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Decolonising and Diversifying the (Medical) Curriculum

Self-Assessment Questions, Examples, and Resources

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Contents

About this document

This document has been created to aid the decolonisation and diversification of the curriculum of the School of Medicine. As such, it is to be used by curriculum leads or anyone with responsibility or ownership of a curriculum within the school. The approach outlined in this document was shared with the School of Medicine BAME Education Committee and with one of the 'All in! Regularising ethnic presence in the curriculum' research fellows. This document will be shared within the School of Medicine, but also wider within the Faculty of Medicine and Health Sciences and with other faculties within the University of Nottingham

A note on language:

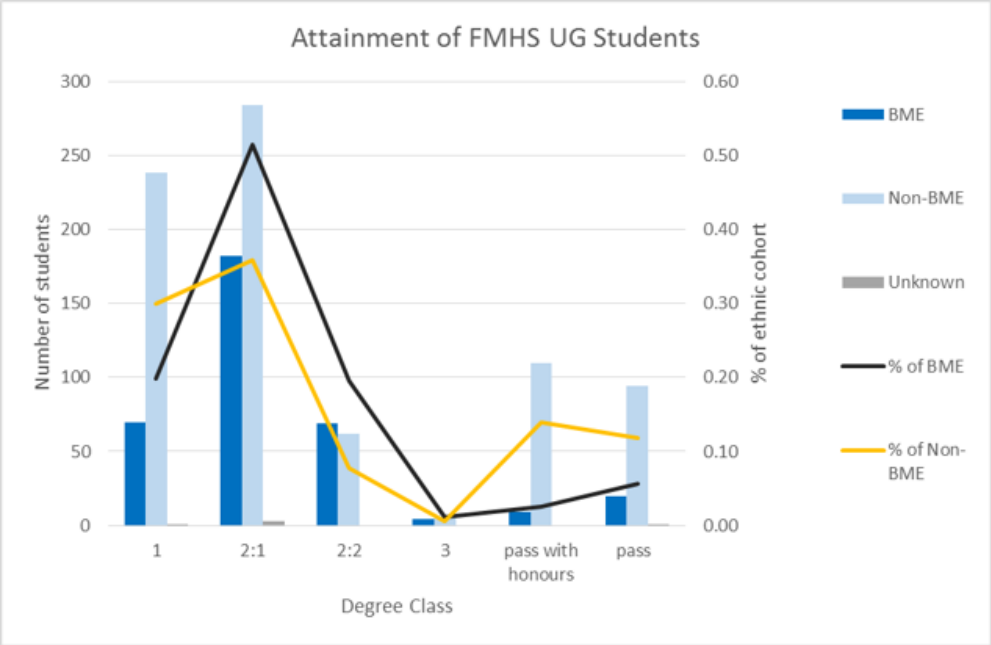
BAME stands for Black, Asian, and Minority Ethnic communities and BME means Black Minority Ethnic communities. We have used the term BAME throughout this document. While these terms are often used to talk about the experiences of those staff and students who identify as BAME, these are not homogenous communities and most people don't use those terms to describe themselves. We would encourage anyone looking to decolonise their curriculum to really consider the different disadvantage felt by different minority ethnic groups within the context of colonial history and present-day structures of power and inequality and look at ways they can hold space and centre Black, Asian, and other Minority Ethnic voices in their own right.

LGBT is an acronym for lesbian, gay, bi and trans. LGBT+ is used as an umbrella term encompassing a wide range of gender identities and romantic and sexual orientations. For more information, you can have a look at Stonewall's glossary of terms.

About decolonisation

We know there is a significant awarding gap for our BAME students (see the chart on the next page), and in particular our Black students are at a significant disadvantage. Research in the Faculty of Medicine and Health Sciences and the School of Pharmacy showed that across the board, BAME students feel less welcome and less part of the social life at University compared to Non-BAME students. There are many contributing factors, including a lack of BAME representation within staff populations and course reps, a curriculum which does not reflect and represent the student population as well as reports of higher experiences of differential treatment. Therefore decolonising and diversifying the curriculum is a step towards improving the experience and sense of belonging of BAME students. We have a duty to address this not only for the sake of our students, but also for the sake of their future patients.

