



BLACK PHYSICIANS
OF CANADA

FOR ALLIES

Black Physicians of Canada guidance on allyship

HOW YOU CAN HELP

- Stand up for Black patients, colleagues, peers and trainees when you see an injustice occur
 - Silence in these circumstances can diminish the presence of your Black colleagues
 - When you are witness to a colleague who expresses racial prejudice, understand that you have an important role as a physician to step in and confront your colleagues. Patients in the care of people who have racial prejudice will not receive the optimal care that they deserve if their healthcare providers hold these beliefs about them.
- When witnessing a racial injustice or indignity against a Black colleague or trainee, actions that require an awareness of what transpired and the skill for intervention, however unpleasant, clumsy, or awkward include:
 - Gently, but firmly, describing to the person who committed the racial assault your colleague's talents and what constitutes unnecessary or intolerable behaviour
 - Offering to debrief with your colleague immediately following the incident
 - Seek counsel from colleagues
 - Check in with your colleague about the overt racism they had experienced
- Assume the responsibility of your privilege and step up
 - Make it easy for Black physicians to simply do their job

- Advocate for Black patients, physicians and learners
- Make a point of correcting people who use culturally insensitive language
- Make sure that the strengths and accomplishments of your Black colleagues and trainees are recognized properly
- Remove the burden of racial equality off of racial minorities
- Hold your Black colleagues and trainees to the same standard you hold for yourself and other non-Black colleagues
- Remind your Black patients, colleagues, and trainees of their worth
- Initiate dialogue with your Black patients, colleagues and trainees, both individually and in small groups
 - Ask how race impacted their experience here and elsewhere
 - Use rounds and conference times to lead open discussions on the issue
 - These encounters can be rewarding and well-received by those involved
 - This approach can resonate with Black physicians, learners and patients by putting forth an issue that is critically important to them but is often ignored or easily overlooked by non-Black physicians
- Understand the term white fragility
 - A state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves
 - These moves include the outward display of emotions such as anger, fear, and guilt, and behaviours such as argumentation, silence, and leaving the stress-inducing situation
 - These behaviours, in turn, function to reinstate white racial equilibrium
 - The consequence of white fragility is that the wrong person has his or her needs met: the aggressor becomes the victim
 - White physicians can step into white guilt and accept that grappling with it is an important part of the work you do
- Do not minimize the concerns and challenges that Black patients and physicians discuss with you
- Believe the concerns and challenges of Black patients and physicians when they voice them and validate their lived experiences
- Educate yourself on the issues that Black patients and physicians encounter

FOR PROGRAM DIRECTORS OF BLACK RESIDENTS AND FELLOWS

- Believe your resident when they tell you that a racial injustice has occurred
- Apologize for any injustices or indignities that they experience, even if you are not the one who inflicted it and validate the hurt that these experiences can cause
- Invoke a strict zero tolerance policy against racism within your program and adhere to it
- Do not be defensive against accusations of racial discrimination either from your resident or anyone else
 - Open discussion of perceived or true discrimination is the first step in rectifying any issues
- Be very cautious of teaching faculty who state that they are suspicious or mistrustful of your resident and are unable to provide any valid proof or reason for these suspicions
 - Take these staff's evaluations of your resident with a grain of salt, or better yet, remove them from the education of your resident entirely
- Remove any false statements from your resident's evaluation that have been proven misleading, partially accurate or false and hold the responsible evaluator accountable for reporting inaccurate claims against your resident
- Actively document their successes and achievements and make sure their strengths and accomplishments are recognized properly
- Treat any transgressions that they make fairly and comparative to other non-Black residents within your program and do not punish them more harshly or unfairly
- If they are struggling during their training, do not make punishment the default response or disproportionately sanction them
- Ensure that they have the same amount of chances to make mistakes as their non-Black co-residents
- This goes without saying, but do not perceive your resident as intellectually inferior or have lower expectations of their performance and do not tolerate any teaching staff who does
- Hold them to the same standard and have the same expectations of them that you do for your other non-Black residents

