



# **College of Medicine Equity, Diversity, and Inclusion Survey: College-Level Report**

**March 2022**



UNIVERSITY OF SASKATCHEWAN  
**College of Medicine**  
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## **Land Acknowledgement**

**As we work and gather daily at our campuses and sites throughout Saskatchewan, we acknowledge we are on treaty territories and the Homeland of the Métis.**

**We pay our respect to the First Nations and Métis ancestors of these places and reaffirm our relationship with one another.**

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# 1. Introduction

The Equity, Diversity, and Inclusion (EDI) Survey was developed in order to gain a greater understanding of the environment in which members of the College of Medicine (CoM) work and learn in. Specifically, the goals of the project included the following:

- Enable a clearer picture of the demographics of the large, distributed College among member groups.
- Shed light on how people perceive the culture of the CoM in their various environments and interactions.
- Inform the CoM EDI strategy and produce a source of potential data for various activities in the College, including research, accreditation, and others.

In addition to the College level report, which will be shared widely with members of the College of Medicine and posted on the [EDI webpage](#), department-level reports will be shared with the corresponding Department Heads, as well as departmental EDI committees where applicable, who will be asked to distribute to all department members. Members can also contact [erin.prosser-loose@usask.ca](mailto:erin.prosser-loose@usask.ca), Senior EDI Specialist to obtain a copy.

## 2. Methodology

### 2.1 Survey Development and Implementation

The Senior EDI Specialist with the CoM worked collaboratively with the Canadian Hub for Applied and Social Research (CHASR) to develop and implement the survey. An invitation to participate in the survey was shared with all College of Medicine members, including senior leaders, faculty, staff, undergraduate and graduate students, postdoctoral researchers, and residents. The link to the survey was posted on the College of Medicine EDI webpage and was shared via CoM E-News and numerous email communications. The survey was available to complete between May 4, 2021 and July 2, 2021. Please see Appendix A for a hard-copy version of the survey.

### 2.2 Data Analysis

An analyst was contracted to carry out the data analysis and compile the reports. Responses to close-ended survey questions were analyzed using SPSS (version 28). Throughout the results section, frequencies and means (i.e., average ratings, denoted as *M* throughout the report) are presented for all participants, as well as for demographic groups. Additional analysis was conducted using independent samples t-tests to determine differences among the demographic groups. Any statistically significant differences between demographic groups that are made note of throughout the report are of statistical significance at the  $p < .05$  level. Please note that in order to ensure anonymity of responses, all potentially identifying demographic information required a minimum of 5 responses (10 in the department-level reports) in order to be included in the analysis. If that level was not achieved, the responses were excluded from analysis, or where applicable, combined with other categories.

Included in the survey were open-ended questions that provided respondents with an opportunity to expand on their responses to the close-ended questions and/or to provide additional information. The open-ended responses were reviewed and coded thematically; the key themes which emerged are presented in the results section, along with direct quotes to highlight the findings.

## **2.3 Limitations**

As with most surveys, there is the risk of a self-selection bias. That is, participation in the survey was voluntary, and it is therefore possible that those who chose to complete the survey may be different from those who did not, resulting in a non-representative sample. As well, given the high volume of comparisons, which increases the chance of spurious findings, significant differences should be interpreted with caution.

## 3. Results

### 3.1 Description of Survey Respondents

Of the approximately 4,000 members of the College of Medicine who were invited to participate, 514 completed the survey, representing a 13% response rate. Presented in Table 1 and 2 is information pertaining to the self-identified demographic characteristics of the survey respondents.

**Table 1. Description of Respondents: Personal Demographics**

Demographics	Categories	%	Number
<b>Gender Identity</b> (n = 480)	Woman	63%	303
	Man	37%	177
<b>Age</b> (n = 487)	45 and under	57%	279
	46 and over	43%	208
<b>2SLGBTQ+ Status<sup>1</sup></b> (n = 493)	2SLGBTQ+	7%	33
	Non-2SLGBTQ+	93%	460
<b>Racialized Identity</b> (n = 478)	Racialized	27%	129
	Non-racialized	73%	351
<b>Indigenous Status</b> (n = 488)	Indigenous	3%	13
	Non-Indigenous	97%	475
<b>Immigrant Status</b> (n = 489)	Immigrant	25%	122
	Non-immigrant	75%	367
<b>Disability Status</b> (n = 493)	Disability	8%	41
	No disability	92%	452
<b>Type of Disability</b> (n = 35)	Physical	46%	16
	Mental or psychiatric	43%	15
	Intellectual or learning	17%	6
	Sensory	17%	6
<b>Parental Status<sup>2</sup></b> (n = 498)	Parent	41%	204
	Non-parent	59%	294
<b>Caregiver Status<sup>3</sup></b> (n = 496)	Caregiver	13%	66
	Non-caregiver	87%	430

<sup>1</sup> 2SLGBTQ+ includes those who self-identified as non-binary, trans/gender diverse, lesbian, gay, bisexual, queer, Two-spirit, or asexual.

<sup>2</sup> “Parent” refers to those with children under 18 years of age.

<sup>3</sup> “Caregiver” is defined as an unpaid individual providing substantive support to non-children family member(s), elderly parent(s), etc.

**Table 2. Description of Respondents: Work/Learning Related Demographics**

Demographics	Categories	%	Number
<b>Primary Role in CoM</b> (n = 489)	Undergraduate MD student	8%	42
	Graduate student/postdoctoral researcher	9%	43
	Resident	10%	49
	Staff	24%	120
	Faculty	44%	218
	Administrative Leader	5%	22
<b>Faculty: Current Appointment with CoM</b> (n = 190)	Professor	13%	25
	Clinical Professor	5%	9
	Associate Professor	21%	40
	Clinical Associate Professor	18%	35
	Assistant Professor	43%	81
<b>Primary Work Location<sup>4</sup></b> (n = 483)	Urban	94%	452
	Regional/Rural	6%	31
<b>Department or School</b> (n = 508)	Anatomy, Physiology, and Pharmacology	3%	16
	Anesthesiology, Perioperative Medicine, and Pain Management	4%	18
	Biochemistry, Microbiology, and Immunology	4%	22
	Community Health and Epidemiology	4%	18
	Emergency Medicine	2%	10
	Family Medicine	16%	80
	Medicine	19%	98
	Obstetrics and Gynecology	3%	14
	Pathology and Lab Medicine	2%	10
	Pediatrics	4%	21
	Psychiatry	5%	23
	School of Rehabilitation Science	3%	16
	Surgery	8%	38
	Not applicable/prefer not to say	24%	124
<b>Senior Leadership Role in College of Medicine</b> (n = 494)	Senior leader, CoM	6%	28
	Not a senior leader, CoM	94%	466
<b>Leadership Role in SK Health Authority (SHA)</b> (n = 493)	Senior leader, SHA	10%	52
	Not a senior leader, SHA	90%	441

<sup>4</sup> Urban work location = Regina, Saskatoon; Regional/Rural = NE, NW, SE, SW.

## 3.2 Safe Environment Index

A set of questions in the survey were combined to form a scale measuring to what degree respondents' environment includes treatment within the College of Medicine that is respectful, safe, and free of harassment and/or discrimination. Questions were combined to represent an overall Safe Environment Index. Specifically, the scale was comprised of the four items listed below, which were rated using a 7-point scale where 1 equaled "*Completely disagree*" and 7 equaled "*Completely agree*".

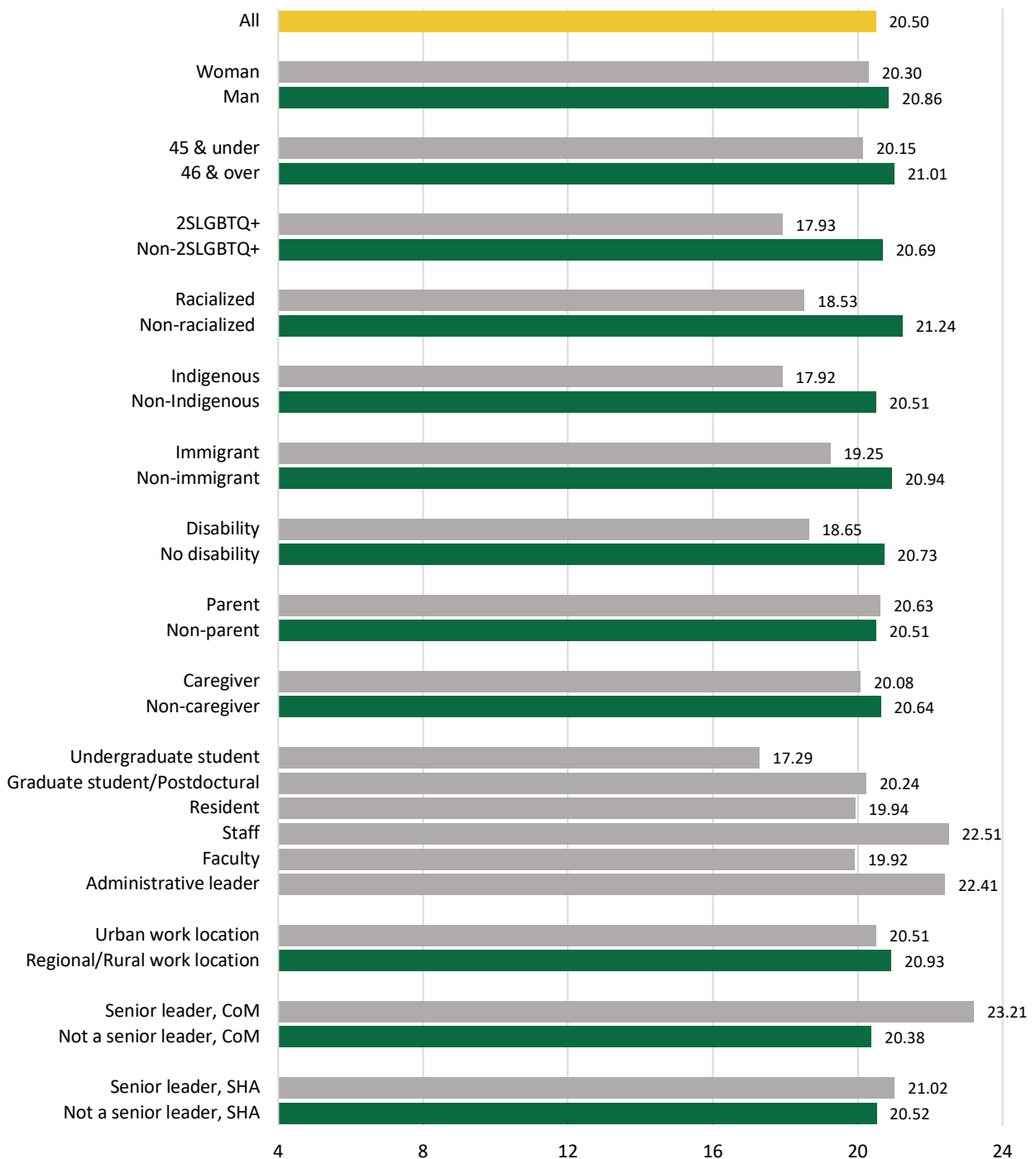
1. The leadership (eg. supervisor, instructor, department head, etc.) in my environment respects individuals and values their differences.
2. My environment is free of harassment and/or discrimination by leaders.
3. My environment is free of harassment and/or discrimination by colleagues, and/or fellow learners.
4. I believe appropriate actions will be taken in response to incidents of discrimination.

