

Q: Please state your name and affiliation.

Dr. SR: So my name is Saleem Razack and I'm a pediatric intensive care doctor. At McGill University I'm a professor of pediatrics and I'm the director of the social accountability and Community Engagement office here within the Faculty of Medicine.

Dr. JMF: My name is Jae-Marie Ferdinand I'm a pediatrician at the Montreal Children's Hospital and the Royal Victoria Hospital, I'm an assistant professor at McGill and I'm chair of the widening participation committee here at McGill.

SZ: My name is Sameer Zuberi I'm the diversity engagement officer at the social accountability and Community Engagement office in the Faculty of Medicine and I'm a staffer here at the university.

Q: Can you give us a summary of what the offices do?

SZ: Sure and I really think that we should hear from everybody on this but in terms of the summary we are essentially a unit within the Faculty of Medicine that takes care of programs and policies related to diversity and community engagement across the faculty, so we're dealing with students, staff and faculty, dealing from curriculum to programs and in a nutshell that's what our office is about.

Dr. SR: So broadly social accountability is a big topic in medical schools across the world and the basic idea is: what are the responsibilities of a medical school toward the society it serves? And in our setting as Sameer has been talking, it corresponds to two broad ideas: one idea is equity and diversity and the other idea is community engagement and maybe what I'll do is I'll just describe equity and diversity and then I'll describe community engagement. So equity and diversity is looking at how our faculty, how the profession of Medicine also the profession of our sister schools within the Faculty of Medicine, how representative the population within the faculty is of the population that we serve and are there underrepresented groups that need to be reached out to. We think of that as a continuum, we think of it from the recruitment of students all the way across the lifecycle to faculty members, to staff members, to the different schools within the Faculty of Medicine and also the graduate programs within the Faculty of Medicine. From the perspective of community engagement the idea there is how does our faculty engage with the community it serves, how are students for instance in medicine learning within the communities that you know that we serve and how are they in particular learning about vulnerable populations, populations that because of social reasons may have difficulties accessing care. So that's really important to us and I'll just sort of close by saying that for me the social accountability idea is like a metaphor of a window - so when society looks into our faculty that is looking at our representativeness, our equity and diversity and when we look out that is looking at how we engage with the community that we find ourselves in.

Dr. JMF: I'm the chair of the widening participation committee and the goal of our committee is to increase representation from the applicants to the faculty of medicine, including medicine and our sister schools in addition to the Faculty of Dentistry. And the committee consists is an interdisciplinary committee, so we have representations, physicians, representation from nursing, from occupational therapy, physiotherapy, speech and language and dentistry. And that's our

goal: to increase the representation from the applicant pool for these schools and for the Faculty of Dentistry through reaching out to the community. We have a subcommittee of students who are students in all of these schools and in dentistry who also work with us to reach out to the community to see if we can different ways of how we can increase representation. Research, evidence shows that increased diversity improves patient care and for me, that's the bottom line.

Dr. SR: I would completely concur with that, there are lots of data that really show that in medicine actually, and also in dentistry and some of the other fields, that really show that the care of patients from socially vulnerable populations improves with greater diversity within the professions. And in addition I think that there are some interesting data that show that when you have a diverse perspective of people within the profession that that provides a strength in the creation of knowledge, in problem-solving, in all kinds of things there's some interesting data that show that as well. But I also like to think from a kind of a perspective of responsibility, social responsibility again. So we are a publicly funded, publicly purposed University and we definitely have a responsibility to look at barriers and to not have the barriers that do not need to be there for diverse populations to be a part of our professions within the faculty.

SZ: Myself as a racialized person or a visible minority I've always felt it was important that people who are outside the mold of the dominant culture, the dominant society be present in all areas of society, be it on boards of organizations, be it in professional programs and in this case in the Faculty of Medicine and also dentistry. So for myself personally is something that I believe strongly in, that nobody should be left behind, that every community should be participating within the social fabric and part of that social fabric is right here at McGill in the Faculty of Medicine.

Q: Another question for everyone: if you could just tell us a little bit about your journey through medicine and how you end up sort of engaged in social accountability, community engagement more formally less, like, the reasoning behind it.

