THE UPSTATE BIAS CHECKLIST

If you are using the Bias Checklist for the first time, have not had prior training, or want additional guidance before getting started, please click here to watch the "Getting Started with the Checklist" video or here to access the FAQ on the Bias Checklist Collaborative website.

This checklist is intended to promote reflection regarding how race, gender, and other indicators (including structural and social determinants of health, such as poverty) are represented in health professions education.

The Bias Checklist was designed to be used to evaluate a particular piece of health professions education content, such as a lecture, standardized patient encounter, small group session, or written examination.

"Content" may include slides, lecture notes, handouts, assigned readings, examination questions, problem-based learning cases, or anything said by the presenter during the learning encounter.

Checklist users should decide what they are assessing prior to using the Checklist.

If you encounter an unfamiliar term, please check the glossary here or look for definitions within the Checklist.

At the completion of the Checklist, you will have the option to download a PDF of your responses for your own records.

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User Characteristics

The questions in this section are optional (except for your role) and are used for quality improvement purposes.

How old are you?	○ 18-24 ○ 25-34 ○ 35-44 ○ 45-54 ○ 55-64 ○ 65+ ○ Prefer not to say
How to you describe your gender identity?	○ Female ○ Male ○ Nonbinary / nonconforming ○ Prefer not to say
How do you describe your race or ethnicity? Check all that apply.	☐ White or Caucasian ☐ Hispanic or Latino ☐ Black or African American ☐ Native American or American Indian ☐ Asian / Pacific Islander ☐ Other ☐ Prefer not to say

What is your role?	○ Student/trainee assessing content
	○ Faculty member self-assessing content (creator of this content)
	○ Faculty member assessing content (NOT creator of the content)
	○ Course director or other faculty supervisor assessing content (NOT creator of the content but responsible for its dissemination)
	○ Curriculum leader or administrator (NOT creator of the content)
	○ Other

Please specify your role:	_____

Have you completed any training on how to use the checklist?	○ Yes
	○ No

What training did you complete? Check all that apply.	☐ Read journal article
	☐ Viewed full-length (60-90 minute) webinar or PowerPoint presentation
	☐ Viewed brief (10 minute) webinar or PowerPoint presentation
	☐ Participated in interactive workshop
	☐ Attended meeting where checklist was discussed

Content Identification

These questions are about the piece of content you are reviewing with the Checklist.

Institution:
- ◯ SUNY Upstate
- ◯ Other

Other Institution (optional):
- ◯ Arizona College of Osteopathic Medicine
- ◯ Case Western Reserve University
- ◯ Eastern Virginia Medical School
- ◯ Emory University
- ◯ Georgetown University
- ◯ Kaiser Permanente Mid-Atlantic
- ◯ Mayo Medical School
- ◯ Mount Sinai School of Medicine
- ◯ Northern Michigan University
- ◯ Northwestern University
- ◯ Ohio State University
- ◯ Oregon Health & Sciences University
- ◯ Rush University
- ◯ Tulane University
- ◯ University of California Davis
- ◯ University of California Irvine
- ◯ University of Chicago
- ◯ University of Illinois
- ◯ University of Kansas
- ◯ University of Missouri - Kansas City
- ◯ University of Nebraska
- ◯ University of Texas Medical Branch
- ◯ University of Virginia
- ◯ Other

Other Institution (optional):

_____

Please select your department/s:

☐ No departmental affiliation
☐ Anesthesiology
☐ Biochemistry and Molecular Biology
☐ Bioethics and Humanities
☐ Cell and Developmental Biology
☐ Emergency Medicine
☐ Family Medicine
☐ Geriatrics
☐ Medicine
☐ Microbiology and Immunology
☐ Neurology
☐ Neuroscience and Physiology
☐ Neurosurgery
☐ Obstetrics and Gynecology
☐ Ophthalmology & Visual Sciences
☐ Orthopedic Surgery
☐ Otolaryngology and Communication Sciences
☐ Pathology
☐ Pediatrics
☐ Physical Medicine and Rehabilitation
☐ Psychiatry and Behavioral Sciences
☐ Public Health and Preventive Medicine
☐ Radiation Oncology
☐ Radiology
☐ Surgery
☐ Urology

Program:

○ Undergraduate medical education
○ Graduate medical education
○ Continuing medical education
○ Nursing
○ Physical therapy
○ Physician assistant program
○ Other health professions
○ Other (not health professions)

Program/s (Check all that apply)	☐ Anesthesiology
	☐ Pain
	☐ Dentistry
	☐ Emergency Medicine
	☐ EMS
	☐ Pediatric EM
	☐ Toxicology
	☐ HBO
	☐ Family Medicine
	☐ Medicine
	☐ Cardiovascular
	☐ Endocrinology
	☐ Gastroenterology
	☐ Geriatrics
	☐ Hem/Onc
	☐ ID
	☐ Nephrology
	☐ Pulm/CC
	☐ Rheumatology
	☐ Neurology
	☐ Epilepsy
	☐ Neurophysiology
	☐ Vascular
	☐ Neurosurgery
	☐ OB/Gyn
	☐ Maternal Fetal Medicine
	☐ Ophthalmology
	☐ Orthopedic Surgery
	☐ Hand
	☐ Spine
	☐ Otolaryngology
	☐ Pathology -Anatomic
	☐ Blood Banking
	☐ Cytopathology
	☐ Hematopathology
	☐ Pediatrics
	☐ Child Abuse
	☐ Infectious Disease
	☐ Pediatric Hospitalist
	☐ PM&R
	☐ Spinal Cord Injury
	☐ Psychiatry
	☐ Addiction
	☐ Child & Adolescent
	☐ Forensic
	☐ Radiology
	☐ Neuroradiology
	☐ Vascular Interventional
	☐ Radiation Oncology
	☐ Surgery
	☐ Vascular Surgery
	☐ Urology

What year of Upstate's MD program is the content you're reviewing in?	◯ Phase 1 [2023 and after]
	◯ MS1
	◯ MS2 [final year: 2023-24]
	◯ MS3
	◯ MS4

What course is the content for?

- ○ MCM - Molecules, Cells and Microbes
- ○ FSC - Foundations, Skin & Cancer
- ○ MSK - Musculoskeletal System
- ○ CHN - CNS, Head & Neck Structures
- ○ CVS - Cardiovascular System
- ○ RSP - Respiratory System
- ○ KUS - Kidney and Urinary System
- ○ CNS - Clinical Neuroscience
- ○ POM - Practice of Medicine
- ○ LCP - Longitudinal Clinical Preceptorship
- ○ FRM - Foundations of Reasoning in Medicine
- ○ HSS1 - Ethics, Equity and Professionalism
- ○ HSS2 - Population Health and Preventive Medicine
- ○ HSS3 - Epidemiology, Biostatistics, and Study Design
- ○ HSS4 - Health Policy 1: Finance & Delivery
- ○ HSS5 - Health Policy 2: Law and Advocacy
- ○ Other

Course title:

_____

What course is the content for?

- ○ MCM
- ○ Musculoskeletal
- ○ Nervous System I
- ○ Cardiovascular, Respiratory I
- ○ Urinary & Respiratory II
- ○ Gastrointestinal I
- ○ Endocrine, Reproductive
- ○ FRM1
- ○ POM1
- ○ P2P
- ○ Other

What course is the content for?

- ○ Foundations & Skin
- ○ Hematology & Oncology
- ○ Renal, Reproductive, Endocrine
- ○ Cardiovascular, Respiratory II
- ○ Nervous System II
- ○ Gastrointestinal II
- ○ FRM2
- ○ POM2
- ○ Other

What clerkship is the content for?

- ○ Neurosciences
- ○ Pediatrics
- ○ Internal Medicine
- ○ Family Medicine
- ○ Surgery
- ○ OBGYN
- ○ Psychiatry
- ○ Population Health
- ○ Bioethics
- ○ Other

Course or clerkship:

_____

Title of content:

_____

What type of content are you assessing?	◯ Lecture
	◯ Small group session (e.g., case discussion, team or problem-based learning)
	◯ Standardized patient encounter
	◯ Written examination
	◯ Other

Other:	
	_____

Is this content presented in a single session or in multiple sessions?	◯ Single
	◯ Multiple

