Upstate Bias Checklist for GUMC Educators: Frequently Asked Questions

This FAQ page has been modified from Dr. Amy Caruso Brown's website, to better describe the process at Georgetown University Medical Center.

1. **Who should complete the checklist?**
   Anyone can complete the checklist, including content creators (e.g., faculty writing and giving lectures, designing case-, team- or problem-based learning sessions, etc.); curriculum supervisors (e.g., module, course or clerkship directors; evaluation and assessment leaders; deans); session facilitators (e.g., small group facilitators); and learners themselves.

   The more frequently both the content creator and module, course or clerkship director (or other supervisor) complete a checklist for the same content, the better the checklist validation, so our team really appreciates it when supervisors have time to assess content in their courses or programs. We also find learner feedback extremely useful. If a module, course or clerkship director is completing the checklist for a faculty, then it is recommended to try to complete the checklist before the lecture/session is presented so that you can share any recommendations for changes to be made with the faculty member implementing the content. The checklist does ask about the user's role, specifically whether they are reviewing the content in a course director role or as the person creating and presenting the content.

2. **What type of health professions education content can I review with the checklist?**
   It is applicable to a variety of types of health professions education content, including but not limited to: lecture slides or notes, clinical vignettes, multiple-choice questions, case-based learning materials, objective structured clinical examinations (OSCE), and standardized patient encounter (SPE) scripts. It is also applicable to all health professions, at all levels of training, and has been utilized in undergraduate, graduate and continuing medical education, nursing education, and physician assistant programs, and has even been adapted for use in clinical laboratory sciences and veterinary education.

3. **Can I use the checklist to review more than one educational session at once?**
   Faculty who teach multiple sessions (including multiple lectures) can choose whether to submit one checklist or separate checklists. The checklist does ask whether the user is evaluating one session or multiple sessions, and how many contact-hours are covered.

   We recommend a single checklist only if the lectures or sessions are closely related; a lecturer who gives two lectures on very different topics within the same unit (for instance, one that is very biochemistry-heavy and one that is a clinical correlation) would be better served by completing two checklists. Multiple cases should be evaluated individually, using the checklist, and collectively using the "Clinical Case Tracker" grid embedded in the checklist (under "Clinical Vignettes").

4. **When should I complete the checklist?**
   The checklist is most effective when completed in advance of the educational session, with enough time allotted to allow for changes to be made to the content. However, it can also be completed retrospectively, as part of a review prior to the next iteration of the module, course or clerkship.

5. **What happens if the checklist picks up bias in my content?**
   Congratulations! You used the checklist successfully. If the possibility of bias is detected, you will see a box telling you that your content is at risk for bias and recommending you consider making a change. The checklist does NOT tell you HOW to change your content. Changes might include:
   - Removing the content entirely (e.g., an image that promotes stereotypes of certain patient groups or an inappropriate joke)
   - Replacing the content (e.g., replacing some slides of white skin with more representative slides of many skin colors, replacing outdated or offensive terminology with more appropriate language)
   - Adding additional material to the content (e.g., including women and people of color in a lecture on the history of medicine, discussing why a race-based disease association might exist)
   - Attaching an apology or disclaimer to the content (e.g., acknowledging that race-based GFR corrections are not based in science but may appear on standardized tests—please note that this is a last resort if none of the other approaches can be applied).

   You may not be sure what type of change to make or even if a change is definitely needed. That is completely understandable and expected. Please feel free to reach out to the health equity curriculum team (healthequitycurriculum@georgetown.edu) for additional assistance, or consult your course, course or clerkship director. Student feedback can also be very helpful in these situations.

6. **Why should I use the checklist?**
   Bias in health professions negatively impacts learners by creating a learning environment that is unsupportive and even hostile to learners from traditionally underrepresented backgrounds, hindering their success. However, it has an even greater effect on learners' future patients.

Health professions students and trainees who learn biased material (for instance, suggesting that race is a biological, rather than social, construct) are more likely to treat their patients differently based upon their social identities—missing diagnoses that don't fit stereotypes, under-managing pain and other symptoms, leaving patients feeling unheard amd disrespected, and increasing mistrust in the healthcare system. Every interaction between health professions educators and learners is an opportunity to begin to dismantle the bias and structural oppression embedded in our society. What you teach today—even if it seems very far removed from clinical care—may change a patient's life tomorrow.