Analysis revealed a high internal reliability of the Safe Environment Index ( $\alpha = .88$ ) and the sum of these ratings were then used to create an aggregate score, ranging from 4 to 28, where a high score indicated an environment which is respectful and/or free of harassment and/or responsive, as compared to lower scores.

As shown in Figure 1, positive ratings were found for the majority of survey respondents ( $M = 20.50$ ), with senior leadership, both within the CoM ( $M = 23.21$ ) and SHA ( $M = 21.02$ ), as well as staff members ( $M = 22.51$ ) having the highest scores. On the other hand, ratings were found to be the lowest for undergraduate students ( $M = 17.29$ ), Indigenous persons ( $M = 17.92$ ) and 2SLGBTQ+ persons ( $M = 17.93$ ).



**Figure 1. Safe Environment Index Scores by Demographic Group\***



\* Statistically significant differences were found for the following demographic groups:

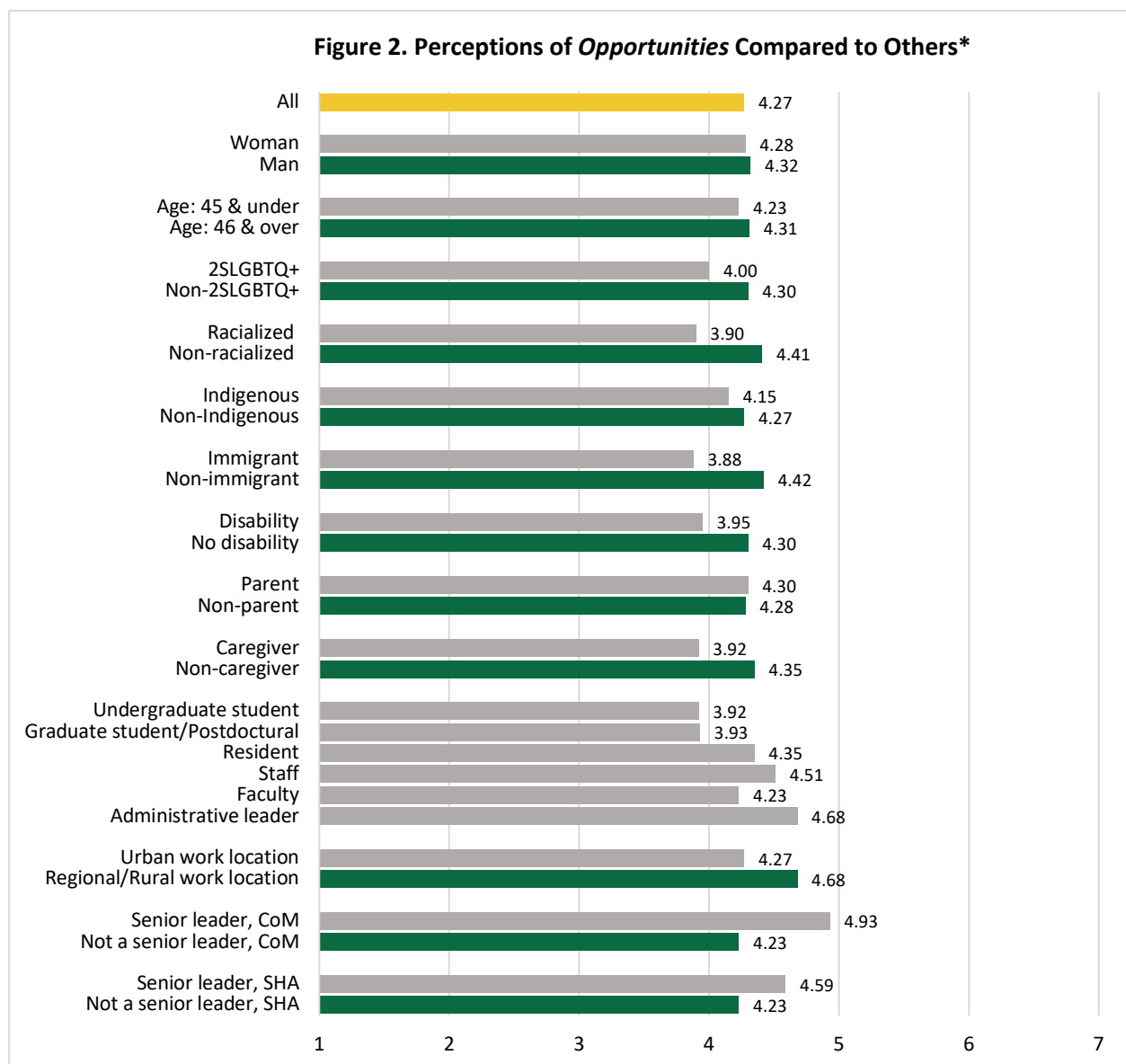
- 2SLGBTQ+ status
- Racialized status
- Immigrant status
- Disability status
- Senior leadership role, CoM

### 3.3 Perceptions of Opportunities, Pay, and Evaluation

In the next set of questions, survey respondents were asked to rate how they felt their experiences compared to others in a similar position to themselves in relation to opportunities, pay, and evaluation. Ratings were based on a 7-point scale, where 1 equaled “Far worse”, 4 equaled “Neither better nor worse” and 7 equaled “Far better”. As shown in Figures 2 to 4, the majority of survey respondents indicated that they felt their experiences were neither better nor worse in relation to opportunities ( $M = 4.27$ ), pay ( $M = 4.22$ ), and evaluation ( $M = 4.24$ ).

#### 3.3.1 Opportunities

When examining demographic differences, it was found that immigrants to Canada had the lowest rating ( $M = 3.88$ ), while senior leaders within the CoM had the highest rating of perceptions of opportunities compared to others ( $M = 4.93$ ).

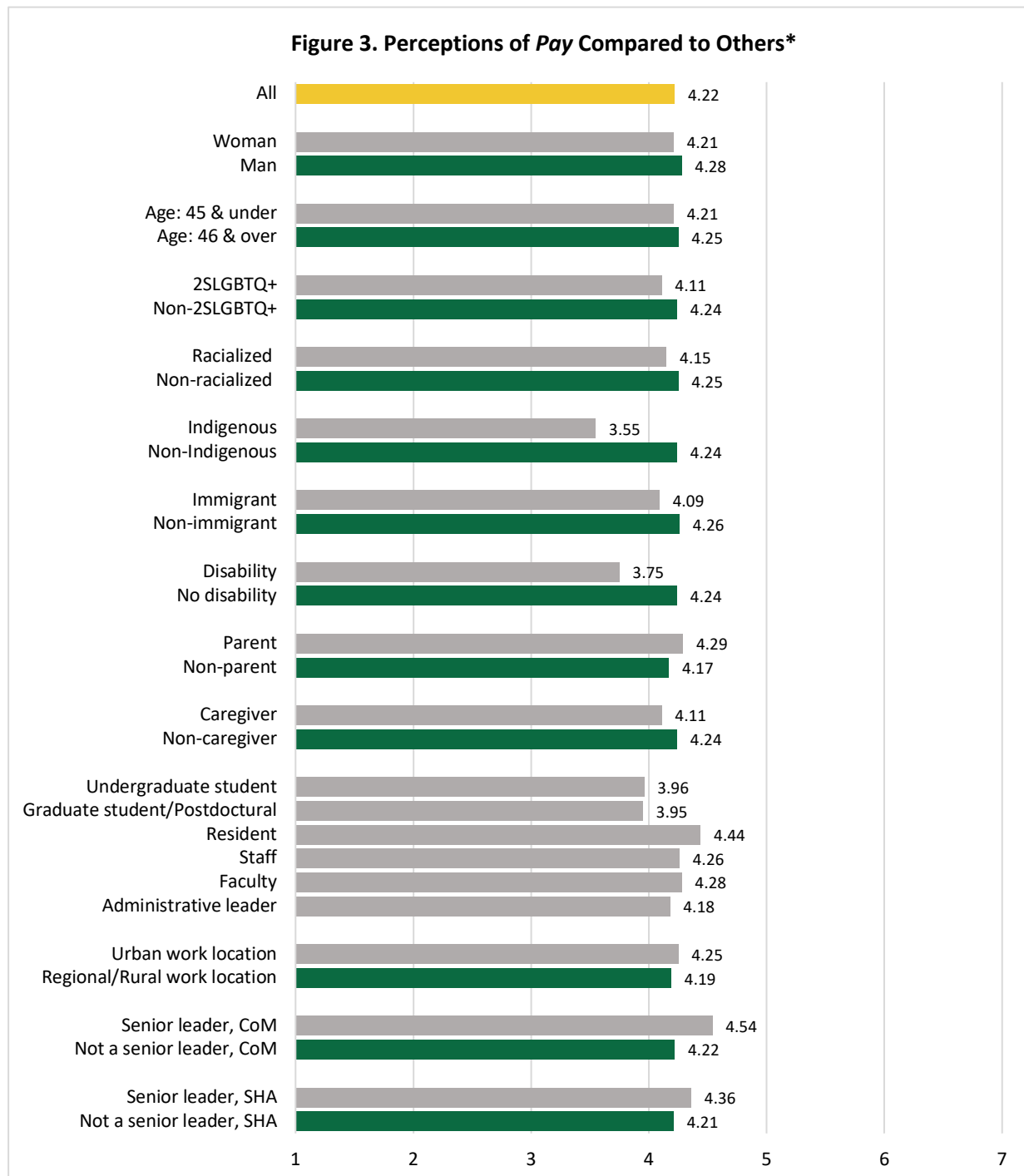


\* Statistically significant differences were found for the following demographic groups:

- Racialized status
- Senior leadership role, CoM
- Caregiver status
- Immigrant status
- Senior leadership role, SHA

### 3.3.2 Pay

In relation to pay and how perceptions of experiences compared to others in similar positions, it was found that Indigenous persons had the lowest average rating ( $M = 3.55$ ), while senior leaders within the CoM had the highest ( $M = 4.54$ ).

