



**Interprofessional
Continuing Education Partnership**
UNIVERSITY OF WISCONSIN-MADISON

School of Medicine
and Public Health
School of Nursing
School of Pharmacy

Diversity, Equity, and Inclusion Toolkit For Accredited Continuing Education

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University of Wisconsin-Madison
Office of Continuing Professional Development in Medicine and Public Health
Interprofessional Continuing Education Partnership
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Introduction

The purpose of this Toolkit is to provide accredited continuing education planners, authors, and speakers with tools that encourage the thoughtful inclusion of underrepresented communities in all accredited continuing education activities. The Toolkit includes specific tools that can be incorporated during the planning, delivery, and evaluation stages of activity development.

Section 1 Activity Planning

*Developing an accredited continuing education activity that fosters inclusive learning begins with the activity planning process. The Toolkit includes reflective guidance for planning committee members and offers DEI competencies that may be incorporated into the activity planning tool an accredited provider already uses. **Attachment 1 2022 ICEP Planning Document**, shows how the components of the Toolkit are incorporated into the activity planning process.*

Planning Committee Guidance

Disparities continue to exist in all areas of health and healthcare. When planning an accredited activity, make every effort to establish a diverse planning committee and select faculty that represent the target audience and patient population. In addition, strive to select diverse presentations and supporting content that includes the diverse experiences of the target audience and patient population. Before you begin planning: Reflect on the questions below in relation to the content of your overall activity, its target audience, and its patient populations.

How will we apply an equity lens to this educational activity?

How will we foster a learning environment that actively seeks to promote inclusivity and reduce micro-aggression?

Does the overall course represent a wide range of experiences reflective of the target audience and their patients?

As planners and presenters, Does the content and design of this activity demonstrate that you are advocates for *health equity**?

*Health equity is "the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance." - National Academy of Medicine

Please review the [UWSMPH Presenter's Guide](#) and the associated DEI Content Review (Attachment 4) tool to help you create an inclusive learning environment and guide you in using the appropriate language. Planning committees will be required to complete a DEI Post-Activity Debrief.

Consider coordinating with your Diversity, Equity, and Inclusion Officer to review your activity plan and content.

Proposed DEI Competencies

These are draft DEI competencies related to accredited continuing education. While diversity and inclusion are covered generally in the ACGME, NAM, and IPE competencies, we feel it is important that planners, faculty, and authors consider DEI with more specificity. When applicable, activity planners should select the specific DEI competencies that are relevant to the content of the activity and will be included within the educational needs and learning objectives.

1) Engage in Self-reflection

Meaning:

- Clinicians' self-assessment of own culture, assumptions, stereotypes, biases, and the effects these have on medical decision-making
- Recognize and manage the impact of bias, class, and power on the clinical encounter and strategize ways to counteract bias in the clinical encounter.

2) Address Health Disparities

Meaning:

- Include factors, such as access, socioeconomic status, environment, institutional practices, and bias that underlie racial, ethnic, gender, and sexual orientation disparities in health and healthcare.
- Include epidemiology of population health.

3) Value Diversity in the Clinical Encounter

Meaning:

- Value the importance of diversity in health care and address the challenges and opportunities it poses.
- Exhibit comfort, ask questions, and listen when conversing with patients and/or colleagues about cultural issues and health beliefs

References

Association of American Medical Colleges. Cultural Competence Education. Association of American Medical Colleges. <https://www.aamc.org/system/files/c/2/54338-culturalcomped.pdf>. Published 2005. Accessed June 2020.

Section 2 Subject Matter Expert Tools

Subject Matter Expert Instruction

*Subject Matter Expert (SME) Instruction includes suggested content for a “faculty confirmation letter,” a Diversity Equity and Inclusion (DEI) in Accredited Continuing Education Guide and a Checklist SMEs can consult before, during, and after they develop their content. See **Attachment 2 Faculty Confirmation Letter** and **Attachment 3 DEI in Accredited Continuing Education Guide** for an example of how these tools may be incorporated into the activity planning process.*

Faculty Confirmation Letter Text

UW–Madison ICEP hopes to promote thoughtful inclusion of underrepresented communities and content relevant to diversity and equity in all continuing education activities. *Please review the attached document addressing diversity, equity, and inclusion in accredited continuing education and reference the associated [checklist](#) before finalizing your presentation.*

DEI in Accredited Continuing Education Guide

Disparities continue to exist in all realms of health and healthcare. In preparing your content, consider incorporating health disparities specific to your topic and what measures are being taken to achieve health equity. Health equity as defined by the National Academy of Medicine is the “state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”

Below are some questions to reflect upon as you prepare your content for this activity. In addition, please review the [University of Wisconsin School of Medicine and Public Health Presenter’s Guide \(2020\)](#). These documents and the associated checklist will help you create an inclusive learning environment and will guide you in using the appropriate language. For assistance in discussing these issues, reach out to the UW–Madison ICEP team at help@icep.wisc.edu or your Diversity, Equity, and Inclusion Officer.

