Striving to Remove Bias From Your Curriculum

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Objectives

- Describe the evidence of bias in nursing and healthcare curricula and practice.
- Discuss the importance of recognition and removal of bias in nursing curricula.
- Explore strategies to create a more equitable inclusive nursing curriculum and practice

Privilege Disclosure!

If you feel uncomfortable, its ok…hang in there.

Know this is hard work.

These are topics, thoughts, and conversations

many of us have never thought of or had.

ati

What is the evidence?

- **Burnett, et al, 2020**
  - Nurses must no longer be complicit in the silences around racism. Silence is not neutral.
- **Carter & Phillips, 2021**
  - Many nursing curricula only provide superficial introductions to drivers of cultural and social determinants/drivers of health
- **Harding, 2021**
  - The absence of diversity is a symptom of racism, reinforced through built systems of inequity
- **Kellett & Fitton, 2017**
  - Gender diversity in nursing education and practice: non-supportive and not open to transgender clients or nurses.
- **Villarruel & Broome, 2020**
  - The hidden curricula within our schools

ANA National Commission to Address Racism in Nursing

National Commission to Address Racism in Nursing

Practice & Advocacy

Nursing Excellence

Nurse Staffing

Work Environment

Health Policy

Advocacy

Workforce

What is Nursing?

Career Center

Public Health Nursing

Clinical Practice Material

Foreign Educated Nurses

ANA CAUTI Prevention Tool

National Commission to Address

National Commission to Address Racism in Nursing

Background

On January 25, 2021 leading nursing organizations launched the National Commission to Address Racism in Nursing (the Commission). The Commission will examine the issue of racism within nursing nationwide and describe the impact on nurses, patients, communities, and health care systems to motivate all nurses to confront systemic racism.

The Commission is being led by the American Nurses Association (ANA), National Black Nurses Association (NBNA), National Coalition of Ethnic Minority Nurse Associations

From Peggy Chinn, Nursology

"I know that I am not alone in recognizing this challenge, but I continue to wonder — when and how will this begin to change? This is not merely a "political" matter — **it is a matter of life and death, of health and sickness. It is a pandemic of proportions far beyond the COVID-19 pandemic, and it has been infecting our lives for decades."**

Nursing Curricula

- Traditional Curricula written by White abled faculty, for White people
  - Biased Teaching, Biased Research, Biased Results
    - Habits, routines, expectations, findings based on White abled people
      - Hygiene
      - Images
      - Media
      - Speakers
      - Case studies
    - Stereotypes in roles/ illness
  - Health inequities perpetuated

More inequities….

- Avoidance of inclusion for all: LGBTQIA+, pronouns, gender identity

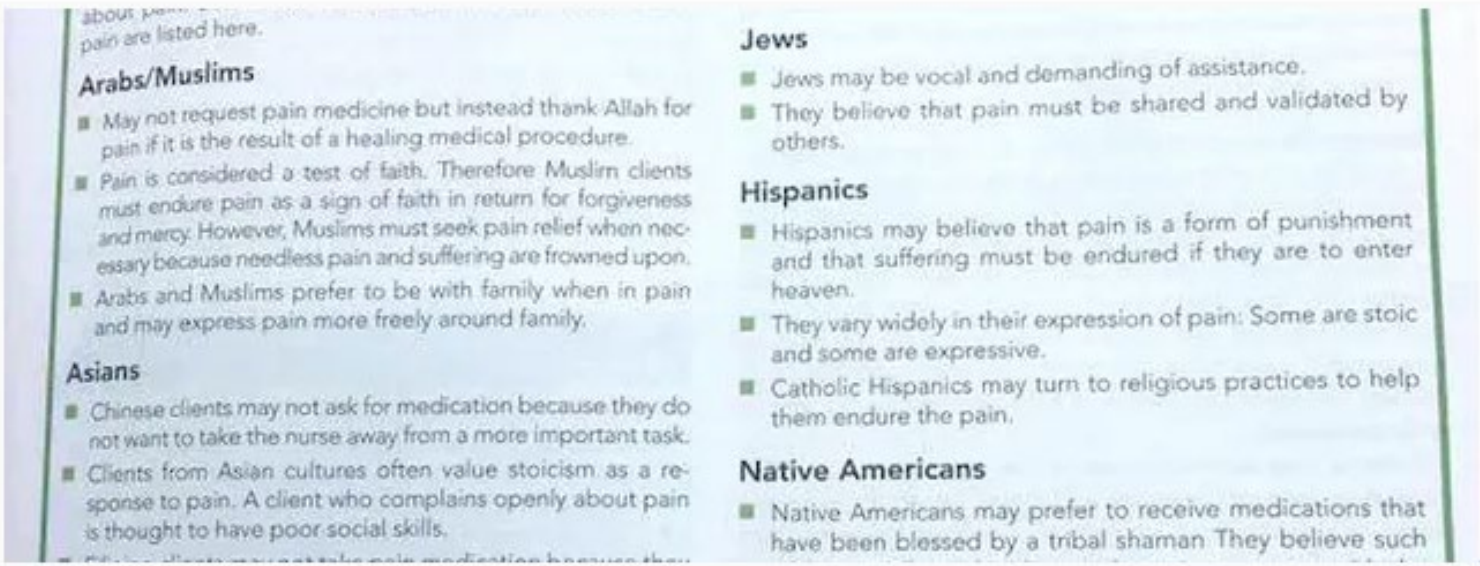
- Lack of Diversity of thought
  - Lectures
  - Simulations
  - word choice
  - Traditions
  - Examples

