



# A COURSE FOR ACTION

**QUEEN'S HEALTH SCIENCES**  
Equity, Diversity, Inclusion, Indigeneity,  
and Accessibility Action Plan

# Dean's Action Table on Equity, Diversity and Inclusion Working Groups



## Seven (7) Working Groups

*(with 160+ members)*

- 1 Outreach and Summer Program
- 2 EDI for Admissions
- 3 EDI Curriculum Across QHS
- 4 Recruitment, Retention, and Mentorship
- 5 Professional Development
- 6 Research and EDI
- 7 Culture and Community

**COMMITMENT TO  
EDIIA**  
(EQUITY, DIVERSITY,  
INCLUSION, INDIGENEITY,  
AND ACCESSIBILITY)

## Working Groups mandate:

- Conduct an environmental scan of existing activities and examine best practices to develop recommendations and metrics for the QHS EDIIA Strategic Plans.
- Work from September 2020 until September 2022.

**7**  
Working  
Groups

**9**  
Pillars

**25**  
Goals

**127**  
Actions

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# Indigenous Land Acknowledgement

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- Queen's University is situated on traditional Anishinaabe and Haudenosaunee Territory. To acknowledge this traditional territory is to recognize its longer history, one predating the establishment of the earliest European colonies. It is also to acknowledge this territory's significance for the Indigenous peoples who lived, and continue to live, upon it – people whose practices and spiritualities were tied to the land and continue to develop in relationship to the territory and its other inhabitants today.

The Kingston Indigenous community continues to reflect the area's Anishnaabek and Haudenosaunee roots. There is also a significant Métis community and there are First Peoples from other Nations across Turtle Island present here today.



## Message from QHS Dean

**Two years ago, Queen's Health Sciences launched a collective initiative on equity, diversity, and inclusion (EDI). It was an exciting time for our faculty. There was momentum across our students, staff and faculty, and a palpable desire to create change.**

We started with a launch event, with over 300 people, where we talked about the importance of integrating concepts of EDI into every aspect of our faculty, and we announced some of our early actions:

- A virtual Office of EDI, with staff positions and faculty leads for each school.
- Establishing the Dean's Action Table on EDI (DAT-EDI).

That initial launch was made possible through a generous gift from the Carrick family, who have been avid supporters of Queen's Health Sciences (QHS) and our work around equity, diversity, inclusion, Indigeneity and accessibility (EDIIA). We asked for volunteers – anyone affiliated with QHS whether a student, staff, faculty, alumni, or member of the community. We had over 160 people sign up to participate in one of seven working groups.

The broad representation on these working groups meant that going forward, our actions around equity would be informed by our stakeholders. It was a truly grass-roots approach.

The DAT-EDI had the mandate to study, promote, and advise on efforts to create and sustain a more equitable, diverse, inclusive, accessible, culturally safe community. The executive set the direction of the initiatives and served as a forum for the seven working groups to report in on their progress.

Over the course of the two years that followed, the seven working groups performed environmental scans, looked at best practices, and the needs of the faculty. They were persistent and thoughtful. In the pages that follow, you'll see the culmination of their work – a series of recommendations, actions and metrics that we can use to measure the progress of our implementation.

As Dean, I am proud of the work that has been done to date, and I am deeply grateful to those who brought it to fruition. Going forward, I commit to prioritizing the work ahead as we look forward to acting on these tremendous recommendations.

A handwritten signature in black ink that reads "Jane Philpott". The signature is fluid and cursive, with the first name "Jane" and last name "Philpott" clearly distinguishable.

**Jane Philpott MD, CCFP, MPH, PC  
Dean, Queen's Health Sciences**





## Message from QHS Associate Dean, Equity and Social Accountability

**Mary Ann Evans (1819-1880) wrote under the pen name George Eliot. In her time, she was seen as an anomaly, she pushed against social norms and questioned the status quo. She is quoted as saying: *“It is never too late to be what you might have been.”***

As the inaugural Associate Dean for Equity and Social Accountability at Queen’s Health Sciences, I reflect on these words and find inspiration in them. While we are doing the work of understanding Queen’s history and our place in a colonial Canada, we are simultaneously finding ways to learn, unlearn, imagine and create. Our vision is a more equitable, diverse and inclusive faculty that is contributing in meaningful ways to decolonization, Indigenization, anti-oppression and justice.

The completion of this report, and the articulation of our EDIIA Action Plan for the next five years, is something for all of us to celebrate! It is the culmination of two years and hundreds of volunteer hours building relationships, undertaking consultations, conducting research and sustaining momentum in areas critical to EDIIA. I would like to acknowledge the leadership and deep commitment of all the working group chairs, and co-chairs. Without your long hours and expert guidance these outcomes would not have been possible. I would also like to give very special recognition to Dr. Giselle Valarezo who guided the Dean’s Action Table through

each step and supported so much of this work to its culmination. Giselle is a selfless and tireless champion for EDIIA and we were very fortunate to have her at the helm.

It is a privilege to be part of this movement at Queen’s Health Sciences. I believe this is a unique and important moment in the life and legacies of Queen’s University. As Mary Ann Evans reminds us, it is never too late to be what we might have been. Our potential is great, and indeed, it is the time to reach further and to articulate our commitments and our accountability more clearly. We have so much to look forward to and I welcome you to work alongside us in the next phase of our EDIIA journey.

**Colleen Davison, BSc/HBOR, BEd, MPH, PhD. Associate Dean, Equity and Social Accountability, Associate Professor, Public Health Sciences, Queen’s Health Sciences**

# QHS Commitment Statements

## QHS Anti-Discrimination Statement

Queen's Health Sciences has a long-standing history of implementing discriminatory and oppressive policies including the expulsion of women from the Royal College of Physicians and Surgeons, Kingston, in 1883, and the ban of Black medical learners in 1918. While Queen's Health Sciences (QHS) has issued public apologies to address some of these historical wrongdoings, we still have much work ahead to appropriately address and redress the many forms of institutional racism, discrimination, and oppression that not only existed historically, but continue to permeate our classrooms, offices, meeting rooms, research labs, and clinics.

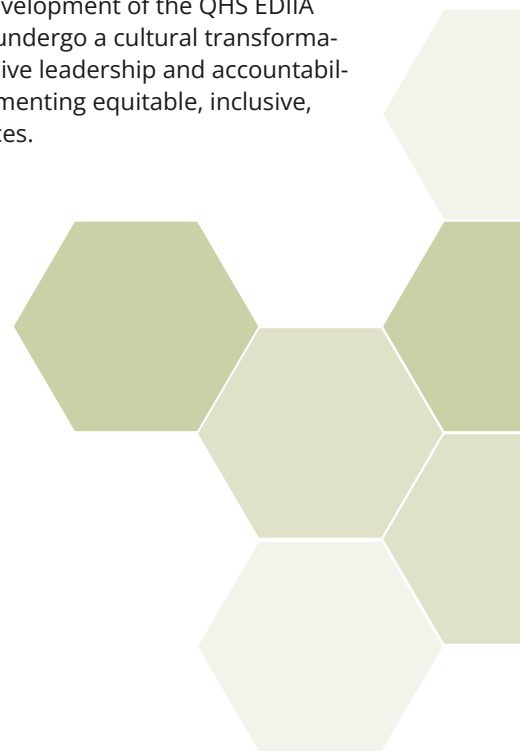
To openly embrace decolonization and anti-oppression in all forms, we must first confront our own systemic patterns of injustice and profound privilege in QHS. A cultural shift towards a more just, equitable, and inclusive QHS will require us to acknowledge and tackle our own histories of oppression and sit in that discomfort. It will necessitate a process of self-reflection, unlearning and learning, listening to and valuing diverse voices among learners, staff, and faculty and a deep-seated commitment to change. We must be a leading example of the positive change our communities and the world deserve.

QHS disavows any form of oppression and discrimination, and stands against dehumanizing acts here at Queen's, within the Kingston area, across Canada and around the world. We stand in solidarity with Indigenous and Black communities who continue to confront a systemic cycle of brutality and trauma. We recognize the need to dismantle institutional practices and policies that sustain and fuel acts of racism, sexism, ableism, homophobia, xenophobia and other forms of marginalization and oppression.

## QHS Inclusion Statement

QHS is committed to fostering excellence and innovation in education, research, and clinical services by integrating equitable, inclusive, and just policies and practices that empower learners, staff, and faculty with diverse lived experiences to thrive at Queens University. We strive to create a sense of belonging amongst all individuals embodying an intersectionality of perspectives, backgrounds, and identities (including, but not limited to any aspect of a person's physical appearance, ethnic or cultural background, sexual orientation, gender identity, nation of origin, language, socio-economic status, disability status, immigration status, religion and creed, age, or family status, amongst others). Our responsibility is to serve diverse communities and society with humility, compassion, and empathy by educating health care professionals, conducting equitable and inclusive research, and practicing clinical care grounded in cultural safety and justice. We are responsible for building a more just, equitable, and inclusive healthcare system that dismantles barriers and builds bridges.

Through the collective development of the QHS EDIIA Action Plan, we strive to undergo a cultural transformation that promotes inclusive leadership and accountability by building and implementing equitable, inclusive, and reconciliatory practices.





## Statement on Social Accountability

QHS is accountable to its learners, faculty, staff, and alumni. We are also accountable to the Kingston, Frontenac, Lennox, and Addington community and more broadly, to the national and global community where QHS can play a role in improving health and health equity. QHS has an obligation to take action to respond to the education and health needs of our communities in an equitable and inclusive manner. It is the responsibility of QHS to develop education, research, and clinical activities that prioritize “health for all” and which support health equity, accessible health care and population health. QHS is also accountable to the

many commitments our University and Faculty have already made such as those to the Truth and Reconciliation Commission calls to action and the Scarborough Charter as well as to human rights declarations and to the UN Sustainable Development Goals. Our current and future health professionals, scientists, educators, and communicators must advocate for community members and patients disenfranchised by power structures and social conditions negatively impacting their health. We commit to these multiple layers of social accountability and to regularly assessing and enhancing our social accountability mandate.



# Definitions of Equity, Diversity, Inclusion, Indigeneity, and Accessibility

## Equity

Equity is a guarantee of fair treatment, access, and opportunity. Goes beyond formal equality; differential treatment according to need may be required. Redressing unbalanced conditions is needed to achieve equality of opportunity for all groups.

QHS is committed to ensuring the fair and respectful treatment of all learners, staff, and faculty by eliminating unfair biases, stereotypes and/or barriers that limit someone's full participation in educational, research and clinical activities. In addition, QHS strives to create opportunities for learners, staff, and faculty who have been historically and systemically marginalized and underrepresented to access power and improved academic and growth opportunities.

## Diversity

Diversity is any dimension that can be used to differentiate groups and people from one another. It means respect for and appreciation of differences in ethnicity, gender, age, national origin, ability, sexual orientation, faith, socio-economic status, and class. But it also includes differences in life experiences, learning and working styles and personality types that can be engaged to achieve excellence.

QHS is committed to diversifying the presence and participation of learners, staff, and faculty with different perspectives, backgrounds, and identities. We recognize that people hold

many intersecting aspects of identity and we value a diverse community that includes (but is not limited to) people who identify as Black, Indigenous, Person of Colour, members of the 2SLGBTQIA+ community, persons living with a disability, and those from diverse backgrounds with respect to ethnicity, immigration status, religion and creed, language, age, or family status, amongst others. We celebrate the diversity of our learners, staff, and faculty in QHS and strive to ensure that representation in QHS reflects that of the greater Canadian society.

## Inclusion

Inclusion is the active, intentional, and ongoing engagement with diversity, where each person is valued and provided with the opportunity to participate fully in creating a successful and thriving community. It means creating value from the distinctive skills, experiences, and perspectives of all members of our community.

QHS is committed to creating an environment and culture where our learners, staff, and faculty can fully participate and flourish, build a sense of belonging, and feel welcomed and respected. QHS appreciates and embraces the diversity of perspectives, backgrounds, and identities of our learners, staff, and faculty by supporting their full participation in QHS.

## Indigeneity

Indigeneity describes the state of being Indigenous or related to Indigenousness. Indigenous Peoples recognize their won Indigeneity, Indigenousness, and identity. Indigeneity relates to territory, culture, community, and traditions.

QHS is committed to supporting Indigenous learners, staff, and faculty connection to land colonized by settlers and supporting a process of confirming Indigenous citizenship that no longer relies solely on self-identification. QHS will comply with the findings and recommendations of the Queen's University Indigenous Identity Project. QHS will contribute to acts of decolonization and will support the Indigenization of the institution.

## Accessibility

Accessibility is about giving equal access to everyone, included members of our communities who live with disabilities or whose environments disable them. Without being able to access the facilities and services found in the community, persons living with disabilities will never be fully included. In most societies, there are innumerable obstacles and barriers that hinder persons with disabilities. These include such things as stairs, lack of information in accessible formats such as Braille and sign language, and community services provided in a form or language which people are not able to understand.

