issues by the American Institute of Dental Public Health.
- Dr. Brondani represents the UBC Faculty of Dentistry at the National Association of Canadian Faculties of Dentistry (ACFD) meetings.
- Dr. Brondani represents the UBC Faculty of Dentistry as a DEI committee member for the Canadian Health Measure Surveys working group.
- Dr. Roberts and Dr. Brondani participate in the BCDA DEI task force group.

### Participate in UBC DEI Related Meetings

- Dr. Brondani and Lydia Chen participated in the “Activating Inclusion: Tools and Resources to support EDI planning and strategy” workshop on February 2<sup>nd</sup>, 2022
- Dr. Brondani and Lydia Chen participated in the EDI Action Network event on April 26<sup>th</sup>, 2022
- Dr. Brondani and Dr. Donnelly presented in the “The Equity & Inclusion Scholars Program: Interventions toward Inclusive Teaching” on May 11<sup>th</sup>, 2022.

### DEI Email and Qualtrics Entry Feedback

The UBC-DENT DEI email address [dei@dentistry.ubc.ca](mailto:dei@dentistry.ubc.ca) and the anonymous qualtrics feedback survey ([https://ubc.ca1.qualtrics.com/jfe/form/SV\\_9ZAQp67A0ImO5M2](https://ubc.ca1.qualtrics.com/jfe/form/SV_9ZAQp67A0ImO5M2)) continue to provide ongoing platforms for faculty, staff and students to submit feedback. Below are the issues identified under the email address and the survey since July, 2021:

- Workplace equity including job classification/position equity, skill-based hiring, transparency and clarify about new position.
- Concerns about the hiring of new faculty member;
- Concerns about the faculty research component and lack of research leadership;
- Concerns about the progress and focus of the DEI office;
- Concerns about the faculty reappointment and fear of retaliation.





## Next steps

DEI office to resume the subcommittee meetings and activities outlined above starting this September 2022.

DEI office to follow up on the recommendations put forward by the report titled: “UBC Doctor of Dental Medicine and Dental Hygiene Degree Program concerns regarding diversity, equity, and inclusion (DEI): a call for action.”

DEI office to propose for the implementation of gender pronoun stickers to help faculty and students to normalize the use of pronouns and facilitate conversation around chosen gender pronouns for people they just meet. A small sticker would be placed at their ID badges/name tags and could say ‘I go by he/she, they/them...’, or ‘ask me about my pronouns’, or simply ‘She, her, hers’

DEI office to continue with the Summer Program: Diversifying Access to Health Professional Education Program project regarding the mentorship part, which will take place in between October, 2022 to July, 2023.



## Appendix 1: Diversity, Equity & Inclusion (DEI) Committee Terms of Reference

### Diversity, Equity & Inclusion (DEI) Committee

#### TERMS OF REFERENCE

##### PURPOSE

Three themes in *Shaping UBC's Next Century (Strategic Plan 2018-2028)* are **Inclusion, Collaboration** and **Innovation**. Specifically, inclusion refers to “embedding equity and diversity across university systems and structures. As a public institution, UBC has the responsibility to ensure inclusion across students, faculty, staff and alumni, and through all interactions beyond the university. Inclusion is a commitment to access, success and representation of historically underserved, marginalized or excluded population.”<sup>2</sup> Based on UBC's Strategic Plan, Faculty of Dentistry developed our own strategic plan: *Impact 2020-2025 Trailblazers in Oral Health for BC and Beyond*, which statements our values: **Integrity, Compassion, Inclusion, Innovation, and Transparency**.<sup>3</sup>

Our Faculty of Dentistry is committed to creating a friendly, welcoming, safe, respectful and inclusive environment for all students, staff, faculty, and patients. We champion the values of diversity, equity, and inclusion in all areas, from hiring of staff and faculty to recruiting undergraduate and graduated dental and dental hygiene to foster our shared goals.

The Faculty of Dentistry hopes to improve our culture, overcome any past failures, and address racism and discrimination on a broad bases. We are committed to broaden diversity, equity and inclusion within our various programs and within our faculty, staff and student cohorts. Evidence of this commitment is the establishment of the DEI Committee and [its website](#).

##### MEMBERSHIP

The DEI Committee is a group of interested UBC community members representing a group (e.g., students, staff and faculty), with a broad array of expertise and experience, willing to work together on issues or concerns related to equity, diversity, and inclusion.

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<sup>2</sup> Retrieved from [Shaping UBC's Next Century \(Strategic Plan 2018-2028\)](#).

<sup>3</sup> Retrieved from [Impact 2020-2025 Trailblazers in Oral Health for BC and Beyond](#).



The DEI Committee consists of three Sub-Committees: student Sub-Committee, staff Sub-Committee, and faculty Sub-Committee. The DEI Sub-Committees will fairly and collaboratively represent our faculty as a whole: students, staff, and faculty.

The membership of the committees includes:

1. Chair: 2 Co-Directors, Diversity, Equity & Inclusion.
2. Students: 8 DMD undergraduate (2 of each Class), 8 DHYG undergraduate (2 of each Class), 2 MSc/PhD graduate students, 2 MSc/PhD graduate specialty students, 2 Students Collective for Change members.
3. Staff: 1 CUPE member, 2 CUPE 2950 members, 2 M&P members, 1 CUP 116 member.
4. Faculty: 2 full-time faculty on tenure, 2 clinical salaried faculty, 2 sessional instructors, and Director of Community Engagement.
5. Assistant manager (staff person).

The committee members work on a 1-year term basis (based on academic years, September to August). Annual elections will occur to select the respective representatives. Otherwise, the membership will be renewed automatically, for up to 3 years, unless they step down or are removed from the committee. Elections will then take place to select the respective representatives.

