



Promoting an Anti-bias and Inclusive Curriculum: concrete tools toward excellence in education and clinical care

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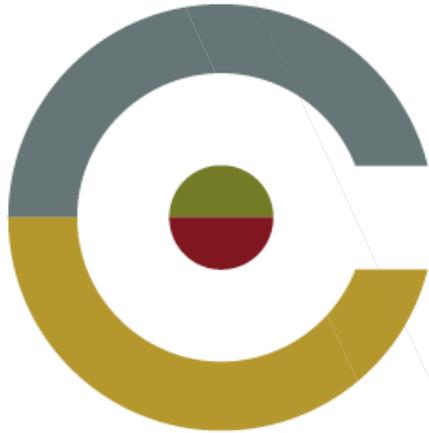
Acknowledgements

- Dr. Devlin and Dean Hutcherson
- Drs. Laura Benoit and Chris Travis
- Justice and Equity Fellows, and VP&S students and faculty

Agenda

- Framing the Discussion
- Inclusive Teaching Tools
- VP&S Anti-bias teaching curriculum
- Curricular Reform
 - VP&S Draft Anti-racist Learning Objectives

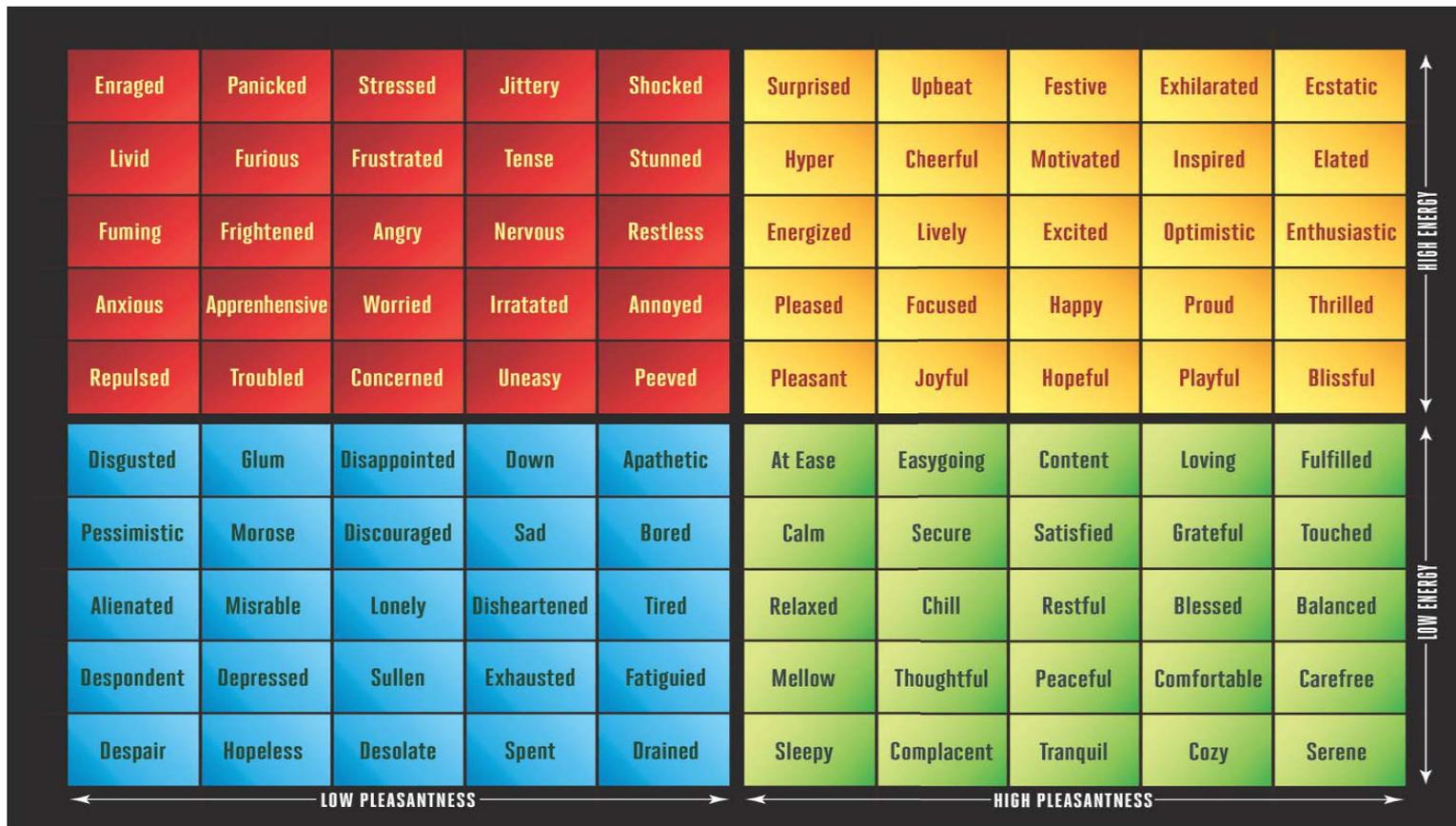
Framing the discussion/Norms



- What we learn leaves the room, what is said stays in the room
- Everyone has different levels of familiarity and comfort in discussing race/racism, we're all here to learn
- 4 Ground Rules of Courageous Conversations
 - **Speak Your Truth**
 - **Stay Engaged**
 - **Accept and Expect Discomfort and Strong Emotions**
 - **Accept and Expect a Lack of Consensus**

➤ Couragousconversations.com

When you think about talking about race, racism, or anti-oppression, how do you feel? Identify a word for yourself. Write the word or the color of the quadrant you identify.



