



UNIVERSITY *of* MARYLAND
SCHOOL OF MEDICINE

Incorporating DEI into the Medical Education Curriculum

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Mitigating Bias in the Medical Education Curriculum

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Understanding implicit bias



- Implicit bias = Unconscious bias
 - A quick association made without conscious intention or awareness
 - A natural function of the human mind
 - Safety mechanism
- Implicit bias -
 - Influences our behavior without awareness, intention or control



Understanding implicit bias

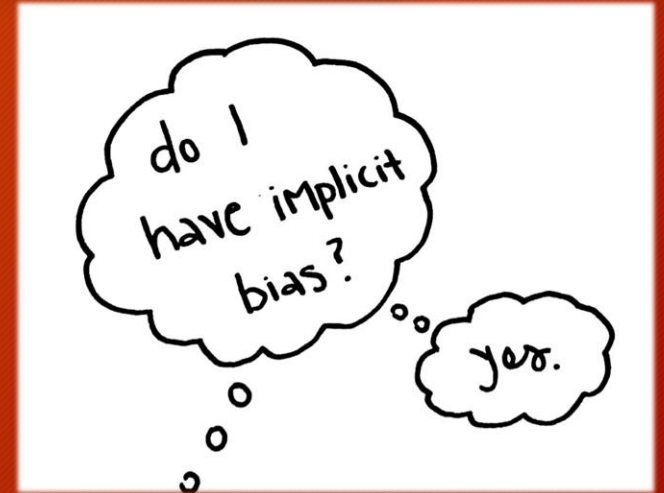
- Some biases are conscious preferences
 - MOST biases are unconscious
- We all have it, but we may not all have the same biases
 - This is why diversity works!!



Mitigating implicit bias requires us to...



1. Understand what it is
2. Acknowledge we all have it
3. Recognize it
 - In others - easiest
 - In ourselves - challenging
 - In our systems/social structures - also challenging!
 - In our (new or inherited) presentations and teaching behaviors



Opportunities for bias in education



- Pre-clerkship (Classroom)
 - Presentations/Lectures, Clinical Correlations
 - Group discussions/Team based learning
 - Patient interactions (Practice of Medicine)
- Clerkships (Clinical setting)
 - Rounds, during procedures
- Classroom & Clinical setting
 - Who speaks up & who is called on
 - Assessments
 - Feedback and evaluations

DEI in the Curriculum



- Diversity - who is represented
 - Patients, across multiple dimensions of diversity
 - Disease processes/cases
- Equity - incorporating health equity and inequity
 - Identify disparate health outcomes across race, ethnicity, gender, etc.
 - Discuss underlying etiologies that predispose communities to disparities
 - Acknowledge and unpack race-based medicine
- Inclusion
 - Include diverse participation from students
 - Include diverse educators and teaching styles
 - Include student feedback into ongoing curricular evolution

Diversity - Who is represented?



- Are diverse patient populations represented? How are they represented?
 - Do they appropriately portray the diversity of our patient population?
 - Dermatology examples
 - Contact dermatitis
 - 66 images, 61 white patients; 5 black patients: syphilis, HIV, Stevens Johnsons, vitiligo (vagina, penis, hands, face, back)
 - Shock Trauma example
 - White patients → accidents; Black patients → violence
 - Patients selected for Clinical Correlations
- Are images of physicians/providers diverse?
- Who is affected by the disease processes taught in our curriculum?
 - Lecture content
 - Clinical case discussions
- Increase use of singular “they” and non-binary cases

Focusing on the disease and treatment in cases



- Generally speaking, if race, ethnicity or gender are not pertinent to the case, no need to include them
- If included, be prepared to discuss whether disparities exist, and underlying etiologies that explain the disparities
 - Previous “64-year-old African American man with history of liver disease and Lyme disease presents with hematemesis”
 - New “64-year-old with history of liver disease presents with hematemesis”

