9507: EDI Statement

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Dr. Katelyn Wood

January 24th, 2025

Interdisciplinary Medical Sciences

Schulich School of Medicine and Dentistry

Western University

Assignment Acknowledgement

This assignment has a Turnitin originality score of 9%. I attest that I have used the following generative artificial intelligence tools to aid in this assignment: Grammarly to correct grammatical mistakes.

Schulich MEDICINE & DENTISTRY

Western

Date: January 10th, 2025

As a candidate for the role of Clinical Research Associate for clinical trials in Toronto Metropolitan University's (TMU) cardiology department, I am committed to upholding TMU's mission statement of being "proudly diverse and intentionally inclusive." My academic, professional and personal experiences have shown me how varying aspects like socioeconomic inequities, mistrust of research systems, geographic barriers and more often lead to inaccessible clinical trials for marginalized communities. Such a lack of representation leads to healthcare outcomes that cannot effectively serve a diverse scope of communities. To acknowledge and rectify such challenges, I have developed protocols that incorporate Sex- and Gender-Based Analysis Plus (SGBA+) frameworks, created patient-facing materials in multiple languages, partnered with community physicians to reach underserved groups, and provided targeted training to research teams on mitigating bias in trial design.

My position as a clinical associate at a primary care practice has given me firsthand exposure to the systemic and social barriers impacting my community. I have seen how cultural barriers can prevent individuals from accessing quality healthcare. One key example is stigmatization stemming from historical cultural beliefs surrounding certain conditions, particularly mental health. Another barrier involves socioeconomic factors: limited resources and restricted access to transportation often prevent patients from receiving timely care. Additionally, a deep-rooted mistrust in the healthcare system can deter individuals from seeking medical attention at all. Observing these challenges has strengthened my commitment to developing inclusive and culturally sensitive approaches so that everyone can feel confident and comfortable in a medical setting.

If selected, I plan to build on these initiatives through close collaboration with the Office of the Vice-President, Equity and Community Inclusion (OVPECI). I will strive to create strategic partnerships with community centers, Indigenous Elders, and patient advocacy groups to design recruitment methods that are both culturally aware and sensitive. This includes producing patient-facing materials in various languages and literacy levels, ensuring that people fully understand the trial and have all their questions answered. By leveraging diversity resources and equity data from OVPECI, I will analyze recruitment and retention trends over time, identify bottlenecks, and adjust our outreach efforts as needed. I also aim to expand decentralized trial models so that individuals in remote or underserved areas can participate more easily, ultimately ensuring a more equitable approach to clinical research. Through employing decentralized clinical trials and telemedicine, I aim to bridge gaps for marginalized communities by making healthcare more accessible. I will also strategize and implement equity-based metrics to monitor alterations in the demographic composition of the participants and ensure that the proposed interventions are reducing equity-based disparities leading to more accessibility to resources, diversity and inclusion. To ensure continual improvement of the solution, I will implement a feedback system to refine protocols and ensure that the solution remains relevant and represents marginalized communities.

My overarching goal is to ensure that I contribute to TMU's mission of fostering meaningful cardiology research that acknowledges the diversity of patient experiences and accounts for intersectionality in research, allowing for tailored interventions that apply to a broader population. Through embracing community outreach, streamlining the recruitment system and increasing accessibility to clinical trials via telemedicine and decentralized trials, I hope to increase equity diversity and inclusion of participants from various backgrounds in our clinical trials.

Commented [JB1]: Overall this is a really strong start! Going forward I would focus on adding more supporting details, keeping in mind things such as personal reflection, understanding of current systemic barriers, practical actions that you can take/implement in this position and anticipated impact, as well as explaining how these align with the institutional mandates you describe

Commented [JB2]: Could be beneficial to add some more detail here, what experiences/privileges?

Commented [JB3]: Great inclusion of experience

Commented [JB4]: Good identification of how you will measure impact

Schulich MEDICINE & DENTISTRY

Western

Date: January 16th, 2025

As a candidate for the role of Clinical Research Associate for clinical trials in Toronto Metropolitan University's (TMU) cardiology department, I am committed to upholding TMU's mission statement of being "proudly diverse and intentionally inclusive." My academic, professional and personal experiences have shown me how varying aspects like socioeconomic inequities, mistrust of research systems, geographic barriers and more often lead to inaccessible clinical trials for marginalized communities. My professional experiences have shown me how remote communities often face a significant lack of accessibility to healthcare and participation to clinical trials due to location. Another instance is socioeconomic status, participants may not be willing to participate in clinical trials as they feel it would take away from working hours. Such a lack of representation leads to healthcare outcomes that cannot effectively serve a diverse scope of communities. As an individual who has been raised in a multicultural community, I have been privileged to understand through experience the importance of cultural sensitivity and inclusivity. However, I have also experienced how systemic barriers like harmful narratives rooted in stereotypes can hinder accessibility to quality care, like language barriers, leading to inequities. To acknowledge and rectify such challenges, I have developed protocols that incorporate Sex- and Gender-Based Analysis Plus (SGBA+) frameworks, created patient-facing materials in multiple languages, partnered with community physicians to reach underserved groups, and provided targeted training to research teams on mitigating bias in trial design. I will prioritize accessibility by designing patient-facing materials to be rooted in universal design principles and multiple languages. I will extend this goal of inclusivity to my own team to ensure any communication material sent from me to my colleagues will be accessible, which involves designing my communication to account for universal design principles.