"As patient populations grow increasingly diverse and complex, doctors and medical students should be equipped with the skills and knowledge to treat patients from minority groups equitably and non-judgmentally." (Faye Gishen and Amali Lokugamage in BMJ)



Decolonisation (or ethnic diversification and inclusion) of the curriculum has received considerable interest and has stimulated much debate in university campuses. Decolonising the curriculum requires a critical interrogation of the assumptions and limits of the curriculum as it stands, and gives us an opportunity to broaden our thinking and include a wider range of perspectives and voices.

Decolonisation is not about removing white and/or male voices from the curriculum. It's about addressing structural inequalities that exist within the University and challenging longstanding conscious and unconscious biases and omissions that limit the way we see and interact with the world.

In this document, we have chosen to include considerations not only about race, but also about gender identity, sexual orientation, and disability. While we acknowledge that race equality should remain central to this work, we also believe that interrogating the curriculum provides us with an opportunity to advance other equalities. We are aiming to get the balance right and ensure that we continue to centre the issue of race and racism in doing this work.

Approaching decolonisation

Decolonising the curriculum can seem like a large, time-consuming, and complex task. However, it is important that you don't try to do everything all at once – decolonising slowly over time is more sustainable and will help you develop your thinking over multiple academic years. We would suggest making one change per module per term as a starting point. Think of decolonising as an ongoing process and not a tickbox exercise.

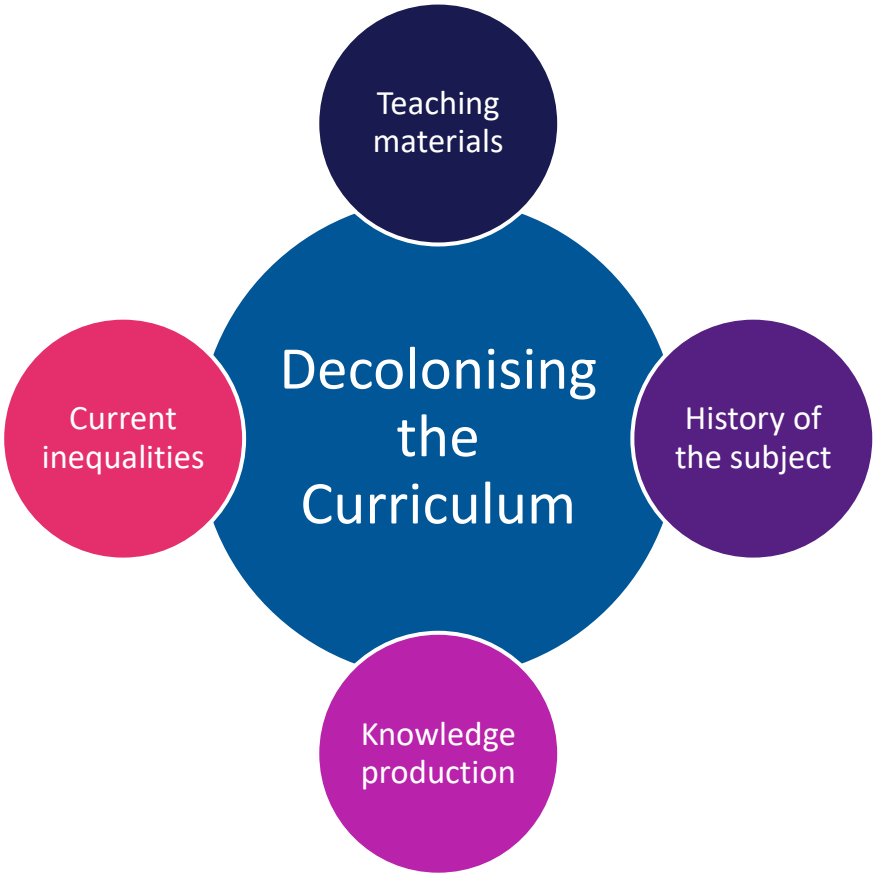
In the next section of this document, you will see that we have separated the decolonisation effort into four distinct categories, which you can focus on. Feel free to choose one of these at a time to help you focus your decolonising thinking. There will be questions for consideration and examples within each category.

