DRIVE
Diversity, Representation and Inclusion for Value in Education

Curriculum Appraisal Tool

This tool is applicable across educational settings.
For probing questions and links to more information, use the online version at https://libraryguides.umassmed.edu/drive

Section 1: Setting the context

Best Practice: Create a learning environment that welcomes engagement of people from diverse backgrounds and promotes inclusion and representation.

Q1.1: Do I anticipate, appreciate and acknowledge that learners may have a personal experience with the content?
Probing question: Might the content be upsetting or offensive to someone with personal experience?
Example: "As we discuss this topic I recognize that some of you may have personal experience that impacts your comfort, response, and discussions with classmates and others."

Q1.2: Have I anticipated challenging questions related to the intersection of sex, gender, race, cultural and other biases with my content area?
Probing question: Am I aware of recent scholarship or advocacy addressing these topics?
Example: A learner asks you to explain the reason for race-based differences in frequency of disease.

Q1.3: Am I prepared to recognize and address microaggressions that arise in the learning space?
Probing question: Do I have a plan for interrupting or responding to verbalized microaggressions that includes supporting the target and resetting the learning environment?
Example: A small group member addresses a peer using the wrong pronouns despite clarification.

Section 2: Language and terminology

Best Practice: Words matter, terminology changes -- Look for updates in your field before presenting, welcome learner input and respond respectfully to feedback.

Q2.1: Do I use people-first language and terminology when appropriate in my written materials and discussions, and remain open to change based on expressed preferences?
Probing question: Am I considering the impact of terms used in my workspaces or daily practice?
Example: Person with diabetes rather than diabetic, person experiencing homelessness

Q2.2: Do I use appropriate and inclusive language and terminology?
Probing question: Do the words I use carry assumptions that may not apply? Am I asking patients how they prefer to be addressed and modeling the sharing of pronouns as a welcome practice?
Example: Partner instead of husband/wife; living with diabetes instead of suffering from; volunteers instead of human subjects

For the purpose of DRIVE we **define** bias as a preference. **Implicit bias** is an unconscious response which can be recognized and mitigated. **Explicit bias** is overt and demonstrates intention.

Bias may be experienced along these or other dimensions:

Ability
Agility
Age
Appearance
Culture
Diet
Education level
Ethnicity
Gender
Gender identity
Height
Housing status
Immigration status
Mental health
National origin
Primary language
Race
Religious identification
Sexual orientation
Socioeconomic status
Substance use
Weight

Suggestion Box:
Access our anonymous suggestion box to identify opportunities for improvement in representation and inclusion in our learning environment.

Section 3: Images & Media

Drive Best Practice: Utilize images and videos that invite connection, promote recognition, increase representation and improve diagnosis across physical features and abilities.

Q3.1: Do the images or media in my materials represent a range of characteristics?
Probing question: Have I illustrated the ways in which the condition may present differently in patients with a variety of characteristics such as skin tone, body habitus, hair?
Example: Provide more than one illustrative image.

Q3.2: Could the images or media that I am using be perceived as promoting a stereotype?
Probing question: Do I ensure that tables, graphs, and images do not reinforce unintended bias?
Example: Using multiple images when discussing specific conditions may reduce stereotypes.

Section 4: Research and References

Drive Best Practice: Incorporate research that reflects a wide range of populations and individuals in all levels of study design and acknowledge existing limitations in representation.

Q4.1: Is race defined in the paper appropriately as a social construct?
Probing question: Am I able to describe the role of genetics versus socioeconomic factors?
Example: Recognition of race as a surrogate for socio/politics and not differences in biology has many rethinking the use of race in clinical calculators and the role it should play when we share demographic data.

Q4.2: Who are the researchers whose work I am citing?
Probing question: Am I including a variety of perspectives, research traditions and the full international literature on the topic? How are the people being studied represented in the research design process and authorship?
Example: Citing literature from global journals advances the state of the science, while use of local data can advance understanding.

Section 5: Population and Patient Cases

DRIVE Best Practice: Ensure that cases lead the learner to question rather than reinforce bias and assumptions.

Q5.1: Am I intentional in my inclusion of demographic characteristics (like race or ethnicity) for social context instead of as biological factors or physical findings? Am I clear on how inclusion of relevant social variables supports my learning objectives?
Probing question: Do my teaching examples encompass and normalize a range of patient characteristics similar to the mix in a diverse community like ours in Worcester?
Example: Including demographic or social data only when medically relevant may lead to over-association.

Q5.2: Do I include relative impact of cultural or socioeconomic determinants of health on case pathology?
Probing question: If I connect a demographic with a medical outcome, am I explaining the causal pathway?
Example: When presenting a case associating asthma rates with racial categories, do we explain the social and environmental factors contributing to this association? A woman of color with high blood pressure may be suffering from chronic stress from structural racism.

SECTION 6: CLOSING THE LOOP

DRIVE Best Practice: Recognize that change is iterative; utilize evaluation data and feedback to drive continuous quality improvement.

Q6.1: Am I gathering and examining evaluation data from all sources for evidence of improvement?
Probing question: Am I aware of all the sources of feedback available to me? Reach out to DRIVE if you don't know how to address the feedback. Content experts are available to help.
Example: Contact course or program leaders to request formal evaluation data and informal feedback relevant to diversity and inclusion; incorporate feedback in ongoing development and improvement.