Dr. SR: Okay maybe I'll start since I have the microphone. So I'm a graduate of the University of Toronto actually and I came to McGill to do my residency in pediatrics and then I ended up doing my fellowship and training in pediatric critical care and then stayed here. I think that my journey in medicine and thinking about diversity, it comes a bit from personal background, for sure. My family is from the Caribbean and issues of racialization are, you know, are part of the fabric of everyday discussion in that setting. But I'll bring it to the patients again, so at the Montreal Children's Hospital where I work, so when I work in the ER, yeah I don't do that anymore, I used to for many years. You know you think that you might be seeing you know mothers and fathers from middle-class homes coming in with their children with trouble. But that's not what we saw - we see thousands of ways of being a family and many many different familial contexts. And what I chose to take away from that was to wonder at it, the wonder of the different ways that people can be in families because I'm in Pediatrics, that's sort of what I'm thinking about a lot. And from that came a real interest in ensuring that people who are training learn the skills required to care for diverse populations and part of that is ensuring that we also have good representativeness within the profession as well as well as teaching people skills in caring for diverse populations and that's really been my journey, I started sort of with teaching around diversity issues and have really moved into I guess in this position as a director of a new office really thinking in terms of the bigger issues related to equity and diversity.

Dr. JMF: I grew up in LaSalle, not too far from here, in a lower income neighborhood and I was very fortunate. I went to high school and I had teachers in science, math, who really believed in me and encouraged me to go further and I was able to move on into Medical School and my pediatric

residency here at McGill and the Montreal Children's Hospital and ever since I'd have to say I was about ten years old I've had a passion for working with children and with people who are considered marginalised and working with groups who don't necessarily fit into the mold like Sameer mentioned and who need to be encouraged to enter either medicine or help one of the healthcare fields. And that really was my journey, so when I was asked to join this brand new committee, many years ago, and Dr. Razack was the helm I thought wow, this is what I've been waiting for for my career.

SZ: With respect to community engagement the path actually started back when as an undergrad at Concordia and prior to that I was a normal math students like so many science students, taking my courses, not being involved within society. But during that period I became involved in the student movement and from there I realized that one person when working with others can actually do something great and actually help to be a positive change within society. So since then that's been my personal journey where I have been involved in community engagement and I have continuously, personally I feel it is important that we all volunteer in some capacity in some form. We have our personal lives, we have our day jobs and we also have our extracurriculars and I think that I would suggest that individuals think about all those three aspects in their lives.

Q: So perhaps Dr. Razack, were there any instances where you feel you personally or others were treated differently because of something such as gender or sexuality or race?

Dr. SR: So there have been times, I would say, that that has occurred. I think one of the things that I want to really say here is that I recognise myself as a racialized person, but I also recognize myself as a privileged person. For instance I carry male privilege with me, so always in these conversations we need to sometimes recognize where we are in in these things and I want to make clear that I understand that. I think the situations that have happened have occurred mostly through misunderstandings, but more as I have moved up in the hierarchy you know and then there are sort of fewer and fewer people it becomes a little bit less diverse as you move up in the hierarchy. So that the things that you are as a you know racialized person, a person from a sexual minority, all these kinds of things are kind of a lot more novel to people. I have never felt held back, I have watched it in other situations with other people where I have felt the need to advocate and I think that one of the reasons to seek representativeness across different in different parts of our profession and you know moving through it is really so that it really paves the way for inclusive everything - inclusive leadership, an inclusive profession really. So watching it in others, watching the change as I've moved up through the hierarchy has really ignited my passion.

Dr. JMF: That's a definite yes, especially as a woman I have all along the way, whether it was in high school, university, during my training or even today, there are many aspects of what I do that I kind of get a bit of a push back from time to time. "Oh you couldn't possibly want to do that", "No, it's better if you do this", but I've been very fortunate because I work with so many people who say: "If that's what you want to do go ahead and do it, show me how to do it" and I

do. So I've learned to believe in myself through people that I've worked with and trying to sort of put back the naysayers or show the naysayers look, I can do it.