This Mood Meter was excerpted from the book, [Permission To Feel](#) © 2019 Marc Brackett. Reprinted with permission of Celadon Books, a division of Macmillan Publishing, LLC. www.marcbrackett.com

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When you think about talking about race, racism, or anti-oppression, how do you feel? Identify a word for yourself. Write the word or the color of the quadrant you identify.

① Start presenting to display the poll results on this slide.

The Positionality Statement

(also called reflexivity or subjectivity memo)

-
- This is your worldview on the topic at hand
 - How your worldview (background, identities, experiences, values, assumptions) shape your perspective in this process



Example:
Hetty
Positionality
Statement

- Worldview perspectives that may impact my approach to the topic of DEIB
 - leadership in implicit bias and DEIB
 - person of color
 - woman
- Worldview perspectives that may disadvantage search for diverse candidates
 - Ivy League bias
 - Northeast, urban bias
 - lifelong economic privilege

SHARE



OPINION | REVIEW & OUTLOOK

Medical Education Goes Woke

Future doctors will be obliged to learn how health relates to ‘systems of oppression.’

By [The Editorial Board](#) [Follow](#)

July 26, 2022 7:05 pm ET

 SAVE  PRINT

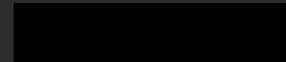
Social and economic circumstances clearly can affect individual health behavior. But the hyper-class and -racial consciousness that the AAMC wants to instill in doctors may result in worse care for minorities. “Systems of oppression” as a standard of analysis could easily become medical fatalism.

A blurred photograph of a modern office interior. In the background, several people are seated around a table, engaged in a meeting or discussion. The scene is brightly lit, likely from large windows, creating a soft, out-of-focus atmosphere. The text "Fostering an Inclusive Learning Environment" is overlaid in the center in a white, italicized font.

Fostering an Inclusive Learning Environment

Student report to diversity office

- While on my X clerkship, after presenting to an attending, he responded with a football analogy that I did not understand. His reply: “Oh I’m sorry. That’s right, in your country it’s the other football. Soccer, right?” I had never worked with this attending; he knew nothing about me other than my name and what I looked like.”
- *Did this cross a line? If so, what was it?*
- *How might the student have been feeling, and why?*
- *Why might the attending have responded in this way?*



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I'm sorry. That's right, in your country it's the other football. Soccer, right?" I had never worked with this attending; he knew nothing about me other than my name and what I looked like."

Did this cross a line? If so, what was it?

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I'm sorry. That's right, in your country it's the other football. Soccer, right?" I had never worked with this attending; he knew nothing about me other than my name and what I looked like."

How might the student have been feeling, and why?

① Start presenting to display the poll results on this slide.

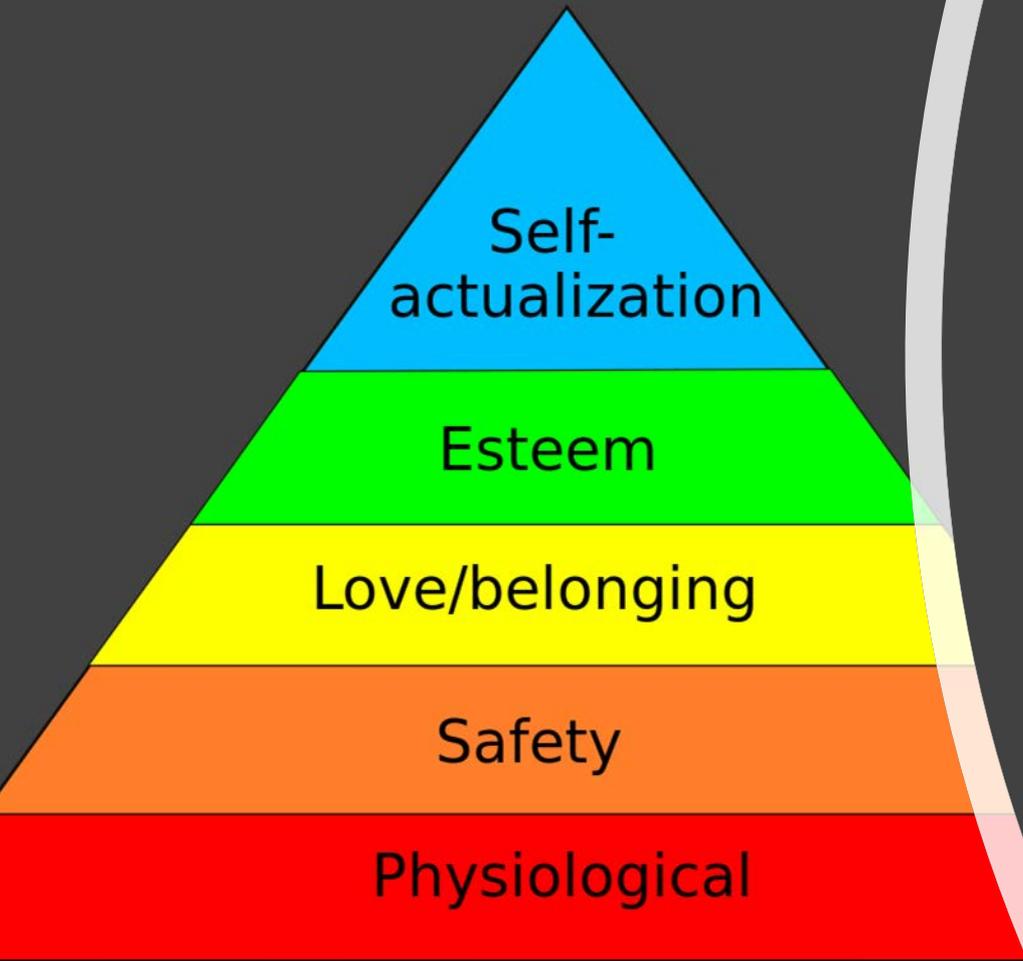
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“Oh I’m sorry. That’s right, in your country it’s the other football. Soccer, right?” I had never worked with this attending; he knew nothing about me other than my name and what I looked like.”

