

OHSU Course Evaluations: Diversity Question Analysis Final Report

Prepared October 2020

Compiled by Oregon Clinical and Translational Research
Institute's (OCTRI) Evaluation Core



Executive Summary

BACKGROUND

This report was completed in October 2020 by the Oregon Health and Science University (OHSU) OCTRI Evaluation Core at the request of, and in collaboration with the OHSU Office of Educational Improvement & Innovation (OEII).

The report presents results from student responses to a diversity open-ended question in OHSU's course evaluation questionnaire over two academic years.

METHODS

We employed a mixed methods approach to analyze students' responses to the diversity question. This process involved:

1. Qualitative thematic analysis to identify themes in the comments
2. Text analysis to identify word frequency and importance

Qualitative themes were summarized, and used as a categorization system for the text analysis.

RESULTS

Overall, the analysis produced a range of topics and showed the depth of students' understanding and reflection of diversity within their courses.

Prominent themes highlighted include encouragement or discouragement of diversity in courses, and specific diverse groups (including by gender identity, race/ethnicity, culture, etc.).

Several students mentioned encouraging or helpful aspects of a course regarding diversity. This included a welcoming classroom environment, as well as specific activities or discussions around diversity that expanded learning or encouraged diversity (e.g. inclusion of the social determinants of health, or diverse representation in course materials). Conversely, examples of discouraging or unhelpful aspects of courses were lack of discussions around

diversity or activities that could be improved regarding diversity content delivery. Students commented on several diverse groups, such as racial/ethnic groups, genders, and cultures. Further, students reported that the presence, representation and/or acknowledgement of specific groups is critical in clinical practice and medicine generally.

Other important themes included racial injustice events, and student recommendations for improvement.

Students reported several diversity-related **recommendations** for instructors or courses to incorporate:

- Representation from underrepresented groups
- "Going deeper" and prioritization of diversity content and discussions
- Correct pronoun usage
 - Other competencies around gender identity and expression
- Incorporating trauma-informed practice into course
 - Including trigger warnings around sensitive topics
- Expand diversity definition, or focus on broader aspects of diversity in courses
- Avoid reinforcement of stereotypes in course materials
- Provide resources and tools to confront bias

NEXT STEPS

OHSU Evaluation Core and the Office of Educational Improvement & Innovation will work collaboratively to establish next steps for future analysis. Examples of future work include:

- Proposal and cost estimate for continuing work
- Analysis of additional data, including Summer and Fall 2020 terms
- Plan development for recurring analysis

Background

This report details the findings from analysis of OHSU student text responses to a question about diversity in course evaluation questionnaire. The diversity question (Figure 1) includes a definition of diversity, and asks students to rate aspects of diversity through a Likert scale, with a comment box for open-ended text response.

Results reflect student comments across:

- **Two academic years**
 - Summer term 2018 through Spring term 2020 (8 terms)
- **Four school departments**
 - School of Dentistry
 - School of Medicine
 - Including Undergraduate Medical Education
 - School of Nursing
 - School of Public Health

Figure 1. Current Diversity Question

Defining Diversity Statement

Diversity includes important and interrelated dimensions of human identity such as race, ethnicity, gender, gender identity and expression, socio-economic status, nationality, citizenship, religion, sexual orientation, ability/disabilities, and age.

What and how material is taught encouraged me to explore aspects of mine or others' diversity (see definition of diversity above) to enhance our thinking.

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree
- N/A

Comments: _____

To make an inquiry or report an incident of discrimination or harassment, contact OHSU's Affirmative Action and Equal Opportunity (AAEO) Department at 503-494-5148 or aaeo@ohsu.edu.

Methods

Diversity question data was cleaned before analysis. Data cleaning involved coding non-responses or responses not pertaining to diversity (e.g. unrelated comments about course overall) as N/A, de-identifying comments, and removing text errors. **1,325 comments were included in the analysis** that pertained to diversity/answered the diversity question, and were within the two-year academic period.



OHSU Evaluation Core used mixed methods to analyze students' responses to the diversity question:

- 1) **Qualitative analysis**
- 2) **Quantitative text analysis**

Qualitative Analysis

The qualitative thematic analysis was conducted using iterative and deductive approaches. The funding organization was interested in student feedback from the data as a resource for courses and instructors, in addition to insight around racial injustice events in Spring 2020. Iteratively, the evaluation team read diversity question text responses to identify additional emergent themes. Appendix A includes the coding tree developed for the thematic coding scheme. A data coder assigned themes and sub-themes to each response. Then, all themes were summarized and visualized.

Quantitative Text Analysis

Text analysis further explored and verified findings of the thematic analysis. This process involved: 1) pulling and cleaning text responses, 2) breaking up text into groupings of two consecutive words that occur within a response (called 'Bigrams'), 3) running Term Frequency-Inverse Document Frequency (TF-IDF) analysis grouping by aforementioned assigned themes/sub-themes and 4) visualizing the TF-IDF.

In this analysis, the bigram text groups are formed by taking every possible two-word combination of all comments submitted in the survey. For example, "I enjoyed this class" would produce the bigrams "I enjoyed," "enjoyed this," "this class," and so on. The frequency of these bigrams for every comment are then used in the TF-IDF ratio across themes and sub-themes. TF-IDF is an analysis used to understand how important or relevant a word is to a given category—in this case, themes and sub-themes. Generally, it is a ratio of the frequency of a term (or bigram) over the document (in this case, a theme) frequency. A higher TF-IDF score for a bigram means that it is more relevant/important to that theme compared to other bigrams, or two-word groupings.

Results

MAJOR THEMES AND SUB-THEMES

Overall, the qualitative data demonstrated expansive content and student ideas. Prominent themes included encouragement or helpfulness of a course in regard to diversity, discouraging or unhelpful aspects, neither encouraging or discouraging comments about diversity or did not detail feelings/opinions about diversity (e.g. “neutral”). Student recommendations (see Discussion section) and specific diverse groups were also common themes in this analysis.

