September 2022

Prevalence and Integration of Diversity, Equity, Inclusion, and Anti-racism (DEI+AR) in the Undergraduate Medical Education Curriculum

This Data Snapshot compiles data from the AAMC 2021 NEEDs (New, Emerging, and Evolving Demands) Survey sent to medical education leaders at 155 LCME®-accredited medical schools in the United States, among which leaders at 86 schools (55%) responded.

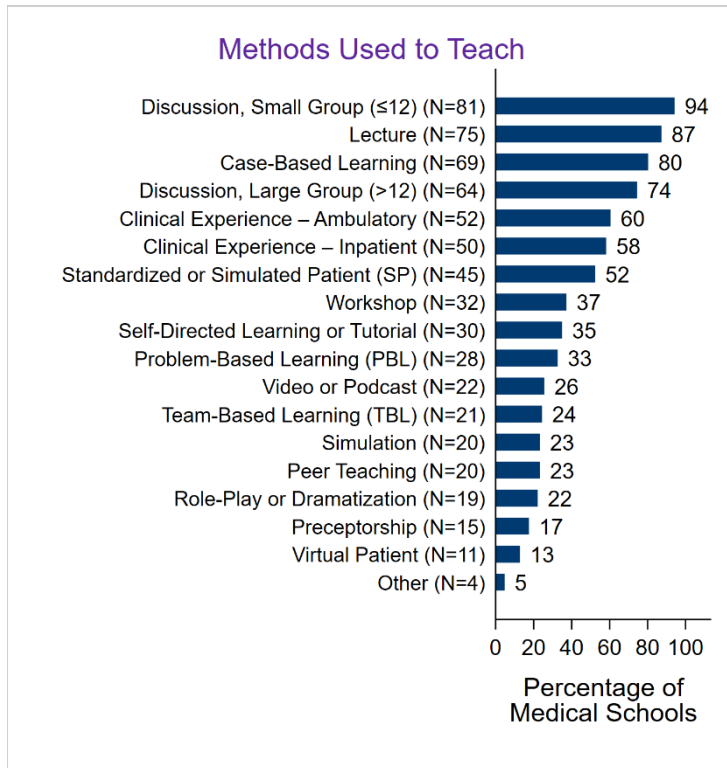### What is the prevalence of DEI+AR in the UME curriculum?
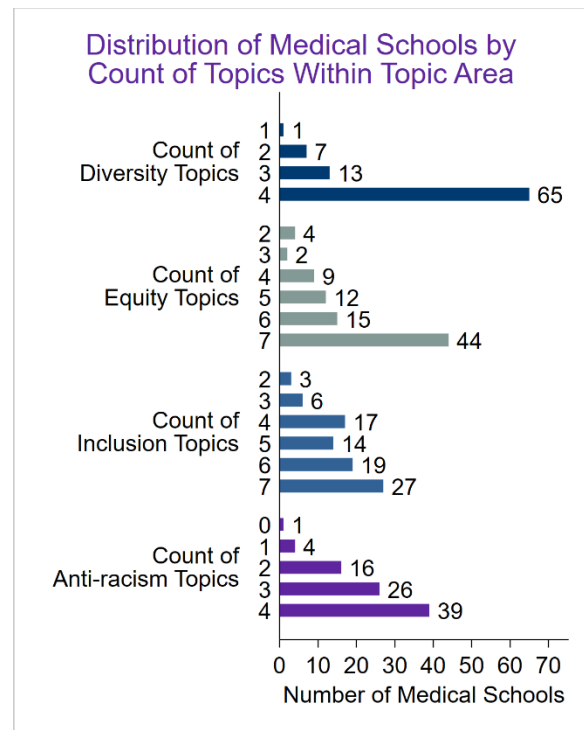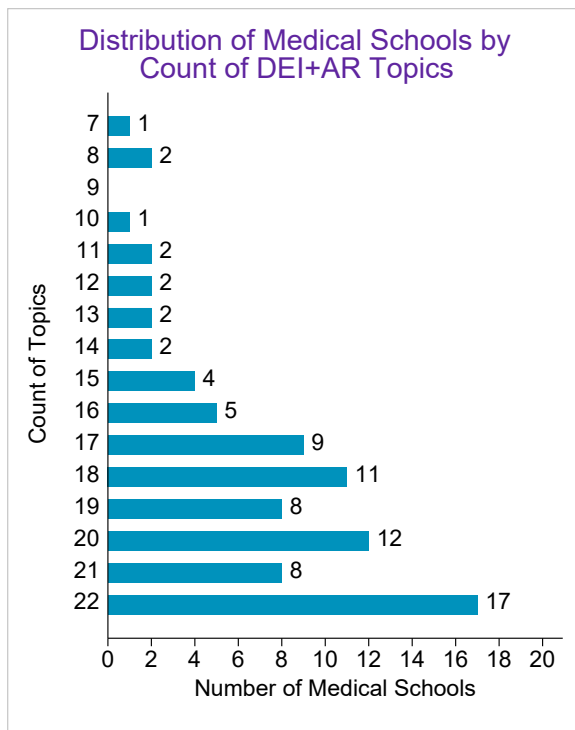
- Most schools (52%, N = 45) reported including at least 19 of the 22 DEI+AR topics in required and/or elective courses (see the appendix for a complete list of topics).