To ensure consistency and continuity of the Sub-Committees, to ensure and support the smooth operation of their activities, and to achieve the objectives as outlined herein, each Sub-Committee will:

1. Ensure there is an effective process of membership renewal (self-nomination and voting).
2. Cultivate prospective candidates who may agree to stand for election to the Committee.
3. Ensure orientation to new committee members collaboratively with the Co-Directors.

The DEI Sub-Committees' process and education may be facilitated by meetings at a chosen frequency, surveys, formal documented discussions with the groups they represent, and available reports and documents related to DEI.

### *ROLES*

The DEI Sub-Committees, together with the Co-Directors, will lead the efforts within the Faculty of Dentistry in enhancing existing and connecting various initiatives within our Faculty and across UBC.

The DEI Committee will place emphasis on:

1. Outward vision rather than internal operations,
2. Encouragement of diversity and representation of viewpoints,



3. Strategic leadership rather than administrative detail,
4. The future, while mindful of the past and present,
5. Collective rather than individual decisions,
6. Proactively rather than reactively, and
7. Speak with one voice.

Accordingly:

1. The Sub-Committees will cultivate a sense of group responsibility and accountability, and together with the Co-Directors, will be responsible for excellence in its governance. The Sub-Committees will get involved with a given initiative or action in collaboration with the Co-Directors. The Sub-Committees will not allow its members, or the Co-Directors, to fail to fulfil their commitments.
2. The Sub-Committees' major focus will be on the intended long-term impacts to all.
3. The Sub-Committees will foster a cordial and friendly environment to govern itself with excellence. Members will be encouraged to attend the meetings and planned activities, to come prepared for such meetings and activities, and to maintain principles and roles (including agree to disagree, respect of different opinions, and speaking with one voice).
4. The Sub-Committee will be responsible for succession planning on an annual basis, or when a member leaves the Sub-Committee before the end of their term.
5. Continual Sub-Committee development will include orientation of new members.

#### MEMBERS' RESPONSIBILITIES

The DEI Sub-Committees are intentional places to:

1. Advocate for system-level changes that support DEI;
2. support policy reviews and revisions;
3. initiate educational programming;
4. advise on, devise, prioritize, guide and/or implement proactive DEI strategies to mitigate concerns regarding human rights (i.e., religion, age, disability) and discrimination (i.e., racism, sexism, homophobia, transphobia, and ableism); and
5. evaluate effectiveness of implemented strategies.

Each Sub-Committee aims to reflect the diversity of the membership through equity representation. The Sub-Committees shall recognize that diversity assures a broad base of wisdom and shall seek to make decisions considering that input. The Sub-Committees will gather data in a way that reflects the diversity, equity and inclusion of those they represent. This involves seeking participation from those who have been traditionally under-represented, including:



1. Women
2. Persons with disabilities
3. IBPOC (Indigenous, Black, and People of Colour)
4. Ethnic minorities
5. 2SLGBTQIA+

The DEI Sub-Committees represent the members as the collective ownership of the Faculty of Dentistry in determining and ensuring appropriate performance regarding diversity, equity and inclusion.

Duties and Responsibilities of their members include:

1. Educate itself regarding the diversity of values, perspectives and opinions held by the membership they represent, under the guidance of the Co-Directors.
2. Develop statements, in collaboration with the Co-Directors, that express the collective views on DEI relevant issues.
3. Assist in the development of a Sub-Committee membership recruitment strategy (succession).
4. Ensure Committee succession.
5. Meet with, gather input from, and otherwise interact with those they represent as needed and bring issues forward to the Sub-Committees. A staff person will send out regular reminders to students, faculty, and staff that they can reach out to DEI committee members, or use online reporting platforms (Qualtrics, etc.) for DEI related concerns.
6. Develop, maintain and strengthen the link between the Sub-Committees and those it represents.
7. Review policies and procedures and make recommendations to implement best practices for DEI in workplace and learning environments.
8. Review and assess DEI factors in FoD faculty, staff and student experiences. This would include but not be limited to recruitment, retention, promotion, academic progress, mentoring, supervising, and classroom environments.
9. Provide feedback on the creation, revision and implementation of DEI surveys and evaluations.
10. Set priorities, activities, and goals at the last meeting of the year in line with the annual report.
11. Attend committee meetings to the best of their ability.
12. Create or provide feedback on the annual report on its activities and recommendations for improvement of DEI in the Faculty of Dentistry.
13. Be part of task forces as required and needed.
14. Assure successful Co-Directors' performance.



## CO-DIRECTORS ROLES

The Faculty of Dentistry appoints two Co-Directors for the DEI office. The role of the Co-Directors is to ensure overall operations of the Sub-Committees and to assure their integrity. The Co-Directors represent the DEI Committee as a whole, and are accountable to the Dean while maintaining confidentiality of specific issues discussed as requested from each Sub-Committee. An Assistant Manager is hired to provide support to the Co-Directors, with a 25% FTE commitment to the DEI office.

Duties and Responsibilities of the Co-Directors include:

1. Organise and chair three DEI Sub-Committees and preside at all meetings, alternating whenever possible.
2. Represent the Committee at the Faculty of Dentistry, the University at large, nationally and internationally.
3. Develop a Sub-Committee membership recruitment strategy (succession) in collaborations with the respective Sub-Committees.
4. Ensure broad discussions are more strategic and vision oriented rather than of operational focus.
5. Ensure deliberations are fair, open and thorough but also efficient, timely, orderly and kept to the point.
6. Ensure communication to the Faculty of Dentistry at large, including responding to DEI emails.
7. Oversee the creation, revision and implementation of DEI surveys and evaluations in collaboration with the Sub-Committees.
8. Oversee the website content development and updates.
9. Provide support during Sub-Committees' activities and events, including logistics and operations (venue, food), material promotion, and educational and developmental activities aimed at students, faculty and staff.
10. In collaboration with the Sub-Committees, provide an annual report on its activities and recommendations for improvement of DEI in the Faculty of Dentistry.
11. Prepare documents needed once requested.
12. Produce messages to be distributed to the Faculty of Dentistry.
13. Maintain documentation and records, including committees' meeting minutes, up-to-date member list, and correspondence with the Dean and others on behalf of the Sub-Committees.