Over how many contact-hours is this content presented?	
	_____

Is this assessment retrospective or prospective?	◯ Retrospective, in order to address a suspected problem or improve the content for the future
	◯ Prospective, to evaluate the content prior to implementation

Do you expect to find bias in this content?	◯ Yes
	◯ Unsure
	◯ No

Are the resources used to prepare this content up-to-date? Note that this will vary based upon the discipline and topic and cannot be strictly defined; however, in many of the domains below, medical practice has long relied on tradition more than evidence and dogma is actively being overturned. It is therefore critically important that content reference the most recently available literature and be revised at least once a year.	◯ Yes
	◯ Unsure
	◯ No

Instructions for Using the Checklist

Consider whether each domain and indicator below - all of which are associated with marginalization and inequality in healthcare, access to care, and health outcomes - is present in the content you are reviewing.

As you review, ask yourself:

  Why might this part of the content be at risk for bias? How might it impact learners? What is the goal or learning objective for this part of the content? Why was it included in the first place? Should it be changed? How should it be changed? A recommendation to change the content may indicate that the content should be removed, replaced, revised or updated, or simply acknowledged with an apology. More information on changing content is available here: https://www.youtube.com/watch?v=Y1Ok9Q1mjFs.

If you have any questions, please check out the resources on www.biaschecklist.org or email biaschecklist@gmail.com.

We will continue to revise the Checklist in response to feedback and impact so please feel free to share feedback: www.biaschecklist.org/contact.

The terms "stereotypes, bias, shame and stigma" appear throughout the checklist. We use the definitions below.

Stereotype: Fixed, overgeneralized and oversimplified image or idea of a particular type of person or thing; often widely held and applied to whole groups of people

Bias: Preconceived opinion or inclination that is not rigorously based on reason, experience or evidence (though it may have roots in these things); can be positive, negative or both; occurs on a spectrum from implicit (or unconscious) to explicit (or consciously endorsed)

Shame: In the healthcare context, more accurately termed "medical shaming"; process by which patients are judged by healthcare professionals to be more responsible for their own situation (including their health, social and economic status) and less deserving of health and healthcare than the "ideal" patient (Serani, 2019)

Stigma: "Powerful social process characterized by labeling, stereotyping, and separation, leading to loss of social status and discrimination, all occurring in the context of power"; in the context of healthcare, stigma can be related to living with a specific disease or health condition and is often associated with judgment or blame regarding the condition; a barrier to healthcare (Nyblade, et al., 2019)

Discrimination: Unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation (APA)

Additional resources are available on the Bias Checklist website.

Support for New Users: https://www.biaschecklist.org/support-for-new-users

Video Library: https://www.biaschecklist.org/video-library

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Race, Ethnicity and Racism

Race: Grouping of humans based on shared physical or social qualities into categories generally viewed as distinct by a society; importantly, race is a social, not a biological construction, and a person's racial grouping will vary between countries and societies

Ethnicity: Groups (e.g., Fijian, or Sioux, etc.) that share a common identity-based ancestry, language, or culture; often based on religion, beliefs, and customs as well as memories of migration or colonization (Cornell & Hartmann)

Learn more about this domain on the website at:
https://www.biaschecklist.org/race-ethnicity-and-racism

Does the content include any mention of race or ethnicity? If photos of humans or parts of humans are included, race is present in the content.	○ Yes ○ No
Should the content include any mention of race or ethnicity?	○ Yes ○ Unsure ○ No
Are explicit biological differences* between racial or ethnic groups stated?	○ Yes ○ No (*Health differences among different racial and ethnic groups that are attributed to differences in the distribution of genes, often falsely; the vast majority of health differences are not genetic in origin but are due to social and structural inequity, although biology (through mechanisms such as toxic stress and epigenetic modification) may play a role)
Regarding content about EXPLICIT biological differences between racial or ethnic groups, check all that apply:	☐ This content is not essential to the lecture. ☐ This content is not scientifically accurate. ☐ The relationship of social or structural determinants of health to the racial or ethnic differences is not discussed. ☐ This content does not discuss the role of toxic stress (e.g., chronic exposure to racism) in contributing to biological differences between races. ☐ This content states that racial groups are biological constructs. ☐ Learners are told that this information is important for standardized examinations. ☐ None of the above applies to this content.
Are biological differences between racial or ethnic groups implied*?	○ Yes ○ No (*The suggestion or implication (not overtly stated) that disparities in the health status or health outcomes of different racial and ethnic groups is due to genetic differences rather than social and structural inequity)

