Celebrating diversity to promote and create inclusive curricula

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What problem was addressed?

Promoting diversity within medical curricula is a priority for both medical governing bodies and institutions serving increasingly diverse populations. <u>1</u> However, evaluating how diversity is taught and learned can be difficult and often confused with staff and student equality, resulting in a tick-box exercise. <u>1</u> Diversity should be taught in a way that engages students and helps them to collaborate with patients and approach them compassionately and holistically. <u>1</u> This may be best performed in an integrated way, which is aligned with a pan-college initiative called 'Liberating the Curriculum' (LTC).

What was tried?

We aimed to celebrate current work promoting diversity in the medical school and identify areas for improvement. First and second-year students were recruited to map the curriculum and identify sessions that incorporated the following themes: discrimination, social class, ethnicity, gender, sexuality, disability, stigmatised groups, patient experience, human rights and challenging power hierarchies. Students analysed educational materials for each year group, available on the institution's virtual learning environment, and evaluated where these themes were addressed. The results were presented at a student–staff collaborative LTC symposium. Staff already promoting the diversity agenda were also invited to present their work. The event culminated in a student panel and open discussion addressing what was done well and how these priorities can be applied to other parts of the curriculum. The student panel used this discussion as a springboard for future innovations and will produce a manifesto to promote sustainability and a medical-school-wide commitment to tackle these issues throughout the curriculum.

What lessons were learned?

The student mapping exercise showed a high representation of these diversity themes, particularly within the first 3 years of the medical curriculum, with patient experience the most

highly represented. The last two clinical years contained much less of this type of material. The symposium drew great interest from both internal stakeholders and external institutions, many commenting that the content had inspired new insights. This forum allowed for teachers already promoting diversity to be given a voice. As an intervention, it allows both educators and students to challenge prior assumptions and assimilate new knowledge to transform their teaching materials in line with societal change. The student panel are currently producing their manifesto to further promote diversity in the curriculum. Suggestions include providing images of clinical signs in the context of different backgrounds, for example dermatological conditions in different skin tones, culturally appropriate actors and scenarios for practical assessments, decolonisation of the curriculum and acknowledging racial and gender discrimination in the development of medical knowledge. These priorities need to be amplified in the latter part of the curriculum prior to students exiting for postgraduate practice. The student panel has created foundations for a formal student group to perpetuate the LTC agenda. This group is currently performing a qualitative analysis of the symposium's feedback for a greater understanding of its impact. The symposium reflected that it is only by recognising and discussing these issues, challenging preconceptions and acknowledging unconscious biases, that we can create truly inclusive curricula.

Reference

 1Turner MA, Kelly M, Leftwick P, Dogra N. Tomorrow's Doctors and diversity issues in medical education. *Med Teach* 2014; 36 (9): 743–5.