

# The **DRIVE** Initiative:

**D**iversity, **R**epresentation, and **I**nclusion for **V**alue in **E**ducation

Spring 2020 Pilot Faculty Development Workshop



## Addressing Bias in the Curriculum



# The goals of **DRIVE** are

- 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 activities

**across all three schools and GME**

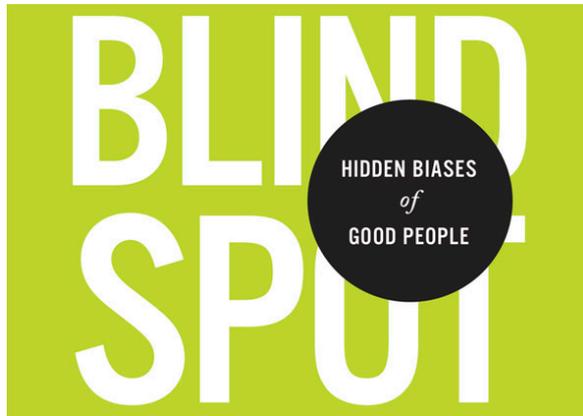
## **IMPACT 2025 Alignment: Education**

- Nurturing a diverse and inclusive learning environment
  - “Providing curricula and learning environments that effectively address bias”

Everyone has bias—educators are not immune.

## Our learning environment reflects these biases

For the purpose of **DRIVE** we define **bias** as disproportionate weight in favor of or against one thing, person, or group compared with another, usually in a way considered to be unfair.



*Blindspot: Hidden Biases of Good People*

by Mahzarin R. Banaji & Anthony G. Greenwald  
(<http://blindspot.fas.harvard.edu>)



*Implicit Association Test (IAT)*

Take the IAT test:  
<https://implicit.harvard.edu/implicit>

***We can improve the quality of our educational programs  
by sensitizing ourselves to bias in the curricula***

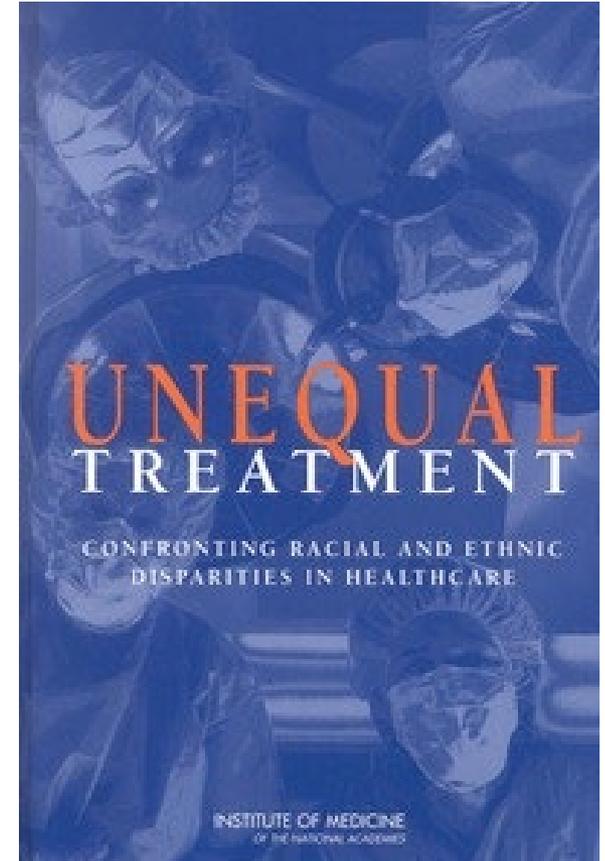
# An Institute of Medicine report documented the extent of racial and ethnic disparities in health care

People of color are less likely than whites to receive needed services, including

- cancer, cardiovascular disease, HIV/AIDS, diabetes, mental illness
- clinically necessary procedures and routine treatments for common health problems

*“Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”*

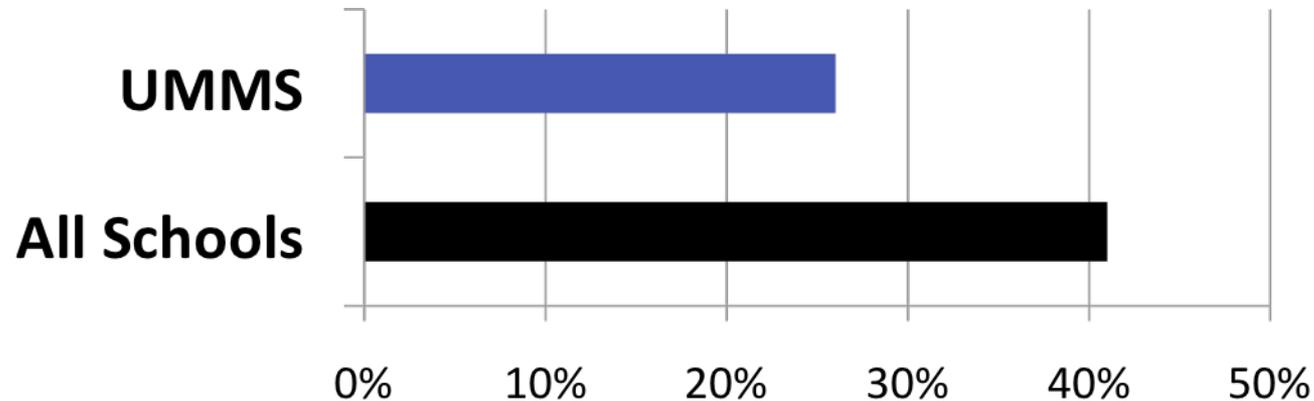
(Finding 4-1, p178)



Smedley BD, Stith AY, Nelson AR, eds. Unequal Treatment: Confronting racial and ethnic disparities in health care. Washington, DC: National Academy Press, 2002.