Before finalizing your presentation, reflect on the questions below and reference the associated checklist, linked [here](#).

- 1) How have I applied an equity lens to and used the language of health equity throughout my content?
- 2) How did I foster a learning environment that actively seeks to promote inclusivity and reduce micro-aggressions (indirect, subtle, or unintentional discrimination)?
- 3) Who is most impacted by this topic (patients and providers)? How does this content represent the diversity of the patient and provider populations (consider race/ethnicity, gender, sexual orientation, age, etc.)? What are the well-documented disparities associated with the topic that should be addressed? Why do these inequities occur (i.e., structural factors and history), and are those factors distinguished from biological differences? How have patients’ voices and experiences been included in the content?
- 4) What barriers do people experience when seeking “ideal” care or treatment? (e.g., socioeconomic status (SES)/lack of insurance and affordability of medications). What needs aren't being met? Have I considered how racism, sexism, colorism, etc. affect care?
- 5) How did stereotypes or generalizations leak into content that would affect the care of patients? Did I avoid explicit and implicit bias as patient cases are discussed?

- 6) When writing clinical scenarios, clinical vignettes, assessment questions, or patient case examples, did I attempt to represent a diverse population of individuals affected by the disease or condition? (e.g., age, race, ethnicity, gender, sexual orientation, socioeconomic status, etc.) How will learning be affected if I do not include various experiences in the content? How have patients' voices and experiences been included in the cases?

References

American Psychological Association. Socioeconomic Status. American Psychological Association. Updated 2020. Accessed June 26, 2020.

Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.

Cruz D, Rodriguez Y, and Mastropaolo C. Perceived microaggressions in health care: A measurement study. *PLoS one*. 2019;14(2). <https://doi.org/10.1371/journal.pone.0211620>

National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>. Accessed January 5, 2021.

The California State University. Diversity Style Guide. CSU Branding Standards. <https://www2.calstate.edu/csu-system/csu-branding-standards/editorial-style-guide/Pages/diversity-style-guide.aspx>. Updated October 3, 2019. Accessed June 1, 2020.

UW SMPH Health Lens and Equity in Every Case.

Subject Matter Expert Content Checklist

The following tool was developed based on the *UWSMPH Presenter's Guide*. The goal of the guide and this checklist is to help create an inclusive learning environment for participants of all backgrounds. It is unlikely that all the common identities or social issues listed will be discussed in your presentation or other content. However, when any of these identities are discussed, review your content using this checklist to verify the appropriate use of vocabulary and language. Suggestions for avoiding common mistakes/oversights are also included. Using appropriate language, we realize, is only the first step to creating an inclusive and equitable learning environment. Please refer to the *Diversity, Equity, and Inclusion in Accredited Continuing Education* document attached to your faculty letter for further considerations to include within your content.

General	Lecture	Handouts and Materials	Case Studies	Simulation	Discussion Questions	Linked Resources	Other
Demonstrates interprofessionalism							
Patient experiences are treated uniquely							
Ability and Disability							
Fair and inclusive representation of a variety of individuals affected by specific conditions or illnesses							

Appropriate, inclusive, and non-derogatory language is used							
LGBTQIA							
Fair and inclusive representation of various sexual and gender identities are used within course content							
Pathological features of disease in both sexes are described							
Avoid gendered language							
LGBTQIA terminology is used appropriately							
Content is mindful of possible bias or microaggressions							
Race/Ethnicity							
Fair and inclusive representation of the variety of individuals affected by specific conditions or illnesses							
Health disparities that exist across racial groups are discussed from a systems perspective							
Genetic differences are described by geographic ancestry							
Intersectionality in clinical scenarios is highlighted							
Person first language is used							
Content is mindful of possible bias or microaggressions							
Socioeconomic Status (SES)							
Fair and responsible representation of individuals with differing SES							
Appropriate language is used							

Criteria Explained

General

1) Demonstrates interprofessionalism

- Content promotes interprofessional teamwork and is inclusive of all members of the target audience.

2) Patient experiences are treated uniquely

- Patient experiences, beliefs, values, preferences, etc. should not represent or be generalized to an entire group of people.

Abilities and Disabilities

1) Fair, inclusive, and responsible representation of a variety of individuals affected by specific conditions or illnesses

- Acknowledge the uniqueness and complexity of disability identities. Although health disparities exist when comparing people with disabilities vs. people without, having a disability does not necessarily decrease quality of life and happiness.

- Linked resources should represent a range of experts who have contributed to the field.
- 2) Appropriate inclusive and non-derogatory language is used
- Use person-first language, unless otherwise specified by a patient (e.g., an individual with a physical disability" instead of "a disabled person").
 - Use "typical" instead of "normal" to describe bodily forms, development, or psychological condition.
 - Use "intellectual disability" instead of "mental retardation."
 - Use "accessible" instead of "handicapped" (e.g., accessible parking space).
 - Avoid terms or phrases like "crazy," "defective," "midget," "victim of," "suffering from," "afflicted with," etc.

