Psychiatry
UNIVERSITY OF TORONTO

March 4th, 2022

Education Development Fund
Faculty of Medicine, University of Toronto Medical Sciences Building, Room 2331
1 King's College Circle, Toronto, ON M5S 1A8

Re: Anti-Muslim Discrimination in Medical Training: The Experiences of Resident Physicians

Dear Education Development Fund Committee Members:

In my role as Vice-Chair, Education, Department of Psychiatry, University of Toronto, I strongly support Dr. Zainab Furqan's application to the Education Development Fund. The Psychiatry Department's Review Committee for the Education Development Fund has reviewed this application and fully supports its submission.

This mixed-methods study seeks to explore the prevalence of anti-Muslim discrimination experienced by Muslim residents across Canada. Dr. Furquan's project is aligned with the Faculty of Medicine's Academic Strategic Plan, which lists as one of its cornerstones equity, diversity and inclusion. Its intent is to examine the meaning and impact of anti-Muslim discrimination in residency training.

In addition to a survey and in-depth qualitative interviews, the project outlines a knowledge translation component. The data gathered will help to inform the development of an educational toolkit that will help to disseminate knowledge and skills to address anti-Muslim discrimination in residency programs. The accumulation of data about experiences with anti-Muslim discrimination will also be of immense benefit in informing future EDI workshops and programs for educators.

Dr. Furquan is a clinician-researcher and educator at the University Health Network, who has brought together a highly experienced project team. Collectively, its members have significant skills in education leadership and scholarship, as well as the expertise to create a digital toolkit that will benefit trainees. It is also intended for this product to be utilized by organizations to help address and reduce discrimination locally, a key deliverable.

Dr Furquan's budget outlines a request for $9580.00. I can confirm that the University of Toronto's Department of Psychiatry will provide up to $9580.00 CAD to match any funds granted by the EDF. I have full confidence in this grant proposal and the ability of the research team to carry out this important work.

Sincerely,

Sanjeev Sockalingam, MD, MHPE, FRCPC
Vice President, Education, Centre for Addiction and Mental Health
Vice Chair, Education, Department of Psychiatry, University of Toronto
Professor of Psychiatry, University of Toronto

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COMPLETE

Collector:	EDFApplication2022 (Web Link)
Started:	Friday, March 11, 2022 4:02:05 PM
Last Modified:	Friday, March 11, 2022 4:42:22 PM
Time Spent:	00:40:17
IP Address:	72.136.34.205

Page 2: Section 1 | Project Team Information

Q1

Project Lead(s):

Name of Principal Investigator:	**Zainab Furqan**
Home Academic Department:	**Department of Psychiatry**
Principal Investigator Faculty Appointment Status:	**Lecturer**
Year of Initial Faculty Appointment:	**2021**
Telephone:	**4166035800ext2839**
Email:	**zainab.furqan2@uhn.ca**
Principal Investigator Department Chair Name:	**Dr. Sanjeev Sockalingam**
Principal Investigator Department Chair Email Address:	**Sanjeev.Sockalingam@camh.ca**
Principal Investigator Department Business Officer/Manager Name:	**Anastasia Paramonova**
Principal Investigator Department Business Officer/Manager Email Address:	**admin.psych@utoronto.ca**
Title, Date of Funding and role in previously applied for and/or funded educational grants:	**Excellence Funds, February 11th 2022, Funding deferred until EDF announced**
Have you been the 1st, 2nd or last author on more than 1 publication?	**Yes. Non-education related.**

Q2

Respondent skipped this question

Co-Principal Investigator Information (if
applicable):One Co-Principal Investigator per
project ONLY. The Co-PI must have a faculty appointment
at the University of Toronto.

Q3

Project Collaborator(s): In the section below, please list your project collaborator(s) including First Name, Last Name, Department and Title. Please note: A collaborator must be a faculty member, learner or staff within the Faculty of Medicine or its affiliated hospitals. For additional details, please refer to the EDF website.