Regarding content about IMPLICIT biological differences between racial or ethnic groups, check all that apply:	☐ This content is not essential to the lecture. ☐ This content is not scientifically accurate. ☐ The relationship of social or structural determinants of health to the racial or ethnic differences is not discussed. ☐ This content does not discuss the role of toxic stress (e.g., chronic exposure to racism) in contributing to biological differences between races. ☐ This content implies that racial groups are biological constructs. ☐ Learners are told that this information is important for standardized examinations. ☐ None of the above applies to this content.

Examples of content that promotes shame, bias, stereotype or stigma include:

- Teaching the practice of race "correction" for highly variable physiological measures such as spirometry values and glomerular filtration rate, based on outdated studies and neglecting to recognize intrinsic variation within racial groups
- Presenting associations between race and disease incidence without context
- Showing two photos side-by-side during an obesity lecture: one depicting a family comprised of thin white individuals sitting down to a healthy dinner and one depicting a family of overweight black individuals sitting in front of fast food
- Consistently showing images of black individuals when addressing diabetes or obesity
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could this content be perceived as promoting stereotypes, bias, shame or stigma?	○ Yes ○ Unsure ○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/race-ethnicity-and-racism

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)? If so, please consider describing any changes in the comments below.	○ Yes ○ Unsure ○ No

Additional comments: please feel free to share more information about your content and changes you have made.	_____

Visual Images

Learn more about this domain on the website at:

https://www.biaschecklist.org/whats-a-domain

Were visual images of human beings included?	○ Yes ○ No
Was consent obtained for use of these images?	○ Yes ○ Unsure ○ No
Do the image or images add something important to the content?	○ Yes ○ No
Could the image(s) suggest stereotypes or promote bias? Be particularly cautious with cartoons and other images that are meant to be comical, as well as with images that are de-identified in some way (headless, eyes covered with black bars-these may imply that the person photographed should be ashamed of being identified and the latter are ineffective).	○ Yes ○ Unsure ○ No
Are the people depicted in the images racially and ethnically diverse*?	○ Yes ○ No (*Including all or a wide range of aspects of human differences including but not limited to race and ethnicity)
Are the people depicted in the images diverse in terms of body habitus (e.g., shape, size, physical disability)?	○ Yes ○ No
If using images of physical findings, do they represent the full spectrum of skin tones or other physical features?	○ Yes ○ No ○ Not applicable
If using image(s) to illustrate morphological features of disability, are the image(s) primarily tragic or negative (e.g., suggesting a poor quality of life*)?	○ Yes ○ Unsure ○ No ○ Not applicable (*Measure of health, comfort, and happiness experienced by an individual or group; highly individual and subjective with many studies showing that people routinely underestimate the quality of life reported by those they perceive as other (for example, disabled people self-report higher quality of life than able-bodied report when asked about what it would be like to have a disability))

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/whats-a-domain.

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Unsure
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

_____

Clinical Vignettes

Learn more about this domain on the website at:

https://www.biaschecklist.org/moving-beyond-the-checklist

Does your content contain one or more clinical vignettes or references to specific patients (whether real or hypothetical)?

○ Yes
○ No

When thinking about clinical vignettes, please consider the concept of intersectionality first developed by Kimberlé Crenshaw.

People have multiple identities. For example, a person may be a Muslim and also have a disability. Avoid reducing a person to one identity, especially the identity that is most obvious. Remember that people have other identities that impact their care.

"Individual lives cannot be fully understood by attending simply to narrow bands or categories of identity—gender, race, age, class, sexual identity, disability, immigration status, and so forth—in isolation. Rather, individuals must be considered at the intersection of their identity categories, where interrelated systems of oppression and discrimination, advantage and disadvantage are at play and determine access to the social and material necessities of life."
- Blackie M, Wear D, Zarconi J. Narrative intersectionality in caring for marginalized or disadvantaged patients: Thinking beyond categories in medical education and care. Academic Medicine. 2019 Jan 1;94(1):59-63.

