Table 1. Glossary of Terms

Term	Definition
Anti-oppression	An anti-oppression approach recognizes the power imbalance within society that attributes benefits to some groups and excludes others. This approach seeks to develop strategies to create an environment free from oppression, racism, and other forms of discrimination. It acknowledges the intersections of identity and diversity including race, ancestry, place of origin, color, ethnic origin, religion, citizenship, creed, sexual orientation, gender identity, gender expression, age, record of offences, marital status, family status, socioeconomic status and disability, and aims to promote equity between the various identities (1).
Anti-racism	Anti-racism is a process, a systematic method of analysis, and a proactive course of action rooted in the recognition of the existence of racism, including systemic racism. Anti-racism actively seeks to identify, remove, prevent, and mitigate racially inequitable outcomes and power imbalances between groups and change the structures that sustain inequities (2).
Critical consciousness	This concept, popularized by Paulo Freire, is defined as the ability to intervene in reality in order to change it. Also known as "consciousness raising", it includes taking action against the oppressive elements in one's life that are illuminated by that understanding (3). Contemporary formulations divide critical consciousness into three components. Critical reflection is an awareness of both the historical and systemic ways oppression and inequity exist. Critical motivation is the perceived capacity or moral commitment to address perceived inequalities. Critical action is participation in individual or collective action to change, challenge, and contest perceived inequity (4) .
Cultural safety	This concept was conceived in the late 1980's by Irihapeti Ramsden, a Maori Nursing Educator, to improve nurses' delivery of health care. Cultural safety requires healthcare providers to reflect on their own cultural background and the nature of power relations in the provision of services to a minority culture by a dominant culture, so that the providers can work in a culturally "safe" manner. Providers must acknowledge the beliefs and practices of people who differ from them in age, occupation or social class, ethnic background, sex, sexuality, religious belief, and disability. Providers do not need to research and understand other groups' beliefs and cultural practices; rather, they acknowledge their own culture as different from those of the people they serve, to ensure that they do not impose their beliefs on the minority communities. Cultural safety requires providers from the majority culture to challenge their own stereotyped views of a minority culture. It promotes positive recognition of diversity(5).

Inclusive compassion	Inclusive compassion is the practice of showing empathy, understanding, and kindness to all individuals, regardless of their background, beliefs, or circumstances. It recognizes that our common humanity unites us, and that everyone deserves to be treated with dignity and respect. This practice goes beyond traditional notions of empathy by addressing systemic barriers and inequities that contribute to suffering. It involves recognizing and validating the experiences and emotions of others, fostering a sense of connection, and belonging, and actively working to create environments where everyone feels valued and supported. The concept of inclusive compassion aligns with the principles of social justice and equity, aiming to reduce disparities and ensure equitable access to support and resources. It emphasizes the need to challenge biases, structural inequalities, and systemic barriers that may hinder the delivery and reception of compassion.
Intersectionality	A framework that acknowledges the ways in which people's lives are shaped by their multiple and overlapping identities and social locations, which, together, can produce a unique and distinct experience for that individual or group, such as by creating additional barriers or opportunities. In the context of racialization, this means recognizing the ways in which people's experiences of racism or privilege, including within any one racialized group, may differ and vary depending on the individual's or group's overlapping (or "intersecting") social identities, such as ethnicity, Indigenous identification, experiences with colonialism, religion, gender, citizenship, socio-economic status or sexual orientation (6) (7).
Shared humanity	This concept refers to the fundamental idea that all human beings, regardless of differences in race, culture, ethnicity, religion, socioeconomic status, or other social identity possess inherent similarities and interconnectedness by virtue of being members of the human species. It emphasizes the universal aspects of human experience and the ethical, moral, and empathetic implications of recognizing and respecting the commonalities that unite humanity. At its core, the notion of shared humanity underscores the belief in the intrinsic worth and dignity of every individual, recognizing that we all share common emotions, needs, and aspirations. It serves as a reminder that despite the diversity of human cultures and societies, there exists a set of universal values and rights that should be acknowledged and upheld for all people. This includes concepts such as compassion, empathy, justice, and the pursuit of well-being for individuals and communities across the globe. Shared humanity serves as a foundational premise for promoting peace, compassion, cooperation, and mutual respect among diverse groups in the pursuit of a more harmonious and equitable world.
Social Justice	An approach promoting that each person has the right to the full spectrum of economic, political, and social rights, privileges, and opportunities (8).
Structural competency	The trained ability to discern how a host of issues defined clinically as symptoms, attitudes, or diseases (e.g. depression, hypertension, obesity, smoking, medication "non-compliance", trauma, psychosis) also represent the

