School of Health & Exercise Sciences, UBC Okanagan

# Preparing students for anti-oppressive professional practice: Embedding equity, diversity, inclusion, and decolonization competencies in the BHES curriculum

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## **Background & Goals**

Health professionals are expected to advance by providing high quality, inclusive equity services for all clients<sup>1</sup>. However, explicit preparation for this task has received little attention in health professions education. There is no common understanding of the competencies (knowledge, skills, and attitudes) that health professionals need to support antioppressive practice. Moreover, there is no clear guidance on how to help practitioners develop those competencies.

The Bachelor of Health & Exercise Sciences prepares graduates for professional practice in kinesiology and allied health, clinical exercise physiology, and health behavior change. This project aims to enhance the current curriculum with program-level EDID competencies that will:

- support transformative learning, with positive impacts on our students and their future clients and colleagues
- lay the groundwork for transformative change in similar programs across Canada and beyond

# **Project Outputs**

- 1. A set of EDID competencies that are essential for professional practice in HESrelated fields in BC
- 2. Analytic rubrics for each competency with descriptors to differentiate performance
- 3. Lists of essential knowledge- and skill-based learning outcomes to support development of each competency
- 4. Curricular map to ensure alignment, coherence, and appropriate scaffolding of learning outcomes across the curriculum



**THEMATIC ANALYSIS** of recent accreditation standards for exercise professionals<sup>2-4</sup> identified eight guiding principles for practitioners, with variable attention to equitable and inclusive practice (Fig 1).

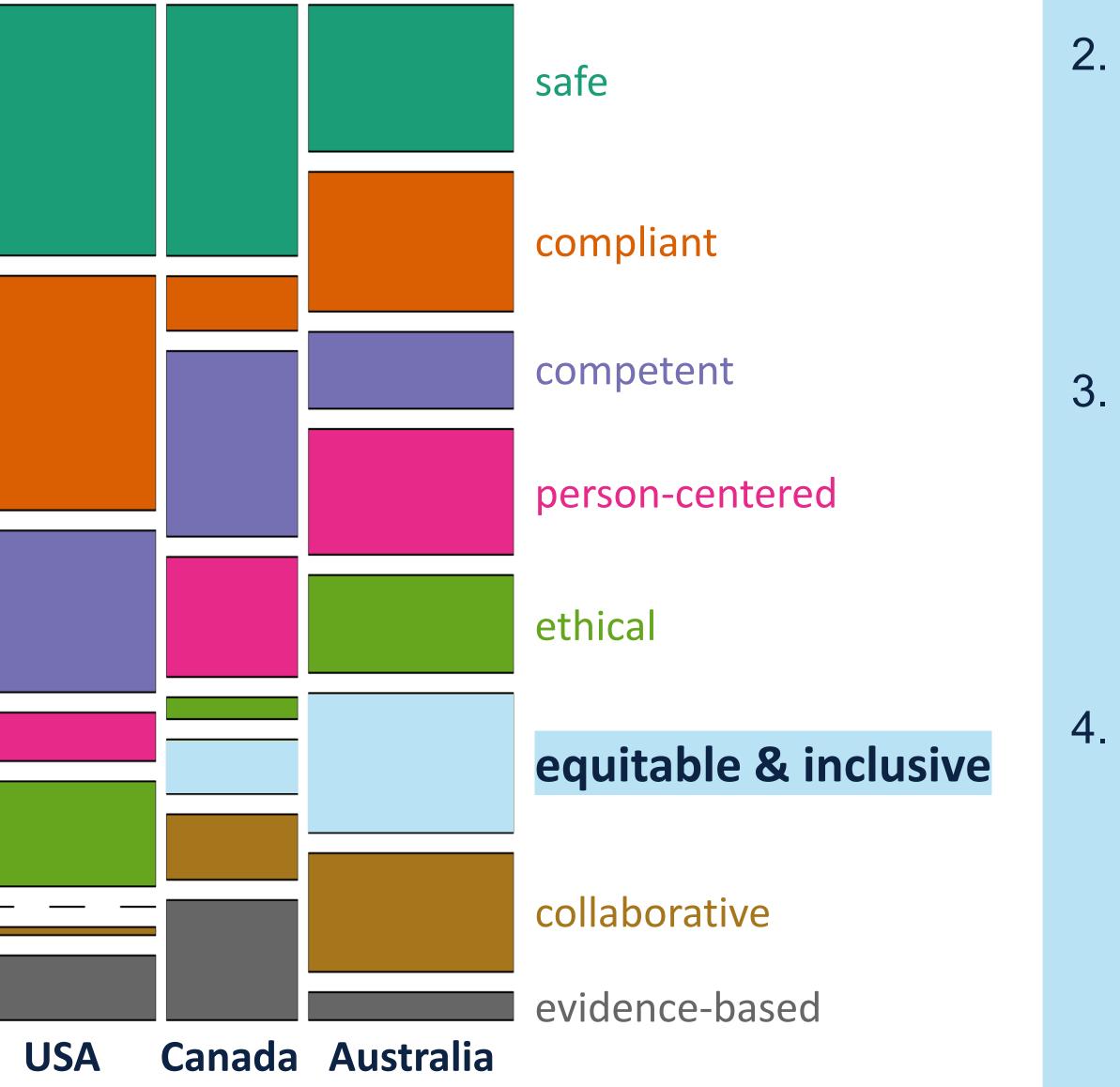


Fig 1. Mosaic plot showing the proportion of references (*n*=313) to each color-coded principle, by organization.