## ACCOUNTABILITY

The Sub-Committees shall be accountable to the membership they represent. The committee members will act on behalf of the membership they represent as a whole, rather than being advocates for specific individuals or for personal issues.



Each DEI Sub-Committees will be responsible for launching their affirmative actions on an annual basis. It is the Sub-Committees' responsibility to assure successful Co-Directors' performance.

Annual reports and goals will be shared publicly with students, faculty, and staff outside the DEI Committee to create transparency, commitment to goals, and a sense of trust with the Committee.

Regular reminders will be sent to students, faculty, and staff to use the online platforms (Qualtrics and DEI emails) to provide comments and feedback for the work of DEI committee.

### *CODE OF CONDUCT*

Each Sub-Committee obligates itself to ethical and professional conduct at all times. This includes appropriate behaviour.

Accordingly:

1. Committee members must represent unconflicted loyalty to the interests of those they represent. This accountability supersedes any conflicting interests. It also supersedes the personal interest of any individual Committee member.
2. Committee members shall maintain a distinction between their personal interests, and their obligation to speak for others as representatives of the "moral owners" as a whole.
3. Committee members must avoid conflict of interest.
  - 1) There must be no self-dealing or any conduct of personal services between any Committee members.
  - 2) When the Sub-Committee is to decide upon an issue, about which Committee member has an unavoidable conflict of interest, that member shall recuse themselves from the vote and the deliberation.
  - 3) Committee members must not use their positions to obtain services or privileges.
  - 4) Committee members shall disclose their involvements with other potential conflict of interest situations.
4. Committee members shall not attempt to exercise individual authority over the Committee, or the Co-Directors.
5. Committee members shall not represent the Sub-Committee if not approved by the Sub-Committee and the Co-Directors.
6. Committee members will respect the confidentiality appropriate to issues.
7. Committee members shall be familiar with this document.
8. Committee members will be properly prepared for the meetings.
9. Committee members shall try to attend meetings on a regular and punctual basis. If a member is absent for more than half of the meetings in a given year, this member should consider stepping down upon discussion with the Co-Directors.



10. Committee members shall ensure that unethical or unprofessional activities are neither encouraged nor condoned.
11. A Committee member who is alleged to have violated any ethical or professional conduct shall be informed in writing by the Co-Directors and shall be allowed to present their views of such alleged breach at the next meeting. Committee members who are found to have violated ethical or professional conduct may be subject to censure including removal from the respective Sub-Committee.

#### *TASK FORCE PRINCIPLES*

Task forces will be assigned and formed as needed.

Accordingly:

1. All task forces shall be made up of Sub-Committee members.
2. All task forces will work in collaboration with the Co-Directors.
3. All task forces will report to the Sub-Committees during the scheduled meetings only.

#### *NOTE TAKER*

An Assistant Manager is hired to provide support to the Co-Directors, with a 25% FTE commitment to the DEI office. This position will take on the role of the note taker to ensure the veracity of the Sub-Committee discussions.

Accordingly, the note taker will,

1. Liaise with the Co-Directors in organizing the meeting scheduling (dates/time).
2. Record the meeting minutes.
3. Keep record of any decisions made electronically (or in person) and ensure they are included in the meeting minutes.
4. Perform other duties the Sub-Committees may reasonably require.

#### *GLOSSARY OF TERMS*

##### *Equity*

Equity refers to achieving parity in policy, process, and outcomes for historically and/or currently underrepresented and/or marginalized people and groups while accounting for diversity. It considers power, access, opportunities, treatment, impacts, and outcomes, in three main areas:

1. Representational equity: the proportional participation at all levels of an institution;
2. Resource equity: the distribution of resources in order to close equity gaps; and





3. Equity-mindedness: the demonstration of an awareness of, and willingness to, address equity issues.

#### Diversity

Differences in the lived experiences and perspectives of people that may include race, ethnicity, colour, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, gender identity or expression, sexual orientation, age, class, and/or socio-economic situations.

#### Inclusion

Inclusion is an active, intentional, and continuous process to address inequities in power and privilege, and build a respectful and diverse community that ensures welcoming spaces and opportunities to flourish for all.



## Appendix 2: UBC Doctor of Dental Medicine and Dental Hygiene Degree Program concerns regarding diversity, equity, and inclusion (DEI): a call for action

### **UBC Doctor of Dental Medicine and Dental Hygiene Degree Program concerns regarding diversity, equity, and inclusion (DEI): a call for action**

#### **Prepared by:**

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#### **Read by the Director, DEI**

**Dr Mario Brondani**



## Outline

1. Preface
2. Diversity and inclusion
  - a. Admissions
  - b. Intersectional health education
  - c. Discriminatory dress code requirements
3. Accountability within the faculty
  - a. Teaching evaluations
  - b. Issues with reporting complaints
  - c. Ambiguity Awards Selection
4. Conclusion
5. Summary of recommendations
6. References



## Preface

With the recent focus brought on issues of diversity, equity, inclusion, and systemic biases by the #MeToo and #BlackLivesMatter movements, and by the current COVID-19 pandemic, individuals and institutions around the world are currently asking themselves: “how can we do better”?

For society writ large, this has meant encouraging those who benefit from certain privileges to listen to the voices of those who have faced prejudice. The administration of the Faculty of Dentistry (FOD) has indicated a willingness to support students' ideas and initiatives to help make the faculty a safer, inclusive and more supportive space for students, faculty and staff, and the patients we serve.