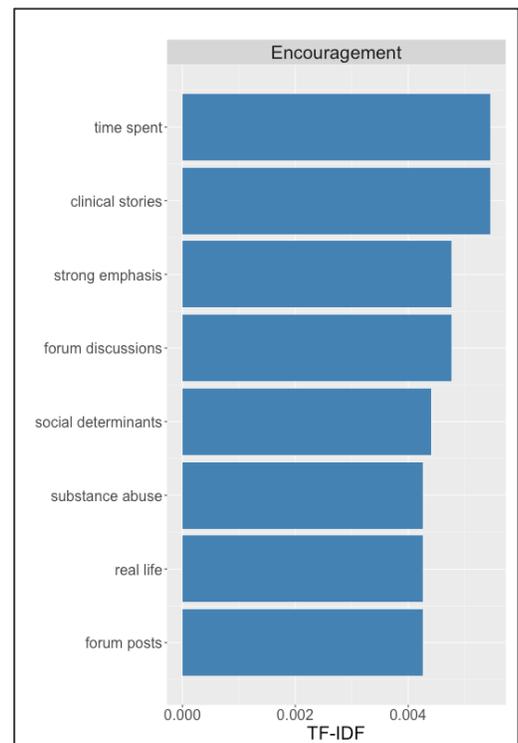
Appendix B displays the relevant bigrams from themes and sub-themes.

What was encouraging or helpful to students?

In the course evaluation feedback, encouragement was a central theme that arose. Encouragement refers to aspects of a course that **students found helpful or encouraging surrounding diversity**. For example, students mentioned a **welcoming and accepting classroom environment** as encouraging diversity, or **specific course activities that promoted a deeper understanding of diversity** concepts (e.g. a guest speaker, group discussion, etc.).

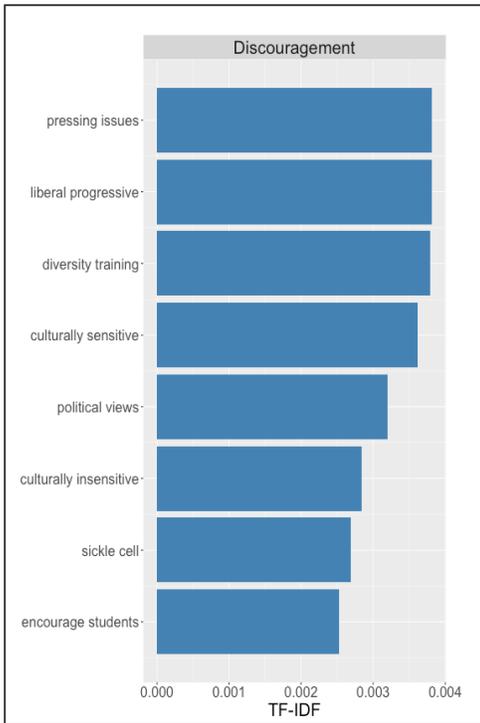
Figure 1 displays the phrases identified as most important to encouraging diversity from TF-IDF analysis. Bigrams such as “time spent,” “clinical stories,” and “strong emphasis,” among others were identified. This result may indicate time dedicated or an emphasis of encouraging diversity or diversity topics were encouraged or helpful. Courses that included the “social determinants” of health as a topic were encouraging or helpful around diversity.

Figure 1. Results from TF-IDF analysis on comments with the ‘Encouragement’ theme



What was discouraging, lacking, or not helpful to students?

Figure 2. Results from TF-IDF analysis on comments with the 'Discouragement' theme



Discouragement was another prominent theme, which refers to the aspects of a course students found unhelpful, lacking, or discouraging to diversity. For example, students mentioned:

- Lack of/missing in-depth discussions about diversity-related topics or specific groups
 - For example, lack of nuanced discussion or inclusion of materials around diverse skin tones, body sizes, gender identities, social determinants of health, etc. were mentioned.
- Perpetuating stereotypes or bias in course materials
- Activities or discussions students reported as misguided, insensitive, or did not expand knowledge around diversity topics

Figure 2 highlights the bigrams identified as most important to the discouragement of diversity from TF-IDF analysis. “Pressing issues,” “liberal progressive,” and “diversity training” were identified among others. This result indicates that current events and trainings, or a lack thereof, were discouraging to diversity or were unhelpful to students.

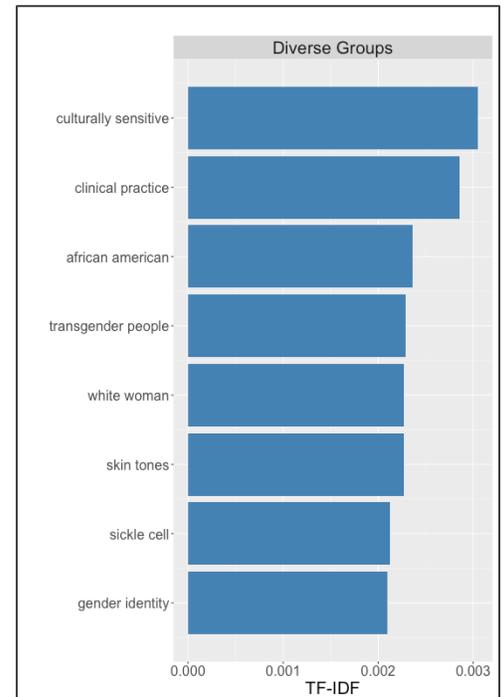
What specific groups were mentioned?

As prompted by the OHSU’s diversity definition, specific diverse groups were important to students’ comments around diversity. Sub-themes of specific diverse groups included reference to **age, gender identity, sexual orientation, race/ethnicity, religion, culture, or disability/ability**. Students commented on diversity in reference to a range of specific groups, or specific social or health considerations about a particular diverse group. **For example, several students mentioned inclusion of or calls for representation of transgender, non-binary, or gender non-conforming populations in course materials about healthcare.**

Figure 3 shows the most important bigram phrases that surfaced in this theme. Bigrams such as “African American”, “transgender people”, “skin tones”, “white women”, and “gender identity” were all present. This result indicates that the aforementioned groups are discussed as a specific group related to diversity.

Overall, students reported diversity to encompass a wide variety of groups, including people from different races/ethnicities, cultures, religions, sexual orientations, genders, abilities, etc. More importantly, students reported that the presence, representation and acknowledgement of these groups is critical in clinical practice and medicine generally.

