

BACKGROUND

- Higher education programs have begun to prioritize and strategically place a focus on diversity, equity, and inclusion.
- 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.

OBJECTIVE

- To review specific aspects of a singular school of pharmacy curriculum, to best capture areas of growth/need regarding inclusive language and representation within teaching materials.

METHODS

- Study Design:
 - Exploratory Review
- Content Source:
 - Southern Illinois University Edwardsville School of Pharmacy curriculum
- Content Reviewed:
 - 38 lecture materials from 15 different faculty, encompassing 31 different lecture topics throughout required pharmacotherapeutics courses

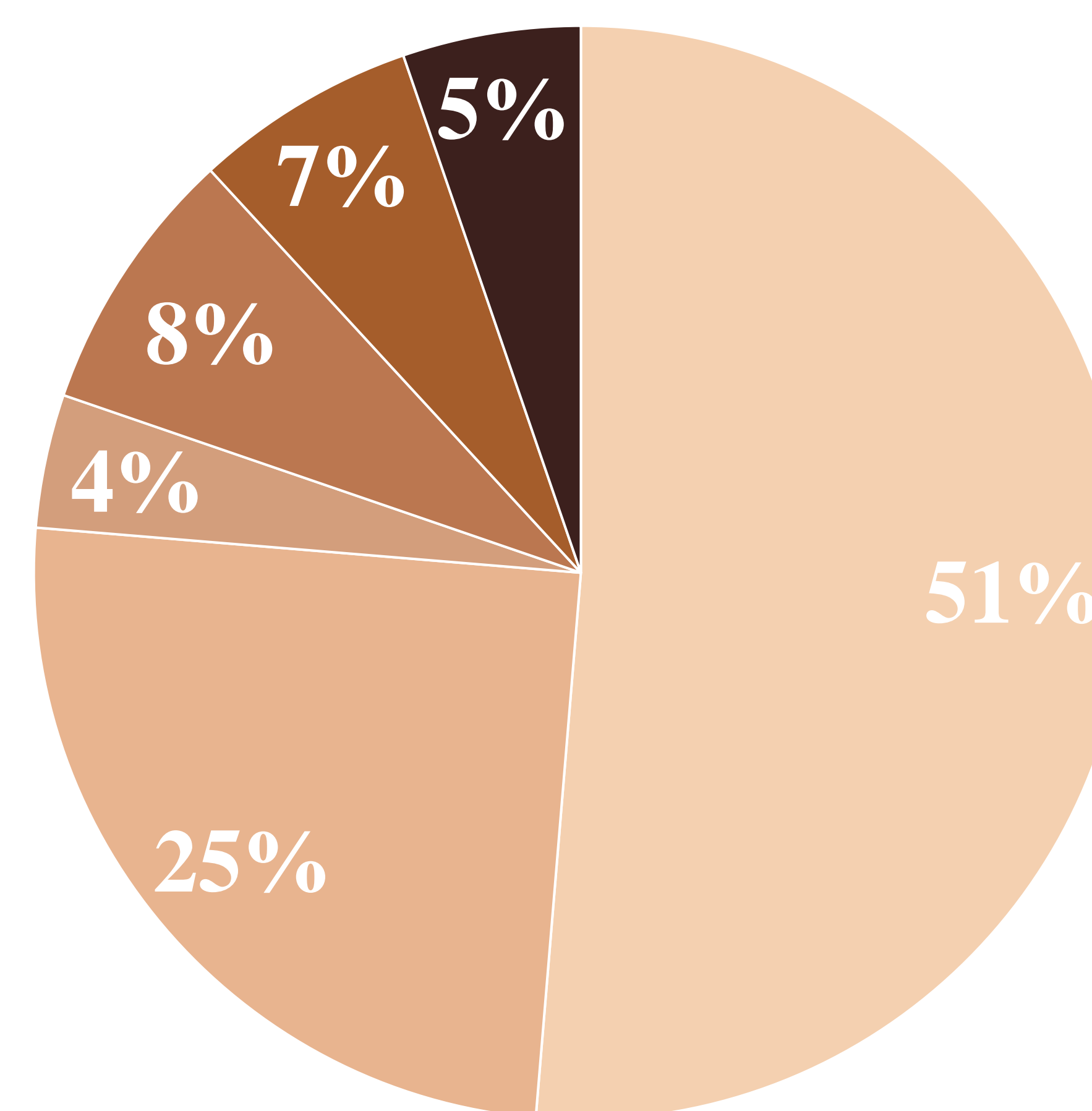
RESULTS

- There were 99 inconsistencies in representation. These inconsistencies included:
 - The use of gender and sex interchangeably
 - Gendered terms for parents
 - The use of normal when talking about physical diagnosis factors
- There were 13 well-defined examples of inclusive teaching identified, including:
 - Explanation of how a healthcare tool for estimating ASCVD risk might over- or under-estimate a patient's ASCVD risk based on race and ethnicity
 - Explanation of racial and ethnic disparities within the timeline for cancer diagnosis and death rate

Patient Representation in 41 Case-based Learning Assignments	
Male Sex	Female Sex
19	15
Black	White
3	4

- The average age for patients in case-based learning assignments was 42 and 2 were further described as cis-gender.

Assessment of Patient Representation in Images Via Skin Tone



I, 39 Patients II, 19 Patients III, 3 Patients
IV, 6 Patients V, 5 Patients VI, 4 Patients

- Images depicting patients were subjectively categorized via the Fitzpatrick Skin Type Scale. This scale ranges from I being the lightest and VI being the darkest.
- 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.

LIMITATIONS

- Lecture materials were only sourced from the 2021-2023 academic calendar years from one school/college of pharmacy.
- Only one content reviewer for lecture materials was utilized, and patient representation through images were subjective.

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.
- 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.

REFERENCES

Lisa J. Kremer, A. L. (2021, 11 4). To what extent does a pharmacy curriculum foster diversity and inclusion through paper-based case scenarios? *Pharmacy Education*, 21(1), 612 - 620. doi:https://doi.org/10.46542/pe.2021.211.612620
 Schiebinger, L. K. (2011 - 2021). Gendered Innovations in Science, Health & Medicine, Engineering and Environment. Retrieved from http://genderedinnovations.stanford.edu/contact-us.html