Why might the attending have responded in this way?

① Start presenting to display the poll results on this slide.



Maslow's Hierarchy of Needs

What are some consequences for these students?

Stereotype Threat

Fear

Low Self-Worth

Confusion

Disillusionment, Cynicism

Burn Out

Environmental challenges to belonging

Daily
professionalis
m issues

Segregated
Care

Mistreatment

Hazing

Stereotype
threat



Diversity 
Inclusion/Belonging

Psychological Safety is crucial to excellent
team functioning and to learning

Benefits of an inclusive learning environment

- Increase sense of belonging
- Increase participation
- Increase performance
- Improved patient care
- Healthy students
- And scientific innovation!



Scientific
excellence

THE NEED FOR DIVERSE PERSPECTIVES IN SCIENCE



Bernard MA, Johnson AC, Hopkins-Labov T, Tabak LA. Nature Medicine. DOI: 10.1038/s41591-021-01532-1. (2021)

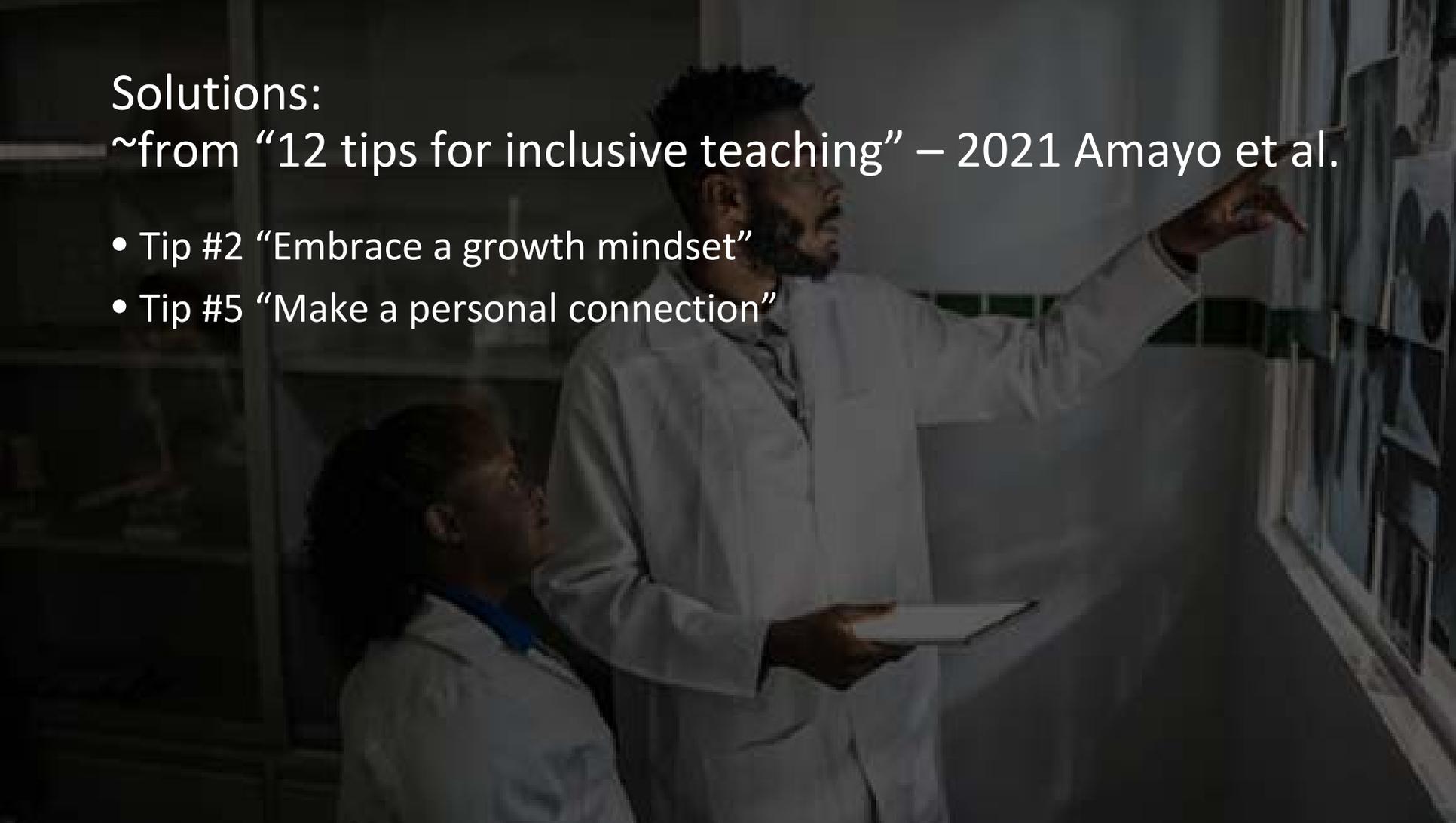


What can we do?

Solutions:

~from “12 tips for inclusive teaching” – 2021 Amayo et al.

- Tip #2 “Embrace a growth mindset”
- Tip #5 “Make a personal connection”



MD Program

Admissions

[Apply](#)[FAQs](#)[Location](#)[MD Financial Aid](#)[Student Profiles](#)

Columbia-Bassett Track

Curriculum

[About the Curriculum](#)[Schoolwide Values](#)[Promoting a Bias-Free Curriculum](#)[Governance Committee Charges](#)[MD Curriculum](#)[Curricular Threads](#)[Brown Scholars Primary Care Program](#)

MD Student Resources

Promoting a Bias-Free Curriculum

At the Columbia University Vagelos College of Physicians and Surgeons, the VP&S Guidelines for Promoting a Bias-Free Curriculum were developed with the input of many VP&S faculty and students and adopted by the Committee on Education Policy and Curriculum in June 2017. The guidelines are relevant to both classroom and clinical teaching environments and can apply to learners at all stages of training. We hope all educators will find this document useful for actively improving teaching.