Gender and LGBTQIA

LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning, Intersex, and Asexual and/or Ally

- 1) Fair and responsible representation of various sexual and gender identities are used within course content
- Include identities outside of gay and straight such as bisexual, pansexual, or asexual in clinical scenarios.
 - Include gender identities beyond cisgender or transgender, such as gender neutral, non-binary, or gender fluid.
 - Recognize that these identities can be complex and dynamic.
 - Linked resources should represent a range of experts who have contributed to the field (e.g., by listing full names of authors, including headshots from the authors).
- 2) Pathological features of the disease in both sexes are described
- Signs and symptoms of the disease should be represented in both sexes.
 - Discuss symptoms beyond what is described as the "classical" presentation.
- 3) Avoid gendered
- Avoid assigning genders to general terms or general descriptions of patients. The pronoun "they" can be used to describe patients when their gender identity is unknown.
 - Terms with gendered connotations should be changed to gender neutral terms (e.g., Latino to Latinx, chairman to chairperson).
 - Use sex-base language (male and female) only when referring to anatomy, physiology, or genetics.
- 4) LGBTQIA terminology is used appropriately
- When discussing transgender patients, refer to them as a transgender man, transgender woman, or transgender person. Transgender is an adjective, not a noun.
 - The terms "transgendered," "tranny," or "transvestite" must be avoided.
 - Use "gender affirming care/surgery" or "gender transition" instead of "sex change."
 - Do not describe sexual orientation or sexuality as a "preference" or a "lifestyle."
 - Acceptable terms include heterosexual, gay, bisexual, pansexual, queer, and asexual. "Homosexual" is a term no longer used.
 - Avoid using "normal" to describe body size and shape or using "normal" to describe heterosexual individuals or cis individuals.
- 5) Be mindful of possible microaggressions or bias
- Avoid stereotypes of gender roles.
 - Avoid implicit or explicit value judgements of LGBTQIA individuals and their relationships.
 - Partners of patients in case scenarios should be taken seriously.

Race/Ethnicity

- 1) Fair and responsible representation of the variety of individuals affected by specific conditions or illnesses
 - Include people of various races, ethnicities, or ancestral backgrounds in clinical examples and other representations.
 - Linked resources should represent a range of experts who have contributed to the field (e.g., by listing full names of authors, including headshots from the authors).
- 2) Disparities that exist across racial groups are discussed from a systems perspective
 - Health disparities should not be attributed to race alone, since many disparities are due to society's construction of race and systems of oppression that affect opportunity, socioeconomic status, environment, and access to resources including healthcare.
- 3) Genetic differences are described by geographic ancestry
 - Genetic differences are described by geographic origins, not by race (e.g., "Sickle cell disease is more common in black people" ⇒ "Sickle cell disease is more common in people with ancestors from Africa, India, the Middle East, and the Mediterranean).
- 4) Intersectionality in clinical scenarios is highlighted
 - Intersectionality is the concept that everyone has multiple identities (i.e., racial identity, gender, sexuality, ability status), and this combination of identities impacts their perspective on the world and the way society treats them. As one example, a black woman might experience the world different than a black man or white woman due to overlapping identities. Even if the exact effects are not discussed, it should be acknowledged that intersecting identities can change patient perspectives and the way patients are viewed.
- 5) Person first language is used
 - Center the person, not the description. For example, instead of using "Blacks" to refer to a group, one would instead use "Black people" or "people who are Black."
 - "Minority" should not be used to describe an individual, instead it is a collective term.
- 6) Be mindful of possible microaggressions or biases
 - Acknowledge the experience of racism and its effect on health disparities.
 - Acknowledge bias and discuss ways of managing it.
 - Avoid stereotypes in general and of who presents with certain diseases.
 - Avoid labeling a patient "non-compliant" or "non-adherent" - need to consider patients' access to care and resources.

Socioeconomic Status (SES)

- 1) Fair and responsible representation of individuals with differing SES
 - SES is defined as a measurement of an individual's education, income, and occupation. Needs of people with differing SES in terms of access to healthcare and other resources should be acknowledged.
 - Poverty should not be blamed on the individual nor equated with certain populations. Many people experience poverty for different reasons, many of which are systemic in nature.
 - Discussions of poverty should include sufficient context and background to its cause to avoid stereotypes and generalizations.
 - Acknowledge the relationship between discrimination and oppression to socioeconomic status.
- 2) Appropriate language is used
 - Use "under-resourced" instead of terms like "poverty-ridden," "poverty-stricken," "disadvantaged," or "impoverished."

