



What is meant by equity, equality and diversity?

And what is its importance to our Faculty of Medicine?

by Dr. Janet de Groot

Equity offices are increasingly being established in universities or faculties of medicine, and appropriately, we are asked to explain the importance of equity and diversity to these institutions. To answer this, these concepts are defined and then considered in how they can influence our Faculty of Medicine.

Equity refers to fairness, and is not the same as equality. It is based on a principle of justice. Equality implies sameness, whereas equity assumes difference. When difference is taken into account, we are assured fair process and ultimately, a fair (or equitable) outcome (1).

Diversity is incorporated into the concept of equity. Because equity is built on an assumption of difference, the way in which people are different or diverse must be acknowledged, respected and accounted for. Differences, including but not limited to gender, ethnic or racial background, sexual orientation, age, economic status, disabilities, and religious affiliation cannot be the basis for exclusion.

“...diversity in an organization means taking individual difference into account, respecting the ways in which that difference manifests, and then harvesting the bounty that diversity breeds into a robust and collegial environment.” (2)

To successfully achieve that aim,

it is important to move beyond ‘compositional diversity’, whereby an organization reflects the various groups in our society, on a numerical or percentage basis. ‘Interactional diversity’, ensures that individuals learn from one another, are exposed to differences and thereby reduce bias. This requires moving beyond the “4 D’s of multiculturalism” – dress, diet, dialect and dance, with an us/them perspective, to also consider discrimination, and structural inequities (3).

Equity Topic

Much is being learned about unintended biases and how to rise above them, particularly in search committees and other relevant venues. To learn more, try the 15-minute Implicit Associations’ Test at: www.implicit.harvard.edu

Teacher-Learner Relations Topic

To ensure that others feel fairly treated through respectful communication that leads to understanding, see Guidelines for Effective Interpersonal communication at: <http://www.hms.harvard.edu/ombuds/techniques/index.html>

The research institutes in our Faculty of Medicine address differences in educational backgrounds, skills and funds of knowledge by bringing together a variety of researchers and clinician researchers to answer important research questions.

A simple response to why it is important to address equity and

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diversity is it’s ‘the right thing to do’. Among the additional reasons, accreditation standards also hold us accountable. As of July 1, 2009 the Liaison Committee on Medical Education (LCME), which sets standards for accreditation of schools of medicine, states:

“Each medical school must develop programs or partnerships aimed at broadening diversity among qualified applicants for medical school admission” (revised standard MS-8).

In this regard, Mr. Tim Patterson, the Aboriginal Recruitment Officer with our faculty of medicine, is partnering with Aboriginal communities to ensure Aboriginal students consider medicine as a career at a young age, and advocate for the necessary support and mentoring to pursue this.

When currently under-represented minorities, are represented by students and faculty members in graduate sciences, medical schools and postgraduate training, we are more likely to respond to priority health needs locally, regionally, nationally and internationally.

A new LCME accreditation standard, IS-16 states: *“Each medical school must have policies and practices to achieve appropriate diversity among its students, faculty, staff, and other*

members of its academic community, and must engage in ongoing systematic, and focused efforts to attract and retain students, faculty, staff, and others from demographically diverse backgrounds.”

In this regard, following competitive search procedures, we currently benefit from the scholarly achievements and leadership of such individuals as Dr. Glenda MacQueen, chair of psychiatry and Dr. Cathy McLean, chair of family practice. Nevertheless, across North America, women continue to be under-represented at the full professor level and in leadership roles, despite decades of increased enrolment in medical schools and the postgraduate training programs.

A business case can also be applied to the question of the importance of equity and diversity. With respect to return on investment of training and resources, we have much to gain with respect to brain power, creativity and productivity through greater inclusion of women and under-represented minorities in leadership positions. Women bring perspectives that both overlap and differ from that of men and thereby increase the potential for new and different solutions to leadership issues. Women are more likely to engage in transformational leadership.

However, to enhance their involvement requires greater attention to issues of leadership differences, work/life balance and cultural obstacles (4).

The Faculty of Medicine looks forward to building on our successes in equity and diversity, through critical analyses of the complexity of obstacles to success.

“To achieve the goal of faculty diversity, everyone has a role play in transforming the academic workplace environment into one that affirms and nurtures all its members” (5)

References

1. Evans J, Charvat C. What do we mean by equity, equality and diversity? Handout for EDG workshop “Diversity without Equity is not Socially Responsible” at Canadian Conference for Medical Education, Edmonton, Alberta, May 4, 2009
2. Best Practices in Equity and Diversity Programming at UBC Vancouver (February 2009) at pages 2-3. (Draft report)
3. Frank B, Macleod A. Beyond the 4 D’s of multiculturalism: taking difference into account in medical education. *Med Educ* 2005; 39: 1178-9.
4. Vision 2020. 2006 Report of the University Committee on the Status of Women at the Johns Hopkins University. <http://www.jhuoie.org/VISION/2006Cover.pdf> (accessed July 23, 2009)
5. Turner C, Myers Jr. S. Faculty of Color in Academe: Bittersweet Success, June 1999

Upcoming Presentation

BE SAFE NOT SORRY

New to the city? Concerned about your safety?

- Speaker: Debra deWaal, former Calgary Police Officer, worked undercover and as a uniformed officer
- Learn: How to prevent & manage potentially dangerous situations. How to ensure your safety, both physically & mentally.
- Date: Monday, September 28, 2009
- Time: 12 noon – 1:30 pm
- Place: Clara Christie Theatre

Resources

Safewalk, University of Calgary

Call: 403.220-4750. Email: safewalk@ucalgary.ca

24 hours a day, 7 days a week, 365 days a year

Safewalk volunteers walk people safely to their destination on campus (including McMahon Stadium, Health Sciences, Student Family Housing, Alberta Children’s Hospital & University LRT station).

Women’s Resource Centre, University of Calgary

tel: 403.210-7970; fax: 403.210-7970.

Email: women@ucalgary.ca.

www.ucalgary.ca/women

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http://medicine.ucalgary.ca/equity_teacher-learner

Submit announcements, articles of interest to:

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