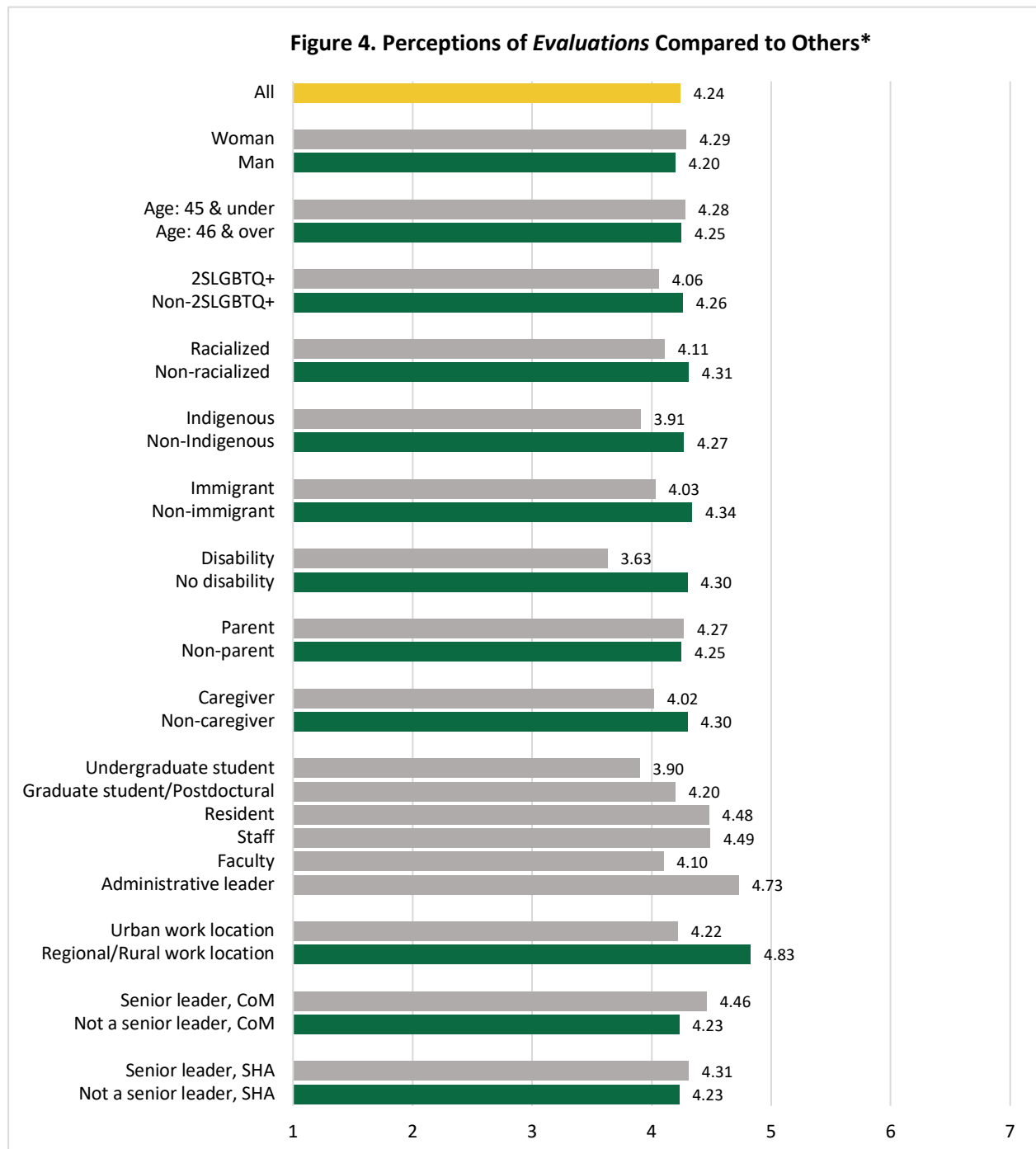


\* Statistically significant differences were found for the following demographic groups:

- Indigenous status
- Disability status

### 3.3.3 Evaluation

Lastly, when asked about perceptions of experiences with evaluations in comparison to others in similar positions, it was found that those in a regional/rural work setting had the highest average rating ( $M = 4.83$ ) while those with a self-identified disability had the lowest ( $M = 3.63$ ).



\* Statistically significant differences were found for the following demographic groups:

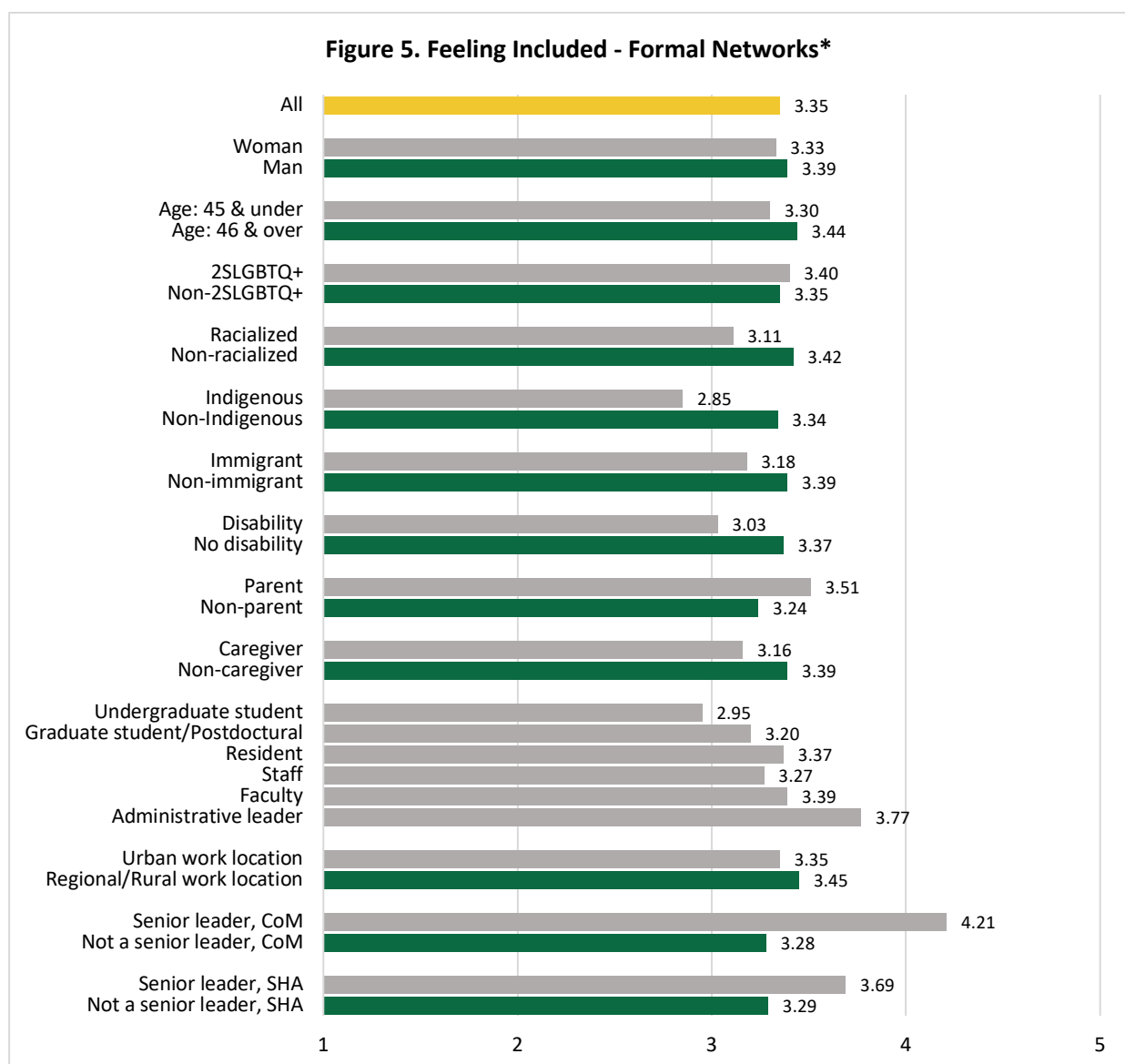
- Immigrant status
- Disability status
- Work location

## 3.4 Feelings of Inclusion

To learn more about feelings of inclusion, survey respondents were asked to indicate how included they felt in relation to formal networks (e.g., committees), informal networks (e.g., socialization), and decision-making. Ratings were based on a 5-point scale where 1 equaled “Not included at all”, 3 equaled “Moderately included” and 5 equaled “Completely included”. Overall, it was found that survey respondents felt moderately included, with average ratings of 3.35 for formal networks, 3.27 for informal networks, and 2.97 for decision-making. Demographic differences are presented in Figures 5 to 7.

### 3.4.1 Formal Networks

In relation to feeling included in formal networks within their work environment, it was found that those in a senior leadership position within the College had the highest ratings of inclusion ( $M = 4.21$ ) while Indigenous persons indicated feeling slightly less than “moderately included” ( $M = 2.85$ ).

