Diversity, Equity, and Inclusion Toolkit For Accredited Continuing Education

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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 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.

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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.

<u>Gender and LGBTQIA</u>

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

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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. See ***Attachment 4 Evaluation Template*** *for an example of how these questions are included in an activity evaluation template.*

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.

An example of how this tool may be incorporated can be found here.

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?

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