In support of this initiative, a web-based bias-free curriculum feedback portal was added to our [learning environment reporting portal](#), where members of the community can comment on aspects of the VP&S formal and informal curriculum regarding bias and inclusion. For instance, students can submit feedback if they observe a faculty member teaching in a way that they find to be particularly free of bias or inclusive. Similarly, students may choose to submit feedback if they find that an aspect of the curriculum was biased or not inclusive.

Representatives of the Task Force for a Bias-Free Curriculum, the Center for Education Research and Evaluation, and the medical education deans will review the feedback in order to identify and spread best practices. This feedback will also be used to identify concerning situations and/or

VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

***The social construction of race runs through all the following**

- Be mindful of language, attitudes, and behaviors.
- Be inclusive in representations of healthy/“normal.”
- Be inclusive in representations of pathology.
- Avoid stereotypes in representations of pathology.
- Explore structural reasons for differences in health outcomes.
- Acknowledge limitations of research.

Social Construction of Race

Schizophrenia

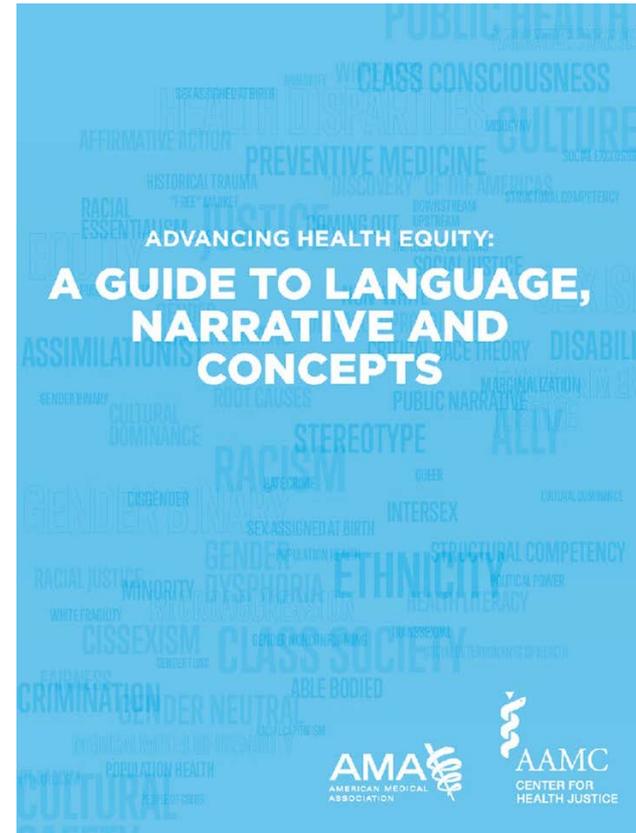
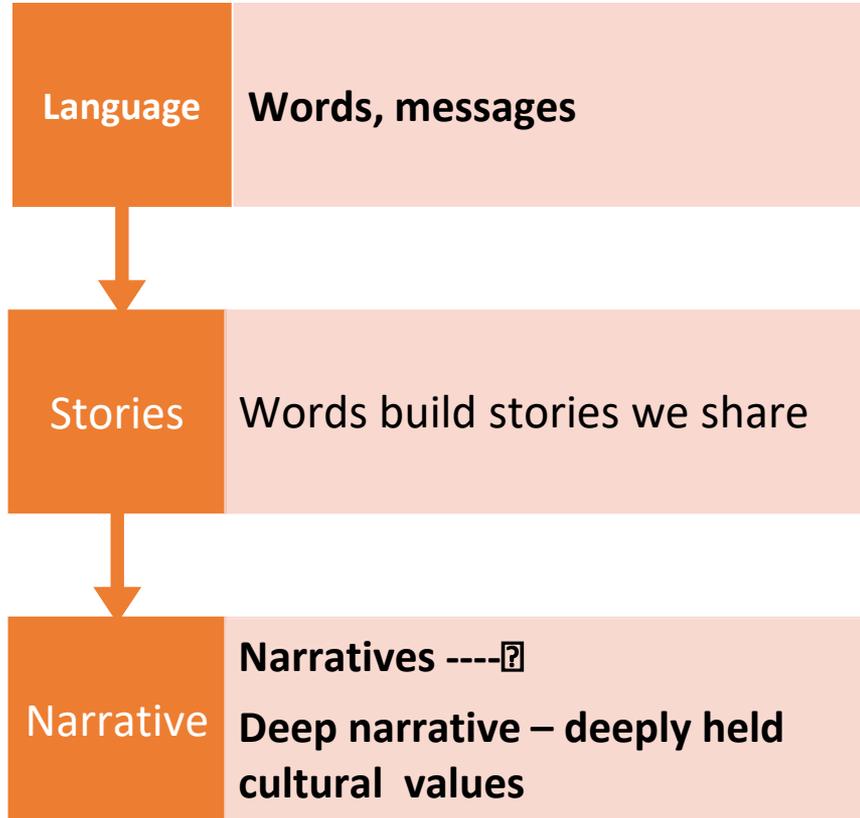
- ▶ Described in all races and geographic areas
- ▶ Incidence and prevalence vary throughout the world
- ▶ F:M 1:1.4