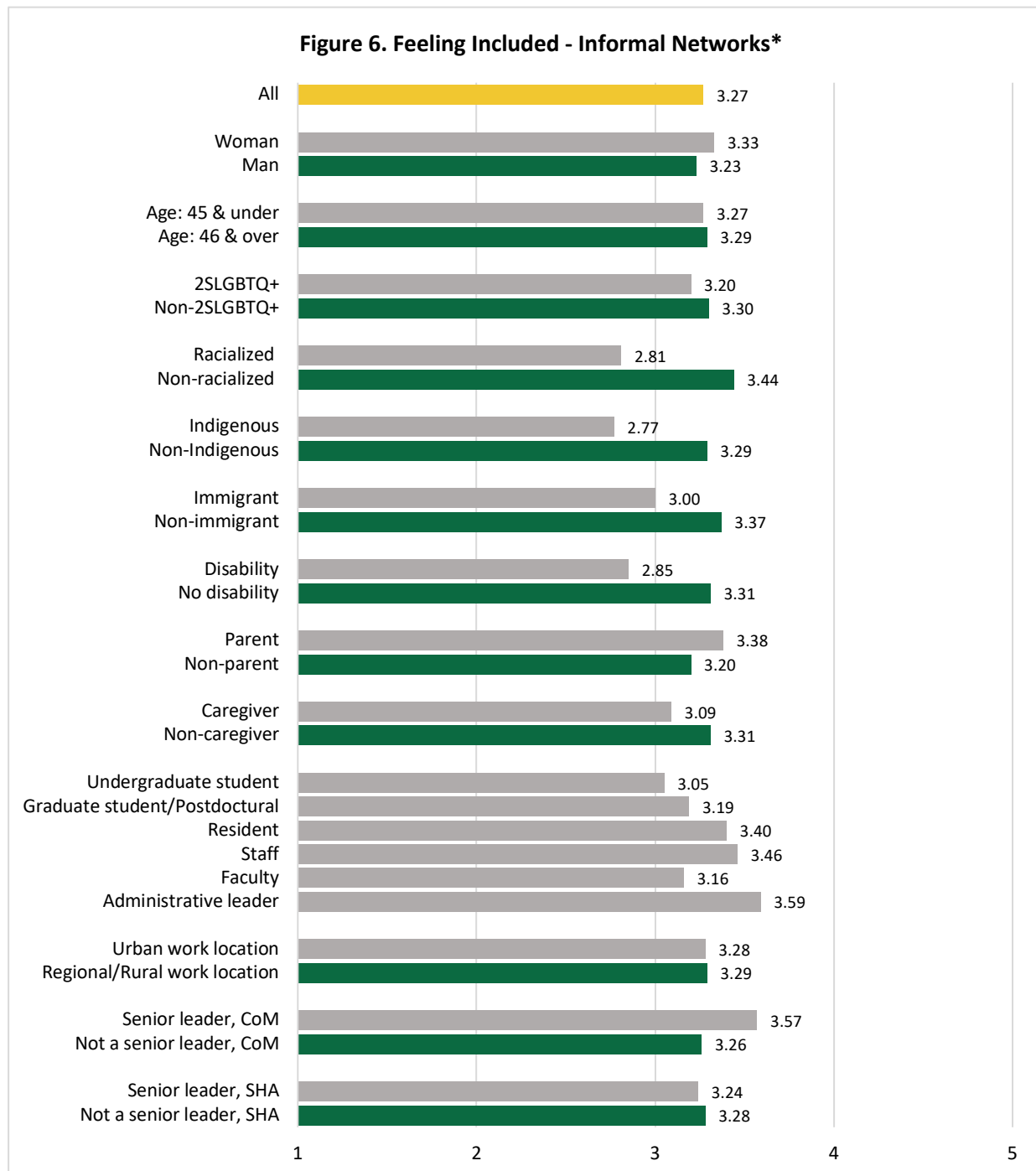


\* Statistically significant differences were found for the following demographic groups:

- Racialized status
- Senior leadership role, CoM
- Parental status
- Senior leadership role, SHA

### 3.4.2 Informal Networks

Once again, those in a leadership position (administrative leaders) were found to have the highest ratings of inclusion with informal networks ( $M = 3.59$ ) while Indigenous persons had the lowest rating ( $M = 2.77$ )

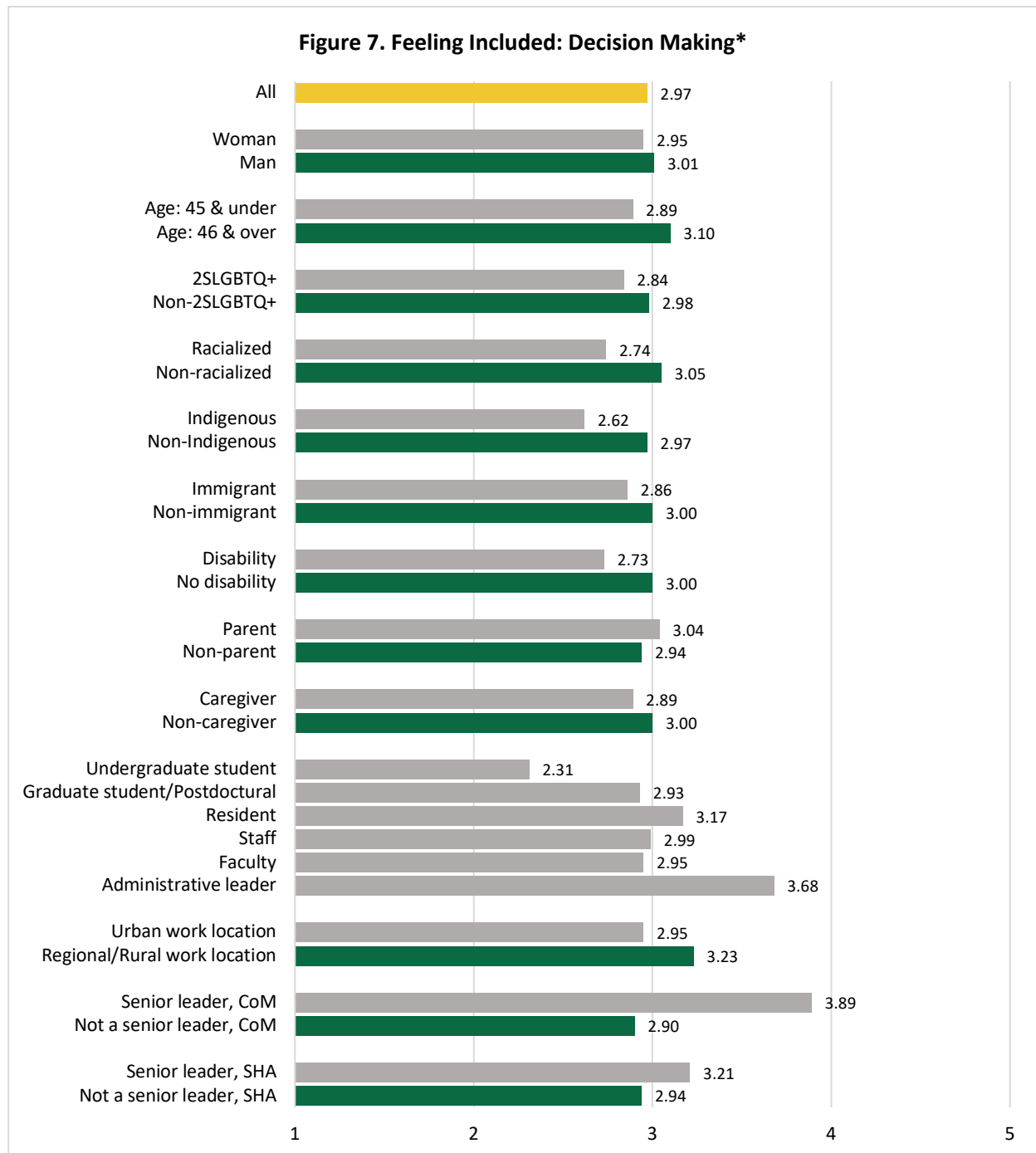


\* Statistically significant differences were found for the following demographic groups:

- Racialized status
- Immigrant status
- Disability status

### 3.4.3 Decision-Making

Lastly, it was found that senior leaders in the college felt the most included in terms of decision-making ( $M = 3.89$ ) whereas undergraduate students did not feel as included ( $M = 2.31$ ).

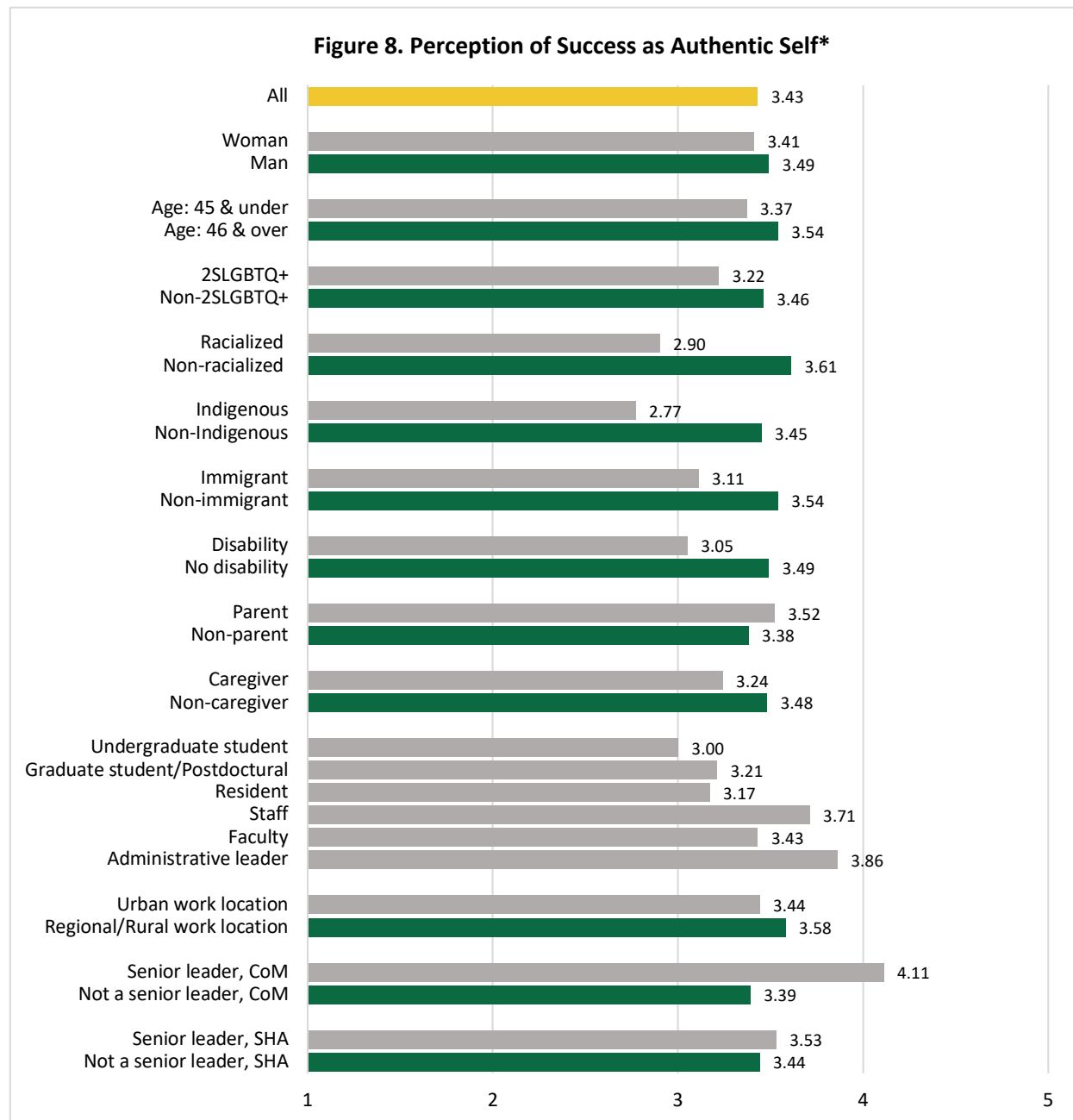


\* Statistically significant differences were found for the following demographic groups:

- Age
- Racialized status
- Senior leadership role, CoM

### 3.5 Perception of Success as Authentic Self

When asked to what extent survey respondents felt they could be successful as their authentic self (e.g., not having to adjust style of speech, behaviour, and/or expression in the workplace), an average rating of 3.43 was found. This was based on a 5-point scale, where 1 equaled “Not at all successful”, 3 equaled “Moderately successful”, and 5 equaled “Completely successful”. When examining demographic differences, it was found that Indigenous persons were least likely to feel they could be successful as their authentic self ( $M = 2.77$ ), while senior leaders of the CoM indicated they could be “mostly successful” as their authentic self ( $M = 4.11$ ).