7. **Some of the terms in the checklist are confusing. Where can I find more information?**
   Some definitions are embedded into the checklist, below the answer choices. A glossary is also available here. Further resources are available at the end of this document.

8. **What happens to the data submitted through the checklist?**
   By utilizing the REDCap version of the checklist, you are agreeing to allow Dr. Sarah Kureshi and the Bias Checklist team to retain your responses for further refinement of the checklist. Any identifying information collected is not linked to individual responses. Pooled data on checklist utilization (number of checklists completed/number of hours of content assessed, number of changes prompted, number of changes made) for each module, course and clerkship may be provided to the directors for continuous educational quality improvement within Georgetown.

9. **How was the checklist developed?**
   The checklist was designed by Dr. Amy Caruso Brown at SUNY Upstate Medical University, and she holds the copyright to this tool. The checklist was informed by a review of the literature, synthesized with three years of student evaluation data from SUNY Upstate, and is regularly revised to include new material. The current checklist includes 13 domains identified as being at risk for bias or promotion of shame, stereotype or stigma: Race and Ethnicity, Gender, Sexual Orientation and Sexuality, Disability, Mental Health Including Substance Use, Weight, Immigration Status, Poverty, Religion, People who are Incarcerated, and Interprofessional Communication; and two types of content which are especially prone to bias: visual images and clinical vignettes. We have modified Dr. Caruso Brown's original checklist for our GUMC Educators to use. Besides the School descriptors and some of the ordering, most of the modifications are in the relevant references/resources sections. Please feel free to contact Dr. Sarah Kureshi (sk795@gerogetown.edu) with any questions or feedback about the Upstate Bias Checklist for GUMC Educators.

10. **Has the checklist been published?**
    Caruso AB, Hobart TR, Botash AS, Germain LJ. Can a checklist ameliorate implicit bias in medical education? Medical Education. 2019;53(5):510.
    https://onlinelibrary.wiley.com/doi/epdf/10.1111/medu.13840

11. Consolidated References/Resources for Checklist Topics

Race and Ethnicity

- Amutah C, Greenidge K, Mante A, et al. Misrepresenting race - the role of medical schools in propagating physician bias. N Engl J Med 2021;384:872-878.
- Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proceedings of the National Academy of Sciences. 2016 Apr 19;113(16):4296-301.
- Ibrahim Z, Brown C, Crow B, Roumimper H, Kureshi S. The Propagation of Race and Racial Differences as Biological in Preclinical Education. Med Sci Educ. 2022 Jan 10;32(1):209-219.
- Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race matters? Examining and rethinking race portrayal in preclinical medical education. Academic Medicine. 2016 Jul 1;91(7):916-20.
- Vyas D, Eisenstein L, Jones D. Hidden in plain sight-reconsidering the use of race correction in clinical algorithms. N Engl J Med 2020; 383:874-882
- Flanagin A, Frey T, Christiansen SL, AMA Manual of Style Committee. Updated Guidance on the Reporting of Race and Ethnicity in Medical and Science Journals. *JAMA.* 2021;326(7):621-627.
- See Tables 1 and 2 from AMA/AAMC's Advancing Health Equity: A Guide to Language, Narrative and Concepts.

Visual Images

- GUMC Racial Justice Curricular Reform Subcommittee's Derm Working Group Dermatology/Images Resources
- GU Copyright and Fair Use Overview and Dahlgren Memorial Libaray Image Use Chart
- OHSU Diverse Images and Audiovisuals for Educating Health Professionals
- Jackson-Richards D, Pandya AG, editors. Dermatology atlas for skin of color. Springer; 2014 Jul 19.
- Lupton D. Digital media and body weight, shape, and size: An introduction and review. Fat Studies. 2017 May 4;6(2):119-34.
- Moiin A, editor. Atlas of Black Skin. Springer Nature; 2020 Jan 24.
- Pratt L. The (fat) body and the archive: Toward the creation of a fat community archive. Fat Studies. 2018 May 4;7(2):227-39.

