

CANADIAN MEDICAL SCHOOL REPORT CARD

2023-2024



University of Calgary

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BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

In June 2020 Black Medical Students' Association of Canada (BMSAC) put forth [Calls to Action](#) providing recommendations to the 17 Canadian Faculties of Medicine on how to create safe and inclusive learning environments for Black students in undergraduate medical education (UGME). These recommendations aim to address issues of racism, including anti-Black racism, discrimination, and mistreatment. Please note that Calls to Action and recommendations are used interchangeably and report to the document linked above.

In 2021, BMSAC conducted an informal survey to review the responses of Canadian medical schools to our 2020 Faculties Calls-to-Action. The survey was completed by at least one Black medical student representative, one Medical Society representative and one Undergraduate Medical Education representative at each school in summer 2021. Report cards were developed for each of the medical schools, providing colourimetric feedback to each section of the Calls to Action. The report cards, [linked here](#), were shared with Faculties in 2022.

In alignment with our mission, in 2022, BMSAC set out to continuously monitor the progress of the 17 Canadian Faculties of Medicine. In partnership with the Association of Faculties of Medicine of Canada (AFMC) Equity, Diversity, Inclusion - Anti-Racism Committee and the Network for the Advancement of Black Medical Learners (N-ABL), we developed a detailed survey and conducted a comprehensive analysis to gather insights on how Canada's 17 Faculties of Medicine continue to address the BMSAC's Calls to Action. We aim to provide a detailed overview of the current national landscape of anti-racism initiatives and support for Black students and learners in medical education.

We received results from all 17 medical schools. The colorimetric grading system was adapted based on our 2021 report cards, allowing us to show progression for each of the schools. A detailed explanation of the grading systems is highlighted below.

In the survey, schools were asked to select where they stand in responding to the recommendations, with a grade of 100%, 75, 50%, 25% assigned to 1-4 respectively:

1. Completed or was already in place
2. Planned to begin within next 6 months
3. Planned to begin in 6 or more months
4. No current plans to do this

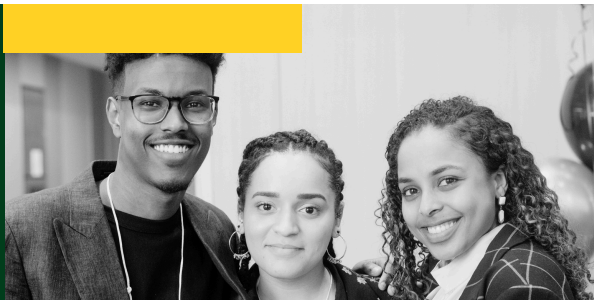
However, scores were adjusted based on information provided, or otherwise, a lack of information. Scores and next steps were further adjusted to reflect feedback and new information provided by local Black Medical Students' Association leads and members of the AFMC Black Health Innovation and Advancement Committee representing their respective institutions.

For each section of Short Term Calls to Action, Admissions, Curriculum and Accountability, a simple average was then calculated. A detailed explanation of each letter grade, percentage range and colour score may be found in Appendix I. All comments and feedback referenced by the superscript numbers can be found in Appendix II.

Most schools have made some progress with responding to the BMSAC's Calls to Action and we applaud this. However, there is more work to be done supporting Black medical students across the country, addressing anti-Black racism and addressing disparities in care and outcome for the Black population. The BMSAC would also like to emphasize that addressing these recommendations is a continuous process, with faculties constantly self-evaluating and holding themselves accountable to their learner.

The creation of the report cards involved a meticulous and rigorous process aimed at ensuring accuracy and credibility. The methodology used involved facilitating connections between learners and expert race scholars within our faculties to ensure a high standard of work and a scientific approach. The 2022 Survey of Canadian Faculties of Medicine Addressing Anti-Racism underwent review under the Human Participants Ethics Protocol at the University of Toronto, and successfully received approval by the University of Toronto's Research Ethics Board (RIS protocol number 43937). This environmental scan survey was designed to comprehensively assess the progress in responding to BMSAC's short- and long-term recommendations, evaluate support available for Black students and learners, identify existing gaps, and gather actionable data. The delegated review application was submitted in December 2022 and received approval on January 25, 2023.

BMSAC would like to acknowledge our strong partnership with Indigenous Physicians Association of Canada (IPAC) and the Truth and Reconciliation Committee (TRC) Report Card Project Team. The completion of these report cards would have not been possible without their guidance and support.



BMSAC 2020 RECOMMENDATIONS TO THE CANADIAN FACULTIES OF MEDICINE REPORT CARD

Call to Action	% Grade	Color Grade	
		2021	2023
Short-Term Calls to Action (by 2021) <ol style="list-style-type: none"> 1. Make a public statement denouncing anti-Black racism 2. Prioritize justice and equity 3. Extend equity initiatives to Black medical learners 4. Evaluate representation of Black Learners in your program 5. Commit to critical anti-racist education 6. Evaluate current admissions policies 7. Review student mistreatment policies & procedures 	89%	Not evaluated	Green
Admissions <ol style="list-style-type: none"> 1. Improve admissions data collection practices 2. Transparency of admission criteria 3. Develop application waiver fees for low SES applicants 4. Regular review of admissions committees for lack of diversity and inherent bias 5. Develop pathway programs to counter underrepresentation 	100%	Green	Green
Curriculum <ol style="list-style-type: none"> 1. Curriculum review alongside Black students, faculty and critical race scholars to improve address of Black health in curriculum 	85%	Green	Green
Accountability <ol style="list-style-type: none"> 1. Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, 2. Review 2017 United Nations Human Rights Council expert report on People of African Descent in Canada 3. Increase representation of Black instructors 4. Extend recommendation implementation to other demographics found underrepresented in faculty 	69%	Yellow	Yellow

FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 1: Make a public statement denouncing anti-Black racism, police brutality, and the various manifestations of racial discrimination in Canada, including in medicine.