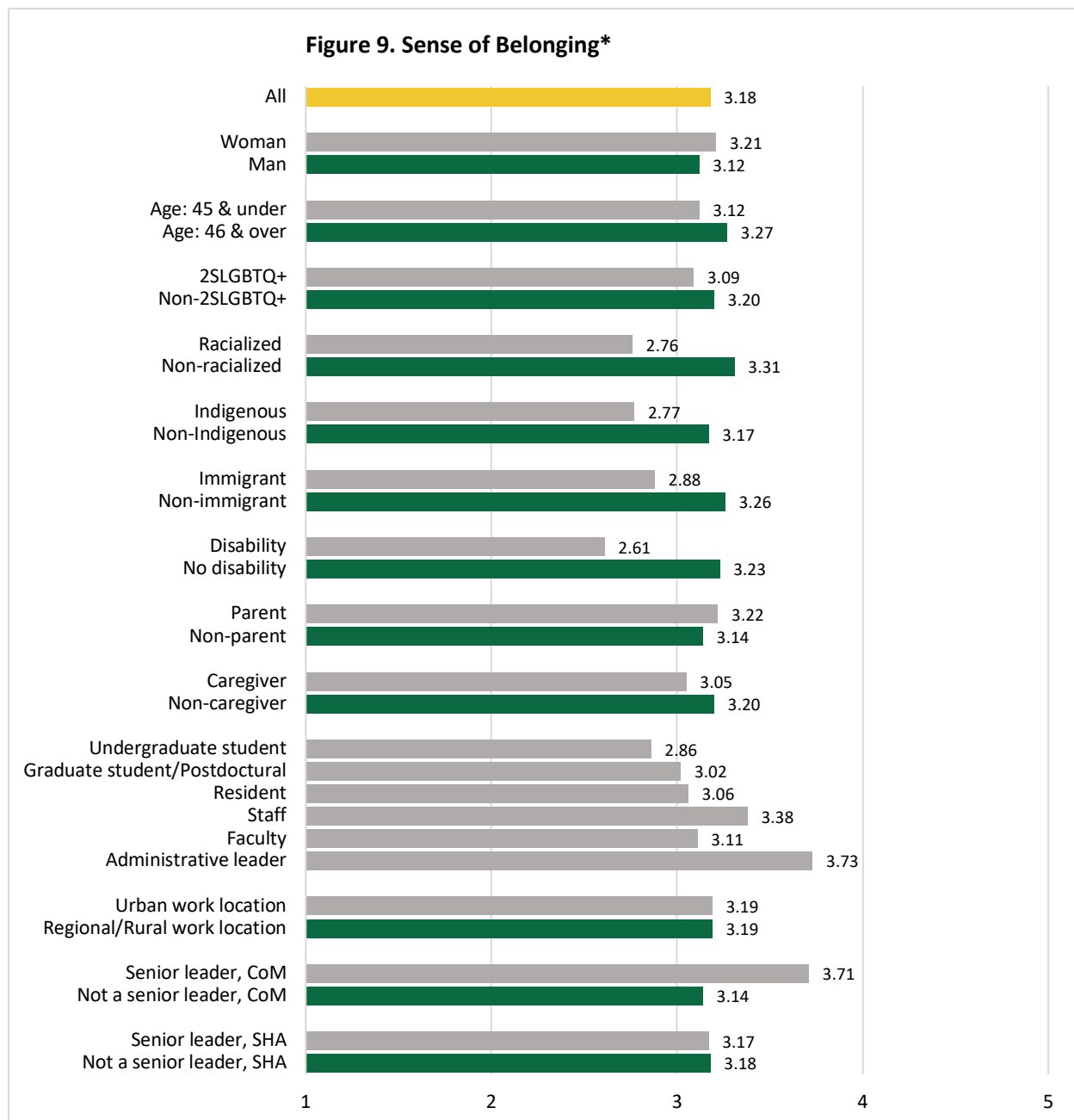
\* Statistically significant differences were found for the following demographic groups:

- Racialized status
- Indigenous status
- Senior leadership role, CoM
- Immigrant status
- Disability status



## 3.6 Sense of Belonging

Lastly, survey respondents were asked to indicate the extent to which they felt a sense of belonging (e.g., feeling accepted and supported) in their environment. Based on a 5-point scale where 1 equaled “No sense of belonging”, 3 equaled “A moderate sense of belonging”, and 5 equaled “A complete sense of belonging”, an average rating of 3.18 was found, indicating a moderate sense of belonging. An examination of demographic differences revealed that those with a self-identified disability had the lowest sense of belonging ( $M = 2.61$ ), while administrative leaders had the highest ( $M = 3.73$ ).



\* Statistically significant differences were found for the following demographic groups:

- Racialized status
- Disability status
- Immigrant status
- Senior leadership role, CoM

### 3.7 Disaggregated Analysis of Demographic Differences

Presented in the tables below are additional analysis pertaining to two-factor demographic groups (e.g., racialized women compared to non-racialized women). When examining EDI data, it is important to present it as disaggregated as possible in order to determine specific experiences amongst different groups. However, this must be balanced with the need to ensure anonymity. Given the small group numbers, it was not possible to disaggregate further than two factors. As well, in many cases the group sizes were too small to carry out statistical analysis to determine if the differences between groups were of statistical significance. Thus, it is important to interpret the findings with caution. With this in mind, it is of note that certain groups were found to have lower average ratings across all sections of the survey as compared to their counterparts. These groups include the following:

- Those with a self-identified disability, including men, women, undergraduate students, and residents
- Racialized women, men, and faculty
- Indigenous men
- Immigrant women

**Table 3. Two-Factor Demographic Comparisons**

Demographic Category	Safe Environment Index Average Score (average score ranging from 4 – 28)
Racialized Women	18.09
Non-Racialized Women	21.14
Racialized Men	19.01
Non-Racialized Men	21.51
Indigenous Women	20.14
Non-Indigenous Women	20.33
Indigenous Men	15.33
Non-Indigenous Men	21.03
Immigrant Women	17.78
Non-Immigrant Women	21.02
Immigrant Men	21.20
Non-Immigrant Men	20.64
Parent, Women	20.42
Non-Parent, Women	20.28
Parent, Men	21.18
Non-Parent, Men	20.58
Disability, Women	18.92
No disability, Women	20.54
Disability, Men	17.33
No Disability, Men	21.20
Caregiver, Women	19.52
Non-Caregiver, Women	20.45
Caregiver, Men	20.83
Non-Caregiver, Men	20.86

Undergraduate Student, Women	16.13
Undergraduate Student, Men	20.17
Graduate/Postdoctoral, Women	20.18
Graduate/Postdoctoral, Men	21.17
Resident, Women	19.59
Resident, Men	21.54
Staff, Women	23.02
Staff, Men	21.11
Faculty, Women	19.09
Faculty, Men	20.58
Administrative Leader, Women	22.08
Administrative Leader, Men	22.80
Undergraduate Student, Racialized	18.00
Undergraduate Student, Non-Racialized	16.91
Graduate/Postdoctoral, Racialized	19.93
Graduate/Postdoctoral, Non-Racialized	21.46
Resident, Racialized	18.41
Resident, Non-Racialized	21.10
Staff, Racialized	19.22
Staff, Non-Racialized	23.15
Faculty, Racialized	18.00
Faculty, Non-Racialized	20.39
Administrative Leader, Racialized	23.00
Administrative Leader, Non-Racialized	22.28
Undergraduate Student, Disability	12.43
Undergraduate Student, No Disability	19.03
Graduate/Postdoctoral, Disability	21.50
Graduate/Postdoctoral, No Disability	20.44
Resident, Disability	12.25
Resident, No Disability	20.95
Staff, Disability	22.73
Staff, No Disability	22.42
Faculty, Disability	19.54
Faculty, No Disability	19.87
Administrative Leader, Disability	24.50
Administrative Leader, No Disability	22.20
Urban Work Location, Women	20.36
Urban Work Location, Men	20.75
Regional/Rural Work Location, Women	21.31
Regional/Rural Work Location, Men	21.17
Urban Work Location, Racialized	18.50
Urban Work Location, Non-Racialized	21.17
Regional/Rural Work Location, Racialized	18.22
Regional/Rural Work Location, Non-Racialized	22.39

Demographic Category	Perceptions of factors compared to others in similar positions (average rating based on 7-point scale)		
	Opportunities	Pay	Evaluation
Racialized Women	4.01	4.24	4.19
Non-Racialized Women	4.36	4.18	4.32
Racialized Men	3.81	4.12	3.88
Non-Racialized Men	4.51	4.34	4.32
Indigenous Women	5.00	4.00	4.71
Non-Indigenous Women	4.27	4.22	4.29
Indigenous Men	3.17	3.00	2.50
Non-Indigenous Men	4.35	4.32	4.26
Immigrant Women	3.79	4.02	4.02
Non-Immigrant Women	4.43	4.27	4.38
Immigrant Men	4.05	4.26	4.11
Non-Immigrant Men	4.45	4.29	4.25
Disability, Women	3.88	3.57	3.64
No disability, Women	4.31	4.25	4.34
Disability, Men	4.08	3.92	3.54
No Disability, Men	4.36	4.30	4.26
Parent, Women	4.34	4.35	4.30
Non-Parent, Women	4.25	4.13	4.30
Parent, Men	4.26	4.25	4.29
Non-Parent, Men	4.37	4.30	4.12
Caregiver, Women	3.86	4.09	4.00
Non-Caregiver, Women	4.34	4.23	4.34
Caregiver, Men	4.13	4.32	4.09
Non-Caregiver, Men	4.35	4.27	4.22
Undergraduate Student, Women	3.74	3.83	3.79
Undergraduate Student, Men	4.33	4.20	4.17
Graduate/Postdoctoral, Women	3.97	4.07	4.32
Graduate/Postdoctoral, Men	4.00	4.20	3.71
Resident, Women	4.59	4.65	4.59
Resident, Men	3.83	3.83	4.17
Staff, Women	4.41	4.26	4.47
Staff, Men	4.46	4.19	4.58
Faculty, Women	4.15	4.20	4.12
Faculty, Men	4.31	4.34	4.11
Administrative Leader, Women	4.67	4.00	4.67
Administrative Leader, Men	4.70	4.40	4.80
Undergraduate Student, Racialized	3.83	4.23	4.00
Undergraduate Student, Non-Racialized	4.05	3.79	3.90
Graduate/Postdoctoral, Racialized	3.43	3.54	3.71
Graduate/Postdoctoral, Non-Racialized	4.33	4.30	4.58
Resident, Racialized	4.19	4.38	4.06
Resident, Non-Racialized	4.50	4.43	4.70
Staff, Racialized	4.17	4.59	4.59
Staff, Non-Racialized	4.57	4.17	4.48

