

Alberta Medical Association

Physician Leadership Toolkit for Encouraging and Promoting Diversity and Inclusion

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Can be found on the AMA website: <https://www.albertadoctors.org/Healthy%20Working%20Environments/ama-physician-leadership-toolkit-for-enc.pdf>



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Treaty Acknowledgement

We acknowledge that in Alberta we live and work on Treaty 6, Treaty 7 and Treaty 8 territories, traditional meeting grounds, gathering place and travelling routes to various indigenous peoples including the Saulteaux, Blackfoot, Métis, Nakota Sioux, Cree, Dene and Chipewyan. We acknowledge all the many First Nations, Métis and Inuit whose footsteps have marked these lands for centuries.

Message from President, Alberta Medical Association

Our health care system demands more from physicians with each passing year, often at the expense of physician health and wellness. There is a great need to work with (and for) physicians to address system issues that impede attaining a safe, healthy and equitable working environment.

In 2018, the AMA Board of Directors challenged the organization to address issues of inclusion, wellness, respect and leadership in the workplace for members. This direction became our [Healthy Working Environments initiative](#). With system partners, we have jointly committed to “co-creating safe, healthy, equitable and inclusive cultures where all health care team members are respected, valued and supported fairly to achieve their full potential, while improving patient outcomes/satisfaction and supporting system sustainability”.

The AMA engaged with physicians to identify ways to create a more diverse, inclusive AMA. We subsequently established the Healthy Working Environments Advisory Committee (HWEAC) to provide informed *advice and guidance* to the AMA Board of Directors in developing inclusive policies and innovative practices.

Diversity, inclusion, wellness, respect and leadership are foundational elements of a truly healthy workplace in a multifaceted, multicultural environment. Among many activities supporting such a goal, the HWEAC recently advised the AMA to endorse the [CMA's policy](#) on equity and diversity in medicine.

Additionally, the committee developed this ***Physician Leadership Toolkit for Encouraging and Promoting Diversity and Inclusion*** in collaboration with the Colbourne Institute for Inclusive Leadership. I find it is an excellent piece of work that the AMA can be proud to release, providing essential guidance for building inclusive cultures.

I hope you find this toolkit useful to inform your personal and professional environments as we aim to move toward a world in which healthy working environments are the norm.

Sincerely



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P.S. You can keep track of HWE initiatives and progress – including information on the Healthy Working Environments Advisory Committee – on the AMA [website](#).

Introduction

In collaboration with their physician members, the Alberta Medical Association (AMA) has launched a **Healthy Working Environments Initiative**. The initiative is a key activity in support of the AMA Business Plan Goal to work *with* and *for* physicians in addressing system issues, which impede a safe, healthy equitable working environment.

How will success be measured with this goal? In part by “working with partners through AMA’s Healthy Working Environments Advisory Committee to identify opportunities and possible strategies to create a more diverse, inclusive and respectful environment.” This toolkit will be one of several resources that assist physicians in achieving this goal by complementing the implementation of the Healthy Working Environments (HWE) framework (shown below) as well as its associated business plan.

Healthy Working Environments Framework

The AMA is committed to working with and for physicians who address system issues which impede attaining a safe, healthy, equitable working environment.

In the framework (see image below), the AMA identifies three factors that enable Healthy Working Environments along with key activities to advance those three factors. The three factors are:

1. **Diversity and Inclusion:** A healthy workplace should provide an open, accessible and accepting environment that strives for equity and embraces, respects and values our differences. Inclusive cultures further strengthen our profession, while enhancing clinical outcomes.
2. **Leadership:** Leadership enables and promotes HWE through modeling, advocacy and support. Leadership is also accountable in HWE for promoting equitable and respectful work environments and responding to issues and challenges in order to sustain HWE.
3. **Psycho-Social Wellness and Safety:** Strongly relates to a Just Culture with its system of shared accountability within an open learning environment. This also includes shared accountability regarding wellness.

Healthy Working Environments



Image: HWE Framework

Conscious, cultural change begins with awareness, and is sustained by shifts in mental models. The Healthy Working Environments Framework is a comprehensive overview of actionable items intended to increase Leadership skills; promote Psycho-Social Wellness and Safety; and foster the mind-set necessary for Diversity and Inclusion to thrive.