Recommendation 2: Make justice and equity a priority health concern in accordance with CACMS social accountability element 1.1.1.2

RECOMMENDATION 1

Feedback: The University of Calgary's Cumming School of Medicine (CSM) has successfully responded to this call. In June 2020, a [statement](#) was released by the Dean of CSM calling for collective action against racism. There was explicit denouncing of anti-Black racism. A link to [anti-Black racism resources](#) was provided with an invitation to provide anonymous feedback and personal stories about systemic racism within the medical school community.

Next Steps: While the CSM has successfully addressed this short-term recommendation, we would like to emphasize that this statement is not meant to simply check boxes or to be revisited once a year during Black History Month. It should serve as a living reminder of the CSM's commitment to recognize and address anti-Black racism and police brutality and its manifestations in medicine and beyond.

100%

RECOMMENDATION 2

Feedback: The CSM has made justice and equity a priority health concern. There is ongoing consultation with members of equity-seeking groups to develop specific equity outcome measures. As the CSM developed its 2023 Strategic Plan, the consultation process included input from the Black Health Advisory Group, Indigenous Health Advisory Group, Social Accountability and Planetary Health Advisory Group, and the EDIA Advisory Group.

The CSM has also formally reviewed all aspects of medical education. In the pre-clerkship years, a new curriculum, Re-Imagining Medical Education (RIME), was implemented in July 2023. This new curriculum includes anti-racism elements and ensures diversity in presentations. Implicit bias training sessions have been added to both the pre-clerkship and clerkship curricula.

While this has been completed at the PGME level, at the UGME level, they are currently developing policies and strategies to address racism in medical education. The position of Associate Dean of the Office of Professionalism, Equity, and Diversity has been in place for over 10 years. The Senior Associate Dean of Health Equity and Systems Transformation position was appointed in February 2023 to support equity and increased diversity of the CSM to ensure an anti-racist culture as concrete steps are taken to create change.

Finally, during the UGME orientation, there is a session on Indigenous, Local & Global Health as well as an introduction to student mistreatment resources. The PGME orientation includes a 3-hour workshop on anti-racism.

Next Steps: We commend the CSM's approach in addressing this Call. There was specific inclusion of Black perspectives in the 2023 strategic plan. While the new curriculum and orientation sessions include anti-racism elements, there is no mention of anti-Black racism specifically. Development of policies and strategies to address racism should explicitly include anti-Black racism and how your institution plans to address it. The orientation session should also include Black Health.

85%



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 3: Extend justice and equity initiatives explicitly to Black students as an acknowledgement of our under-representation in medicine.

RECOMMENDATION 3

92%

Feedback: The CSM has explicitly extended justice and equity initiatives to Black students by making public statements to the student body, including the announcement of the Black Applicant Admissions Process. They have also made notable commitments with Black-led medical organizations including the BMSAC and the CSM BMSA. For the BMSAC annual conference, funding was provided at the silver sponsorship level. The CSM plans within the next six months to ensure the inclusion of Black perspectives on all existing committees. The CSM Equity-Centered Committee Structures operating standard policy is being developed.

Next Steps: The CSM commitment to its BMSA is to be applauded. We would like to emphasize that this extension of justice and equity initiatives and supporting Black medical students should not be a one-time extension. It should be continuous with open lines of communication between the CSM and the student groups, including the BMSAC. We continue to emphasize that Black perspectives on all existing committees should be addressed without overburdening the Black faculty, staff, and medical student body.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 4: Evaluate whether there is a representative proportion of enrolled Black and Indigenous students, with an understanding that representativeness is a dynamic goal based on population growth and is only a starting point towards equity.

RECOMMENDATION 4

100%

Feedback: The CSM has completed an evaluation of the representation of enrolled Black medical students at its institution. The CSM collects race-based data from MD applicants, with racial identification by students being a voluntary process. The data is stored on the University of Calgary Admissions ongoing platform UCAN. The data is released each year and shared through the CSM's social media platforms, the Black Physicians' Association of Alberta, and the Black Medical Students Association. Infographics are produced, disseminated and available upon request. The CSM conducted a demographic census of learners, faculty, and staff in 2021. This census will be repeated every two years to compare increasing diversity with government census data.

Concerning admissions, the Black Applicant Admissions Process (BAAP) was introduced in 2020 in response to the CSM BMSA Calls to Action to support Black medical student representation. Data is collected on the number of Black applicants, and interviewees, the number of offers made, and the number of Black matriculants. The MD Admissions Office also has the Alternative Admissions Process which allows file reviewers to flag a limited number of applicants who demonstrate an exceptional ability to assist the CSM in meeting its social accountability missions. Strong ties and commitment to Black communities is an area in which applicants can be flagged for entry through this process. These applicants are reviewed holistically and may be offered admissions should their application scores in other areas be deemed acceptable.

The CSM offers the Support Towards Entry Program to support applicants from equity-deserving groups with medical school applications, MCAT preparation, interview preparation, and mentorship. This program is evaluated by tracking the number of participants in the programs. The CSM also offers the Pathways to Medicine Program which provides graduating high-school students from underrepresented groups in Alberta with an expressed interest in pursuing a career in medicine with tuition support, paid summer internship, and mentorship.

These programs will be evaluated by the Senior Associate Dean, Health Equity and Systems Transformation, Associate Director, MD Admissions, and the Associate Dean, Professionalism Equity Diversity

Next Steps: The CSM appropriately collects race-based data and there is clarity around the governance and stewardship of this data. However, more information is needed on if and how it is used by departments beyond admissions. We commend the CSM's efforts concerning this Call. We encourage the CSM to continue to support the BAAP, STEP, and all its other pathway programs.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 5: Acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology, and commit to critical anti-racist education of future physicians and faculty with the goal of culturally competent health care (CACMS Element 7.6)

Recommendation 6: Commit to an urgent evaluation of the ways current admissions policies and eligibility requirements contribute to under-representation of Black, Indigenous and students from lower socioeconomic backgrounds. Ensure these findings are forwarded to AFMC's Future of Admissions in Canada Think Tank (FACTT).)