**LITERATURE REVIEW** of professional standards for medicine<sup>5-6</sup>, nursing<sup>7</sup>, kinesiology<sup>8</sup> and other allied health professions was also used to inform a draft set of EDID competencies (Box 1).

**SURVEY** of HES faculty about their perceived: ability to demonstrate draft competencies • relevance of competencies to courses • current integration of competencies in courses • openness to further integration in courses • support needed for further integration Ethical approval to share survey data is pending.

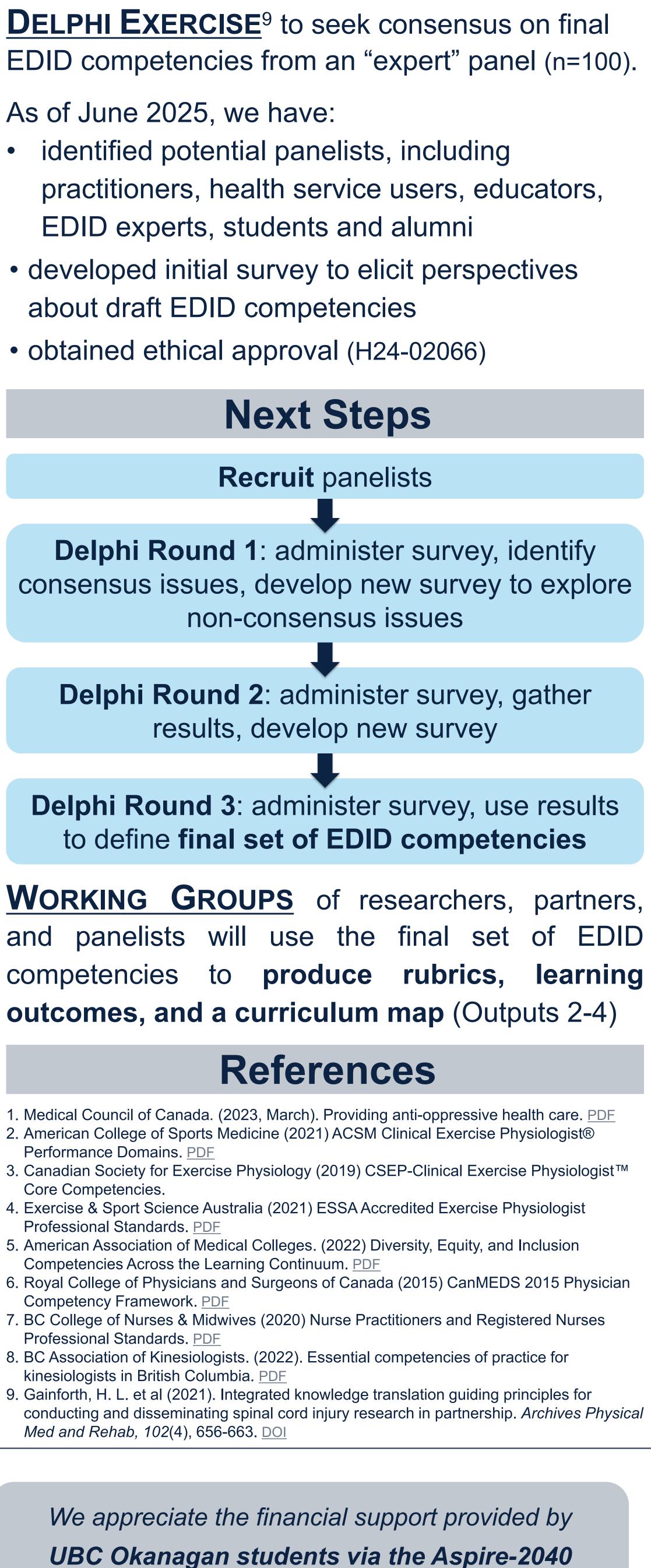
> This work takes place on the traditional, ancestral and unceded territory of the Syilx Okanagan People.

### **Progress on Output 1**

### **Box 1. Draft EDID Competencies**

- Demonstrate cultural humility and a willingness and interest in learning from and about others
- Demonstrate evidence of reflection about how one's own social identities, biases and lived experiences may influence one's perspectives, clinical decision making, and practice
- 3. Articulate how one's own intersecting identities, power, and privilege influence the therapeutic relationship and interactions with clients/ families/ communities/other health professionals
- 4. Identify how the intersectionality of a client's multiple identities may result in varied and multiple forms of oppression or privilege impacting health behaviour, health outcomes, and differentiated access to and experiences of health and fitness services
- 5. Demonstrate intentional and fluid use of inclusive, person-centered language
- 6. Recognize the signs and symptoms of trauma and respond to traumasurvivor's needs by prioritizing client safety, choice, and communication
  - Demonstrate moral courage, selfadvocacy, and allyship when facing and/or witnessing injustice in professional health and exercise settings.

We are grateful for our partners. Centre for Teaching & Learning Sexual Violence Prevention & Response Office



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