Considerations for the Development of Educational Materials to Promote Diversity, Equity, Inclusion, and Bias-Free Instruction in Orthopaedic Surgery

As the Department of Orthopaedic Surgery moves forward in creating a more inclusive and diverse environment, all presenters and facilitators should review their lecture content (e.g., print material, slide set) and teaching encounters to present a diverse and unbiased perspective. Historically, medicine has traditionally ignored the variances that race, gender, and sexual identity bring to the practice of medicine and influence the clinical experience of those we serve. This document will serve as a guide for you to address your unconscious bias and support of our department’s educational mission. Please consider the following approaches as you prepare the content and format (e.g., closed caption enabled, real time transcription) of your presentation materials.

Images

☐ Do the images included in my presentation portray individuals of varied gender, age, ability, and skin color?
☐ Do the images included in my presentation portray humor that may be considered offensive or inappropriate?
☐ Are the images I include as examples of “typical” pathology diverse enough to prevent stereotyping? For example, only using stock images of elderly, white patients when discussing total joint arthroplasty may give the impression that patients of other age groups or races are not good candidates for that surgery.

Language and Terminology

☐ Have I considered how my language and/or use of humor may be received by my diverse audience? For example, are there sexual references included for color or humor that do not have bearing on the medical discussion?
☐ Do my comments on current events assume that my audience is homogenous and represents one particular political ideology?
☐ Is the language and terminology I use value-laden? For example, when talking about patient characteristics or behaviors, could I substitute “typical” for “normal”? Could I list the BMI in place of “obese”?
☐ Is the language I use precise? For example, do I consider the potentially diverse composition of populations or generalize based on age, place of residence, or diagnosis?
- Are the terminology and references I use up to date? *For example, can I substitute “intellectual disability” for “mental retardation” or “transgender” for “transexual”? Do I use non-binary identifiers when appropriate?*
- Does my use of language promote a provider/patient divide, or do I acknowledge that learners in my audience may have personal experience with the content I am presenting?

**Patient Cases**
- Do the cases I use include individuals of varied gender expression, gender identity, sexual orientation, age, ability, race, and ethnicity? Do I indicate that the pronouns I use are the ones preferred by the patient?
- When I include details about the gender expression, gender identity, sexual orientation, race, or ethnicity of a patient, am I able to explain the relevance to the topic at hand?
- Are the cases I include as examples of “typical” patient presentations diverse enough to prevent stereotyping?
- When I include details about the race of a patient or population, am I conflating race with ethnicity (i.e. shared culture and language), race with country of origin, or race with skin color?
- When I mention race as a risk factor, is race likely a surrogate for more salient risk factors such as socioeconomic status, social determinants of health, or issues of bias?
- Am I presenting the facts of the case without unnecessary editorialization?

**Research and References**
- Is the research I cite up to date? Are the racial or other classifications used now considered outdated? For example, do the studies I cite account for individuals who identify as biracial?
- Can I explain if the studies I cite define race by self-report, census data, medical record review, or some other method, and the implications of each?
- Can I explain why race, and not socioeconomic factors, is the relevant influence in a particular study I cite?

**Self-Reflection**
- Are there differences between official guidelines or recommendations that I cite and how I actually practice? If there are, how can I use that as a point of discussion?
- Have I identified any unconscious bias in my prepared content?
Additional Resources

**DEI & Curricula Development**

- Inclusive Teaching at U-M from the College of Literature, Science, and the Arts
- Brown University Diversity and Inclusion Toolkit
- Guidelines for Promotion a Bias-Free Curriculum from Columbia University Vagelos College of Physicians and Surgeons

**Language & Terminology**

- GLAAD Glossaries of Terms: LGBTQ and Transgender

**Patient Cases**

- What is Gender? Terminology and Definitions. AAMC Diversity and Inclusion Initiatives

**Research and References**

- Black and White: Are Racial Categories Too Narrow? AAMC Diversity and Inclusion Initiatives
- What role should race play in medicine? Jennifer Tsai, Scientific American, 2018