Selecting and Designing Equitable Curriculum (5/23/21)

Name every aspect of identity

Which identity aspect(s) need more visibility or to be addressed in a more equitable way in medical education?

Credit: Rosny Daniel, Meghan O’Brien, Kate Lupton, with contributions from participants in their Selecting and Designing Equitable Curriculum Workshops.
Examples of equitable curriculum done well
I think for me, one of the most inclusive and open spaces I’ve encountered at UCSF is our pediatric bioethics group. Our facilitators prioritize naming pervasive oppression/bias and how this will impact different populations differently, and how this influences our discussion of ethics. This has really changed how I frame many of these discussions.

Separation of gender and anatomy in sex ed curriculum - ie “bodies with penises” vs. “males”

inclusion of speakers of different diverse backgrounds in creating curriculum at the conferences

Having patient prompts that don’t have age, gender, race, language or similar. Made me realize how much I relied on those “clues” to help me stereotype a diagnosis.

I always look at H&I and H&S curricula to model some of my own practices in the school of medicine. The course directors iterate and review their materials deliberately every year, and are so humble about asking for feedback.

Description of not just inequities and oppression experienced by trans veterans but also accomplishments, successes, heroism, leadership of trans veterans

Diverse visual representation of people- age, race, ability, size, etc.

A Bechtel test of sorts— not only including as many aspects of identity and oppression people have faced, but also highlighting resiliency— need both to pass the test

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<table>
<thead>
<tr>
<th>Theme</th>
<th>Questions</th>
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| **Representation** | ✅ Do we know why race and ethnicity, sex, gender, etc are being mentioned? Could they be excluded if they are not needed?  
| | ✅ Are we distinguishing between sex and gender correctly?  
| | ✅ Are we including the story in the patient’s words?  
| | ✅ Have you checked for disparity in who is represented and how?  
| | ✅ Do you use dignity-driven, person-first language, or terminology preferred by the person discussed?  
| | ✅ Are representations affirming and uplifting to oppressed communities?  
| | ✅ Are we representing people as having complex identities?  
| | ✅ Are we understanding people in terms of their resilience/strengths (rather than deficit model)?  
| | ✅ Do we have diversity of employment status represented?  
| | ✅ Are people’s identities self defined? |
| **Language** | ✅ Are we using and pronouncing people’s names correctly with care and intention?  
| | ✅ Are we using people’s appropriate titles equitably? (eg. calling women physicians Dr. rather than by their first name)  
| | ✅ Is language respectful and dignity driven?  
| | ✅ Are people’s pronouns used correctly and for everyone? |
| **Stereotyping** | ✅ Are we including anti-stereotypes/purposeful challenges to stereotypes?  
| | ✅ Have you scanned for and eliminated stereotypes?  
| | ✅ Have you considered how the lesson changes if you eliminate or change the race depicted in your portrayals? |
| **Disparities and structural inequalities** | ✅ Are we identifying racism rather than race as the cause of health disparities?  
| | ✅ Do we avoid pathologizing race by uncoupling associations of race with disease?  
| | ✅ If we present data based on identity, is it we clear how the data relates to learning objectives?  
| | ✅ Do we describe the methodological issues that influence the outcomes in data being discussed? (eg inappropriately using race to reflect genetic ancestry)  
| | ✅ Do we identify and address structural causes for health disparities?  
| | ✅ Do we distinguish between social constructs of race and gender from genetics? |
| **Pedagogy** | ✅ Do we have an interdisciplinary approach?  
| | ✅ Do you engage critical thinking? (as opposed to information dumping and memorization)  
| | ✅ Did a diverse group contribute to the creation of the material? |
| **Structure** | ✅ Are there diverse participants in your panels?  
| | ✅ If dealing with a sensitive or challenging topic, did we build in appropriate space for reflection and debrief?  
| | ✅ Have we made your material accessible so all people can participate? (consider tech literacy, language, auditory, visual, tech access etc)  
| | ✅ Is there structural support for those who provide feedback, compensating those who are asked to give feedback? |
| **Context** | ✅ Do you contextualize (historical, social, political) shortcomings in available materials/data, and offer a vision for what a more equitable version would be even if it doesn’t exist?  
| | ✅ Does the speaker give their own context/identity to frame their lecture and as an invitation for critical feedback? |
| **Feedback** | ✅ Have you asked for feedback from learners/ community/patients/families?  
| | ✅ Are those giving feedback supported for their expertise and efforts?  
| | ✅ Have you consulted experts on the topic? |
| **Impact** | ✅ Have you identified who benefits and who is burdened by your lesson? (consider learners, patients, |

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<table>
<thead>
<tr>
<th>communities, colleagues, staff</th>
<th>Could this material be harmful?</th>
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</thead>
<tbody>
<tr>
<td>❑ Do you know who this curriculum is for?</td>
<td></td>
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<tr>
<td>❑ Have you adjusted your materials to promote equity?</td>
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<tr>
<td>❑ Have you directly addressed the fact that bias is included in prior curricula?</td>
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