QHS is committed to designing and building barrier-free information, activities, and environments for all learners, staff, and faculty, including those who may identify as having a disability.

# Introduction of the Dean's Action Table

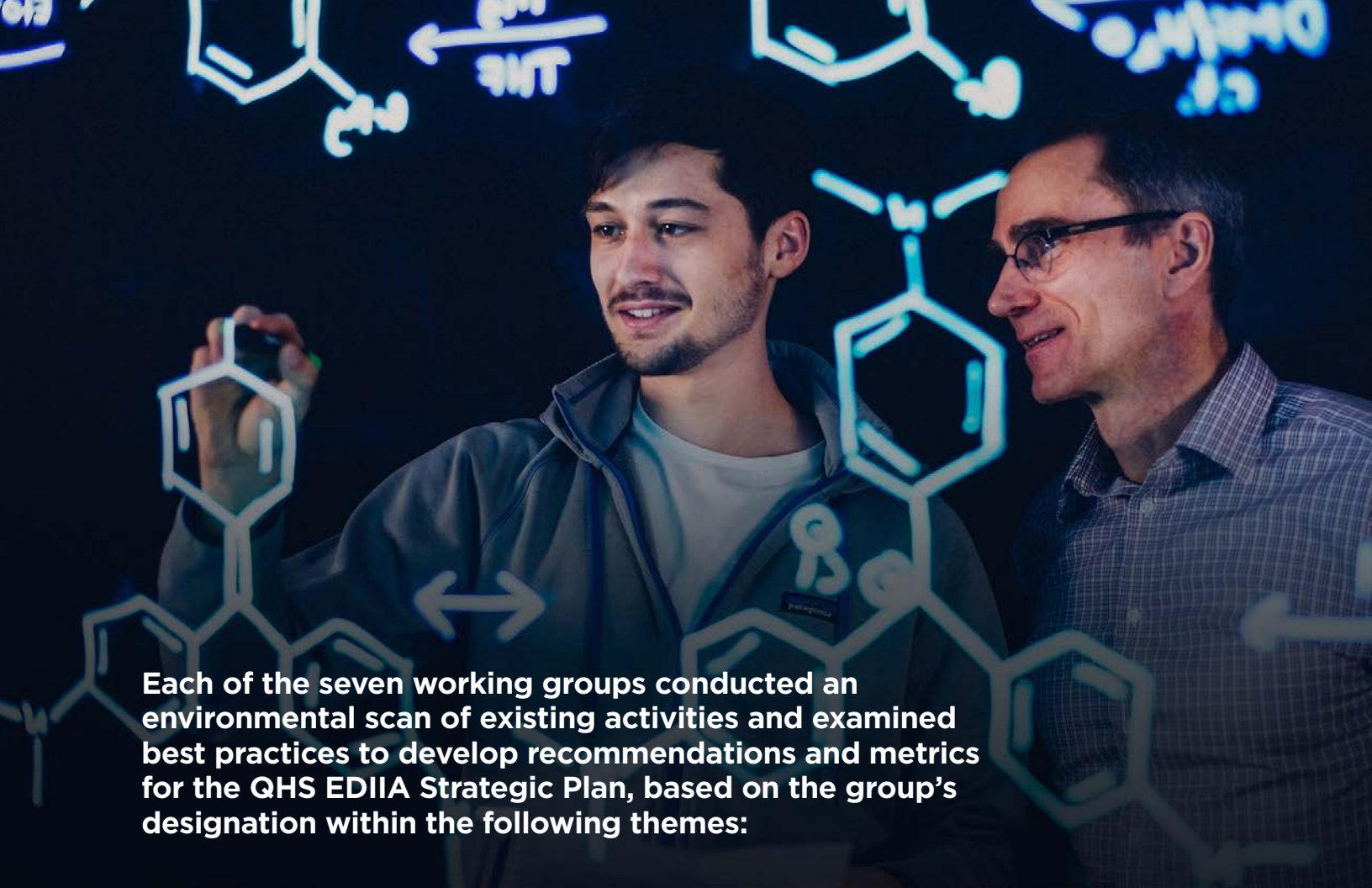
## Overview

Phase 1 of the Dean's Action Table on Equity, Diversity and Inclusion (DAT-EDI) (2020-2022) had the mandate to study, promote, and advise on efforts to create and sustain a more equitable, diverse, inclusive, accessible, and culturally safe community for learners, staff, and faculty in Queen's Health Sciences (QHS). In doing so, the DAT-EDI provided an avenue to identify and coordinate EDIIA activities and initiatives across the faculty. The efforts of the DAT-EDI will ultimately benefit end-users, such as Queen's faculty, staff, and students as well as patients in and affected by healthcare settings.

The DAT-EDI Executive was comprised of 16 members, including:

- 1 QHS Dean
- 2 Associate Dean, Equity and Social Accountability (Chair)
- 3 Vice-Dean, Education
- 4 Vice-Dean, Clinical
- 5 One representative from each of the seven DAT-EDI working groups
- 6 QHS Faculty Representative
- 7 Black Learner Representative
- 8 Indigenous Learner Representative
- 9 2SLGBTQIA+ Learner Representative
- 10 Accessibility Representative





**Each of the seven working groups conducted an environmental scan of existing activities and examined best practices to develop recommendations and metrics for the QHS EDIIA Strategic Plan, based on the group's designation within the following themes:**



## **1 Outreach and Summer Programs**

The Outreach and Summer Programs working group developed the Queen's Health Sciences Outreach and Summer Program, which offers mentorship and educational opportunities for equitydeserving youth in Kingston and its surrounding areas. The purpose of the program is to introduce youth, who typically would not have access to these programs due to a variety of barriers, to the field of health sciences. It aims to encourage these youth to apply to undergraduate health sciences programs, ultimately enhancing diversity throughout the health sciences fields.



## **2 EDI for Admissions**

The EDI for Admissions working group completed a thorough review of published and grey literature to develop recommendations surrounding more equitable, inclusive, and accessible admissions across QHS. The recommendations were based on the historical under-representation of learners from diverse and intersecting backgrounds in Canadian health sciences programs.





### 3 Recruitment, Retention and Mentorship

The Recruitment, Retention, and Mentorship working group used a comprehensive and intersecting approach to review evidence-based practices and develop recommendations, separated by learners, staff, and faculty stakeholder lenses aimed at increasing equitable opportunities and maintained, diverse representation in QHS.



### 4 EDI Curriculum across QHS

The EDI Curriculum across the QHS working group undertook an environmental scan for programs, policies and tools and developed an QHS Inclusive Curriculum Model, a framework that aims to create a more equitable and inclusive curriculum across all educational programs within the faculty. Comprehensive recommendations on how to implement the model were established as well as the development of supporting tools and thorough guidelines.



### 5 Professional Development

The Professional Development working group completed a systematic literature review on the mandatory, longitudinal, and effective EDIIA-related professional development training offered within and outside Queen's University to staff and faculty and reviewed current EDIIA professional offerings. The findings informed the working group recommendations.



### 6 Research and EDI

The Research and EDI working group completed a scoping review and circulated a survey across all QHS research groups to examine if and how research groups engage in and integrate EDIIA principles throughout the lifespan of their research. These findings informed the working group recommendations.



### 7 Culture and Community

The culture and community working group developed the evidence-informed QHS Champion program, which aims to identify and support champion learners, staff, and faculty who are passionate about EDIIA and dedicated to transforming their environments into more equitable, inclusive, and safe spaces, such as supporting the buy-in of the DAT-EDI recommendations.

# Timeline for the DAT-EDI



## 2020

### SEPTEMBER

#### DAT-EDI was launched

- Seven working groups were established with distinct themes.
- Announcement was sent by Dean Jane Philpott across QHS learners, staff, and faculty seeking DAT-EDI working group members.
- QHS EDIIA launched an event marking the official opening of the QHS EDIIA Office, the DAT-EDI, and the QHS EDIIA Fund.

### OCTOBER/NOVEMBER

#### Working groups began meeting

### OCTOBER – JANUARY 2021

#### Grant applications

- Applications for funding to support the DAT-EDI environmental scan were submitted.
- Spring 2021: SEAMO Research Endowment Fund was awarded to Dr. Mala Joneja to support DAT-EDI environmental scans.

### NOVEMBER – JANUARY 2021

#### Working groups commenced literature reviews and environmental scans

*Continued on next page*

# Timeline for the DAT-EDI

Cont'd

## 2021

### SPRING

#### Ethics approval

- March 2021: An application was submitted to the Health Sciences Research Ethics Board to allow working groups to conduct data collection and publish findings.
- April 2021: Approved.

### WINTER

#### DAT-EDI Survey

- Each working group developed survey questions to inform their environmental scan.
- April to June 2021: A survey was disseminated to QHS learners, staff, and faculty.
- The survey included overarching EDIIA questions, Human Rights and Equity Office harassment and discrimination questions, demographic questions, and working group questions.

### SUMMER

#### Data Analysis

- DAT-EDI survey results were analyzed by working group members.

## 2022

### WINTER

#### Finalized outstanding work, including:

- Literature reviews.
- Program details.
- Research and EDI working groups' survey.
- EDI Curriculum across the QHS working group's model.
- Amongst other initiatives.

### SPRING

#### Finalized the DAT-EDI recommendations

### SUMMER

#### Drafted the QHS EDIIA Action Plan

### OCTOBER

The Year 2 DAT-EDI Forum was hosted to present the QHS EDIIA Action Plan



## DAT-EDI Survey and Overarching Results

One of the aims of the DAT-EDI initiative was to gain a better understanding of learner, staff, and faculty perceptions of EDIIA within QHS and to develop recommendations for fostering EDIIA within health professional's education, research, and clinical activities. As such, the DAT-EDI survey was distributed to all members of QHS, including faculty, staff, and learners.



# 531

**participants from health professions completed a questionnaire exploring their perceptions of EDIIA, experiences of belonging, and demographics**

### Methods

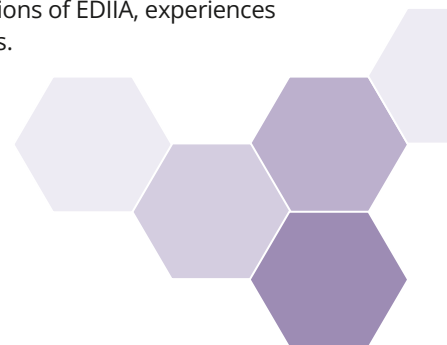
Using a cross-sectional design, 531 participants from health professions (faculty, learners, and staff in nursing, medicine, and rehabilitation therapy) completed a questionnaire exploring their perceptions of EDIIA, experiences of belonging, and demographics.

Participants also reflected on experiences of harassment and belonging, as well as questions posed by each of the seven working groups:

1. Culture and Community
2. Admissions
3. Recruitment, Retention, and Mentorship
4. Outreach and Summer Programs
5. Curriculum
6. Professional Development
7. Research

The survey questions developed by the working groups informed their environmental scan.

Findings related to each working group will be discussed later in the report. As such, this section will focus on the introductory section on perceptions of EDIIA, experiences of belonging, and demographics.



## Perceptions of EDIIA

Participants completed three items assessing their perceptions of EDIIA within the Faculty of Health Sciences.

**These included:**

- (a) the prioritization of EDIIA  
(e.g., *I believe EDIIA should be a leading priority for the Faculty of Health Sciences*)
- (b) knowledge of EDIIA  
(e.g., *I have working knowledge of EDIIA Principles*)
- (c) application of EDIIA  
(e.g., *I regularly apply EDIIA principles in my work/learning/teaching*)

Participants responded on a five-point Likert-type scale, with anchors of 1 (Strongly disagree) to 5 (Strongly agree).

## Communication of EDIIA principles and Accountability for Inappropriate Behaviour

Participants were presented with two items regarding the communication and accountability processes in relation to EDIIA. Perceptions of communication in relation to EDIIA was assessed with the item - I believe there is good communication and understanding of the role and value of EDIIA within the learner cohorts, faculty and staff complements. Accountability was assessed with the item - There is accountability for the types of inappropriate behaviour which undermine a climate of respect, community and belonging in the FHS. Participants responded on a five-point Likert-type scale, with anchors of 1 (Strongly disagree) to 5 (Strongly agree).

## Experiences of Belonging

Participants were asked to reflect on whether they have ever felt unwelcome or uncomfortable within the faculty (i.e., *Have you ever felt unwelcome or uncomfortable in FHS because of any of the following?*).