SZ: I would say that for myself personally, I haven't had a strong experience personally, but aside from small comments here and there. But I've actually witnessed some behavior that was untoward with respect to others, so things I personally could not stand for, for example discrimination based upon color. In part of my professional life I've seen this towards a colleague of mine and have advocated strongly against that and I think that although if we personally don't experience this in a real way, we see examples of this happening around us as on occasion and I think it's important for us to really speak up on these issues.

Q: So sort of the history of the office, what led to the creation, when was it founded, who were the founding members?

SR: So our office, there was a task force created to look at how to properly manage social accountability within the Faculty. That ran over 2015, I think it started late 2014 and then over 2015, with recommendations to create an office that would be purposed with looking at equity and diversity issues across the continuum of the faculty as well as the community engagement issues. So that was taken up by the Dean and through his various decision-making processes and committees and so on, that was taken up as a very good idea and the office was started in 2016, I think July 2016. Myself and Sameer, so I am the inaugural director and shortly after that one of the first tasks was to actually hire a diversity engagement officer, so then shortly after that Sameer came on board. The widening participation committee, which had been in existence since about 2010 I believe, actually didn't really have a home within the faculty, was doing a good work with outreach to different students and so on for the professional programs, but it's it didn't really have a home so it was sort of patrioted into this office and we now work together, which we were doing before anyway but now we have a structure together. One other thing that I think is important to say is that this is very important to the Faculty of Medicine for other reasons as well, because it's also an accreditation standard. So diversity and equity and community engagement are all accreditation standards for medical schools. So medical schools in North America are accredited by the same body and that body basically says that this is a medical school that is, you know, a good one and its graduates are able to train all across North America, so tremendously important to to medical schools to be well accredited. So with the focus of accreditation being on equity, diversity and social accountability, it's very important to have a good structure to manage that within the Faculty of Medicine.

Q: Are there any current initiatives or projects right now within the office to promote diversity in the faculty or maybe even in hospitals or dentistry programs or otherwise at McGill?

SZ: We have a number of existing programs that we've been expanded upon from previous years. For example we had this past summer and Explorer camp with the most students ever and for the first time we also brought in students from outside of Montreal, from the rural areas of a Quebec. We've expanded upon our previous programs and this program has in preliminary findings, we've found to be quite effective, this type of outreach program, in terms of bringing in underrepresented groups into the Faculty of Medicine, into medicine, nursing and the other health professions. So our data, preliminary data, actually shows that our programs are effective in doing this. We also are pioneering a mentorship program where conversations with students,

students have actually volunteered and said that “Yes, I will commit to mentoring young people in high school, in cégep, help them out with their applications”. So we actually have sorted a data bank of students who are ready to do this, this we hope to launch in the coming months. These are just two examples of programs that we are working upon and we hope to continue these programs for the future.

Dr. JMF: We have a special program that we host in the springtime called *Health Profession for a Day* and we invite students from across the Montreal area and beyond to spend a day with us. And we have certain days designated for different groups and right now we're up to three full days. We host them at the simulation center, we give them tours of the academic teaching hospitals and show them what life would be like hands-on if they were a health profession for a day and that has been highly successful and we're seeing them coming back and asking for more. And then the second program that I did want to mention, you mentioned the mentorship program and the community outreach, that is huge. So we have students who are in medicine, who are in the different schools and who are also in dentistry who go into the schools. Some of them are primary schools, some of them are secondary schools and sometimes it's the cégeps, where they talk about what it's like to be a health professional and they also talk about specific aspects of each profession. Many students who are going through our school system know, have a sense of what it's like to be a doctor or a nurse, but they don't know what's a speech and language therapist and what do they actually do. And this community outreach has worked extremely well, especially since the people who are going out into the community are students themselves, so they connect really well.