This document is the product of discussions within the UBC FOD Students' Collective for Change and the DEI Student Committee on systemic bias, prejudice, harmful behaviors, and on areas lacking sufficient protection for students to bring concerns forward. We are excited to work with faculty members to make changes and improvements where needed to ensure that the Faculty of Dentistry is not only a safe space but serves as a positive role model on issues of diversity, equity, inclusion and fairness to our community and patients.



## Diversity and inclusion

### Admissions

It is important for the composition of dentistry and dental hygiene professions to reflect the diversity of the communities we serve. A diverse student body population will facilitate learning as they work together and develop compassion, empathy, and focus on delivering higher quality care to patients. Currently, the efforts to diversify our applicant pool at UBC Dentistry are insufficient. It is easy to default to saying that applications are not being submitted despite current efforts. However, if we want to work towards building a diverse generation of dentists, we must collectively strive for diversity, equity, and inclusion, and take more active measures.

#### 1. Admissions' data

- Through collecting comprehensive admissions' de-aggregated data, we can more deeply explore issues of self-selection and barriers to entry existing within our field, particularly for dentistry. This has shown to be helpful in shaping the inclusion and diversity efforts at the Schulich School of Medicine and Dentistry, where students were invited to participate in a voluntary survey to help understand the role of demographic factors on admissions.<sup>1</sup> It is becoming standard practice within health programs to collect de-aggregated demographic information from all applicants regardless of admission, with the Association of Faculties of Medicine of Canada leading the way.<sup>2</sup>
- Furthermore, we should also strive for having diverse admissions committee representation with mandatory implicit bias training to ensure fairness to all applicants.

#### 2. Financial considerations

- We must also directly address the unequal burdens that admission costs place on potential applicants from different socioeconomic backgrounds. These fees are trivial for some students, while for others may be enough to discourage a promising applicant from applying at all, or reapplying multiple times. At present, Canadian medical and law programs offer fee waivers for students who may have otherwise not have applied to professional school due to application cost barriers.<sup>3,4</sup> Similarly, UBC Dentistry could offer application cost bursaries and advocate for the adoption of Dental Aptitude Test (DAT) fee waivers to Canadian Dental Association (CDA) in order make the application process more equitable.
- With the introduction of mandatory feedback for applicants, a standard practice for medical schools across Canada, the financial and emotional burdens of the application process can be mitigated.<sup>5</sup> Feedback could encourage potential applicants to reapply



despite the burden of the fees, or guide them to strengthen their applications so that weaker candidates' decision to re-apply is not squandered by limited resources.<sup>5</sup> Repeatedly incurring the costs of airfare and accommodation for interviews, as well as losing income due to booking time off of work is not feasible for all candidates.

### 3. Outreach initiatives

- Finally, the reality for many students from a lower socioeconomic standing is that a career in dentistry is not seen as a viable option. Regardless of the cost and fairness of the admissions process itself, if diverse student populations are not exposed to the idea that a career in health care is attainable for them, then capable students from such backgrounds are unlikely to apply.<sup>6</sup> More outreach programs to inner city schools and public programs would not only be beneficial to youth who have never previously considered dentistry as a profession, but also incredibly rewarding for students, dentists, and hygienists participating.

### Intersectional health education

Sociocultural competency goes beyond boosting the diversity and representation of healthcare providers in the workforce. As sociocultural issues arise, it is imperative that our health education evolves accordingly. The more exposure student dentists and hygienists acquire with patients of all different backgrounds, abilities, colours, the more they will succeed in providing culturally safe and appropriate patient care.

Within the American healthcare system, studies have shown that racist encounters in healthcare settings directly increases the morbidity and mortality for racially marginalized populations.<sup>7</sup> Similarly, in Canada, we are not immune to racial inequalities in healthcare. There are countless examples of medical racism directed towards First Nations People of Canada, and those of Asian heritage during the ongoing COVID-19 pandemic. These inequalities manifest in the form of barriers in the access and experience of care, as well as decreased outcomes in mortality, morbidity, health status, and the prevalence and incidence of disease exacerbated in certain populations more than others.<sup>8</sup>

In line with the goals discussed in the UBC Dentistry Code of Ethics, making our health education intersectional would ensure that students do not inadvertently violate the dignity of their patients. Furthermore, being more informed would decrease the likelihood that internalized biases would lead to discrimination against patients. We recognize that UBC Dentistry has worked towards this goal through the Principles of Ethical Practice (PEP) curriculum. However, we would like to underscore that this on its



own is not sufficient to train a generation of dentists and dental hygienists will practice within intersectional frameworks.

We have outlined below opportunities to integrate intersectional health education into the DMD and DHDP curriculums.

1. Increasing diversity in Problem Based Learning (PBL) and DALE cases:
  - It is imperative to improve the diversity of our PBL/DALE case scenarios. Examples of such changes would be to ensure representation of patients and health care providers who are systematically marginalized and excluded groups such as 2SLGBTQIA+ folks and those who have disabilities.
  - These additions would not only enhance the diversity of sessions but also would more accurately reflect our profession and current patient pool composition. Revising the PBL/DALE cases will provide students with more opportunities to actively think about the barriers to care that other groups and populations face based on their inherent characteristics, to understand the impact of the social and commercial determinants of oral health, and to consider their own internalized biases and learn to refrain from stereotyping certain populations in practice. Along with improving the presented scenarios on PBL/DALEs, instructors should also be trained and educated to use inclusive terminology as means to train students to be more inclusive with language.
  