RECOMMENDATION 5

Feedback: The CSM has revised its pre-clerkship curriculum with the initiative, Re-Imagining Medical Education (RIME). This new curriculum will acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology and commit to a critical anti-racist education of future physicians. The curriculum will include formal teaching on the causes, harms, and challenges of structural anti-Black racism. Finally, the colonial past and anti-racist elements of the history of medicine will be taught.

Next Steps: We call on the CSM to explicitly and specifically acknowledge the role that medicine has played and continues to play in the creation and perpetuation of harmful race ideology. As this is taught, we call for the specific and explicit address of anti-Black racism as well as its causes, harms, and challenges. Furthermore, as the harms and historical manifestations of anti-Black racism are taught to students, solutions should also be developed and taught with a forward-minded frame as a way to ensure future physicians do not contribute to the perpetuation or repeat of these egregious mistakes. The Black Health Education Collaborative modules, which will comprehensively address these topics, should also be implemented in the curriculum.



RECOMMENDATION 6

Feedback: The CSM has evaluated its admissions policies and created a Black Applicant Admissions Program in 2020. To address the commercialization of medical school applications, MCAT, and interview preparation, the FOM supports the Support to Entry Program (STEP). The admissions criteria are clear.

Next Steps: We commend the CSM's commitment to evaluating its admissions practices. These findings should be sent to the Standing Committee on Social Accountability by emailing the SCSA Chair, Julien Poitras <doyen@fmed.ulaval.ca>, copying the AFMC Lead of Social Accountability, Melissa Shahin <mshahin@afmc.ca>. These findings are crucial to understanding barriers contributing to the underrepresentation of Black students in medicine. To further address the financial burden faced by students in applying to medical school, the CSM should consider participating in the Price of a Dream initiative. This program waives the application fee for students to which this poses a barrier.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

SHORT-TERM CALLS TO ACTION (BY 2021)

Recommendation 7: Review student mistreatment policies

RECOMMENDATION 7

Feedback: The CSM completed the review of the MD Program Student Mistreatment policies. These policies are easily accessible and clearly outlined to students. There is no explicit mention of racism or anti-Black racism as a form of mistreatment.

Next Steps: With future reviews of this policy, the CSM should ensure to include the perspectives of Black medical learners. Additionally, ensure there are clear pathways for instances of anti-Black racism, whether micro or macro-aggressions, to be reported and addressed. Ensure there is dedicated faculty for students to connect with and allow for intentional transparency in this process.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections



LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 1: Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional, and disaggregated manner.

RECOMMENDATION 1

Feedback: Calgary conducted a comprehensive study last year, focusing on racialized data and sex and gender data through an applicant survey. The research findings indicated that the diversity of the matriculating class closely mirrored that of the overall applicant pool. This suggests that underrepresentation of certain groups may be attributed to barriers and attitudes encountered before the medical school application process, rather than factors within the admissions process. The study is currently under review for publication with the Canadian Medical Education Journal and is slated for presentation at the International Congress of Academic Medicine and the CSM Office of Health and Medical Education.

Next Steps: To build on this success, the institution should continue to invest in research efforts that delve deeper into identifying specific barriers and attitudes faced by underrepresented groups before the application process. Collaborate with relevant stakeholders, including community organizations and advocacy groups, to gain a comprehensive understanding of systemic challenges. Use the insights from this research to inform targeted interventions and initiatives aimed at addressing pre-application barriers. Regularly reassess data collection practices to ensure ongoing equity, intersectionality, and disaggregation in capturing a diverse range of applicant experiences. Foster collaboration with other institutions to share best practices and contribute to the collective advancement of diversity and inclusion in medical education.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 2: If not currently done, increase transparency of criteria used to admit applicants, specifically average acceptance statistics of each admission criteria (e.g., GPA, MCAT and CASPER scores, etc.) and their weightings, in order to empower students from low SES backgrounds to make fully informed decisions about where to spend already limited application funds.

Recommendation 3: Through the AFMC Admissions Network, develop a program to waive application fees for low SES applicants, similar to the AFMC MCAT fee waiver and AAMC fee waiver programs.

RECOMMENDATION 2

100%

Feedback: With a perfect score of 100% for Recommendation 2, the institution has demonstrated a high level of transparency in admissions criteria. The CSM MD Admissions Manual, specifically on page 30, provides a comprehensive breakdown of the weighting of each application component and the final ranking process on page 41. Additionally, Appendix 4 offers reference statistics since 2018, offering applicants valuable insights into historical data. Furthermore, each unsuccessful applicant receives personalized data indicating the quartile in which each component of their application fell, facilitating reflection and identifying potential areas for improvement in case of reapplication.

Next Steps: To build on this transparency, the institution should explore innovative ways to present admission criteria data, making it easily accessible and understandable for a diverse audience, including those from low SES backgrounds. Consider developing visual aids or infographics that simplify complex information. Engage with students, particularly those from underrepresented backgrounds, to gather feedback on the clarity and usefulness of the provided information. Continue to update and enhance the reference statistics to ensure they remain relevant and reflective of current admission trends. Consider hosting information sessions or workshops specifically tailored for students from low SES backgrounds to further empower them in making informed decisions about their application process.

RECOMMENDATION 3

100%

Feedback: Scoring a perfect 100% for Recommendation 3, the CSM MD Admissions Manual (Section 6.5 and 8.4) explicitly acknowledges that financial constraints should not deter applicants, emphasizing the availability of financial aid. The manual provides information on free MCAT materials and details about the AFMC MCAT fee assistance program. Moreover, the Admissions Office actively supports applicants facing financial challenges by offering bursaries for in-person interviews. Notably, the institution has embraced virtual interviews for the past four years, minimizing financial and logistical obstacles.

Next Steps: Keep up these fantastic initiatives! To enhance support for low SES applicants further, consider implementing targeted outreach campaigns to ensure all eligible candidates are aware of available financial assistance. Evaluate the effectiveness of the existing support mechanisms by gathering feedback from applicants who have utilized these resources. Explore collaborations with external organizations or foundations to expand the financial aid options and reach a broader audience. Regularly update information related to financial assistance in the admissions manual and other relevant documents to reflect any changes or improvements in the support programs.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 4: Regularly review admissions committees' personnel composition for lack of diversity and any inherent bias that arises as a result. (CACMS Element 3.4).

