# **5-Minute Equity and Diversity Checklist for Classroom Didactics**

As a final review of your lecture, please make sure of the following:

In my classroom	Avoid using	Because	Instead	Reference
			consider	
Race and ethnicity are presented as a social construct- a social category that reflects the health impacts of unjust experiences, rather than as a biologic category	Simplistic statistics of disease incidence based on race alone (i.e., 5% of U.S. children who are Black vs. 3% of U.S. children who are white have)	Statistics based on race alonemay incorrectly imply that the differences are genetic in origin, rather than driven by unjust sociopolitical differences that then	Explaining the historical and ongoing social, economic, political factors that have contributed to differences in disease burden between	https://www.nejm .org/doi/full/10.10 56/NEJMms20257 68
reflecting innate differences.		cause inequities in health outcomes.	people of different races/ethnicities.	
Stereotypes are not used.	Bias-generating examples in clinical vignettes, such as the "A 23 yo gay male with HIV"; "52yo African American woman"	Leads to overrepresentation of people holding minoritized identities as "high-risk" and limits understanding of disease risk factors; promotes racial essentialism and may worsen biases	Avoid naming gender, age, race, sexuality unless truly clinically relevant. Introduce social constructs such as race in the Social History, if at all.	https://www.nejm .org/doi/full/10.10 56/NEJMms20257 68
Images and clinical examples are diverse and inclusive.	Pictures of dermatologic lesions only on fair skin.	It is important that we provide a wide array of images and clinical examples that reflect the diversity of individuals that students will be seeing in their practices.	Pictures of dermatologic lesions on both fair and darker skin so that clinicians can equally identify and diagnose disease occurring on any skin tone.	https://www.visua ldx.com/about- visualdx/diversity/ https://libguides.o hsu.edu/diverse- images

Diagnostic bias based on race or ethnicity is avoided.	1) Sickle cell disease predominantly impacts Black patients. 2) MDRD, CKD-EPI equations for calculation of GFR.	Race-based diagnosis and race-based calculations use race as a biologic marker for disease and perpetuate the notion that race is a biologic category.	1)Sickle cell disease impacts populations who are at higher risk for malaria. 2)Non-race-based equations for GFR (e.g., CKD-EPI, cystatin C), PFTs and ASCVD risk scoring	https://jamanetwo rk.com/journals/ja ma/article- abstract/2735726
Referenced studies are inclusive and/or limitations are acknowledged.	1) Citations of experiments conducted by J Marion Sims on enslaved women 2) Studies with limited study populations	"Lack of diversity in clinical research participation can obscure the safety and efficacy of drug therapies and limits the collective ability to develop effective treatments for all patients, leading to even wider health disparities."	1) Share historical contexts that raise awareness of outdated and/or exclusionary medical practices 2) Include inclusive studies	https://www.ncbi. nlm.nih.gov/pmc/ articles/PMC9568 895/
Outdated medical terminology guide has been reviewed.				https://www.ohsu .edu/sites/default /files/2023- 01/OutdatedMedT erminology_2023 Updated.pdf
Inclusive language guide has been reviewed.				https://www.ohsu .edu/inclusive- language-guide
Inclusive curriculum guidelines have been reviewed (Universal Design for Learning).				https://www.ncbi.nl m.nih.gov/pmc/artic les/PMC10939519/

### References and definitions

#### **Definitions**

- 1) Sociopolitical: relating to or involving social and political factors.2) Stereotypes: a widely held but fixed and oversimplified image or idea of a particular type of person or group that is inaccurate and over/under generalized.
- 2) Stereotypes can be based on age, nationality, race, ethnicity, nationality, socioeconomic status, language etc.,
- 3) Race based diagnostic bias: Race-based diagnostic bias is using racial terms to describe epidemiologic data.

#### References

School of Medicine DEIB Resources for Educators

https://www.ohsu.edu/school-of-medicine/diversity-equity/diversity-resources

School of Public Health Reflexive Tool

https://o2.ohsu.edu/ohsu-psu-school-of-public-health-sph/reflexive-tool-sph-courses.cfm

**Upstate Bias Checklist** 

https://redcap.upstate.edu/surveys/?s=KADLRXK8WE

Physician's Assistant Program Guidance

https://www.ohsu.edu/school-of-medicine/physician-assistant/diversity-equity-and-inclusion https://www.ohsu.edu/sites/default/files/2022-10/OHSU%20PA%20AntiRacism%20Lecture%20Guidance.pdf

UCSF Anti-Racism & Race Literacy: A Primer & Toolkit for Medical Educators: A living & iterative resource https://ucsf.app.box.com/s/27h19kd597ii66473parki15u0cgochd

### **Exemplary lectures (DEVH 2022)**

Marshall- https://echo360.org/media/68abf482-1ebe-44dc-b5d9-ecce47be6a5b/public

Khaki- https://echo360.org/media/dcc525d3-63fb-422d-8fe4-18fcd9b3c03e/public

Benson- https://echo360.org/media/1cad996b-b50b-42e1-be7a-38256bf28cb2/public

## **Small Group Discussion**

The 10R's of Talking about Race: How to Have Meaningful Conversations

Endorsed by UMECC on 12/12/24