Ensuring Inclusivity in Teaching Materials and Classrooms

A Quick Guide for Educators

Boston University School of Medicine (BUSM) values the diversity of our students and faculty and we expect our learning environment to be and feel inclusive for all learners. Inclusivity is grounded in (1) our understanding of our own stories and biases, and (2) our recognition of the historical and structural realities that marginalize the communities our students, faculty, and patients come from. We must make a collective effort to create a learning environment that recognizes and uplifts all members of our BUSM community.

The intention of this document is to provide guidelines to help faculty review their own materials and approach to teaching.

Deeper Dive

- Inclusive language resource (Stanford Genetic Counseling)
- With respect to issues related to addiction, BMC has produced a resource on reducing stigma and the Words Matter Pledge to explain how changing the language we use can reduce stigma around addiction.
- BMC/BUSM Glossary

1 Remove stigmatizing language from all materials

We expect all faculty at BUSM to use non-stigmatizing language in all teaching materials.

- Review all materials for common terms/topics that are at risk for being presented with stigmatizing language and remove such language.
- Use person-first language that separates the individual from their diagnosis (e.g., use "person with substance use disorder," not "addict," or "patient with sickle cell disease," not "sickler").
- Avoid using "normal/abnormal" when describing patients, individuals, or behaviors. Instead use "typical/atypical," "usual/frequent/common, differences, variations," etc. Note: this guideline does not apply to descriptions of laboratory values.
- Avoid descriptions of pathologies or diagnoses that reinforce stereotypes about that pathology (e.g., when teaching about HIV, do not limit cases to those about men who have sex with men).
- Conversely, include a diverse representation of individuals in a variety of contexts throughout the curriculum to normalize marginalized identities in the patient population.
- Be sure to examine *all* teaching materials. Often-overlooked materials include assessments, resources reposted from previous years, and materials created by others.

2 Examine language related to sex, gender, and sexual orientation/practice

Sex and gender are pervasive in biomedical teaching, appearing in descriptions of patients, populations, and body structure and function.

Sex: Biological features that reflect the differences within a sexually dimorphic species are referred to as male and female.

- When describing features or traits that are sexually dimorphic, use male, female, or intersex (e.g., "In the male, the testis descends between the 3rd and 7th month of development").
- When teaching about these features, it is important to acknowledge that there is a spectrum of known presentations beyond the "typical" male and female for almost any sexually dimorphic trait.

Gender: All humans have a gender identity. This identity may or may not match the sex associated with their anatomical, hormonal, and/or genetic sex or their sex assigned at birth.

- When describing an individual's gender, use "man," "woman," "boy," "girl," "nonbinary," etc. When an individual has identified their own gender, always use the terminology that they use.
- As all individuals have a gender identity, it is okay to use gendered terminology to describe an individual in cases or patient descriptions (e.g., "A 46-year-old man presents to the clinic with…").
- Avoid using gendered terms to describe groups of people (e.g., "pregnant women," "men are susceptible to," etc.), as all individuals in that group may not identify with those descriptors. Instead, change these descriptions to gender-neutral terms ("individuals," "people," "people who may become pregnant"), or terms describing sex ("male," "female") as relevant.
- When describing biological features or processes that differ in individuals of different sexes, use sex terminology, not gender (e.g., "In the female, the ovary develops in the absence of testosterone…," not "In women, the ovary develops in the absence of testosterone…").

Deeper Dive

- Quick reference: Concepts about sex and gender
- Resources to explore gender and gender identity
- Excellent, freely available online training modules from Fenway Health

3 Examine language related to race and racial inequities

Biomedical research and teaching materials often use race as a proxy for the actual risk factors that contribute to the development of disease. Such risk factors may include a wide range of variables such as chronic stress stemming from racism, inequities in access to care, or environmental exposure, among others.

- If race appears in teaching materials, consider whether race is being used as a proxy for other factors that contribute to the described phenomenon. If it is, adjust materials to name the actual causes of disease (i.e., poverty, structural racism, increased exposure to environmental factors or social factors due to historical systemic oppression, etc.).
- Examine if it is more appropriate to describe a regional ancestry rather than using race, especially when discussing disease prevalence (e.g., "Sickle cell disease has an increased prevalence among individuals whose ancestors are from areas where malaria is endemic, including regions of Africa, the Middle East, and Asia," instead of saying "in Black patients").
- When drawing information from established references (textbooks, journal articles), question the rationale for describing a group of people based on race and whether these descriptors should be contextualized further.
- In cases and patient descriptions, consider whether race is being used in a context that reinforces stereotypes. If so, reframe the description.
- After examining the use of race in all course materials for accuracy and relevance, use the following as descriptors for different racial groups. Please remember to capitalize the first letter of all racial group identifiers.
  - White/European Ancestry
  - Black
  - Latinx
  - Asian/South Asian/Southeast Asian/ Pacifica Islander
  - Indigenous Communities (Native Americans, Alaskan, Native Hawaiian).

4 Do not perpetuate stereotypes when writing patient descriptions in cases and vignettes

Patient descriptions may appear in case presentations and exam questions.

- Remove race from pathology-focused one-liners (e.g., 45-year-old Black man presents with chest pain) unless pertinent to the lesson.
- If a social history is given that includes multiple aspects of the patient's identity (place of residence, family structure, occupation, etc.), it is okay to include race to acknowledge the multiple identities of an individual.
- Make a practice to characterize individuals with a variety of representations throughout the curriculum in order to normalize gender and sexual diversity, existence of disabilities, individuals with varied backgrounds, etc.
- Take care to ensure that descriptions do not perpetuate harmful stereotypes.

Deeper Dive

- "Is race a risk factor? Recommendations for the BUSM curriculum"
- "From race-based to race-conscious medicine" (Lancet article)

5 Examine the images used in teaching materials

Examine all images of people in all resources, especially lecture slides.

- Ensure that images of people, including those of healthcare providers, portray individuals of varied skin colors, genders, abilities, and ages.
- Ensure that images of skin-related diagnoses demonstrate the diagnoses on individuals of varied skin tones.
- Avoid visual portrayals of "typical" pathology that reinforce stereotypes and pathologize race.

Deeper Dive

- Handbook of clinical signs in Black and Brown skin
- Dermatological conditions on non-white skin
- *Ethnic Skin and Hair and Other Cultural Considerations* (book written for physicians about treating those with darker skin tones in culturally appropriate ways)

6 Recognize and acknowledge mistakes in real time and proceed using the appropriate language

Despite carefully examining teaching materials, even the most well-intentioned teachers may inadvertently use exclusionary language in the classroom.

- To minimize chances of inadvertently using exclusionary language while teaching, carefully consider the examples you use to make a point and/or humorous comments:
  - Are you marginalizing a group or individual?
  - Are you using inappropriate language as outlined in this guide?
  - Are you reinforcing a stereotype?
- If an inappropriate term is used in class or in teaching materials, recognize and acknowledge the mistake to the class, and proceed using the appropriate language.

Other resources for further work

The resources listed below are excellent guides created by Brown University School of Medicine for educators to review curricular materials for inclusivity, diversity, and bias-free instruction resources:

- Resources for Inclusive Teaching
- Creating Inclusive Curricula checklist
- Short video guide for examining educational materials

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