	downstream implications of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization, or even the very definitions of illness and health (9).
Upstander intervention	An upstander is someone who witnesses a behavior that could lead to something high risk or harmful, and makes the choice to intervene to make things better. Situations an upstander intervenes in include daily acts of harm (i.e. street harassment, bullying, discriminatory comments, sexist jokes), or high risk situations (i.e. situations that may lead to physical violence, sexual assault, relationship violence) (10).
Trauma-informed care	An approach to care that acknowledges that a complete picture of a patient's life situation — past and present — must be understood in order to provide effective health care services with a healing orientation. This approach must be implemented at both the clinical and organizational levels of institutions to be effective (11).
Two-eyed seeing	Two-eyed seeing stresses the importance of being mindful of alternative ways of knowing (multiple epistemologies) in order to constantly question and reflect on the partiality of one's perspective. It values difference and contradiction over the integration or melding of diverse perspectives, which can result in the domination of one perspective over the others. As a result, one "eye" is never subsumed or dominated by the other; rather, each eye represents a way to see the world that is always partial. When both eyes are used together, this does not mean that our view is now "complete and whole," but a new way of seeing the world has been created — one that respects the differences that each can offer (12).

1. Administrative: Anti-Racism & Anti-Black Racism policy [Internet]. University Health Network; 2021 [cited 2022 Aug 30]. Available from: https://www.uhn.ca/corporate/AboutUHN/Governance_Leadership/Policies/Documents/1.20.019_Anti_black_Racism_policy.pdf

2. Government of Ontario [Internet]. [cited 2022 Sep 1]. Data Standards for the Identification and Monitoring of Systemic Racism: Glossary. Available from: https://www.ontario.ca/document/data-standards-identification-and-monitoring-systemic-racism/glossary

3. Freire P. Pedagogy of the oppressed. New York: Continuum; 1970.

4. Watts RJ, Diemer MA, Voight AM. Critical consciousness: Current status and future directions. New directions for child and adolescent development. 2011;2011(134):43–57.

5. Ramsden I. Cultural safety and nursing education in Aotearoa and Te Waipounamu [Internet] [PhD Thesis]. Victoria University of Wellington Wellington; 2002 [cited 2023 Nov 13]. Available from: https://croakey.org/wp-content/uploads/2017/08/RAMSDEN-I-Cultural-Safety_Full.pdf

6. Crenshaw: Demarginalizing the intersection of race... - Google Scholar [Internet]. [cited 2023 Nov 30]. Available from: https://scholar.google.com/scholar_lookup?hl=en&volume=1989&publication_year=1989&pages=139-167&journal=University+of+Chicago+Legal+Forum&issue=18&author=K.+W.+Crenshaw&title=Demarginalizing+the+intersection+of+race+and+sex%3A+A+Black+feminist+critique+of+antidiscrimination+doctrine%2C+feminist+theory+and+antiracist+politics

7. Crenshaw K, Gotanda N, Peller G. Critical race theory: The key writings that formed the movement. The New Press; 1995.

8. Patel: Health and social justice: The role of Today's... - Google Scholar [Internet]. [cited 2023 Sep 3]. Available from: https://scholar.google.com/scholar_lookup?journal=AMA+J+Ethics&title=Health+and+social+justice:+the+role+of+today%27s+physician&volume=17&issue=10&publication_year=2015&pages=894-6&pmid=26812899&doi=10.1001/journalofethics.2015.17.10.fred1-1510&

9. Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Social science & medicine. 2014;103:126–33.

10.   Stanford | SHARE Title IX [Internet]. [cited 2022 Sep 1]. Upstander Intervention. Available from: https://share.stanford.edu/get-informed/education-and-outreach-programs/upstander-intervention

11.   Richardson L, Anderson M, Funnell S, Little L, Fréchette D, Di Gioacchino L. Indigenous Health in Specialty Postgraduate Medical Education - Education Guide [Internet]. Royal College of Physicians and Surgeons of Canada; 2021 May p. 73. Available from: https://www.royalcollege.ca/rcsite/documents/health-policy/indigenous-health-in-specialty-pgme-education-guide-e.pdf

12.   Martin DH. Two-eyed seeing: a framework for understanding indigenous and non-indigenous approaches to indigenous health research. Canadian Journal of Nursing Research Archive. 2012;20–43.