**Participants were provided with 11 options, including:**

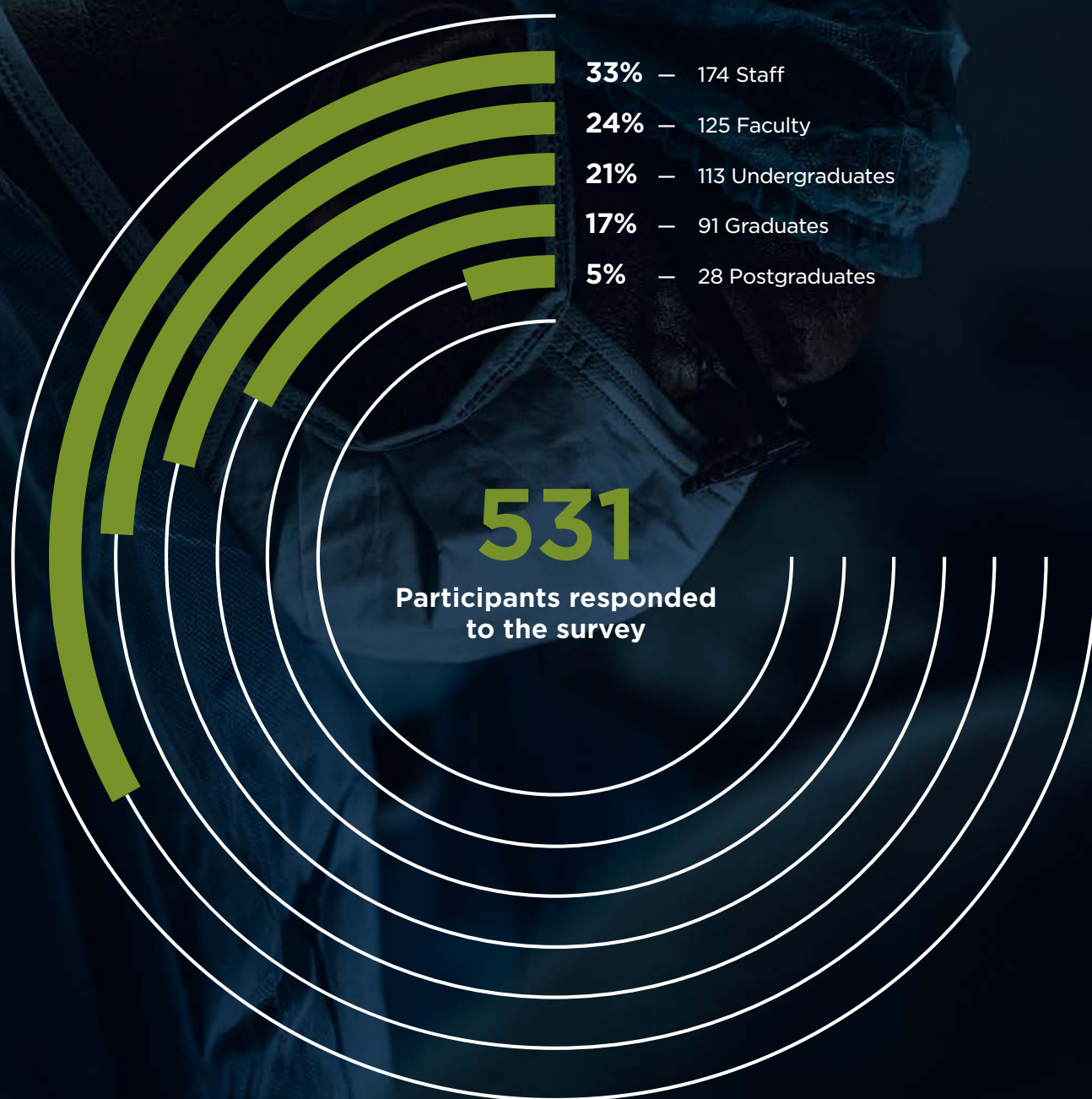
- (a) ability
- (b) appearance
- (c) **ethnocultural identity**
- (d) family status
- (e) gender identity
- (f) Indigenous identity
- (g) language
- (h) racial identity
- (i) religion/faith/creed
- (j) sex
- (k) sexual orientation
- (l) socioeconomic status

Participants were also able to select *No, I have never felt unwelcome or uncomfortable* in FHS because of any of the above reasons or prefer not to answer. Participants were also offered an open-ended response to indicate if there were other reasons that they felt unwelcome or uncomfortable that were not captured within the provided options.



## Results

Overall, 531 participants responded to the survey, including faculty (n = 125), staff (n = 174), and learners (graduate: n= 91; post-graduate; n=28; and undergraduate (n= 113) (Figure 1).



**FIGURE 1** Distribution of respondents by type of community member (n=531)

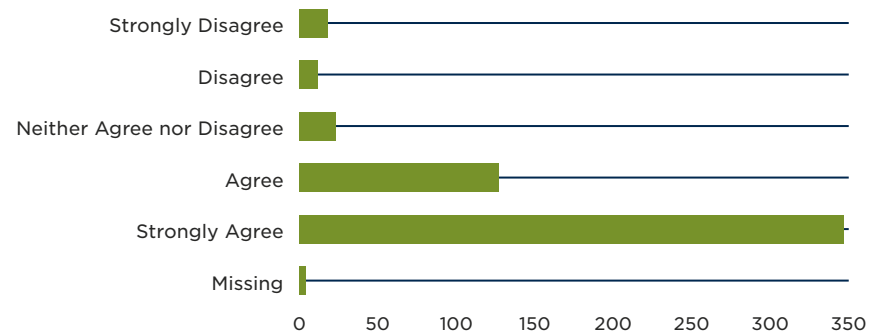


## Perceptions of EDIIA

Participants perceived that EDIIA should be a leading priority ( $M = 4.47$ ,  $SD = .94$ ), they have a working knowledge of EDIIA principles ( $M = 4.17$ ,  $SD = .69$ ), and they regularly apply EDIIA principles in their role ( $M = 4.05$ ,  $SD = .79$ ). Participants reported lower levels of agreement regarding whether there is good communication of the role and value of EDIIA ( $M = 3.25$ ,  $SD = 1.12$ ) and accountability for inappropriate behaviour

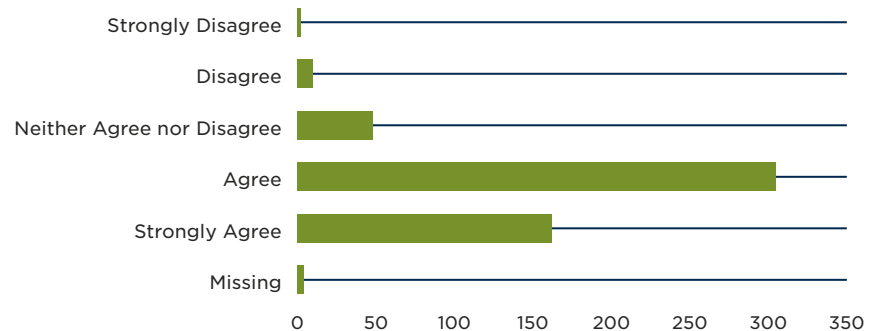
### I believe EDIIA should be a leading priority for the Faculty of Health Sciences

**FIGURE 2** Should EDIIA be a leading priority? (n=531)



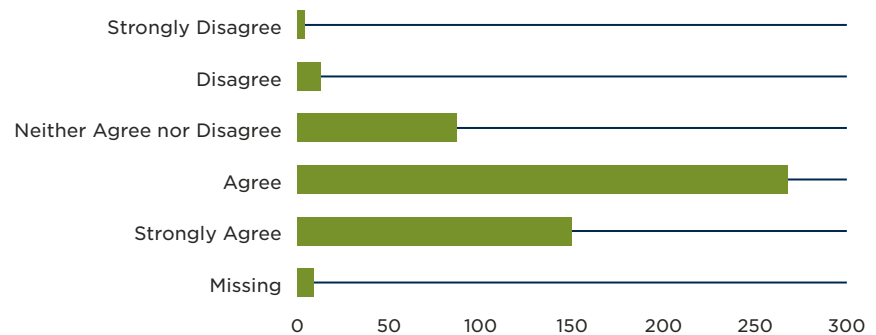
### I have a working knowledge of EDIIA principles

**FIGURE 3** Do you have working knowledge of EDIIA principles? (n=531)



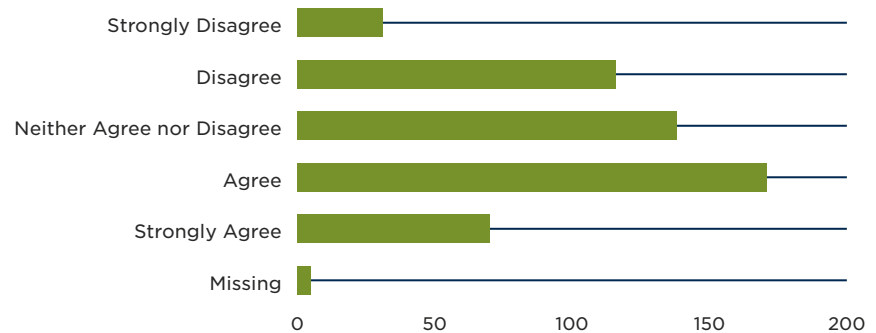
**I regularly apply EDIIA principles in my work/teaching/learning**

**FIGURE 4** Do you regularly apply EDIIA principles? (n=531)



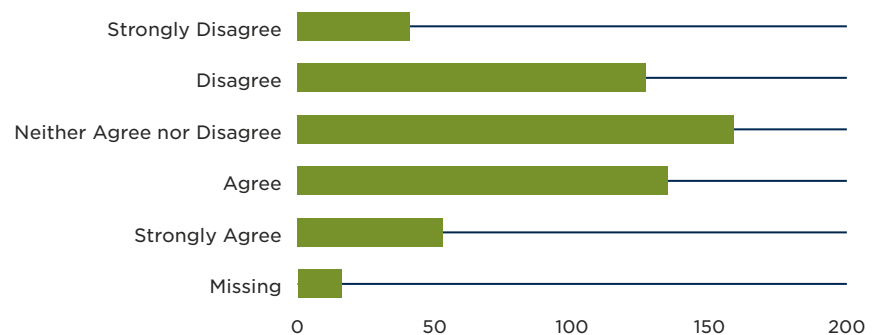
**Good communication and understanding of EDIIA should allow for broadening of gender, sociocultural, and Indigenous dimensions**

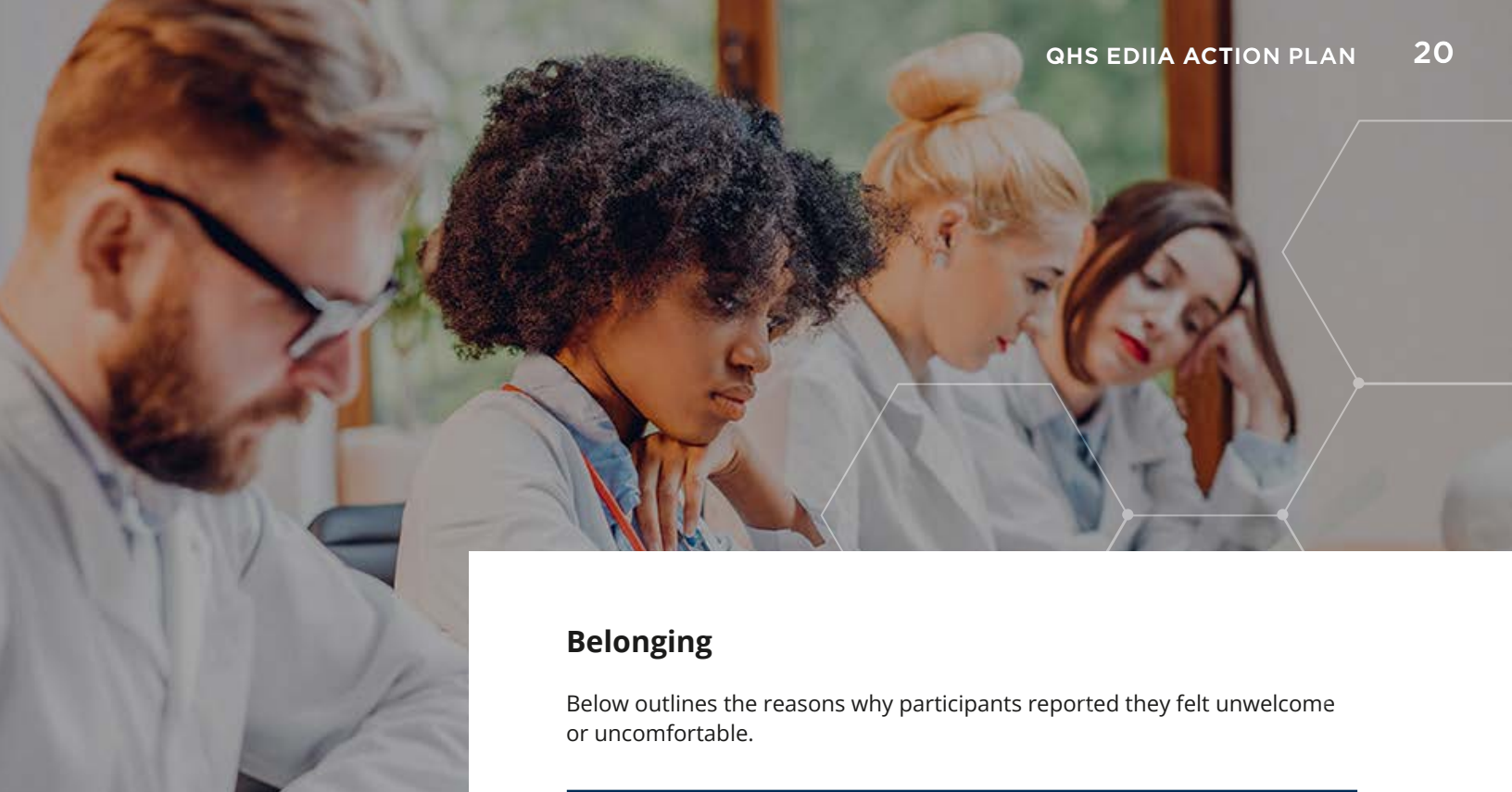
**FIGURE 5** Is there good communication and understanding of the role and value of EDIIA in your perspective? (n=531)



