DRIVE
Diversity, Representation and Inclusion for Value in Education

Worksheet for Curriculum Appraisal

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.

DRIVE Best Practice:

Ask yourself: Do I create a learning environment that welcomes feedback related to diversity, inclusion and representation? We recommend you share the following message in your syllabus, course website, slide or statement at the start of each session:

'My intent is to promote an inviting and inclusive learning environment while avoiding bias. I welcome feedback.'

This tool is applicable across educational settings including: large or small group, lab presentations, discussions. Probing questions and examples are designed to be applied across research and clinical settings.

If you've reviewed your materials considering a question and are satisfied with what you find, check the box. If there is room for improvement, circle that section to aid you in returning to it later.

Section 1: Language and terminology

- ☐ **Q1: Do I use people-first language and terminology in my written materials and discussions?**

Preferred language puts people before their conditions. Example: Person with schizophrenia, rather than schizophrenic; person using a wheelchair, person living with MS

- Am I careful not to use labels or acronyms that could be stereotyping or derogatory?
- When discussing patient populations, do I refrain from referring to the group without disease as normal or healthy?
- Am I careful not to assume someone is "suffering from" a condition they are living with?

Preferred language would compare people with diabetes to people without diabetes, rather than comparing people with diabetes to "healthy people," and refer to subjects enrolled in research as 'cases' and "controls."

- ☐ **Q2: Do I use appropriate and inclusive language and terminology?**
- Am I careful not to make assumptions about an individual's family composition, lifestyle, sexual orientation, gender, ethnicity, age or other characteristics?

Preferred language might discuss parents (or the grown-ups at home) rather than mothers and fathers, and partners instead of husbands and wives.

- Am I conscious of both my written and spoken language?
- ☐ **Q3: Do I appreciate and acknowledge, as appropriate, that learners may have a personal experience with the content I am presenting?**
- In discussing conditions commonly associated with stigma (alcohol or substance misuse) or incurable conditions (ALS), do I appreciate and acknowledge, as appropriate, that the discussion or terminology may be upsetting or offensive? This may be especially important in relation to traumatic events.

Preferred approach: "As we discuss this topic I recognize that some of you may have had personal experiences that impact your comfort, response, and discussions with classmates and others. Please know that there are supports available."

- ☐ **Q4: Am I respectful of other professions and disciplines?**
- Do my cases, protocols or vignettes demonstrate an interprofessional approach that values input from various disciplines?

Age

Appearance

Diet

Disability

Education level

Ethnicity

Gender

Gender identity

Height

Housing status

Immigration status

Mental health

National origin

Poverty

Primary language

Race

Religious identification

Sexual orientation

Socioeconomic status

Substance use

Weight

Section 2: Research and References

- ☐ **Q5: Is the literature, research or study I am citing up to date with respect to terminology, classifications, or sampling bias?**
- If there is no recent or updated research that is unbiased, am I including discussion in my teaching explaining this and why?
- Is the study population diverse? How is diversity defined? If not, does it provide reasoning for a lack of diversity?
- ☐ **Q6: Does the study methodology distinguish between biology and sociology in defining populations and interpreting results?**
- Can I explain why race/gender/other characteristics are the relevant variables in study outcomes (rather than socioeconomic)? If not, how do I acknowledge this and any related limitations to applicability of the work?
- Am I able to describe the role of genetics versus socioeconomic factors?

Section 3: Images & Media

- ☐ **Q7: Do the images or media in my materials represent a range of characteristics?**
- Does the condition that I am discussing present differently in patients with different characteristics such as skin tones and hair? If so, have I illustrated that adequately?
- How do I ensure that tables, graphs or other images do not reinforce unintended bias?
- ☐ **Q8: Could the images or media that I am using be perceived as promoting a stereotype?**
- Are the images I use reinforcing a social stigma associated with the pathology presented in the discussion?
- If a known social stigma is associated with the pathology being researched, e.g., HIV and drug use, is this acknowledged and discussed as a way of addressing the stereotype?

Section 4: Case Studies

- ☐ **Q9**: **If my cases include a specific demographic or characteristic, is it appropriate to the learning objectives? Do I present data and structure discussions to include why that characteristic is relevant to the case?**
- Have I consulted appropriate advisory groups in the institution, patient population or the community to enhance accuracy and authenticity?
- Is this an opportunity to discuss how the healthcare system historically reinforces disparities?
- ☐ **Q10: Do I include relative impact of cultural or socioeconomic factors (social determinants of health) on case pathology?**
- If so, am I including reflection/discussion of the impact and weight of cultural or socioeconomic factors in the pathology?
- Do I cite data to demonstrate scientific process, and allow students to examine further?
- ☐ **Q11: Do the totality of cases I use include examples of clinical presentations that do not stereotype specific groups?**
- Have I incorporated diversity of characteristics (see column to right) across the totality of the cases I use in my teaching/session to enhance instruction?
- Can the connection between the typical presentation, the pathology, and the represented patient be explained with unbiased scientific evidence?

DRIVE Best Practice:
What if I don't know the relevance or impact of the demographic or characteristic? *This is an opportunity to highlight some of the uncertainty involved in research and healthcare and to suggest avenues for further study.*

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