



THE UNIVERSITY OF BRITISH COLUMBIA

Department of Cellular & Physiological Sciences

Faculty of Medicine

REDI (Respect, Equity, Diversity, and Inclusion) Meeting

Wednesday June 28, 2023

11:00AM - 12:00PM, via Zoom

Present: Dr. Elizabeth Rideout, Dr. Majid Alimohammadi, Dr. Tim O'Connor Dr. Lesley Hill, Shalini Iyer, Rita Jin

Regrets: Dr. Hakima Moukhles, Zaira Khan

This meeting was called for:

1. Approval of agenda
2. Approval of minutes from last meetings
3. Matters arising from the minutes
4. Co-chairs update
5. Synthesizing survey results in one document:
6. Other Business

Dr. Rideout began the meeting with land acknowledgement.

1. Approval of agenda

The agenda was approved.

2. Approval of minutes from May 26, 2023

The minutes were approved.

3. Co-chairs update

The co-chairs are currently arranging an EDI workshop in the CAPS 303 course with the FoM REDI office. As Dr. Neila Miled, the previous workshop facilitator, is no longer with the FoM REDI office, they are uncertain about the content of the workshop. The co-chairs will continue to work with the FoM REDI office and ensure that the workshop will be delivered in September.

Dr. Alimohammadi suggested reaching out to the Centre for Teaching, Learning, and Technology (CTLT) to inquire if they would offer similar workshops.

Dr. Rideout asked if the committee should offer EDI workshops to different departmental groups, such as graduate students. However, she also expressed concerns about the low attendance rate at the previous EDI workshop for graduate students and postdocs. Shalini responded that it might have been difficult for the graduate students to attend due to the timing, middle of the day, and the Zoom format. She also suggested involving the graduate student societies help to promote the workshop in person. Dr. Hill suggested scheduling the workshop during lunchtime and offering pizza. Dr. Rideout

agreed with Shalini and Dr. Hill and mentioned that we may jointly hold a workshop with the different departments, such as BMB and MedGen to attract a wider audience.

Dr. Rideout also asked if anonymity could be provided by using the Slido/polls even in an in-person session. Dr. O'Connor and Shalini agreed.

Shalini shared her recent positive experience she had at a conference, where the host and faculty from different universities were on the stage and polled the audience on EDI-related questions. The host would also ask questions to the faculty members on the stage, and gradually, the audience became more comfortable asking questions directly, while the faculty on the stage provided their insights. Shalini highlighted that this approach successfully brought students and faculty together. Dr. Alimohammadi expressed interest in the idea and emphasized the importance of allowing individuals to share their issues and barriers in person and listeners to accept them. Dr. Rideout raised a concern about the challenges of expressing EDI issues and barriers in person, particularly for students who may feel uncomfortable to do so due to power dynamics. Such discussions have not been well-received in her experience. To address this concern, Dr. Rideout suggested offering both anonymous and non-anonymous options, and mentioned that if we hold an in-person session with the format Shalini described, we may recruit facilitators from outside of the students' power structure. Dr. Alimohammadi agreed.

4. Discussion on survey results

Prior to the meeting, the members added the survey results graphs on [this sheet](#). Link to the survey questions [here](#).

Undergraduate Students (8 responses)

Rita and Dr. Rideout presented the survey results, graphs, and charts.

Question 1

Strongly Agree – 1, Agree – 5, Neutral – 1, Disagree – 0, Strongly Disagree - 1

Question 2

Three people selected option 3, undergrad-led projects, as their top choice, followed by FoM REDI presentation and Course Material via EIO.

Dr. Rideout highlighted her experience in participating in a course where she actively engaged with trainees, conducting planning exercises focused on overcoming EDI barriers in the workplace. She believes that this type of course would be highly beneficial for undergraduate students as well.

Question 3

No one selected option 6, Advocate for consideration of systemic barriers faced by individuals prior to, or after, admission to UBC. Option 1, tailored career development, is in the priority with 3 people voting it as their top choice, followed closely by option 2, Resources to support a support inclusion, as well as option 3, Consideration of EDI service.

Question 4

7 out of 8 people voted Email (option 1) as their top choice and Newsletter (option 2) as their second choice.

Question 5

The result indicates that 5 out of 8 people have faced or witnessed barriers to equity, diversity, and inclusion. Some examples of EDI barriers were shared by the participants, which should be included in the final report.

Question 6

The favourable options were option 2, REDI committee, and option 3, Faculty of Medicine. One of the students also indicated that they prefer communication at the beginning of the semester, before it gets busy. Another student also indicated that regular communication, once a week, would be helpful.

