

# Diversity, Equity, Inclusion, and Anti-Racism in Continuing Education

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*Guidelines and Recommendations for  
Incorporating DEIA into Continuing Education  
for Healthcare Professionals*





This resource is an educational product of the Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group from the ACCME 2021 Meeting. Accredited providers are welcome to use these materials and disseminate to their teams. Use of the materials is optional and is not a requirement of the ACCME. The ACCME supports dissemination of Working Group products but does not formally endorse these materials. We welcome your questions and feedback. Please contact us at [info@accme.org](mailto:info@accme.org).

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# Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism:

## Content Standards and Strategies for Accredited Continuing Education Working Group

The Elevating the National Conversation on Diversity, Equity, Inclusion, and Anti-Racism: Content Standards and Strategies for Accredited Continuing Education Working Group collaborated to provide meaningful and lasting strategies to address healthcare inequities that result in poor health outcomes of underrepresented populations. We believe that members of the CE community can influence many aspects of healthcare delivery through our example and through professional development. We endeavor to do so by presenting the following guidelines for all CE providers.

## Guidelines for Diversity, Equity, Inclusion and Antiracism for Continuing Education for Healthcare Professionals

### Overview Statement

Each provider will strive to change its organizational culture and structure to promote diversity, equity, and inclusion throughout the provider unit and within continuing education.

### Organization Commitment

- Perform a broad, systematic self-evaluation to delineate elements that support structural racism or perpetuate lack of diversity, equity, and inclusion.
- Create a strategic plan to guide its efforts.
- Commit to focus on recruitment and retention of a diverse and inclusive group of planners.

### Planning

- Implement strategies to recruit and retain a diverse and inclusive group of planners.
- Include relevant representation of faculty and planners with diverse backgrounds as appropriate (healthcare roles, experience, and the perspectives to support learning and to address needs of the target audience and patient population).
- Include and foster genuine involvement, decision-making, and planning by individuals from diverse identities and backgrounds.
- Provide education to planners and faculty including tips and strategies for incorporating diversity and inclusion standards.
- Plan with an emphasis on discussing and assessing current state of bias and discrimination.
- Assess learning needs and practice gaps from a DEI perspective and consideration of reducing healthcare disparities.

## Content

- Use appropriate language and terminology (e.g. gender-neutral physician and providers; describing someone as a “wheelchair user” not as “wheelchair-bound”; “person with diabetes” not “diabetic”).
- Avoid bias, stereotypes, or hurtful cliches related to physician, healthcare provider, or patient characteristics.
- Include broad representation across promotional materials, websites, slides, and learning content.
- Use diverse and inclusive imagery to reflect the patient and provider population whenever possible.
- Use only evidence-based risk factors and social determinants of health (e.g., social, ethnic, or religious identification are not risk factors; in contrast to smoking, low income, and lack of health insurance which are risk factors).
- Have a mechanism for tracking and giving feedback to faculty or content authors to address non-inclusive content.

## Delivery of Education

- Encourage learners to reflect on diversity, inclusiveness, and discriminatory practices in their own institution.
- Incorporate age, geographic location, ethnicity, race, appearance, disability, gender, sexual orientation, language, literacy, level of education, religion, socioeconomic status, living conditions, and other relevant social determinants of health in teaching and learning methods (e.g., case vignettes, questions, workshop learning activities, etc.).

## Evaluation

- Incorporate concepts of diversity, equity, and inclusion for evaluating continuing education.
- Involve representation of diverse communities in evaluating the continuing education activity.
- Implement a method for participants to identify lack of diversity and inclusion in real-time.

## References

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# DEIA Recommendations for CE Activities: CE Staff

Was the content reviewed by experts from a diverse pool or is representation from relevant backgrounds?

Did the planning team review content and validate?

Is the content culturally sensitive, diverse, accurate, balanced, and evidence-based?

Does the educational activity pertain to and consider different identities: abilities, ethnicity, race, gender, sexual orientation/identification, religion, etc.?

Is gender balanced throughout the educational activity, including planners and speakers from underrepresented groups and gender identities and disciplines?

Does the educational activity promote understanding of diverse perspectives, including the values, attitudes and behaviors that support cultural pluralism, if applicable?

Does the content address root cause of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Is the content sensitive to those who may experience systemic barriers?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

## Recommended questions for planning document:

What steps has the planning committee taken in addressing your educational event through a diversity, equity, and inclusion lens?

How is your planning committee going discuss the DEI perspective of this topic with your attendees?

Content validity – does your content/presentation represent an evidence-based diagnosis, treatment, and delivery of care (genetics, pharmacology, or social determinants of health)?

## Tips for CE Program:

Planning committee includes representation or relevant experience with the patient population (ability, ethnicity, gender, race, religion, sexual orientation, etc.) to adequately support the specialty and/or topic.

Planning of the educational activity includes speakers from underrepresented groups and gender identities.

Review of presentation should include experts/research from a diverse pool or list to ensure there is representation from all backgrounds.

# DEIA Recommendations for CE Activities: Planners

Is there adequate representation among planners and speakers relevant to the patient population?

Is the content culturally sensitive, diverse, accurate, balanced, and evidence-based?

Does the educational activity promote understanding of diverse perspectives, including the values, attitudes and behaviors that support cultural pluralism, if applicable?

Does the content address root cause of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Is the content sensitive to those who may experience systemic barriers?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

Disclaimer to add for case conferences: I realize the patient population is not representative of the larger picture.

# DEIA Recommendations for CE Activities: Faculty

Have you created content/presentation that is culturally sensitive, diverse, accurate, balanced, and evidence based? (If available, have an expert from relevant background or experience with underrepresented population(s) review content/presentation.)

Does the content include information pertaining to multiple races, gender identities, sexual orientation, religions, ethnicity, etc.?

If not, why not?

Does the content promote understanding of diverse perspectives including the values, attitudes, and behaviors that support cultural pluralism, if applicable?

Does the content address social determinants of health, root causes of health disparities, factors that impact patient wellness, or provide any mitigating factors to improve patient outcomes?

Are there images depicting diversity in terms of gender, race, and ethnicity as appropriate?

Is the content free of images or words that reinforce stereotypes or misconceptions toward any population, ethnic group, or lifestyle?

Consider using a disclaimer regarding specific patient cases in the CE activity when a case does not represent characteristics of an entire population or group e.g. The following case is not representative of specific group or population.