RECOMMENDATION 4

Feedback: Receiving a perfect score of 100%, the Admissions Committee Terms of Reference underscores a commitment to diversity by explicitly stating that committee representation should mirror the wide spectrum of Faculty members. Notably, specific provisions mandate the inclusion of a member from both the Indigenous and Black communities, showcasing a targeted effort to address underrepresentation and ensure a diverse committee composition.

Next Steps: To further reinforce and monitor committee diversity, conduct regular reviews of the committee's demographic composition. Implement strategies to address any identified gaps in representation, ensuring ongoing efforts to enhance diversity. Consider expanding targeted recruitment initiatives to attract individuals from various backgrounds, fostering a more inclusive committee. Implement implicit bias training for committee members to enhance awareness and mitigate any potential biases in the decision-making process. Regularly update the Admissions Committee Terms of Reference to reflect evolving diversity and inclusion goals.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

100%

LONG-TERM RECOMMENDATION: ADMISSION

Recommendation 5: Develop appropriate diversity pipeline programs (i.e. Black Equity pathways) to counter underrepresentation in partnership with organizations that represent demographics found to be underrepresented. (CACMS Element 3.3 and FMEC Recommendation II) Consider Young et al's six-point framework for pipeline and program development 10.

RECOMMENDATION 5

Feedback: Existing pipeline programs, such as the Support to Entry Program, Indigenous Health Program, and Pathways to Medicine Program, collaboratively developed with medical students mainly from underrepresented groups, provide exposure and support for individuals from equity-deserving backgrounds in preparing for medical school.

Next Steps: Fantastic efforts! Building on the foundation of successful pipeline programs, the next steps involve targeted enhancements aligned with Recommendation 5. Firstly, further strengthen pre-application support programs, specifically tailoring initiatives to the unique needs of underrepresented demographics. Secondly, maintain an active and vigilant approach to data monitoring, continuously analyzing and refining strategies to address biases in the assessment process. Additionally, expand holistic evaluation metrics to encompass a broader range of attributes, ensuring a fair and inclusive consideration for all applicants. A key focus will be on engaging with Black communities in the collaborative development and promotion of pipeline programs, fostering trust, inclusivity, and sustained impact. Lastly, continue the active dissemination of racial and gender data findings, contributing valuable insights to the broader medical community and reinforcing a commitment to diversity and equity in medical education. These strategic next steps will amplify the effectiveness of existing initiatives and further align the institution with the goals outlined in Recommendation 5.

In tandem with the development of targeted pipeline programs, a crucial aspect involves establishing a robust Community of Support, aligning with the overarching goal of Recommendation 5. The next steps will focus on actively engaging with Black communities to co-create and promote a supportive network. This involves fostering strong connections, providing mentorship opportunities, and offering resources to navigate the unique challenges faced by aspiring medical professionals from these communities. The Community of Support will serve as a vital pillar, ensuring sustained encouragement, mentorship, and a sense of belonging throughout the educational journey. By intertwining the development of this community with pipeline programs, you can create a holistic and empowering environment that not only facilitates entry into medical education but also nurtures the ongoing success and well-being of individuals from underrepresented backgrounds. This integrated approach will contribute significantly to fostering diversity, equity, and inclusion within the medical education landscape.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6a: Ensure curriculum committee works with Black students, faculty, and critical race scholars to address Black health in the curriculum, particularly the removal of race as a proxy for determinants of health.

Recommendation 6b: Increase diversity of standardized and volunteer patient programs to enhance understanding of Black health.

RECOMMENDATION 6A

Feedback: The University of Calgary has made progress in updating their curriculum. While there are pockets of Black health-related content within the current pre-RIME curriculum, such as in Women's Health, Population Health, Psychiatry unit, and Dermatology unit, specific examples of how Western has removed race as a proxy for social and genetic determinants of health were not provided. However, with the new RIME curriculum to be taught starting in July 2023, the university aims to integrate the acknowledgment and addressing of anti-Black racism throughout the curriculum.

Next Steps: The curriculum committee should actively engage with Black stakeholders to incorporate a more comprehensive understanding of Black health, addressing the determinants outlined in MCC Health Advocate Objective 1. The committee should prioritize the removal of race as a proxy for determinants of health and ensure that Black health and specific Anti-Black racism topics are integrated throughout the curriculum

RECOMMENDATION 6B

Feedback: The University of Calgary has successfully increased the diversity of the standardized and volunteer patient programs. For example, the clinical skills simulation laboratory utilized EchoMasks with three Black masks to provide simulated experiences with different ages, genders, and skin tones. To improve the ways Black health is addressed in the curriculum, the university should ensure their curriculum committee works with Black students, faculty, and critical race scholars. Specifically, they should focus on increasing the diversity of the standardized and volunteer patient programs.

Next Steps: We recommend recruiting a diverse population for the "patient of the week" and community-engaged learning sessions to expose students to Black health longitudinally. Additionally, they should actively look for and recruit participants to increase the standardized patient program.

87.5%

100%



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6c: Present clinical cases on racialized issues without perpetuating stereotypes and harmful heuristics.

Recommendation 6d: Train students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones

RECOMMENDATION 6C

87.5%

Feedback: The University of Calgary should ensure their curriculum committee works with Black students, faculty, and critical race scholars to improve the ways Black health is addressed in the curriculum. Specifically, they should present clinical cases on racialized issues without perpetuating stereotypes and contributing to harmful heuristics. Current pre-RIME curriculum has individual sessions in the following courses: Population health, Global Health, Course 2, Course 6, Course. The new RIME curriculum will be acknowledging and addressing anti-Black racism will be integrated throughout the curriculum

Next Steps: The curriculum committee should collaborate with Black stakeholders to review existing and develop new clinical cases that accurately represent racialized issues, avoiding stereotypes and promoting a nuanced understanding of Black health. The University of Calgary should continue to integrate health equity and structural competency learning objectives throughout the pre-clerkship, incorporating Black patients into the patient of the week and community engaged learning sessions.