2. Educating FOD students (and staff and faculty) in providing care to gender diverse patients:
  - Transgender, non-binary, genderqueer, gender non-conforming, agender, two-spirit, or other identities outside the gender binary, hereafter referred to under the umbrella term gender diverse, are disproportionately discriminated against and face numerous barriers in accessing healthcare. Many gender diverse patients delay or defer care for fear of discrimination by their healthcare provider; this proportion increases when patients feel that they are required to teach their provider about gender diversity.<sup>9</sup> Inadequate education of healthcare providers is the major barrier preventing gender diverse individuals from accessing care. This inequity in access to care could be reduced at the institutional level by providing space in the curriculum specifically for education on gender diversity.<sup>10</sup> It is critical to educate students, staff, and faculty to have a basic understanding of gender identities, sexual orientations, and the specific medical and dental needs of the LGBTQ2S+ community. A sensitivity and understanding of the ongoing struggles of gender diverse people seeking healthcare is also essential. The addition of didactic and clinical modules that would explicitly equip students with seeing



gender diverse patients would prepare them to care for these members of society in a respectful, non-judgmental, welcoming, and dignifying manner.

- Attention should be also placed in ensuring that gender diverse individuals continue to be respected at all levels within the Faculty of Dentistry. Numerous recommendations have been made by the medical community to ensure safe interactions between gender diverse patients<sup>11</sup> and providers. These measures include offering and asking for pronouns whenever introductions are made, providers wearing name tags with their pronouns, creating sensitive and inclusive paperwork to all genders, and increasing our attention to personal language use to ensure gender diverse individuals are affirmed and treated with respect and dignity.<sup>12</sup> Students and faculty members should not only refer to patients by their chosen name and pronouns, but also practice sharing our pronouns with our patients and each other to create a welcoming environment for all of our patients, students, and faculty living outside the gender binary. We also suggest including inclusive pronouns during the patient synopsis for patient care when students report to instructors and encourage the use of they/them pronouns as a default instead of “he” or “she”.
- Offer training and educational venues (e.g., lunch and learn, webinars) to faculty, staff and students on gender diversity, identity, use of pronouns.

### 3. Supporting students to be competent practitioners for all patients equally

- Many medical conditions have variable manifestations in people of colour (POC). These manifestations can be more variable if the presentations are observed on skin or oral mucosa. Therefore, it is crucial for students to understand that diversity is not only limited to different ethnic backgrounds but also to clinical competency.<sup>13</sup> Some examples of how to cultivate such a learning environment would be to include more didactic and clinical education on the manifestation of disease in POC and how their presentations would differ from other patients. Students should be given the opportunity to provide care for POC either in OHC or communities and placements outside of the FOD. UBC FOD can take initiatives in partnering with different community sites to increase the exposure of UBC trained practitioners to patients of all racial identities. This would allow the students to be exposed to more variable presentations of disease and variations of normal. Discussions of medical racism should be included in the curriculum, as well as addressing internalized biases that can produce poorer health outcomes for POC and others, including refugees and First Nations Peoples of Canada. There are well documented programs employed in the field of medicine used to begin to address these biases within healthcare providers.<sup>14</sup>





#### 4. Educating FOD students (and staff and faculty) in providing care to patients with substance use

- As practitioners we should be prepared to work with individuals that use illicit substances and ensure that the care provided is conducive to their safety. It is imperative to educate student practitioners about options that are available for individuals that use substances as well as individuals that are recovering from active addiction. Often healthcare practitioners carry negative attitudes and perceptions to individuals that use substances, however with education, attitudes and regard have been shown to improve<sup>23</sup>. Educational modules including topics that involve recovery, harm reduction and refusal of recovery would be beneficial to decrease the stigma surrounding active addiction.

Additionally, it would be beneficial to include education on how to identify behaviors that are consistent with individuals that abuse illicit substances, and how to use supportive language in discussing a patient's suspected or confirmed use of illicit substances.

#### **Discriminatory dress code requirements**

##### 1. Tattoos

- The FOD has developed several policies alongside the Faculty of Medicine, such as the 'Professional Standards for Learners and Faculty Members in the Faculties of Medicine and Dentistry at the University of British Columbia'.<sup>15</sup> While the Faculty of Medicine's 'Dress and Grooming Policy' is a living document that is updated as cultural changes arise, the FOD has yet to follow suit.
- Students at the FOD are required to follow the 'Professional Conduct and Presentation' document which outlines the presentation and dress code expected from students both in professional and clinical situations.<sup>16</sup> The guideline is rationalized by the FOD that personality, appearance, decisiveness, and behaviour influences patient satisfaction. Professionalism should not be heavily determined by one's appearance as their behaviour and interactions play a more critical role in quality patient care.
- Unlike the Faculty of Medicine, the FOD requires students with any visible tattoos to have them covered by clothing or bandages. As tattoos have grown to become a societal norm and a reflection of personal expression, our faculty's dress code policies should emulate such normalization. A requirement to cover visible tattoos can not only impede effective hand hygiene<sup>17</sup>, but also discriminate against students using an arbitrary metric



of professionalism. This is a direct contradiction to the UBC ‘Discrimination and Harassment’ policy.<sup>18</sup>

## 2. Acceptable and unacceptable attire

- Furthermore, the FOD document explicitly states acceptable and unacceptable attire for men and women in professional settings.<sup>19</sup> While the articles of clothing listed under unacceptable are for both men and women, there are a number of articles that are commonly targeted against women such as wearing tank/halter tops. Compared to the Faculty of Medicine ‘Dress and Grooming’ policy, there is no explicit statement of what can and cannot be worn.
- Moreover, gender stereotypes are perpetuated by the FOD dress code’s gender-specific requirements. Acceptable attire is separated into a statement for men, for women, and for men and women, thus failing to recognize individuals who fall outside of the gender binary or whose gender expression may not align with their gender identity or with their gender assigned at birth. For example, the basic dress code states men must be “clean shaven, unless growing a permanent beard or moustache” and “[b]eards and moustaches [are] to be well-groomed.” This statement fails to recognize how individuals who are not men may also have facial hair. Another example is how a “[b]louse with dress slacks or skirt/dress of appropriate length” is only listed as acceptable for women, thus failing to recognize that professional attire consisting of blouses, skirts, and dresses may be worn by individuals who are not women. The gender-specific dress code requirements should be replaced with gender neutral requirements and language to ensure a more inclusive environment.

