

# Course Design with Inclusion in Mind

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## Disclosures:

- No financial disclosures.
- Like what you hear? Consider the Ohio College Teaching Consortium--  
Inclusive Teaching in Higher Education Endorsement Program

# Objectives

1. Define equity and inclusion as they pertain to curriculum design
2. Describe universal design for learning
3. List 3 strategies for inclusive teaching you can apply to your course
4. Identify 3 opportunities for inclusion in your course in content, teaching methods, and assessment

Tools: Links to all tools will be provided on resource page for all attendees

## EQUALITY VERSUS EQUITY



In the first image, it is assumed that everyone will benefit from the same supports. They are being treated equally.



In the second image, individuals are given different supports to make it possible for them to have equal access to the game. They are being treated equitably.




In the third image, all three can see the game without any supports or accommodations because the cause of the inequity was addressed. The systemic barrier has been removed.

Source: The Case for Cultural Competence, DeEtta Jones' Equity Toolkit website

**Equity:** hearing/seeing what someone needs and providing them with that

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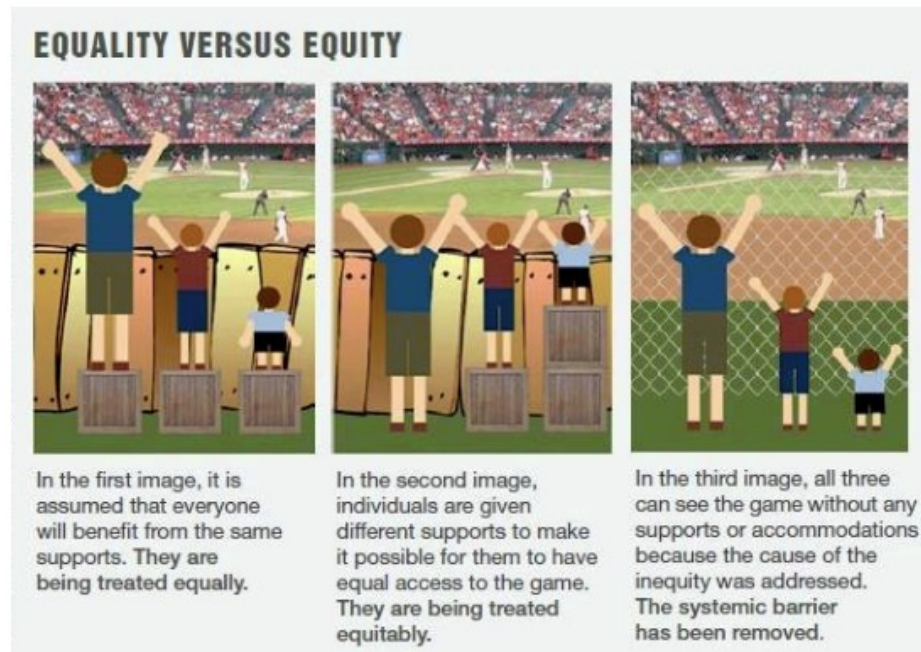


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**Inclusion:** the cause of inequity is removed; the (course/class/clerkship) works for everyone



# Universal Design for Learning: Overview

- Architectural design
- Reduces barriers and increases access for all students regardless of disability, age, gender, sex, first language, race and ethnicity
- Thinks *ahead* for learner differences
- Gives learner “choice and voice” (Chardin and Novik, 2021)
- Student get what they need to be successful
- Student meets learning goals



# Universal Design for Learning: 3 Principles

- 1. Multiple means of representation:** Using a variety of strategies to present information; providing a range of methods to support perception and comprehension.
- 2. Multiple means of action and expression:** Providing diverse learners with alternative ways to act competently; providing alternatives for demonstrating what learners have learned.
- 3. Multiple means of engagement:** Aligning to learners' interests by offering choices of modality, content, and tools; optimizing relevance, value, and authenticity; motivating learners by offering variable levels of challenge and effective feedback.