# Our students report bias and marginalization in their learning environments

*Results from the AAMC 2018 graduate questionnaire:*  
**Faculty ALWAYS demonstrate respect for diversity**



Students have identified a lack of diverse and appropriate representation in their curricula

An analysis of SOM curricular materials revealed bias

***Bias in education may lead to bias in practice***

# Bias has many dimensions

**Race**

**Ethnicity**

**Sex and  
Gender**

**Sexual  
Orientation**

**Disability**

**Poverty**

**Mental  
Health**

**Immigration  
Status**

**Age**

**Weight**

**Substance Use**

**National  
Origin**

**? Other**

*We need to be open to continually identifying and addressing new forms of bias over time*

# Studies have demonstrated bias in curricula

## **A Common Purpose: Reducing Bias in the Curriculum**

**To the Editor:** In 2016, two of us (L.J.B. and C.I.T.), both persons of color and both first-year medical students at the time, wrote a letter to our administrative leaders at Columbia University College of Physicians and Surgeons. We expressed concern that our texts described normal gums as “bright and pink” and that one criterion to determine a newborn’s health is its “pink” appearance. By these measures, persons of color might be categorized as abnormal and unhealthy. We were not suggesting that faculty were doing purposeful harm; in the same letter, we expressed a deep regard for our teachers.

Academic Medicine 92: 274 (2017)

## **Race/Ethnicity in Medical Education: An Analysis of a Question Bank for Step 1 of the United States Medical Licensing Examination**

Kelsey Ripp & Lundy Braun Teaching and Learning in Medicine, 29:2, 115-122.(2017)

## **Equitable Imagery in the Preclinical Medical School Curriculum: Findings From One Medical School**

Glenna C. Martin, MD, MPH, Julianne Kirgis, PhD, Eric Sid, MHA, and Janice A. Sabin, PhD, MSW

Acad Med. 2016;91:1002-1006.

## **The Hidden Curriculum in Multicultural Medical Education: The Role of Case Examples**

Sandra Turbes, MD, Erin Krebs, MD, and Sara Axtell, PhD

Acad. Med. 2002;77:209-216.

## **Gender bias in medical textbooks: examples from coronary heart disease, depression, alcohol abuse and pharmacology**

Anja F Dijkstra,<sup>1</sup> Petra Verdonk<sup>1,2</sup> & Antoine L M Lagro-Janssen<sup>1</sup>

Medical Education 2008: 42: 1021-1028

***Other schools are undertaking similar efforts to address bias (incl. Brown, Columbia, Mt Sinai, Rochester, SUNY Upstate, U. Washington)***



# A representative and bias-free curriculum begins with faculty reflecting on their teaching

Do I use diverse images & examples that avoid stereotypes?

Do I distinguish between the impact of biology & social determinants of health?

How do I respond if a lab or case discussion suggests bias?

Do I use inclusive & person-centered language?

How do I address the impact of race on research?

***What do I need to know in order to reflect on my teaching and learning environment?***

# The **DRIVE** Initiative will help faculty, students, and staff in the effort to remove and prevent bias

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 & 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

- Developed by a committee of faculty, staff and students from GME, GSBS, GSN, SOM building on materials from peer institutions (Brown, SUNY, Univ of Rochester, Columbia)
- Designed for self-assessment, systematic application, to support curriculum enhancement and learning
- DRIVE team contributors since 2018 include:  
Daryl Bosco, Carla Carten, Yasmin Carter, Suzanne Cashman, Monika Chitra, Debbie DeMarco, Katrina Durham, Melissa Fischer, Kaitlyn Fishman, Supreetha Gabbala, Robert Gakwaya, Heather-Lyn Haley, Jessica Kilham, Rob Milner, Pranoti Mandrekar, Everlyne Njoroge, Stefania Peralta, Ken Peterson, Deborah Plummer, Rose Schutzberg, Ciarra Smith, Tanisha Stowers, Luanne Thorndyke, John Trobaugh



# How can you get involved with **DRIVE**?

Let us know if you have feedback, ideas, or questions about the **DRIVE** Initiative.

email: [DRIVE@umassmed.edu](mailto:DRIVE@umassmed.edu)

To join the DRIVE working group and contribute to tool development and testing,

email: [Heather-Lyn.Haley@umassmed.edu](mailto:Heather-Lyn.Haley@umassmed.edu)

Updated 02/06/20