The importance of Equity, Diversity and Inclusivity in Medicine (CMA Policy on Diversity and Inclusion in Medicine, 2020)

All Canadians have a fundamental right to individual protection from discrimination and bias. By embracing equity and diversity we can systematically address the root causes that lead to structural inequities and reduce discrimination and bias faced by both those who want to enter the medical profession and those practicing medicine. Promoting equity and diversity fosters a just professional and learning culture that cultivates the diverse perspectives within it, reflects the communities physicians serve, and promotes professional excellence and social accountability as means to better service patients.ⁱ

Organizations in general, are increasingly focused on respectful, inclusive and safe workplaces. Turning attention to this area and dedicating the necessary resources and focus is now a well-researched and documented aspect of successful organizational outcomes. In addition to the rationale expressed above through the CMA policy, intentional strategy around diversity, equity and inclusion increases engagement and retention, mitigates risk and prepares the organization to face the increasingly social and economic and complexities of the context in which physicians' practice.ⁱⁱ

Similarly, the WHO recognizes the criticality of inclusion as a key to a Healthy Working Environment:

A theme running through many articles and publications on healthy workplaces is the concept of inclusiveness or diversity. The discussion may have different foci – ethnicity, gender, disability – but the concept is the same: a healthy workplace should provide an open, accessible and accepting environment for people with differing backgrounds, demographics, skills and abilities. It should also ensure that disparities between groups of workers or difficulties affecting specific groups of workers are minimized or eliminated.¹

While this toolkit provides resources to support inclusive practice when recruiting members to governance bodies, the overall goal is to diversify representation at leadership levels and in decision making roles so that the full potential of all physician members is realized, and no one is disadvantaged professionally for reasons of identity.

Why diversity and inclusion matter in the recruitment and retention of section leaders

As *frontline for hiring practices*, recruitment policies and practices are the key to shaping and developing the workplace culture. Diverse workforces inherently surface assumptions on how work is being done, which – when handled with empathy and a conflict-positive mind-set – can lead to more innovative practices, better service to the diverse population being served, and a healthier workplace environment.

How the Toolkit is structured

Section 1 outlines base information, including definitions of important concepts within the equity, diversity and inclusion domains. The intent is to develop a shared understanding of language used throughout the broad Healthy Working Environments framework, as well as this toolkit and other associated strategy documents.

Section 2 focuses on how to foster diversity and inclusivity, by examining one perspective on the features and stages of an inclusive culture. This section helps frame a vision of inclusivity that the tools are designed to foster.

1 WHO Healthy Workplace Framework and Model: Background and Supporting Literature and Practice. Barton, J. (2010).

Section 3 provides support materials in the form of “tip sheets” that will continue to be added to the toolkit as opportunities and needs are identified. This version of the toolkit consists of the following:

- an inclusive language guide
- recognizing and mitigating bias
- understanding and utilizing an inclusion lens to enable recruitment planning within an intersectional
- Alberta Human Rights Commission Guide to pre-employment inquiries

The section closes with support for individuals who respond to questions around equity, diversity and inclusivity.

Section 1 – Definition of Terms²

Equity

Equity means the treatment of people that recognizes and accommodates their differences by ensuring that every individual is provided with what they need to thrive, which may differ from the needs of others.”³ Principles, policies, and practices are about enabling equitable access, representation, opportunities, and meaningful participation of socially diverse people— including historically underrepresented and under-served groups such as women, visible minorities, Indigenous peoples, persons with disabilities, and members of the LGBTQ2S+ community.

As a guiding principle, equity involves removing barriers to participation. This often involves developing policies, processes and programs that consciously value difference and provide the same opportunity for everyone to maximize their own potential.

Diversity

Diversity is broadly defined as difference or variety. In the HWE context, diversity ‘describes those differences between people as manifested in their interactions with others in practice, learning, and societal contexts.’⁴ Diversity refers to demographic or identity-diversity, including that based on the protected grounds in human rights legal frameworks. Diversity also encompasses difference or variety in education, perspectives, opinions, and skills. The AMA HWE framework supports and encourages diversity through the identification and removal of barriers and biases, and the creation of workplaces that are free of harassment and discrimination.

Inclusion

Inclusion is a personal value and set of skills that lead to a cultural story in which every individuals’ worth is recognized and dignified. This leads to the creation of environments in which everyone feels they are safe, they belong, their voices are encouraged, and their contributions valued. The feeling of inclusion is born out of a complex and dynamic set of interactions that help us feel safe, valued, and connected, and that we “value and cultivate full and meaningful engagement of historically and structurally excluded individuals and groups.

