UNIVERSITY of WASHINGTON
PSYCHIATRY & BEHAVIORAL SCIENCES

UW Psychiatry Residency Program

Equity, Diversity, and Inclusion (EDI) Didactic Toolkit

Section 1. What Do Equity, Diversity, and Inclusion Mean?

Equity refers to fairness and justice, recognizing that we do not all start from the same place because of systemic marginalization. Address equity by discussing how these systems of oppression came to be, continue to exist, and the ways we can help our patients overcome them.

Diversity refers to representing the different identities that we encounter including race, ethnicity, gender identity, sexual orientation, socioeconomic status, age, education, religion, culture, immigration status, body size, physical or cognitive abilities. Address diversity by making sure our data and examples accurately represent different identities. Call out communities that are included, excluded, or lumped together.

Inclusion refers to creating an environment that allows us to express our authentic identities. An inclusive didactic not only talks about the ways we can allow our patients to be their authentic selves but also allows participants to do the same.

Big-picture tips for incorporating EDI:

- Use a broad definition of diversity (it does not just refer to race!) and consider how the intersection of different identities affect a person and their care.
- Instead of adding an EDI slide, modify slides throughout your talk.
- Highlight structural factors that lead to inequities to avoid inadvertently placing blame on individuals/groups.
- Embrace cultural humility. Reflect on your own beliefs and identities while learning about others'.
- Highlight research and advancement in the reduction of disparities.
- Celebrate achievements made by diverse people and groups in psychiatry and mental health.

Section 2. Quick Checklist for Incorporating EDI into Didactics

Doing	Plan to Do	Strategy
☐	☐	Reflect on your identities and biases and on the historical context and systems of inequities that played a role in your topic.
☐	☐	Review slides to incorporate equity-focused language (see Appendix 1), diverse patient examples, images and videos.
☐	☐	Learn about and include relevant EDI information (see section 3).
☐	☐	Create an inclusive learning environment (see Section 4).
☐	☐	Understand how to facilitate challenging conversations (see Section 5).
☐	☐	Submit your slides for review or ask for a consultation (see Section 6).

Section 3. EDI Topics by Didactic Content Area

Find your didactics' topic area(s) below for recommended EDI changes and considerations.

Case Examples

- One-liners: Consider leaving race out of the one-liner and discuss it later in a more nuanced way if it is relevant. Consider leaving gender out if it's not relevant in order to avoid reinforcing stereotypes and gender essentialism.
- Case Choices: Do you include case examples that reflect patients of diverse identities such as gender, sexual orientation, race/ethnicity, ability, culture, etc.? If discussing gender, do you include case examples with trans and gender-diverse individuals?
- Do you explicitly discuss cultural aspects of your case example?
- Systems & Structural Factors: Do you consider external systems that affect this patient's mental health rather than assigning blame to the individual? Ex: if a patient from a marginalized community hasn't sought out mental health care before, avoid attributing this solely to stigma about mental health in that culture. Instead, consider structural factors such as cost, access to care, and prior negative experiences within the system.

Diagnosis

- Do symptoms present differently in different cultures/groups?
- Are there differences in prevalence among different groups? What are the structural factors that contribute to these differences? (e.g., over or underdiagnosis? Racism? Sexism, heterosexism, homophobia, or transphobia? Abilism? Lack of access to healthcare? Lack of access to jobs, healthy food, clean water, open spaces, nature? Exposure to noise/air pollution, crime?)
- Is there a history of using this diagnosis in a racialized way (e.g., schizophrenia, oppositional defiant disorder)?

Research & Evidence-Based Information

- Consider the representation of researchers that you cite. Include and highlight research from diverse researchers, who may bring new perspectives.
- Do the studies you cite reflect a homogenous group? Do they reflect variations in gender, race/ethnicity, etc? Can you find studies that reflect a more heterogeneous group or acknowledge the limitations of the research? (e.g. if discussing gender differences, specify whether trans and gender-diverse participatns were included, or name this as a limitation)
- If research with diverse groups is lacking, why might this be? (e.g., how did they recruit participants?) What sort of research would be useful going forward?
- How might the measures used in a study impact its results with different populations? (e.g., questionnaire language)
- What research outcomes were used? Are these outcomes accurate in different populations

Psychopharmacology

- Are there differences in rates of prescribing in different populations? Why might this be?
- Are there concrete strategies providers can use to mitigate implicit bias when prescribing medications, especially controlled substances? (e.g., identifying root causes of differences, using structure prescribing criteria, finding data that challenges biases, etc.)
- Are there differences between groups in treatment side effects, adherence, or effectiveness? (Was this even studied?) What are the structural factors that might contribute to these differences?

Therapeutic Interventions

- Have there been efforts to adapt these interventions cross-culturally?
- How might a patient's identities affect their interactions with the therapist?
- How might the therapist's identities affect their interactions with the patient?