Equity -Health Equity & Inequity



- Identify disparate health outcomes across race, ethnicity, gender, etc.
 - When presenting on a topic, be sure to incorporate relevant disparities
 - When in doubt, look it up!
- Discuss underlying etiologies that predispose communities to disparities
 - Social determinants of health → Social inequities and injustice
 - Reinforce race as a social construct, undo assumptions about race as a biologically-defined entity
 - Failure to do this only reinforces unscientific assumptions about race, ethnicity, gender, etc.
- Acknowledge and unpack race-based medicine
 - Race-based GFR estimation
 - Race-based pharmaceutical indications - Bidil by NitroMed

[Healthcare Professionals](#) [Important Safety Information](#) [Prescribing Information](#)

BiDiL
isosorbide dinitrate 20 mg/hydralazine HCl 37.5 mg

[About Heart Failure](#) / [About BiDiL](#) / [Savings & Support](#) / [Heart Failure Resource Center](#)



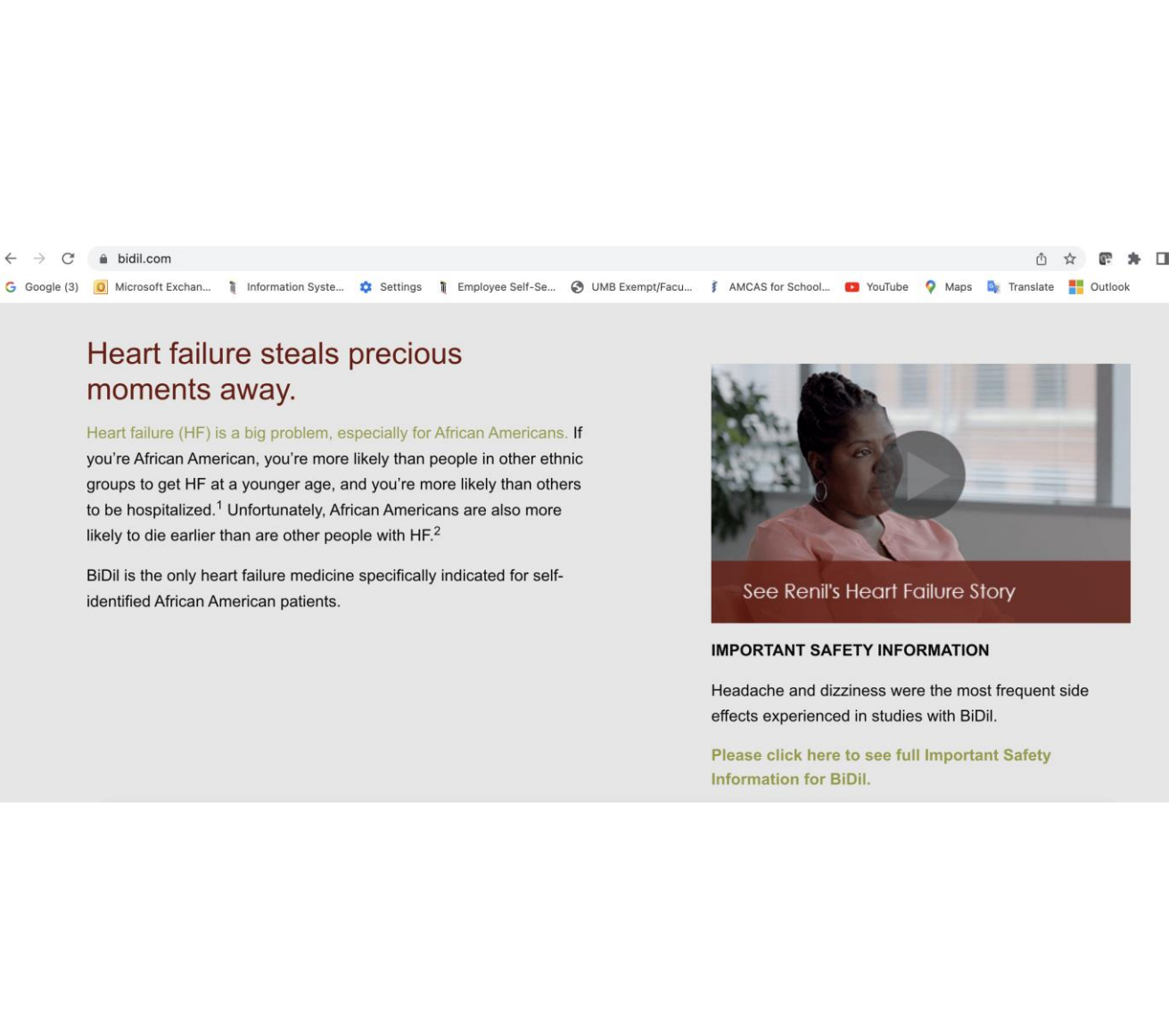
He always took his dad's
advice to heart
**Heart failure took
that wisdom away**