Pluralism

‘Defined simply, pluralism is an ethic or respect for diversity. Whereas diversity in society is a fact, how societies respond to diversity is a choice. Pluralism results from daily decisions taken by state institution, civil society associations, and individuals to recognize and value human differences.’

The goal of pluralism is belonging. Building inclusive societies requires both institutional responses (‘hardware’) and behavioural change (‘software’) to ensure that every person is recognized and feel they belong.

The HWE framework understands diversity as a given, and inclusion and pluralism as conscious choices and specific competencies that are supported through inclusive policies, practices and processes and underpin a healthy working environment culture.

Intersectionality

An intersectional approach to EDI begins with the understanding that the different vectors of social diversity (race, class, gender, sexuality, disability, language, age, etc.) do not exist separately or in isolation from each other. Instead, they various vectors of social diversity are interwoven and affect each other. Intersectionality focuses on how multiple, interwoven vectors shape social belonging, cultural representations, social and political institutions, as well as the material conditions of our lives in ways that are not reducible to any singular victor of social category.⁵

2 Adapted from the University of Alberta, Strategic Plan for Equity, Diversity and Inclusivity (2019) and the Canadian Medical Association Policy, Equity and Diversity in Medicine (2019).

3 CMA ‘Equity and Diversity in Medicine’ Background to CMA Policy (2020). p.1

4 Ibid

5 Strategic Plan for Equity, Diversity and Inclusivity (2019); University of Alberta, p. 7.

Human Rights

The concept that every human being is entitled to fundamental rights regardless of race, colour, age, religious beliefs, gender, gender identity and any other protected grounds in the Human Rights Act. Each person is entitled to a life of dignity, equality and respect, free from discrimination, harassment, and bullying.

Accessibility

Accessibility is giving equitable access to everyone along the continuum of human ability and experience. Accessibility encompasses the broader meanings beyond compliance and physical accommodation and refers to how organizations make space for the unique characteristics every person brings. Accessibility also speaks to the concept of universal design – making information, meetings, spaces, ideas and participation accessible to the broadest possible audience.

Section 2 – Inclusive Cultures

Principles of an Inclusive Culture

- **Recognizing** the abundant diversity of cultures, perspectives, life experiences and backgrounds.
- **Respecting** the differences.
- **Acknowledging** the validity of different cultural and intersectional expressions and contributions.
- **Valuing** what diversity offers.
- **Encouraging** the contribution of diverse groups.
- **Empowering** people to strengthen themselves and others to achieve their maximum potential by being critical of their own biases.
- **Celebrating** rather than just tolerating the differences in order to bring about unity through diversity.
- **Challenging** policies and processes that exclude others.
- **Continually** reflecting on and revising structures that do not support an inclusive culture.

Common Barriers to Equity, Diversity and Inclusion

As in the medical field, correctly diagnosing the problem leads to more effective treatments and results.

Common barrier	Mitigation strategies
<p>Us versus Them mentality (aka win-lose mindset)</p> <ul style="list-style-type: none"> - Binary approach to the world (right/wrong and in/out) - Provides a sense of certainty and stability to a chaotic world - Dangerous because communication shuts down when someone is “wrong” or “out” 	<ul style="list-style-type: none"> - Try to understand the other person’s perspective - Learn to acknowledge and breathe through the discomfort - Focus on common features or common goals
<p>Groupthink (aka excessive harmony)</p> <ul style="list-style-type: none"> - Verbal agreement on everything - Conflict is seen as a negative/something to be avoided - Prevents people from sharing their honest thoughts; does not honour personal contributions or differences - Discourages a psychologically safe workplace 	<ul style="list-style-type: none"> - Remember that diversity is a strength - Everyone’s perspective is valuable and deserves to be heard (but not necessarily acted upon) - Voicing your opinion is a form of respecting yourself
<p>Tendency to make assumptions (aka familiarity bias)</p> <ul style="list-style-type: none"> - Belief that we know more than we actually do - Based on prior experience - Prevents us from asking questions and learning more about the situation 	<ul style="list-style-type: none"> - Get in the habit of checking in with other people on their perspectives - Make sure the people we check in with have different backgrounds/experiences! - Stay curious and ask questions