The aforementioned concerns are suggestions to begin the conversation around developing curriculum and language to adequately prepare dental and dental hygiene providers to appropriately treat a broad range of patients. This list is by no means comprehensive, and we hope that we can continue the conversation with the Director of Diversity, Equity, & Inclusion.

## **Accountability within the faculty**

In the previous sections, we have discussed ideas that could make the UBC FoD a safer and more inclusive space. As social climates change, mistakes are inevitable. Consequently, we must realize that progress can only continue if there are effective and safe infrastructures for bringing concerns forward and holding each other accountable to growth.



## Teaching evaluations

While the Faculty currently has a framework for teaching evaluations and students want to provide feedback, inconsistencies in execution, poor communication, and the lack of follow-up has hindered students' willingness to participate.

### 1. Logistical changes

- An analysis of 53 institutions, including UBC, shows that the most effective method of increasing student participation in teaching evaluations is to set aside class time.<sup>20</sup> Currently, the responsibility falls on the Class Presidents to remind their peers to fill out teaching evaluations. Although evaluation time is built into OSCAR, the importance of the evaluations themselves are not emphasized, and student apathy follows.
- Furthermore, allowing students to evaluate instructors only at the end of the semester adds little value to their current well-being and only has the potential to help the incoming cohort. As a result, the timing of evaluations might discourage students from participating. We suggest performing multiple evaluation rounds throughout the semester to give both students and instructors ample time to mention their concerns and be able to implement changes respectively.

### 2. Articulating the importance of evaluations

- UBC states that better response rates are achieved if the instructors can clearly articulate the impact of the student responses. Therefore, increased communication and follow-up following evaluations gives students the opportunity to see their feedback discussed and in action. It can be disheartening for students to see valid concerns raised without follow-up, and it can make teaching evaluations seem low yield with respect to tangible outcomes.
- We encourage the Faculty of Dentistry to provide a step-by-step fact sheet that would explain how these evaluation forms are received, read, and implemented. The faculty should report on any outcomes in writing to students each year to increase transparency and engagement. This could be in the form of an annual published report responding to common complaints for specific courses and the steps the faculty is taking to improve them. These evaluations should complement what the student reps report during the DMD and DHYG curricular meetings about the modules.

### 3. Collecting honest and unbiased teaching evaluations

- Lastly, although the expectation is for the instructor to leave the room during teaching evaluations, this is not always the case at the Faculty of Dentistry. The instructor



removing themselves from the evaluation environment is imperative for students to be able to honestly articulate their thoughts without the influence of power dynamics.

### Issues with reporting complaints

We appreciate the faculty's efforts in establishing the [fodteaching@dentistry.ubc.ca](mailto:fodteaching@dentistry.ubc.ca) email for students to bring up concerns and receive timely feedback, and of the [DEI@dentistry.ubc.ca](mailto:DEI@dentistry.ubc.ca) email for issues that are more related to DEI. However, these two emails will likely identify the student by their email address. Moreover, without a comprehensive protocol as to how complaints will be handled, students expressing more complex concerns may be left without answers or may feel intimidated by the fact that they might be identified on the spot given their email addresses. This has been reinforced by past experiences that have deterred students from bringing up concerns with instructors. There have been instances of faculty and staff becoming defensive, questioning students on how they may have provoked the situation, and excusing their colleagues' behaviour in response to student concerns. The mediator's response must be student first and trying to make sense of the situation holistically and in an unbiased manner.

#### 1. Frameworks at other health faculties

- The UBC Faculty of Medicine has taken steps to minimize conflicts of interests in the reporting process with a separate Professionalism Office responsible for dealing with reports, record keeping, and liaising with external bodies.<sup>21</sup>
- At Dalhousie University, in 2015, an External Task Force on Sexism, Misogyny, and Homophobia was assembled.<sup>22</sup> The Faculty of Dentistry at Dalhousie allows this task team to conduct frequent visitations to investigate the implementation of cultural competency practices. The team reviews policies, standard practices, and investigates complaints regarding harassment and discrimination. Every report is fully public, and typically outlines step by step measures taken to address the issues brought forward by the External Task Force.

#### 2. Moving forward

- It is important to provide students with multiple possible avenues for addressing their complaints to the faculty, anonymously or not. Often the existing power dynamic between students and the faculty at large discourages students from voicing their concerns. The relatively small size of UBC FOD may present challenges in protecting students during conflicts with their instructors, often in supervisory and assessor roles who may also be module coordinators and assign grades to the students.



- One way to address this issue would be to provide another independent instructor that is not involved in this conflict to take over student's evaluations for the remainder of the term or until conflict is resolved. Another possible venue in protecting student confidentiality would be to use a pre-assigned class representative to bring the issue forward with the student services and the involved parties. And another possible venue for anonymous feedback and general complaint would be an online platform like Qualtrics. We also urge Student Services to keep a record of these complaints for each faculty member to ensure accountability in the future.
- An important barrier for students for raising concerns is the issue of repercussions and retaliations. The Faculty of Dentistry should disseminate widely the UBC Policy SC18 - Retaliation Policy concerning the safe disclosure and reporting of retaliation.
- In terms of the reporting mechanism itself, the Faculty of Dentistry should provide a comprehensive guideline for students explaining how and where they can report incidents, similarly to what our medical colleagues have done. It is advised that the faculty engages representatives from each class for developing such guidelines and policies in order to ensure that students' needs are met.