- Protect your resident against prejudice, bias and injustice at all costs and ensure that they feel protected and respected
- If your resident discusses concerns with you in private, reiterate what you discussed with them in an e-mail afterwards and include how you plan on addressing their concerns, so that it is clear you understand what their concerns are and so they have written documentation of your discussion
- Acknowledge that although you may not hold any racial prejudice or bias, members of your staff can and do and be conscious of the fact that racial injustices and indignities will most likely be inflicted upon your resident
- Do not send subtle or covert messages that your resident is indistinct from another Black resident
 - These experiences can make Black residents perceive themselves as invisible at work
- Realize that though you may wish to help you resident as best you can, there are obstacles that are invisible to you that are difficult if not impossible for you to understand
 - Explicitly consider the unique needs of your resident
- Ensure that they have a Black mentor or a non-Black mentor who is very aware of the challenges your resident will face in their training
 - If you cannot find one within your program, look outside of your specialty or even within your specialty at a different institute
- Promote and insist upon racial diversity and inclusion within your teaching faculty
- Err on the side of your resident
 - It is unlikely that any individual, especially one who is Black, could make it to the stage of post-graduate medical education without being honest, intelligent, hard-working and competent. Black residents constantly have to prove their worth and internalizing that pressure can significantly impact their professional confidence and self-worth
- Educate yourself and your staff and trainees regarding the ways that systemic racism plays in the medical profession and in medical education
- Hold open discussions within your program in the form of rounds or teaching at least once a year that directly addresses how race impacts medical professionals, trainees and patients
 - Do not put the onus on your Black residents to take the initiative, as their primary priority should be their education

- If you do not have any staff or supporting staff that are well-versed in this topic then seek outside resources and avenues or discuss with your institution how it is inappropriate to not have a representative who is specialized in diversity and inclusion amongst your institution's stakeholders
- Understand that frustration and conflicts may be the cause of a lack of shared experiences between your resident and who they are surrounded by, that may lead to differences in responding to the group process
- Prioritize your resident's well-being. Understand that being one of few, or the only, Black individual within a program is lonely and isolating. Residency is a challenging time for everyone, but the added stresses of being a Black resident within the Canadian medical education system can be taxing.
 - Encourage your resident to take care of their health - both physical and mental
 - Provide protected time for them to pursue conferences or initiatives that address racial inequalities and inequities
 - Occasionally check in on them
 - Remind them of their self-worth
 - Instil confidence in their professional roles

EXAMPLES

PRIVILEGE

- Rarely being mistaken for a non-physician and not having to make it VERY apparent that you are a physician
 - needing to wear your identification and nametag prominently
 - needing to always wear scrubs and white coat everywhere in the hospital
 - needing to always introduce yourself as "Dr. X"
 - Rarely being demanded to show your medical credentials and asked if you are an “actual physician.”
- Colleagues and patients are not suspicious or mistrustful of you for no apparent reason
- You are not ignored by patients, colleagues, allied health professionals, educators and superiors because of your race
- Patients under your care do not request another or different healthcare provider on account of your race
- The expectations that are placed upon you are fair and equal to the ones placed on the colleagues you are surrounded by
- Any transgression that you make is treated fairly and comparative to the colleagues you are surrounded by
- Others' words and actions do not undermine your skills, knowledge and authority
- Punishment is not the default response for when you are struggling in training
- You do not believe colleagues or supervising attendings perceive you as intellectually inferior because of your race
- Racism has not impacted your studies, and you were not motivated to work harder or had more difficulty as a result
- In residency, you felt protected by the attending physician and respected by those over whom they had authority, nor did you feel frustrated by the lack of protection and respect
- Others do not have lower expectations of your performance because of your race
- You don't feel pressure to perform without errors and to make sure to address all the details because of racial prejudices others have of you