Figure 3. Results from TF-IDF analysis on comments coded under the 'Specific Diverse Groups' theme. This theme includes sub-themes such as culture, gender, sexual orientation, race/ethnicity, age, religion, and disability/ability.



What else about diversity?

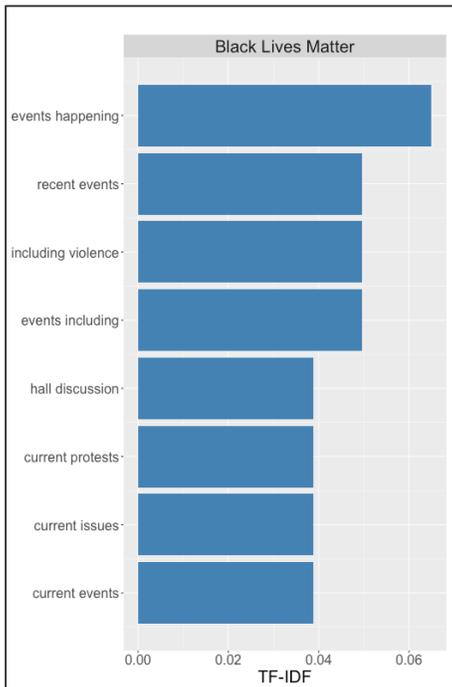
Many “neutral” or neither encouraging or discouraging comments were present in this analysis. For example, a nursing student commented that topics of diversity didn’t surface in class. A public health student noted diversity was not “explicitly addressed.”

This indicates that some courses may not address diversity, or that students did not comment specifically on encouraging or discouraging aspects of diversity in a course.

OTHER THEMES

Other themes that arose during the thematic analysis included **course mode or materials**, **interpersonal/interprofessional diversity**, **social determinants of health**, and **patient or population diversity**. Representative quotes of these themes are included in Appendix C.

The evaluation team also coded responses involving **protests for racial justice**, or other comments related to **police brutality events in spring 2020**.



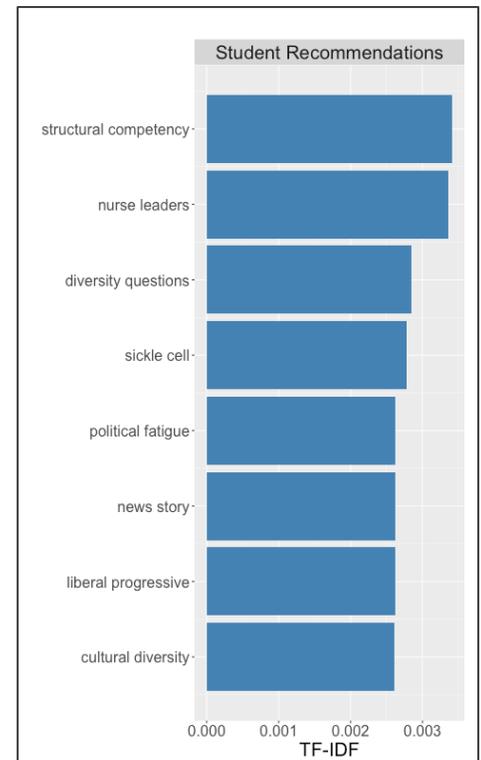
- “I feel that in both of my courses this term there was a failure to directly address the traumatic events of racism, brutality, and social injustice, within synchronous classroom settings. As a minority, I personally felt that instructors had a due diligence to directly address these events, rather than leave it up to students to seek conversation or support if so chosen...The horrific events that have unfolded in the past few weeks have had a significant impact on my learning ability as well as my mental and emotional health. I feel that trauma informed adjustments to learning should have been implemented considering these horrific events.” – SON student
- “[Instructor] did a nice job of honoring the hardship many are facing with regards to recent events including; violence against POC and protests.” - SON student
- “Diversity didn't feel like it came up at all until the protests for George Floyd. It's sad it took that large of an event to try and tie diversity into the lessons.” – SPH student
- “[Instructor] also was very understanding of the differential impact of COVID-19 and local police brutality on the ability of diverse students to focus on schoolwork over safety/stress, and went out of his way to accommodate students' needs.” – SOM student

Discussion and Recommendations

STUDENT-IDENTIFIED RECOMMENDATIONS

OHSU students recommended several approaches to encourage diversity in the classroom, or to improve existing course diversity efforts. Table 1 displays an overview of selected student recommendations for instructors and comments on coursework. **Incorporating more diversity** in courses and **diverse representation** from underrepresented groups arose as the most common student recommendations. Few students recommended **less diversity** should be incorporated into courses or that it should be **de-emphasized**. Additional comments about instructor-specific successes and areas for improvement are included in Appendix D.

Some recommendations were **course or school-specific**. For example, School of Medicine students commented about race and the Glomerular filtration rate (GFR) test for kidney function: “I would have appreciated more discussion about race-based metrics such as GFR and whether those distinctions are based on scientific evidence.”



Examples of **diverse skin tones** in coursework were important to nursing and medical students alike.

Some responses also included recommendations around the **social determinants of health (SDOH)**:

- “Certain topics (Obstetric complications primarily) explored determinants of health and how it pertains to acute illness. I think there is room to expand these discussions to other topics of acute health. For example, how individuals with sickle cell disease (primarily African-American) are treated in health care setting (viewed as med seeking during pain crises, for instance).” (SON student)
- “I think there can always be more inclusion of determinants of health into lectures.” (SOM student)

Table 1. Highlighted student diversity recommendations and quotes for instructors and courses

Recommendation	Example Quotes
Representation from underrepresented groups	“Most of the diversity education I got in this class came from students. I wish there was more of an effort to bring in diverse speakers, especially in a time when people are meeting virtually and we could hire in speakers from anywhere. I would like to see those funds going to nurse education leaders of color who are more prepared to talk about these issues than many of the speakers we had, nearly all of whom were of the same demographic (older white cis woman)” – SON student
Prioritization of diversity content and discussions about diversity, including “going deeper”	“I would really enjoy actually talking about issues by reading sociological studies, analyzing data, reading books or opinion pieces with depth and complexity that can foster a discussion other than “discrimination is bad” followed by “I agree, it’s really bad”....With most of us coming from undergraduate programs where humanities were a big part of our education, we realize the depth and complexity of these issues of which we are only scratching the surface at OHSU.” – SOM student