**Inappropriate behaviour is defined as the whole body of verbal and non-verbal behaviours that can lead to harassment and discrimination**

**FIGURE 6** Is there accountability for inappropriate behaviour? (n=531)





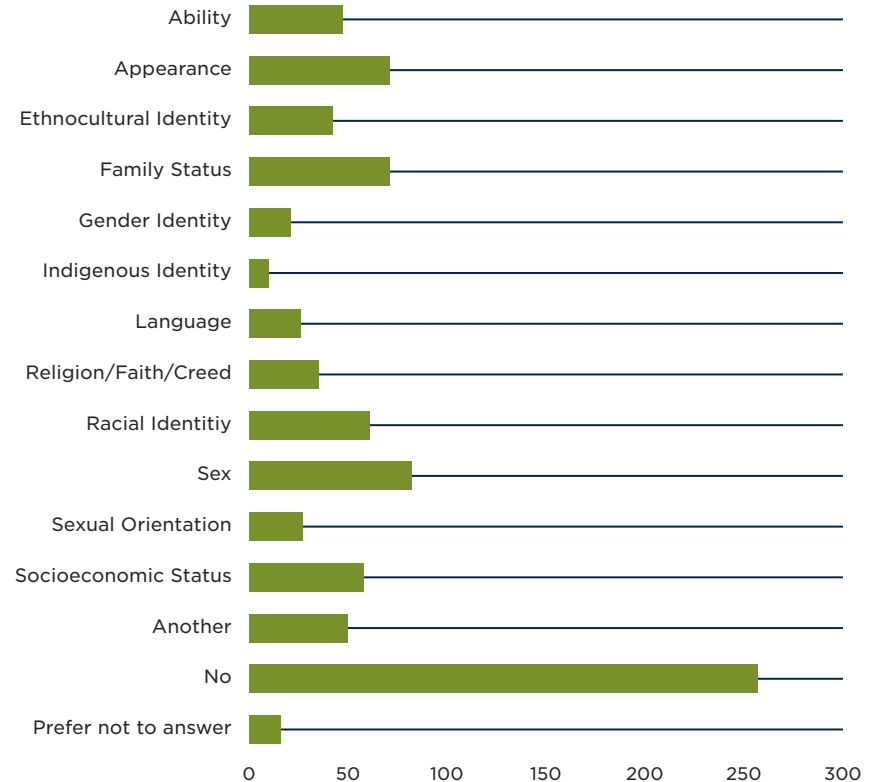
## Belonging

Below outlines the reasons why participants reported they felt unwelcome or uncomfortable.

# 52%

of participants reported they had felt unwelcome or uncomfortable in health professions education

**Have you ever felt unwelcome or uncomfortable in FHS because of any of the following (Select all that apply)**



**FIGURE 7** How many people report these reasons for feeling unwelcome or uncomfortable? (n=531)



Working Group

1

## Outreach and Summer Program





## Introduction

The DAT-EDI Outreach and Summer Programs working group developed the Queen's Health Sciences Outreach & Summer Program (QHSOSP). This program strives to support bright and dedicated students from Kingston's equitydeserving communities who would otherwise not pursue a career in health sciences. These equitydeserving communities include students with the following backgrounds: low socioeconomic status (SES), First-Generation, racialized, immigrant, refugee, 2SLGBTQIA+, persons living with a disability, amongst others.

This program aims to build resilience amongst students and encourage diversity within the health sciences in the long term.

**The QHSOSP strives to meet this long-term goal through:**

- Promoting health sciences education among equitydeserving youth.
- Creating opportunities for equity-deserving youth in the field of health sciences.
- Fostering diversity within health sciences programs.

The QHSOSP is built on three principles—experiential learning, mentorship, and financial aid. These guiding principles were established through consultation with community partners and the QHSOSP Advisory Committee to address the needs of the program's equitydeserving youth.

### Overview of Activities and Findings

To develop the QHSOSP, the Outreach and Summer Programs working group first engaged in a review of peer-reviewed and grey literature to help inform the structure of the program. Guided by the findings of this literature review, the program was developed in alignment with a cascading mentorship model. The structure of the QHSOSP was also

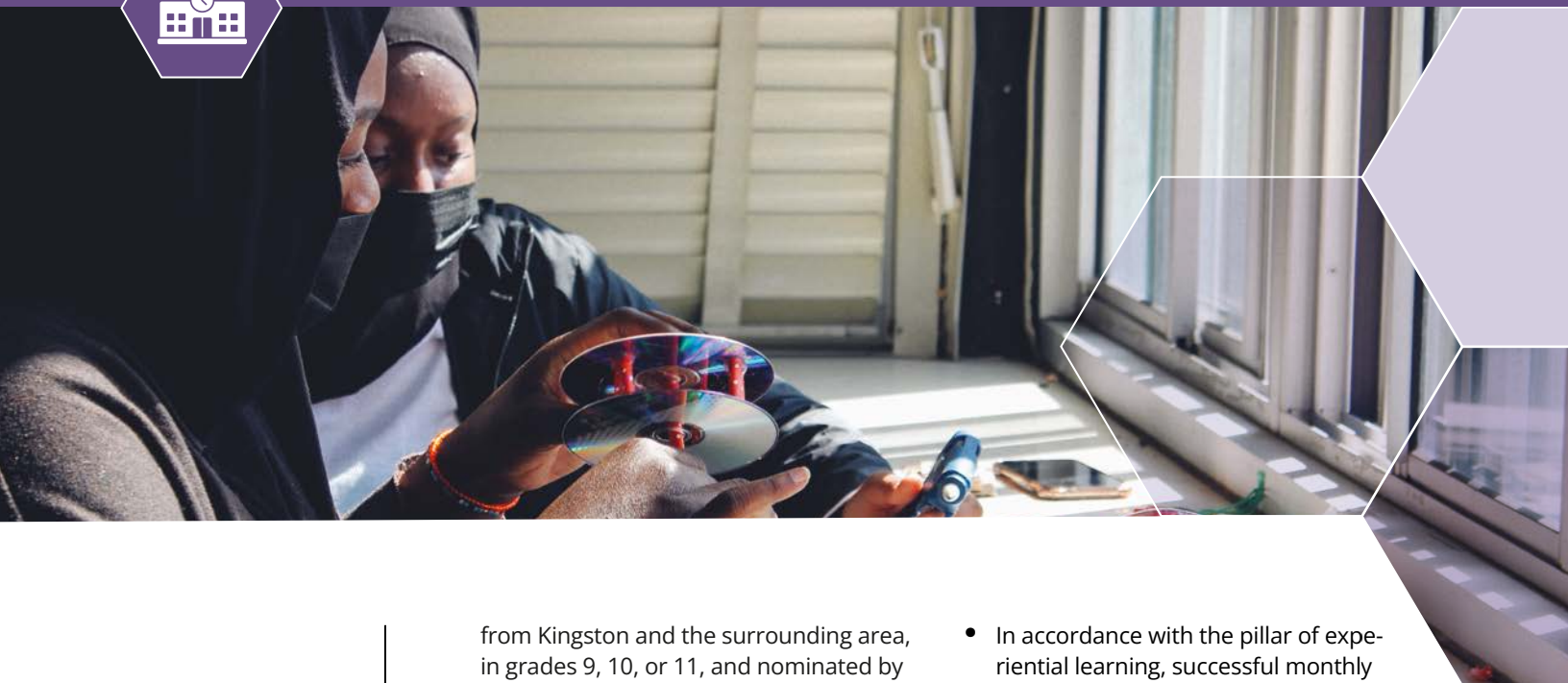
based on information collected via the DAT-EDI Survey, including a list of prospective mentors and feedback on impactful mentorship opportunities. Simultaneously, grant writing and fundraising to collect seed funding for a pilot program began. Although there was no success with the CFKA and United Way grant applications, the QHSOSP collected approximately \$30,000 in one-time funding from QHS Departments and Schools.

The Outreach and Summer Programs working group also focused on building networks with community partners. Both formal and informal partnerships within the Kingston community were successfully formed, including leadership from Loyalist Collegiate and Vocational Institute and Frontenac Secondary School within the Limestone District School Board. Additionally, a formal partnership with Kingston Community Health Centres (KCHC) was established through a signed memorandum of understanding with the QHS Office of EDIIA Initiatives.

Recruitment began for a student coordinator to assist in building the program. The coordinator created guidelines to support participant recruitment and ensure students were provided with meaningful mentorship. The mentor criteria included being from an equitydeserving group and being an undergraduate learner (e.g., BHSc, BScN, BSc). Students had to be from an equitydeserving background,

# \$30K

**was collected by QHSOSP in one-time funding from QHS Departments and Schools**



from Kingston and the surrounding area, in grades 9, 10, or 11, and nominated by a community partner (e.g., Pathways to Education, Immigrant Services Kingston Area, or Principal).

The working group evolved into the QHS Outreach and Summer Program Advisory Committee with the mandate of providing advice and recommendations to guide the operation of the QHSOSP to promote long-term sustainability and strive for a positive impact on equitydeserving youth. The advisory committee piloted the QHSOSP with seventeen mentees who were recruited and enrolled.

**The activities and goals of the QHSOSP continue to be guided by three foundational pillars.**

**For example:**

- Based on the pillar of mentorship, each student was paired with one undergraduate learner. As well, a master list of mentors was created for students to access a variety of individuals in the health sciences (e.g., physicians, nurses, medical students, and PhD students). The pairings are required to meet either virtually or in person at least once per month for 45 minutes to two hours. Extracurriculars, finances, transition to university, exam skills, and wellness are all topics provided to mentors to guide the conversation.

- In accordance with the pillar of experiential learning, successful monthly workshops have been held since February 2022, thanks to the generosity of faculty and staff at Queen's University, who continue to assist in their planning and execution. Previous workshops involved Clinical Simulation Lab Tour, Anatomy Lab Tour, KAIROS Blanket Exercise, School of Kinesiology and Health Studies, and School of Nursing. Additionally, the Summer Program was held during August to further support experiential learning.
- Financial support is the final pillar, as students can potentially receive monetary support for their post-secondary applications based on their attendance and participation.

To ensure that the QHSOSP effectively meets short-term and long-term targets, the Outreach and Summer Programs working group created program evaluations to monitor and assess the QHSOSP in general, as well as its workshops and mentorship. Program evaluation included a pre- and post-survey, as well as monthly surveys post-workshops. In the program evaluation, mentees indicated the desire to meet diverse speakers and learn more about OSAP, financial aid, post-secondary pathways, and admissions.

*The advisory committee piloted the QHSOSP with seventeen mentees who were recruited and enrolled.*



## Recommendations

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### Goal 1 **Deliver the QHS Outreach and Summer Program to support and mentor high school students in the Kingston and surrounding area**

#### Actions

- I. Provide mentorship and workshop delivery to participants via in-kind support from QHS Schools, Departments, and Programs.
- II. Provide mentorship to program participants from QHS learners, staff, and faculty.
- III. Operationalize an Advisory Committee to provide program oversight.
- IV. Evaluate QHSOSP annually to assess the program's effectiveness and implementation.
- V. Build and maintain community partnerships across Kingston and the surrounding area to identify program participants.

