The DRIVE Initiative:

Diversity, Representation, and Inclusion for Value in Education

Addressing **Bias** in the Curriculum

UMass Chan MEDICAL SCHOOL

UMassMemorial Health Care

New Faculty Orientation 1/11/22

DRIVE

Diversity, Representation and Inclusion for Value in Education

Our intent is to promote inclusive learning while avoiding bias.

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:

- Any of us
- 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 be able to

- **Describe** the UMass Chan Medical School's DRIVE Initiative
- Recognize **six categories for improvement** of diversity, representation and inclusion in our teaching as comprises the DRIVE Appraisal tool
- **Sign up** for the DRIVE independent learning module and workshop

The goals of **DRIVE**

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

IMPACT 2025 **Education**

Nurturing a diverse and inclusive learning environment:

"Providing curricula and learning environments that effectively address bias"

Hopeful

Enthusiastic

Guilty

Disillusioned

Eager

What anti-bias or DEI training have you taken in the past?

What words might describe your experience with that training?

Charged

Inspired

Nervous

Confused

Overwhelmed

In the chat: How has bias impacted your own learning?

Ethnicity

Mental Health

Disability

Sexual Orientation

Immigration Status

Sex and Gender

Poverty

We all have bias, and bias has many dimensions

National Origin

Substance Use

Weight

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

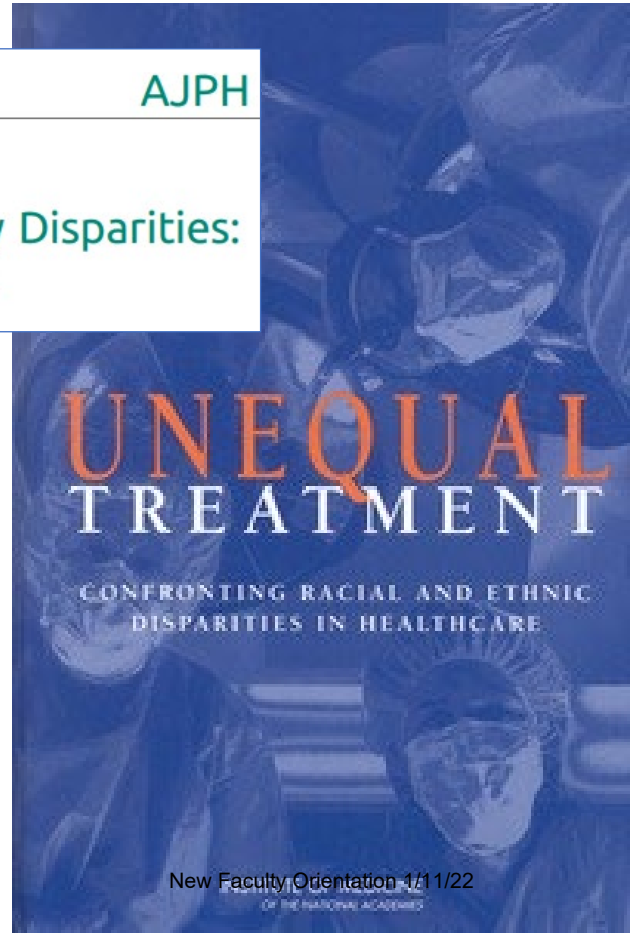
Age

Our students report **bias** and **marginalization** in their learning environments

Bias in our curricula perpetuates bias and disparities in healthcare.

May 2020 AJPH

US Black–White Mortality Disparities: Still Unequal, Still Unjust



Published in 2003, still true in 2020...

Ind

Omar Taweh

UMASS MEDICAL SCHOOL

The **DRIVE** Initiative is here to help by....

