

Reflections on the journey: returning to the DRIVE Principles



Disclosures

We have no actual or potential conflict of interest in relation to this presentation.

Today's Umass Chan DRIVE Team includes:

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Amy Reyes MLIS, Education and Clinical Services Librarian, Lamar Soutter Library, UMass Chan Medical School



Our intent is to promote inclusive learning while avoiding bias.

At UMass Chan, if you identify opportunities for addressing bias or improving representation in the course content or instructional delivery, we encourage you to share them with either:

- Your course faculty or leadership
- The Drive Initiative at DRIVE@umassmed.edu or you can scan the QR code to send feedback **anonymously** to DRIVE

Learning objectives

By the end of this session, learners will

- Deepen their familiarity with the DRIVE principles
- Explore variations in application to various types of teaching
- Identify additional resources for support

Foundational definitions – an ILM recap

The DRIVE goal is to promote a representative and bias-free curriculum across our learning environments.

For the purpose of DRIVE, we **define** bias as a preference.

Implicit bias is an unconscious response which can be recognized and mitigated.

Explicit bias is overt and demonstrates intention.


Race is a social construct, not a biological fact. Disparities in outcomes stem from racism, not race.

Use the left toolbar to choose pens, insert images or shapes, type text boxes or sticky notes, and point to things temporarily with the laser

DRIVE at TOT

1/10

Set background Clear frame



DRIVE
Diversity, Representation and Inclusion for Value in Education

Use the page-turner at the top of the page to navigate to the section most relevant to your comment.

We encourage you to use the color of sticky note that corresponds to your breakout group.

Breakout 1 – Melissa Fischer MD MEd, David Hatem MD, Kathleen Barry MD + Philip Day PhD

Breakout 2 – Kenneth Peterson PhD FNP-BC, Peter Sell DO


Breakout 3 – Christine MacGinnis MD, David Fish MD, Nancy Skehan MD

Breakout 4 – Yasmin Carter PhD, Mary Lindholm MD, Warren Ferguson MD

Breakout 5 – Amy Reyes MLIS, Richard Forster MD, Tim Gibson MD

Let's try it out as we consider the first question from our homework.

—
What principles in the DRIVE curriculum appraisal tool are you already using in your teaching?

**DRIVE**
Driving Representation and Inclusion for All in Education

Curriculum Appraisal Tool

This tool is applicable across educational settings. For probing questions and links to more information, use the online version at <https://libraryguides.umassmed.edu/drive>

Section 1: Setting the context
Best Practice: Create a learning environment that welcomes engagement of people from diverse backgrounds and promotes inclusion and representation.

Q1.1: Do I anticipate, appreciate and acknowledge that learners may have a personal experience with the content?
Probing question: Might the content be upsetting or offensive to someone with personal experience?
Example: "As we discuss this topic I recognize that some of you may have personal experience that impacts your comfort, response, and discussions with classmates and others."

Q1.2: Have I anticipated challenging questions related to the intersection of sex, gender, race, cultural and other biases with my content area?
Probing question: Am I aware of recent scholarship or advocacy addressing these topics?
Example: A learner asks you to explain the reason for race-based differences in frequency of disease.

Q1.3: Am I prepared to recognize and address microaggressions that arise in the learning space?
Probing question: Do I have a plan for interrupting or responding to verbalized microaggressions that includes supporting the target and resetting the learning environment?
Example: A small group member addresses a peer using the wrong pronouns despite clarification.

Section 2: Language and terminology
Best Practice: Words matter, terminology changes -- Look for updates in your field before presenting, welcome learner input and respond respectfully to feedback.