It is also important that you communicate openly with students about what decolonising work you are doing and what work you are leaving for a future curriculum revision. It is good practise involve your students in decolonising. Here are some examples how:

- In some universities, postgraduate students have read through and annotated curricula to give ideas on how to decolonise
- Consulting your work with the SoM BAME Education Committee or other local BAME students
- Set assignments and questions in a way that students have to consider non-white European perspectives
- Make space for students to bring their own perspective and lived experience into their learning
- Challenge your students to include at least one BAME and/or female main author in their work

Focusing decolonisation activities

We have separated the decolonisation effort into four distinct categories: Teaching and materials, History of the subject, Knowledge production, and Current inequalities. We will go over these in more detail, including examples and questions to consider. It might be useful to focus on one category at a time.



Teaching Materials

Questions to ask yourself and reflect on when interrogating your curriculum:

- Do you use mannequins, diagrams, or photographs to teach? If so, are these materials diverse? Do you have both female and male mannequins/ teaching aides?
- Do you show symptoms and effects on different coloured skin? Here are a couple of resources:
    - Mind the Gap: A Handbook of Clinical Signs in Black and Brown Skin https://www.blackandbrownskin.co.uk/
    - Ethnic Dermatology. https://dermnetnz.org/topics/ethnic-dermatology/
    - Skin Of Color Society https://skinofcolorsociety.org/dermatology-resources/education-videos/
- When using imagery to illustrate your point, do you have a variety of imagery, including BAME people, disabled people, gender non-conforming people, or women?
- Is the language of your materials inclusive? Do you assign a gender even when it is not necessary (for examples it might be easier to use ‘they’ or ‘the patient’ rather than ‘he or she’).
- Do you reflect the social model of disability in any materials you produce?
    - The social model of disability proposes that what makes someone disabled is not their medical condition, but the attitudes and structures of society.
- Do you have space for cultural and religious difference? Some sample ideas and suggestions:
    - Considering health effects on people who are fasting
    - Consider who is an ‘average’ person that you are basing teaching on? Are calculations based on a 70kg adult white male? What implication does this have to learning and teaching?
    - Do you highlight the fact that certain laboratory tests, such as renal function have different normal reference ranges in certain ethnic groups or any similar information? Do you make space for your students to discuss this and what it means for their future patients?
- Do you use diverse case studies in your teaching, which focus on intersectionality, but also on challenging stereotypes and prejudice?

    - For example, counselling a transgender male about breast cancer or a transgender female about prostate cancer, and familiarising medical students with taking histories comfortably from the LGBT+ community.
    - Including examples of refugee health and experiences
    - Discussing some communities' complex relationship with authorities and medical professionals
- Is the terminology you use correct?
    - For example, using 'differences in sex development' or 'intersex' rather than hermaphrodite. Trans or transgender rather than transvestite. Black or Asian patients rather than 'blacks' or 'Asians'.
- If students have contact with patients speaking about their personal experiences, do these patients represent a diverse population?
- Are simulated patients representative of a diverse population?
- Are there appropriate books in the library? Are there books which are missing? Please refer to the resources list in the end of this document.

History of the subject

Questions to ask yourself and reflect on when interrogating your curriculum:

- Do you teach history of ideas within your subject?
- Do you clearly explain how your subject exists in the context of society and not in a vacuum? Do you consider ways in which your subject has been implicit in 'othering' people, to create or reinforce structural inequality? Do you discuss the impacts of those systems on the people who were affected?
    - For example, early medical research was used to portray women as inferior.
    - LGBT+ people have been historically pathologized – it was only in 2019 that WHO stopped recognising being transgender as a disorder.
    - Drapetomania was a mental illness that, in 1851, American physician Samuel A. Cartwright hypothesized as the cause of enslaved Africans fleeing captivity
    - The history of eugenics was based on the 'science' of the time
- How did we get to the knowledge we do have? Were some people experimented on? Who were they? Do you discuss the history of unethical human experiments? Some examples to consider:
    - James Marion Sims, who developed pioneering tools and surgical techniques related to women's reproductive health, and is credited as the "father of modern gynaecology", conducted research on Black female slaves without anaesthesia.
    - Tuskegee syphilis experiment: This was a study of untreated syphilis in the African American male where participants were told they were receiving free healthcare from the federal government. Participants were infected with syphilis, they were not told about the diagnosis despite it being infectious. The victims of the 40-year study - all African American men died, 40 wives contracted the disease and 19 children were born with congenital syphilis.
    - Henrietta Lacks was a Young African-American female diagnosed with a malignant cervical tumour after visiting her gynaecologist with complaints of vaginal bleeding. Performed without her consent, the isolation of her cancer cells - now known as "HeLa" cells - led to the discovery of an immortal cell line. Due to this immortality, HeLa cells are used today across all forms of medical research, exploring the intricate details of cell processes. Despite their continued use in modern medicine, her family have received no form of