RACE ≠ GENES



1. Language: Be mindful of language, attitudes, and behaviors.

- Eliminating the use of outdated, imprecise terms
 - e.g., “Oriental” to describe an Asian person or “Caucasian” to describe a white person.
- Using person-first language
 - e.g., “a person with diabetes” instead of “a diabetic” or “a person with schizophrenia” instead of “a schizophrenic.”





shift the narrative



CDC “Health Equity Guiding Principles for Unbiased, Inclusive Communication” Key Principles

1. Avoid use of adjectives such as “vulnerable” and “high-risk.”
2. Avoid dehumanizing language. Use person-first language instead.
3. Remember that there are many types of subpopulations.
4. Avoid saying “target,” “tackle,” “combat” or other terms with violent connotation when referring to people, groups or communities.
5. Avoid unintentional blaming.



**Identify
areas of
stigmatizing
language**

Mr. R is a 28-year old sickle cell patient with chronic left hip osteomyelitis who comes to the ED stating he has 10/10 pain “all up in my arms and legs.” He is narcotic dependent and in our ED frequently. At home he reportedly takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he says that he has taken 2 tabs every 4–6 hours. About 3 months ago, patient states that the housing authority moved him to a new neighborhood and he now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.

Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat. He believes that this, along with some “stressful situations,” has precipitated his current crisis. Pain is aching in quality, severe (10/10), and has not been helped by any of the narcotic medications he says he has already taken.

On physical exam, he appears to be in distress. He has no fever and his pulse ox is 96% on RA. The rest of the physical exam is normal although he reports tenderness to palpation on the left hip.

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What are some examples of stigmatizing language?

① Start presenting to display the poll results on this slide.



Stigmatizing Language Examples

*Do Words Matter? Goddu, et al.
JGIM 2017*

- Casting doubt on the validity of the patient's experience
 - patient reports
 - he claims
 - patient states
 - Patient appears to be in distress
- Equating a patient with their disease
 - Sickle cell patient
- Blaming a patient for their symptoms
 - He is narcotic dependent and in our ED frequently
- Perpetuating negative stereotypes
 - he was hanging out with friends
 - the housing authority moved him
- Use of quotations to bracket dialect/vernacular English
 - “pain all up in my arms and legs”

Table 1 Text Employed in the Vignettes

Neutral language chart note	Stigmatizing language chart note
<p>Section 1</p> <p>Mr. R is a 28-year old man with sickle cell disease and chronic left hip osteomyelitis who comes to the ED with 10/10 pain in his arms and legs. He has about 8–10 pain crises per year, for which he typically requires opioid pain medication in the ED. At home, he takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he has taken 2 tabs every 4–6 hours. About 3 months ago, he moved to a new apartment and now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.</p> <p>He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat. He believes that this, along with recent stress, precipitated his current crisis. The pain is aching in quality, severe (10/10), and not alleviated by his home pain medication regimen.</p> <p>On physical exam, he is in obvious distress. He has no fever</p>	<p>Mr. R is a 28-year old sickle cell patient with chronic left hip osteomyelitis who comes to the ED stating he has 10/10 pain “all up in my arms and legs.” He is narcotic dependent and in our ED frequently. At home he reportedly takes 100 mg OxyContin BID and oxycodone 5 mg for breakthrough pain. Over the past few days, he says that he has taken 2 tabs every 4–6 hours. About 3 months ago, patient states that the housing authority moved him to a new neighborhood and he now has to wheel himself in a manual wheelchair up 3 blocks from the bus stop.</p> <p>Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat. He believes that this, along with some “stressful situations,” has precipitated his current crisis. Pain is aching in quality, severe (10/10), and has not been helped by any of the narcotic medications he says he has already taken.</p>

VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

2. Be inclusive in representations of healthy/“normal”

Gingiva

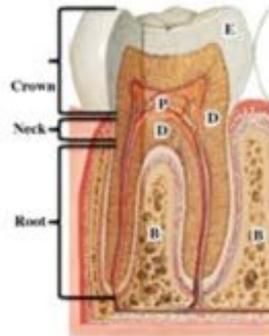


Maxillary Gingiva



Mandibular Gingiva

The gingiva (gums; green arrows) should be pink in appearance, as opposed to the adjacent mucosa that is red

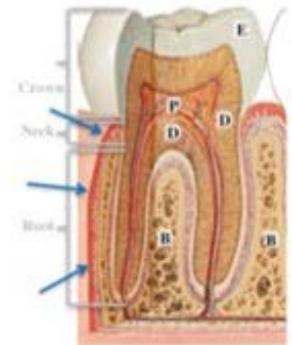


Gingiva



The gingiva (gums; green arrows) ranges from **pink to brown** in appearance

The adjacent **mucosa** (yellow arrows) is highly vascular and **red** in appearance



VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

3. Be inclusive in representation of pathology

Example: Hyperbilirubinemia can present clinically as jaundiced skin. However, in darker-skinned persons, jaundiced skin may be difficult to appreciate.

Apgar score

	Score 2	Score 1	Score 0
A ppearance	 Pink	 Extremities blue	 Pale or blue
P ulse	> 100 bpm	< 100 bpm	No pulse
G rimace	Cries and pulls away	Grimaces or weak cry	No response to stimulation
A ctivity	 Active movement	 Arms, legs flexed	 No movement
R espiration	Strong cry	Slow, irregular	No breathing

What is an
APGAR SCORE?

NEWBORN HEALTH ASSESSMENT

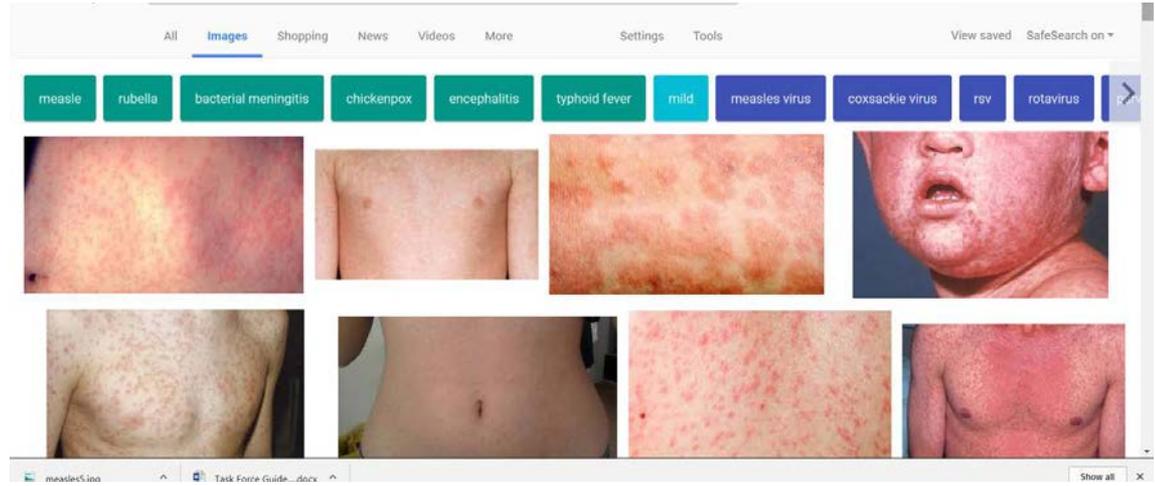
The Apgar score is a simple method of quickly assessing the health and vital signs of a newborn baby after delivery. The five criteria assessed in the Apgar score are:

- A – Appearance (Skin Color)
- P – Pulse (Heart Rate)
- G – Grimace (Reflex Irritability/Response)
- A – Activity (Muscle Tone)
- R – Respiration (Breathing Ability)

Apgar scores of 0-3 are critically low
Apgar scores of 4-6 are below normal
Apgar scores of 7+ are considered normal.



Rivier & Walsh, PC
abc@rivier.com



Skin of Color Disparities

Visual Dx in UpToDate

UpToDate® lupus discoid

Contents Calculators Drug Interactions UpToDate Pathways

disapone can be effective treatments for patients with discoid lupus erythematosus (DLE) or subacute cutaneous ...

Other agents First-line agents Summary and recommendations

Patient education: Discoid lupus (The Basics)

...to quit. Discoid lupus seems to be more severe in people who smoke. Plus, sm... make certain medicines for discoid lupus less effective. If you are bothered by th... lupus looks on ..."