Providing ***tools*** and ***information*** to increase awareness of and sensitivity to bias in educational activities and materials

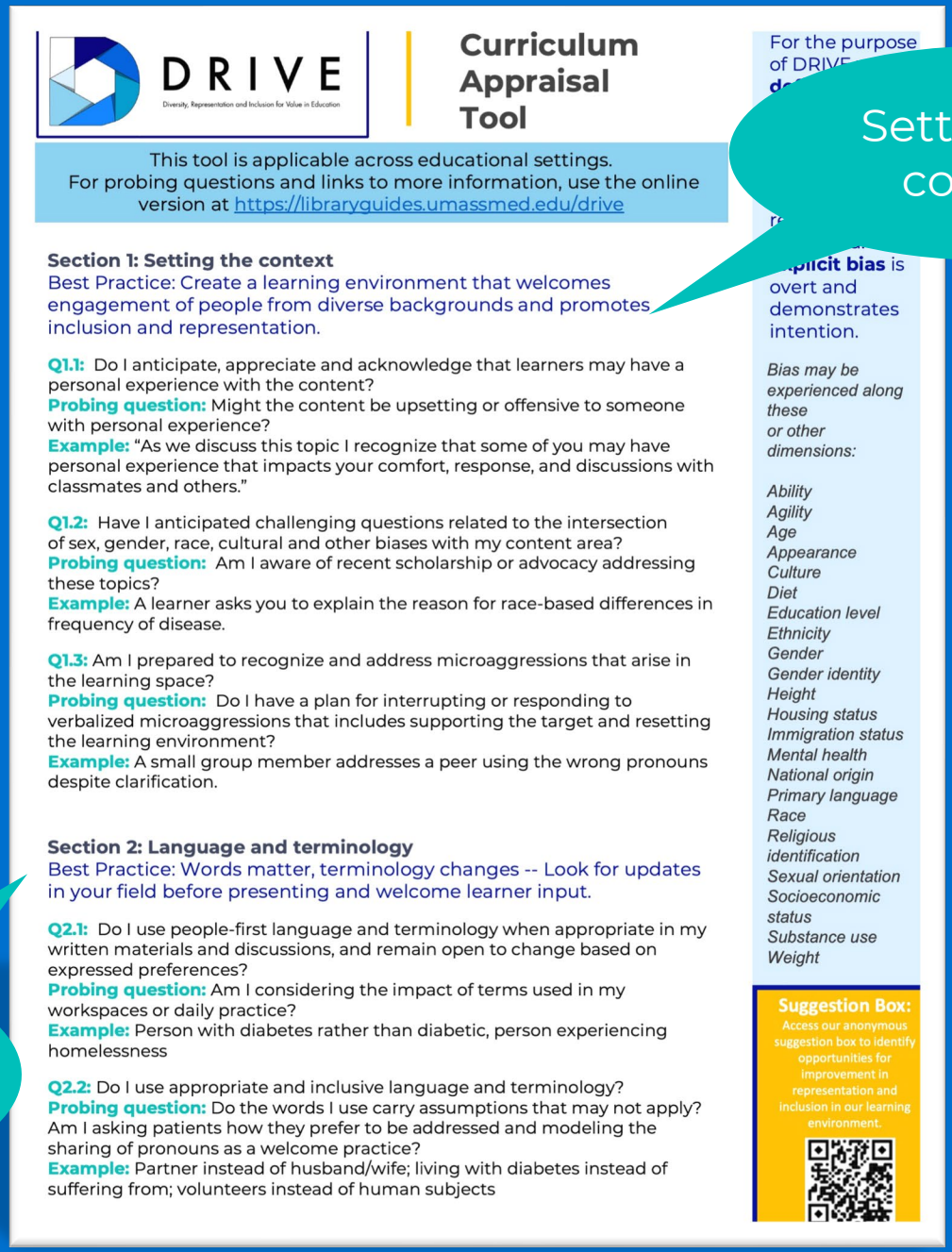
Offering ***resources*** and ***education*** for faculty to help align teaching materials and the learning environment with our values of diversity and inclusion

Engaging faculty and learners in the ***assessment*** of teaching and education to promote bias-free and representative educational experiences for all

The **DRIVE** Appraisal Tool

- Organized into 6 sections each with a best practice
- 12 primary questions, each with probing Qs and examples
- List of attributes that often prompt bias and stereotypes
- Online extended version includes guided exercises, and links to resources for deeper exploration and growth
- QR code for anonymous suggestions for DRIVE team

Organized into
6 sections each
with a best practice



DRIVE
Diversity, Representation and Inclusion for Value 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 and welcome learner input.