Ensure equitable, non-biased information sharing

#News #Diversity

Anger Over Stereotypes in Textbook

By Scott Jaschik // October 23, 2017



pain are listed here.

Arabs/Muslims

- May not request pain medicine but instead thank Allah for pain if it is the result of a healing medical procedure.
- Pain is considered a test of faith. Therefore Muslim clients must endure pain as a sign of faith in return for forgiveness and mercy. However, Muslims must seek pain relief when necessary because needless pain and suffering are frowned upon.
- Arabs and Muslims prefer to be with family when in pain and may express pain more freely around family.

Asians

- Chinese clients may not ask for medication because they do not want to take the nurse away from a more important task.
- Clients from Asian cultures often value stoicism as a response to pain. A client who complains openly about pain is thought to have poor social skills.

Jews

- Jews may be vocal and demanding of assistance.
- They believe that pain must be shared and validated by others.

Hispanics

- Hispanics may believe that pain is a form of punishment and that suffering must be endured if they are to enter heaven.
- They vary widely in their expression of pain: Some are stoic and some are expressive.
- Catholic Hispanics may turn to religious practices to help them endure the pain.

Native Americans

- Native Americans may prefer to receive medications that have been blessed by a tribal shaman. They believe such

We have to scrutinize all we teach to ensure it is equitable.

FACT CHECK

Fact check: Father of modern gynecology performed experiments on enslaved Black women

Sarah Lynch USA TODAY

Published 1:46 p.m. ET June 19, 2020 | **Updated 3:50 p.m. ET June 20, 2020**

A statue of J. Marion Sims is moved after being taken off its pedestal. *SPENCER PLATT, Getty Images*

The Health Disparities Pandemic

Black Americans

30% more likely to die of **CVD**

2X as likely to die as an **infant**

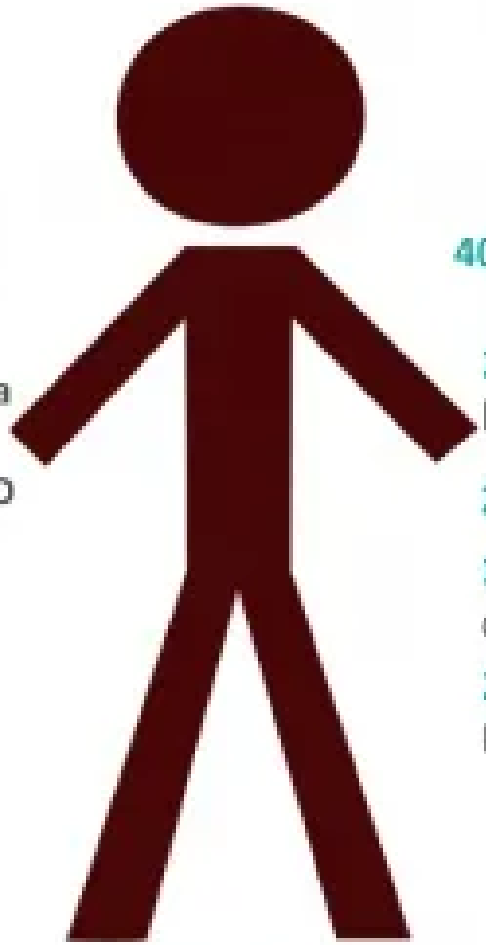
2X more likely to die of **asthma**

3X more likely to develop **ESRD**

2X as more to die from **prostate cancer**

2X more likely to die from **cervical cancer**

3x more likely to die during **pregnancy**



Latinx Americans

40% more likely to die from **CVA**

2X more likely to die of **liver cancer**

2X more likely to die of **asthma**

1.7X more likely to have diabetes

2.5X more likely to die of **HIV/AIDs**

https://familiesusa.org/resources/racial-and-ethnic-health-inequities-among-communities-of-color-compared-to-non-hispanic-whites/