References

- American Psychological Association. Socioeconomic Status. American Psychological Association. Updated 2020. Accessed June 26, 2020.
- Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.
- Cruz D, Rodriguez Y, and Mastropaolo C. Perceived microaggressions in health care: A measurement study. *PloS one*. 2019;14(2). <https://doi.org/10.1371/journal.pone.0211620>
- Dean MA, Victor E, and Guidry-Grimes L. Inhospitable Healthcare Spaces: Why Diversity Training on LGBTQIA Issues Is Not Enough [published online ahead of print July 7 2017]. *J Bioeth Inq*. 2016 Dec;13(4):557-570. doi: 10.1007/s11673-016-9738-9.
- Meade MA, Mahmoudi E, and Lee S. The Intersection of Disability and Healthcare Disparities: A Conceptual Framework. *Disabil. Rehabil*. 2015;37(7):632-41. doi: 10.3109/09638288.2014.938176.
- Peralta Colleges. Peralta Online Equity Rubric. Peralta Colleges. <https://web.peralta.edu/de/equity-initiative/equity/>. Published May 2019. Accessed July 3, 2020.
- The California State University. Diversity Style Guide. CSU Branding Standards. <https://www2.calstate.edu/csu-system/csu-branding-standards/editorial-style-guide/Pages/diversity-style-guide.aspx>. Updated October 3, 2019. Accessed June 1, 2020.
- Wahlert L and Fiester A. Repaving the Road of Good Intentions: LGBT Health Care and the Queer Bioethical Lens. *Hastings Cent Rep*. 2014 Sep;44 Suppl 4:S56-65. doi: 10.1002/hast.373.
- Weber A, Collins S, Robinson-Wood T, Zeko-Underwood E, and Poindexter B. Subtle and Severe: Microaggressions Among Racially Diverse Sexual Minorities [published online ahead of print June 8 2017]. *J Homosex*. 2018;65(4):540-559. doi: 10.1080/00918369.2017.1324679.

Section 3 Activity Evaluation, Debrief and Future Planning Tools

Evaluation

A sound activity evaluation can provide much needed insight into the planning committee's and subject matter experts' success in providing an inclusive learning environment. The following questions might be included in the assessment of the impact of the accredited continuing education activity.

OPTION 1

Rate your confidence in being able to provide care that addresses the diverse needs, preferences, and concerns of <insert descriptor: _____; e.g., people living with HIV, people living with mental illness>.

- | | | | | | | | |
|----|-------------------------------------|----------|-----|---------|------|------|------|
| a. | Before participating in the session | Very Low | Low | Average | High | Very | High |
| b. | After participating in the session | Very Low | Low | Average | High | Very | High |

OPTION 2

This session prepared me to effectively communicate about this topic with people across a broad spectrum of backgrounds:

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree Nor Disagree
- d. Agree
- e. Strongly Agree

OPTION 3

I learned effective tools for recognizing my own bias related to this topic in interacting with people of different identity groups:

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree Nor Disagree
- d. Agree
- e. Strongly Agree

OPTION 4

This educational experience contributed to my ability to work in/with disadvantaged communities:

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree Nor Disagree
- d. Agree
- e. Strongly Agree

OPTION 5

How would you rate your satisfaction in regards to the diversity of perspectives and experiences presented within this educational session?

- a. Very Dissatisfied
- b. Dissatisfied
- c. Neither Satisfied Nor Dissatisfied
- d. Satisfied
- e. Very Satisfied

Explain:

OPTION 6

My knowledge or opinion is being influenced or changed by becoming more aware of the perspectives of individuals from different backgrounds and/or health professions during this educational session:

- a. Strongly Disagree
- b. Disagree
- c. Neither Agree Nor Disagree
- d. Agree
- e. Strongly Agree

Explain:

Activity Planning Committee Debrief Tool

The Planning Committee Debrief tool affords the planning committee the opportunity to review the overall planning process, comments from the Subject Matter Expert checklists, and course evaluation data to assess the efforts to provide an inclusive learning environment. The questions are derived from various Equity Impact Assessments (listed in the references below). A continuing education provider may ask each planning committee to submit responses to some or all the questions when conducting an accredited continuing education debrief meeting to assess DEI and identify opportunities for improvement in future iterations of the activity. It is a manner of self-evaluation to verify alignment with UWSMPH guidelines.

Planning Committee Debrief Instruction

The purpose of this questionnaire is to allow you, as continuing education activity planners, to reflect on your success in applying an equity lens to this accredited continuing education activity.

Please take time to reflect on the overall activity and consider the degree to which diversity, inclusion, and justice were apparent. Below are some questions to consider in your reflection. The *UWSMPH Presenter's Guide* and the associated *DEI Speaker's Guide* are useful resources to support this debrief. For assistance in discussing these issues, reach out to the UW-Madison ICEP team at help@icep.wisc.edu or your Diversity, Equity, and Inclusion Officer.

