A Reflection-Based Health Equity Toolkit for Reducing Bias in Curricular Materials

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3/4/21 • AME-EDUCATION AND INNOVATION WEEK
Background

• Race, ethnicity, and other identities are social constructs which have biological consequences

• Health disparities are one of the ways these consequences manifest and worsen

• Medical education has a role in perpetuating physician bias and health disparities (1)
Background at CUSOM

- CSTAHR work on bias in the PBL curriculum
- Meeting with block directors and Dr. Bradford to discuss isolated incidents
- Curriculum reform and continuous quality improvement process as opportunities to address these issues
Overview of Toolkit Development & Implementation

- **Spring/Summer 2018**
  - Development of Health Equity Toolkit
  - Feedback from key stakeholders, Implementation of course evaluation questions, Release of Toolkit
  - Fall 2018

- **Spring/Summer 2020**
  - Presentations to Plains Team, Review of Essentials Core Curriculum
  - Fall 2020

- **Summer 2021**
  - Incorporation in TREK
Rationale for Developing Toolkit

• Developing a habit of awareness about our biases starting with pre-clinical training
• Acknowledging health disparities by calling attention to how differences in disease patterns arise (biological vs. social)
• Bringing awareness of how what is taught might impact our patients and our classmates
Designing the Equity Toolkit

- Curriculum Ambassador Program
- Researched existing bias guidelines
  - Columbia, Sadker (2,3)
- Drafted Toolkit
- Received feedback from student groups and Essentials Core Block Directors
The Guiding Principles

• Nine key principles that seem to be representative of issues that we have seen in the preclinical curriculum.

• Designed to promote reflective opportunities for anyone engaging with the curriculum.

**Use people-first language to avoid identifying patients by only one characteristic, especially when that identifier reinforces stereotypes**

*Reflection: Are patients, in practice or theory, being identified by only one characteristic? Is that one characteristic the disease or condition for which they are being treated? Are patients’ identities beyond their disease or condition being acknowledged?*

- **Example:** A case study has the opening stem: “A 22yo schizophrenic presents...”
- **Adjustment:** Replace with “A 22yo engineering student who has schizophrenia presents...” This implies that the patient is not just their schizophrenia, but someone with interests that are being recognized as well. This presents them as more than just their disease. It is never a bad idea to humanize characters in questions or cases, as this is more similar to real-life patients.
Evaluating the Equity Toolkit (and the curriculum)
End-of-Course Evaluations

“Comment on any aspects of bias that occurred during this course. For instance, failure to include a crucial topic or repeated use of identifiers that might reinforce stereotypes in case or test materials.”

Lecturer/Small Group Facilitator Evaluations

“Consider both lecturer/facilitator behavior and session content. Comment on any instance involving a harmful generalization or assumption about a particular group.”
End of Course Evaluation Data (AY 19-20)

Course Evaluation Comments (n = 62, 13 from FDC)

- Bias against medical students/unprofessional: 10%
- Imbalance & Selectivity: 21%
- Invisibility: 22%
- Linguistic Bias: 16%
- Stereotyping: 13%
- Positive Non-invisibility: 5%
- Uncategorized: 13%
Lecturer and Small Group Facilitator Data (AY 19-20)

Lecturer/Small Group Facilitator Evaluation Comments (n = 58, 16 from FDC)

- Bias against medical students/Unprofessional: 19%
- Fragmentation & Isolation: 5%
- Imbalance & Selectivity: 7%
- Linguistic Bias: 24%
- Stereotyping: 22%
- Uncategorized: 5%
- Unprofessional: 14%
- Unreality: 4%
Improving Curricular Bias Reporting Process

• Centralized, real-time reporting process was part of our original goal
• End-of-course evaluation responses often conflated with general feedback (particularly in AY 18-19)
• Feedback provided months after the course has ended
  • Students never see improvements
  • Loss of learning opportunity for faculty and students
Implementation of the Curricular Bias Survey

Since its implementation in October, Dr. Zimmer has received and responded to 36 comments in collaboration with block directors and students.
Intervews with Block Directors

Structured interviews with Essentials Core Block Directors (interviews grouped by block)

- What did you find when reviewing your course for evidence of bias?
  - If you’ve made changes, what motivated you to make those changes?

- What is your plan to reduce/screen for biased content in your block moving forward?
  - What are the barriers to finding and addressing biased content in your curriculum?

- What is your familiarity with the Equity Toolkit?
  - Have you used the Equity Toolkit in the past?

- How important do you think this work is?
Interview Themes

PEOPLE

- Importance of student input
  “And we asked you to tell us, and we're open to that. And if I'm taken aback by it, then that's my problem. But, you know, we have out there 180 sensors telling us, what doesn’t work what's not good. So we encourage you. So the medical students need to jump in there.”

PROCESS

- Imperfect Process for Review
  “We've been asking students to find out to us we have conversations with our course reps. You know, we've been trying to, you know, watch out for it as well. And, you know, we kind of reviewed it with the faculty, and we're definitely conscious of it. And occasionally, we miss some things…things slip by historic handouts that have been, like, unaltered for a few years and things have moved on”
Interview Themes

**DETAILS ON TOOLKIT**

- Next steps for and use of toolkit
- “I think that when you're working with block directors, they're all busy people that are the ones doing several things at the same time. And the easier you can make it, like the more visual and like one page, everything that is relevant, you need to condense in one page.”

**IMPACT/OUTCOMES**

- Importance of broader skillset modeled
- “But the principle that we're teaching, I think, is way more important than the details…we're giving people a skill set, where, you know, they can navigate these health impacts, and science and belief and opinion, and all these other things, and bias, implicit, and everything else.”
Future Directions

- Interview Analysis
- Sharing Best Practices Among Block Directors
- Updating Equity Toolkit
- Incorporation into TREK (Plains)
- Expansion into Clinical Curriculum
- Student Focus Groups
Acknowledgements

- Essentials Core Block Directors Committee
- Student Leaders: WC4BL, SNMA, LMSA, Disability Dialogues, MSC, CSTAHR
- Curriculum Ambassadors Program and the Dean’s Office
- Office of Diversity and Inclusion
- Assessment, Evaluation, and Outcomes Office
- Columbia University Bias Task Force (Laura Benoit, Dr. Christopher Travis)
- Erin McKay, OME, AME
Questions? Interested in collaborating?

Email
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Zoom link for post-presentation discussion
https://ucdenver.zoom.us/j/93788154725
References