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### Goal 2 **Commit to sustaining and developing QHS outreach programming long term through partnerships that support targeted recruitment**

#### Actions

- I. Identify funding opportunities to employ a Program Student Coordinator.
- II. Identify funding to provide Scholarship/Educational Stipend opportunities to high school students.
- III. Identify funding to support QHSOSP programming (e.g. delivery of workshops, summer program).
- IV. Deliver statement of commitment by QHS leadership to sustain the QHSOSP long term.
- V. Target recruitment of low socio-economic status, Indigenous, Black, racialized, 2SLGBTQIA+, students living with disabilities, amongst others within Kingston and surrounding area as well as building the geographical reach.
- VI. Track number of high school students in QHS outreach programming who applied and were admitted to a post secondary program.



Working Group

2

EDI for Admissions





## Introduction

The focus of the EDI for Admissions working group was to research and advise on initiatives to create more equitable, inclusive, and accessible admissions processes across QHS. Their work was framed in the context of the historical under-representation of learners from diverse and intersecting backgrounds in Canadian Health Sciences programs, especially Black and Indigenous learners. Specifically, at Queen's University, there was a ban on Black learners enrolling in medical school in 1918. The policy was actively enforced for decades and only officially repealed in 2018.

This working group aimed to better understand global, national, and institutional perspectives and practices in Health Sciences admissions to inform EDIIA-focused admissions interventions that can be implemented across QHS. To advocate for admissions processes embedded in EDIIA principles, findings are being shared with QHS learners, staff, and faculty, including members of senior leadership and admissions committees.

All initiatives of this working group aligned with the QHS Radical Collaboration Strategic Plan's Commitment to EDIIA since it directly facilitates the transformation of admissions processes with the integration of best practices in EDIIA. In addition, the recommendations developed by the EDI for Admissions working group reinforced and reflected those made in Queen's University's PICRDI Report, Queen's University's TRC Task Force Report, Queen's University's Aesculapian Society Report and Demands to the School of Medicine Admissions Committee, and the Scarborough Charter signed by Queen's University. By changing structural processes in admissions at QHS, it is hoped that the school will increase the representation of learners from diverse and intersecting backgrounds to better reflect and serve the Canadian population, and ultimately improve healthcare outcomes.

## Overview of Activities and Findings

The EDI for Admissions working group first reviewed published literature on EDIIA-focused admissions interventions in Health Sciences programs globally. A comprehensive review of the admissions processes of each QHS program was then completed. In addition, the working group conducted a grey literature review of admissions processes across comparable Health Sciences programs across Canada. Next, they investigated QHS learner, staff, and faculty perspectives on the effectiveness of EDIIA-focused admissions interventions via the DAT-EDI Survey. Those survey responses were analyzed using a mixed-methods explanatory approach, whereby qualitative responses were coded through a critical theory lens informed by quantitative findings. The working group then led focused interviews with leaders across QHS to explore the barriers and facilitators to implementing EDIIA-focused admissions interventions. Finally, they developed evidence-informed recommendations on EDIIA-focused admissions interventions that can be tailored to individual programs across QHS.



**The review of published literature and admissions processes regarding EDIIA-focused admissions interventions in Health Sciences programs across Canada found:**

- Existing interventions involved separate admissions streams and reserved seats for equitydeserving groups, preparatory and transitional programs, mentorship and outreach programs, admissions workshops, financial assistance, holistic review of applications, diverse admissions reviewers, equity training for admissions staff, tracking and analyzing admissions data with respect to applicant demographics, and announce a commitment to EDIIA.
- Across Canadian Health Sciences programs, the most common interventions were a holistic review of applications, reserved seats, and separate admission streams.
- Most seats and streams were for Indigenous applicants, with fewer initiatives for applicants belonging to other equitydeserving groups.
- The Black Student Application Program/Process (BSAP) is a unique program for Black applicants that has been successful in recruiting Black learners. The first BSAP was founded at the University of Toronto's medical school, with several other Canadian medical schools recently adopting similar programs.
- Approximately 50% of all Canadian Health Sciences programs did not implement any interventions at the time of the review, although all Canadian Medicine programs had adopted at least one.

At QHS, most programs have a holistic review of applications, and all programs have reserved seats or separate admissions streams for Indigenous applicants. However, no programs have similar initiatives for learners who identify as Black or belong to other equitydeserving groups, other than Queen's University Accelerated Route to Medical School (QuARMS) program. QuARMS allows high school students to enter undergraduate degree courses with admission to the undergraduate medical program directly after year two. QuARMS currently reserves all ten seats for Black and Indigenous applicants. Undergraduate medicine has a mentorship program and admission award for Black applicants, however; few other QHS programs have preparatory, mentorship, or financial assistance programs. Additionally, no QHS programs specifically require diverse admission reviewers, equity training for admissions staff, or the tracking and analyzing of admissions data with regards to applicant demographics.

**Questions included in the DAT-EDI Survey generated results including:**

- Less than 10% of QHS learners, staff, and faculty strongly agreed that the admissions process of their program is equitable and inclusive.
- Respondents who rated it equitable commented on the visible diversity of learners in their program and on the current efforts towards improving EDIIA, including the introduction of streams for Indigenous learners. Others stated that admissions are equitable because they are based on academic merit alone<sup>1</sup> and all applicants are subjected to the same requirements.

○ **Approximately**

**50%**

**of all Canadian Health Sciences programs did not implement any interventions at the time of the review**

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**Less than**

**10%**

**QHS learners, staff, and faculty strongly agreed that the admissions process of their program is equitable and inclusive**

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<sup>1</sup> Direct quotations from survey responses: "Our admissions process is based on merit."  
"We should only admit on merit, and merit alone."





- Respondents who rated their admissions process as being inequitable discussed the lack of consideration of different backgrounds and their impacts on admissions, the overemphasis on grades and certain extracurricular activities, the lack of diversity amongst learners, staff, and faculty, the lack of action on the part of QHS in promoting the principles of EDIIA, and the lack of accountability in cases of known misconduct. A few respondents believed that current interventions at QHS unfairly benefit applicants based on their backgrounds and are therefore inequitable<sup>2</sup>.
- Amongst QHS learners, staff, and faculty, there were high levels of endorsement for the adoption of mentorship and outreach programs, fee subsidies for applicants in financial need, diverse admissions reviewers, equity training for admissions reviewers, tracking and analyzing admissions data, and increased accessibility of EDIIA information on our websites.
- Respondents also endorsed the adoption of separate admissions streams and reserved seats, although less favourably as they may be tokenizing and harmful to learners given the existing negative attitudes and beliefs of some towards equity deserving groups.
- In general, undergraduate, and graduate learners most strongly endorsed the adoption of EDIIA-focused admissions interventions, followed by staff and then faculty and postgraduate learners.
- Respondents with a lower level of agreement for adopting EDIIA-focused admissions interventions cited many barriers to implementation, which mirrored those raised in the interviews. These barriers included processes beyond the control of the admissions committees (e.g., dependent on provincial or national systems), a lack of guidance, resources, and support for improving EDIIA in admissions, having staff and faculty who are resistant to changing processes, and a lack of diverse representation.
- Notably, a significant number of respondents would not comment due to a lack of involvement with or transparency in their program's admissions process, as well as not having the lens of someone from an equitydeserving group.

In summary, several EDIIA-focused admissions interventions were identified for implementation that were supported by members of QHS. The specific barriers to implementation will be discussed with senior leadership and admissions committees directly to transform admissions processes into more equitable, inclusive, and accessible alternatives.

<sup>2</sup> Direct quotations from survey responses: "I feel that there is an element of reverse discrimination happening although with good intentions." "DEI is anti white, anti male, and anti heterosexual."





## Recommendations

# Goal 3 Minimize systemic barriers faced by applicants through equitable and inclusive admission and transition processes

### Actions

#### Separate Admission Streams

- I. Implement a Black Student Application Process (BSAP).
- II. Evaluate existing streams including the Indigenous Student Pathway and First-Generation Pathway.
- III. Continue to identify opportunities for admission streams for other equitydeserving groups.

#### Reserved Seats

- IV. Continue to evaluate reserved seats in the Indigenous Student Pathway and in QuARMS.
- V. Create dialogue at QHS to recognize discrimination and minimize stigma and biases faced by students admitted through reserved seats.

#### Transitional Programs

- VI. Continue to evaluate STEM: Indigenous Academics (STEM:InA).
- VII. Identify opportunities for similar transitional programs for other equitydeserving groups.

#### Mentorship and Outreach Programs & Admissions Workshops

- VIII. Compile and publish a list of existing mentorship and outreach programs and admissions workshops for applicants at QHS and highlight those for equitydeserving groups.
- IX. Identify opportunities for new mentorship and outreach programs and admissions workshops for equity-deserving groups.

#### Financial Assistance

- X. Compile and publish a list of existing scholarships and bursaries for applicants at QHS with a focus on those for equitydeserving groups and/or with consideration of financial need.
- XI. Implement an application fee subsidy program for applicants in financial need.
- XII. Re-evaluate existing scholarships and bursaries to include a focus on equitydeserving groups and/or consideration of financial need.
- XIII. Promote opportunities for donors to establish new scholarships and bursaries for equitydeserving groups and/or applicants in financial need.

#### Holistic Review of Applications

- XIV. Re-evaluate existing admissions criteria to determine if a holistic approach is used in the review of applications.
- XV. Consider increasing the weighting of non-cognitive components , such as extracurricular activities, personal statements/essays, letters of reference, situational judgment tests (CASPer), and multiple mini interviews (MMI).
- XVI. Consider lowering cut-offs for cognitive components, such as GPA and MCAT.
- XVII. Publish more transparent admissions criteria and cut-offs on program websites.



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## Goal 4 Dismantle discrimination and biases faced by applicants through equitable and inclusive selection processes

### Actions

#### Diverse Admission Reviewers

- I. Invite and compensate students, staff, faculty, alumni, and community members of diverse and intersecting backgrounds to be file reviewers, interviewers, and admissions committee members.
- II. Continuously involve new members to gain fresh perspectives and reduce the minority tax.

#### Equity Training

- III. Develop an equity training module specific to admissions.

- IV. Mandate the equity training module for all file reviewers, interviewers, and admissions committee members.

#### Disclosure and Feedback

- V. Develop and implement a tool for applicants, current students, staff, and faculty to disclose experienced or witnessed discrimination or bias by file reviewers, interviewers, and admissions committee members.
- VI. Implement a framework for providing feedback from any disclosures to file reviewers, interviewers, and admissions committee members.

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## Goal 5 Advance equity-oriented data collection, stewardship, and reporting across QHS

### Actions

#### Tracking and Analyzing Admissions Data

- I. Track, analyze, and report admissions data with respect to applicant demographics (race, gender identity, sexual orientation, disability, socioeconomic status, First-Generation status, urban/rural) throughout the application process.
- II. Identify opportunities for targeted admissions initiatives based on the admissions data.
- III. Publish admissions data on program websites.





## Goal 6 Improve transparency through public communication regarding QHS EDIIA initiatives

### Actions

#### Commitment to EDIIA in Admissions

- I. Publish a statement of commitment to EDIIA in Admissions on program websites.
- II. Promote EDI-focused admissions interventions on program websites.
- III. Create dialogue at QHS to recognize discrimination and minimize stigma and biases faced by students admitted with the help of EDI-focused admissions interventions.





# 3

## Recruitment, Retention and Mentorship







## Introduction

The Recruitment, Retention, and Mentorship (RRM) working group targeted these three areas for learners, staff, and faculty and examined both workplaces and academic environments. The RRM working group's focus spanned six broad areas linked with QHS Radical Collaboration Strategic Plan's Commitment to EDIIA. Recommendations were developed with empathy and in consideration of the role of QHS learners, staff, and faculty to better define and provide a framework to promote respect.

The recommendations were written to:

1. Enable the integration of EDIIA principles into the culture, research, and education applicable to faculty, staff, and learners.
2. Enhance safeguards, define deliverables, assign measurables, and ensure accountability.
3. Empower faculty, staff, and learners to embrace EDIIA learning and, equally, unlearning by suggesting changes to be adapted and assigning accountability when engaging in learning.
4. Facilitate a culture that has a growth-focused mindset and promotes wellness.
5. Provide opportunities that increase the chances of QHS members going about the world with humbleness and cultural humility.
6. Enable members of QHS to engage in diverse contexts with humility, conscientiousness, and greater self-awareness and societal awareness.

## Overview of Activities and Findings

Throughout their efforts, the working group embodied values of recruitment, retention, and mentorship, practicing what they intended to deliver for QHS.

