



# **APGO EDUCATIONAL GUIDELINES FOR DIVERSITY, EQUITY, AND INCLUSION**

## **CHECKLIST FOR CURRICULAR MATERIALS**

### **Background and Purpose**

Medical education is replete with bias across many identities and characteristics and propagates false information about biological differences between racial and ethnic groups. Bias negatively impacts how medical students – and eventually physicians – interact with patients and the larger community. Medical educators must strive to reduce bias within their educational materials in order to break this cycle and reduce health care and outcomes disparities within ob-gyn.

Medical educators often receive feedback regarding diversity, inclusion, and justice aspects of an educational experience that can be improved upon after the material has been delivered. This allows for a form of continuous quality improvement over time yet only advantages the next group of learners. It also burdens learners – especially those from underrepresented in medicine (URiM) backgrounds – with the responsibility to note and respond to instances of bias.

Checklists have been shown to be an effective strategy to change behavior and increase safety in the health care setting. Recently, checklists have been used in medical education to allow for a proactive approach to eliminating bias within medical curricular materials. A proactive approach also reduces the onus on URiM learners to identify problematic content. Checklists for DEI principles have been shown to be well-received by students and faculty, to increase perception of inclusivity, and to reduce reports of bias within educational materials.

The APGO DEI Checklist is not meant to simplify the difficult work of reducing racism and bias in ob-gyn education. The Checklist is not meant to substitute for personal and organizational reflection or efforts to recognize and reduce bias or to promote inclusion and belonging in health care. Instead, the APGO DEI Checklist is meant to be a resource to complement ongoing faculty development and other personal and organizational work to ensure faculty have the tools and resources to evaluate their materials with a lens towards DEI issues and to make necessary changes when issues are identified. This Checklist is intended to be used as a tool in creating, editing, or reviewing educational materials to ensure that key tenets of reducing racism and promoting inclusion are reflected in ob-gyn educational materials and sessions, including those that are created or endorsed by APGO.

## Learning Environment

### Inclusive Language

- ☐ Person-first language\* used throughout
- ☐ Cases and/or conditions are communicated without judgment
- ☐ Patient characteristics and other details are critical to the diagnostic reasoning process
- ☐ Patient characteristics and other details are culturally sensitive and do not contribute to harmful stereotypes

### Anti-Racist Education

- ☐ Involves reflective learning concepts:
  - ☐ Levels of racism (structural, institutional, interpersonal, or individual)
  - ☐ History of racism and oppression in medicine, health, and science
  - ☐ Impact of racism on individual or population health
  - ☐ Concepts of racism such as privilege, guilt, implicit bias, micro/macroaggressions, inequities, intersectionality, social injustice, or colorblindness
- ☐ Involves anti-racist concepts:
  - ☐ Race as a social construct rather than biological property
  - ☐ Health equity, racism, and structural or social determinants of health
  - ☐ Critical race theory
- ☐ Materials are anti-racist:
  - ☐ Diverse identities are represented in cases, images, and/or questions
  - ☐ Race is contextualized and distinguished from biology or genetics

## Assessment

- ☐ Faculty creating, reviewing, and/or presenting the material has undergone bias training
- ☐ Faculty responsible for evaluation include diverse members
- ☐ Evaluation system provides standards or criterion for mastery
- ☐ Assessment materials and systems have been reviewed/audited for systemic bias
- ☐ Processes are in place for students to request reappraisal or appeal of evaluation decisions

*\*Person-first language puts the individual before the descriptor, whether related to race, gender, medical diagnosis, social circumstance, or disability. Examples of person-first language include "person with a disability" rather than "disabled person," "individual experiencing homelessness" rather than "homeless person," or "person with diabetes" rather than "diabetic."*

### References

Buery-Joyner SD, Baecher-Lind L, Clare CA, Hampton BS, Moxley MD, Ogunyemi D, et al. Educational guidelines for diversity and inclusion: addressing racism and eliminating biases in medical education. *Am J Obstet Gynecol*. 2022 Sep 13;S0002-9378(22)00738-4.

Association of American Medical Colleges. *Creating Action to Eliminate Racism in Medical Education: Medical Education Senior Leaders' Rapid Action Team to Combat Racism in Medical Education*. 2021. Available from: <https://www.aamc.org/media/63076/download?attachment>

*DC.gov Office of Disability Rights. People First Language. 2022. Available from: <https://odr.dc.gov/page/people-first-language>, 2022.*

The APGO Educational Guidelines for Diversity, Equity, and Guidelines is a project of the Association of Professors of Gynecology and Obstetrics (APGO) Diversity, Equity, and Inclusion Guidelines Task Force.

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