My position as a clinical associate at a primary care practice has given me firsthand exposure to the systemic and social barriers impacting my community. I have seen how cultural barriers can prevent individuals from accessing quality healthcare. One key example is stigmatization stemming from historical cultural beliefs surrounding certain conditions, particularly mental health. Another barrier involves socioeconomic factors: limited resources and restricted access to transportation often prevent patients from receiving timely care. Additionally, a deep-rooted mistrust in the healthcare system can deter individuals from seeking medical attention at all. Observing these challenges has strengthened my commitment to developing inclusive and culturally sensitive approaches so that everyone can feel confident and comfortable in a medical setting.

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metrics to monitor alterations in the demographic composition of the participants and ensure that the proposed interventions are reducing equity-based disparities leading to more accessibility to resources, diversity and inclusion. To ensure continual improvement of the solution, I will implement a feedback system to refine protocols and ensure that the solution remains relevant and represents marginalized communities.

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Schulich MEDICINE & DENTISTRY

Western

Date: January 24th, 2025

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Additionally, I will ensure to decolonization by partnering with Indigenous Elders and patient-advocacy groups to develop partnerships that are rooted in reciprocity and mutualism. I will ensure initial meetings are conducted over bonding with food and respectful introductions. I will ensure to proactively educate myself on Indigenous way of living to ensure that my attempts are rooted in intentional ethical practices and that my communication is culturally sensitive and relevant.

My overarching goal is to ensure that I contribute to TMU's mission of fostering meaningful cardiology research that acknowledges the diversity of patient experiences and accounts for intersectionality in research, allowing for tailored interventions that apply to a broader population. Through embracing community outreach, streamlining the recruitment system and increasing accessibility to clinical trials via telemedicine and decentralized trials, I hope to increase equity diversity and inclusion of participants from various backgrounds in our clinical trials.

Schulich MEDICINE & DENTISTRY

Western

January 30th, 2024

As a candidate for the role of Clinical Research Associate in Toronto Metropolitan University's (TMU) cardiology department, I am committed to upholding TMU's mission statement of being "proudly diverse and intentionally inclusive." As a straight, able-bodied, cis-gender female hailing from South Asian heritage with Canadian citizenship, I recognize how my positionality shapes my understanding of both privilege and systemic barriers within clinical research. My academic, professional and personal experiences have shown me how varying aspects like socioeconomic inequities, mistrust of research systems, geographic barriers and more lead to inaccessible clinical trials for marginalized communities. My professional experiences have shown me how remote communities often face a significant lack of accessibility to healthcare and participation to clinical trials due to location. Such a lack of representation leads to healthcare outcomes that cannot effectively serve a diverse scope of communities. I have been privileged to understand through experience the importance of cultural sensitivity and inclusivity. However, I have also experienced how systemic barriers like harmful narratives rooted in stereotypes can hinder accessibility to quality care leading to inequities. One key example is stigmatization stemming from historical cultural beliefs surrounding certain conditions, particularly mental health. Additionally, a deep-rooted mistrust in the healthcare system can deter individuals from seeking medical attention at all. Observing these challenges has strengthened my commitment to developing inclusive and culturally sensitive approaches so that everyone can feel confident and comfortable in a medical setting.

To acknowledge and rectify such challenges, I have developed protocols that incorporate SGBA+ frameworks, created patient-facing materials in multiple languages, partnered with community physicians to reach underserved groups, ensured accessibility in all aspects and provided targeted training to research teams on mitigating bias in trial design. Additionally, I will ensure decolonization by partnering with Indigenous Elders and patient-advocacy groups to develop partnerships that are rooted in reciprocity and mutualism. I will ensure to proactively educate myself on Indigenous way of living to ensure that my attempts are rooted in intentional ethical practices. If selected, I plan to build on these initiatives through close collaboration with the Office of the Vice-President, Equity and Community Inclusion (OVPECI). I will strive to create strategic partnerships with community centers, Indigenous Elders, and patient advocacy groups to design recruitment methods that are both culturally aware and sensitive. By leveraging diversity resources and equity data from OVPECI, I will analyze recruitment and retention trends over time, identify bottlenecks, and adjust our outreach efforts as needed. I also aim to expand decentralized trial models so that individuals in remote or underserved areas can participate more easily, ultimately ensuring a more equitable approach to clinical research. Through employing decentralized clinical trials and telemedicine, I aim to bridge gaps for marginalized communities by making healthcare more accessible. I will also strategize and implement equity-based metrics to monitor alterations in the demographic composition of the participants and ensure that the proposed interventions are reducing equity-based disparities leading to more accessibility to resources, diversity and inclusion. To ensure continual improvement of the solution, I will implement a feedback system to refine protocols and ensure that the solution remains relevant and represents marginalized communities.

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