Recommendation	Example Quotes
	<p>“Some of the diversity aspects of this course were hastily covered through the book. It would be great if they empowered the students to have conversations and facilitate DIALOGUE about diversity, power, privilege, health care barriers, marginalized populations, etc.” – SON student</p>
<p>Correct pronoun usage and other competencies around gender identity and expression</p>	<p>“I felt that faculty did not do enough to encourage correct pronoun usage, and would love to see that reinforced. Mentioning to check a person’s badge and see if they specified a pronoun before referring to them would be good, and teaching students to consider asking a patient their preferred pronouns would help as well!” – SON student</p>
<p>Incorporating trauma-informed practice into course and trigger warnings when appropriate</p>	<p>“I also thought it might be appropriate at times to offer a trigger warning before talking about certain topics that might be more emotionally charged. One that came to mind was opioids and addiction. Something along the lines of: “we are about to talk about a serious/very important topic and it may be difficult if you have had personal experience. Feel free to do what feels right to protect yourself”” – SON student</p> <p>“Adding in trauma informed care as a lens to every practice I think would be helpful.” -SON student</p>
<p>Expand diversity definition or focus on broader aspects of diversity in courses</p>	<p>“All we seem to talk about is inclusion of gender and race. I get that those are important [but] diversity is much more than those two aspects. Not once have we talked about religion [or] disabilities.” – SOM student</p> <p>“Address other issues than just LGBTQ+ for 3 years!” – SON student</p>
<p>Avoid reinforcement of stereotypes in course materials</p>	<p>“The [identifier redacted] courses where we had to rank people’s warmth and competence and list stereotypes needs to be removed from the curriculum” – SOM student</p> <p>“I didn’t think it was wise to have our one patient who was a male POC have a back story of a life of drugs, prison and illness. I felt it perpetuated a stereotype in an almost completely white room and encouraged the white savior mentality when showing what the white doctor did for his black male patient... Maybe in the future we can work on showing more POC in more than one light...” – SON student</p>
<p>Provide resources and tools to confront bias</p>	<p>“We were given information on the existence and consequences of bias in healthcare, but were not given any tools or resources for correcting or addressing bias.” – SON student</p>

DIVERSITY QUESTION-RELATED TOPICS AND RECOMMENDATIONS

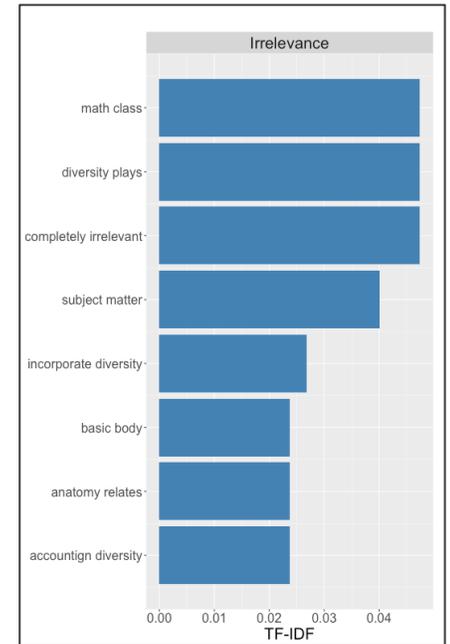
Some students **did not understand the question, or did not answer the question directly** in their comments.

Additionally, some students **perceived a course as irrelevant** to diversity or the diversity question. For example, some responses indicated a perceived lack of connection of course content/topics to diversity, such as biostatistics, radiation, basic sciences, programming, or a math course.

“I'm not clear on what this means”

“How does this apply to radiology?”

“This question is ridiculous and irrelevant. It's a finance class. Diversity has nothing, whatsoever, to do with this class.”



These results indicate there may be **opportunities for clarification or edits to the diversity question** to ensure responses reflect the intended measures. The evaluation team recommends the following:

1. Ask students what exposure to diversity the course or learning experience covered
2. Remove “encouraged” from the question
3. Simplify or break up the question (e.g. remove “and”)
4. Include “learning experience” or other neutral term that doesn’t imply material is taught or lecture-based

Example Diversity Question Revisions

Example A:

Please answer which response best reflects your level of agreement or disagreement with the following statement:

This learning experience incorporated diversity (see definition above).

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Neutral

Please explain your score: _____

Example B:

Please select the response that best reflects your level of agreement or disagreement with the following statement:

This learning experience incorporated diversity, according to the definition above.

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Neutral

Please explain your score: _____

LIMITATIONS

This analysis contains several limitations. First, the existing sample size of survey comments limit the robustness of the text analysis. The unit of analysis is the comment or response—and therefore does not represent a unique student. For example, we were unable to track individual students and their comments per course due to inconsistencies in the identifier. For this reason, we cannot assume the comments to be independent since the same student may have taken multiple classes and left multiple comments. Further, one comment can represent multiple themes (i.e. it can be “about” more than one topic), so this factors in to the text analysis.

As aforementioned, some students may have misunderstood or not answered the question directly. This affected the number of comments that were included in analysis, and informed the recommendations for question edits.

Next Steps

Moving forward, the OHSU Evaluation Core will:

- Draft a proposal and cost estimate for continuing work, to be determined and approved by OEII
 - Analyze future data, including:
 - Summer and Fall 2020 term data
 - Collaboratively develop plans for recurring analyses on annual basis
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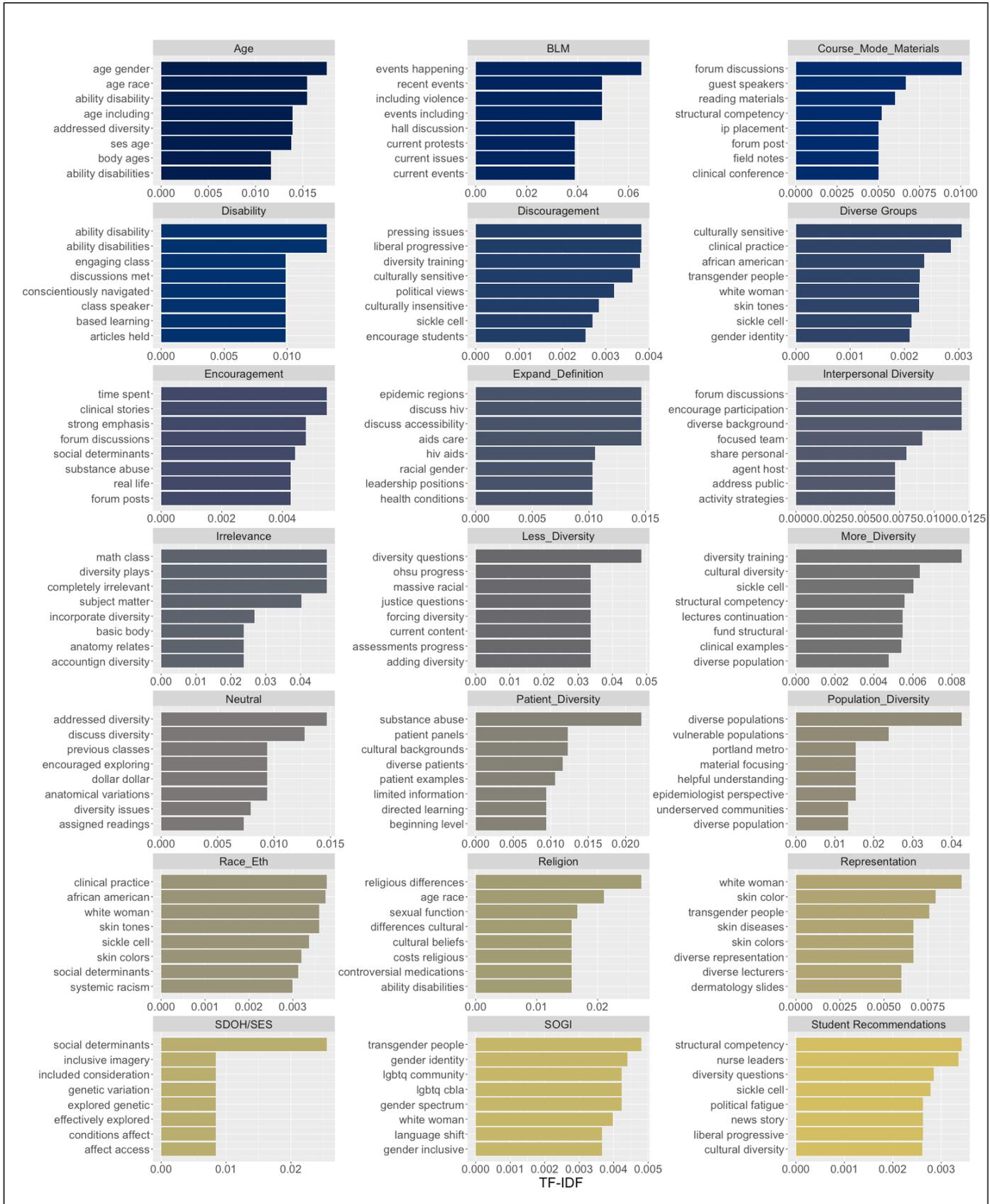
Resources and Appendices

Appendix A. Coding Tree

Theme	Sub-theme(s)	Definition	Example Quote
Racial justice protests/Black Lives Matter movement events		Specifically references the Black Lives Matter (BLM) movement, victims of police brutality, racial justice protests, and/or discourse in response to police brutality events in May 2020	"[Instructor] also was very understanding of the differential impact of COVID-19 and local police brutality on the ability of diverse students to focus on schoolwork over safety/stress, and went out of his way to accommodate students' needs."
Perceived irrelevance		Reported inapplicability of diversity to course, learning, or course content	"This doesn't really apply in a software engineering course..."
Course did not encourage or discourage diversity		Reported diversity wasn't covered or addressed; not a focus of course; "neutrality" of response; doesn't comment on encouraging or discouraging/unhelpful aspects of diversity in course; could also reference learning something about diversity, but not commenting on its helpfulness/unhelpfulness	"Diversity was not emphasized."
Encouragement		Reported diversity or diversity topics were encouraged, celebrated, adequately explored, or helpful	"[Instructor] did an excellent job in challenging the very Western view by which data is commonly visualized in US labs/research."
Discouragement		Reported diversity or diversity topics were discouraged, not encouraged, not helpful, or not adequately explored	"Examples in class had no reference or bearing on any aspect of diversity. Questions could be framed in a way that includes such concepts of diversity and still address/present the needed/necessary material."
Student Recommendations		Diversity-related feedback or recommendations; for example, something student would like to see, see more of, see encouraged or discouraged	"There was a presentation on working with transgender patients that needs a lot of work. As a trans woman, I felt it was quite ineffective...It's only the second time that presentation has been shown and I would love to help to make it better. An example is the video in the presentation misgendered the trans woman 100% of the time (and it was a LOT of times)."
	More diversity should be incorporated into course	Calls for or mentions diversity should be more emphasized or expanded	"There were a lot of times within the lecture content that there could have been more emphasis on patient diversity and social determinants of health."
	Less diversity should be incorporated into course	Calls for or mentions diversity should be de-emphasized, or less incorporated into course content	"I did not like the questions regarding personal finance during the culture walk exercise. I recall one student making a remark that those without exorbitant amounts of debt to get through school had better "check your privilege" I felt a bit singled out, not sure if that was the point. I just don't think my finances are anyone's business but my own & should not be encouraged to disclose those details to my classmates."
	Representation from underrepresented groups	Calls for or recommends representation and/or inclusion of certain underrepresented groups in course, course content, instruction, speakers, audience, etc.	"Need more diverse representation, as always."