Some of their achievements included:

- Recruiting new members with valuable experience across disciplines.
- Retaining more than 50% (14/24) of volunteer members throughout the 2-year span of the project.
- Mentoring new researchers who analyzed the collected data after the first year.
- Providing informal mentorship and professional development by promoting openness, support, and encouragement.
- Regularly seeking feedback from working group members to continually improve.
- Seeking to develop skills and share knowledge to ensure members' confidence in writing recommendations. To facilitate this, a skill development workshop for recommendation writing was developed and offered to support many DAT-EDI working groups. Timeslots for these workshops were offered in the morning, afternoon, and evening to maximize accommodation, inclusivity, and accessibility.
- Practicing appreciation and recognition of members regularly, without overworking them or tying their efforts to performance or competition. The working group aimed to recognize genuine, caring, and thoughtful effort, as well as the sharing of critical thought. One way the efforts of working group members were recognized was by identifying MVPs of the month, which highlighted their dedication to making QHS a more inclusive and safer environment.



**More than  
50%  
retention of  
volunteer  
members over  
2 year span**

During the first year, the working group members met monthly and undertook an environmental scan by performing a literature review to guide the construction of questions for the DAT-EDI Survey to generate internal QHS data. In year two, the priority was to analyze data from the survey, disseminate this data, and formulate recommendations. Three members analyzed quantitative and qualitative survey data and presented a subset of the results at the inaugural 2021 DAT-EDI Forum. During the data analysis phase, members received training and mentorship to analyze both the quantitative and qualitative data. Additional data were collected at the DAT-EDI Forum, and after the event, the main priority was to learn how to write recommendations as a team, train the team accordingly, and then generate recommendations.

The RRM working group leads developed a structured template for recommendation writing, and all members attended a workshop to cultivate their recommendation writing skills. This format was developed to safeguard implementation, measurables, deliverables, and accountabilities considering shortfalls of former recommendation documents. It also encouraged linkage with documents such as the Scarborough Charter, the QHS Strategic Plan, the Principal's Implementation Committee on Racism, Diversity, and Inclusion, and the Truth and Reconciliation Final Report Calls to Action.

**Based on their efforts, the priorities identified for Recruitment were:**

- Improving hiring practices and processes.
- Utilizing holistic admission criteria.
- Providing more advertising and unified communications for opportunities.

**Identified priorities for Retention included:**

- Implementing safe reporting procedures.
- Ensuring transparency and career advancement opportunities.
- Providing funding for sustainable research continuity practices.
- Analyzing unactioned exit survey data to ascertain why members may leave QHS.

**Priorities that were identified for Mentorship comprised:**

- Creating more inclusive mentorship opportunities for diverse groups.
- Advertising mentorship opportunities.
- Promoting a sense of belonging by reducing barriers, such as politics, discrimination, and lack of support (in terms of financial aid and mental health).
- Implementing safeguards in academic mentorships (e.g., research supervision and long-term academic relationships).



## Recommendations

# Goal 7

## Enhance resources and opportunities afforded to prospective equitydeserving learners

### Actions

#### Learner Recruitment

- I. Establish and execute a one-day conference at QHS for Grade 12 equitydeserving students across Canada to learn about the field of health sciences and diverse professions.
- II. Create a comprehensive welcome package for each QHS education program that is distributed via email to students upon acceptance into a QHS program.
- III. Develop a tracking and reporting tool to actively seek and target the recruitment of learners from equity deserving groups into paid faculty roles or encourage higher education through scholarship opportunities.



## Goal 8

### Improve QHS staff and faculty hiring policies and processes to enhance representation

#### Actions

##### Staff Recruitment

- I. Implement consistent process for QHS hiring panels/committees informed by the following EDIIA principles:
  - Diverse Representation on all Hiring Panels with an aim to work and track diverse composition on all hiring committees.
  - EDIIA training for all individuals on a hiring committee.
  - Inclusive and Fair Hiring Practices by placing great value on the EE representative.
  - Use of updated equity language and clear guidance for human resource activities by adopting the EDI style guide in the drafting of interview questions, and any communication tools.
  - Mandate general and scenario-based EDIIA interview questions in all interviews.
  - Create opportunities for members of hiring panels to call out biases, stereotypes, and microaggressions.
- II. Implement consistent recruitment processes informed by the following EDIIA principles:
  - Development of a diverse bank of job advertisements sites to support units/departments advertising new jobs.
  - Stronger emphasis on external postings.
  - Advertise opportunities for growth, professional development and staff support.
  - Target recruitment to equity-deserving prospective staff.
  - Strong QHS EDIIA statements in job advertisements to demonstrate organizational commitment to creating more equitable and inclusive spaces.
  - Use of updated equity language and clear guidance for human resources by adopting the EDI style guide in the drafting of job descriptions and any communication tools.
  - Place stronger emphasis on abilities vs. experience.
  - Statement and commitment to support staff with families and dependents.
  - Create opportunities to support staff with families and dependents.
  - Make all aspects of the interview process accessible to candidate.
  - Provide unsuccessful candidate with feedback.

##### Faculty Recruitment

- III. Ensure that each department identifies the extent of which equity seeking groups are (under)represented within their unit.
- IV. Establish a comprehensive strategy for faculty recruitment informed by EDIIA principles.
- V. Model equity, diversity, and inclusive practices in all stages of the recruitment process.
- VI. Establish a suitably staffed office tasked with surveillance of recruitment practices across the faculty of health sciences.





## Goal 9 Improve equitydeserving learner retention rates in QHS

### Actions

#### Learner Retention

- I. Increase opportunities for equity-deserving learners to engage within the academic and non-academic community at Queen's Health Sciences.
- II. Circulate annual survey allowing learners to report sense of belonging, areas of improvement, and anonymous/confidential reports of incidents of harassment or discrimination.
- III. Define a framework to increase retention of Highly Qualified Personnel (HQP) and strategy to raise capital for retaining research personnel who are former QHS learners.

## Goal 10 Create a culturally safe and respectful workplace for all QHS employees

### Actions

#### Staff Retention

- I. Enforce exit survey and data collection system for all staff roles at QHS to inform future strategies.
- II. Provide career advancement opportunities for staff.
- III. Provide accessible resources and policies regarding professional burnout or burnout prevention.
- IV. Mandate higher education focused unconscious bias training for all QHS staff members, including staff leadership, as part of annual professional development processes.
- V. Ensure awareness and use (as needed) of Queen's harassment and discrimination reporting and response.



## Goal 11 Implement equitable and inclusive policies and practices to increase staff and faculty retention

### Actions

#### Faculty Retention

- I. Enforce exit survey and data collection system for all faculty roles at QHS to inform future strategies.
- II. Create an EDIIA and trauma-informed framework to be used in meetings that are meant to retain Queen's Faculty.
- III. Create supports to openly discuss and prevent burnout across QHS faculty.
- IV. Increase faculty engagement and retention by creating a culture that recognizes small contributions, skills, strengths, compassion, care, and expressing genuine thanks.
- V. Promote a growth and change mind-set within academic departments/programs/units and on decision-making committees across QHS.





## Goal 12 Formalize mentorship opportunities for QHS learners and create formal mentorship frameworks between learners and faculty

### Actions

#### Learner Mentorship Opportunities

- I. Develop formal mentorship opportunities for all QHS learner programs with learner, staff, and faculty mentors. Prioritize diversity and equity-related matters.
- II. Promote current mentorship opportunities available for QHS learners.
- III. Implement a real-time mentee/mentor feedback survey to track progress of these opportunities and to identify areas of improvement for each mentorship encounter.
- IV. Develop an education module about mentoring in academia, including EDIIA context-specific content.
- V. Create an online QHS mentorship 'hub', as a unified central location for all QHS parties, which provides educational information, networking opportunities, and events and activities that implement an internal quality improvement process.
- VI. Ensure ongoing dialogue with clinical/work experience partners about QHS EDIIA actions and strategies for improved mentorship within these environments for learners.
- VII. Develop a standardized, mandatory interview template for mentors to use when seeking mentees, especially for graduate and research based mentorship.
- VIII. Set expectations during the first meeting within mentorship relationships to set out compassionate ways to foster communication and enhance commitment, especially for graduate and research based mentorship.
- IX. Provide protected time for mentorship for learners, staff, and faculty for quality driven relationships to flourish.
- X. Define unacceptable behaviors and attitudes of faculty and staff toward learners and implement a zero-tolerance framework by engaging in the following:
  - In collaboration with the Queen's Secretariat Office, develop a zero-tolerance framework.
  - Create a mechanism (5-person independent committee external to Queen's) to enforce a zero-tolerance framework.
  - Set tangible long-lasting consequences for behaviors that violate the zero-tolerance policy framework.
- XI. Create and implement an updated standard for learner-staff/faculty supervision that involves mandatory supervision training.
- XII. Establish a Committee composed of representatives of all QHS stakeholders (including alumni) to oversee matters related to recruitment, retention, and mentorship policies and processes.





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## Goal 13 Build mentorship resources for faculty to strengthen mentorship relationships that foster positive and safe experiences

### Actions

#### Faculty-Faculty Mentorship

- I. Ensure faculty are engaging unconscious bias training to build awareness and foster a sense of belonging.
- II. Engage and collaborate with the Faculty and Staff Recruitment, Retention and Support (FSRRS) and/or University Council on Anti-Racism and Equity (UCARE) initiative in developing mentorship programs for equitydeserving faculty.
- III. Create resources for equitydeserving faculty that includes Employee Resource Groups (ERGs), Queen's associations, and community associations to educate faculty mentors on community networks and resources that could support a sense of belonging.

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## Goal 14 Assemble and sustain mentorship opportunities for interprofessional staff and faculty mentorship

### Actions

#### Staff-Faculty Mentorship

- I. Create avenues for staff to enter into faculty positions.
- II. Engage faculty members on respecting and valuing the role of staff members.
  - Statements from leadership on respecting and valuing staff to foster a culture of mutual respect.
  - Recognize contributions of both faculty and staff equally.
  - Create opportunities for a common purpose.
  - Inclusion of staff in decision making processes.
- III. Leadership reports incidences of harassment and discrimination between staff/staff and staff/faculty via Queen's Harassment and Discrimination Police.
- IV. Provide staff positions with increased protected time to engage in academic activities (e.g. teaching and research) and university service.
- V. Develop more inclusive and collaborative opportunities for staff and faculty.
  - Drawing on staff expertise in academic work (e.g. research and teaching).
- VI. Develop leadership staff roles that historically are filled by faculty members (e.g. decanal positions).



Working Group

# 4

## EDI Curriculum Across QHS





## Introduction

The EDI Curriculum across QHS working group sought to emphasize that incorporating EDIIA principles and practices throughout the faculty's curricula, including didactic, mentorship, clinical, and hidden formats, could be revolutionary but will require an iterative process that involves learning and unlearning to attain real change. The work being undertaken by this group acknowledges and considers that the curriculum is complex. This working group also recognized that QHS comprises a wide range of learners at many different levels, such as undergraduate learners, undergraduate medical learners, graduate learners, postgraduate medical learners, clinical programs in nursing and rehabilitation and other non-clinical programs, among others.

The main goals of this working group involved defining what an inclusive and diverse curriculum looks like and examining how QHS can move forward to ensure EDIIA is implemented and maintained in the curriculum.

The working group developed the QHS Inclusive Curriculum model to provide QHS programs with a comprehensive and effective tool to guide the equitable and inclusive transformation of their curriculum. The group sought to ensure that the Inclusive Curriculum model represents the skills needed by all QHS learners, researchers, staff, and faculty to become more equitable and inclusive health sciences practitioners.

### Overview of Activities and Findings

The working group was first tasked with developing questions to include in the DAT-EDI Survey to better understand how to integrate equitable and inclusive practices and principles into the QHS curriculum. The first question investigated

what the word "curriculum" meant to respondents. The key takeaways from the responses were that curriculum referred to the knowledge transfer between individuals, including instructors and peers, while progressing in a program<sup>1</sup>. Other interpretations of "curriculum" involved the overarching idea of what is deemed important enough to teach, as well as underlying lessons taught<sup>2</sup>.

The second question examined the beliefs of QHS members on how the program can better promote a more equitable and inclusive learning, working, and teaching environment. Through qualitative analysis, the working group combined the survey responses and a review of peer-reviewed documents to identify focus areas to work on going forward. These areas included transparency, accountability, decolonization, implementation of multiple world views, positionality, humility, and creating safe and accountable spaces.

Based on these findings, it was decided to divide the working group into three

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1 Direct quotations from survey responses: "What you learn from the classroom, instructors [or] experts you are exposed to, and your peers as you progress through a course or program..."