compensation, it took twenty-five years after Henrietta's death for them to be made aware of the cell use.

- Are there popular thinkers, authors, researchers in your field, who are known to have held views which conflict with our current understanding of equality and rights? Do you make space to discuss these, contextualize them, and specifically discuss how dominant ideologies seeped in through your subject?
    - For example, DNA Pioneer James Watson recently lost his honorary titles over racist comments
- Do you celebrate BAME/LGBT+/ Female scientists?
    - Do you discuss Windrush generation contribution to the NHS?
    - Tu Youyou is a female scientist, who discovered artemisinin and dihydroartemisinin used to treat malaria thus saving millions of lives globally. She is the first Chinese Nobel Laureate in Physiology or Medicine

Knowledge Production

Questions to ask yourself and reflect on when interrogating your curriculum:

- What is the demographic profile of authors on the syllabus? What is the effect of this on the diversity of views which are presented to the students? What is the effect of this on student engagement?
- Is the profile of authors acknowledged and examined as part of the learning aims and outcomes of the syllabus?
- Who is involved in knowledge production in the subject you teach? Are all the scientists and knowledge creators white and male? Who else has created research on this topic? What does it mean if only certain people have the opportunity to produce knowledge? What are some implications of a lack of diversity in the creators of the source materials?
- Are there opportunities to include more BAME and female scientists in the curriculum? Are there thinkers from different parts of the world whose research was used by European thinkers?
- Is there space within the curriculum to discuss global topics?
- Is there space for students to bring their own identity and lived experiences into their studies? Can you set assessment questions that encourage students to engage with other traditions or sources of knowledge?
- Do lecturers declare their own positionality in the world in order to encourage others to reflect on their identity and worldview?
    - It can be important to acknowledge that there is no ‘view from nowhere’. Often positionalities within the Global North are viewed as a default position and as a norm but ensuring that students understand that those identities also carry a point of view can help them reflect on their own and others’ positionality.
- Are discoveries made by large diverse teams, and not by one single person? Is this reflected in communications about science discoveries, or is it standard practice for only one person to get credit?
    - A 2003 study of international collaborations in at least 48 developing countries that suggested local scientists too often carried out “fieldwork in their own country for the foreign researchers”.

    - In the same study, 60% to 70% of the scientists based in developed countries did not acknowledge their collaborators in poorer countries as co-authors in their papers. This is despite the fact they later claimed in the survey that the papers were the result of close collaborations.
- Do we have representative research?
    - For example, is there BAME and/or gender representation in clinical trials? What implication might there be if we only do clinical trials on one type of person?
    - A 2009 study showed that about 80% of Central Africa's research papers were produced with collaborators based outside the region. With the exception of Rwanda, each of the African countries principally collaborated with its former coloniser. As a result, these dominant collaborators shaped scientific work in the region. They prioritised research on immediate local health-related issues, particularly infectious and tropical diseases, rather than encouraging local scientists to also pursue the fuller range of topics pursued in the West.
- Consider research priorities – who determines what those are? What does it mean if we lack research or data into certain demographics?
    - For example, women and girls worldwide have been largely invisible when it comes to data. Globally, less than one third of the data needed for monitoring the gender-specific Sustainable Development Goals indicators are currently available.