Dr. SR: I'll just add that I think when we look at what is effective, you know, what gets people to think about things and I think about my own experience like: what was it that, you know, humble background, what was it that made me think it was okay or possible for me to get into medicine? And I think that one of the things is having role models, having people who tell you that it actually is possible, having teachers who tell you that it's possible and you know, just these well-placed words here within a kind of a trajectory of growing up. Our data really show that it needs to be fairly early, you know sort of like grade 6, grade 7, that kind of area or even earlier so that we've really tried to work across different parts of the, you know, student's academic progress but it's really important to give students an idea that they can connect with the possible, you know, “I can see myself there, I can see myself doing that”. And you know the representativeness idea is a little bit about I see people who are a little bit like me there as well so it all sort of interacts. I wanted to just give one other project, it's related to a bit of a different thing, but we're also quite involved in curriculum. So what do students learn about diversity? Students within our Health Professions, how do they learn the communication skills required to look after diverse population, to care for a diverse population? So our office is also quite implicated in that as well and me personally quite implicated in that as well.

SZ: One last point: we are also, data is very important to us, we've had data for students that are entering cohorts within the Faculty of Medicine for the last nine years and we're continuing this year and making our data more robust and more precise. So this has been an important project that we've been occupied on for the last little while, so this is an important thing for us. And finally we have another committee that's being, in addition to the widening participation committee, maybe if you do this again in the future, in three years time, you will have another

one of us over here because we actually have struck a new committee dealing with... if you'd like to speak about it actually?

Dr. SR: Sure, it's called the Faculty Equity Committee and the idea is like a very similar idea to the widening participation committee, which is about recruiting students, but the equity committee will look from admission to faculty member and look at equity and diversity issues in there. Things that we are thinking about very strongly in that committee are issues of inclusive leadership for instance, making sure the leadership is also inclusive in addition to the profession.

Q: So as a committee or organization general, have you had the opportunity to work with other faculties or other medical programs in Canada or the United States? Have you helped anyone recreate a similar organization, partnered with them to do studies or develop programs together?

Dr. SR: I think, so the short answer is yes. So within McGill, you know we've worked very closely with Dentistry for instance which is a different faculty. We've also worked quite closely with the Social Equity and Diversity and Education office, the SEED office, which actually Sameer works frequently with them, so I think that that's something that it's better for you to talk about. And then in terms of Canadian colleagues, through the Association of Faculties of Medicine of Canada which is the AFMC, we have a group called the Equity Diversity and Gender group there. So everybody in the 17 medical schools whose dossier is to think about these issues gets together and meets and we share best practices and we've actually worked quite closely with several universities. For instance, just to give you an example of a collaboration, we have a research collaboration going on right now with colleagues here including myself and Dr. Meredith Young, as well as colleagues in Toronto at the University of Toronto looking at applicant diversity. So who applies to medicine and what's their diversity? And then comparing that to who gets into medicine and what's their diversity? So that we can learn what some of the barriers are and so on. So we actually have many many collaborations. In the North American perspective, in the U.S. perspective, we are, I am quite involved with something called the minority faculty development seminars of the Association of American Medical Colleges. And in fact I was supposed to be there this weekend, but it was in Orlando and there was Hurricane Irma so the actual conference was canceled, which I think was a good idea. So we don't do things in isolation for sure, we try our best to work with others and learn from others.

SZ: Just simply to underscore that we are working across the university with people in science, social work, engineering, law, dentistry and also medicine and with many partners across Canada, from central Canada to the prairie provinces to obviously Quebec. And in addition to what Dr. Razack mentioned concerning the AFMC and the 17 medical school - so we do have a presence within the university, across the university and also across Canada.

Q: In general as an organization what positive experiences or moments have really stood out to you, as you've done your work with community groups or minorities in medicine?

Dr. SR: I'm gonna give you a warm fuzzy one. For me the best best thing and whenever, you know this is so this is a kind of a thing a job where it's hard, you know, like you encounter discussions in which you have to be strategic and you have to keep your eye on the idea of what you want in the end and you may not get all the way there. But for me the thing that brings me back always is teaching students. In fact this afternoon I'll be giving a lecture on some of these

topics and I think that watching the younger generation, with their passion and it's a diverse group that's coming into medicine as well, the lecture that I'm giving today is to medicine, watching that group with their commitment and their understanding of how all of this stuff links to the care of patients ultimately, actually very much grounds me and very much keeps me... I know what it's about when I do those kinds of things.