RECOMMENDATION 6D

100%

Feedback: The University of Calgary reports the dermatology unit in the MSK course was updated 2 years ago to include different skin tones in training materials. The CSM's Clinical Skills Simulation Laboratory has several EchoMasks (including 3 Black masks) to use with the lab's computerized manikins to provide simulated experiences with different ages, genders, and skin tones. Within UME, the University of Calgary reports there is equal representation of skin of colour in dermatology. Additionally, there are sessions on racism in Women's Health, including teaching of historical racism, and a session on racism, mental health, and police in the psychiatry course.

Next Steps: The University of Calgary should continue to develop and expand resources such as the EchoMasks and consult the Western Black Medical Students' Association for assistance and consult experts and existing resources such the Mind the Gap: A Handbook Of Clinical Signs In Black And Brown Skin. Additionally, it is important for the University of Calgary to have lectures, small group discussions, and panels specifically focused on anti-Black racism. These discussions should address the impacts of anti-Black racism on various clinical presentations.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: CURRICULUM

Recommendation 6e: Make curriculum additions with the consideration of preparing medical graduates to practice in any population in Canada.

RECOMMENDATION 6E

Feedback: The University of Calgary has reported that all additions were made with the consideration that all medical graduates need to be prepared to practice in any population in Canada. No specific examples were provided.

Next Steps: The University of Calgary should prioritize preparing medical graduates for diverse populations in Canada. They should regularly update the curriculum to reflect the needs of a multicultural society. It is recommended to consider Recommendation 6b, which suggests implementing diverse training methods to enhance students' preparedness to work with any population in Canada..



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

Recommendation 7: Support the AFMC Network over the next 2 years in streamlining and centralizing their demographic data collection practices, ensuring that this data is disaggregated, intersectional, equity-oriented, and useful for iterative evaluation of national and local EDI initiatives and policies.

Recommendation 8: Develop and implement a strategic inclusion plan, upon reviewing the 2017 United Nations Human Rights Council expert report on People of African Descent in Canada, specific to your Faculty of Medicine that takes into account concern raised, specifically in Article 33.

RECOMMENDATION 7

Feedback: The University of Calgary currently collects demographic data through various methods, showcasing a multifaceted approach. The MD Program application allows applicants to optionally self-identify across various demographic categories, including racial identity, gender, and socioeconomic status, providing valuable insights into the applicant pool. The CSM Demographic Census, conducted biennially, supplements this data collection effort, offering a more comprehensive understanding of student groups.

Next Steps: Great job! Strive for ongoing improvement in data quality and relevance, facilitating iterative evaluation of national and local EDI initiatives and policies. Regularly review and update data collection methods to align with evolving best practices and standards in demographic data reporting.

100%

RECOMMENDATION 8

Feedback: The University of Calgary has not developed a strategic inclusion plan.

Next Steps: Initiate the development of a strategic inclusion plan for the Faculty of Medicine in response to Recommendation 8, focusing on concerns raised in Article 33 of the 2017 UN Human Rights Council expert report on People of African Descent in Canada. Engage stakeholders for diverse perspectives, ensure a holistic approach, establish clear goals and metrics, integrate educational initiatives, communicate transparently, and implement a regular review process for ongoing improvement. This proactive approach will contribute to fostering a more inclusive and equitable environment within the Faculty of Medicine at the University of Calgary.

25%



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

LONG-TERM RECOMMENDATION: ACCOUNTABILITY

Recommendation 9: Increase the representation of Black instructors in the CSM through equitable recruitment and promotion.

Recommendation 10: Extend the implementation of these recommendations to any demographics found to be underrepresented in the faculty.

RECOMMENDATION 9

Feedback: Efforts to increase the representation of Black instructors in the CSM include the development of a Search and Selection Operating Standard, pending approval, to address bias and standardize hiring practices. The CSM is actively participating in the Inclusive Excellence Cluster Hire initiative, aiming to hire three Black scholars across health-related research and education. Updates to the Academic Staff Criteria Guidelines focus on dismantling systemic barriers in academic appointments and promotions.

Next Steps: These initiatives collectively demonstrate a commitment to fostering diversity and equity within the faculty. The next steps involve refining and finalizing the pending Search and Selection Operating Standard, ensuring that it aligns with the commitment to equitable recruitment and selection. Monitor the progress of the Inclusive Excellence Cluster Hire initiative and assess its impact on increasing Black representation. Regularly review and update the Academic Staff Criteria Guidelines, incorporating feedback and insights to further enhance inclusivity and equity in academic appointments and promotions.



RECOMMENDATION 10

Feedback: Existing policies and procedures within the faculty are designed to be inclusive and applicable to any equity-deserving group.

Next Steps: To further extend the impact, continuously review and update policies, ensuring their ongoing effectiveness and relevance in addressing underrepresentation among various equity-deserving groups within the faculty. This involves actively seeking feedback from underrepresented communities, regularly assessing the demographic landscape, and making necessary adjustments to policies to enhance inclusivity. Implement proactive outreach and recruitment strategies tailored to specific demographic groups identified as underrepresented. Establish clear metrics to measure the success of these strategies and make data-driven decisions for continuous improvement. Foster a culture of inclusivity and diversity through regular communication, training, and engagement initiatives. By consistently refining and expanding the application of recommendations, the faculty can create a more comprehensive and impactful approach to addressing underrepresentation.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

NEW RECOMMENDATIONS

The recommendations below were not part of the 2020 recommendations and therefore were not scored. Please consider these new recommendations.

WELLNESS & MENTORSHIP

Recommendation 1: Develop a comprehensive wellness plan specifically tailored for Black learners, ensuring that they have access to Black counselors or counselors with expertise in supporting individuals facing anti-Black racism and various forms of discrimination. Moreover, fostering collaborations with external resources can significantly enhance Black learners' ability to access wellness support within their respective cities or regions.

Recommendation 2: Develop mentorship programs to support the professional development and exploration of Black medical students. Ensure there are opportunities for race-concordant mentorship matches should the learner choose this. Collaborating with the provincial Black physicians for recruitment of mentors is a route to be explored.