Current inequalities

Questions to ask yourself and reflect on when interrogating your curriculum and the field of work you are preparing your students for:

- Do you openly discuss challenges for equality, diversity, and inclusion (EDI) within your subject? Is there a common demographic that the majority of people working in your field share? What are the demographics of senior leaders or the most well known people in your field? What percentage of disabled people work in your area? Why is this the case? If your subject is diverse, does that mean there are no EDI issues?
- What are the reasons why some people might be excluded from your subject?
- Do people working within your subject have the necessary knowledge and skills when it comes to EDI?
    - Are they able to provide an LGBT+ inclusive space?
    - Are people confident when it comes to being inclusive of disabled people?
    - Is there enough cultural competency to provide a culturally sensitive service to patients?
    - Would your students know how to handle disclosures or experiences of harassment or hate crime?
- Do you discuss health inequalities? Are certain people more likely to be affected by issues in your field than others? Do you analyse critically why this might be? There is a variety of data on health inequality in the UK:
    - Covid-19's disproportionate effect on BAME individuals.
    - Those from ethnic minority communities are far more likely to be subject to compulsory powers under the Mental Health Act.
    - Infant mortality rate (per 1000) is higher in Pakistan (7), Black African (6.5) and Black Caribbean (5.5) infants than White British (3.5) infants or the average English infant (3.8).
    - Black women are five times more likely to die in childbirth due to complications than White women.
    - Black women are more likely to be diagnosed with cancer at a later stage compared to White women.
    - Minority ethnic groups are more likely to report lower levels of life satisfaction and poorer quality of life.

    - According to NHS England, health outcomes are generally worse for LGBT people than the rest of the population
- Do you incorporate differences in disease prevalence between ethnic groups into teaching?
- Do you discuss the health impacts of inequality or racism?
- Do you have sessions on unconscious bias or how to be ani-racist?
    - An example of why it might be important is that an American study of 222 medical students and residents found that half of respondents believed Black patients felt pain differently to their White counterparts. It was concluded that this could contribute to racial disparities in pain management.
- Do you discuss complex patient-doctor relationships amongst BAME or LGBT+ individuals?
- Do you signpost your students to existing support? For example:
    - Melanin Medics is a non-profit charitable organisation for the present and future African and Caribbean doctor. (https://www.melaninmedics.com/)
    - Leading routes' Black in Academia campaign: http://leadingroutes.org/bia
    - GLADD: The Association of LGBTQ+ Doctors & Dentists (https://www.gladd.co.uk/)
    - University of Nottingham's societies might also provide support for diverse students.

Resources & recommended reading

University of Nottingham resources

All in! Regularising ethnic presence in the curriculum

Diversity and decolonisation useful resources

Top tips: Decolonising Curricula

Diversity and Decolonisation Network

Short course on Decolonising the curriculum & safe classrooms

The EDI Coordinators team might be able to provide further support.

Books

‘Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India’ by David Arnold

‘Inferior: How Science Got Women Wrong’ by Angela Saini

‘Superior: The Return of Race Science’ by Angela Saini

‘The Protest Psychosis: How Schizophrenia Became a Black Disease’ by Jonathan Metzl

Articles & reports

BMJ: Diversifying and decolonising the medical curriculum

What is decolonising methodology?

Medicine of the Black Body

Christine Ekechi: How do we start a conversation about racism in medicine?

Dissipating historical medical inequity through decolonising healthcare education

Health Equity in England: The Marmot Review 10 Years On

Decolonise science – time to end another imperial era

Miseducation: decolonising curricula, culture and pedagogy in UK universities

Decolonial Dialogues: Teaching, Learning and Curriculum in Higher Education

Other resources

Black History Month: Science and Medicine

Podcast: Creating an inclusive curriculum in the UCL Medical School

Decolonial International Network

Decolonising the Medical Curriculum: A UCL Medical School initiative

Black and ethnic minority NHS staff honoured in NHS Windrush 70 Awards

David Williams – everyday discrimination is an independent predictor of mortality (BMJ Podcast)

Get in touch

If you have any comments, questions, or further suggestions, please don't hesitate to get in touch with Eli Todorova (EDI Coordinator), Yvonne Mbaki (Assistant Professor), or Pamela Hagan (Professor of Medical Education and Director of Student Wellbeing).