Collaborator 1:   **Dr. Arfeen Malick, Department of Psychiatry, Staff Psychiatrist**

Collaborator 2:   **Dr. Hashim Khan, UHN, Respirologist**

Q4

Project Senior Advisor(s):In the section below, please list your project senior advisor(s) including First Name, Last Name, U of T Faculty of Medicine Department and Title.Please note: A senior advisor must be a faculty member engaged in the educational activities in basic, clinical or rehabilitation sciences at the U of T, Faculty of Medicine. For additional details, please refer to the EDF website.

Senior Advisor 1:   **Dr. Umberin Najeeb, Equity Lead, Department of Medicine**

Senior Advisor 2:   **Dr. Susan Abbey, Chief of Psychiatry, Department of Psychiatry**

Senior Advisor 3:   **Dr. Juveria Zaheer, Clinician-Scientist, Department of Psychiatry**

Senior Advisor 4:   **Dr. Javeed Sukhera, Chief of Psychiatry, Hartford Hospital**

Page 3: Section 2 | Project Outline

Q5

Project Title:

Anti-Muslim Discrimination in Medical Training: The experiences of resident physicians

Q6   **Research Project**

Please indicate if this is an Innovation and Development Project OR a Research Project (please select one):

Q7   **Yes**

Is this a collaborative project?

Q8   **No**

Is this project application a re-submission?

Q9

Executive Summary: Project Abstract with 100 word limit (5% weighting will be applied to this section)Summary of proposed project and its relevance to the goals of the Education Development Fund and the broader Faculty of Medicine Strategic Plan.

Despite the high prevalence of anti-Muslim attitudes and discriminatory practices across North America, there is a lack of knowledge about the experiences of discrimination among Muslim resident physicians. This mixed-methods study will a) estimate the prevalence of anti-Muslim discrimination experienced by Muslim residents and b) explore the meaning and impact of anti-Muslim discrimination. The first arm of the study will be conducted through a survey, while the second arm of the study will involve in-depth qualitative interviews. The study will be paired with an educational toolkit, designed to disseminate knowledge and skills to address anti-Muslim discrimination in residency programs.

Q10

Background: 1/2 page maximum - approximately 275-300 words single spaced (10% weighting will be applied to this section)The institutional context surrounding the project; a literature review and summary of the current state of knowledge regarding this topic; and a description of the relevant work of the applicant(s), (if applicable).

Anti-Muslim discrimination is a growing problem across North America. In Canada, survey findings have indicated that more than 46% of Canadians hold negative views about Islam and more than half reporting that Muslims can be trusted "only a little" or "not at all" (1). Hate crimes towards Muslims tripled between 2012 and 2015, and acts of extreme violence have taken place towards Muslims across Canada- most recently, 4 member of a Muslim family were killed in a hate crime (2). Islamophobia is defined as "social stigma toward Islam and Muslims, dislike of Muslims as a political force, and a distinct construct referring to xenophobia and racism toward Muslims or those perceived to be Muslim" (3). The term "Islamophobia", though most widely used in health literature, has garnered critique as potentially euphemizing the issue of anti-Muslim hatred and racism (4) and therefore, we have used both the terms, "anti-Muslim discrimination" and "Islamophobia" in this proposal. Anti-Muslim discrimination intersects with other forms of marginalization, with Black Muslims and Muslim women being targeted more frequently for their religious identity (3).
Healthcare settings are no exception. Muslim physicians report experiences of Islamophobia on multiple levels. American studies indicate that Muslim physicians are often exposed to overt and covert forms of religious discrimination, that can be directed towards them from those in authority positions, peers, or patients (5,6). Rates of perceived discrimination among American physicians range from 24%-75% (5,6). In Canada, there is rising concern about exposure of Muslim physicians to anti-Muslim discrimination, however, there is a dearth of literature about this phenomenon.

Q11

Rationale and perceived educational gap or need: 1 page maximum - approximately 525-575 words single spaced (20% weighting will be applied to this section).Description of the impetus for proposed project, clear demonstration or statement of current practice (i.e. environmental scan) the gap or need identified, and detail of perceived value of project outcome.