Key, 2020

Is pulse oximetry less effective at [illegible]ting arterial hypoxemia in Black, Hispanic, and/or Asian patients than Whi[illegible]piratory failure about to initiate ECMO?

STUDY DESIGN

- Retrospective cohort study of adult patients with respiratory failure using the ELSO Registry
- 1,562 SpO_2 and SaO_2 pairs including 186 White, 51 Black, 7[illegible] Hispanic, and 65 Asian patients who had pulse oximetry reading i[illegible] the ranges of 92-96%
- Occult hypoxemia: $SaO_2 \leq 88\%$ on arterial blood gas despite a SpO_2 92-96%

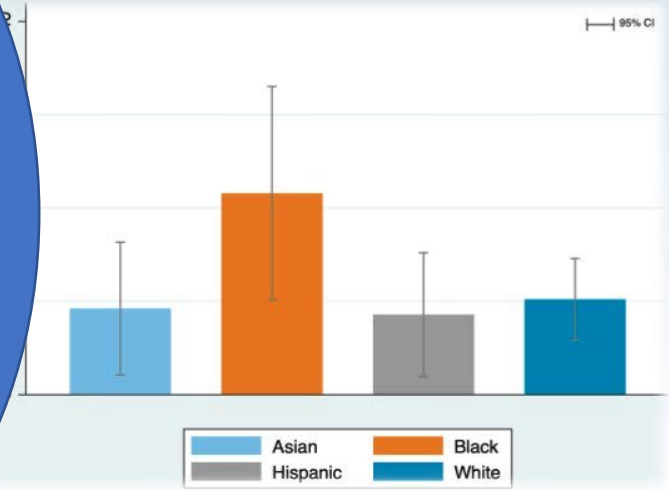
Is ABG $SaO_2 \leq 88\%$ even though SpO_2 reads 92-96%?

10.2 %
White (n=186)

VS

21.5 %
Black (n=51)

RESULTS



Black patients with respiratory fa[illegible] of occult hypoxemia ($SaO_2 \leq 88\%$ despite SpO_2 92-96%) compared to [illegible] OR=2.57 (95%CI, 1.12, 5.92) p=0.026

Valbuena VSM (@v_valbuen), et al. *CHEST* September 2021
@journal_CHEST @ACCPchest | https://doi.org/10.1016/j.chest.2021.09.025

CHEST

https://www.fda.gov/medical-devices/safety-communications/pulse-oximeter-accuracy-and-limitations-fda-safety-communication