# Strategy 1: Embed Inclusive Design from the Start

- **Define clear and achievable learning outcomes**
  - Equal and flexible opportunity to develop and express knowledge and competency
  - Sources: PowerPoint, videos, narrative (patient stories), augmented/ virtual reality, songs, readings, art
- **Co-design with learners**
  - Multiple means of *engagement*
  - Authentic partners in co-design and proactive creation, not only feedback
  - Offer opportunities for electives, course credit, and /or compensation, formal recognition of learners' role in advancing curricula

# Strategy 1: Embed Inclusive Design from the Start

- **Humanize your presence**
  - Is there is a real person on the other side of the screen?
  - Share your passion for topic
  - Create a community: Pet or Kid cam, open lecture with a song / music
- **Be transparent in your course design**
  - “Based on previous student feedback, based on course audit” – show them how your course is growing and adapting
- **Create communication strategies ahead of time**
  - Standing student hours (vs “office hours” – can be a cultural barrier)
  - How will you communicate with students who are struggling?
  - Consider a beginning of the course and mid-course survey
    - **Tool: CET&L Course Surveys**

## Strategy 2: Diversify Your Content

- **Content choices send explicit message about voices and who is important**

- What pictures and images are you including (or not including)?

- **Tool:** Pixabay, Pexel, and Photos for Class

- **Tool:** The Gender Spectrum Collection by Broadly

- What pronouns and genders/ assigned sexes are you using?
- How are your vignettes demonstrating diversity in patient cases and when are they reinforcing stereotypes? (more on this later)
- Are you highlighting current events that demonstrate continued structural oppression within medicine? (more on this later)
- Who are your lecturers/ educators/ patients?

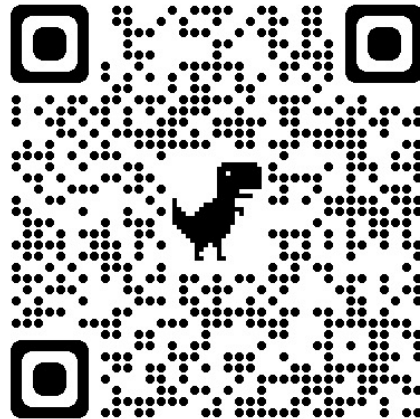
# Strategy 2: Diversify your Content

- **Audit your Clinical Cases**

**First Tool:**

1. The UDL Project Universal Design Checklist

[https://www.theudlproject.com/uploads/8/8/1/9/8819970/udl\\_daily\\_checklist.pdf](https://www.theudlproject.com/uploads/8/8/1/9/8819970/udl_daily_checklist.pdf)



## UDL Daily Checklist

Date: \_\_\_\_\_

### Multiple Intelligences (check all that apply):

Visual/Spatial   
  Logical/Mathematical   
  Verbal/Linguistic   
  Bodily/Kinesthetic   
  Interpersonal   
  Intrapersonal   
  Musical   
  Naturalist

### Technology (check all that apply):

SMART Board   
  Teacher laptop   
  Student computers   
  LCD Projector   
  iPad/tablet   
  mp3 players   
  Document camera   
  Scanner  
 Digital camera   
 Speakers   
 Digital microscope   
 Webcam   
 Calculator   
 FM system   
 Colour printer   
 Other

### UDL Guiding Principles Checklist

#### Multiple Means of Representation

- 1 – Provide options for perception
- 1.1 – Offer ways of customizing the display of information
- 1.2 – Offer alternatives for auditory information
- 1.3 – Offer alternatives for visual information
- 2 – Provide options for language, mathematical expressions, & symbols
- 2.1 – Clarify vocabulary and symbols
- 2.2 – Clarify syntax and structure
- 2.3 – Support decoding of text, mathematical notation, & symbols
- 2.4 – Promote understanding across languages
- 2.5 – Illustrate through multiple media
- 3 – Provide options for comprehension
- 3.1 – Activate or supply background knowledge
- 3.2 – Highlight patterns, critical features, big ideas, & relationships
- 3.3 – Guide information processing, visualization, & manipulation
- 3.4 – Maximize transfer & generalization

#### Multiple Means of Action/Expression

- 4 – Provide options for physical action
- 4.1 – Vary the methods for response & navigation
- 4.2 – Optimize access to tools and assistive technologies
- 5 – Provide options for expression and communication
- 5.1 – Use multiple media for communication
- 5.2 – Use multiple tools for construction & composition
- 5.3 – Build fluencies with graduated levels of support for practice & performance
- 6 – Provide options for executive functions
- 6.1 – Guide appropriate goal setting
- 6.2 – Support planning & strategy development
- 6.3 – Facilitate managing information & resources
- 6.4 – Enhance capacity for monitoring progress