Systems of Care

- Are there health inequities in this system? What are their structural causes?
- How might someone from the non-dominant culture experience these systems? For example, how would someone who is undocumented receive care? How might someone with a disability experience this system?
- What are some examples of physician advocacy in the past to rectify inequities? How might residents contribute to these efforts in the future?
- How can bias affect patient care and how can we mitigate this?
- What are effective methods of reducing health equities?

Section 4. Creating a More Inclusive Learning Environment

How do I create a more inclusive learning environment during my didactic?

Person-Centered Language

- Use person-centered language rather than applying diagnoses as labels.
- Avoid words with a negative value judgment.
- Include patient narratives that humanize the individual and help the audience develop empathy.

Instead of:		Try:
Using diagnoses as nouns or adjectives: *Schizophrenics, schizophrenic patient,* *Alcoholics, addicts, abusers*	→	**Centering the person with a disorder**: *Patient with schizophrenia* *Patient with alcohol use disorder*
Using language that blames or dehumanizes the patient: *Substance abuse* *Clean* or *dirty* urine toxicology results *Commit suicide* *Illegal* *Inner-city* or *ghetto*	→	**Addressing conditions as treatable & using language that doesn't blame or racially code**: *Substance use* *Testing positive* or *negative* *Die by suicide* *Undocumented* *City-dwellers* or *low-income*

Gender Equity

- Use patients' preferred pronouns consistently.
- Avoid gender essentialism (the presumption that all people of a certain gender have the same genetics, physiology, anatomy, sexuality, or social roles). For example, if the possibility of pregnancy is relevant to a case or intervention, it is more inclusive to refer to "people with the capacity for pregnancy" rather than "women" since not all women can become pregnant, and not all people who can become pregnant are women.
- Include/acknowledge trans and gender-diverse people in discussions about gender.
- Avoid describing trans and gender-diverse people with terms that misgender them or reinforce gender essentialism.

Instead of:		Try:
Using terms that enforce gender essentialism: *Biologically male, genetically female, male-to-female, etc*	→	**Use more gender-affirming terms:** *Trans-man, trans-woman, nonbinary person* *+/-* *assigned male at birth (AMAB) or* *assigned female at birth (AFAB)* *if this information is clinically relevant*

Health Equity

- When talking about health inequities, provide context in order to avoid unintentionally assigning blame to a group of people.
- Use an active voice when describing traumas that have been inflicted on to historically marginalized groups.

Instead of:		Try:
Omitting context, which can lead to assigning blame to a group of people: *Low-income people have higher rates of XX*	→	**Providing contributing factors or further context for statistics**: *People who are forced into poverty due to XX have higher rates of XX*

Using passive voice to describe traumas on historically marginalized groups: *Black, Indigenous, and people of color were economically marginalized by the practice of red-lining.*	→	Using active voice to avoid erasure of responsibility: *The government used red-lining to economically marginalize Black, Indigenous, and people of color.*

Setting the Tone and Eliciting Input

- Don't say that you are talking about these issues because it is a requirement.
- Use methods to elicit input from everyone rather than just the more vocal contributors (e.g., anonymous polls, small break out groups, etc.).

Section 5. Facilitating Challenging Conversations

How do I facilitate a challenging conversation about EDI? What should I do if someone calls me out during my didactic?

- Thank participants for their input. Remember that it is often hard for residents to speak up about things that make them uncomfortable.
- Avoid getting defensive. Take a deep breath and ask for more detail. Try to understand their position. Be curious.
- Ask how something can be corrected or improved if it's not clear.
- If you agree with a correction, simply apologize and move on.
- If you don't know an answer, acknowledge this. It's okay not to have expertise. Residents may have done their own research about an EDI topic. You can thank someone for their question/comment and let them know you will look up the answer later.
- If there is debate amongst participants around a contentious topic, take some time to allow participants to feel heard, even if it derails your timeline.

Section 6. More Questions & Didactic Consultations

What if I still have questions or am unsure about my slides?

- You are welcome to ask for a consultation and/or submit your slides for review! Please submit this request at least 2 weeks in advance of your lecture. You can let the residency office know that you'd like a consultation, and they will help arrange this.

Additional Resources

- Using Equitable Language Guide, V2 (University of Washington, 2021)
- Advancing Health Equity: A Guide to Language, Narrative and Concepts (AAMC and AAMA, 2021)
- Health Equity Guiding Principles for Inclusive Communication (CDC)
- Reflections on Cultural Humility (APA, 2013)
- Black Pioneers in Mental Health (MHA National)
- Celebrating 10 African-American Medical Pioneers (AAMC)
- Celebrating 10 Hispanic Pioneers in Medicine (AAMC)
- Hispanic Contributions to Psychology
- Celebrating 10 Women Medical Pioneers (AAMC)