- 1) What steps were taken to apply an equity lens to this activity?
- 2) How well did we demonstrate the inclusion of the variety of patients who may be impacted by this disease or condition? Were well-documented disparities addressed? How well did we address the reasons why these inequities occur (i.e., structural factors and history), and were those factors distinguished from biological differences?
- 3) How well did we address the barriers that people experience to getting “ideal” care or treatment? (e.g., SES/lack of insurance and affordability of medications). Have I considered how racism, sexism, homophobia, transphobia, etc. affect care?
- 4) Did we highlight the unique and various experiences of different communities? Did we integrate the voices and priorities of all those affected by this issue?
- 5) What stereotypes or generalizations leaked into content that would affect patient care? How did we minimize this? Did faculty avoid explicit and implicit bias as patient cases are discussed?
- 6) How was learning affected when we included various experiences in the content?
- 7) How might we improve future iterations of this activity to ensure justice, equity, diversity, and inclusion?

References:

Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.

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Keleher, Terry. Racial Equity Impact Assessment. Race Forward: The Center for Racial Justice Innovation. <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>. Published 2009. Accessed June 10, 2020.

Multnomah County Office of Diversity and Equity. Equity and Empowerment Lens (Racial Justice Focus). Multnomah County. <https://multco.us/file/8323/download>. Published 2012. Accessed June 10, 2020.

University of Southern California Rossier School of Education. Online Syllabi Review Guide. University of Southern California. <http://cue-equitytools.usc.edu/intro/part1#goal>. Accessed July 8, 2020.



2022 ACTIVITY PLANNING APPLICATION

This planning application is designed to help your planning team develop a well-planned, robust and inclusive accredited continuing education activity that meets the needs of your target audience. The application is considered a working document, to be revised as needed. NOTE: Items marked with an asterisk (*) are required. ICEP accreditation specialists will collaborate with you and your planning team to support you during the curriculum development process

SOUND PLANNING AND IMPLEMENTATION OF ACCREDITED CONTINUING EDUCATION

All activities accredited by UW-Madison ICEP must meet the highest standards for our learners. To that end, planning teams need to engage in a rigorous planning process that ensures the activity meets the following standards:

INTEGRATED PLANNING

The planning process for educational activities must demonstrate:

- An integrated planning process that includes health care professionals who are reflective of the target audience the activity is designed to address.
- An intent to achieve outcome(s) that reflect a change in skills, strategy, or performance of the health care team or its members, and/or patient outcomes.
- Reflection of 1 or more of the interprofessional competencies to include: values/ethics, roles/ responsibilities, interprofessional communication, and/or teams/teamwork.
- An opportunity for learners to learn with, from, and about each other using active learning methods.

We will measure the impact of the educational activities through evaluations that seek to determine:

- Changes in skills, strategy, or performance of the healthcare team and/or its members; and/or
- Impact on patient outcomes

DEVELOPMENT OF KNOWLEDGE, SKILLS, PERFORMANCE, & RELATIONSHIPS

Throughout this planning process, ensure this accredited continuing education consists of educational strategies which serve to maintain, develop or increase the knowledge, skills, professional performance, and relationships that a healthcare professional uses to provide care for patients and/or serve the public or the profession.

VALIDATING CLINICAL CONTENT

When planning accredited continuing education, the content is to be fair, balanced, and supportive of safe, effective patient care. All planners, authors, faculty, reviewers, and other contributors are expected to ensure:

- All recommendations for patient care must be based on current science, evidence, and clinical reasoning, while giving a fair and balanced view of diagnostic and therapeutic options.
- All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.

- Although accredited continuing education is an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such within the program and individual presentations. As such, engagement with these topics must occur without advocating for, or promoting practices that are not, or not yet, adequately based on current sciences, evidence, and clinical reasoning.

NOTE: ICEP will not accredit activities that do not fall within the definition of CE or that advocate for unscientific approaches to diagnosis or therapy, or if the education promotes recommendations, treatment, or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.

DIVERSITY, EQUITY AND INCLUSION

Disparities continue to exist in all realms of health and healthcare. When planning the activity, make every effort to establish a diverse planning committee and faculty that represent the target audience and patient population. In addition, strive to select diverse presentations and supporting content that include the diverse experiences of the target audience and patient population. Before you begin planning:

Reflect on the questions below in relation to the content of your overall activity, its target audience and their patient populations.

- How will we apply an equity lens to this educational activity?
- How will we foster a learning environment that activity seeks to promote inclusivity and reduce micro-aggression?
- Does the overall course represent a wide range of experiences reflective of the target audience and their patients?
- As planners and presenters, does the content and design of this activity demonstrate that you are advocates for health equity*?

**Health equity is: "the state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance." - National Academy of Medicine*

- Review the UWSMPH Presenter's Guide and the associated DEI Content Review tool linked below to help you create an inclusive learning environment and guide you in using the appropriate language. Planning committees will be required to complete a DEI Post-Activity Debrief.
- Consider coordinating with your Diversity, Equity and Inclusion Officer to review your activity plan and content.

[UWSMPH Presenter's Guide](#)

[CE Activity Planning Committee Debrief Tool](#)

PATIENT SAFETY

All members of the healthcare team share responsibility for promoting patient safety and enhancing quality of patient care. Educators play a critical role in preparing and reinforcing healthcare professionals in providing the highest level of clinical care with continuous focus on the safety, individual needs, and humanity of their patients. It is the right of each patient to be cared for by healthcare teams who are appropriately supervised; possess the requisite knowledge, skills, and abilities; understand the limits of their knowledge and experience; and seek assistance as required to provide optimal patient care.