Q2.1: Do I use people-first language and terminology when appropriate in my written materials and discussions, and remain open to change based on expressed preferences?
Probing question: Am I considering the impact of terms used in my workspaces or daily practice?
Example: Person with diabetes rather than diabetic, person experiencing homelessness


Q2.2: Do I use appropriate and inclusive language and terminology?
Probing question: Do the words I use carry assumptions that may not apply? Am I asking patients how they prefer to be addressed and modeling the sharing of pronouns as a welcome practice?
Example: Partner instead of husband/wife; living with diabetes instead of suffering from; volunteers instead of human subjects

For the purpose of DRIVE we define bias as a preference. **Implicit bias** is an unconscious response which can be recognized and mitigated. **Explicit bias** is overt and demonstrates intention.

Bias may be experienced along these or other dimensions:

- Ability
- Agility
- Age
- Appearance
- Culture
- Diet
- Education level
- Ethnicity
- Gender
- Gender identity
- Height
- Housing status
- Immigration status
- Mental health
- National origin
- Primary language
- Race
- Religious identification
- Sexual orientation
- Socioeconomic status
- Substance use
- Weight

Suggestion Box:
Access our anonymous suggestion box to identify opportunities for improvement in representation and inclusion in our learning environment.



Section 3: Images & Media
Drive Best Practice: Utilize images and videos that invite connection, promote recognition, increase representation and improve diagnosis across physical features and abilities.

Q3.1: Do the images or media in my materials represent a range of characteristics?
Probing question: Have I illustrated the ways in which the condition may present differently in patients with a variety of characteristics such as skin tone, body habitus, hair?
Example: Provide more than one illustrative image.

Q3.2: Could the images or media that I am using be perceived as promoting a stereotype?
Probing question: Do I ensure that tables, graphs, and images do not reinforce unintended bias?
Example: Using multiple images when discussing specific conditions may reduce stereotypes.

Section 4: Research and References
Drive Best Practice: Incorporate research that reflects a wide range of populations and individuals in all levels of study design and acknowledge existing limitations in representation.

Q4.1: Is race defined in the paper appropriately as a social construct?
Probing question: Am I able to describe the role of genetics versus socioeconomic factors?
Example: Recognition of race as a surrogate for socio/politics and not differences in biology has many rethinking the use of race in clinical calculators and the role it should play when we share demographic data.

Q4.2: Who are the researchers whose work I am citing?
Probing question: Am I including a variety of perspectives, research traditions and the full international literature on the topic? How are the people being studied represented in the research design process and authorship?
Example: Citing literature from global journals advances the state of the science, while use of local data can advance understanding.

Section 5: Population and Patient Cases
DRIVE Best Practice: Ensure that cases lead the learner to question rather than reinforce bias and assumptions.

Q5.1: Am I intentional in my inclusion of demographic characteristics (like race or ethnicity) for social context instead of as biological factors or physical findings? Am I clear on how inclusion of relevant social variables supports my learning objectives?
Probing question: Do my teaching examples encompass and normalize a range of patient characteristics similar to the mix in a diverse community like ours in Worcester?
Example: Including demographic or social data only when medically relevant may lead to over-association.