Experiencing discrimination within working and learning environments can have profound consequences for learners. A review of studies evaluating the social and learning environments of underrepresented minority medical students found that experiences of discrimination and harassment were widely prevalent at multiple levels (7). These experiences can impact decision-making about choosing specialities, practice locations, trainee well-being and sense of safety (8,9). While attempting to develop their skills as physicians, learners from minority communities are faced with the additional pressures of navigating implicit supervisor biases that can impede their progress, responding to microaggressions, and being exposed to explicit discrimination from peers, patients and supervisors (10). Often, the burden of responsibility to educate others about these inequities falls on these learners, who do this work without adequate compensation or recognition (11). It is imperative that data is gathered about learner experiences of specific types of discrimination within residency training, so that medical schools and residency training programs can act appropriately and proactively to ensure physical and psychological safety for all learners. It is also important to acknowledge that while different types of racism and discrimination may have similar underlying mechanisms, each marginalized group also faces unique challenges that must be given due consideration.

Given the increasing normalization and penetration of anti-Muslim discrimination across Canadian institutions, it is expected that Muslim resident physicians are also vulnerable to this type of discrimination. Knowledge about the magnitude and nature of the issue can allow medical schools and training programs to determine the need and urgency for the allocation of resources towards addressing this problem. Data about which sub-populations might be particularly vulnerable (based on gender, ethnicity), can alert training programs to learners that may be at greater risk and may require greater support. Pilot data can be used to start designing formalized reporting structures when discrimination is experienced by Muslim residents. For example, greater knowledge and understanding about the multiple ways in which anti-Muslim discrimination can manifest, can allow educational institutions to monitor and track these events, in order to compile national data about experiences of discrimination.

Secondly, richer data about anti-Muslim discrimination can inform EDI workshops and programs for educators. Medical schools and training programs have been hosting educational programs specifically around implicit-bias that can be perpetuated by within medical settings. While these educational programs are well-intentioned, they have been critiqued- while raising awareness, they may not necessarily facilitate adequate change in behaviour and may inadvertently place an over-emphasis on individuals to 'unlearn' their biases, rather than institutions to dismantle the structures that perpetuate biases. One strategy to enhance these educational programs, drawn from transformative learning theory (TLT), is to offer case examples or vignettes that are locally based, which can provide a "disorienting dilemma", serving as a trigger for reflection and discussion (12). Qualitative data that gathers the subjective experiences of minority communities could potentially greatly enhance this type of training. Specially, training educators and administrators about anti-Muslim discrimination needs to start with rich quantitative and qualitative data about Muslim trainees.

Q12

Objective(s): 100 words maximum (5% weighting will be applied to this section)

This study is driven by the following overarching question: How does anti-Muslim discrimination manifest during residency training in Canada? We plan to answer this question through two main goals.
Aim 1: To determine the prevalence of anti-Muslim discrimination experienced by Muslim resident physicians in Canada.
Research questions:
a.   Are there any differences in anti-Muslim discrimination based on gender, race/ethnicity, geographical location, country of medical education, and being visibly identifiable as Muslim?
b.   What types of discrimination are most experienced by Muslim resident physicians?
c.   How do Muslim resident physicians rate the level of distress experienced due to anti-Muslim discrimination?

Aim 2: To understand and explore the subjective experiences of discrimination for Muslim resident physicians in Canada
Research questions:
a.   How is anti-Muslim discrimination experienced in relation to gender?
b.   How do Muslim residents understand the terms 'anti-Muslim discrimination' and 'Islamophobia'?
c.   What are the overt and covert ways that Muslim residents experience anti-Muslim discrimination in medical settings through residency training?
d.   What impact do these experiences have on resident well-being and sense of belonging?

Q13

Project Description: 1 page maximum - approximately 525-575 words single spaced (20% weighting will be applied to this section)Descriptions for the different project types should include the following: INNOVATION AND DEVELOPMENT project: Methodology for developing the innovation (material, product, resource), implementation plan, and evaluation approach.ORRESEARCH project: Hypothesis or research question and Methods (study population, study design, sample size, data collection, data analysis).