If your course or program contains multiple cases over many sessions, considering using the spreadsheet linked here for holistic review of cases.

Are patients' stories de-identified or was consent obtained for the use of their stories in teaching?

○ De-identified
○ Verbal or written consent obtained
○ Both de-identified and consent obtained
○ Neither de-identified nor consent obtained
○ Patient cases are all hypothetical

Does the vignette use language that indicates judgment of the patient or the patient's behavior?

In addition to more obvious examples, subtle word choices (such as "alleged", "admitted" or "denied") may also indicate judgment and should be avoided in most cases.

○ Yes
○ Unsure
○ No

Is any aspect of the (real or hypothetical) patient's experience mocked, shamed or demeaned*?

○ Yes
○ Unsure
○ No
(*Includes any comments meant to elicit laughter, sarcasm, etc.)

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/moving-beyond-the-checklist

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After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Undecided
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

_____

Sex and Gender

Sex: "The male, female, or intersex division of a species, especially as differentiated with reference to the reproductive functions", including "the sum of the structural and functional differences by which male, female, and intersex organisms are distinguished, or the phenomena or behavior dependent on these differences" (Thesaurus.com)

Gender: Range of characteristics pertaining to, and differentiating between, femininity and masculinity; depending on the context, these characteristics may include biological sex, sex-based social structures (i.e., gender roles), or gender identity

Gender identity: A socially and personally constructed identity that can be associated with masculinity, femininity, androgyny, any combination of these, or altogether different conceptions of gender

Learn more about this domain on the website at: https://www.biaschecklist.org/sex-and-gender

Does the content include any mention of sex or gender? If photos of humans are included or if the content includes clinical vignettes/references to individual people (patients or health care professionals), gender is most likely present in the content.	○ Yes ○ No
Should the content include any mention of sex or gender?	○ Yes ○ Unsure ○ No
Are all genders represented in the content?	○ Yes ○ Unsure ○ No
Is gender presented as part of a spectrum* (i.e., NOT represented as a binary concept**)?	○ Yes ○ No (*Continuum of identity and expression stretching from men to women and masculine to feminine; concept that better reflects most people's lived experience, as no one has exclusively masculine or exclusive feminine traits, interests, etc.; **idea that human gender is divided into two distinct sexes, female and male, typically associated with distinct gender roles)

Does the content conflate gender identity with sexual orientation*?	◯ Yes ◯ Unsure ◯ No (*"Enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender; generally subsumed under heterosexuality, homosexuality, and bisexuality, while asexuality (the lack of sexual attraction to others) is sometimes identified as the fourth category" (Wikipedia))
Does the content promote traditional gender roles*?	◯ Yes ◯ Unsure ◯ No (*Roles that support or promote the gender binary and align with older notions of what is acceptable for women or for men (for example, women as nurturers, stay-at-home wives and mothers, etc.; men as physically aggressive, protectors, financial breadwinners, etc.; in healthcare, may include assumptions that women are nurses and men are doctors, not vice versa))
Are symptoms, signs, other clinical findings and/or disease presentations (e.g., chest pain) referred to as "atypical" or "variant" when they occur in women?	◯ Yes ◯ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Pediatric vignettes in which patients are invariably accompanied by a mother (never a father, two fathers, two mothers, grandparents, etc.) or only involve nuclear families with heterosexual, married parents and biological offspring
- Suggesting that female students consider reproduction and family obligations in their career choices
- Disproportionate course content/contact hours devoted to conditions that impact men more than women (e.g., time spent in pharmacology on drugs for erectile dysfunction vs. time spent on contraceptives)
- Teaching students that intersex patients are really male or female, once diagnosed properly
- Failure to use preferred pronouns for gender-nonconforming patients in clinical vignettes
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?	◯ Yes ◯ Unsure ◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here:
https://www.biaschecklist.org/sex-and-gender

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Undecided
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

_____

Sexuality, Sexual Behavior and Sexual Orientation

Sexuality: Capacity for sexual feelings

Sexual behavior: Manner in which humans experience and express their sexuality

Sexual orientation: "An enduring pattern of romantic or sexual attraction (or a combination of these) to persons of the opposite sex or gender, the same sex or gender, or to both sexes or more than one gender; generally subsumed under heterosexuality, homosexuality, and bisexuality, while asexuality (the lack of sexual attraction to others) is sometimes identified as the fourth category" (Wikipedia)

