Interprofessional
Continuing Education Partnership
UNIVERSITY OF WISCONSIN–MADISON

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

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:
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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.