- You are not concerned with not showing weakness or vulnerability because of your race
- You do not feel socially isolated or like an outsider in the social interactions that accompany your medical career with colleagues, supervisors and trainees
- You do not have a lack of shared experiences between you and your colleagues that may lead to differences in responding to the group process and then to frustration and conflicts
- You do not have specific moments of discomfort in social conversations because of your race
- You are invited to outings with your peers and are not excluded because of your differences
- You feel like you have enough in common with your colleagues, and you do not feel inhibited making small talk or sharing personal experiences
- You have never contemplated leaving clinical medicine due to the strain of racial tension
- You do not have a damaged sense of self and a lack of confidence in professional roles, as well as feelings of being on guard at all times, doubting yourself and being frustrated with the system that surrounds you
- You did not choose your training or work institution based on racial diversity among faculty
- You do not have difficulty advancing into leadership and faculty positions because of bad evaluations or a lack of systemic support
- You do not feel the need to stand up for yourself and your race because you have few advocates
- You do not have to make sure that your strengths and accomplishments are recognized properly
- You do not believe that you have to perform at a higher standard than your colleagues because of your race
 - You do not have to work harder, go the extra mile, attend more carefully to details and be more aggressive in group settings to ensure your own success and to protect yourself from punishment because of your race
- You do not have to diminish the importance of potential problems or emphasize the positive aspects of generally negative experiences to maintain a sustainable threshold of career satisfaction
- You do not feel invisible at work because of your race

- You do not encounter xenophobic ideologies against you at work
- You do not have to constantly remind yourself of your own self-worth
- You are treated with respect and your dignity is preserved in every encounter you have

BLATANT DISCRIMINATION

Discrimination exists in multitudes of variations, only some of which are recognizable as overt discrimination. Blatant discrimination in a medical setting is rare. Examples of blatant discrimination include:

- Referring to a Black individual differently than you would someone who is white
- Increased suspicion and mistrust against Black healthcare workers despite any evidence to warrant the suspicion
- Conspicuously ignoring Black students, colleagues and other healthcare workers
- Patients requesting non-Black physicians
- Being called derogatory names

OVERT DISCRIMINATION

- Mistaking a Black physician for a non-physician, despite having their occupation be very apparent
 - nurse
 - food service worker
 - orderly
 - housekeeper
- Demanding to see medical credentials and asking a Black physician if they are an “actual physician”
- Glamorizing commonplace race/ethnicity-related features
- Perceiving Black minorities as exotic
- Sending messages that a Black physician is indistinct from another and routinely mistaking them for other Black physicians
 - These experiences can make Black physicians perceive themselves as invisible at work

SUBTLE DISCRIMINATION

- Discrimination is suspected and non-confrontational, diplomatic or sarcastic language occurred
- The experience involved doubting that discrimination occurred
 - For example, the only residents who have been dismissed within a residency program are Black and people who acknowledge this and are involved in discussion that the residents were not given a fair change are hesitant to accuse the program of discrimination
- Differing expectations from Black physicians and physicians in training
 - Any transgressions by a Black physician or trainee are more harshly and unfairly punished than by one who is not Black
 - The perception that punishment is the default response for dealing with Black trainees struggling in training and sanctions disproportionately greater for Black students
- Black physicians and students have fewer chances to make mistakes than their white counterparts
 - Black physicians and students feel pressure to perform without errors and to make sure to address all the details; this can be expressed in terms of not showing weakness or vulnerability
- People responsible in the education of Black trainees have lower expectations of their performance
- In medical training, feeling as though one is not being protected by the attending physician nor respected by those over whom they had authority. For the most part, unique needs are not explicitly considered
- Instances of perceived discrimination when others' words and actions undermine Black physician's skills, knowledge and authority. Students, residents, nurses or other physicians challenge assessments in situations where non-Black colleagues would not be questioned