#### Multiple Means of Engagement

- 7 – Provide options for recruiting interest
- 7.1 – Optimize individual choice & autonomy
- 7.2 – Optimize relevance, value & authenticity
- 7.3 – Minimize threats & distractions
- 8 – Provide options for sustaining effort & persistence
- 8.1 – Heighten salience of goals/objectives
- 8.2 – Vary demands & resources to optimize challenges
- 8.3 – Foster collaboration & community
- 8.4 – Increase mastery-oriented feedback
- 9 – Provide options for self-regulation
- 9.1 – Promote expectations & beliefs that optimize motivation
- 9.2 – Facilitate personal coping skills & strategies
- 9.3 – Develop self-assessment & reflection

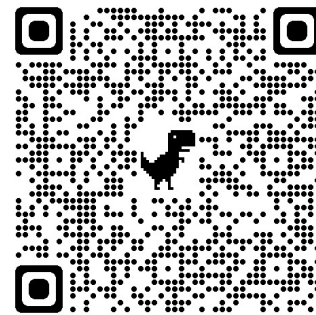
## Strategy 2: Diversify your Content

- **Audit your Clinical Cases**

**Second Tool:** Krishnan A, et al. Addressing race, culture, and structural inequality in medical education: A guide for revising teaching cases. 2019. Acad Med.

Appendix A:

[https://cdn-links.lww.com/permalink/acadmed/a/acadmed\\_2019\\_02\\_27\\_chretien\\_acadmed-d-18-00624\\_sdc1.pdf](https://cdn-links.lww.com/permalink/acadmed/a/acadmed_2019_02_27_chretien_acadmed-d-18-00624_sdc1.pdf)



**Section 1.** Racial and ethnic health disparities are caused by social and structural determinants of health (SSDOH) and not based in genetics or biology.

**Does your case include:**

- A patient of color and/or minority ethnicity?
- References to race and/or ethnicity as risk factors for disease?
- Race and/or ethnicity as a criteria for screening?
- Race and/or ethnicity in summary statements or medical documentation?

**Suggested case edits:**

- Race/ ethnicity/ sexual orientation/ cultural-identifier/ etc. should rarely, if ever, be listed in medical documentation or summary statements:
  - Descriptive identifiers in the summary statement (i.e. “Spanish-speaking”, “MSM”, “African American”, “Caucasian women”) should only be included if evidence exists in the literature for their relevance to clinical decision-making and improved patient outcomes for this particular clinical situation.
  - Good example: Obstetrics student asks about history of thalassemia in persons of Italian, Greek, Mediterranean or Asian descent. Summary statement: “22yo healthy G1P0 with family history of thalassemia and Greek ancestry” (Revised from Family Medicine, Case 14).
- Provide brief explanation for racial and/or ethnic health disparities when mentioned in cases:
  - Explanations should be included for both sections on “Risk factors” and “Screening criteria”
  - Explicitly state whether racial and/or ethnic health disparities are social/ structural versus genetic/ biological
  - Good example: “Diabetes screening is indicated for Native American, African-American, Hispanic American, Asian/South Pacific Islander race,” as per USPSTF, American Diabetes Association and American Association of Clinical Endocrinology guidelines, based on the fact that there is higher prevalence of DM within these populations. This may be because these



## Strategy 2: Diversify Your Content

- **Discuss the why**

When discussing health disparity or differences in health outcome experienced by cultural groups or specific populations of patients, it is not enough to state the disparity– we must explore the why.