### 3. Comprehensive protocols

- Having comprehensive protocols in place would make it easier for each student to navigate the system, foster transparency and report incidents safely.
- For the faculty member listening to and interacting with the students, some general suggestions include:
  - Listen to the student and their story while avoiding questions that would re-injure them or imply fault.
  - Remain objective and not get defensive. When students feel the need to report an incident, they might feel more vulnerable than usual. Acknowledge their concerns and fears and redirect them to appropriate resources if applicable.
  - Ensure confidentiality and privacy. Take every step possible to ensure the student's information and complaint is kept private. Due to the small size of our faculty, it is crucial for student's to feel safe when speaking up. Make sure to confirm and follow up with the student regarding privacy in a future meeting.
  - Investigate the concerns thoroughly. It is imperative to conduct investigations for sensitive issues that are brought up by students. Provide information on the measures that are going to be taken to the students and provide them with a follow up on the investigation. Also, follow with each student to ensure they are not facing any unjust repercussions because of filing the report.



- Report the final result. It is important for the Faculty of Dentistry to show students the efforts they make to correct the issue. Concrete answers and appropriate measures and consequences to each complaint allows students to trust the systems put into place by the faculty.

### **Ambiguity Awards Selection**

We understand that selection for awards is done behind closed doors, and often is based on both academic and non-academic information, that is often submitted by students in the form of a blurb, bio or curriculum vitae provided to faculty when asked. However, DMD Entrance Awards are given to students with no previous submission of any document. Therefore, it is very unclear to the students receiving these awards, and other classmates on why these awards were given and on what basis. Additionally, the awards given in Years 2-4 do not provide information on award itself (ie. based on academic achievement, leadership, community involvement, etc.). This can often raise questions about the equity of the award process and may raise the concerns of why some students receive awards and others do not.

1. Please provide a full description of the awards that dental and dental hygiene students can apply for, and the basis in which the students will be evaluated for such awards.
2. Please provide all award recipients with reasons for receiving the award.

### **Conclusion**

The Students' Collective for Change, and the DEI Student committee are looking forward to working with the Director of Diversity, Equity & Inclusion to make our faculty a safer, transparent, and more inclusive space. While the implementation of some of the goals outlined in this document might require more time than others, together they constitute a step in the right direction. Progress can only continue if we are willing to acknowledge that social climates are ever changing. It is our responsibility to ensure that we evolve accordingly. Therefore, we as a faculty must practice continuous self-evaluation and solicitation of feedback to ensure accountability to our patients, students, and community.



## Summary of recommendations

Relevant page numbers are listed in brackets

### Diversity and inclusion

#### Admissions

- Establish a UBC Dentistry Inclusion & Diversity statement (3)
- Collect comprehensive admissions statistics to examine issues of self-selection and barriers to entry in dentistry (3)
- Explore the idea of application cost bursaries for applicants (3)
- Implement mandatory feedback for applicants (3)
- Increase the exposure of dentistry as a profession to students of all backgrounds through outreach initiatives (4)

#### Intersectional health education

- Revise PBL/DALE cases to represent patients and health care providers of different ethnicities, genders, sexual orientations. Patients and providers with disabilities should be represented as well. (4-5)
- Increase training for students in treating, working, and collaborating with transgender, non-binary, gender non-conforming individuals (5)
- Incorporate the spectrum of clinical symptoms across different skin tones into the curriculum (5-6)

#### Discriminatory dress code requirements

- Remove discriminatory tattoo coverage requirements from the dress code (6)
- Replace gender-specific dress code requirements with gender neutral requirements and language (6-7)

### Accountability within the faculty

#### Teaching evaluations

- Provide multiple opportunities to fill out teaching evaluations throughout the academic year (7-8)
- Increase transparency surrounding teaching evaluations and facilitate the collection of unbiased student responses (8)

#### Issues with reporting complaints



- Explore alternatives to help mitigate conflicts of interest when students bring concerns forward (9-10)
- Maintain thorough records and establish protocols for communication with students when complaints are brought forward through teaching evaluations, student services, or the fodteaching@dentistry.ubc.ca email (9-10)

## Conclusion

- Continuously self-evaluate and solicit feedback regarding the policies and practices that can be improved upon at the FOD (10)

## References

1. Feature: Incoming medical school class represents increased diversity. (n.d.). Retrieved September 17, 2020, from [https://www.schulich.uwo.ca/about/news/2020/august/feature\\_incoming\\_medical\\_school\\_class\\_represents\\_increased\\_diversity.html](https://www.schulich.uwo.ca/about/news/2020/august/feature_incoming_medical_school_class_represents_increased_diversity.html)
2. Bains, C. (2020, August 01). 3 of 17 medical schools in Canada aim for equity for Black students. Retrieved from <https://globalnews.ca/news/7243481/canadian-medical-schools-equity/>
3. MCAT Fee Assistance Program. (n.d.). Retrieved from <http://www.afmc.ca/en/learners/mcat-fee-assistance-program>
4. LSAT and OLSAS Application Fee Waivers. (n.d.). Retrieved from <https://www.law.utoronto.ca/jd-admissions-fee-waiver>
5. Dowling, L. (2019, November 22). Increasing Transparency in Ontario Medical School Admissions. Retrieved from [https://omsa.ca/sites/default/files/policy\\_or\\_position\\_paper/191/positionpaper\\_admissionstransparency\\_final\\_-\\_director\\_of\\_representation.docx\\_-\\_google\\_docs.pdf](https://omsa.ca/sites/default/files/policy_or_position_paper/191/positionpaper_admissionstransparency_final_-_director_of_representation.docx_-_google_docs.pdf)
6. Greenhalgh, T., Russell, J., Boynton, P., Lefford, F., Chopra, N., & Dunkley, L. (2006). "We were treated like adults"—development of a pre-medicine summer school for 16 year olds from deprived socioeconomic backgrounds: Action research study. *Bmj*, 332(7544), 762-766. doi:10.1136/bmj.38755.582500.55
7. Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: Confronting racial and ethnic inequities in health care*. Washington, DC: National Academies Press
8. Klonoff, E. A. (2009). Disparities in the provision of medical care: An outcome in search of an explanation. *Journal of Behavioral Medicine*, 32, 48–63