<p>Tendency to justify our position (aka confirmation bias)</p> <ul style="list-style-type: none"> - Double edged: we listen to information that confirms our beliefs; ignore information that contradicts our beliefs - Dangerous because communication shuts down and empathy is impossible 	<ul style="list-style-type: none"> - Remember that we live a selected reality - Change can be uncomfortable – practice recognizing assumptions and preferences - Ask yourself: Why do I think this way? How might _____ approach this?
<p>Conflicting conflict styles</p> <ul style="list-style-type: none"> - Avoidant versus direct styles often misunderstand each others' intentions - Established power dynamics can undermine communications 	<ul style="list-style-type: none"> - Be aware of your internal state during conflict - Try to understand what the person is actually needing - Remember that it is ok to step away from conversations that are disrespectful
<p>Micro aggressions</p> <ul style="list-style-type: none"> - Brief and commonplace indignities that communicate prejudicial slights - Over time, these can be internalized 	<ul style="list-style-type: none"> - Recognize when micro aggressions are happening - Challenge the points of view directly and respectfully
<p>Stereotypes/labels</p> <ul style="list-style-type: none"> - Broader than micro aggressions but stemming from the same place, these are conscious or unconscious beliefs that overgeneralize and devalue people - These are damaging because they reduce people to single perspectives 	<ul style="list-style-type: none"> - Ask yourself: What do you actually know? How do you know? - Remember that stereotypes contribute to systemic barriers

Section 3 – Recruiting and Hiring a Diverse Workforce

The Impact of Bias

Where does bias show up in human resources practices?

The diagram below illustrates how bias can affect each of the four quadrants of recruitment, development and retention processes. Each quadrant provides example of issues to think about when planning. This diagram assists leaders and others in bringing an 'inclusive lens' to recruitment and development within the organization.



Best Practices Tips and Ideas:

Convert all job descriptions to gender-neutral language. Audit all of your job descriptions to check for any use of 'he/his/him' as a default and convert them to gender-neutral pronouns like 'he or she' or 'they'. There are some good tools to help look at this. This is the principle, too, of "people first" language.

State your commitment to building a diverse and inclusive committee in the call out. For example, "the AMA is committed to a committee representing the breadth and depth of member backgrounds", and encourage applications from all members.

Write results-based criteria. Instead of being based on a checklist of skills that may weed out qualified diversity candidates, criteria should focus on what a candidate and the committee will be expected to achieve. When possible, emphasize experience over academic credentials or degrees.

Conduct blind screenings to minimize bias in the application review process. Studies have shown that people with stereotypically "ethnic" or gender names are rated lower. The argument against blind screening is that it is more difficult to identify bias and address as a long-term behaviour change.

Be careful about the language for rejecting a candidate. This area could be pre-work you do with the selection team. For example, in diversity and inclusion the idea of "culture fit," is often code, for "doesn't look like us." Consider holding the committee accountable so that they need to provide or articulate a more specific explanation – this can be helpful in surfacing bias.

Seek out a diverse range of referrals. One of the challenges with respect to recruiting to committees is lack of candidate who apply. Consider the reach of advertising and the tools being utilized. Reach out directly to groups, associations and do not over-rely on social media to get the word out.

As a general good practice, ensure that underrepresented colleagues are included in the selection process. Develop hiring committees that represent the breadth and depth of the organization. It is important to remember that the AMA (as per the toolkit definition) understands diversity as broader than gender, race and ethnicity.

Educate the Hiring Committee. Pre-work with the committee in preparation for interviewing and selection should include an overview of EDI principles committed to by the AMA, any goals or targets for diversity representation, and a discussion around where and how bias may influence decision making.

Be aware that "skills" are not as neutral as they appear to be. Look carefully at the language of criteria to see if you are influencing it one way or another. List only the skills that are necessary for the role. Often, job descriptions or committee calls are designed by different individuals with strong ideas, resulting in a long, laundry list of qualifications - some of which are vital, but many of which are assets or sometime just "nice-to-haves."

This online tool, based on research, allows you to scan wording for gender bias: <http://gender-decoder.katmatfield.com/>.

Tool: Assess Existing Practices

This tool helps you assess the existing practices within your specific context, to identify what is already in place and where improvements might be made.

Existing Practices		
Recommended Practice	Is this Present? (Yes or No)	Note Your Observations:
Do we use structured interviews?		
Do we use predetermined evaluation criteria during succession planning for leadership positions?		
Do we rely on evidence-based decisions rather than allowing individuals to make subjective choices?		
Is our hiring and promotion process open and transparent?		
Do we post our job openings and encourage all people who think they may be interested and eligible to apply?		
Do we make real and significant efforts to identify diverse pools (for recruitment, hiring and promotion)?		
Do we critically examine whether job descriptions and/or job structures (i.e., expectations about how people do their jobs) may be unnecessarily "typed" (e.g., male-typed, culturally-typed)?		
Are hiring leaders motivated because they understand and believe in the benefits of diversity and inclusion?		

