CFE TIPS

Recommendations for Integrating a DEI Lens into Teaching Presentations



Purpose

This tip sheet provides practical recommendations for medical educators to support the following goals in their teaching presentations:

- 1. Disrupt stereotypical representations of patients, families, and physicians
- 2. Improve the recognition of clinical findings on skin of color for accurate diagnosis
- 3. Critique and reject race-based medicine
- 4. Highlight health inequities and their structural causes

These recommendations are not meant to be an exhaustive checklist, but rather a launch point for further critical reflection.

Recommendations	
When choosing photos	Illustrate the diversity of patients, families, and physicians and challenge stereotypical representations. For example, use photos that show: • Patients of different races/ethnicities • Families with parents who are LGBTQ • Physicians who are women and/or BIPOC • Individuals in diverse cultural dress
When developing clinical cases	Avoid stereotypical associations between specific patient populations and certain illness scripts or health conditions.
When writing one-liners	 Carefully consider which patient identities are essential or not essential to include in the one-liner. For example: Include the patient's pronouns, if known. Do not include the patient's race as an identifier if it is irrelevant to the case and avoid reinforcing racial biases in clinical reasoning. If racism is relevant to the case, dedicate space in the presentation to define race as a social (not biological) construct and describe how racism (not race) is the risk factor.
When describing clinical findings	Discuss differences in how dermatological findings can present on skin of color and integrate images with examples. Resources include: • Pediatric Skin of Color (ISBN-13: 978-1461466536) • Dermatology Atlas for Skin of Color (ISBN-13: 978-3642544453) • Dermatology for Skin of Color (ISBN-13: 978-0071446716)
When discussing race- adjusted clinical tools	Critique the use of these tools by discussing why race was incorporated into the algorithm, the inaccuracies of using race as a proxy for other factors, and how the use of these tools perpetuate health inequities. ¹

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Recommendations (cont.)		
When discussing clinical cases	Highlight how structural and social determinants of health may be affecting the patient's health and clinical care. For example: Consider how immigration policies may cause patients with undocumented status to avoid care due to fear of deportation.	
When describing epidemiology	 Highlight inequities in the prevalence, morbidity, and mortality of the health condition. When presenting studies on racial health inequities: Review resources for framing these inequities thoughtfully.² Describe how race was defined in the study. Reject biological constructions of race, and clearly distinguish between race, ancestry, and genetics in interpreting the findings. Discuss how structural racism and intersecting forms of oppression may be contributing to these inequities. 	

References

- 1. Vyas DA et al. Hidden in plain sight—Reconsidering the use of race correction in clinical algorithms. N Engl J Med. 2020;383(9):874-882.
- 2. Boyd RW et al. On racism: A new standard for publishing on racial health inequities. Health Affairs Blog. 2020.

Acknowledgment

This tip sheet was developed by Bianca Argueza and colleagues and is available with associated information online: Argueza BR, et al. Integrating Discussions on Racism and Health Equity into Clinical Reasoning Conference. Academic Pediatrics. 2023 https://www.sciencedirect.com/science/article/pii/S1876285923003303#ec0015



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