Theme	Sub-theme(s)	Definition	Example Quote
	Expand definition, or explore other aspects of diversity	Calls for or recommends expansion of diversity definition, and/or recommends exploration of additional aspects of diversity or expansion of more than one aspect	"Certain identities were covered thoroughly, like SES and age. I think it would be interesting to dive deeper into citizenship and sexual orientation."
Social Determinants of Health (SDOH)/ Socioeconomic Status (SES)		Refers to the social determinants of health; including but not limited to education, community, healthcare, built environments, socioeconomic status, and/or food in relation to health or health outcomes	"I thought there were many opportunities to explore social determinants of health that were not taken."
Diverse Groups		Refers to a specific demographic, group, or protected class; including but not limited to: sex, gender, sexual orientation, race, ethnicity, religion, age, disability, citizenship status, language, nationality, etc.	"The only diversity was considered in the course is the LGBTQ group. This is the only dimension that was presented in the course. What about other religions, ethnicity, beliefs, and etc.?!!"
	Gender, gender identity or expression, sexual orientation	Mentions sexual orientation, gender identity or expression, or mentions biological sex vs. gender; may mention homophobia, transphobia, or heteronormativity	"The way that a lot of the material was presented excluded trans and non-binary patients."
	Race/ethnicity	Mentions race or ethnicity, or specific races/ethnicities; may mention racism	"[Speaker's] presentation on gunshot pathology had probably more pictures of black bodies than the rest of the material (including [identifier redacted]) combined, which serves to reinforce the stereotype of black violence."
	Religion	Mentions religion	"Religion is NEVER talked about here at OHSU. It's almost taboo to talk about."
	Age	Mentions age; may mention ageism	"Also, I feel like very little time was spent discussing kids or young people with chronic conditions."
	Ability/disability	Mentions or related to ability/disability status; may mention ableism	"[Instructor] used outdated language, in our most recent exam used the word "retarded" to describe someone with intellectual disability; he was covert in his prejudice making him unapproachable, he was not mindful of diversity nor mentioned subjects of diversity"
	Culture	Specifically references culture or cultural differences/aspects	"I really think the structural competency this block would benefit from bringing in people from the cultures being discussed, or at least someone with training specifically in cultural education"
Patient Diversity		Pertains to diversity in patients (e.g. nursing or medical school courses)	"There was some acknowledgement of the how diversity of patients/clinicians intersects with medical conditions/treatment."
Population Diversity		Pertains to diversity in populations (e.g. epidemiology)	"Population health and health inequities explored"
Interpersonal/ interprofessional diversity		Mentions interactions, relationships, or communication between classmates or other students; may include reference to interprofessional diversity	"For this class, we have worked in groups that included both PA and RT students. I think this, more than anything, has led us to recognize diversity in experiences and career goals."
Course mode or materials		Mentions course materials or mode, for example: discussions, online courses, readings, etc. as it pertains to diversity	"This was an online course with no peer-to-peer interaction"

Appendix B. Additional Bigram Analysis per Theme



Appendix C. Additional Themes and Representative Quotes

Theme	Sub-theme	Representative Quote(s)
Interpersonal/interprofessional diversity		<p>“Many instructors seemed to assume a homogeneous student population of 22-year old recent Biochemistry majors, and I felt that this constant assumption negatively impacted the classroom environment and the ability of those not fitting this mold to have a voice in the classroom.” – SOM student</p> <p>“For this class, we have worked in groups that included both PA and RT students. I think this, more than anything, has led us to recognize diversity in experiences and career goals.” – SOM student</p>
Course mode or materials		<p>“In the last weeks of the class, we could have switched to a journal club covering an article of systematic racism instead of another science article.” – SOM student</p> <p>“Although I feel this was not a weakness of this course, there was limited room in this course for the consideration of diversity because the heavy amount of content. however, class discussions were rich with diversity.” – SON student</p>
Social Determinants of Health	Socioeconomic Status	<p>“I think the course is off to a good start, but could (and should) be more explicit in its exploration of the social determinants and biases that accompany many Hep C patients.” – SPH student</p> <p>“I always wish there was a greater emphasis on the social determinants of health” – SOM student</p>
Patient Diversity		<p>“I sometimes feel uncomfortable with how we are taught to put patients in boxes with certain diseases based on the assumed background of someone (immigrant=not vaccinated, for example). I know that there is some usefulness to this but I think it could be done more tastefully, especially in the [identifier redacted] cases.” – SOM student</p> <p>“Different patient scenarios and clinical exposures really opened my eyes to the different walks of life that our patients may come from, and how this can positively or negatively impact their health.” – SON student</p>
Population Diversity		<p>“Several of the studies we discussed incorporated at least some aspects of how epidemiologists should consider diverse populations” – SPH student</p> <p>“I have a better understanding of the needs of a population of people. The lectures were very thought provoking this term” – SON student</p>

Appendix D. Instructor-Specific Comments

The following table displays instructor-specific comments, separated by successes (or areas that went well) and areas for improvement. The comments were de-identified for the purposes of this report. Comments encompass selected student responses to the diversity question from Summer 2018 – Spring 2020.

Successes	Areas for Improvement
<p>“I appreciate [instructor’s] focus on [our] internal biases. I think it was so important, and I would love to see more of that subject matter in lectures.”</p> <p>“I thought [Instructor’s] piece on Sickle Cell patients and unconscious biases demonstrated this.”</p> <p>“[Instructor] did a great job confronting myths of biological race early in the class”</p> <p>“Course instructors were deft at directing the conversation”</p> <p>“[Instructor] brought in a ton of diversity equity and inclusion into his talks.”</p> <p>“[Instructor] even offered a diversity training.”</p> <p>“[Speaker] did an amazing job presenting the material and engaging students. Thank you!”</p> <p>“[Instructor] did a great job including ideas of SDOH, Trauma informed care and cultural competency within her curriculum.”</p>	<p>“Need more diverse representation, as always. [Speaker’s] presentation on gunshot pathology had probably more pictures of black bodies than the rest of the material (including [identifier redacted]) combined, which serves to reinforce the stereotype of black violence. Would also appreciate mentions of when Hct and HmG would change based on trans status.”</p> <p>“When describing erythematous skin or eczema or similar so-called “reddening” of skin having a greater diversity of skin tones represented in our images would be helpful. I appreciated that important differences between ethnicities were noted, for example with regards to side effects of drugs ([Speaker’s] lecture) and the increased incidence of some diseases among the African American population (as a side note--why is this? I'd appreciate knowing if this is due to poor social determinants of health or other reasons, e.g. genetics. I think this should be explained a little more so that we can be more thoughtful when treating our African American patients).”</p> <p>“There was a [identifier redacted] student who was dominating the class early in the term, and frequently arguing for biased perspectives. I felt uncomfortable that he was repeating what women were saying and occasionally receiving recognition for it. I felt [Instructors] did give subtle feedback that worked, and maybe spoke to that person outside class, but that didn't help acknowledge what was going on. It would be great to find a way to help someone be more civil and display support for people who are often harmed by those patterns.”</p>