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
plicit 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.

Setting the context

Language and terminology

Printable 2-sided worksheet
OR
Online extended guide with resource links

Images and media

Research and references

Population and patient cases

Closing the loop

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

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: Select research that is inclusive in the populations being studied and the individuals directing the research.

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/ assumptions.

Q5.1: Do I include 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 drive continuous quality improvement.

Q12: 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

Resources are available online

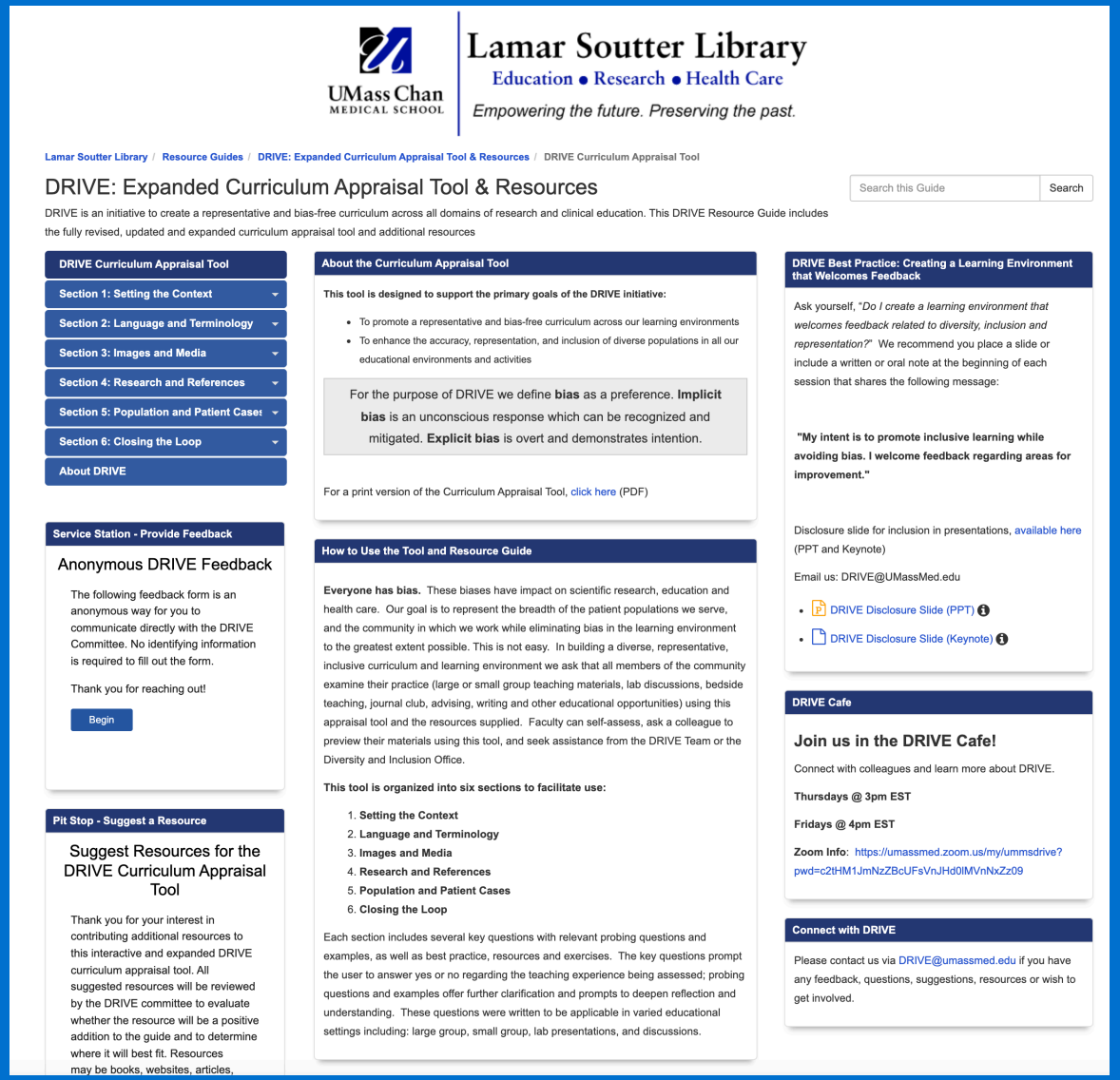
Example of a Best Practice:

Section 3: Images & Media

"Utilize images and videos that invite connection, promote recognition and improve diagnosis across skin tones and physical features."

Expanded Library Guide

https://libraryguides.umassmed.edu/drive



UMass Chan MEDICAL SCHOOL

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Lamar Soutter Library / Resource Guides / DRIVE: Expanded Curriculum Appraisal Tool & Resources / DRIVE Curriculum Appraisal Tool

DRIVE: Expanded Curriculum Appraisal Tool & Resources

Search this Guide | Search

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

Service Station - Provide Feedback

Anonymous DRIVE Feedback

The following feedback form is an anonymous way for you to communicate directly with the DRIVE Committee. No identifying information is required to fill out the form.

Thank you for reaching out!

Begin

Pit Stop - Suggest a Resource

Suggest Resources for the DRIVE Curriculum Appraisal Tool

Thank you for your interest in contributing additional resources to this interactive and expanded DRIVE curriculum appraisal tool. All suggested resources will be reviewed by the DRIVE committee to evaluate whether the resource will be a positive addition to the guide and to determine where it will best fit. Resources may be books, websites, articles,

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)

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 to the greatest extent possible. This is not easy. In building a diverse, representative, inclusive curriculum and learning environment we ask that all members of the community examine their practice (large or small group teaching materials, lab discussions, bedside teaching, journal club, advising, writing and other educational opportunities) using this appraisal tool and the resources supplied. Faculty can self-assess, ask a colleague to preview their materials using this tool, and seek assistance from the DRIVE Team or the Diversity and Inclusion Office.

This tool is organized into six sections to facilitate use:

1. **Setting the Context**
2. **Language and Terminology**
3. **Images and Media**
4. **Research and References**
5. **Population and Patient Cases**
6. **Closing the Loop**

Each section includes several key questions with relevant probing questions and examples, as well as best practice, resources and exercises. The key questions prompt the user to answer yes or no regarding the teaching experience being assessed; probing questions and examples offer further clarification and prompts to deepen reflection and understanding. These questions were written to be applicable in varied educational settings including: large group, small group, lab presentations, and discussions.

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)

DRIVE Cafe

Join us in the DRIVE Cafe!

Connect with colleagues and learn more about DRIVE.

Thursdays @ 3pm EST

Fridays @ 4pm EST

Zoom Info: https://umassmed.zoom.us/my/ummsdrive?pwd=c2tHM1JmNzZBcUFsVnJHd0lMVnNxZz09

Connect with DRIVE

Please contact us via DRIVE@umassmed.edu if you have any feedback, questions, suggestions, resources or wish to get involved.