2 Direct quotations from survey responses: "the overarching idea of what a school thinks is important enough to teach..." and "...[the] informal and hidden ways in which we learn



subgroups. The first group was responsible for conducting an environmental scan, in which various curriculum models and frameworks were reviewed to help draft a model to guide the equitable and inclusive transformation of the QHS curriculum. This subgroup identified Lindsay Brant's Pedagogy of Peace model as a valuable tool to help build the QHS Inclusive Curriculum Model. The Peda-

*...an Inclusive Curriculum model was developed, based on positionality, power dynamics, compassion, intersectionality, transparency, accountability for socio-historical context and policy changes, the multiplicity of global views, sociopolitical activism, collaboration, leadership, and support.*

gogy of Peace features an evergreen Tree of Peace, representing Indigenous knowledge that has been and will continue to grow. The tree's deep roots go out in the four directions of the Anishinaabe medicine wheel, symbolizing the four components of understanding<sup>3</sup>, doing<sup>4</sup>, honouring<sup>5</sup>, and knowing<sup>6</sup>, contributing to what the model was grounded in. This subgroup also drew material from the core components of the Competency-based

Education framework by Van Melle, as they integrated its key principles into the Inclusive Curriculum Model.

After presenting a preliminary draft of the principles at the 2021 DAT-EDI Forum, working group members regrouped to narrow the focus and number of principles. Through various brainstorming sessions, an Inclusive Curriculum model was developed, based on positionality, power dynamics, compassion, intersectionality, transparency, accountability for socio-historical context and policy changes, the multiplicity of global views, sociopolitical activism, collaboration, leadership, and



support. A range of markers guides the Inclusive Curriculum Model's implementation, providing a rubric to programs on applying the principles. Each marker also outlines how these principles translate into the learning environment, the learning content, governance approaches, and assessment approaches.

The second subgroup developed a glossary of EDIIA terms as a tool to complement the Inclusive Curriculum Model. A subgroup undertook a scoping review, which can be used as a supplementary tool by QHS programs when applying the Inclusive Curriculum Model.

The third subgroup focused on policy and calls to action. They scanned Queen's University's existing policies to better understand how policy could be used to encourage the inclusive and equitable transformation of the curriculum. The subgroup highlighted the importance of addressing learners' experiences with harassment and discrimination through the transformation of QHS curriculum. They also scanned EDIIA audit tools to support QHS programs with their implementation of the QHS Inclusive Curriculum Model.

3 Understanding – receptive to new & holistic knowing that is reflective, cognitive, intellectual, emotional, socially reciprocal

4 Doing - practice, from the varieties of means and methods of doing things & grounded in cultural responsiveness, connection, building, and sharing

5 Honouring – emphasizing sustainability, nurturing self, and others, understanding contexts, preserving existing interests and seeking out future oriented solutions

6 Knowing - integrated synthesis in responsible and holistic development, engagement in relations with self, interpersonal, community and environment that respects interconnected nature of these but also brings about new awareness



## Recommendations

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### Goal 15 Adapt and implement the QHS Inclusive Curriculum Model

#### Actions

- I. Form an Advisory Committee to guide the implementation of the Inclusive Curriculum model, composed of:
  - EDI Curriculum across QHS working group members.
  - QHS curriculum leadership and learners.
  - Community/Patient representation.
- II. Pilot the QHS Inclusive Curriculum Model:
  - Identify one (1) clinical program and one (1) non-clinical program to pilot the model.
  - Each program should develop their own working group to oversee the piloting phase.
- III. Recruit (or create position) for curricular development expert within QHS:
  - To support programs with the implementation of the model.
  - Background in Indigenous methodologies, educational knowledge, and health sciences and health care system.
- IV. Adopt existing resources supporting the Inclusive Curriculum model:
  - EDIIA Glossary of term.
  - Environmental Scan Report.
  - EDIIA Literature Review.
  - EDIIA Studentship Report.
- V. Create new resources to support model:
  - Bank or resource on how to apply each principle in the Inclusive Curriculum Model.
  - Collection of student and patient and community members stories/narratives (to be used as case studies).
- VI. Integrate Inclusive Curriculum Model by auditing and using existing processes and tools (QCAP process and DEAP tool).

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### Goal 16 Advance an EDIIA interprofessional approach to QHS curriculum

#### Actions

- I. Implement the Inclusive Curriculum Model for Interprofessional EDIIA learning opportunities (e.g. courses, grand round sessions, workshops).



Working Group

5

Professional Development





## Introduction

The DAT-EDI Professional Development working group met monthly to design and complete an environmental scan of EDIIA-focused professional development, both within and outside the university, to inform a series of evidence-based recommendations on best practices. Professional development was defined by the working group as both a formal and informal process of improvement for learners that enhances performance and excellence in a defined role. This definition was used as a foundation for their efforts and can also be applied on a whole-person level.

The proposed vision statement for the Professional Development working group's efforts was to empower all QHS learners, faculty, and staff to overcome systemic barriers in acquiring skills, knowledge, and training in the learning domains of their choosing. Those domains include leadership, acquiring resources, decision-making, and personal growth. The challenge and reduction of these barriers are positioned as the responsibility of staff, faculty, and learners. Achieving these changes requires leadership, mentorship, and allyship to shift the QHS organizational culture to support EDIIA-related professional development.

## Overview of Activities and Findings

After clearly defining professional development, the group proceeded with conducting an environmental scan. This scan included adding a few professional development-specific questions to the DAT-EDI Survey.

**After completing the environmental scan, it was found that:**

- To make EDIIA training meaningful, survey respondents suggested that training should be grounded in lived experiences and facilitated by members of equitydeserving groups, using scenario-based approaches with real-world applications.
- For a question inquiring about what content is most interesting for module topics, the ones that received the highest interest were recognizing and responding to microaggressions, and instructions on how to practice anti-racism, cultural competency, Indigenous health worldview, trauma-informed care, and critical allyship.
- Other findings of the survey included that staff and faculty were significantly more likely than learners to believe that the current EDIIA training prepares them to apply it. Staff and faculty also preferred learning asynchronously.
- However, in general, the preferred delivery mode for EDIIA training was still synchronous, group learning.
- Additionally, most stakeholder groups agreed that EDIIA learning should be mandated across QHS. Learners were more likely to strongly agree about making this learning compulsory than faculty.

Working group members also reviewed the suite of EDIIA training modules offered by the Office of Professional Development and Educational Scholarship and the Queen's Human







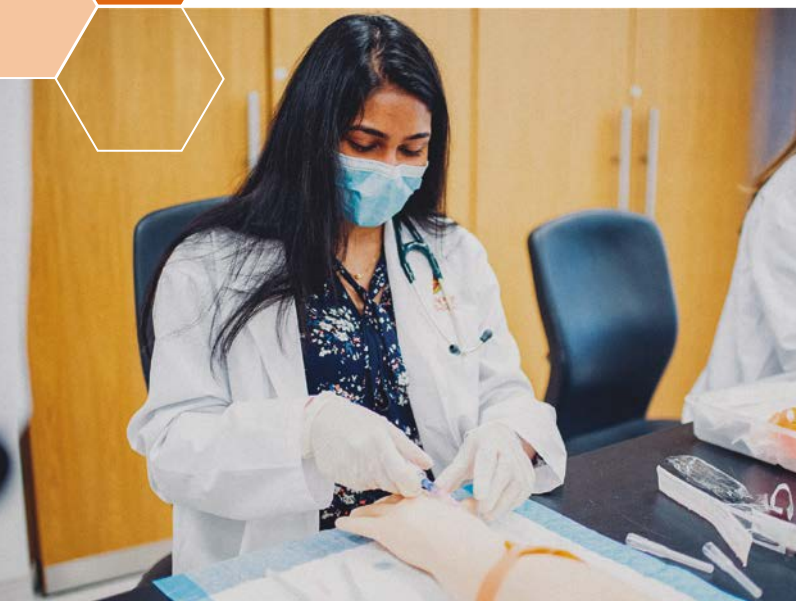
*The professional development programs should also be designed to integrate and reflect lived experiences through case studies, focusing on practical strategies.*

Rights and Equity Office, as well as the QHS rates of completion for mandatory and non-mandatory EDIIA training. They observed low participation in non-mandatory training, and highly varied completion rates for mandatory EDIIA-related training. Therefore, the need for a more rigorous centralized system to track and report completion was identified.

In addition, three literature reviews were conducted to capture best practices in EDIIA-related professional development in post-secondary contexts across Canada and beyond. These reviews included a scoping review with systematic elements on types of EDIIA-related professional development interventions for health sciences institutions, a systematic review evaluating the outcomes of these interventions, and a critical interpretive synthesis of interventions outside health sciences that are applicable to EDIIA interventions. According to the findings, training for these EDIIA-focused interventions was most commonly issue-based, delivered in a classroom-type setting, and focused on cultural and racial discrimination, with an emerging awareness of gender and sex-based discrimination. As well, these activities were most

successful when training was extended in time (i.e., taking place over weeks to months), and in larger group settings to build knowledge or awareness, but in smaller group settings to spur action. It was identified that programs should be mandated, or at least publicly supported and encouraged by top leadership, as well as developed and delivered across disciplines. The professional development programs should also be designed to integrate and reflect lived experiences through case studies, focusing on practical strategies.

Overall, the Professional Development working group observed that current approaches to EDIIA learning have low participation rates and engagement. Data on the efficacy of EDIIA Professional Development is weak, and respondents suggested training should ideally consist of lived experiences or scenarios to be more meaningful. Long-term, integrated approaches focusing on implementable strategies emerged as important themes. Another interpretation of these findings is that recommendations may be framed for two types of learners. One type of learner is faculty, staff, or learners who experience systemic barriers to professional development and would benefit from meaningful and practical strategies to overcome institutionalized challenges. The other type of learner is leadership or system administrators that may benefit from understanding how to enhance the environment for professional development in equity-deserving groups.





## Recommendations

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### **Goal 17**    **Develop infrastructure to formalize QHS EDIIA-related professional development**

#### Actions

- I. Appoint a task-focused, time limited Professional Development working group comprised of leaders with positional and network power to oversee implementation of recommendations.
- II. Create a net-ID accessed Professional Development Dashboard to better track and incentivize PD participation.
- III. Provide learners, staff, and faculty with protected time to engage in EDIIA-related professional development as expected part of their role.
- IV. Use regularly scheduled events—including grand rounds, department meetings, seminar series, annual retreats etc.—to advance EDIIA-related professional development.

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### **Goal 18**    **Identify QHS mentors/allies to support EDIIA-focused professional development**

#### Actions

- I. Identify interprofessional mentors/allies who support staff and faculty with EDIIA professional development.
- II. Train mentors/allies to ensure they have knowledge of available resources and opportunities and are equipped to be in supportive role.

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### **Goal 19**    **Build, integrate, and ensure the uptake of mandatory and evidence-based EDIIA training in QHS**

#### Actions

- I. Identify strategies to improve participation rates in mandatory training.
- II. Create net ID-accessed Professional Development dashboard to better track completion rates and incentivize participation.
- III. Review current mandatory training with eye to best practices.





## Goal 20 Ensure QHS EDIIA-related professional development programming is based on evidence-based

### Actions

- I. Use regular cyclical review to ensure EDIIA-related professional development programming is:
  - Longitudinal, rather than one-off.
  - Conceived and delivered interprofessionally.
  - Delivered in small groups, with attention to representation of equity deserving folks.
  - Designed to integrate and reflect life experience through case studies, role-plays, scenarios or simulations.
- Focused on practical and implementable strategies, and how to put them into practice.
- II. Develop a resource bank of case studies/scenarios, drawn from QHS learners, staff, faculty to provide material for programming.
- III. Increase opportunities for synchronous/ live training.



Working Group

6

Research and EDI





## Introduction

The Research and EDI working group sought to understand attitudes towards EDIIA in the context of research activities across QHS. The group conducted an environmental scan to inform recommendations on how to transform QHS research activities. They examined awareness of EDIIA in research across QHS and key EDIIA-related research interventions to help inform these recommendations. By incorporating their mixed-methods findings, the working group aimed to create more equitable and inclusive health sciences research practices and activities across QHS.

## Overview of Activities and Findings

The Research and EDI working group engaged in numerous activities to generate and support their recommendations. They developed quantitative and qualitative questions for the DAT-EDI Survey, which yielded the following results:

- When asked if participants in the QHS felt supported to conduct EDIIA research, the mean response fell between neutral and agree.
- On average, participants agreed that the QHS has a long way to go in advancing EDIIA research activities.
- Based on the qualitative analysis of open-ended survey questions, participants felt supported with their EDIIA endeavours for reasons including buy-in from leadership, support from faculty and department, local expertise, open and collaborative opportunities, training and development opportunities, curricular activities, EDI studentships, and the opportunity to advance Indigenous research.
- However, individuals identified some of the same causes for feeling supported and unsupported. Participants felt unsupported for reasons including a lack of funding, collaborative opportunities, resources, incentives, training, buy-in from leadership, and local expertise. Systematic barriers, restrictions related to Indigenous research, and EDIIA and research being devalued were other explanations for feeling unsupported.
- Opportunities for EDIIA research were also examined, and ideas like prioritizing EDIIA research, funding, support, training, and collaborative opportunities were brought forward. Other ideas were correcting power imbalances, building off of DAT-EDI projects, and enhancing communication, awareness, and representation.