When patients are engaged in the planning, delivery, or evaluation of accredited continuing education, ICEP will ensure that appropriate patient protection measures are implemented as applicable by professional standards, as well as by state, federal, or international regulatory requirements.

NOTE: Failure to comply with these policies and other requirements as stated by the Interprofessional Continuing Education Partnership (ICEP) may result in my activity becoming ineligible for credit.

[We recommend downloading the full instructions to reference as you complete the document.](#)

In addition to the policies stated above, please review the following:
[ICEP Identification, Mitigation, and Disclosure of Conflicts of Interest Policy](#)
[CE Roles and Responsibilities](#)
[UW-Madison Honoraria Policy](#)

I have read the policies stated above. By typing my name below, I agree to plan this activity in accordance with these policies.

Ca~n Ê

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<<insert date>>

<<insert name(s) of Presenter/Planning Committee Members>>

<<insert email address or physical address>>

Dear <<insert name(s) of Presenter/Planning Committee Members>>:

On behalf of the <<Planning Committee OR insert name of Activity Chair>>, thank you for agreeing to serve <<on the planning committee OR as a presenter/author/reviewer>> for our upcoming accredited continuing education (CE) activity <<insert name of series>>. This CE activity is provided by the University of Wisconsin–Madison Interprofessional Continuing Education Partnership (ICEP).

The scheduled date, time, and location of your presentation is <<insert date, time, location>>.

The target audience for this activity is <<insert from series page>>.

The overall objectives are:

<<insert Global Objectives from series page>>

ACCME Standards for Integrity and Independence in Continuing Education

As an accredited CE provider, the University of Wisconsin-Madison ICEP requires that all persons in a position to control the content of an accredited activity, comply with the **ACCME Standards for Integrity and Independence in Continuing Education** as follows:

- Disclose **all** financial relationship(s) with **ineligible companies*** that you have/had in the past **24 months**.
- Provide content that presents a fair and balanced view of diagnostic and therapeutic options, by ensuring:
 - All recommendations for patient care are based on current science, evidence, and clinical reasoning.
 - All scientific research referred to, reported, or used in support or justification of a patient care recommendation must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.
 - New and evolving topics for which there is a lower (or absent) evidence base are clearly identified as such within the education and individual presentations.
 - The content avoids advocating for, or promoting, practices that are not, or not yet, adequately based on current science, evidence, and clinical reasoning.
 - The content excludes any advocacy for, or promotion of, unscientific approaches to diagnosis or therapy, or recommendations, treatment or manners of practicing healthcare that are determined to have risks or dangers that outweigh the benefits or are known to be ineffective in the treatment of patients.
- Inform UW-Madison ICEP and the audience whenever you will discuss unlabeled or unapproved uses of drugs or devices in your presentation.
- Inform UW-Madison ICEP when you will use patient and/or research subject identifiers in your presentation.

Complete Your Conflict of Interest Disclosure

Please note that the ACCME rules require UW-Madison ICEP to disqualify planners, authors, and presenters who do not supply this information.

Check your inbox for an email from info@icep.wisc.edu titled “CE Disclosure Request for UW-Madison ICEP Continuing Education” and follow the steps specified in the email (summarized below):

- 1) Click link “Start disclosure for UW–Madison ICEP CE.”

- a. **This link is non-transferrable and specific to you.**
- b. You will be connected to the AAMC Convey Global Disclosure System.
- 2) Log in to your AAMC account (Create an AAMC account if you do not already have one).
- 3) **Complete your online disclosure no later than <<insert response deadline>>.**

UW–Madison ICEP will use your responses to identify relevant financial relationships that require mitigation prior to your participation in the activity. If mitigation is required, you will receive further communication from the activity coordinator. Employees and Owners of Joint Accreditation-defined ineligible entities are not eligible to participate as planners, presenters, or authors of accredited continuing education activities.

Presentation Materials

<<If applicable, request learning objectives specific to this presentation>>

UW–Madison ICEP promotes thoughtful inclusion of underrepresented communities and content relevant to diversity, equity, and inclusion (DEI) in all continuing education activities. Please review the attached document addressing DEI and reference the associated [checklist](#) **before** submitting your presentation for review.

It is the policy of the University of Wisconsin–Madison ICEP to ensure that the content does NOT contain any marketing produced by or for an ineligible company,* including corporate or product logos, trade names or product group messages. Generic or scientific names of medications and medical devices are used wherever possible and practical to promote impartiality. If a trade name of a medication/device is used, the first reference for all medications/devices discussed in the activity should include the generic name together with the trade name, and subsequent references should use only the generic name.

Thank you for your willingness to participate in this CE event. If I can be of any additional help or can clarify any of the above statements, please contact me.