Tool: Inclusive Language Guides

The following guides and links help you avoid using outdated, demeaning or racist language, and are broadly applicable to all areas of communication (speaking, writing, etc.).

Sex, Gender, Gender diversity

The following definitions are adapted from [The Gender Integration Framework from the Canadian Human Rights Commission](#), the [Ontario Human Rights Commission](#), and the [Canadian Institutes of Health Research](#). Government of Canada's LGBTQ2 Secretariat has also provided definitions.

Sex refers to a person's biological and physiological characteristics. A person's sex is most often designated by a medical assessment at the moment of birth. This is also referred to as birth-assigned sex.

Gender refers to the roles, behaviours, activities, and attributes that a given society may construct or consider appropriate for the categories of "men" and "women". It can result in stereotyping and limited expectations about what people can and cannot do.

Gender expression Gender expression refers to the various ways in which people choose to express their gender identity. For example: clothes, voice, hair, make-up, etc. A person's gender expression may not align with societal expectations of gender. It is therefore not a reliable indicator of a person's gender identity.

Gender identity is an internal and deeply felt sense of being a man or woman, both or neither. A person's gender identity may or may not align with the gender typically associated with their sex.

Cisgender is a person who identifies with the gender they were assigned at birth.

Intersex people are born with any of several variations in sex characteristics, including chromosomes, gonads, sex hormones, or genitals that do not fit with typical conceptions of "male" or "female" bodies.

LGBTQ2 is an acronym standing for the categories of lesbian, gay, bisexual (those who are attracted to both men and women), transgender, intersex, queer (a self-identifying term used in some gay communities, typically by younger persons) and two-spirit. Various communities may use many different acronyms. It should be noted that acronyms like these may combine sex, gender, and sexual orientation attributes into one community. This combination may or may not be appropriate in all circumstances, and GBA+ analysis should be specific where appropriate.

Non-Binary (also 'genderqueer') refers to a person whose gender identity does not align with a binary understanding of gender such as man or woman. A gender identity, which may include man and woman, androgynous, fluid, multiple, no gender, or a different gender outside of the "woman—man" spectrum.

Trans or transgender is a person whose gender identity differs from what is typically associated with the sex they were assigned at birth. It includes people who identify with binary genders (i.e. trans men and women), and people who do not fit within the gender binary, i.e. non-binary, gender non-conforming, genderqueer, agender, etc.

Transsexual is a term that is no longer commonly used, though may be more frequently used by transgender individuals of an older cohort. The term defines a person whose gender identity differs from their sex assigned at birth, who has undertaken physical transition, which may include medical and/or surgical interventions. The term has fallen out of favour as it implies that physical transition is necessary in order to claim a Trans identity.

Two-spirit (also Two Spirit or Two-Spirited) is an English term used to broadly capture concepts traditional to many Indigenous cultures. It is a culturally specific identity used by some Indigenous people to indicate a person whose gender identity, spiritual identity and/or sexual orientation comprises both male and female spirits.

Ability and Disability

The use of certain words or phrases can express bias either intentionally or unintentionally. Below are some general rules for writing or talking about people with disabilities.

People with Disabilities: “Handicapped” has a negative connotation for many people, so the common term is “person with a disability.” Handicap describes a condition or barrier caused by society or the environment, i.e., “She is handicapped by inaccessible transportation,” or “stairs are a handicap to him.”

Person First: The person precedes the disability, both figuratively and literally. It’s “people with disabilities,” not “disabled persons,” and “person with paraplegia” not “paraplegic.” However, this is not a hard and fast rule as some groups actually prefer the disability first or use the term “disabled.” Some individuals may refer to themselves as a “cripple,” “crip,” “autistic” and/or “disabled.” This is an example of in-group vs. outgroup language identification.

Avoid Being Patronizing: Terms like “physically challenged,” “special” and “differently-abled” are patronizing. If appropriate, note that a person has a physical, sensory, or mental impairment and leave it at that. Also, people without disabilities are not “normal” because that infers that people with disabilities are “abnormal.” Rather, they are “non-disabled” or “able-bodied (AB).”