Teaching myths and carrying on untruths

AAMC

SEARCH

STUDENTS & RESIDENTS

NEWS & INSIGHTS

DATA & REPORTS

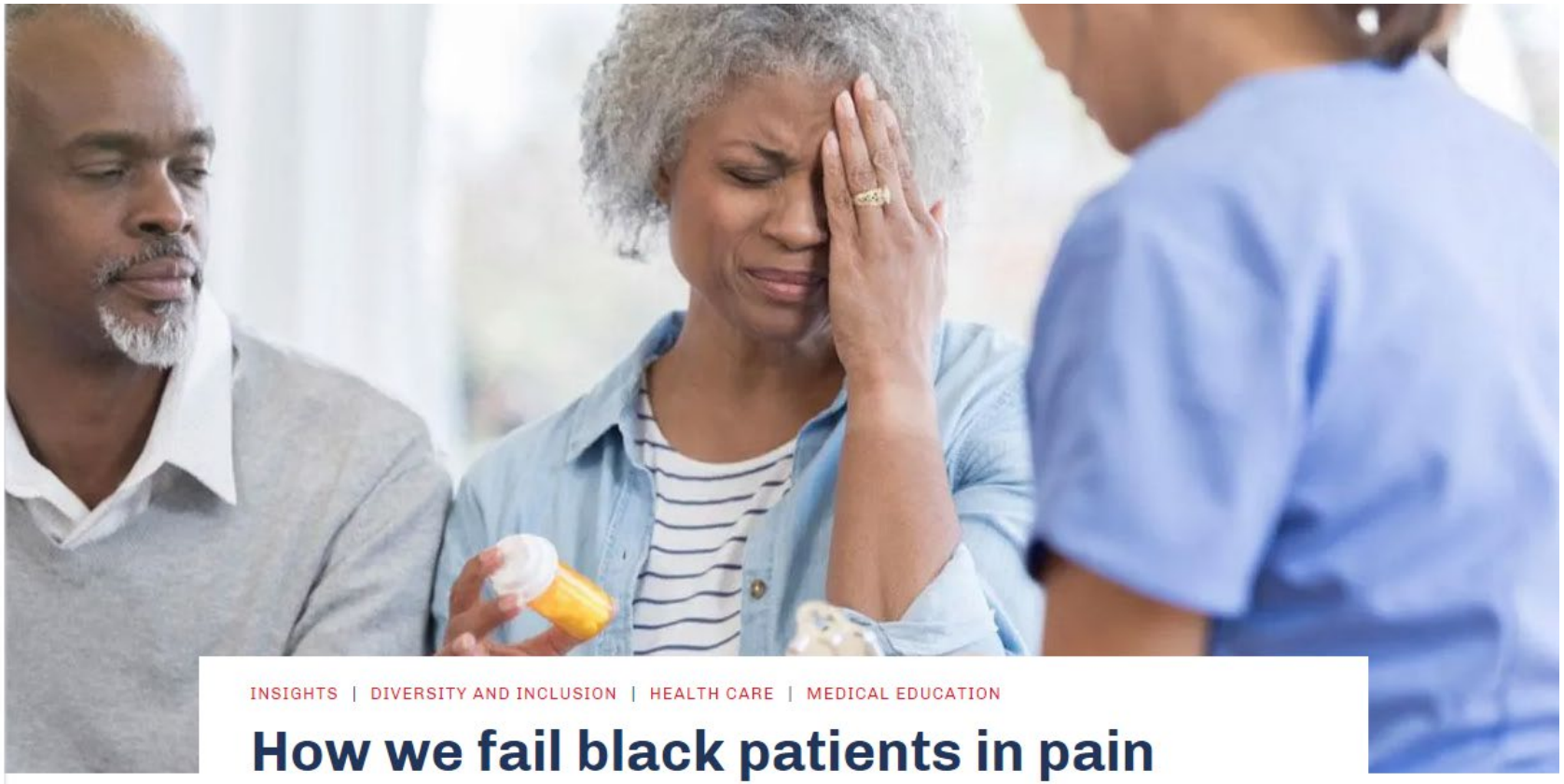
ADVOCACY & POLICY

PROFESSIONAL DEVELOPMENT

SERVICES

WHO WE ARE

WHAT WE DO



INSIGHTS | DIVERSITY AND INCLUSION | HEALTH CARE | MEDICAL EDUCATION

How we fail black patients in pain

Janice A. Sabin, PhD, MSW

January 6, 2020

Once we see the light and recognize the bias.....

- We cannot go back into the dark.
- Once we know better, we must do better. (Maya Angelou)
- Intent vs Impact

Schools:

Start with motivated people with a passion for equity and inclusion and striving to be non-biased

- Talk about the values and goals of the organization
- Develop a pact, charter, or compact with the beliefs of the group
- Examine all aspects of the organization for evidence of bias.
  - Develop a plan for updates/ removal of bias
- Keep the conversation alive!
- Make changes explicit. Talk about what was found/ changed
- Develop systems to keep checks and balances in place

Strategies to decrease biases in our curricula

- Recognize and accept that everyone has biases including you!
  - Self-reflection
  - Honest acknowledgement
- Approach this from a developmental level: it takes time and energy
  - Get past shame, anger, blame, and strive for empathy
- Develop strategies to mitigate biases and be more inclusive
- Like learning, we are never finished growing
- Faculty Education must be incorporated to change curricula

More Strategies

Nursing as an upstream intervention to addressing racial inequities

- Adopt an explicitly anti-racist *(anti-biased)* position
- Include everyone
- Institute a power and privilege course for all incoming students
- Implement intersectionality as a core competency
- Foster community-academic partnership
- Utilize transdisciplinary resources