This is a mixed methods study, using quantitative and qualitative methods. The study will be organized using the triangulation-convergence design, as outlined by Creswell and Clarke (13). Data collection will occur concurrently and analysis will be conducted in parallel. Results will be integrated into the interpretation and discussion sections of the manuscript.

Recruitment for both arms of the study will take place through distribution of flyers and emails using the authors' existing networks including listservs and social media platforms. In particular, we will be reaching out to resident organizations such as Resident Doctors of Canada (Rdoc) and each of the provincial residential bodies. Additionally, we will be reaching out to the listserv of the Muslim Medical Association of Canada, which includes resident physicians from across Canada.

The recruitment material will offer both, an invitation to participate in a survey and to take part in a 60 minute interview. Any resident-physician who identifies as Muslim will be eligible to complete the survey. Dillman's Total Design Survey methodology will be used to maximize response rates with an announcement email, an email with the survey link, and 3 follow-up reminders to non-respondents and partial respondents during the 3-month data collection period (14). Surveys will be divided into two primary sections. Section 1 will collect demographic information about the trainee including age, gender, visibility of religious identity, province of residence and work, level of training, medical specialty, and whether they are Canadian or Internationally Funded Trainees. Section 2 will collect information about number and type of discriminatory incidents encountered during residency, settings in which these were encountered and a Likert scale about level of distress experienced with each incident. At the end of the survey, we will include an invitation to participate in the qualitative arm of the study.

Descriptive statistics will be calculated for the demographic characteristics. All personally identifiable information will be removed. The prevalence of Islamophobic experiences will be determined and expressed as percentages of the total. Chi-squared tests and logistic regression will be used to measure the association between different exposure variables and prevalence of discrimination (dependent variable). SPSS will be used for statistical analysis.

The qualitative arm of our study will use a constructivist grounded theory framework, a systematic methodology to gather and analyze qualitative data (15). 25 participants will be recruited through the same channels outlined above and will go through the process of informed consent. Interview participants will be recruited from across Canada, and therefore, all interviews will be conducted through teleconferencing platforms.

Participants will engage in a 60-minute semi-structured interview, in which they will be asked about their experiences of discrimination and the impact of these experiences. Interviews will be audio-recorded and then transcribed. Transcripts will be analyzed using principles of constructivist grounded theory. Though data analysis will occur in-parallel for the two arms of the study, outcomes will be "merged" by using qualitative results to elaborate and expand upon the findings from the quantitative arm of the study, as per the triangulation-convergence design for mixed-methods studies.

Q14

Outcomes leading to Integration and Impact: 1 page maximum approximately 525-575 words single spaced (20% weighting will be applied to this section) Description of the potential for enhancement of existing or future programs including: enhancement of professional competencies; implementation strategy; plan for project sustainability; dissemination plan or knowledge translation strategy.

In order to reach the widest possible audience, our knowledge dissemination strategy will involve a multi-dimensional approach. Scholarly outputs: Firstly, findings of this study will be compiled into 1-2 manuscripts that will be submitted to academic journals. Those journals with a focus on education will be prioritized, in order to ensure that the material reaches those in positions of authority within educational institutions. Examples of journals that can be targeted include Academic Psychiatry, Medical Education, Canadian Journal of Psychiatry and Canadian Medical Education Journal.

We will also be submitting abstracts for poster and oral presentations for educational conferences such as the Canadian Conference on Medical Education, the Donald Wasylenki Education Day and the International Conference on Residency Education.