The presence of a physical impairment does not necessarily mean someone has a mental impairment as well. So, treat people with disabilities with the same respect you treat others; speak directly to them instead of to a companion or interpreter who may be present.

Tool: Assess your Inclusive Leadership Capabilities

The effectiveness of this toolkit will depend on the commitment of the user to the principles of inclusivity and why it is important to understand and intentionally strive towards this in all of our practices, process and programs. At the heart of the sustainment of an inclusive and healthy working environment is leaders who are confident in using the language of inclusion, and encouraging and modeling it with their peers and within their workplaces.

The link below takes you to an **Inclusive Leader Capability Assessment**. Take this [assessment](#) to understand your strengths as an inclusive leader, and where there are opportunities to seek growth.

Access the Diversity & Inclusion Leadership Capability Self-Assessment Tool [here](#).

Additional resources

This YouTube video, developed by the [Office of Disability Rights](#), provides guidance on interacting with people with disabilities:

[Disability Sensitivity Training](#)

Two guides that provide an overview of inclusive language use:

[Inclusive Language Guide - City of Edmonton](#)

[Inclusive Language Use – Town of Whitby, Ontario](#)

Guide to Asking Questions in Interviews – Alberta Human Rights Commission

[Guide to Pre-Interview Questions](#)

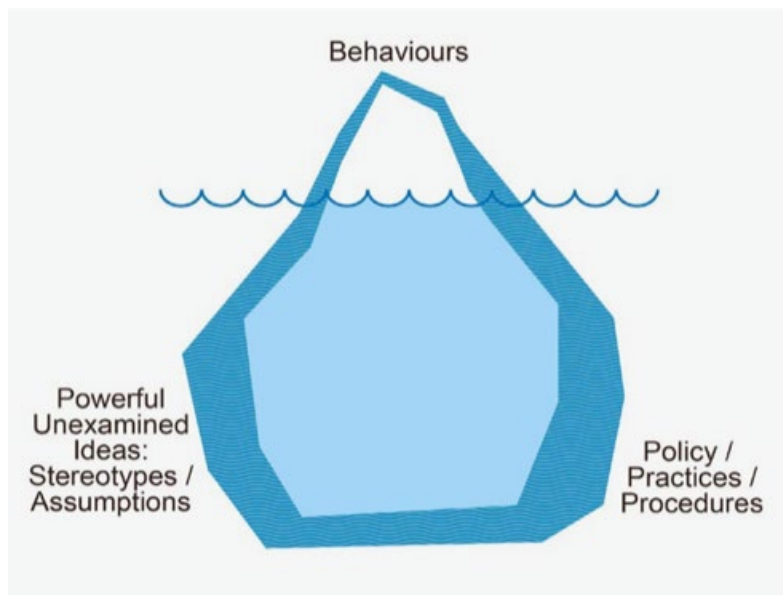
The Canadian Medical Association Policy, “Equity and Diversity in Medicine”

[Equity and Diversity in Medicine](#)

Section 4 – A Note about the Healthy Working Environment and Next Steps

This toolkit provides an introduction to concepts and tools that build towards diversity and inclusivity for the Physician community. As the definitions at the beginning of this toolkit indicate, the work of building the foundation for a diverse, equitable and inclusive organizational culture is complex work that evolves with the needs of the organizations' members over time and is shaped by member experience and input.

The illustration below is adapted from, *Dancing on Live Embers: Challenging Racism in Organizations* (2006) by Tina Lopez and Barb Thomas. The iceberg represents the extent to which inclusive culture depends not just on our visible behaviors, but on the culture and practice of organizations – much of which exists below our level of awareness.



This toolkit is intended to support inclusive practice at the policy, practice and procedure level and also to encourage behavior change around recruitment. The work of culture change is part of the ongoing commitment of the Board of Directors, the Alberta Medical Association Leadership Team, and guided by the Healthy Working Environment Advisory Committee.

Contact Us

If you would like more information about the HWE initiative, please contact us at amamail@albertadoctors.org.

Feedback

If you would like to offer feedback on the toolkit, suggest resources, or dialogue/learning opportunities, please contact us at amamail@albertadoctors.org.

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- i A link to the full CMA policy is listed in the 'Resource' section of this Toolkit.
 - ii <https://www.doctorsofbc.ca/tags/diversity-and-inclusion>. See also
<https://www.weforum.org/agenda/2019/04/business-case-for-diversity-in-the-workplace/>
[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)33138-6/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)33138-6/fulltext)