WELLNESS & MENTORSHIP

Feedback: All CSM learners have access to wellness programs. There is no specific wellness plan or program for Black learners. There are Black therapists available through the Student Advocacy and Wellness Hub. CSM students are matched with alumni, and students may request to be matched with someone with similar lived experience. Students requiring Black mentors are referred to the Black Physicians' Association of Alberta (BPAA) Black Medical Student Mentorship Program.

Next Steps: We call for the CSM to ensure there are wellness initiatives targeted at Black medical students. Additionally, there is a need for a mentorship program for Black medical students with the opportunity for race-concordant mentorship matches should the student choose. The barriers Black students face that contribute to our underrepresentation in medicine, such as financial barriers and lack of social capital, persist into medical school. Therefore to support the career aspirations of students continued mentorship is needed. Wellness initiatives can also contribute to a safe environment for learners.



FEEDBACK AND RECOMMENDATIONS

Please see direct integrated feedback and recommendations for the report card sections

NEW RECOMMENDATIONS

The recommendations below were not part of the 2020 recommendations and therefore were not scored. Please consider these new recommendations.

FACULTY DEVELOPMENT

Recommendation: Implement structured faculty development programs that include learning modules, workshops, and seminars focused on addressing hidden curriculum, racism, anti-Black racism and privileges when developing and delivering educational activities.

FACULTY DEVELOPMENT

Feedback: The University of Calgary provides no specific training on anti-Black racism through the CSM Office of Faculty Development and Performance (OFDP). However, OFDP provides a longitudinal Teaching Excellence Program that covers anti-oppression in teaching. OFDP also offers workshops on various social justice and reconciliation topics, including EDI in Teaching and Learning, Implicit Bias, Moving from Bystander to Upstander, Responding to Disclosures, and Decolonizing your Syllabus. The CSM Office of Health and Medical Education Scholarship hosts educational and professional development events that address equity, diversity, and inclusion topics, including anti-racism and anti-oppression. The CSM Office of Professionalism, Equity, and Diversity provides presentations on EDI topics touching on anti-racism and anti-oppression upon request. They also organize an annual symposium that covers various topics in this area. Faculty members teaching the new Reimagining Medical Education (RIME) curriculum must participate in a longitudinal faculty development program that covers these topics, with a focus on structural competency. There is also an optional Teaching Excellence Program that explores all of these topics and is recommended for faculty members with an educational focus. The Department of Family Medicine offers a specific Teaching Excellence Program just for their faculty members, which includes these topics and is offered twice a year. However, there is currently no mandatory faculty development program that covers these topics for undergraduate or graduate health science faculty members, undergraduate medical educators outside RIME, or postgraduate medical educators.

Next Steps: To further enhance faculty development, it is recommended that the University of Calgary seek learning modules, workshops, seminars, or other forms of training, such as the Black Health Education collaboratives' Black Health Primer, that aim to advance knowledge of and promote dialogue about anti-Black racism and its impact on health. Additionally, hiring a dedicated Black health lead would be a worthwhile step, as they can provide expertise and guidance in addressing the specific health needs and concerns of Black communities.



APPENDIX I - EXPLANATION OF GRADING SCALE

% Grade	Visual Grade	Description
90-100%	Green (Several measures in place)	Phenomenal commitment. Your faculty has very closely considered and responded to the BMSAC 2020 Calls to Action in a timely manner. We celebrate your commitment to, amongst others, addressing anti-Black racism, increasing diversity in your medical school and most importantly supporting the wellness and professional success of Black medical learners. You are an example to other faculties and have set a standard for a more equitable learning environment and excellent care to Black populations. We honor your progress and ask that you continue this phenomenal work.
85-89%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
80-84%		Excellent progress. Your progress with the BMSAC Calls to Action is commendable. We acknowledge your allyship and are grateful for your commitment to changing policies in a timely manner to make your school a welcoming environment for Black medical learners and for training future physicians that are prepared to serve the polyolith that is the Black population. We celebrate your progress and encourage you to continue in this and more.
76-79%	Yellow (Some measures in place)	Outstanding performance. Your faculty has clearly reviewed the BMSAC Calls to Action and has made an effort, in a timely manner, to, amongst others, increase the number of Black medical learners, support Black medical learners, and ensure the curriculum adequately prepares graduates to treat a diverse population. We celebrate and commend your efforts in starting to address the gaps in outcomes for Black communities and urge you to continue this outstanding work.
72-75%		Notable achievement. Your Faculty has clearly reviewed the BMSAC's Calls to Actions and have made notable progress in achieving them. There is still room for improvement. We ask that you consider the Calls to actions not fully addressed and take note of our recommendations to closing the gap in support for Black medical learners and gaps in healthcare for Black communities.
68-71%		Considerable progress. We acknowledge the progress your Faculty has made in addressing the BMSAC Calls to Action. However, some gaps still exist and we encourage you to review the BMSAC Calls to Action as well as the report card and work to address them in a timely manner. Equity in your program is not only of importance to supporting Black medical learners but in addressing the healthcare disparities Black communities experience.
64-67%		Moderate performance. Your Faculty has started to address the BMSAC Calls to Action and your desire to be an ally is clear. However, there are still some Calls that need to be addressed in a timely manner by your program. Please review the recommendations made to begin to address these gaps.
60-63%		Limited progress. While there is some progress this would be on the cusp of failure based on some medical school grading systems. We ask you to closely review the BMSAC Calls to Action and this report card, taking note of where changes are needed. Please act in a timely manner, time is of the essence.
55-59%	Red (Needs improvement)	Minimal commitment. Very little progress has been made to addressing the BMSAC Calls to actions. We call on you to review the BMSAC Calls to Action and this report card and take note of where changes are needed. Creating a program where equity is prioritized is of the utmost importance.
50-54%		Inadequate progress. Your program has not appropriately implemented the BMSAC's calls to action. It is quite close to a failing grade and we call on you to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. We strongly encourage you to act now!
0-49%		Unacceptable work. This is a failing grade and your program has made unacceptable progress in addressing the BMSC Calls to actions. It is of the utmost importance to closely review the BMSAC Calls to Action and this report card and take note of where changes are needed. Your allyship is needed in supporting Black medical learners and addressing health inequities Black communities face.