See images of discoid Lupus erythematosus in VisualDx

Drug-induced lupus

...drug-induced lupus compared with idiopathic SLE, although SCLF is a... drug-induced. Drug-induced discoid lupus has also been reported but... rare. Symptoms onset generally develops after months to years ..."

Other types of drug-induced cutaneous lupus Clinical presentation

Put query in search box, then Scroll down to see Visual DX

VisualDx / Discoid lupus erythematosus

See also in: External and Internal Eye, Hair and Scalp

All Skin Types Skin of Color Filter Images Print Captions

Atrophic, erythematous plaques

Atrophic scar

Sun-exposed distribution Face Scalp

View all Images (161)

Other Resources

UpToDate PubMed

- Textbooks
- Brownskinmatters.com
- [Skin of Color Youtube videos](#) - see Resource list



By Chidibere Ibe

VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

4. Avoid stereotypes in representations of pathology.

examples:

only cases with MSM and young people with STDs,
people of color with trauma

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

The Upstate Bias Checklist: A Checklist for Assessing Bias in Health Professions Education Content

Returning?

AAA



If you are using the checklist for the first time, have not previously read the FAQ or have additional questions, please click [here](#).

This checklist is intended to promote reflection regarding how race, gender, and other indicators (including social determinants of health, such as poverty) are represented in health professions education.

The checklist was designed to be used to evaluate a particular piece of health professions education content, such as a lecture, standardized patient encounter, small group session, or written examination.

VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

5. Explore structural reasons for differences in health outcomes

COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity

Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.8x	0.6x	1.4x	1.7x
Hospitalization ²	4.0x	1.2x	3.7x	4.1x
Death ³	2.6x	1.1x	2.8x	2.8x

How to Slow the Spread of COVID-19



Wear a mask



Stay 6 feet apart



Wash your hands



References on back

cdc.gov/coronavirus

Use of Race in Pediatric Clinical Practice Guidelines

A Systematic Review

Courtney A. Gilliam, MD; Edwin G. Lindo, JD; Shannon Cannon, MD; L'Oreal Kennedy, DNP, CNM, ARNP; Teresa E. Jewell, MLIS; Joel S. Tieder, MD, MPH

IMPORTANCE National clinical practice guidelines (CPGs) guide medical practice. The use of race in CPGs has the potential to positively or negatively affect structural racism and health inequities.

OBJECTIVE To review the use of race in published pediatric CPGs.

EVIDENCE REVIEW A literature search of PubMed, Medscape, Emergency Care Research Institute Guidelines Trust, and MetaLib.gov was performed for English-language clinical guidelines addressing patients younger than 19 years of age from January 1, 2016, to April 30, 2021. The study team systematically identified and evaluated all articles that used race and ethnicity terms and then used a critical race theory framework to classify each use according to the potential to either positively or negatively affect structural racism and racial inequities in health care.

 [Supplemental content](#)

Author Affiliations: Division of Hospital Medicine, Department of Pediatrics, Seattle Children's Hospital, University of Washington, Seattle (Gilliam); Department of Family Medicine, University of Washington School of Medicine, Seattle (Lindo); Division of Pediatric Urology,

Table 1. Included Clinical Practice Guidelines by Categories

Category	No.
Positively impact health inequities	
No. (%)	45 (35.7)
Race used to describe health disparity	18
Race used to describe inclusivity	7
Establishing representative committee structures	2
Recommending cultural humility	14
Describing geographic risk	4
Negatively impact health inequities or perpetuate structural racism	
No. (%)	73 (57.9)
Normalizing the majority group (centering whiteness)	15
Conflating race as a biological risk factor	23
Conflating race with negative stereotype	8
Conflates race, ethnicity, and genetic risk	7
Establishing testing or treating thresholds or using racial coefficients	20

VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum

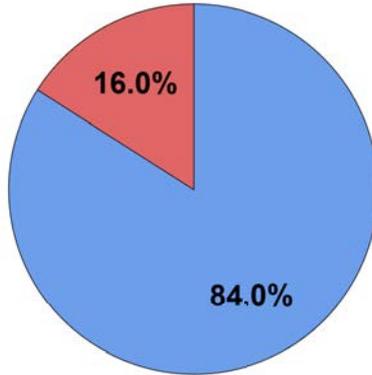
6. Acknowledge limitations of research.

examples:

- **under-representation of minoritized groups**
- **confusion of categories (Africans, Nigerians, African Americans, Black people)**
- **confusion of sex and gender**

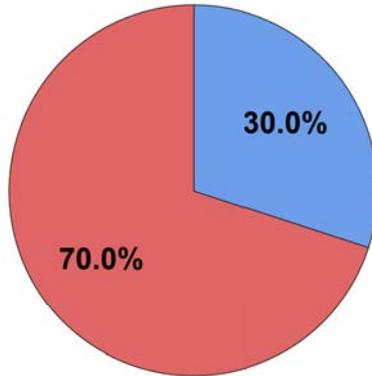
Awareness of Guidelines

- Yes
- No



Use of Guidelines

- Yes
- No



2020 Faculty Survey

• Barriers:

- Awareness
- Time
- Skills

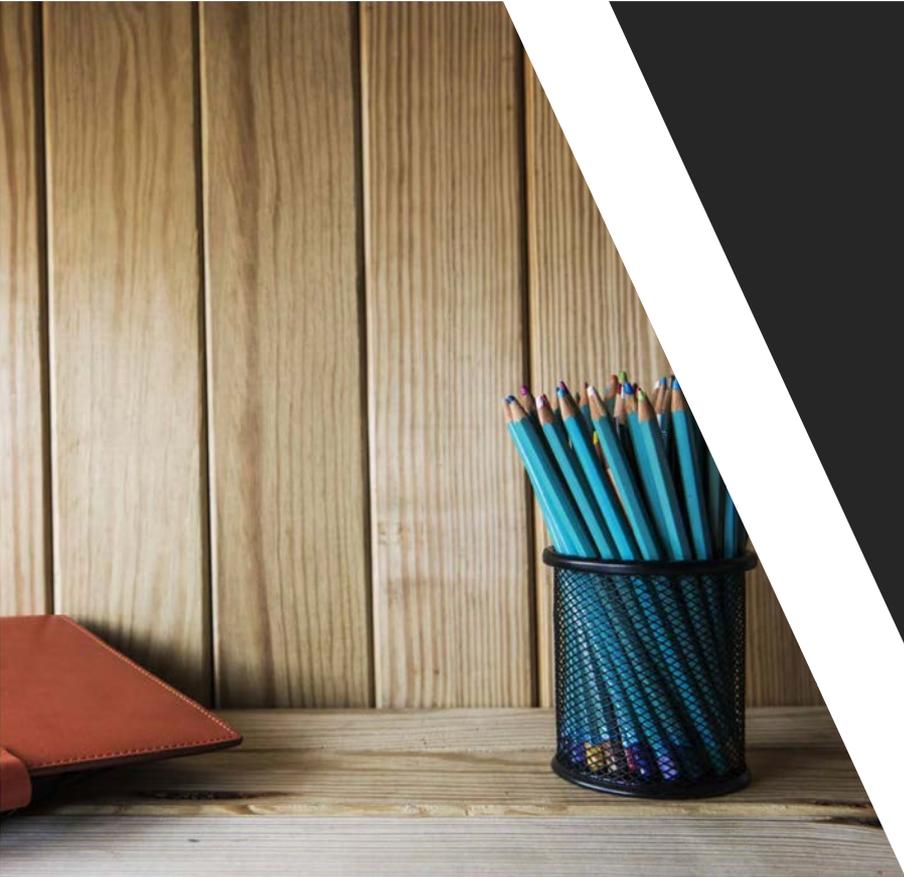
STATEMENT OF PARTNERSHIP AND HUMILITY:

In the service of increasing equity at VP&S, I have considered the [VP&S Guidelines for Promoting an Anti-Bias and Inclusive Curriculum](#) in creating this lecture.

I invite your feedback in promoting equity within this learning space.

If you have suggestions,

- a. please email me _____, or
- b. enter feedback on the Anti-Bias and Inclusive Curriculum Feedback Portal



Curriculum

DRAFT: Anti-Racism Learning Objectives

Domain A: Diversity

- Demonstrates the value of diversity by incorporating all dimensions of diversity in the patient's health assessment and treatment plan

Domain B. Anti-racism and Systemic Consciousness

- Develop a historical consciousness, understanding how the historical context of race, class, socioeconomic status, and other social determinants of health intersect to impact patient and population health

Domain C. Health Systems

- Describes the problem of health equity (e.g., distribution patterns and determinants of health and disease conditions in diverse populations) and solutions both population and institutional levels

Domain D. Advocating for Equity

- Employs strategies to advocate for oneself and serve as an ally to others when there is injustice (e.g., microaggression, discrimination, racism)
- Recognizes the importance of fostering partnerships with communities to engender solutions that are both effective and trusted

DRAFT: Equity & Justice Curriculum



“Goal of the curriculum is for graduating students to feel confident in their ability to treat a diverse patient population and address racial disparities measured on GQ”

MEPO: Recognizes personal biases and their impact on those around them and patient care, and can apply strategies to mitigate the effects of these biases.

Pre-clinical

- Understand the concept of bias
- Reflect on personal biases (IAT)
- Articulate research linking bias and racial/ethnic health disparities

Clinical

- Demonstrate awareness of personal bias on patient care

4th Year

- Strategize to mitigate effects of personal bias in clinical decision-making and delivery of patient care in self, others, and structures

Bostonglobe.com

IDEAS

A blood-oxygen detector without racial bias

Pulse oximeters can be thrown off by dark skin, which may have had deadly consequences in the pandemic. Engineers think they have a solution.

By **Simar Bajaj** Updated July 5, 2022, 12:00 p.m.



Rutendo Jakachira is working to make pulse oximeters that return accurate readings regardless of skin color. Photo: Joshua Burrow

Inequality

Unequal access to opportunities



Equality?

Evenly distributed tools and assistance



Equity

Custom tools that identify and address inequality



Justice

Fixing the system to offer equal access to both tools and opportunities



Questions?