With best regards,

<<insert signature information>>

Enclosures:

*Planning Instructions for You As a Presenter or Planning Committee Member
Diversity, Equity, and Inclusion in Accredited Continuing Education Guide*

*Ineligible companies are those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Eligibility is based on the characteristics of the organization and, if applicable, any parent company. Subsidiaries of an ineligible parent company cannot be accredited regardless of steps taken to firewall the subsidiaries. If an eligible parent company has an ineligible subsidiary, the owners and employees of the ineligible subsidiary must be excluded from accredited continuing education.



PLANNING INSTRUCTIONS FOR YOU AS A PRESENTER OR PLANNING COMMITTEE MEMBER

Planning a continuing education (CE) activity is often a complex process that includes an understanding of professional practice gaps, the underlying educational needs, and the desired results of the CE activity. The information below will assist you, as a presenter or planner:

1. Planning Educational Content Relative to Patient Safety and Systems Barriers

The National Academy of Medicine and other national bodies have identified patient safety issues as being critical to the quality of medical care in the United States. Toward that end, we are requesting that you address any patient safety issues that are applicable.

2. Compliance with U.S. and International Intellectual Property Laws and Treaties

To comply with U.S. and international intellectual property laws and treaties, presenters are required to identify graphics and other information used in a CE presentation that are protected by copyright and properly acknowledge the source of the cited material in a footnote on the slide. Should the material be further used in an enduring material, you must contact the source of the footnote to obtain written release for the use of the material in question.

3. Compliance with HIPAA Regulations

Patient confidentiality falls under the Health Insurance Portability and Accountability Act (HIPAA). As such, please ensure that your presentation is free of any information that would allow a specific person to be identified. Should you decide to utilize case studies, images, or video vignettes that could violate patient confidentiality, a written release must be on file with the

UW-Madison ICEP. Click [here](#) to access a release form, if required.

4. Competencies Selected for this Activity

The following competencies were selected for this activity and should be incorporated when planning or developing content for this activity. To access definitions of competencies, click [here](#).

Healthcare Professional Competencies <<list only what applies to this RSS>>

- Patient care and procedural skills
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based practice
- Patient-centered care
- Working in interdisciplinary teams
- Evidence-based medicine
- Apply quality improvement
- Utilize informatics
- Population health

Interprofessional competencies <<list only what applies to this RSS>>

- Roles/responsibilities
- Interprofessional communication
- Teams and teamwork
- Values and ethics

DEI Competencies <<list only what applies to this RSS>>

- Engage in self-reflection
- Address health disparities
- Value diversity in the clinical encounter



DIVERSITY, EQUITY AND INCLUSION (DEI) IN ACCREDITED CONTINUING EDUCATION GUIDE FOR PRESENTERS/AUTHORS

Disparities continue to exist in all realms of health and healthcare. In preparing your content, consider incorporating health disparities specific to your topic and what measures are being taken to achieve health equity. Health equity as defined by the National Academy of Medicine is the “state in which everyone has the opportunity to attain full health potential, and no one is disadvantaged from achieving this potential because of social position or any other socially defined circumstance.”

Below are some questions to reflect upon as you prepare your content for this activity. In addition, please review the [University of Wisconsin School of Medicine and Public Health Presenter's Guide \(2020\)](#). These documents and the associated checklist tool will help you create an inclusive learning environment and will guide you in using the appropriate language. For assistance in discussing these issues, reach out to the UW–Madison ICEP team at help@icep.wisc.edu or your Diversity, Equity, and Inclusion Officer.

Before finalizing your presentation, reflect on the questions below and reference the associated checklist, linked [here](#).

- 1) How have I applied an equity lens to and used the language of health equity throughout my content?
- 2) How did I foster a learning environment that actively seeks to promote inclusivity and reduce micro-aggressions (indirect, subtle, or unintentional discrimination)?
- 3) Who is most impacted by this topic (patients and providers)? How does this content represent the diversity of the patient and provider populations (consider race/ethnicity, gender, sexual orientation, age, etc.)? What are the well-documented disparities associated with the topic that should be addressed? Why do these inequities occur (i.e., structural factors and history), and are those factors distinguished from biological differences? How have patients' voices and experiences been included in the content?
- 4) What barriers do people experience when seeking “ideal” care or treatment? (e.g., socioeconomic status (SES)/lack of insurance and affordability of medications). What needs aren't being met? Have I considered how racism, sexism, colorism, etc. affect care?
- 5) How did stereotypes or generalizations leak into content that would affect the care of patients? Did I avoid explicit and implicit bias as patient cases are discussed?
- 6) When writing clinical scenarios, clinical vignettes, assessment questions, or patient case examples, did I attempt to represent a diverse population of individuals affected by the disease or condition? (e.g., age, race, ethnicity, gender, sexual orientation, socioeconomic status, etc.) How will learning be affected if I do not include various experiences in the content? How have patients' voices and experiences been included in the cases?