Successes	Areas for Improvement
<p>“I think the school expects Health Promo to be the primary course in which we learn about health inequity..... to my knowledge, this is based on feedback from recent students who wanted the school to be accountable for its lack of social justice curriculum. I think it’s great that there is a push to include materials about diversity in our coursework, AND I think that it is unrealistic to expect one instructor...to be the sole source of this education. Our guest lecturers definitely added depth to this material, but I am concerned that faculty who lack specific education around social justice are being asked to practice outside of their scope. [Instructor] did a great job all things considered, I just don’t think it’s realistic to ask faculty to cram this content into a course that isn’t really meant to focus explicitly on social justice issues.”</p> <p>“Yes! Especially the ethics seminar led by [Speaker] really opened my mind and allowed me to think beyond just myself and appreciate other people's differences.”</p> <p>“[Instructor] has really focused on gender as a spectrum, she has really tried to be inclusive with her powerpoints. I really appreciate that.”</p> <p>“[Instructor] puts emphasis on diversity in her education and I value that. Also [Instructors] had guest speakers that many offered diverse thinking such as [Speaker’s] presentation on neonates and how to address the parent rather than mom or dad, gender neutrality for the win!”</p> <p>“[Instructor] was very knowledgeable and passionate about diversity within the career of nursing. I now feel more confident in caring for those of other cultures.”</p> <p>“[Instructor] included Mx. as a way to be more inclusive of people that do not use Mr. or Miss, Mrs. Ms.”</p> <p>“[Instructor] is very inclusive and highly follows OHSU's policy on diversity and inclusion.”</p> <p>“[Instructor] does a great job highlighting the diverse experiences of patients from all backgrounds. I learned a lot about personalizing medicine from this class and how to practice cultural humility.”</p> <p>“[Instructor] included examples of how diversity impacts pathophysiology of patients, including acknowledging the impact of discrimination of health outcomes for people of color.”</p>	<p>“In some ways, this question is irrelevant to most of the material taught in [identifier redacted]. I understand and appreciate why it’s included, but still. While I don’t think the material and it’s teaching positively encouraged thinking about diversity, there were many instances where instructors made racially awkward (at best) comments and other insensitive phrases including using schizophrenia and OCD colloquially (very bad), an instructor who showed a cartoon of someone hanging themselves to indicate apoptosis ([identifier redacted] later apologized). Many instructors also showed a lack of understanding when it comes to gender identity and expression and how that differentiates from biological sex and sex assigned at birth. These are all areas that could see major improvement, and I think are essential for a medical school that tries to present itself as progressive and welcoming.”</p> <p>“Many instructors seemed to assume a homogeneous student population of 22-year old recent Biochemistry majors, and I felt that this constant assumption negatively impacted the classroom environment and the ability of those not fitting this mold to have a voice in the classroom.”</p> <p>“[Instructor’s] [identifier redacted] curriculum lacks some serious nuance in handling difficult issues such as race and equity, and would benefit greatly from 3rd-party professional consultation such as AORTA Consulting (www.aorta.coop)”</p> <p>“I felt that the race, ethnicity bias study guide activity was inappropriate though. The intent wasn't malicious but I feel like it was misguided.”</p> <p>“This course penalized students incorporating aspects of diversity and equity into our analysis of health systems and the course materials. I and other diverse students were actually marked down for briefly discussing equity and diversity in our papers, although that was an explicit part of the assignment. Also, I felt targeted by [Instructor] for my difference, and many of my peers validated this feeling with their observations.”</p> <p>“I would have liked to see more videos featuring women and people of color. I love [Speaker], but I would like to have some female and non-white speakers highlighted as well.”</p> <p>“The majority of videos and paper were written by white males, as were all of the instructors. It would have been good to increase the diversity in the material presented. In addition, my group had little diversity when compared to other groups in the class.”</p> <p>“Often in the course, information about bias, social determinants of health, and treating people with marginalized identities (race,</p>

Successes	Areas for Improvement
<p>“[Instructor] consistently makes an effort to maintain awareness of the different dimensions of human and social identity.”</p> <p>“[Instructor] does a good job in explaining the material and she does a good job in including everyone and their diversity. In class, by getting into group with other classmates, it encourages me to learn from others. I am able to learn new study methods and new ways in how to understand the material.”</p> <p>“[Instructor] was by far the most culturally competent teacher in the program. She asked us for our pronouns and made a great point about how “race” as a non-modifiable risk factor is something she hopes will change. Inferring her level of “wokeness” about systemic racisms”</p> <p>“[Instructor] provided a very interesting aspect of culture to our class.”</p> <p>“[Instructor] does a wonderful job incorporating the various diversity aspects patients bring to the healthcare field.”</p> <p>“I appreciated the diversity/cultural panel [Speaker] and [Speaker] put together. I feel it was valuable and hope it is offered next year.”</p> <p>“This is one of the main courses where we got to interact with people who actually work in the areas we were learning about. I think this is really important when talking about things such as imprisonment, substance use, and disability, because it humanizes these labels we give to people.”</p> <p>“Social determinants of health/ racial equity ([Speaker’s] lecture, LatinX video [identifier redacted]) were excellent”</p> <p>“The course material covered concepts understood at different levels across different specialties (for example: nutrition and midwifery) which did allow for discussion of the material among the students of each discipline and within the whole of the class. [Instructor] encouraged conversation and group learning of the material.”</p> <p>“I didn't think that pharmacology would have anything to do with exploring diversity, but [Instructor] was able to integrate diversity in economics and pharmacogenomics in a way that made it relevant and interesting.”</p> <p>“[Instructor] offered many opportunities for us to learn about patients unique cultural backgrounds. He encouraged us to think about our own backgrounds and share with us ways to see how the intersections of the two can help us be better providers. He</p>	<p>gender, sexuality) felt incomplete. For example, we were given information on the existence and consequences of bias in healthcare, but were not given any tools or resources for correcting or addressing bias. Another example: The presenter who addressed pregnancy and birth had one slide on issues with LGBTQ issues, and the only content on the slide was about gay men transmitting STIs. Why would gay men transmitting STIs have an affect on infant health? Maybe it does, but that wasn't explained. And more importantly, what about all the other issues queer folks face in pregnancy? Struggles with artificial insemination? How SDoH affect pregnant queer people? Experiences of trans folks getting pregnant? It seemed like the presenter was just trying to check off the "Talked about gay people" box instead of actually provide evidence-based, useful information that we can take into our careers. Throughout the class, when students in the class tried to ask more questions about how to apply the information inclusively, presenters frequently told us, "Talk to your faculty." To their credit, [Instructors] both seemed much more receptive to delving into these issues with us. However, given how heavily the class relies on outside presenters, I think it's important to find presenters who ground their practice in inclusivity and diversity as well.”</p> <p>“This course opened lots of conversations but did not dive into them in the depth required to encourage real change. I appreciated [Speaker’s] lecture on social determinants of health, and would love another day’s worth of small group discussions around these topics. In particular, I was hoping for more nuanced discussion of LGBTQ issues, and explicit examples of racism in healthcare and role-play practice around how we can do "call-ins" to encourage more respectful care amongst our team of providers.”</p> <p>“I felt as though the instructor wanted to shut down a lot of discussion. It made me feel uncomfortable.”</p> <p>“In this course we learned terms of different gender identities, which was helpful. However, the delivery of the ally training given by the [identifier redacted] staff was I felt very unprofessionally delivered as they cursed a lot and did not have tolerance for people who's religious views prohibited them from participating in the different class exercises.”</p> <p>“This was the class where we were introduced to a [identifier redacted] who othered Asians pretty badly in the first day of class. [They] called Asians Oriental and commented on how people in China sound when they are talking. How they sound like that are being rude but it’s just the way “they” talk. It was culturally insensitive.”</p>