The Research and EDI working group also circulated a survey across all QHS working groups to better understand how QHS researcher groups and centres engage in EDIIA principles and practices when conducting research.

Approximately

**74**

responses  
recorded over

**30**

QHS research  
groups and  
centres





# 5304

**studies were  
screened for  
relevance**

# 65

**full texts were  
reviewed for  
eligibility**

# 38

**articles were  
included in the  
scoping review**

The working group sought responses from each of the 30 QHS research groups and centres. The survey findings included:

- Equitydeserving members of QHS research teams are largely learners in the role of a research assistant or a co-researcher.
- QHS researchers often apply EDIIA considerations in the study design and ethics application. They engage in EDIIA research in the areas of educational research, community-based research, and qualitative research.
- The top cited barriers related to conducting EDIIA research were a lack of resources and awareness, which supports the findings that QHS researchers would like increased awareness of EDIIA to help them conduct related research.
- Barriers to producing EDIIA knowledge translation activities were largely lack of resources.

Additional efforts of this working group encompass completing a scoping review of peer-reviewed articles to better understand key EDIIA-related interventions in health sciences research. Two reviewers screened 5304 studies for relevance, of which 65 full texts were reviewed for eligibility, and 38 articles were included in the scoping review to develop recommendations to consider when planning and conducting health sciences research.

A series of interventions were identified in the literature review to integrate more equitable and inclusive practices in:

- Designing a study.
- Developing a research team.
- Engaging with participants and data collection.
- Classifying and managing data.
- Disseminating findings.
- Collaborating with Indigenous populations.

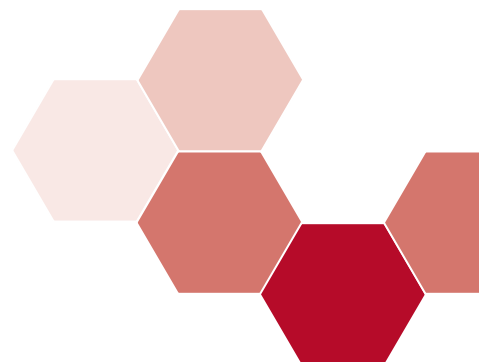
These interventions informed the working group recommendations and will be used to develop a QHS EDIIA research toolkit.





In addition to the aforementioned interventions, the literature review found the following:

- 29% of articles focused on Indigenous populations.
- There was overwhelming evidence highlighting the need to understand the barriers and challenges the focus population experiences.
- There is a need to build long-lasting, respectful, and trusting relationships with the focus population to enable capacity building, knowledge sharing and co-development of research initiatives that address localized health priorities.
- Research that has adopted/used EDIIA best practices has the potential to address health inequalities experienced by populations not represented or underrepresented in traditional research.
- The successful application of these recommendations will be dependent upon effective and appropriate communication and dissemination.



# 29%

**of articles focused  
on Indigenous  
populations**





## Recommendations

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### **Goal 21** Provide QHS researchers with the infrastructure and resources to engage with EDIIA principles and practices in their research

#### Actions

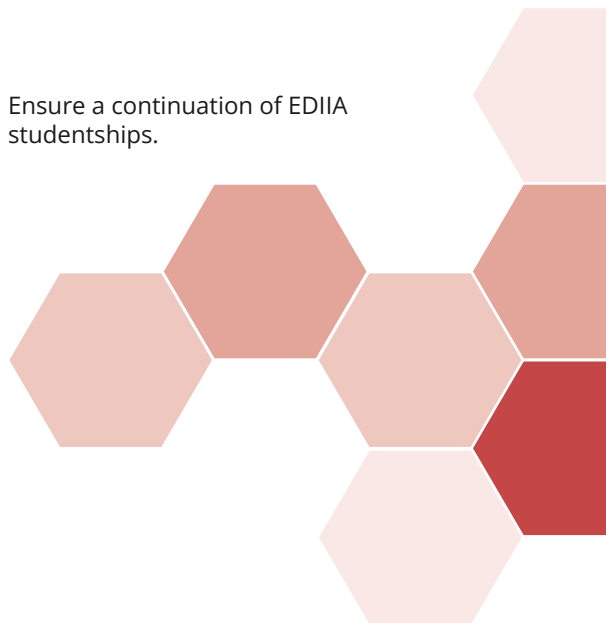
- I. Work with Queen's Ethics Office to provide EDIIA-related resources via the Queen's TRAQ system.
- II. Create opportunities for QHS researchers to consult with EDIIA experts on how to integrate EDIIA related principles and practices into their health science research.
- III. Develop a concise EDIIA health science research toolkit/guide that provides a framework on the research life span that is adopted by all QHS research centres and groups. The toolkit engages an intersectional lens and identifies gaps in knowledge.
- IV. Develop examples, case studies, and approaches on how to apply EDIIA principles in research.
- V. Create a resource bank/listserv of EDIIA-related research training or professional development opportunities.
- VI. Promote existing EDIIA-related research training for QHS members.
- VII. Develop a data analysis resource guide to ensure proper representation and evaluation of patient/community participants.
- VIII. Ensure QHS Research Office/Vice Dean, Research encourages researchers to consider the integration of EDIIA throughout every stage of the research process.

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### **Goal 22** Increase QHS research funding that values EDIIA-informed research

#### Actions

- I. Identify ways for internal funding to prioritize EDIIA-related research.
- II. Determine how QHS internal research grants can integrate the evaluation of EDIIA principles and practices.
- III. Ensure a continuation of EDIIA studentships.







## Goal 23 Track and communicate QHS EDIIA research and representation in research activities

### Actions

- I. Have QHS Research centres track diverse representation in all areas of research activities:
  - Research grant committees.
  - Research advisory committees.
  - Research teams (students, staff, faculty, etc.).
  - Review of peer-reviewed article.
  - Research participants.
  - Research/Hospital ethics.
- II. Identify opportunities to celebrate the current complement of QHS researchers engaging EDIIA principles and practices.



Working Group

7

## Culture and Community







## Introduction

The Culture and Community working group was focused on transforming internal structures for accessibility, inclusivity, and belonging within QHS while embedding equity, inclusion, and anti-racism into education, research, and care. By ingraining EDIIA principles into the culture of QHS, research, and education in all dimensions, the working group strived to establish and sustain a culturally safe and inclusive environment.

The primary focus of the Culture and Community working group was to develop the EDIIA Champions program, which aims to form a closer-knit community committed to EDIIA. Some of the program's initiatives involved communicating guidance to existing EDIIA committees through resources, events, and engaging others in this work. Additionally, the program provides and maintains access to a monitored virtual community, enabling communication between EDIIA champion groups across the QHS.

Other goals of this working group included fostering continual learning and unlearning among learners, staff, and faculty. Hosting events (e.g., EDIIA expert speaker series), offering training opportunities (e.g., cultural humility training), and providing resources for EDIIA champions to encourage learning about differing EDIIA perspectives were focuses when promoting continual learning.

### Overview of Activities and Findings

Before initiating their work, the Culture and Community working group defined their role among the other working groups as focusing on promoting an organizational cultural shift towards EDIIA within QHS. They developed two

questions in the DAT-EDI Survey to help illuminate the types of EDIIA initiatives that were of interest to be implemented and the level of interest in adopting this cultural transformation.

Results from the first question regarding what initiatives should be implemented included those at the macro-level, such as focusing on EDIIA policies, recruitment, admissions, leadership, representation, accountability, and education. On a micro-level, initiatives that were suggested focused on fostering a safe and welcoming environment, transparency, stakeholder engagement, mentorship and student support, clinical considerations, accessibility and accommodations, and open communication.

Findings from the second question regarding what would or would not encourage the respondent to support an EDIIA cultural transformation indicated that respondents varied in the stages of adoption. Responses ranged from no buy-in (i.e., no approval of initiatives and no support for EDIIA principles) to expressing an eagerness to adopt a cultural transformation focused on EDIIA without any additional changes, with a willingness to adopt cultural transformation with micro- or macro-level changes falling in between.



These findings from the survey were utilized in establishing the proposal of a QHS EDIIA Champion Program. Equity and inclusion champions were defined as learners, staff, and faculty who have the skills and desire to inspire individuals in their respective unit, program, or department and to transform their environments into more equitable, inclusive, and safe spaces. This role would require multiple individuals to step up and advocate for a cultural shift while also encouraging others to commit to a sustainable transformation.

Implementing the Champion Program will entail mapping (or updating the map) of QHS EDIIA champions and leads across QHS programs, departments, and schools. After undertaking mandatory equity training, champions will encourage the adoption of the DAT-EDI recommendations and associated metrics and deliverables. They will be tasked with communicating and celebrating various QHS EDIIA initiatives, supporting the adoption of the DEAP tools, and acting as an ally for equitydeserving individuals across QHS. Meeting regularly with other champions will enable participation in

problem-solving scenarios and discussing various equity-related issues. Additionally, champions will promote equity training opportunities and engage in ongoing professional development. It is proposed that EDIIA initiatives staff or employees within the Office for Equity and Social Accountability will be responsible for monitoring all QHS EDIIA champions (e.g. EDIIA departmental and program committees and leads), as well as maintaining communication for the sustainability of the program.

The priorities for the Culture and Community working group involved mandating EDIIA leadership and support within every department and program in QHS. To achieve this goal, there must be continuous support from the EDI Office for the Champion Program, adequate funding and administrative support provided to learners, staff, and faculty across QHS, and central resources and expertise in the office to assist smaller departments. Additionally, creating a platform to support connection and resource sharing between EDIIA committees is also essential while working towards this organizational cultural shift.





## Recommendations

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### Goal 24 Prioritize an equitable and inclusive cultural shift across QHS

#### Actions

- I. Adopt DEAP tool to track progress of meeting DAT-EDI recommendations.
- II. Ensure adequate staffing/resources for EDIIA Office to operationalize Champion Program. Ensure enough support for EDIIA Programming staff and Associate Dean, Equity and Social Accountability to be able to run the QHS EDIIA Programming activities effectively.
- III. Ensure larger staffing budget for QHS EDIIA Programming to match the strategic importance of the deliverables of the committee.
- IV. Implement cross-collaborative and goal setting meetings between KHSC, PC, and QHS so there is shared EDIIA awareness, EDIIA resources, and EDIIA training across all organizations. Cross-organizational collaboration helps to ensure that the Champion program is supported and sustained.

### Goal 25 Ensure the collaborative implementation and sustainability of the QHS Champion Program

#### Actions

- I. Implement the QHS Champion Program composed of EDIIA leads and committees across QHS departments/programs/units.
- II. Use OnQ for a repository of program resources.
- III. Ensure access to funding (e.g. protected time) to support guest speakers/content experts to provide compensation for education. Ensure we do not disadvantage less-financially solvent departments or ask people to educate us for free.
- IV. Provide champions with access to Queens HREO/OPDES EDIIA training.
- V. Identify ways to recognize student involvement in champion program (e.g. funding, service learning).
- VI. Form a Champion advisory committee to oversee the strategic operation of the champion program and ensures accountability of implementing DAT-EDI recommendations. The committee will help to support QHS Programs/Departments in their implementation of DAT-EDI Recommendations. Ensuring proper representation of learners, staff, faculty, and across all three schools (SOM (clinical and non-clinical programs), SON, SRT). Ensuring diverse representation on the advisory committee.
- VII. Administrative support will help oversee a 0.1FTE (minimum) to 0.5 FTE (maximum) in Departmental budgets. Consider sharing resources 0.1 FTE–0.5 FTE per department with cost-sharing strategies. To help oversee the implementation of DAT-EDI recommendations through the use of the DEAP tool.



## Next Steps

**The Office of Equity and Social Accountability is charged with ensuring the implementation of the QHS EDIIA Action Plan and its accompanying 25 goals and 127 actions.**

The following QHS action committees will be newly formed to oversee the implementation and tracking of these goals and actions:

1. QHS Outreach and Summer Program Advisory Committee
2. QHS Learner Admissions, Recruitment, and Retention Action Committee
3. QHS EDIIA Research Action Committee
4. QHS EDIIA Human Resources Action Committee
5. QHS Mentorship Action Committee
6. QHS Inclusive Curriculum Action Committee

In addition, QHS advisory councils will be formed to guide matters related to Black and Indigenous learners, staff, and faculty. The QHS Champions Forum will be established and an annual EDIIA General Assembly will be convened each Fall to invite members of QHS departments and programs to report on the EDIIA-related goals and actions they have implemented. An annual QHS EDIIA Action Plan report will also be released each Fall to communicate the work completed and report the goals and actions achieved each year.