APPENDIX II - FEEDBACK AND COMMENTS



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

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To: BMSAC

March 13, 2024

Re: University of Calgary, Cumming School of Medicine response to the U of C institutional report card.

Dear Khadija Brouillette (Chair, BMSAC)

Thank you for your association's outstanding work and for an opportunity to review and respond to the University of Calgary, Cumming School of Medicine report card as it relates to our institutional progress on the BMSAC 2020 calls to action.

To prepare our response, feedback was requested from key stake holders including our local BMSA chapter, our Student Advocacy and Wellness Hub, the director of MD admissions, the undergraduate medical education dean, and the associate dean – precision equity and social justice. Respondents were provided with the U of C report card and the national summative report card and asked to comment on the perceived accuracy of the U of C report card and to identify any significant themes or issues at the Cumming School of Medicine that were not captured by the report card but do require attention. Robust feedback was provided by the MD admissions office, the UME dean, and the associate dean precision equity and social justice. The compilation of this feedback serves as the basis for this report. In general, the Cumming School of Medicine is proud of the progress it has made and the steps it has taken to address the 'calls to action' but we recognize that there is much more work to be done.

1. University of Calgary MD Admissions Office: Answering the Calls to Action and Recommendation of the BMSAC

1. The Office of MD Admissions is committed to evaluating its participation in the Price of a Dream Project for the 2024-24 cycle.
2. The Office of MD Admissions has engaged with the current BMSA to look at ways to improve the BAAP process (January 2024) and the learnings from these meetings will be implemented in the 2024-25 cycle. This will be an ongoing iterative process to ensure that the BAAP meets the expectations and needs of the applicants that choose to use it.
3. The Office of MD Admissions revised the Terms of Reference for the MD Admissions Committee in September of 2023. The new terms of reference include that one faculty member will be a representative of the Black community.
4. In August of 2023, a new Associate Director of MD Admissions was selected. Although the selection was not based on race, the successful candidate is a member of Black Faculty and a leader in all aspects of advocacy locally, nationally, and internationally. Their contributions of the Office of MD Admissions will ensure that we continue to have a sharp lens on anti-racist issues and continue to evolve our policies and procedures.



5. The Office of MD Admissions continue to collect data from applicants to the program. Specifically, data from the BAAP process is collected and shared internally. This data will be used to critically evaluate trends in the applicant pool, the interplay between our BAAP and Alternative Admissions Process, and how this may change the diversity of each matriculated class.
6. The Office of MD Admissions recognizes that identifying and evaluating the barriers that exist in the pre-application process should be a priority. Ways to evaluate this within different groups is being examined and the goal is that once identified, targeted interventions can be systematically employed.
7. Presently, the Office of MD Admissions is not in a position to share data outlined in long-term recommendation 2 due to institutional policy.
8. The Office of MD Admissions is committed to removing financial barriers involved in the application process and does waive application fees for those in financial need. The Office does not openly “advertise” this, and an action item is to make this internal policy more public facing. In addition, the Office of MD Admission does over travel bursaries for those attending the interview process and this is outlined in the Invitation to Interview letter.

2. University of Calgary UME dean: Answering the calls to actions and recommendations of the BMSAC

This report card is an excellent example of the monitoring of initiatives to ensure that the principles of Anti-Black racism are incorporated into the fabric of our institution. The responses and recommendations are thoughtful, specific, and extremely valuable as we prioritize resources and strategic initiatives to continue this vital work in the future. This incredibly valuable information and the work and dedication it takes to create such an in-depth, functional document needs to be lauded and celebrated.

I agree that these cannot be simply check box, one and done responses, and that these initiatives need to be continually incorporated in decisions that are made at all levels of the medical school. The need for incorporation cannot be simply addressed with inclusion of anti-racism teaching in the curriculum. There needs to be incorporation of these principles within UME leadership & staff, and the policies and procedures that guide the school as a whole. Continual, periodic, contemporary education for UME staff (admission, office staff, and faculty) is necessary to account for changing landscapes and priorities and also to ensure that new staff and leadership are educated on the principles of anti-Black racism.

As there remains quite a small group of Black faculty, staff, and medical students, I remain concerned about overburdening this small group. It is incumbent upon all of us as leaders to share the work that needs to be done in an informed and educated way. Additionally, there needs to be a dedicated effort to ensuring our faculty and staff reflect the diversity of our students, with continual efforts to promote diversity. I also remain concerned that our Black faculty members predominantly are in roles of leadership specifically to address diversity (PESJO, HEST), and while there is representation from these offices on committees such as Strategic Education Council, I am concerned about the authenticity of engagement.

Mistreatment reporting (specifically addressed in Recommendation 7) remains an important issue within CSM that is not adequately addressed. The global mistreatment reporting system is not yet



functional, and the process for addressing mistreatment is unclear and individual dependent. There are inherent safety risks associated with students reporting mistreatment, especially in a racialized context, and specifically in the context of Black students to report racist aggressions, that our current reporting mechanism does not mitigate. This process is being tirelessly worked on by a group of dedicated individuals but continues to hit systemic and institutional roadblocks. A working group is in place to augment University processes that do not fully meet the needs of the CSM learners.

UME to report back on in the future:

Short Term

Recommendation #2 - Reexamine the RIME curriculum to ensure anti-Black racism is specifically addressed and ensure it is signposted as such. Review the orientation session (also re-developed for RIME) and ensure that it includes anti-Black racism and Black health.

Recommendation #5 - As with Recommendation #2, review the material regarding anti-Black racism in the RIME curriculum and the incorporation of the Black Health Education Collaborative modules.

Recommendation #6 - discuss the admissions barriers with AD Admissions to identify additional barriers and mitigation strategies (ie, Price of a Dream Initiative).