9. Jaffee, Kim D. PhD, MSW\*; Shires, Deirdre A. MPH, MSW\*; Stroumsa, Daphna MD, MPH+ Discrimination and Delayed Health Care Among Transgender Women and Men, *Medical Care*: November 2016 - Volume 54 - Issue 11 - p 1010-1016 doi: 10.1097/MLR.0000000000000583
10. Korpaisarn, S., Safer, J.D. Gaps in transgender medical education among healthcare providers: A major barrier to care for transgender persons. *Rev Endocr Metab Disord* 19, 271–275 (2018).
11. Brown, Camille BSN, RN (Graduate Research Assistant)a; Frohard-Dourlent, H el ene PhD (Post-doctoral Fellow)b; Wood, Brittany A. (Graduate Research Assistant)c; Saewyc, Elizabeth PhD, RN, FSAHM, FCAHS, FAAN (Professor and Director)b; Eisenberg, Marla E. ScD, MPH (Associate Professor)d; Porta, Carolyn M. PhD, MPH, RN, FAAN (Professor)a “It makes such a difference”, *Journal of the American Association of Nurse Practitioners*: January 2020 - Volume 32 - Issue 1 - p 70-80 doi: 10.1097/JXX.0000000000000217
12. Knutson, D. (12/01/2019). Recommended terminology, pronouns, and documentation for work with transgender and non-binary populations American Psychological Association. doi:10.1037/pri0000098
13. Nestel, S., 2012. *Colour Coded Health Care The Impact Of Race And Racism On Canadians’ Health*. [online] Wellesley Institute. Available at: <<https://www.wellesleyinstitute.com/wp-content/uploads/2012/02/Colour-Coded-Health-Care-Sheryl-Nestel.pdf>>.
14. White-Davis T, Edgoose J, Brown Speights JS, et al. Addressing Racism in Medical Education: An Interactive Training Module. *Fam Med*. 2018;50(5):364-368.
15. University of British Columbia Faculty of Medicine and Dentistry. Professional standards for learners and faculty members in the faculties of medicine and dentistry at the university of British Columbia [Internet]. British Columbia; University of British Columbia; 2013 Feb 13 [cited 2021 Jan 23]. 5 p. Available from: [https://secure.dentistry.ubc.ca/intranet/AcademicPoliciesAndProcedures/Professional\\_Standards\\_for\\_the\\_Faculties\\_of\\_Medicine\\_and\\_Dentistry.pdf](https://secure.dentistry.ubc.ca/intranet/AcademicPoliciesAndProcedures/Professional_Standards_for_the_Faculties_of_Medicine_and_Dentistry.pdf)
16. University of British Columbia Faculty of Dentistry. Professional conduct and presentation [Internet]. British Columbia: University of British Columbia; n.d. [cited 2021 Jan 23]. 4 p. Available from: [https://secure.dentistry.ubc.ca/intranet/operations\\_manual/documents/Section\\_IIA\\_Professional\\_Conduct\\_and\\_Presentation.pdf](https://secure.dentistry.ubc.ca/intranet/operations_manual/documents/Section_IIA_Professional_Conduct_and_Presentation.pdf)
17. Public Health Agency of Canada. Hand hygiene practices in healthcare settings [Internet]. Ottawa: Public Health Agency of Canada; 2013 [cited 2021 Jan 23]. 88 p. Available from: [https://ipac-canada.org/photos/custom/OldSite/pdf/2013\\_PHAC\\_Hand%20Hygiene-EN.pdf](https://ipac-canada.org/photos/custom/OldSite/pdf/2013_PHAC_Hand%20Hygiene-EN.pdf)
18. University of British Columbia. Discrimination policy [Internet]. British Columbia: University of British Columbia; 2019 Jul [cited 2021 Jan 23]. 12 p. Available from: [https://universitycounsel.ubc.ca/files/2019/08/Discrimination-Policy\\_SC7.pdf](https://universitycounsel.ubc.ca/files/2019/08/Discrimination-Policy_SC7.pdf)



19. University of British Columbia Faculty of Dentistry. Professional conduct and presentation [Internet]. British Columbia: University of British Columbia; n.d. [cited 2021 Jan 23]. 4 p. Available from:  
[https://secure.dentistry.ubc.ca/intranet/operations\\_manual/documents/Section\\_IIA\\_Professional\\_Conduct\\_and\\_Presentation.pdf](https://secure.dentistry.ubc.ca/intranet/operations_manual/documents/Section_IIA_Professional_Conduct_and_Presentation.pdf)
20. Online Course Evaluations. (n.d.). Retrieved from <https://faculty-staff.educ.ubc.ca/online-course-evaluations>
21. Professionalism & Respectful Environments. (n.d.). Retrieved from <https://www.med.ubc.ca/current-learners/professionalism/>
22. Our Commitment to Change. (n.d.). Retrieved from <https://www.dal.ca/faculty/dentistry/about/our-commitment-to-change.html>
23. Boekel, L.C., Brouwers, E.P.M., van Weeghel, J. & Garretsen, H.F.L. 2013;2014;; "Healthcare professionals' regard towards working with patients with substance use disorders: Comparison of primary care, general psychiatry and specialist addiction services", Drug and alcohol dependence, vol. 134, pp. 92-98.