Faculty, Racialized	3.80	4.00	3.98
Faculty, Non-Racialized	4.33	4.37	4.12
Administrative Leader, Racialized	6.00	6.00	6.00
Administrative Leader, Non-Racialized	4.39	3.78	4.44
Undergraduate Student, Disability	2.83	3.50	3.17
Undergraduate Student, No Disability	4.27	4.00	4.13
Graduate/Postdoctoral, Disability	4.00	4.50	3.50
Graduate/Postdoctoral, No Disability	3.92	3.91	4.21
Resident, Disability	3.50	3.75	3.50
Resident, No Disability	4.44	4.45	4.54
Staff, Disability	4.09	3.73	4.00
Staff, No Disability	4.53	4.29	4.52
Faculty, Disability	4.15	4.00	3.46
Faculty, No Disability	4.20	4.28	4.14
Administrative Leader, Disability	5.00	1.50	5.00
Administrative Leader, No Disability	4.65	4.45	4.70
Urban Work Location, Women	4.29	4.27	4.27
Urban Work Location, Men	4.28	4.26	4.17
Regional/Rural Work Location, Women	4.71	4.18	5.06
Regional/Rural Work Location, Men	4.69	4.38	4.77
Urban Work Location, Racialized	3.91	4.20	4.03
Urban Work Location, Non-Racialized	4.38	4.25	4.28
Regional/Rural Work Location, Racialized	4.40	3.90	5.00
Regional/Rural Work Location, Non-Racialized	4.89	4.47	4.94

Demographic Category	Feelings of Inclusion (average rating based on 5-point scale)		
	Formal Networks	Informal Networks	Decision-Making
Racialized Women	3.20	2.86	2.77
Non-Racialized Women	3.37	3.50	3.02
Racialized Men	3.04	2.91	2.76
Non-Racialized Men	3.53	3.34	3.11
Indigenous Women	3.00	3.29	3.00
Non-Indigenous Women	3.34	3.34	2.95
Indigenous Men	2.67	2.17	2.17
Non-Indigenous Men	3.41	3.27	3.04
Immigrant Women	3.13	2.85	2.65
Non-Immigrant Women	3.38	3.47	3.03
Immigrant Men	3.33	3.22	3.16
Non-Immigrant Men	3.41	3.22	2.93
Disability, Women	3.00	2.92	2.85
No disability, Women	3.37	3.36	2.97
Disability, Men	3.00	2.75	2.46
No Disability, Men	3.42	3.27	3.07
Parent, Women	3.46	3.41	2.94
Non-Parent, Women	3.26	3.29	2.97
Parent, Men	3.59	3.39	3.17

Non-Parent, Men	3.21	3.09	2.87
Caregiver, Women	3.23	3.14	2.94
Non-Caregiver, Women	3.34	3.36	2.96
Caregiver, Men	3.17	3.21	2.92
Non-Caregiver, Men	3.43	3.23	3.03
Undergraduate Student, Women	2.93	3.07	2.36
Undergraduate Student, Men	3.00	3.00	2.18
Graduate/Postdoctoral, Women	3.12	3.18	2.74
Graduate/Postdoctoral, Men	3.50	3.33	3.83
Resident, Women	3.44	3.42	3.33
Resident, Men	3.42	3.46	3.08
Staff, Women	3.22	3.54	3.00
Staff, Men	3.48	3.41	3.00
Faculty, Women	3.44	3.20	2.95
Faculty, Men	3.39	3.13	2.99
Administrative Leader, Women	4.00	3.58	3.75
Administrative Leader, Men	3.50	3.60	3.60
Undergraduate Student, Racialized	3.12	3.00	2.56
Undergraduate Student, Non-Racialized	2.77	3.14	2.14
Graduate/Postdoctoral, Racialized	2.85	2.50	2.85
Graduate/Postdoctoral, Non-Racialized	3.38	3.40	3.04
Resident, Racialized	3.35	3.19	3.31
Resident, Non-Racialized	3.48	3.57	3.23
Staff, Racialized	3.28	3.22	2.89
Staff, Non-Racialized	3.24	3.55	3.00
Faculty, Racialized	3.05	2.64	2.53
Faculty, Non-Racialized	3.53	3.37	3.11
Administrative Leader, Racialized	3.75	3.50	4.25
Administrative Leader, Non-Racialized	3.78	3.61	3.56
Undergraduate Student, Disability	2.43	2.86	1.57
Undergraduate Student, No Disability	3.07	3.16	2.59
Graduate/Postdoctoral, Disability	3.00	2.00	3.00
Graduate/Postdoctoral, No Disability	3.24	3.23	2.97
Resident, Disability	4.00	2.75	3.00
Resident, No Disability	3.41	3.49	3.29
Staff, Disability	2.20	3.09	2.91
Staff, No Disability	3.36	3.48	2.98
Faculty, Disability	3.54	2.85	2.77
Faculty, No Disability	3.37	3.18	2.95
Administrative Leader, Disability	3.50	3.50	5.00
Administrative Leader, No Disability	3.80	3.60	3.55
Urban Work Location, Women	3.31	3.30	2.93
Urban Work Location, Men	3.41	3.28	3.01
Regional/Rural Work Location, Women	3.53	3.65	3.41
Regional/Rural Work Location, Men	3.38	2.92	2.92
Urban Work Location, Racialized	3.17	2.90	2.77
Urban Work Location, Non-Racialized	3.39	3.42	3.01
Regional/Rural Work Location, Racialized	3.10	2.80	2.90
Regional/Rural Work Location, Non-Racialized	3.68	3.63	3.37

Demographic Category	Perception of success as authentic self (average rating based on 5-point scale)
Racialized Women	2.80
Non-Racialized Women	3.62
Racialized Men	2.98
Non-Racialized Men	3.68
Indigenous Women	3.29
Non-Indigenous Women	3.41
Indigenous Men	2.17
Non-Indigenous Men	3.55
Immigrant Women	2.85
Non-Immigrant Women	3.55
Immigrant Men	3.40
Non-Immigrant Men	3.51
Disability, Women	3.31
No disability, Women	3.43
Disability, Men	2.46
No Disability, Men	3.60
Parent, Women	3.44
Non-Parent, Women	3.39
Parent, Men	3.66
Non-Parent, Men	3.35
Caregiver, Women	3.11
Non-Caregiver, Women	3.45
Caregiver, Men	3.42
Non-Caregiver, Men	3.51
Undergraduate Student, Women	2.86
Undergraduate Student, Men	3.33
Graduate/Postdoctoral, Women	3.18
Graduate/Postdoctoral, Men	3.00
Resident, Women	3.15
Resident, Men	3.38
Staff, Women	3.78
Staff, Men	3.54
Faculty, Women	3.34
Faculty, Men	3.52
Administrative Leader, Women	3.83
Administrative Leader, Men	3.90
Undergraduate Student, Racialized	2.78
Undergraduate Student, Non-Racialized	3.18
Graduate/Postdoctoral, Racialized	2.57
Graduate/Postdoctoral, Non-Racialized	3.54
Resident, Racialized	2.81
Resident, Non-Racialized	3.43
Staff, Racialized	3.00
Staff, Non-Racialized	3.86

Faculty, Racialized	2.93
Faculty, Non-Racialized	3.60
Administrative Leader, Racialized	4.00
Administrative Leader, Non-Racialized	3.83
Undergraduate Student, Disability	2.57
Undergraduate Student, No Disability	3.19
Graduate/Postdoctoral, Disability	3.50
Graduate/Postdoctoral, No Disability	3.23
Resident, Disability	1.75
Resident, No Disability	3.37
Staff, Disability	3.64
Staff, No Disability	3.70
Faculty, Disability	3.00
Faculty, No Disability	3.46
Administrative Leader, Disability	5.00
Administrative Leader, No Disability	3.75
Urban Work Location, Women	3.41
Urban Work Location, Men	3.48
Regional/Rural Work Location, Women	3.53
Regional/Rural Work Location, Men	3.85
Urban Work Location, Racialized	2.90
Urban Work Location, Non-Racialized	3.62
Regional/Rural Work Location, Racialized	3.00
Regional/Rural Work Location, Non-Racialized	3.95

Demographic Category	Sense of Belonging (average rating based on 5-point scale)
Racialized Women	2.74
Non-Racialized Women	3.38
Racialized Men	2.84
Non-Racialized Men	3.19
Indigenous Women	3.29
Non-Indigenous Women	3.21
Indigenous Men	2.17
Non-Indigenous Men	3.13
Immigrant Women	2.67
Non-Immigrant Women	3.35
Immigrant Men	3.12
Non-Immigrant Men	3.09
Disability, Women	2.62
No disability, Women	3.27
Disability, Men	2.54
No Disability, Men	3.18
Parent, Women	3.26
Non-Parent, Women	3.18
Parent, Men	3.20
Non-Parent, Men	3.05



Caregiver, Women	3.11
Non-Caregiver, Women	3.22
Caregiver, Men	3.04
Non-Caregiver, Men	3.13
Undergraduate Student, Women	2.90
Undergraduate Student, Men	2.75
Graduate/Postdoctoral, Women	2.85
Graduate/Postdoctoral, Men	3.43
Resident, Women	3.09
Resident, Men	3.15
Staff, Women	3.52
Staff, Men	3.00
Faculty, Women	3.14
Faculty, Men	3.12
Administrative Leader, Women	3.92
Administrative Leader, Men	3.50
Undergraduate Student, Racialized	2.94
Undergraduate Student, Non-Racialized	2.68
Graduate/Postdoctoral, Racialized	2.71
Graduate/Postdoctoral, Non-Racialized	3.15
Resident, Racialized	2.82
Resident, Non-Racialized	3.27
Staff, Racialized	2.83
Staff, Non-Racialized	3.48
Faculty, Racialized	2.68
Faculty, Non-Racialized	3.29
Administrative Leader, Racialized	3.75
Administrative Leader, Non-Racialized	3.72
Undergraduate Student, Disability	2.14
Undergraduate Student, No Disability	3.03
Graduate/Postdoctoral, Disability	3.00
Graduate/Postdoctoral, No Disability	3.05
Resident, Disability	1.75
Resident, No Disability	3.24
Staff, Disability	2.73
Staff, No Disability	3.44
Faculty, Disability	2.69
Faculty, No Disability	3.14
Administrative Leader, Disability	3.50
Administrative Leader, No Disability	3.75
Urban Work Location, Women	3.23
Urban Work Location, Men	3.14
Regional/Rural Work Location, Women	3.24
Regional/Rural Work Location, Men	3.15
Urban Work Location, Racialized	2.82
Urban Work Location, Non-Racialized	3.31
Regional/Rural Work Location, Racialized	2.60
Regional/Rural Work Location, Non-Racialized	3.47

### 3.8 Policies/Procedures/Practices

The last section of the survey asked for respondents to provide feedback regarding any actions that could be taken such as policies, procedures, and practices that would help them feel respected, valued, and/or a sense of belonging in the environment they belong to within the College of Medicine. Based on the review of 163 comments, the following key themes emerged:

<b>Theme:</b>	<b>Improved policies and processes and/or application of existing policies and processes.</b>
<b>Responses:</b>	35
<b>Quotes:</b>	<p><i>Clear policy that racist, sexist, homophobic or transphobic behaviours and actions are unacceptable and stepwise intervention plan for anyone who violates those standards, up to and including termination.</i></p> <p><i>Adherence to the policies and procedures that are in place so that people are respected and valued. It is from this that they will gain a sense of belonging.</i></p> <p><i>To have a clear policy on how leadership positions in the department are filled (who qualifies, who can apply, how the decision is made)...To have clear policy on how awards are given (e.g. teaching awards etc.). Who makes the final decision and how?</i></p> <p><i>Equality between positions, same positions having the same pay, the same job description.</i></p>

<b>Theme:</b>	<b>Workplace Culture</b>
<b>Responses:</b>	31
<b>Quotes:</b>	<p><b>Workplace Culture: Positive experiences</b></p> <p><i>There is a team approach - it fosters responsibility, accountability and also support and feedback in a respectful manner</i></p> <p><i>My Department has created a check-in event where all faculty members, associated professors, and students mingle informally. We get to share our burdens or hardships we might be facing and happy moments in our lives as students.</i></p> <p><b>Workplace Culture: Negative experiences</b></p> <p><i>When considering departmental level activities, the environment feels like a competition, and as if it is "survival mode" as opposed to a supportive environment.</i></p> <p><i>I feel that there are still some staff / faculty who still subscribe to the "food chain" aspect of our unionized environment. CUPE is the lowest and should obey all...I believe that we all need to get work done and each of us is doing a different job.</i></p> <p><i>The old boys club is alive and well. It's hard to believe that in 2021 this is still an issue. It's much more of an effort as a woman to make connections, hear about opportunities informally, and to "speak the language" of the club.</i></p> <p><b>Workplace Culture: Suggestions for improvement</b></p> <p><i>Policies and procedures are essential for formalization and codification. No amount of formal policies however can be nearly as effective as a positive, open and welcoming culture. This only comes from repeated examples setting and role modeling.</i></p> <p><i>Common ice breakers which allow people to potentially build connections without having to navigate small talk with colleagues I'm unfamiliar with. Regular check-ins to ensure there is a private space to address ongoing challenges, or recognize achievements.</i></p>

<b>Theme:</b>	<b>Improved communication/increased transparency/involvement in decision-making</b>
<b>Responses:</b>	27
<b>Quotes:</b>	<p><i>Include those individuals that do the work in conversations and feedback for decision making.</i></p> <p><i>To consult students on major changes in policy, etc. Not seeking student input, or responding to it after the fact, causes graduate students to feel undervalued.</i></p> <p><i>There remains to be a lack of transparency in decision making within my department. Decisions are largely made behind closed doors with little consultation with department members.</i></p> <p><i>More transparency from CoM and SHA admin. More accountability from CoM and SHA admin.</i></p>

<b>Theme:</b>	<b>Greater representation and support of diverse needs</b>
<b>Responses:</b>	17
<b>Quotes:</b>	<p><i>I would like to see ethnic diversity in all committees, in our department, and more diversity in leadership positions</i></p> <p><i>Very strong white male perspective in all decision making. This carries through to the practices within the organization, who gets recognition, whose voice gets heard in meetings, those who receive merit.</i></p> <p><i>More women in leadership positions (and clinical positions), more women with children in leadership positions (and clinical positions), more female BIPOC in leadership positions (and clinical positions)</i></p> <p><i>If Indigenous people were given real leadership roles and a real seat at the table, rather than just a "committee" or a task that isn't going to go anywhere, that would help tremendously.</i></p> <p><i>I think the system needs to change to allow for external coverage to allow residents to take accommodations without reliance of co-residents to do the extra work. This would make the college of medicine much more inclusive of differently abled residents.</i></p> <p><i>I think it needs to be made clear to anyone in a leadership position in the college that accommodations do not provide anyone with an advantage, but even better would be to have an environment that celebrates different abilities, rather than punishes those who fall outside the "norm."</i></p>

<b>Theme:</b>	<b>Need for education/improved supports</b>
<b>Responses:</b>	16
<b>Quotes:</b>	<p><i>There should be training for staff, students and committee members on gender equity and unconscious, inherent bias particularly when considering hiring and incoming resident selection.</i></p> <p><i>Sensitivity training about mental health, training to improve awareness of signs of burnout and what to do if you see them.</i></p> <p><i>Mandatory education for teaching faculty on giving effective and actionable feedback to accompany failures so that learners still feel valued. A failing grade with no feedback does not allow a learner to feel valued/grow and often leaves them wondering if it was something about them personally rather than about their performance.</i></p> <p><i>I would appreciate any resources that helped with mentorship, advocacy, and /or advice [for 2SLGBTQ+ members]. I have not dealt with much discrimination but I am often quite quiet about being LGBT because I do not have much in terms of guidance or specific support.</i></p> <p><i>Formal EDI and anti-racism education for all.</i></p>

<b>Theme:</b>	<b>Improved reporting system/complaints handled properly</b>
<b>Responses:</b>	14
<b>Quotes:</b>	<p><i>A better process for reporting incidents of mistreatment and discrimination that does not feel like an arduous task/burden for students.</i></p> <p><i>The University of Manitoba has an Office of Professionalism which I would encourage the U of S to check into. This office has an online submission form entitled "SPEAK UP." Once the form is generated, it has quick feedback and action associated with it as each case is reviewed by the Associated Dean.</i></p> <p><i>I perceive a lack of a safe way to report workplace harassment and bullying. If the bully is high-ranked or good at their work, nothing gets done about their inappropriate behaviour. The bully is very much protected even after years and years of complaints and letters.</i></p> <p><i>A change in HR's response to complaints of discrimination and bullying, from problem containment to problem solving.</i></p> <p><i>Clarity on who to go to in cases of harassment.</i></p>

<b>Theme:</b>	<b>Racism, intimidation, harassment, misogyny and gender-based inequity</b>
<b>Responses:</b>	14
<b>Quotes:</b>	<i>Acknowledgement of the implicit biases inherent in our history as a country, province and university.</i>
	<i>I feel that nonwhites aren't given the same opportunity for advancement as their white counterparts.</i>
	<i>Statistics showing that professionalism concerns are disproportionately raised against women, and people of diversity in manner that cannot be defended nor properly evaluated for any meaningful remediation.</i>
	<i>Enforcing that team members should not use ethnic or racist slurs to refer to patients - this is derogatory, not a good example for learners, and is dehumanizing for the patients.</i>
	<i>It would be great to see an analysis of income in the college broken down by gender (and if available, race) to help us identify areas of income inequity and create goals to address inequities in this area.</i>
	<i>Have misogynistic behaviour addressed - nurses who treat women physicians different than men - more apt to complain, write complaints, etc - nurses spend more time with the male doctors and leave me when the male doctor comes in. Male physicians can be disrespectful and condescending to women.</i>

<b>Theme:</b>	<b>Leadership-related concerns</b>
<b>Responses:</b>	9
<b>Quotes:</b>	<i>I would like there to be a formal 360 degree process for reviewing Directors and Department Heads. As staff we are at the mercy of leadership with little input on how they treat us. This is compounded by the fact that leaders seem to require no formal training in leadership.</i>
	<i>Leadership positions in all venues must be filled in a timely fashion. University academic timelines and traditional strategies are leaving leadership vacuums for long period of time. At this time so many of the leadership people that I would normally take important issues to are temporary and do not give enough attention to the problems at hand</i>
	<i>It would be nice if some of the senior administration could dampen the clear disdain they hold towards medical students in general. Perhaps it's due to the traditional hierarchical structures of academia/medicine, or some kind of ageism, but medical students in this college are often treated as though we are children. We may just be medical learners but we are adults and deserve to be treated as such.</i>
	<i>Having people in leadership positions who truly believe in servant leadership rather than directive leadership, is key in promoting inclusion and respect in working environment. I am not sure the culture of leadership from the top down in most institutions is that of servant leadership and it is very often leadership based on assumptions of needs that directs changes that more often than not do not lead to effective changes.</i>

## 4. Summary of Findings

The findings from the 2021 College of Medicine EDI survey have helped to provide a clearer picture of the diversity of members of the College. In addition, the results have illuminated how people perceive the culture that they work and learn in. Overall, survey respondents were found to have positive perceptions of the environment within the College, with the majority reporting that:

- the environment was respectful, safe, and free of harassment and/or discrimination as evidenced by high scores on the Safe Environment Index;
- their experiences in relation to opportunities, pay and evaluation were thought to be the same as others in similar positions;
- they felt moderately included in things such as formal networks, informal networks, and decision-making;
- they felt they could be mostly successful as their authentic self; and
- they felt a moderate sense of belonging (e.g, feeling accepted and supported) in their environment.

Although the overall findings speak to an environment which is experienced positively by most, results also revealed that these experiences vary based on demographic differences. In particular, it was found that respondents who identified as Indigenous, racialized, immigrant, or having a disability had less positive ratings as compared to their counterparts. Undergraduate MD students were also found to have the lowest ratings as compared to all other roles within the College of Medicine.

Analysis of two-factor demographics further exemplified that certain demographic groups perceived the environment of the College less positively. This was especially true for those with a self-identified disability, including men, women, undergraduate students and residents; racialized women, men, and faculty; Indigenous men; and immigrant women.

When asked about policies, procedures and practices that would help them feel respected, valued, and a sense of belonging, many respondents commented that there must be stronger policies in place and that the policies currently in place must be followed. Experiences with harassment, intimidation, and discrimination were also shared, reiterating the importance of having clear policies in place as well as a reporting system to report such incidents.

In addition to reporting tools and policies, survey respondents spoke to the importance of education and training in various areas, including EDI, mental health, anti-racism, gender equity, and unconscious bias. Survey respondents also shared that in order to improve the culture, there must be greater representation and acceptance of diversity to ensure there is not just one dominant perspective. Lastly, comments pertaining to workplace culture further revealed that while many work and learn within a positive environment, additional work is needed to ensure that all feel valued, respected, and heard by their co-workers and leadership and that it is an environment free of discrimination.

## 5. Next Steps

The EDI survey was an initiative carried out to gain a better understanding of what the environment is like for those that work and learn in the College of Medicine. That is, do members of the College feel respected and valued by their leadership, is their environment free from discrimination and harassment, are their experiences better or worse than those in similar positions in relation to opportunities, pay, and evaluation, do they feel included in formal and informal networks and with decision-making, can they be their authentic self, and do they feel a sense of belonging?