Educational outputs: In order to maximize the potential for knowledge translation, our research findings will be translated into a set of resources leading to the development of an educational toolkit that we will co-create with a diverse group of partners. We anticipate that the interventions will be designed for potential delivery via digital knowledge translation for key stakeholders such as EDI offices as well as health professionals, and healthcare organizations. For example, our digital toolkit could include interventions that align with the findings that come from our work. We also anticipate that our digital toolkit will provide individuals with advocacy skills to target structural aspects of discrimination within organizations, and potentially identify policy interventions for organizations to implement as part of an overall effort to reduce discrimination and improve outcomes. As a reference point for our team, the "Addressing Anti-Black Racism at Temerty Medicine Accountability Report" provides an excellent example of a report that captures similar themes to dismantle forms of racism (16). If this project is funded, we will be reaching out to the Office of Inclusion and Diversity at Temerty to propose the development and publication of this toolkit based on the findings of our study. In particular, Dr. Najeeb's role as Senior Advisor on Islamophobia within the Office of Inclusion and Diversity will help to facilitate and establish the necessary connections to pilot such a toolkit. Dr. Sukhera's expertise and research experience in pedagogical frameworks will also be crucial for the development of this toolkit.

In order to contextualize the educational toolkit within the broader landscape of Islamophobia and anti-Muslim discrimination in North America, we will hold a consultation with the National Council of Canadian Muslims, which is "an independent, non-partisan and non-profit organization that protects Canadian human rights and civil liberties, challenges discrimination and Islamophobia, builds mutual understanding, and advocates for the public concerns of Canadian Muslims" (17). While the content will be largely driven by the research team, additional input will be sought from content writers and graphic designers to ensure that the content has the highest impact possible. We will also be seeking consultation with the education scientists at the Wilson Centre, to ensure that the educational toolkit is grounded in effective pedagogical principles.

Additionally, we will be preparing an "executive summary" outlining results from both arms of the study that can be distributed among relevant networks. Similar to the workshop described above, this executive summary (a two-page PDF document) will highlight the important findings from this study with concrete recommendations that can be considered by EDI offices and medical education programs.

Community outputs: The authors will be distributing the executive summary to their email list-servs and relevant community organizations. In particular, the Muslim Medical Association of Canada (MMAC) has a broad base of Muslim physicians across Canada who may find the outcomes of this study useful as they navigate the challenges of anti-Muslim discrimination in health care settings. A "town-hall" will be offered to MMAC members, which summarizes the outcomes of this study and allows members to engage with the material shared. The MMAC has been informally supporting medical trainees when they have come forward with experiences of discrimination and this data could provide further context and/or guidance about supporting these trainees as they progress through their education.

Page 4: Section 3 | Project Feasibility and Budget

Q15

In the space below, please provide the following information related to project feasibility and budget: 1/2 page maximum – approximately 275-300 words single spaced Description of the team including roles and responsibilities of team members. Description of resources available and required (financial, expertise, technology). Disclosure of intended vendors with appropriate quotes if feasible.

The members of this team are experienced researchers, with backgrounds in conducting mixed-methods studies in the fields of equity and diversity in medicine.

Principal Investigator: Dr. Zainab Furqan is a clinician-researcher and educator at the University Health Network. As the principal investigator, Dr. Furqan will be responsible for overseeing the project, and hiring the research assistant. She will be responsible for overall design, development and completion of the project.

Mentors:

• Dr. Juveria Zaheer, a co-mentor for this study, is an experienced researcher with expertise in mixed-methods design and a master's degree in qualitative methods. She supervises multiple research trainees.

• Dr. Susan Abbey, a co-mentor, is the Psychiatrist-in-Chief at the University Health Network and Professor at the University of Toronto. Dr. Abbey has been heavily invested in the advancement of safe and effective teaching environments for trainees at UHN. She has a broad program of research that has included understanding the unique needs of diverse learners during residency and fellowship training. The co-mentors' knowledge and expertise will be invaluable in guiding this project.

Senior Advisor: Dr. Umberin Najeeb is the Equity Lead for the Department of Medicine and Senior Advisor on Islamophobia at the Office of Diversity and Inclusion at the Temerty Faculty of Medicine, University of Toronto (UofT). She is clinician educator at UofT with scholarly expertise in the area of Equity, Diversity, and Inclusion. She will play an important role in study design, data collection, data analysis, and developing study outcomes.