Dr. JMF: I would like to mention three areas. There are many many positive experiences I've had since taking over this position. One of the first was the ability to get all the different players around the table. We're all very busy people, but to have representation from all of the schools and the Faculty of Dentistry for me that was like a great aha moment. And to have them understand where I was coming from and to watch them over the years implement these various activities into their own programs, that's the first. The second is when I meet students, so to get back to what Dr. Razack said, it's all about the students and the patients and the families and when I made students who say they've been through our programs and their light was ignited because of programs that they had seen when they were going through the system. And then the third I have to say, Sameer called me last week, and that really made my weekend when he said that the diversity survey is showing that about 12%, correct me if I'm wrong Sameer, of students who started medical school this year had been through our programs. Wow! I know we're making a difference. And it's slow, as Dr. Razack has mentioned, but it's great to have these moments that say oh, we're doing the right thing, we're moving in the right direction.

SZ: In addition to what's already been said, I find like both the big stories and the quiet stories that are really important to me. For example we had the Explore camp during the summer and there we had nearly 50 students, 47 students participate, young learners from grade 9 to grade 11. And they're phenomenal these young people and their enthusiasm, their talent and you really get to see that and that actually was publicized our university had attention from CTV, The Gazette mainstream media and also campus media that focused on it and also broadcasted what this event was. So that's kind of like the big stories, but then you also have the quiet stories, the stories that nobody hears about. For example racialized students, seeking support to get secure scholarship funding - that's really important to them in order for them to pursue their education, otherwise they would not be able to do so here at this university. Or the student from a lower socioeconomic background, who is having challenges in their academics and maybe needs a some form of tutoring services. They don't know where to turn, so they turn to us, because they understand that their situation is part of our mandate, that we're here to serve them, to ensure that they are doing well within this university. To not only enter, but also succeed over here. So these are the quiet stories that nobody really hears about, but for me that I take home and I think about it and I really like and really carry the day for the future. So it's a big stories and the quiet stories that really bring me forth.

Q: So obviously you've seen improvement in the status of minority groups in medicine over time, but do you do you see areas where there is a lot of work that needs to be done or there is work being done but perhaps not enough?

Dr. SR: So I've been teaching about diversity for 21 years and I think my understanding of it has really changed over the time. So it's not about tick off boxes right, it's not we've got so many of these people and so many of these people and so on. I've come to appreciate that there are many many hidden diversities, many many things about a person that are hidden from view. The

obvious one is socioeconomic status and you know higher education - forget about medicine or the other health professions - higher education, I'm fearful that the way tuition works and the way higher education in Canada is going is that it's becoming more and more of a barrier for anybody who has less the means to undertake it. So I think that one of the big focuses of our office is to look at those hidden diversities such as socioeconomic status and also to ensure that another sort of hidden diversity, for instance, would be sexual and gender diversity, not always visible to people. And I think that one of our jobs as well is to look at the learning and work environment and to make sure that it is inclusive of everybody, so that somebody coming there who is sexually diverse or gender diverse, feels welcome. And that and I think that those are two areas that you know I think our office is thinking about quite significantly.

Q: How do you personally maintain a healthy balance between your career and family? Which is a very big question I know but it helps people sort of learning about going into academia and these things.

Dr. SR: Poorly (*laughing*). But no with all kidding aside, I mean, I think it's funny. You know, I'll let you in on a little family thing that happened. So, when I had a birthday party and you know my mother lives in another city and there's a lot of sort of phoning that goes on and checking in and all of that, right and "when are you coming?" and all this kind of stuff, "I can't wait to see you!", and all this kind of stuff. And my sister said to me, she was talking at this party and she said: "All he has to say is: I'm on call and then it's all okay, nobody puts any obligations on him". And it really highlights the fact that in a lot of ways there's a huge pull of clinical medicine and clinical care. You know I work in intensive care medicine and you know the children in there are very, very sick they're the sickest ones in the hospital and in at the Children's Hospital, so how can you compete with that? You know that's always gonna win and so on. But on the other side, I know that I will not be good at anything if I don't pay attention to my self-care, pay attention to my family, pay attention to the other parts of my life that matter to me. And in the issue of clinical care and academic pursuits, I mean, the bigger picture is important. So being a doctor is important, but the idea of social accountability and what it means for medicine, that's the bigger picture idea and it's very very important to me.

