

Inclusive Teaching & Presentations in the Department of Medicine

BACKGROUND:

Evidence consistently demonstrates that word-choice by physicians can increase unconscious and conscious bias against certain groups. For example, use of terms such as "opioid addict" or "non-compliant" to discuss patients in teaching sessions, rounds, and presentations can increase discrimination against patients, even if you do not mean to. Further, data suggest that the majority of medical images used in teaching sessions and textbooks are of Caucasian patients; not only does this lead to worse patient care for patients of colour, but this signals to learners that Caucasian patients matter more than others. This contradicts the principles of the Department of Medicine.

Inclusive presentations use language that is:

1. Neutral, non-judgemental, and based on facts, actions, or physiology.
Not acceptable: "Women from 'certain countries' scream a lot during labour".
Acceptable: "People from Southeast Asia may develop obstructive sleep apnea at lower BMIs than Caucasian people."
2. Free from stigma and discrimination.
Not acceptable: "He is a poorly-controlled because he is non-compliant with his insulin."
Acceptable: "This patient's hemoglobin A1c is above target and he uses his insulin half of the time."
3. Strengths-based.
Not acceptable: "This opioid addict is admitted with aspiration pneumonia."
Acceptable: "The patient has opioid use disorder and is admitted with aspiration pneumonia."

Inclusive presentations use medical images and cases that:

1. Are representative of the patient population seen by a Canadian physician.
Not acceptable: Using teaching images or cases that are solely Caucasian, are stereotyped, or are medically non-relevant.
Acceptable: Using a diverse group of clinical examples that reflect the diversity of Canadians.

ACTION:

Department of Medicine members have a responsibility to use person-first language that is medical relevant and scientifically accurate. Department of Medicine members have a responsibility to present relevant racial or ethnic differences in disease manifestation in a sensitive and accurate manner.

The Department of Medicine requires all presenters to disclose that they are familiar with the principles of inclusive presentations at the beginning of their sessions.

Information on person-first and inclusive presentations can be found on the APA Style Guide under "Bias-Free Language": <https://apastyle.apa.org/style-grammar-guidelines/bias-free-language>

All presentations given to or by members of the Department of Medicine are required to include a Diversity and Inclusion disclosure slide to emphasize commitment to these principles (see attached example).



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE
Office of Professionalism, Equity and Diversity

Conflicts, Disclosures & Inclusion

This presentation is copyright compliant.

No disclosures relevant to this presentation.

This presentation uses person-first and inclusive language.

I acknowledge the traditional territories of the Blackfoot and the Treaty 7 people, including the Siksika, Piikuni, Tsuut'ina and Stoney Nakoda First Nations. Calgary is also home to the Métis Nation of Alberta, Region III.

If you hear / see anything exclusive: OPED@ucalgary.ca