Overall, results revealed that members of the College had a generally positive impression of their environment. However, based on findings of the survey, the following next steps are proposed:

1. It must be better understood what unique issues are being faced by certain demographic groups who reported less positive experiences, such as racialized persons and those with a self-identified disability.
2. Ensure that appropriate policies are in place and are being followed, which will further support an equitable environment free from discrimination. Similarly, ensure members of the College are aware of existing reporting systems and determine how current systems may not be adequately meeting the needs of those reporting negative incidents.
3. Work with the appropriate groups within the College of Medicine to develop and deliver education pertaining to EDI and ensure that currently available training and education is being widely accessed.
4. Although time will be needed to develop and implement the above-listed next steps, it will be important to continue conducting EDI surveys in the future to determine if initiatives have been successful, if additional work is needed to address identified issues, or if new areas of focus emerge.

## **Appendix A**

### **College of Medicine EDI Survey**



## CONSENT

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### Introduction

Welcome, and thank you for taking the time to complete this brief survey!

The results of the College of Medicine EDI (Equity, Diversity, and Inclusion) Survey will:

Enable us to accurately describe the demographics of our large, distributed College among our member groups (ie. faculty, learners, staff, etc), and throughout the province,

Shed light on how people perceive the culture of the College in their various work environments and interactions, and

Inform the College of Medicine EDI strategy and activities, as well as aid in reporting for accreditation purposes.

Reducing identifiability is of utmost importance in surveys such as this one. This survey is anonymous meaning that it does not collect your IP address and your responses are not linked with your name, e-mail address or any other personally identifying information. We have put protections in place in the analysis of these data, such that all potentially identifying questions will require a minimum of 5 responses to be reported. If that level is not achieved, the responses will be combined with other categories. For example, in the question below, if only 3 people choose SW, that response will be combined with another, for example SE, and data will be reported as "members from SE + SW..."

What area is your current primary work location?

Saskatoon - urban

Regina - urban

NE

NW

SE

SW

It is important that every member in the College of Medicine, no matter your role, demographics, or involvement in EDI initiatives, is represented in this data.

We thank you for sharing your experiences in contribution towards the bettering of our place of work and study. Please feel free to contact Erin Prosser-Loose, Senior EDI Specialist in the College of Medicine, for any questions related to this survey ([erin.prosser-loose@usask.ca](mailto:erin.prosser-loose@usask.ca)).

### S1Q1

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Are you currently a member of the College of Medicine?

*This includes physicians with a faculty appointment in the College of Medicine anywhere in the province, and employees, residents, students, graduate students, and postdocs of the College of Medicine anywhere in the province.*

☐ Yes

☐ No

### GRIDINSTRUCTIONS

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#### COLLEGE OF MEDICINE CULTURE:

We understand that members of the College of Medicine work and learn in many different environments. Please consider your overall experience and answer the following questions in whatever context(s) you best relate to the College of Medicine in (ie. Department, clinical office, administrative office, laboratory, classroom, etc). While many of us have been working in virtual settings this past year, please think of your "normal" setting with those you normally work in proximity to.

On this screen, please indicate the extent to which you agree or disagree with the following statements about your environment.



## S2Q3

To what extent do you feel included in the following aspects of your environment?

	<b>Not included at all</b>	<b>Slightly included</b>	<b>Moderately included</b>	<b>Mostly included</b>	<b>Completely included</b>	<b>Not applicable</b>
Formal networks (ie. Committees)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Informal networks (ie. Socialization)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S2Q4

To what extent do you feel you can be successful as your authentic self, (ie. you do not have to adjust your style of speech, behaviour, and/or expression) in your environment?

<b>Not at all successful</b>	<b>Slightly successful</b>	<b>Moderately successful</b>	<b>Mostly successful</b>	<b>Completely successful</b>	<b>Not applicable</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## S2\_OVERALLBELONGING

Overall, to what extent do you feel a sense of belonging (i.e., you feel accepted and supported) in your environment?

<b>No sense of belonging</b>	<b>A small sense of belonging</b>	<b>A moderate sense of belonging</b>	<b>A large sense of belonging</b>	<b>Complete sense of belonging</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## OPENENDINTRO

In this section, we'll ask for your open-ended feedback.

Your responses are anonymous meaning that they are not connected with any individually identifying information. However, we ask that you do not include any personally identifying information in your responses.

**Reminder:** to protect your identity, data will be shared in aggregate (combined) form only, with the possibility of direct quotation. At the department level, general themes may be reported with no direct quotations provided; at the college level, general themes may be reported with some direct quotations provided. Any quotations provided will be thoroughly reviewed to ensure that your identity is protected.

## S2Q5

Please describe any policies/procedures/practices etc., (or lack of) that would help you feel respected, valued, and/or a sense of belonging in the environment you belong to:

☐ Prefer not to say

S2Q6

Please describe any actions/resources/practices etc., that would make you feel respected, valued, and/or a sense of belonging in the environment you belong to:

---

☐ Prefer not to say

D1

What is your age range?

- ☐ <25
- ☐ 25-35
- ☐ 36-45
- ☐ 46-55
- ☐ 56-65
- ☐ 66-75
- ☐ 76+
- ☐ Prefer not to say

D2

What is your gender?

*Gender identity is a person's internal and individual experience of gender. It is their sense of being a woman, a man, both, neither, or anywhere along the gender spectrum. A person's gender may be the same or different than their sex assigned at birth. Select all that apply.*

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ If your gender is not listed, please list it here:

---

☐ Prefer not to say

D3

Do you identify as a person with trans and/or gender-diverse experience?

*For the purpose of this survey, trans and gender-diverse experience means that your gender identity does not align with your sex assigned at birth.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D4

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Do you identify as lesbian, gay, bisexual, queer, Two-spirit, asexual, or an analogous identity?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D5

---

Do you identify as a member of a racialized group or visible minority, a person of colour, or an analogous term?

*The term “racialized group” is used as a more current replacement of the term “visible minority” (defined by Canadian Employment Equity Act). For the purpose of this survey, members of racialized groups are persons who do not identify as North American Indigenous people and who do not identify as European and/or White in race, ethnicity, origin and/or colour, regardless of their birthplace or citizenship.*

- ☐ Yes
- ☐ No
- ☐ Prefer to self-identify:

- ☐ Prefer not to say

D6

---

Do you identify as an Indigenous person from North America?

*For the purpose of this survey, North American Indigenous peoples include treaty, status/non-status, registered/non-registered North American Indians or First Nations people, and Métis and Inuit (according to the Canadian Employment Equity Act).*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D7

---

Are you an immigrant to Canada?

*Defined as “Persons residing in Canada who were born outside of Canada, excluding temporary foreign workers, Canadian citizens born outside Canada and those with student or working visas.”*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D8\_A

---

Do you identify as having a disability or disabilities?

*Defined as those who have persistent physical, intellectual, mental, psychiatric, sensory or learning conditions or those who consider themselves and believe an employer or potential employer would consider them disadvantaged in finding, retaining, or advancing in employment because of that condition.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D8\_B

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Which type(s) of disability(ies) do you have?

*Select all that apply.*

- ☐ Physical
- ☐ Intellectual or Learning
- ☐ Mental or Psychiatric
- ☐ Sensory
- ☐ Other
- ☐ Prefer to self-identify:

- ☐ Prefer not to say

D9

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Are you a parent to a child under 18 years of age?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D10

---

Are you a caregiver?

*Defined as an unpaid individual providing substantive support to non-children family member(s), elderly parent(s), etc.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

D11

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What is your primary role in the College of Medicine?

- ☐ Undergraduate MD student
- ☐ Graduate Student
- ☐ Postdoctoral Researcher
- ☐ Resident
- ☐ Staff
- ☐ Faculty
- ☐ Administrative Leader
- ☐ Other (please specify):

- ☐ Prefer not to say

#### D11A

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Please indicate your current appointment with the College of Medicine:

- ☐ Professor
- ☐ Clinical Professor
- ☐ Associate Professor
- ☐ Clinical Associate Professor
- ☐ Assistant Professor
- ☐ Other (please specify):

- ☐ Prefer not to say

#### D11B

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Please indicate your clinical practice:

- ☐ Hospital based
- ☐ Community based
- ☐ Combined acute and community
- ☐ Acute care/inpatient care
- ☐ Outpatient care
- ☐ Combined inpatient and outpatient care
- ☐ Other (please specify):

- ☐ Prefer not to say

#### D12

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What area is your current primary work location?

- ☐ Saskatoon - urban
- ☐ Regina - urban
- ☐ NE
- ☐ NW
- ☐ SE
- ☐ SW
- ☐ Prefer not to say

### D13\_DEPARTMENT

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If you belong to a Department or School, please indicate which one.

*Note: this question is being asked so the demographic make-up of these units can be determined. Again, we will protect anonymity and will not be sharing the open text questions at the end of this survey with individual departments.*

- ☐ Anesthesiology, Perioperative Medicine and Pain Management
- ☐ Community Health and Epidemiology
- ☐ Anatomy, Physiology, and Pharmacology
- ☐ Biochemistry, Microbiology, and Immunology
- ☐ Emergency Medicine
- ☐ Family Medicine
- ☐ Medical Imaging
- ☐ Medicine
- ☐ Obstetrics and Gynecology
- ☐ Ophthalmology
- ☐ Pathology and Lab Medicine
- ☐ Pediatrics
- ☐ Physical Medicine and Rehabilitation
- ☐ Psychiatry
- ☐ Surgery
- ☐ School of Rehabilitation Science
- ☐ Not applicable or prefer not to say

### D14

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Do you hold a senior leadership role in the College of Medicine?

*College of Medicine Senior leadership roles include Deans (including vice, associate, assistant), Department Heads, and Directors of Academic Units.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

### D15

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Do you hold a leadership role with the Saskatchewan Health Authority?

*Such as dept leads, division leads, and network leads.*

- ☐ Yes
- ☐ No
- ☐ Prefer not to say



S2Q7

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Please feel free to provide any other comments about this survey or the survey topics.

☐ Prefer not to say

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#### DESCRIPTION

By selecting “Next” your survey results will be submitted.

---

#### CHECKPOINT

Complete

☐ Yes

---

#### DESCRIPTION\_2

Thank you for completing this survey.

If you have been subjected to discrimination, harassment, or mistreatment, please refer to the appropriate policies listed [here](#), and consider confidential reporting through [Confidence Line](#).

If you are in need of mental health and wellness support, please connect with the appropriate resources:

Undergraduate students: [Student Services](#) and [Wellness](#)

Graduate Students: [Student Wellness Centre](#)

Residents: [Resident Wellness](#)

Staff and Faculty: [Wellness](#)

If you are a student with a disability and require accommodations , please connect with [Access and Equity Services](#)

Please feel free to contact Erin Prosser-Loose, Senior EDI Specialist in the College of Medicine, for any questions related to this survey. [erin.prosser-loose@usask.ca](mailto:erin.prosser-loose@usask.ca)