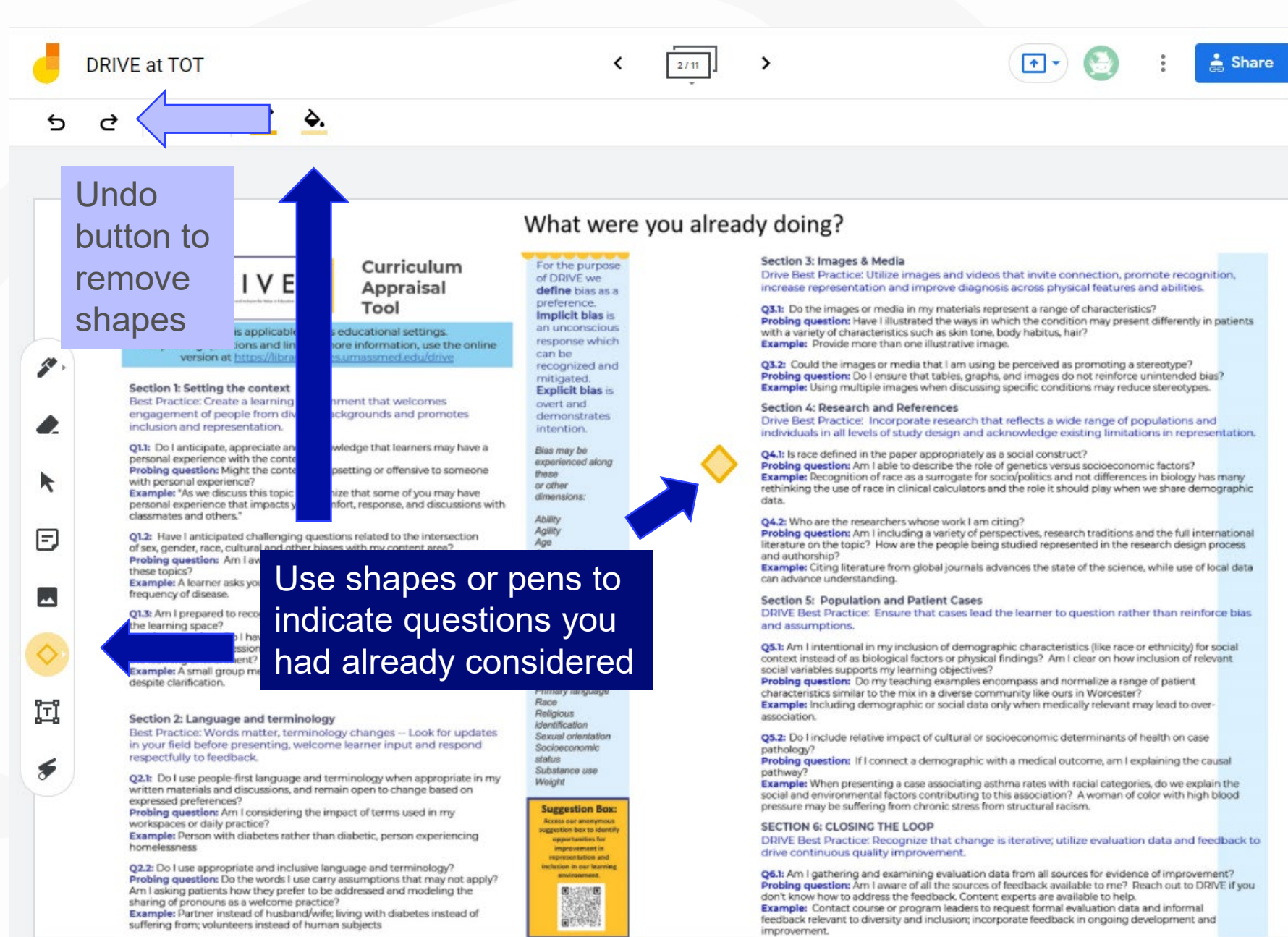
Q5.2: Do I include relative impact of cultural or socioeconomic determinants of health on case pathology?
Probing question: If I connect a demographic with a medical outcome, am I explaining the causal pathway?
Example: When presenting a case associating asthma rates with racial categories, do we explain the social and environmental factors contributing to this association? A woman of color with high blood pressure may be suffering from chronic stress from structural racism.

SECTION 6: CLOSING THE LOOP
DRIVE Best Practice: Recognize that change is iterative; utilize evaluation data and feedback to drive continuous quality improvement.

Q6.1: Am I gathering and examining evaluation data from all sources for evidence of improvement?
Probing question: Am I aware of all the sources of feedback available to me? Reach out to DRIVE if you don't know how to address the feedback. Content experts are available to help.
Example: Contact course or program leaders to request formal evaluation data and informal feedback relevant to diversity and inclusion; incorporate feedback in ongoing development and improvement.

Let's try it out as we consider the first question from our homework.