- Roughly one-fifth of schools (19%, N = 16) reported including no more than 15 (but no less than seven) topics in required and/or elective courses.

- Most schools (76%, N = 65) reported including all four topics from the Diversity topic area in required and/or elective courses, and most schools (51%, N = 44) reported including all seven topics from the Equity topic area in required and/or elective courses.

What methods are used to teach and assess areas of DEI+AR in the UME curriculum?

Methods Used to Teach

Method	Percentage of Medical Schools
Discussion, Small Group (≤12) (N=81)	94
Lecture (N=75)	87
Case-Based Learning (N=69)	80
Discussion, Large Group (>12) (N=64)	74
Clinical Experience – Ambulatory (N=52)	60
Clinical Experience – Inpatient (N=50)	58
Standardized or Simulated Patient (SP) (N=45)	52
Workshop (N=32)	37
Self-Directed Learning or Tutorial (N=30)	35
Problem-Based Learning (PBL) (N=28)	33
Video or Podcast (N=22)	26
Team-Based Learning (TBL) (N=21)	24
Simulation (N=20)	23
Peer Teaching (N=20)	23
Role-Play or Dramatization (N=19)	22
Preceptorship (N=15)	17
Virtual Patient (N=11)	13
Other (N=4)	5

Methods Used to Assess

| Method	Percentage of Medical Schools
Faculty or Preceptor Global Ratings (N=64)	74
Written Test – Multiple-Choice or Essay (N=47)	55
Standardized or Simulated Patients (N=44)	51
Direct Observation of Patient Encounters (N=36)	42
Simulation (N=15)	17
Other (N=10)	12
Mini-Clinical Evaluation Exercise (N=4)	5
Chart Audits (N=0)	0

Key Findings

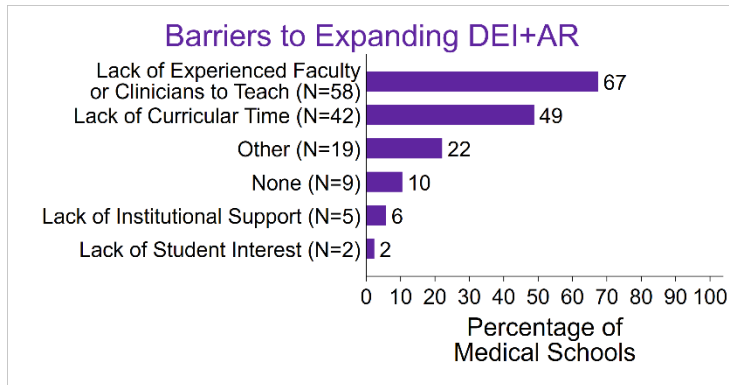• Small-group discussion and lecture were the most common teaching methods.

• Fewer than one-quarter of schools used team-based learning (24%, N = 21); simulations (23%, N = 20); peer teaching (23%, N = 20); role-playing or dramatization (22%, N = 19); preceptorships (17%, N = 15); or virtual patients (13%, N = 11).

• The most common method used to assess DEI+AR was faculty or preceptor global ratings (74%, N = 64), followed by written tests (55%, N = 47).

• Among the 10 schools that reported using "Other" assessment methods, six included written reflection or narrative-type assessments.
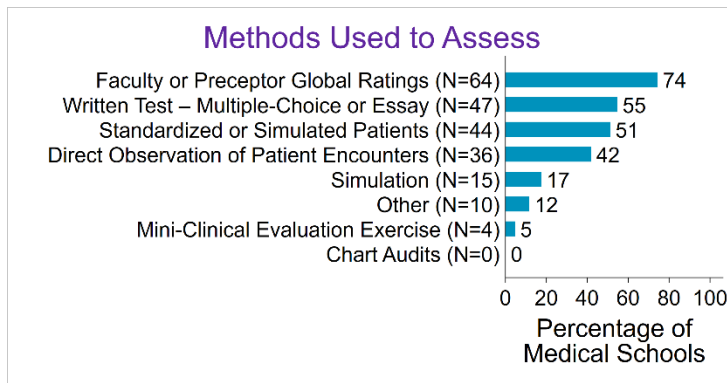
What are the major barriers to expanding DEI+AR curricula?