Clinical Vignettes

- Krishnan A, Rabinowitz M, Ziminsky A, Scott SM, Chretien KC. Addressing Race, Culture, and Structural Inequality in Medical Education: A Guide for Revising Teaching Cases. Acad Med. 2019 Apr;94(4):550-555.
- See Tables 1 and 2 from AMA/AAMC's Advancing Health Equity: A Guide to Language, Narrative and Concepts.
- Resources for Integrated Care's Tip Sheet: Using Person-Centered Language
- AAMC MedEdPORTAL Diversity, Equity, and Inclusion Collection

Sex and Gender

- Dubin SN, Nolan IT, Streed Jr CG, Greene RE, Radix AE, Morrison SD. Transgender health care: improving medical students' and residents' training and awareness. Advances in medical education and practice. 2018;9:377.
- Deutsch MB, ed. UCSF Gender Affirming Health Program, Department of Family and Community Medicine, University of California San Francisco. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; 2nd edition. June 2016.
- AAMC Sexual & Gender Minority Health Resources
- National LGBTQIA+ Health Education Center (A Program of the Fenway Institute) Learning Resources
- Patient Centered Transgender Health: A Toolkit for Nurse Practitioner Faculty and Clinicians

Sexuality, Sexual Behavior and Sexual Orientation

- Coren JS, Coren CM, Pagliaro SN, Weiss LB. Assessing your office for care of lesbian, gay, bisexual, and transgender patients. The health care manager. 2011 Jan 1;30(1):66-70.
- Duvivier RJ, Wiley E. Health equity for LGBTQ people through education. The Lancet. 2016 Apr 2;387(10026):1375.
- Rowen TS, Stein S, and Tepper M. Sexual health care for people with physical disabilities. J Sex Med 2015;12:584-589.
- AAMC Sexual & Gender Minority Health Resources
- National LGBTQIA+ Health Education Center (A Program of the Fenway Institute) Learning Resources

Disability

- Dhanani Z, Huynh N, Tan L, Kottakota H, Lee R, Poullos P. Deconstructing Ableism in Health Care Settings Through Case-Based Learning. *MedEdPORTAL*. 2022;18:11253.
- Jain NR. Political disclosure: resisting ableism in medical education. Disability & Society. 2020 Mar 15;35(3):389-412.
- Meeks L, Jain N. Accessibility, inclusion, and action in medical education: Lived experiences of learners and physicians with disabilities. AAMC. 2018.
- Santoro JD, Yedla M, Lazzareschi DV, Whitgob EE. Disability in US medical education: Disparities, programmes and future directions. Health Education Journal. 2017 Oct;76(6):753-9.
- Seidel E, Crowe S. The state of disability awareness in American medical schools. American journal of physical medicine & rehabilitation. 2017 Sep 1;96(9):673-6.

Mental Health and Substance Use

- Committee on the Science of Changing Behavioral Health Social Norms; Board on Behavioral, Cognitive, and Sensory Sciences; Division of Behavioral and Social Sciences and Education; National Academies of Sciences, Engineering, and Medicine. Ending Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change.

Washington (DC): National Academies Press (US); 2016 Aug 3. 2, Understanding Stigma of Mental and Substance Use Disorders.

- DISRUPTING STIGMA: How Understanding, Empathy, and Connection Can Improve Outcomes for Families Affected by Substance Use and Mental Disorders
- Kennedy-Hendricks A, McGinty EE, Summers A, Krenn S, Fingerhood MI, Barry CL. Effect of Exposure to Visual Campaigns and Narrative Vignettes on Addiction Stigma Among Health Care Professionals: A Randomized Clinical Trial. *JAMA Netw Open.* 2022;5(2):e2146971.
- Renner JA Jr. Counteracting the Effect of Stigma on Education for Substance Use Disorders. Focus (Am Psychiatr Publ). 2019 Apr;17(2):134-140. doi: 10.1176/appi.focus.20180039.

Weight

- Brown H. Body of Truth: How Science, History, and Culture Drive Our Obsession with Weight-and What We Can Do about It. Philadelphia, PA: Da Capo Press, 2015.
- Daniel C. Economic constraints on taste formation and the true cost of healthy eating. Social Science & Medicine. 2016 Jan 1;148:34-41.
- Guthman J. Weighing In: Obesity, Food Justice, and the Limits of Capitalism. University of California Press, 2011.
- Knowles M, Rabinowich J, De Cuba SE, Cutts DB, Chilton M. "Do you wanna breathe or eat?": parent perspectives on child health consequences of food insecurity, trade-offs, and toxic stress. Maternal and child health journal. 2016 Jan 1;20(1):25-32.
- Phelan SM, Burgess DJ, Yeazel MW, Hellerstedt WL, Griffin JM, van Ryn M. Impact of weight bias and stigma on quality of care and outcomes for patients with obesity. Obes Rev. 2015 Apr;16(4):319-26.