What principles in the DRIVE curriculum appraisal tool are you already using in your teaching?



The screenshot shows the 'DRIVE at TOT' Curriculum Appraisal Tool interface. The top navigation bar includes a 'Share' button and a '2 / 11' indicator. The main content area is divided into sections for appraisal. Annotations include:

- A blue arrow pointing to the 'Undo' button in the top left toolbar, with a text box stating: 'Undo button to remove shapes'.
- A blue arrow pointing to a yellow diamond shape on the right side of the document, with a text box stating: 'Use shapes or pens to indicate questions you had already considered'.

The document content includes sections such as 'Section 1: Setting the context', 'Section 2: Language and terminology', 'Section 3: Images & Media', 'Section 4: Research and References', 'Section 5: Population and Patient Cases', and 'SECTION 6: CLOSING THE LOOP'. Each section contains 'Best Practice' advice, 'Probing questions', and 'Examples'.

Breakout rooms

Questions for discussion:

- What change(s) did you make to your teaching based on the curriculum appraisal process?
- Did anyone notice or comment on these change(s)? Did you receive any feedback?
- How comfortable were you in making these changes? Did you feel successful?
- In what areas would you benefit from more support to make changes?

Document on jamboard

- Changes made to content
- Changes made to process
- Changes shaped by setting
- A-ha moments
- Key take-aways
- Insights generated by feedback
- Areas needing support



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Borrowing and Renewing

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Technology Support

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Library Instruction

Study Carrel Reservation

All Services

DRIVE: Expanded Curriculum Appraisal Tool & Resources

DRIVE is an initiative to create a representative and bias-free curriculum across all domains of research and clinical education. This DRIVE Resource Guide includes the fully revised, updated and expanded curriculum appraisal tool and additional resources

DRIVE Curriculum Appraisal Tool

Section 1: Setting the Context

Section 2: Language and Terminology

Section 3: Images and Media

Section 4: Research and References

Section 5: Population and Patient Cases

Section 6: Closing the Loop

About DRIVE

About the Curriculum Appraisal Tool

This tool is designed to support the primary goals of the DRIVE initiative:

- To promote a representative and bias-free curriculum across our learning environments
- To enhance the accuracy, representation, and inclusion of diverse populations in all our educational environments and activities

For the purpose of DRIVE we define **bias** as a preference. **Implicit bias** is an unconscious response which can be recognized and mitigated. **Explicit bias** is overt and demonstrates intention.

For a print version of the Curriculum Appraisal Tool, [click here](#) (PDF)



DRIVE Best Practice: Creating a Learning Environment that Welcomes Feedback

Ask yourself, "Do I create a learning environment that welcomes feedback related to diversity, inclusion and representation?" We recommend you place a slide or include a written or oral note at the beginning of each session that shares the following message:

"My intent is to promote inclusive learning while avoiding bias. I welcome feedback regarding areas for improvement."

Disclosure slide for inclusion in presentations, [available here](#) (PPT and Keynote)

Email us: DRIVE@UMassMed.edu

-  [DRIVE Disclosure Slide \(PPT\)](#) ⓘ
-  [DRIVE Disclosure Slide \(Keynote\)](#) ⓘ

Service Station - Provide Feedback

Anonymous DRIVE Feedback

The following feedback form is an anonymous way for you to

How to Use the Tool and Resource Guide

Everyone has bias. These biases have impact on scientific research, education and health care. Our goal is to represent the breadth of the patient populations we serve, and the community in which we work while eliminating bias in the learning environment