Dr. JMF: I have to say my life is, in a way, separated in about three different areas, they overlap continuously, but I'm aware of the three areas. And the first area is definitely, as Dr. Rezack has said, our professional lives. It pulls us, it pulls us, it pulls us, it's very important. But I have to really emphasize that I'm fortunate and were privileged because I work in an area that I love and that I'm extremely passionate about and that I always wanted to do. So going to work to me is a joy, even if the children are very very sick. And teaching the bright-eyed students is also a joy for me, so that's one area. The second area is family and family has always been very important to me and I've always managed my career in a way that I can put family first, but I want to also emphasize that I'm fortunate to work with people who understand that family is important. So if I have to say at the last minute: "I know I'm on call but I really need to be there for my family", there's always someone who'll say "We understand and we can step in for you". And then the third part is the me time, the renewal time and for that I really do try to find a balance. I do love sports, I love being outdoors, it makes a big difference if I can be outside, even if it's for a few minutes to pursue some me time. I love music, I love art and all of this gives me a chance to self reflect, to renew so that's how I try. And if I could really emphasize for your audience: do what

you love, do what you're passionate about and then it doesn't feel like it's taking so much out of you, you're able to give back.

SZ: I'll just close with saying that over here at this university I'm an administrator, but what I really like about this posting, the job I do right now is that I also advance issues, issues that I'm passionate about and I care about. And that's why I love going to work every day at the University. And for me, my career path, what I really have felt was important is to fuse together my passions for giving back to society and my income, my employment. And that's what I feel I have over here, these two aspects are fused into one. With respect my family life, I am a father of two, I'm married and my spouse she often times asks me, you know, to contribute to the upbringing of my kids which I do. I was a father who was much more involved than I would suggest many fathers are. For a period I was kind of a part-time stay-at-home father you could say and for me that was a great experience to bond with my children, with my girls. Also I try to, although nowadays I definitely am not able to maintain that sort of level of involvement unfortunately, but I do try to carve out quality time, be it on the weekends, in the evenings, be it reading to the girls as they go to bed or you know having a meal together or a social outing on the weekend. But it's definitely a great question, I think all of us have a challenge to do that, we have to be mindful of that.

Q: What advice would you say to our audience at the Redpath Museum trying to pursue a career in medicine or STEM and what final thoughts do you have?

Dr. SR: So I guess I have to two key messages for anybody who's thinking about a career in science or in one of the scientifically based professions, health professions such as medicine, nursing and so on. First thing is you have the right to be there, you have just as much right to be there as anyone else so if you look in and you don't see people that look like you and so on or something like that, there are going to be people who have shared at least some of your experiences and who you are able to talk to and you have a right to be there if you work hard and so on. The second thing that I would say is if you're thinking about it, knowledge is power. So look at the websites, see what's required, talk to people, maybe people who are a year or two ahead in the journey and seek out the kinds of experiences that are going to be required for you in the future. So those would be my two key messages and the last thing that I want to say is that, you know, I'll speak about my profession but it applies to science as well: we would be nowhere without young people interested in coming to be part of us. We need to ensure a future, so please think about us.

Dr. JMF: I'd like to encourage all of you to look at yourself and look within yourself and what you love to do and what you're good at, whether you're in grade four or in 10 in cégep or in university. If you love science or you love math early on, seek someone out who can support you and encourage you in that journey. It might be a teacher, it might be a counselor, it might be someone in the older grades. And please look at our office, we would love to hear from you, reach out to us. We're on the McGill website and we would love to help you in your journey, please remember we're out here and we're here for you.

SZ: So much has been said that I can't say much more except that I would just seek out a mentor or somebody you can actually see ahead of you in a path where you potentially can be and try to befriend them, try to get to know them and see what their path has been. And I would suggest that that's probably the best thing you can do if you're a young person in high school or in cégep,

that's what I would suggest, it would be the single best thing in order to pursue your your goals and dreams