Coleman, 2020

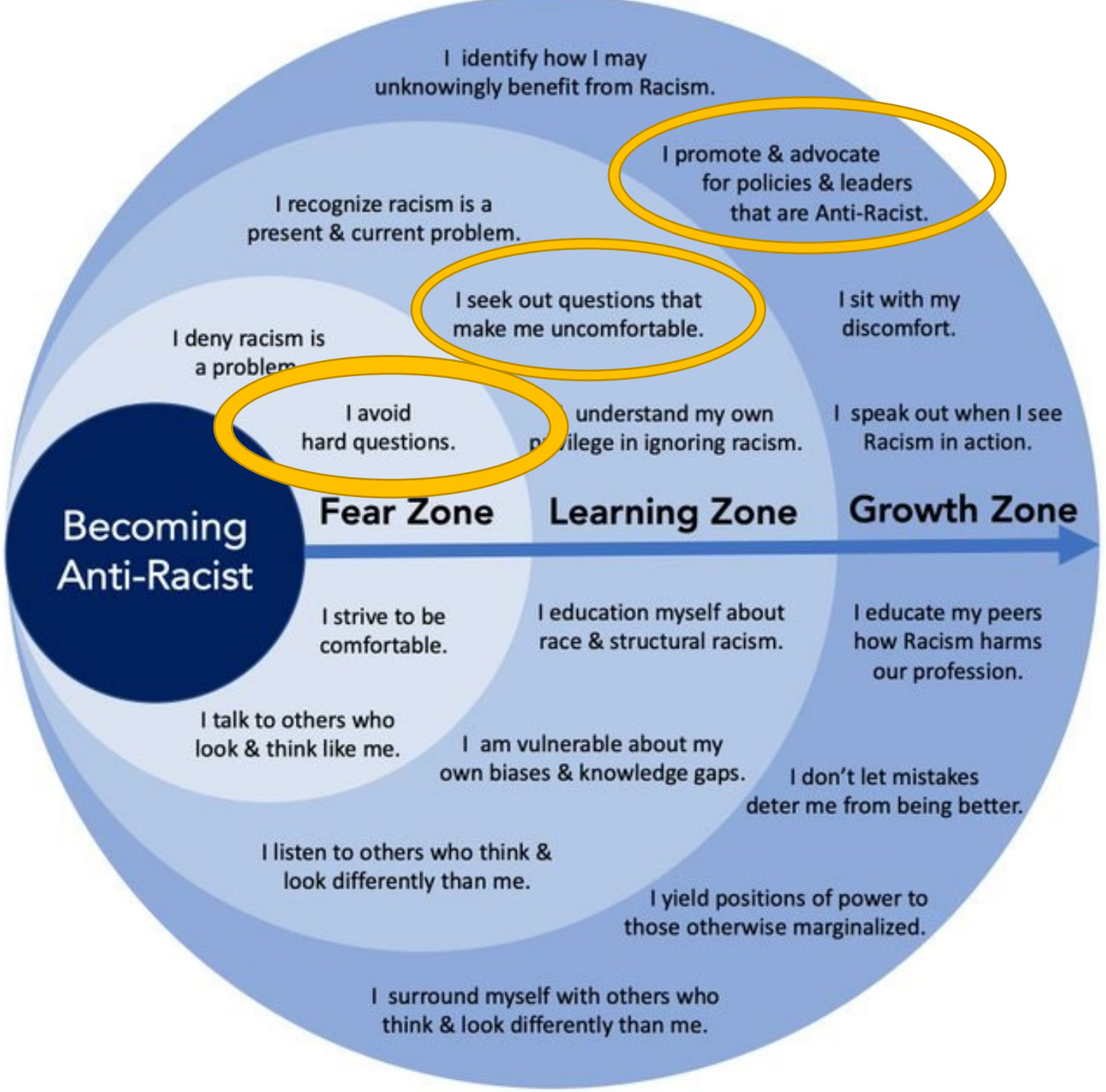
Inclusive & Bias-Free Curriculum Checklist (Caruso-Brown)

- Race or Ethnicity
- Sex, Gender, and Sexual orientation
- Disability
- Mental Illness and Substance Use
- Weight
- Immigration Status
- Poverty
- Age
- Religion
- Prisoners
- Interprofessional Communication

Content Domains

Visual Images

Clinical Vignettes



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Questions, Comments?

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