Successes	Areas for Improvement
<p>encouraged us to be humanistic and see people for who they are as individuals beyond the system.”</p> <p>“[Instructor] did a nice job of honoring the hardship many are facing with regards to recent events including; violence against POC and protests.”</p> <p>“Our instructor is always encouraging us to be thoughtful in our approach to nursing research, and to explore with critical competency the more challenging facets of inclusivity in our research.”</p> <p>“[Instructor] carefully and conscientiously navigated discussion of, and educational materials centered around diversity, inclusion, health equity and social justice concepts. We read articles, held thoughtful discussions, met with speakers/experts in the field and learned about addressing these topics cogently as future nurse researchers. Most recently, we had an engaging class speaker on diversity in nursing education and perceived disability followed by a group participation discussion. It has been very educational.”</p> <p>“Instructor was quite adept at offering examples of qualitative research with diverse and vulnerable populations (articles and anecdotes). Instructor was graceful and intentional creating safe space.”</p> <p>“In this block, especially in derm week, there were some lecturers who I thought took special care to include images of certain skin rashes/disorders on non-white patients. I wish it was ubiquitous throughout the course, but I did appreciate when our faculty took the time to provide a diverse set of images--especially because we should be prepared to treat a diverse patient population.”</p>	<p>“not enough diversity and occasionally staff would misgender classmates which was very awkward for the entire class, let alone those students”</p> <p>“One of the instructors had a bias against religion, religious hospitals and individuals that do not accept blood transfusions. This made a few students uncomfortable.”</p> <p>“The [identifier redacted], for students with disabilities is unapproachable. This creates a barrier for students who have disability accommodations to access their accommodations that are supposed to be protected under ADA. Not only is [identifier redacted], creating an uncomfortable hierarchal power dynamic, but [they are] unable to compassionately communicate with students. This leads to students not being able to easily access accommodations that they need, especially when they are struggling. [Identifier redacted] There are numerous incidents with multiple students that had challenges accessing accommodations and being treated with compassion and respect...”</p> <p>“I love [Instructor] and think she is a great instructor, but there were some missteps on the subject of gender identity a few times. It was also very binary regarding genders. This is recurrent in all classes so far. I do want to stress though that [Instructor] is an amazing instructor and I love her class.”</p> <p>“Most of the diversity education I got in this class came from students. I wish there was more of an effort to bring in diverse speakers, especially in a time when people are meeting virtually and we could hire in speakers from anywhere. I would like to see those funds going to nurse education leaders of color who are more prepared to talk about these issues than many of the speakers we had, nearly all of whom were of the same demographic (older white cis woman)”</p> <p>“The presenter who spoke about diversity and inclusion was a white woman who framed race as a biological construct and who did not facilitate a productive dialogue. In the future, please have a BIPOC speak on behalf of diversity and inclusion. OHSU is a very white institution and it was not appropriate to have a white woman explain these important topics.”</p> <p>“[Instructor] used outdated language, in our most recent exam used the word "retarded" to describe someone with intellectual disability; he was covert in his prejudice making him unapproachable, he was not mindful of diversity nor mentioned subjects of diversity”</p>

Successes	Areas for Improvement
	<p>“The course instructor made continuous comments and innuendo regarding sex, age, status etc. A recent comment was regarding a prior experience with a patient who denied having sex with men, [Instructor], stated he had to ask the man again because his test results indicated he had HIV. He strongly asserted the bias that gay men transmit HIV, overlooking that anyone can do this. Honestly, there are too many instances to list. [Instructor] sustains a culture of sexism and antiquated educational practices. I am disappointed I had to take this course from him and have considered transferring schools because of the education I am paying for.”</p> <p>“Instructor does not understand gender, misgenders people, uses outdated terminology "transgendered"”</p> <p>“Most of the time, it was taught very well. However, I was concerned when the [identifier redacted] told everyone that we had to smile (this is always a strange thing to have someone tell you you must do), and when we were learning about learner mistreatment, I believed the example of reverse sexism was a poor way to speak about the prevalent problem of sexism in medicine as it pertains to women.”</p> <p>“Other than [Instructor] mentioning race in her [identifier redacted] mistreatment lecture, I don't recall diversity being addressed at all”</p> <p>“I think there could be more portrayals of dermatology slides with different skin tones. The majority of lecturers did this, but in particular [Speaker] and the vasculitis lecture, [Speaker] in the melanocyte lecture.”</p>