BROWN
Alpert Medical School

CREATING INCLUSIVE CURRICULA

Considerations for review of curricular materials for inclusivity, diversity, and bias-free instruction

Images

- ☐ Do the images included in my presentation portray individuals of varied gender, age, and skin color?
- ☐ Are the images I include as examples of "typical" pathology diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma. For example, only including images of young people when discussing STIs may give the impression that only young people are at risk and should be screened.

Language & Terminology

- ☐ Does my use of language promote a provider/patient divide, or do I acknowledge that learners in my audience may have personal experience with the content I am presenting? For example, in a talk about mental illness, do I discuss patient behavior as what "they" do and provider behavior as what "we" do without acknowledging potential learner experience?
- ☐ Have I considered how my language and/or use of humor may be received by my diverse audience? For example, do my comments on current events assume that my audience is homogeneous for one particular political ideology?
- ☐ Is the language and terminology I use value-laden? For example, when talking about patients or patient behaviors (not laboratory values), could I substitute "differences" for "irregularities" or "typical" for "normal"?
- ☐ Is the language I use precise? For example, when talking about different populations, do I equate populations from a continent, such as Africa or Asia, with populations from a country, such as Poland?
- ☐ Is the terminology I use or reference up to date? For example, can I substitute "intellectual disability" for "mental retardation" or "transgender" for "transsexual"?

Links to additional resources included below.

Inclusive Teaching resources from the Brown University Sheridan Center for Teaching and Learning

Unconscious bias in medicine, online CME course

Medicine and Race: AMS Annotated Bibliography
Brown Digital Repository Collection for further readings about race and medicine

Guidelines for Promoting a Bias-Free Curriculum from Columbia University Vagelos College of Physicians and Surgeons

The relationship between medical students' and doctors' personal illness experiences and their performance
Woolf, K., Cave, J., McManus, I.C. et al. BMC Med Educ (2007)7: 50. https://doi.org/10.1186/1472-6920-7-50

Illness doesn't belong to us
C McKevitt and M Morgan. J R Soc Med. 1997 Sep; 90(9): 491–495

GLAAD Glossaries of Terms: LGBQ and Transgender

Patient Cases

- ☐ Do the cases I use include individuals of varied gender expression, gender identity, sexual orientation, age, ability, race and ethnicity? Do I indicate that the pronouns I use are the ones preferred by the patient?

- ☐ When I include details about the gender expression, gender identity, sexual orientation, race or ethnicity of a patient, am I able to explain its relevance to the topic at hand?

- ☐ Are the cases I include as examples of "typical" patient presentations diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma.

- ☐ When I include details about the race of a patient or population, am I conflating race with ethnicity (shared culture and language), race with country of origin, or race with skin color?

- ☐ When I mention race as a risk factor, are there socioeconomic factors, or issues of bias involved that are as, if not more, salient? For example, when discussing a case of pre-term birth for an African American woman, do I make clear the role of chronic stress related to structural racism?

Research & References

- ☐ Is the research I cite up to date? Are the racial or other classifications used now considered outdated? For example, do the studies I cite account for individuals who identify as biracial or as "two or more races" (census category)?

- ☐ Can I explain if the studies I cite define race by self-report, census data, medical record review, or some other method, and the implications of each?

- ☐ Can I explain why race, and not socioeconomic factors, is the relevant influence in a particular study? For example, when discussing a study about the incidence of diabetes in certain populations, am I able to describe the role of genetics versus socioeconomic factors?

- ☐ Are there differences between official guidelines/recommendations that I cite, and how I actually practice? If there are, how can I use that as a point of discussion?

What is Gender? Terminology and Definitions
AAMC Diversity and Inclusion Initiatives

Examining and Rethinking Race Portrayal in Preclinical Medical Education
Tsai, Jennifer; Ucik, Laura; Baldwin, Nell; Hasslinger, Christopher; George, Paul MD, MHPE. Academic Medicine: July 2016 - Volume 91 - Issue 7 - p 916–920. doi: 10.1097/ACM.0000000000001232

The Role of Race in the Clinical Presentation
Matthew R. Anderson, MD; Susan Moscou, FNP, MPH; Celestine Fulchon, PhD; Daniel R. Neuspiel, MD, MPH. Fam Med 2001;33(6):430-4.

Mention of a Patient's "Race" in Clinical Presentations
Virtual Mentor. June 2014, Volume 16, Number 6: 423-427

Black and White: Are Racial Categories Too Narrow?
AAMC Diversity and Inclusion Initiatives

Taking race out of human genetics
Michael Yudell, Dorothy Roberts, Rob DeSalle, Sarah Tishkoff. Science 05 Feb 2016: Vol. 351, Issue 6273, pp. 564-565; DOI: 10.1126/science.aac4951

The problem with race-based medicine

Was this resource helpful? Please give us your feedback!

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