

Using Theory to Situate and Develop EDI Initiatives within CPD

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INTRODUCTION

As we focus on embedding Equity, Diversity, and Inclusion (EDI) principles into continuing professional development (CPD) in health professions education, it is imperative that the planning, development, implementation, and evaluation of EDI principles in the CPD context are approached in a mindful, intentional, and effective manner.

To move from awareness into action without such an approach may further solidify biases and assumptions, rather than disrupt, interrogate, and unlearn the systems which perpetuate inequity, racism, homogeneity, and exclusion.

AIM

Theory provides a system of logic which enables sense-making and brings awareness to assumptions and biases. The use of theory in this context will support connections between CPD activities and their impact on clinical competence, patient outcomes, and the health of communities.

There are numerous sociological theories which explore EDI principles; however, the transferability of these theories to the CPD context, and how these theories can inform the design, development, delivery, and evaluation of CPD, has yet to be explored.

METHOD

The purpose of theory is to help us make sense of phenomena through connecting concepts (Varpio et al, 2020). By working through these connections we can work to question underlying assumptions and biases.

However, theory on its own will not do this work; theory must be used in order to advance sense-making. Critical reflection helps to explain how preconceptions and perceptions have shaped the various problems that theory attempts to ameliorate (Mezirow, 1990).

Four theories have been selected for critical reflection based on their wide range of application to sociocultural frameworks that include and prove useful in the context of CPD. The selected theories are:

- feminist theory
- queer theory
- critical race theory
- theory of intersectionality

These theories were selected as they are believed to be particularly useful in the context of the issues facing planning, development, implementation, and evaluation of EDI principles into CPD educational activities.

RESULTS

Scientific knowledge has been promoted to be free of bias and a verifiable truth, even though the scientific process has been criticized about who is allowed to create meaning, who is allowed to constitute truth, and who is allowed to be part of this discourse (Strega, 2005).

There is a gap in the literature on how sociocultural theories can inform the practice of embedding EDI principles into CPD. Exploring the transferability of these theories has the potential to generate knowledge on how to conceptualize and actualize EDI principles within the CPD context.

This work, once completed, will provide a preliminary theoretical foundation to guide embedding EDI principles within the CPD context.

CONCLUSION

We are at a crossroads between talking about embedding EDI principles and enacting EDI principles. If CPD in health professions education is vital to the health of our patients and communities, then we must be willing to grapple with how to act. To move from awareness into action without such an approach may further solidify biases and assumptions rather than disrupt, interrogate, and unlearn the systems which perpetuate inequity, racism, homogeneity, and exclusion. We must be open to unlearn and learn as our knowledge and understanding continues to evolve.

RESOURCES

Strega, S. (2005). The View from the Poststructural Margins: Epistemology and Methodology Reconsidered. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, indigenous and anti-oppressive approaches* (1st ed., pp. 199-235). Canadian Scholars' Press.

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Varpio, L., Paradis, E., Uijtdehaage, S., & Young, M. (2020). The distinctions between theory, theoretical framework, and conceptual framework. *Academic Medicine*, 95(7), 989-994.

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