Title: Review of a Pharmacy Curriculum with an Inclusive Language Lens

Purpose: Higher education programs have begun to prioritize and strategically place a focus on diversity, equity, and inclusion. This is especially true for the education of future healthcare providers, including pharmacists. Despite an increase in awareness and advocacy for inclusive language within healthcare education and training programs, there is minimal guidance on how to achieve this. The purpose of this study was to review specific aspects of a singular school of pharmacy curriculum, to better define areas of growth and need with regard to inclusive language in teaching materials.

Methods: A document analysis of lecture materials, including PowerPoint presentations and case-based learning assignments from specific required courses within a school of pharmacy were reviewed in the fall of 2023. The lecture materials selected for review encompassed several pharmacotherapeutic learning areas known to be influenced by implicit and explicit bias within the healthcare system, such as contraception, sexual dysfunction, pediatrics, ACS (acute coronary syndrome), sexually transmitted infections, psychiatric disorders, and cancer.

Lecture materials extracted and reviewed came from the following required pharmacotherapeutics lecture topics: Approach to Patient Care, Pediatrics, HTN, Lipids, VTE, IHD, PAD, Stroke, ACS, Heart Failure, Diabetes, UTI, HIV/AIDS, Sexually Transmitted Infections, Introduction to Psychiatric Disorders, OCD/PTSD/Eating Disorders, Migraine and related headaches, Cannabis & Cannabinoids, Delirium/Toxicology, Chronic Pain, Substance Use Disorders, Contraception, Male and Female Sexual Dysfunction, Overview of Cancer, Breast Cancer, Prostate Cancer, Sickle Cell Disease, Autoimmune Disorders, Inflammatory Bowel Diseases, Viral Hepatitis, and Tuberculosis.

The following focus areas were reviewed for inconsistencies in representation among the differing lecture materials: age, gender-identity, sexual orientation, race, ethnicity, and images depicting patients and or providers via the Fitzpatrick skin type scale that ranges from I (lighter) – VI (darker).

Results: 38 lecture materials were reviewed throughout the course of this study. Out of 41 patients depicted in example patient cases, 19 were male sex, 15 were female sex, 3 were Black, 4 were White, 2 were further described as cis-gender, and the average age was 42.

Out of 76 depictions of patients or providers 39 (51%) were classified as Fitzpatrick skin type I, 19 (25%) as skin type II, 3 (4%) as skin type III, 6 (8%) as skin type IV, 5 (7%) as skin type V, and 4 (5%) as skin type VI.

In total there were 99 inconsistencies in representation identified within 23 of the 31 lecture topics. These inconsistencies included the use of gender and sex interchangeably, gendered terms for parents, and the use of normal when talking about physical diagnosis factors. There were also 13 well defined examples of inclusive teaching. One example of inclusive teaching was explaining how a healthcare tool for estimating ASCVD risk might over- or under-estimate a patients ASVD risk based on race and ethnicity. Another example of great inclusive teaching was the explanation of racial and ethnic disparities within the timeline for cancer diagnosis and death rate.

Conclusion: Faculty within schools and colleges of pharmacy are encouraged to intentionally reflect upon and review lecture materials, with an inclusive and equitable lens. Accurate and

diverse representation in patient case examples, as well as within lecture materials is critical to the learning process. This study represented a small review of select core curriculum materials. A more extensive review would be valuable, as well as expanded training opportunities for faculty to thoughtfully develop their patient case representation within teaching materials.