Collaborators:

• Dr. Arfeen Malick and Dr. Hashim Khan will assist with participant recruitment, survey design, qualitative interviewing, and knowledge translation.

• Dr. Javeed Sukhera has research expertise in the areas of bias, equity, and stigma in medical education.

These important connections will allow the team to not only have robust recruitment mechanisms but also avenues and partnerships for knowledge translation that will reach the widest possible audience.

Budget justification: We plan to hire a part-time research assistant for the first year of the study (8 hours/week for 48 weeks). The RA's salary was determined in accordance with the current unionized rates, including benefits, at $31.60/hr. Responsibilities include 30 hours of training and onboarding, 150 hours of administrative support (support with survey creation, participant recruitment, distribution of surveys, coordination of participant interviews), 30 hours of qualitative interviews, 60 hours of quantitative data analysis, 114 hours of coding of interview transcripts. Other costs include transcription, honorarium and knowledge dissemination, outlined in the budget breakdown.

Q16

Excel Budget (template provided)

EDF_ZF_Word.docx (457.7KB)

Q17

A project timeline/schedule (template provided)

2022 EDF Project Timeline template_1.docx (17.6KB)

Page 5: Section 4 | Additional Application Components (not weighted):

Q18

Attestation Form(s):

2022 EDF Attestation_ZF.pdf (128.6KB)

Q19

Department Chair's Endorsement:

EDF 2022 Letter_Zainab Furqan.pdf (140.9KB)

Q20

Ethics:

CAPCR_Study_Initial_Submission_22-5201.0.pdf (43.9KB)

Q21

CV:

CV_2022.docx (35.2KB)

Q22

Reference List (Optional):

EDF reference list.docx (15.2KB)

2022 Education Development Fund Application

Year 1 | Project Timeline/Deliverables   Project Title: Anti-Muslim Discrimination in Medical Training: The experiences of resident physicians

Project Task/Component	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Project set-up	x	x	x									
Data Collection and Management				x	x	x	x	x	x			
Progress Report						x						
Data Analysis							x	x	x	x	x	x
First year Report												x

Year 2 | Project Timeline/Deliverables

Project Task/Component	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June
Data interpretation/manuscript preparation	x	x	x	x	x	x						
Workshop creation				x	x	x	x	x	x			
Workshop delivery										x	x	x
Final report										x	x	x

Budget Item	Amount	Sources of Funding	
		Education Development Fund	Department Match
Personnel			
Part-time Research Assistant ($31.60 x 8hr/week x 48 weeks)	$12,134	$6,067	$6,067
Materials, equipment and other			
Transcription of interviews (25 interviews x 60 minutes x $1.40/min)	$2,100		
Photocopying and printing for recruitment	$250		
Teleconferencing	$200		
Survey software ($75 x 3 months)	$225		
Honararium for interview participation (25 interviews x $50)	$1,250		
Survey prizes (5 gift cardsx$50)	$250		
Subtotal	$4,275	$2,137.00	$2,137.00
Knowledge translation			
Freelance graphic design for education toolkit ($75/hr x 10 hours)	$750		
Freelance graphic design for infographics ($75/hour x 10 hours)	$750		
	$1,500	$750.00	$750.00
Scholarly output			
Poster printing for research presentation	$250		
Travel for conference presentation	$1,000		
Subtotal	$1,250	$625	$625
Two Year Totals	$19,159	$9,579	$9,579

Footnotes:

1. RA time commitment: 30 hours of training and onboarding, 150 hours of administrative support (support with survey creation, participant recruitment, distribution of surveys, coordination of participant interviews), 30 hours of qualitative interviews, 60 hours of quantitative data analysis, 114 hours of coding of interview transcripts
2. A similar project of a smaller size has been approved for funding by the Excellence Funds (total awarded: $9042). However, this award has been deferred until the results of the EDF are announced. If EDF is received, Excellence Funds will be withdrawn The expanded EDF budget (above) includes honorarium and transcription costs for the additional 10 participants, greater number of hours for the RA to assist with analyzing data and a more robust knowledge translation strategy.