The DRIVE Initiative

Addressing Bias in the Curriculum
DRIVE is a 3-school & GME initiative working toward Diversity, Representation, Inclusion and Value in Education

The goals of DRIVE are:

• To promote a representative and bias-free curriculum across our learning environments

• To enhance the accuracy, representation, and inclusion of diverse populations in all our educational activities
Everyone has bias—educators are not immune. Our learning environment reflects these biases.

*Blindspot: Hidden Biases of Good People*
by Mahzarin R. Banaji & Anthony G. Greenwald
(http://blindspot.fas.harvard.edu)

Implicit Association Test (IAT)
take the IAT test:
https://implicit.harvard.edu/implicit

We can improve the quality of our educational programs by sensitizing ourselves to bias in the curricula.
Our students report bias and marginalization in their learning environments

Results from the AAMC 2018 graduate questionnaire: Faculty ALWAYS demonstrate respect for diversity

Students have identified a lack of diverse and appropriate representation in their curricula

An analysis of SOM curricular materials revealed bias

Bias in education may lead to bias in practice
An Institute of Medicine report documented the extent of racial and ethnic disparities in health care

People of color are less likely than whites to receive needed services, including
— cancer, cardiovascular disease, HIV/AIDS, diabetes, mental illness
— clinically necessary procedures and routine treatments for common health problems

“Bias, stereotyping, prejudice, and clinical uncertainty on the part of healthcare providers may contribute to racial and ethnic disparities in healthcare.”

(Finding 4-1, p178)
Bias has many dimensions

Race  Ethnicity  Sex and Gender
Sexual Orientation  Disability  Poverty
Mental Health  Immigration Status  Age
Weight  Substance Use  National Origin

What are the biases in your teaching?
Studies have demonstrated bias in curricula

A Common Purpose: Reducing Bias in the Curriculum

To the Editor: In 2016, two of us (L.J.B. and C.I.T.), both persons of color and both first-year medical students at the time, wrote a letter to our administrative leaders at Columbia University College of Physicians and Surgeons. We expressed concern that our texts described normal gums as “bright and pink” and that one criterion to determine a newborn’s health is its “pink” appearance. By these measures, persons of color might be categorized as abnormal and unhealthy. We were not suggesting that faculty were doing purposeful harm; in the same letter, we expressed a deep regard for our teachers.


Race/Ethnicity in Medical Education: An Analysis of a Question Bank for Step 1 of the United States Medical Licensing Examination

Kelsey Ripp & Lundy Braun Teaching and Learning in Medicine, 29:2, 115-122.(2017)

Equitable Imagery in the Preclinical Medical School Curriculum: Findings From One Medical School

Glenna C. Martin, MD, MPH, Julianne Kirgis, PhD, Eric Sid, MHA, and Janice A. Sabin, PhD, MSW


The Hidden Curriculum in Multicultural Medical Education: The Role of Case Examples

Sandra Turbes, MD, Erin Krebs, MD, and Sara Axtell, PhD


Gender bias in medical textbooks: examples from coronary heart disease, depression, alcohol abuse and pharmacology

Anja F Dijkstra, Petra Verdonk, & Antoine L. M Lagro-Janssen

Medical Education 2008: 42: 1021–1028

Other schools are undertaking similar efforts to address bias (incl. Brown, Columbia, Mt Sinai, Rochester, SUNY Upstate, U. Washington)
DRIVE seeks to establish a representative curriculum that . . .

Integrates diverse graphics, images, videos and examples of usual and disease states

Uses inclusive and person-first language

Recognizes racial groups as primarily non-biological constructs

Incorporates diverse subjects and avoids stereotypes in case studies and research talks

Discusses the relationship between racial categorization, research practices, data collection and communication

... and addresses existing bias
A representative and bias-free curriculum begins with faculty reflecting on their teaching

Do I use diverse images & examples that avoid stereotypes?

Do I distinguish between the impact of biology & social determinants of health?

How do I respond if a lab or case discussion suggests bias?

Do I use inclusive & person-centered language?

How do I address the impact of race on research?

*What do I need to know in order to reflect on my teaching and learning environment?*
The **DRIVE** Initiative will help faculty, students, and staff in the effort to remove and prevent bias.

Providing *tools* and *information* to increase awareness of and sensitivity to bias in educational activities and materials.

Offering *resources* and *education* for faculty to help align teaching materials and the learning environment with our values of diversity & inclusion.

Engaging faculty and learners in the *assessment* of teaching and education to promote bias-free and representative educational experiences for all.
The DRIVE Audit Tool

- Developed by a committee of faculty and students from GME, GSBS, GSN, SOM building on materials from peer institutions (Brown, SUNY, Univ of Rochester, Columbia)
- Designed for self-assessment, systematic application, support curriculum enhancement and learning
- DRIVE team: Daryl Bosco, Carla Carten, Yasmin Carter, Suzanne Cashmann, Monika Chitra, Debbie DeMarco, Melissa Fischer, Kaitlyn Fishman, Supreetha Gabbala, Robert Gakwaya, Jessica Kilham, Rob Milner, Pranoti Mandrekar, Everlyne Njoroge, Stefania Peralta, Ken Peterson, Debbie Plummer, Rose Schutzberg, Ciarra Smith, Tanisha Stowers, Luanne Thorndyke, John Trobaugh
How can you get involved with DRIVE?

Let us know if you have feedback, ideas, or questions about the DRIVE Initiative

email: DRIVE@umassmed.edu

We are planning a Town Hall discussion aligned with a program or speaker (more information to come)