Long Term

Recommendation #1 - follow up on ICAM/OHMEs CMEJ publication

Recommendation #2/3, 5 - continued investment in admissions not only about who's applying, but who is NOT applying

Recommendation #6 - The RIME curriculum Health Equity and Structural Competency Committee has reviewed all aspects of the RIME curriculum to ensure appropriate representation of race to avoid stereotypes and contributing to harmful heuristics. This work needs to be monitored by incorporating a lens of anti-Black racism into the Curriculum Innovation and Oversight Committee governance. Continue to apply pressure to diversify the group of standardized patients. Review patients of the week in RIME to ensure representation in an authentic and patient-centered way. Review the current weeks to identify presentations and learning opportunities dedicated to anti-Black Racism

Recommendation #8 – will review this report

Recommendation #9 - update on inclusive hiring cluster

Recommendation #10 - as part of the continuous quality improvement plan specifically within UME, all policies and procedures will be reviewed periodically specifically with the lens of EDIA. See below

New recommendation - identify opportunities for faculty development and curate resources that are required prior to participating in UME teaching.

Current initiatives:

Travel funding - a proposal for increasing travel funds for medical students to attend conferences has recently been submitted with a portion of funding specifically for equity deserving groups, with Black medical students being one of the groups specifically identified.



Revitalizing the EDIA committee at UME - not only for curricular development but also for policy, procedure. Specifically related to understanding and mitigating the harms of racist interactions and environments are exposed to, developing strategies for improvement, but also developing appropriate policies and procedures for supporting students in their holistic academic journey. This includes support for learners in difficulty due to a variety of circumstances, as well as recognizing that advocacy work (specifically for the Black medical students) needs to be supported (so for example, the absence policy may not support a Black medical student involved in multiple committees for advocacy work, preventing that student from being involved).

Faculty Development – UME AD working on a proposal to develop/curate asynchronous material for onboarding faculty coming into UME. As outlined in the feedback, these typically use more broad anti-oppression/anti-racist terminology. There is an opportunity here to specifically develop anti-Black racism/Black health resources to ensure all faculty are aware and understand the importance of incorporating anti-Black racism into their teaching and their leadership within the medical school.

Staff Development - An area often not addressed within the medical school/UME is that the staff who are in the office and often the primary contact for students, do not have the same access or exposure to development resources that faculty and students do. With the help of my staff, we are engaging on a longitudinal learning series with presentations from a variety of equity deserving groups as they pertain to medical education. These sessions are done during work hours and are at no cost for the staff to participate to decrease barriers for attendance. In addition to actively opposing and intervening when our students encounter anti-Black racism in our office, an anti-Black racism session would help the global understanding in our office.

3. CSM Precision equity and social justice (PESJO) Feedback: BMSA Report Card from the AFMC Long-Term Recommendations:

1) Admission

Recommendation 1

Improve admissions data collection practices by ensuring it is collected in an equity-oriented, intersectional, and disaggregated manner.

Suggested Next Steps: Steps to continue to invest in research efforts to delve deeper into identifying specific barriers and attitudes faced by underrepresented groups before the application process.

Steps Taken/Work in Progress:

Precision Equity Research Lead

Assistant Dean, Research and Scholarship

STEP Coordinator – Launch QI/QA STEP Survey

UCalgary – EDIA Data Collection operating Standard (effective February 29, 2024)

Recommendation 4

Regularly review admissions committees' personnel composition for lack of diversity and any inherent bias that arises as a result.

Suggested Next Steps: To further reinforce and monitor committee diversity, conduct regular reviews of the committee's demographic composition. Implement strategies to address any identified gaps in



representation, ensuring ongoing efforts to enhance diversity. Consider expanding targeted recruitment initiatives to attract individuals from various backgrounds, fostering a more inclusive committee. Implement implicit bias training for committee members to enhance and mitigate any potential biases in the decision-making process.

Steps Taken/Work in Progress:

CSM Inclusive Committees Terms of Reference Guidelines

CSM Inclusive Language and Imagery Guidelines

CSM Equity Centered Inclusive Hiring and Selection Guidelines (revisions to address UCalgary Legal and Labour Relations review completed January 16, 2024)

CSM Equity Centered Inclusive Hiring and Selection Course (Approved November 8, 2023)

2) Curriculum

Recommendation 6d

Train students to recognize pathologies and dermatology-based clinical signs in patients of different skin tones.

Steps Taken/Work in Progress:

OHMES EDIA Grant – Vulvar Dermatoses Guide in patients of different skin tones

3) Accountability

Recommendation 8

Develop and implement a strategic inclusion plan, upon reviewing the 2017 UN Human Rights Council report on People of African Descent in Canada, that takes in account concerns raised, specifically in Article 33.

Suggested Next Steps: Initiate the development of a strategic inclusion plan for the Faculty of Medicine

Steps Taken/Work in Progress:

CSM Strategic Plan – EDIA Action Plan

O'Brien Institute for Public Health – Health Equity Hub (launched November 22, 2023)

Recommendation 9

Increase the representation of Black instructors through equitable recruitment and promotion.

Suggested Next Steps: Refining and finalizing the pending S&S Operating Standard. Regularly review and update the Academic Staff Criteria Guidelines.

Steps Taken/Work in Progress:

UCalgary Inclusive Excellence Hiring Initiative – CSM Black Scholar stream completed (3 hires announced December 22, 2023)

CSM Equity Centered Inclusive Hiring and Selection Guidelines (revisions to address UCalgary Legal and Labour Relations review completed January 16, 2024)

CSM Equity Centered Inclusive Hiring and Selection Course (Approved November 8, 2023)

CSM Academic Staff Criteria Guidelines (GFC Approved July 28, 2023)



4) New Recommendations

Recommendation 2

Develop mentorship programs to support the professional development and exploration of Black medical students.

Steps Taken/Work in Progress:

STEP collaborations and mentorship expansion – Black student (and faculty) mentorship; Dr. Bukola Salami – Black Youth Mentorship and Leadership Program

Black Physicians Association of Alberta (BPAA) Black medical student mentorship program; Dr. Nicole Johnson.

Best regards,

Kannin Osei-Tutu

Senior Associate Dean, Health Equity and Systems Transformation
Cumming School of Medicine, University of Calgary

Todd J Anderson

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