

In order to encourage robust curricular content around equity and justice, please consider how the course will address the following domains(link): The final course evaluation by students will include question items related to the Diversity, Equity and Inclusion framework as applicable to the course. Components of your course that address these competencies may also be suitable for addressing this curricular framework:

MK2,3,4
ICS1
PBLI5,7,8,11
PCP5
PPPD1-8,10-11
SBPIC1-5

Curricular framework Students should:	Examples of instructional changes or learner activities
<p>RECOGNIZE that health inequities and subsequent disparities exist (e.g., patterns of disease, epidemiology)</p>	<ul style="list-style-type: none"> - Directly discussing disparities and structural inequities in disease manifestations and outcomes. Examples include: <ul style="list-style-type: none"> • Asthma example is a good example – not only with respect to disparities, but also links to environmental and climate justice • CF treatments for mutations found in predominantly “white” populations while research/tx for other mutations are underfunded/not available • Disparities exist in the context of almost every illness, including cancer, heart, and lung disease
<p>UNDERSTAND underlying structural factors, racist and colonial power systems, and whiteness preferences that drive patterns of injustice (e.g., structural competency)</p>	<ul style="list-style-type: none"> - Highlight and recognize the impact of white supremacy in our systems and education [Need an example here perhaps from attached paper in comment] – and how this contributes to the disease outcomes and disparities identified in #1 above. - Include important, yet previously overlooked or ignored, historical factors: the ‘father of gynecology’ did his experiments on enslaved women without anesthesia. Students should be aware of injustices/sufferings caused to create the knowledge we now - Ensure representation: A inclusive range of skin and tissue shades should be normalized in anatomy/histology images and cross sections. Teaching cases provided in didactic or small group

Commented [DN1]: Romano MJ. White Privilege in a White Coat: How Racism Shaped my Medical Education. *Ann Fam Med.* 2018;16(3):261-263. doi:10.1370/afm.2231

	<p>settings should be representative and not perpetuate stereotypes</p> <ul style="list-style-type: none"> - Recognition of the contributions and work of scientists of color, which has often been ‘whitewashed’ • the Blalock Tausig shunt should be called Blalock Taussig Thomas shunt – many people are moving to recognizing the work of Vivien Thomas in this lab. • Henrietta Lacks.
<p>EXPLORE positionality and self as connected to and in the context of communities/others (e.g., positionality, cultural humility, reflexivity)</p>	<ul style="list-style-type: none"> • Reflective workshops (facilitated) • Reflective writing • Journal clubs or case illustrations that highlight impact of provider-patient relationship
<p>ACT to dismantle racist and oppressive structures and institutions (transformational leadership, structural change, social accountability)</p>	<ul style="list-style-type: none"> • Including a community or advocacy engagement project in the elective or rotation • Development of community sites and engagement with population needs that contribute to upstream causes of health outcomes

The OHSU Inclusive Language Guide allows for optimal terminology use in teaching. By checking the box below, you acknowledge that you have reviewed this document and will follow its guidelines as indicated.