Dr. Rideout pointed out that it would be important for the students to have opportunities to learn through and engage with the REDI committee, considering the Q6 results. Rita noted that she became aware of the REDI committee when she attended the workshop in CAPS 303, and she believes that the second year CAPS students are unaware of the REDI committee as indicated in the comments. It will be important to promote the committee to undergraduate students.

Staff (12 responses)

Dr. Hill presented the survey results, graphs, and charts.

Question 1

Strongly Agree – 4, Agree – 5, Neutral – 3, Disagree – 0, Strongly Disagree - 0

Question 2

The first four options, 1. Seminar-based FoM REDI presentations, 2. Invited speakers, 3. Staff -led EDI projects and initiatives 4. Course material, stand out as the preferred choices among the staff members. We may eliminate option 5 and 6, Curated web resources and Small interactive sessions.

Question 3

Option 2, Providing resources to support inclusion, received the highest number of votes, followed by option 1, 4, and 3. We may eliminate option 5, 6 and 7.

Question 4

Email is the top choice with 10 people selecting, followed by Newsletter. 2 people commented that monthly communication would be ideal.

Question 5

The majority have not experienced any barriers to EDI; however, 2 people indicated having either personally faced or witnessed such barriers.

Question 6

Faculty of Medicine option is the top choice among the staff members.

Graduates and Postdocs (9 responses)

Shalini presented the survey results, graphs, and charts.

Question 1

Most of the participants selected “Strongly Agree” or “Agree.” 45% is neutral, and no one selected “Disagree” or “Strongly Disagree”.

Question 2

Option 1 has the highest number of votes, followed by Option 3 and 4. A comment expressed strong support for EDI speakers with lived experience and providing compensation.

Question 3

Option 2 received the highest number of votes, and it was the top choice for the majority of participants as well. Option 6 and 1 also received many votes.

Question 4

Option 1, Email is the top choice, same as the other groups.

Question 5

More than half of the participants selected “Strongly Disagree,” “Agree” or “Neutral.”

Question 6

Option 3 is the most voted option; however, the majority selected option 2 as their top choice.

Dr. O’Connor expressed his surprise at the Faculty of Medicine selected as the top choice by three groups for communicating their barriers, even though there were other options available such as the department head and faculty members. Dr. Rideout responded that they may be hesitant to discuss their barriers with individuals within their power structure. Shalini and Dr. Hill agreed with Dr. Rideout.

Dr. Rideout also mentioned an online anonymous tool that allows individuals to report their barriers and complaints, and it does not require a formal complaint process. They also have an option to provide their name if it is a serious complaint. If multiple complaints about the same person are received through this tool, even if they are anonymous, appropriate actions will be taken.

Dr. Rideout referred to the comment (below) from a grad/postdoc and noted that the committee needs to work with the Faculty of Medicine and to address these matters. The FoM online tool should be available for staff and faculty, not just for the students.

“I think it is important to offer both anonymity and identification in online reporting. Options provide power and comfort to many people. I would most support an online tool as I’ve personally experienced multiple negative interactions when discussing concerns of EDI with coworkers/superiors. The online tool would have to be easily accessible, easy to locate, and have a quick turn-around (i.e., submissions don’t sit in the inbox for months before the person receives support).”

Faculty (22 responses)

Dr. Alimohammadi presented the survey results, graphs, and charts.

Question 1

20 out of 22 people selected “Strongly Agree” or “Agree”.

Question 5

The result indicates that 7 out of 22 people have experienced or witnessed barriers to EDI.

Question 2

Option 2, inviting speakers, was the top choice, followed by option 3 and 4.

Question 3

Option 2, providing resources to support inclusion among diverse groups, received the highest number of votes, 16 out of 22, followed by option 1 and 3.

Question 4

Option 1, Email is the top choice, but 21 people selected Option 5, faculty meeting, as their 3rd choice.

Question 6

14 out of 22 people selected REDI committee and Faculty of Medicine, followed by option 4, faculty association.

Dr. Alimohammadi mentioned that the next step is to compile all the graphs and information and our recommendations to be presented at the next faculty meeting. Drs. Alimohammadi and Rideout will meet and work on the presentation, but he also welcomes suggestions on how to effectively unify all the information.

- Dr. O'Connor suggested a pie chart for the question 1 and 5 and using agree to disagree, rather than favourable and unfavourable.
- Dr. Hill suggested placing the graphs from all groups on one page, instead of presenting all the data in one graph. Dr. O'Connor agreed.
- Shalini suggested using stacked graphs rather than having bars side by side. Dr. O'Connor agreed.

Dr. Alimohammadi mentioned that there will be no committee meeting in July. The next meeting will be in late August or early September where the co-chairs can present the report to the committee prior to the next faculty meeting.