[BiDiL Impact](#) [➤](#)

[BiDiL Savings](#) [➤](#)

The marketing scheme

- Current price of BiDil = \$384 for 90 tablets
- The same amount of the two medications, isosorbide dinitrate and hydralazine, prescribed separately = about \$50



The screenshot shows a web browser window with the URL bidil.com. The page content includes:

Heart failure steals precious moments away.

Heart failure (HF) is a big problem, especially for African Americans. If you're African American, you're more likely than people in other ethnic groups to get HF at a younger age, and you're more likely than others to be hospitalized.¹ Unfortunately, African Americans are also more likely to die earlier than are other people with HF.²

BiDil is the only heart failure medicine specifically indicated for self-identified African American patients.

On the right side of the page, there is a video player showing a woman, with a play button overlay. Below the video player is a red button with the text "See Renil's Heart Failure Story".

IMPORTANT SAFETY INFORMATION

Headache and dizziness were the most frequent side effects experienced in studies with BiDil.

Please click [here](#) to see full Important Safety Information for BiDil.

Disparities in Lectures and Cases



- Striking the balance to teach health disparities without perpetuating stereotypes
 - HBV in Asian patients, HIV in LGBT patients --> Change it up!
- Update epidemiologic data (Celiac example)
- Verify/Rectify assumptions with data (Esophageal cancer example)
- When data are lacking for disparities within a certain population, include that point as well
- Exemplify professionalism, respect for patients, and humanism in our cases and heuristics
 - “Female, fat and forty” - “Martha Marshmallow”
- Include data on disparities in health care delivery, in addition to outcomes

Disparities in the literature



- Discuss high quality studies that examine health disparities
- Recognize the shortcomings of existing disparities studies
 - Many continue to position race as a biological construct either explicitly or implicitly, often as a proxy for categorical genetic differences
 - Many fail to include social determinants in the analysis
- Reinforce disparities across race in observational studies demonstrate social differences, not genetic differences

Inclusion in the Curriculum



- Encourage diverse participation from students
 - Who speaks up more? Who is called on more?
 - Create learning methods and environments that facilitate participation from all students
- Include diverse educators and teaching styles
 - Own faculty and invited speakers
- Incorporate student feedback into evolving curriculum

Overcoming Implicit Bias - We can only overcome what we're aware of

- Take the Implicit Association Test:
<https://implicit.harvard.edu/implicit/takeatest.html>
- Seek out implicit/unconscious bias educational opportunities
 - <https://www.medschool.umaryland.edu/diversity/Education--Professional-Development/>
- Ask for help!!



Operationalizing DEI in the Curriculum



Lecturer submits slides



DEI in the Curriculum



- Diversity - who is represented
 - Patients, providers, disease processes
- Equity - incorporating health equity and inequity
 - Reinforce race as a social construct
 - Acknowledge SDOH as propagators of health inequity and disparities
- Inclusion - who is actively included in the learning process
 - diverse participation from students & faculty, and incorporate feedback
- Incorporating DEI into the curriculum takes time, planning and work and it is worth it!

Thank you !!

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