Interprofessional Continuing Education Partnership
UNIVERSITY OF WISCONSIN–MADISON

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

DIVERSITY, EQUITY AND INCLUSION IN ACCREDITED CONTINUING EDUCATION

UW–Madison ICEP hopes to promote thoughtful inclusion of underrepresented communities and content relevant to diversity and equity in continuing education activities. 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 measure 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 UWSMPH Presenter's Guide. 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 submitting your presentation for review, 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) 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?
3) 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. affects care?
4) How did stereotypes or generalizations leak into content that would affect care of patients? Did I avoid explicit and implicit bias as patient cases are discussed?
5) 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.
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.
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.