From the jamboards

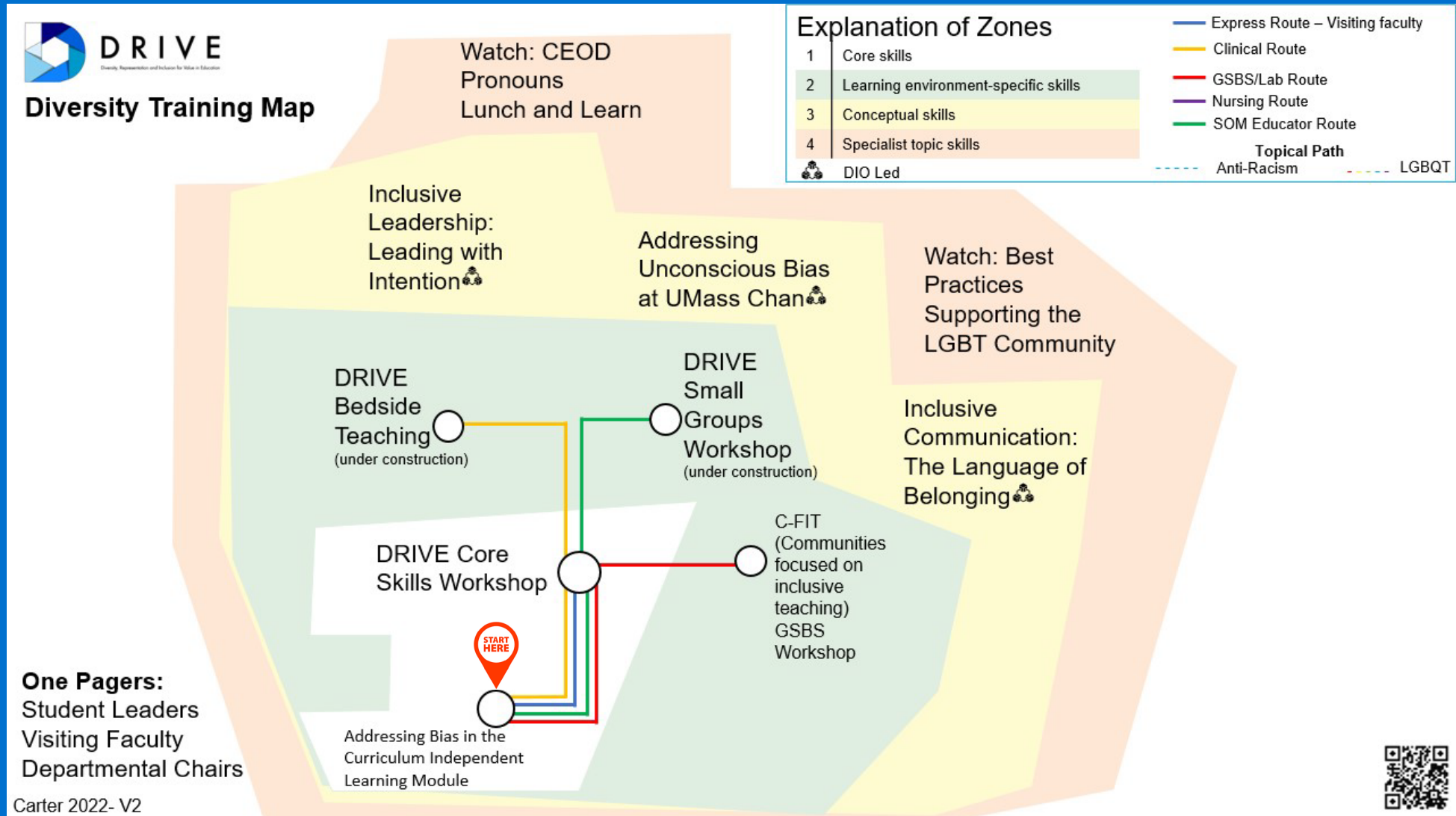
1. What change(s) did you make to your teaching based on the curriculum appraisal process?
2. Did anyone notice or comment on these change(s)? Did you receive any feedback?
3. How comfortable were you in making these changes? Did you feel successful?
4. In what areas would you benefit from more support to make change?

Summing up key points

Next steps



Available training at UMass Chan



THANK YOU

for your

ENGAGEMENT!

