Antiracism in medical education
A resource for faculty, presenters, learners and others

Developed by the Canadian Paediatric Society's working group on antiracism in medical education, this resource provides practice guidance for anyone developing educational materials, programs, or events for the CPS. These could include and are not limited to in-person, virtual or hybrid presentations, self-directed learning modules, and position statements or practice points. Members may also find this resource useful for educational contexts outside the CPS.

1. Consider format and purpose

Goals and learning objectives

Consider whether a learning objective and associated goal should explicitly include the impact of racism and oppression.

Learning and teaching strategies

Consider the need for accommodations in your teaching methods to enhance accessibility e.g., closed captioning on virtual platforms, alt text and verbal description for images, pacing of spoken word.

Resources

Consider resources from outside your discipline, institution(s) or context and ensure that they are up to date.

2. Reflect on and state your positionality

Positionality refers to you as the presenter or developer of the educational materials, and the various identities that you hold (race, gender, class, education, and so on). Positionality can confer power and privilege that we may not be aware of, so it's important to reflect on this. Consider how your biases might affect your work.

For presentations:

☐ Include a land acknowledgement that reflects your current journey towards truth and reconciliation.The First Nations Health Authority in British Columbia has developed a document called Territory Acknowledgments that offers guidance. We also recommend watching this brief video with Elder Albert Dumont on land and Indigenous health.

☐ Include a positionality statement to role model reflecting on one's social position and understanding power and privilege.

☐ Consider including a slide/commentary reflecting your commitment to being antiracist, including how you have done this review.

☐ Consider including a note about the evolution of language that could be obsolete or offensive and invite feedback for ongoing learning.

3. Review your material

Language and terminology

- ☐ Is the language used respectful in the local and Canadian context?
  - o Capitalize ethnicities and races (e.g. Black, Asian)
  - o Use "Indigenous peoples" rather than "Indigenous people" and recognize First Nations, Inuit and Métis as separate peoples with unique backgrounds
  - o Avoid making assumptions about a person's gender
- ☐ Is the language person-centered (e.g., person with autism vs. autistic person)?

Images

- ☐ Was consent obtained for the use of images?
- ☐ Do images serve a meaningful purpose in relation to the content?
- ☐ Are images representative of the populations served?
- ☐ Could the images used unintentionally reinforce stereotypes or biases?
- ☐ Are negative or tragic situations avoided in visual imagery?
- ☐ A useful tool is Choosing images for sharing evidence, produced by the Cochrane Collaboration.

Clinical scenarios

- ☐ Are patient stories anonymous, and was consent given for their use?
- ☐ Are case discussions representative of the populations served?
- ☐ Do scenarios consider how health disparities arise from structural and social determinants of health? Structural determinants of health refer to systems such as racism, colonialism, classism and ableism.
- ☐ Is identifying race, religion, ethnicity, and/or culture meaningful to the scenario and illustrate important aspects of the content or data?
- ☐ Is the language used in vignettes free from judgment or patronization?
- ☐ Are patient experiences depicted respectfully without mockery or shame?

Representation

- ☐ What are the cultural factors in the content of the presentation or activity? If your presentation covers specific cultural aspects of one or more groups, consider who is best suited to share these perspectives: This may mean having speakers who have a different perspective or lived experience to join the session.
- ☐ Does the content portray diverse racial and ethnic backgrounds without perpetuating stereotypes?
- ☐ Are individuals with various body types, abilities, etc. depicted?
- ☐ Are all genders represented, avoiding confusion with biological sex or sexual orientation?
- ☐ Is relevant demographic information, including immigration status, nationality, refugee status, poverty, socioeconomic status, age, religion/faith tradition, prisoner population etc. considered, and are the compounding impacts of any intersecting identities addressed?
- ☐ Is ableism addressed, including considering accommodations required and considering how patients with disability may be differentially impacted?

Bias, stereotypes and stigma

- ☐ Is there content that promotes shame, stereotypes, or stigma? eg., consistently referring to Black individuals when addressing obesity, Indigenous persons when discussing diabetes, Latino patients as undocumented immigrants, etc.
- ☐ Bias and stigma remain high for mental health issues. Mental health, including its intersection with physical health and associated stigma, should be addressed proactively.
- ☐ Is weight and BMI discussed without promoting stereotypes or stigma? Are genetic, social, and structural factors contributing to weight addressed?
- ☐ Are religious beliefs presented without assuming homogeneity or promoting stigma?

For further reading

- Canadian Paediatric Society. [Antiracism resources for child and youth health care providers.](#)
- Canadian Institute for Health Information (2022). [Guidance and Standards for Race-Based and Indigenous identity data by CIHI](#)
- CMAJ (2023) [CMAJ's new guidance on the reporting of race and ethnicity in research articles](#)
- Cochrane Collaboration (2020). [Choosing images for sharing evidence: a guide.](#)
- University of British Columbia. [EDI Glossary](#)
- University of Toronto. [Black at Temerty Medicine: Addressing Anti-Black Racism at Temerty Medicine Accountability Report](#) (February 2022)

Journal articles

- [Adopting an antiracist medical curriculum](#). The BMJ Opinion. February 19, 2021
- Caruso Brown AE, Hobart TR, Botash AS, Germain LJ. [Can a checklist ameliorate implicit bias in medical education?](#) Med Educ. 2019 May;53(5):510.
- Jindal M, Heard-Garris N, Empey A, Perrin EC, Zuckerman KE, Johnson TJ. [Getting "our house" in order: re-building academic pediatrics by dismantling the anti-black racist foundation](#). Acad Pediatr. 2020 Nov-Dec;20(8):1044-1050
- Marcelin JR, Siraj DS, Victor R, Kotadia S, Maldonado YA. [The impact of unconscious bias in healthcare: How to recognize and mitigate it.](#) J Infect Dis. 2019 Aug 20;220(220 Suppl 2):S62-S73.
- Nieblas-Bedolla, Edwin MPH; Christophers, Briana; Nkinsi, Naomi T.; Schumann, Paul D.; Stein, Elizabeth. [Changing how race is portrayed in medical education: Recommendations from medical students](#). Academic Medicine 95(12):p 1802-1806, December 2020.
- Nivet MA. [Minorities in academic medicine: review of the literature](#). J Vasc Surg. 2010 Apr;51(4 Suppl):53S-58S.

Continuous improvement and adaptation

Thank you for your commitment to addressing racism and oppression. Language evolves, so it is possible that terminology in these resources may become obsolete or be offensive. We welcome feedback for continuous improvement at [info@cps.ca.](mailto:info@cps.ca)