New Faculty Orientation 1/11/22

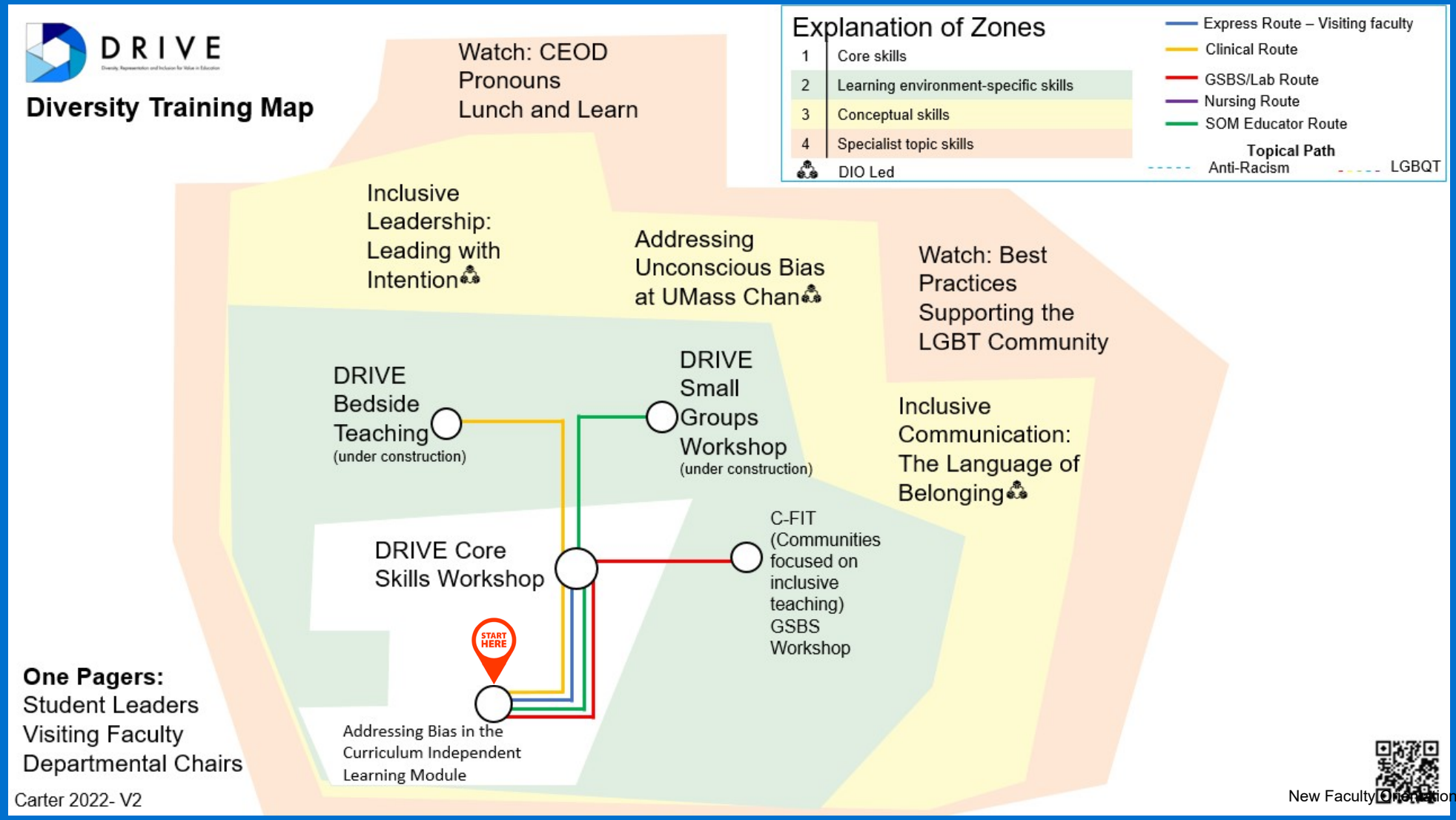
The DRIVE **principle:**

“Teaching is an iterative process”

Example from a UMMS **learner**

“Honestly…what’s the point in feedback, it doesn’t seem to be anybody’s responsibility to make sure changes are made”

Available training



How do you see this being valuable to your work at UMass Chan?

INDIVIDUAL CHARGE

- All course leaders and key faculty in the T.H. Chan School of Medicine teaching in the new Vista curriculum are **required** to take a DRIVE workshop; all other faculty are highly encouraged.
- Start by taking the DRIVE Independent learning module (ILM) available at: https://www.umassmed.edu/oume/initiatives/drive
- Continue building your skills by visiting the DRIVE expanded library guide for additional resources

Thank you for your engagement

How can you get involved with DRIVE?

Reach out via email:
DRIVE@umassmed.edu

Or **visit the DRIVE Café**
Thursdays at 3, Fridays at 4
https://umassmed.zoom.us/my/ummsdrive
(PW= 2020)

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