Barriers to Expanding DEI+AR

Lack of Experienced Faculty or Clinicians to Teach (N=58): 67
Lack of Curricular Time (N=42): 49
Other (N=19): 22
None (N=9): 10
Lack of Institutional Support (N=5): 6
Lack of Student Interest (N=2): 2

Percentage of Medical Schools

Key Findings

• Two-thirds of schools (67%, N = 58) reported a lack of experienced faculty or clinicians to teach the topics as a major barrier to expanding DEI+AR education.
• Only 6% (N = 5) of schools reported a lack of institutional support as a barrier.

Appendix

Definitions of DEI+AR terms provided in the AAMC 2021 NEEDs Survey

For the purposes of this survey, the following definitions were used for diversity, equity, inclusion, and anti-racism:

Diversity: Diversity refers to the confluence of socioeconomic status, race, ethnicity, language, nationality, gender identity, sex, sexual orientation, disability and other personal or demographic characteristics. Embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity.

Equity: Equity is the fair treatment, access, opportunity, and advancement for all people, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups. Improving equity involves increasing justice and fairness within the procedures and processes of institutions or systems, as well as in their distribution of resources. Tackling equity issues requires an understanding of the root causes of outcome disparities within our society.

Inclusion: Inclusion is when individuals' different identities are respected, valued, welcomed, and leveraged to foster a sense of belonging and intentional engagement within a given community (e.g., your team, workplace, or industry).

Anti-racism: Anti-racism is defined as the work of actively opposing racism by advocating for changes in political, economic, and social life. Anti-racism tends to be an individualized approach and set up in opposition to individual racist behaviors and impacts.

DEI+AR topics from the AAMC 2021 NEEDs Survey by topic area

Diversity
- Self-reflection to develop an awareness of how one's personal identities and lived experience may influence their perspective and clinical decision-making.
- How societal systems impact and influence diversity within the health care system.
- The role of systemic change in supporting diversity, including changes to policies and practices
- Intersectionality and how the range of a patient's identities impact health, health behaviors, and the experience with the health system.

Equity

- How one's own identities, power, and privileges (e.g., culture, class, assumptions, stereotypes, gender biases) influence interactions with patients, families, communities, and all members of the health care team.
- The role of explicit and implicit biases in delivery of high-quality care.
- The use of person-first language and avoidance of stereotypes, biasing identifiers, and terms that marginalize or oppress a community.
- The impacts of systems of power, privilege, and oppression on health outcomes.
- Stratification (e.g., by race/ethnicity, primary language, socioeconomic status, LGBTQ+ identification) of quality measures can allow for the identification of health care disparities.
- The role of the health care system, in collaboration with the local community, in identifying and prioritizing community health needs.
- The role of organizational and public policies in promoting or suppressing equity.

Inclusion

- The norms, practices, and values that demonstrate professionalism with a diverse health care team and patient population (e.g., integrity, compassion, altruism, continuous improvement, excellence, collaboration).
- Strategies to advocate for oneself and serve as an ally to others when there is injustice (e.g., microaggression, discrimination, racism).
- Health literacy universal precautions aimed at supporting all patients' efforts to improve their health.
- How to identify when interpretive services are necessary when patients and providers do not have the same primary language.
- How to identify resources, experiences, and accommodations to facilitate access to health care regardless of ability.
- Identify exclusive policies or practices within the local health care system and how to address them.
- How physical aspects of the structural environment can promote or inhibit inclusion.

Anti-racism

- Past and current examples of racism in the United States and how that led to mistrust and inequities in health and health care and continues to impact patient care.
- Race as a social construct and not a risk factor for disease.
- The role of systemic change to support diversity, including policies and practices.
- The impact of colonization, White supremacy, acculturation, assimilation, and immigration on health and health care.

Survey response options: *Addressed in the curriculum in REQUIRED course or activity; Addressed in the curriculum in ELECTIVE course or activity; Not in curriculum; Unsure.*

Authors: Douglas Grbic, lead research analyst; Kamilah Weems, MS, director, strategic initiatives and partnerships; Lisa Howley, PhD, MEd, senior director, strategic initiatives and partnerships.