References:

American Psychological Association. Socioeconomic Status. American Psychological Association. Updated 2020. Accessed June 26, 2020.
Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.
Cruz D, Rodriguez Y, and Mastropaolo C. Perceived microaggressions in health care: A measurement study. *PLoS one*. 2019;14(2). <https://doi.org/10.1371/journal.pone.0211620>
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DIVERSITY, EQUITY, AND INCLUSION (DEI) IN ACCREDITED CONTINUING EDUCATION GUIDE FOR PRESENTERS/AUTHORS

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Below are some questions to reflect upon as you prepare your content for this activity. In addition, please review the [University of Wisconsin School of Medicine and Public Health Presenter’s Guide \(2020\)](#). These documents and the associated checklist tool will help you create an inclusive learning environment and will guide you in using the appropriate language. For assistance in discussing these issues, reach out to the UW–Madison ICEP team at help@icep.wisc.edu or your Diversity, Equity, and Inclusion Officer.

Before finalizing your presentation, reflect on the questions below and reference the associated checklist, linked [here](#).

- 1) How have I applied an equity lens to and used the language of health equity throughout my content?
- 2) How did I foster a learning environment that actively seeks to promote inclusivity and reduce micro-aggressions (indirect, subtle, or unintentional discrimination)?
- 3) Who is most impacted by this topic (patients and providers)? How does this content represent the diversity of the patient and provider populations (consider race/ethnicity, gender, sexual orientation, age, etc.)? What are the well-documented disparities associated with the topic that should be addressed? Why do these inequities occur (i.e., structural factors and history), and are those factors distinguished from biological differences? How have patients’ voices and experiences been included in the content?
- 4) What barriers do people experience when seeking “ideal” care or treatment? (e.g., socioeconomic status (SES)/lack of insurance and affordability of medications). What needs aren't being met? Have I considered how racism, sexism, colorism, etc. affect care?
- 5) How did stereotypes or generalizations leak into content that would affect the care of patients? Did I avoid explicit and implicit bias as patient cases are discussed?
- 6) When writing clinical scenarios, clinical vignettes, assessment questions, or patient case examples, did I attempt to represent a diverse population of individuals affected by the disease or condition? (e.g., age, race, ethnicity, gender, sexual orientation, socioeconomic status, etc.) How will learning be affected if I do not include various experiences in the content? How have patients’ voices and experiences been included in the cases?

References:

American Psychological Association. Socioeconomic Status. American Psychological Association. Updated 2020. Accessed June 26, 2020.

Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.

Cruz D, Rodriguez Y, and Mastropaolo C. Perceived microaggressions in health care: A measurement study. *PLoS one*. 2019;14(2). <https://doi.org/10.1371/journal.pone.0211620>

National Academies of Sciences, Engineering, and Medicine. 2017. *Communities in Action: Pathways to Health Equity*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>. Accessed January 5, 2021.

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CE Activity Planning Committee Debrief Tool

The purpose of this questionnaire is to allow you, as continuing education activity planners, to reflect on your success in applying an equity lens to this accredited continuing education activity.

Please take time to reflect on the overall activity and consider the degree to which diversity, inclusion, and justice were apparent. Below are some questions to consider in your reflection. The *UWSMPH Presenter's Guide* and the associated *DEI Speaker's Guide* are useful resources to support this debrief. For assistance in discussing these issues, reach out to the UW-Madison ICEP team at help@icep.wisc.edu or your Diversity, Equity, and Inclusion Officer.

- 1) What steps were taken to apply an equity lens to this activity?
- 2) How well did we demonstrate the inclusion of the variety of patients who may be impacted by this disease or condition? Were well-documented disparities addressed? How well did we address the reasons why these inequities occur (i.e., structural factors and history), and were those factors distinguished from biological differences?
- 3) How well did we address the barriers that people experience to getting “ideal” care or treatment? (e.g., SES/lack of insurance and affordability of medications). Have I considered how racism, sexism, homophobia, transphobia, etc. affect care?
- 4) Did we highlight the unique and various experiences of different communities? Did we integrate the voices and priorities of all those affected by this issue?
- 5) What stereotypes or generalizations leaked into content that would affect patient care? How did we minimize this? Did faculty avoid explicit and implicit bias as patient cases are discussed?
- 6) How was learning affected when we included various experiences in the content?
- 7) How might we improve future iterations of this activity to ensure justice, equity, diversity, and inclusion?

References:

Bussan H, Hoang T, Villaruz J, Hernandez JB, Rajan S. University of Wisconsin School of Medicine and Public Health Presenter's Guide. SMPH Intranet. <https://intranet.med.wisc.edu/building-community/>. Published 2019. Accessed June 1, 2020.

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Keleher, Terry. Racial Equity Impact Assessment. Race Forward: The Center for Racial Justice Innovation. <https://www.raceforward.org/practice/tools/racial-equity-impact-assessment-toolkit>. Published 2009. Accessed June 10, 2020.

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University of Southern California Rossier School of Education. Online Syllabi Review Guide. University of Southern California. <http://cue-equitytools.usc.edu/intro/part1#goal>. Accessed July 8, 2020.