Immigration Status, Nationality, Language and Culture

- Fitzgerald SN, Leslie KF, Simpson R, Jones VF, Barnes ET. Culturally Effective Care for Refugee Populations: Interprofessional, Interactive Case Studies. MedEdPORTAL. 2018;14:10668.
- Hacker K, Anies M, Folb BL, Zallman L. Barriers to health care for undocumented immigrants: a literature review. Risk Manag Healthc Policy. 2015 Oct 30;8:175-83.
- Mishori R, Aleinikoff S, Davis D. Primary Care for Refugees: Challenges and Opportunities. Am Fam Physician. 2017 Jul 15;96(2):112-120. PMID: 28762707.
- MedEdPORTAL Language-Appropriate Health Care and Medical Language Education Collection
- Stryker SD, Conway K, Kaeppler C, Porada K, Tam RP, Holmberg PJ, Schubert C; and Medical Student Global Health study group. Underprepared: influences of U.S. medical students' self-assessed confidence in immigrant and refugee health care. Med Educ Online. 2023 Dec;28(1):2161117.

Poverty and Socioeconomic Status

- Baillie H, McGeehan. Are Patients' and Communities' Poverty Exploited to Give Health Professions Students Learning Experiences? AMA J Ethics. 2019;21(9):E801-805.

- Beech BM, Ford C, Thorpe RJ Jr, Bruce MA, Norris KC. Poverty, Racism, and the Public Health Crisis in America. Front Public Health. 2021 Sep 6;9:699049.
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- Krishnan A, Rabinowitz M, Ziminsky A, Scott SM, Chretien KC. Addressing Race, Culture, and Structural Inequality in Medical Education: A Guide for Revising Teaching Cases. Acad Med. 2019 Apr;94(4):550-555.

Age

- Age-inclusive language: Are you using it in your writing and everyday speech?
- Inouye, S.K. Creating an anti-ageist healthcare system to improve care for our current and future selves. *Nat Aging.* 2021 Feb; 1:150–152.
- Stubbe DE. Check Your Ageism at the Door: Implicit Bias in the Care of Older Patients. Focus (Am Psychiatr Publ). 2021 Jul;19(3):322-324.
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Religion and Faith Tradition

- AMA Journal of Ethics. Religion and Spirituality in Health Care Practice. July 2018. Volume 20, Number 7: 607-674
- Balboni M & Balboni T. *Do Spirituality and Medicine Go Together?* Center for Bioethics Harvard Medical School. Journal Feature. June 1, 2019.
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- Swihart DL, Yarrarapu SNS, Martin RL. Cultural Religious Competence In Clinical Practice. [Updated 2022 Nov 14]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing.

Incarceration

- Karandinos, G., & Bourgois, P. (2019). The Structural Violence of Hyperincarceration—A 44-Year-Old Man with Back Pain. *New England Journal of Medicine*, *380*(3), 205–209.
- Tran NT, Baggio S, Dawson A. *et al.* Words matter: a call for humanizing and respectful language to describe people who experience incarceration. *BMC Int Health Hum Rights* **18**, 41 (2018).
- Wildeman C, Wang EA. Mass incarceration, public health, and widening inequality in the USA. Lancet. 2017 Apr 8;389(10077):1464-1474.

Rural Residence

- Rural Health Information Hub: Rural Health Disparities

Interprofessional Communication & Specialty Respect

- GUSOM Specialty Disrespect Resources
- Showstark M, Joosten-Hagye D, Wiss AC. Virtual Interprofessional Education (VIPE): a Multi-institutional Innovation. Med Sci Educ. 2021 Nov 24;32(1):7-8. VIPE website: https://virtual-ipe.com/
- Foronda C, MacWilliams B, McArthur E. Interprofessional communication in healthcare: An integrative review. Nurse Educ Pract. 2016 Jul;19:36-40.

Further Institutional Resources:

- GU Center for New Designs in Learning and Scholarship (CNDLS) "Inclusive Pedagogy Toolkit"
- AAMC MedEdPORTAL "Diversity, Equity, and Inclusion Collection"
- OHSU Center for Diversity and Inclusion "Inclusive Language Guide"
- GUMC Office of Faculty & Academic Affairs "GUMC Tool: Inclusive Pedagogy"
- GUSOM "Equity Forward Faculty: Resources for Bias-Free, Inclusive Curriculum"
- GUSOM Office of Diversity, Equity, & Inclusion "Resources for Faculty & Staff"