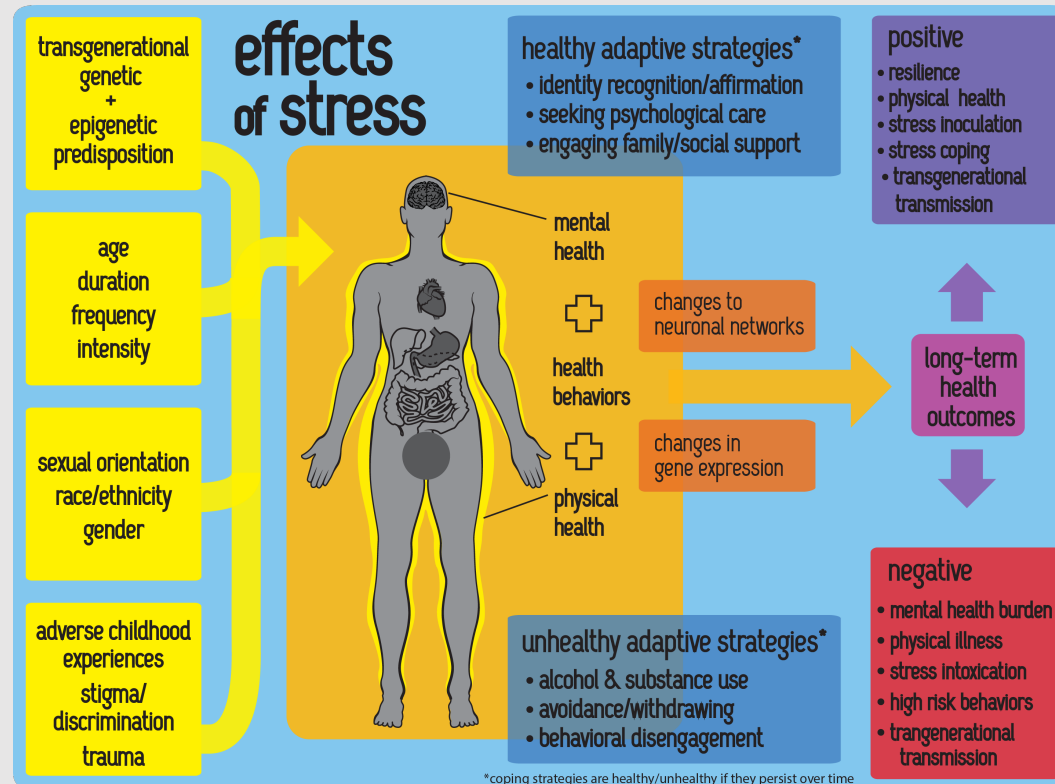
Two examples that I have adapted over time:

1. Menopause differences across race/ethnicity and cultural (discuss the why)
2. Contraceptive considerations across race and ethnicity (historical and present day bias)

## Menopause: Disparities in BIPOC Patients

- **Black, Asian, and Latina** persons on average begin menopause earlier than white persons
- The average duration of VMS differed by race/ethnicity
  - 8.9 years in Latina persons and 10.1 years in Black persons vs 6.5 years in white persons
- **Native American persons** had more hot flashes than any ethnic group in their thirties and forties prior to menopause

# Disparities in BIPOC Patients: WHY?



Visualization of Minority Stress Model, Meyer 2003.

## ALLOSTATIC LOAD

# SDOH and Cultural Impact Differences

- Attitude toward menopause is a cultural phenomenon
  - Eg. In Mayan culture, aging and menopause raise the status of women
- Education and health literacy
- Social support
- Lifestyle: Exercise, Nutrition, Weight
- Socioeconomic status and employment
- Adverse Childhood Events/ Trauma

# The Lens of Reproductive Justice

The field of reproductive health  
has a history of bias and racism.

Learn More: <https://www.raceandmedicine.com/reproduction>

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# Current Research

Physicians are more likely to recommend LARC to poor Persons of Color than to white persons of same socioeconomic status.

Latinx persons are more likely than white persons to be counseled on sterilization.

Black persons are 4x times more likely to die from a pregnancy related cause than white and Latinx persons.

Persons of Color are less likely to be counseled on or receive fertility treatments.

## Strategy 3: Use multiple strategies for assessment

- Offer multiple methods of assessment
- “Curriculum buffet”
- *What do you think you would need to know or do to meet this goal?*
- *How would you like to learn/ meet this goal?*
- *What materials can I provide?*
- *How will you share that you have met the goal?*
- **Example:** Oral presentations (individual or team-based), fiction or creative writing, posters, videos, discussion forms, blogs

## Now it's Time to Talk

- Breakout groups– 10 minutes
- Introduce yourself!
- Identify 3 opportunities for inclusion in your course in content, teaching methods, and assessment



# Resources Used to Create this Presentation

- Karl Luke. Twelve tips for designing an inclusive curriculum in medical education using Universal Design for Learning (UDL) principles. MedEdPublish. 2021.
- Ohio College Teaching Consortium-- Inclusive Teaching in Higher Education Endorsement Program, Speaker Series
  - Redesigning Assignment from a Perspective of Equity. Melissa Resnick, lecturer of psychology, Sarah Greywitt, senior instructional designer, Cuyahoga Community College
  - Introduction to Diversity, Equity and Inclusion. Anna Donnell, assistant director, University of Cincinnati Center for the Enhancement of Teaching & Learning
  - Foundations of Inclusive Teaching. Shadia Siliman, instructional consultant, Laurie Maynell, assistant director, Michael V. Drake Institute for Teaching and Learning
  - Inclusive Teaching: Responding to –isms in the classroom. Lena Tenney, diversity, equity & inclusion officer, College of Pharmacy, The Ohio State University