Learn more about this domain on the website at:
https://www.biaschecklist.org/sex-and-gender

Does the content include any mention of sexual behavior, sexuality or sexual orientation?	◯ Yes ◯ No
Should the content include any mention of sexual behavior, sexuality or sexual orientation?	◯ Yes ◯ Unsure ◯ No
Is the spectrum* of sexual orientation represented in the content?	◯ Yes ◯ Unsure ◯ No (*Model of sexual orientation "which places people whose sexual and/or romantic orientation is toward persons of the same gender and/or sex-gay, lesbian and same-gender-loving people-at one end and people whose sexual and/or romantic orientation is toward persons of the other binary gender or sex-straight people-at the other end"; in this model, people who are sexually and/or romantically attracted to both men and women and/or non-binary people are in the middle (University of South Dakota, 2021))
Does the content recognize the sexual health needs of patients with physical disabilities*?	◯ Yes ◯ Unsure ◯ No (*Limitation(s) on a person's physical functioning, mobility, dexterity or stamina; may include or be distinguished from impairments in vision or hearing; typically distinguished from intellectual or cognitive disabilities and psychiatric disabilities)
Does the content recognize the sexual health needs of patients with cognitive disabilities*?	◯ Yes ◯ Unsure ◯ No (*Limitations in mental functioning affecting skills such as communication, self-help, or social interaction and cause greater difficulty with such tasks than experienced by people defined by society as "average" or "typical")

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| Does the content recognize the sexual health needs of older patients, including geriatric patients? | ◯ Yes
◯ Unsure
◯ No |

Examples of content that promotes shame, bias, stereotype or stigma include:

- Using language in clinical vignettes or discussions of history-taking such as "The patient ADMITTED to having sex."
- Teaching students to take a sexual history that does not account for the full spectrum of sexual identities and encourages categorization
- Teaching students to label sexual identities and behaviors as "high-risk"
- Using value-laden terms like "prostitute" instead of the more neutral "sex worker"
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

| Could the content be perceived as promoting stereotypes, bias, shame or stigma? | ◯ Yes
◯ Unsure
◯ No |

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here:
https://www.biaschecklist.org/sex-and-gender

| After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)? | ◯ Yes
◯ Undecided
◯ No |

If so, please consider describing any changes in the comments below.

| Additional comments: please feel free to share more information about your content and changes you have made. | _____ |

Disability and Ableism

Disability: "Impairments, activity limitations, and participation restrictions; an impairment is a problem in body function or structure; an activity limitation is a difficulty encountered by an individual in executing a task or action; while a participation restriction is a problem experienced by an individual in involvement in life situations; complex phenomenon, reflecting an interaction between features of a person's body and features of the society in which he or she lives" (WHO)

Ableism: Discrimination and social prejudice against people with disabilities and/or people who are perceived to be disabled; ableism characterizes people who are defined by their disabilities as inferior to the non-disabled [and] assign[s] or denie[s them] certain perceived abilities, skills, or character orientations

Learn more about this domain on the website at: https://www.biaschecklist.org/disability-and-ableism

Does the content include any mention of disability, including physical or cognitive/intellectual disability? Note that mental health, substance use, and aging are addressed in separate domains, although these topics overlap and intersect with discussions of disability and you may choose to include them when responding to the questions in this domain.	○ Yes ○ No
Should the content include any mention of disability, including physical or cognitive/intellectual disability?	○ Yes ○ Unsure ○ No
Does the content include positive representations of disability (e.g., as typical human variation or diversity*)?	○ Yes ○ Unsure ○ No (*Representing or acknowledging all aspects of human differences including but not limited to socioeconomic status, race, ethnicity, language, nationality, sex, gender identity, sexual orientation, religion, geography (including rural and highly rural areas), disability, and age (AAMC))

Examples of content that promotes shame, bias, stereotype or stigma include:

- Failing to recognize that most people with disabilities regard their quality of life as comparable to those without disabilities
- Assuming that people with disabilities' quality of life is not comparable to those without disabilities
- Assuming that preventive health is not as important to patients with disabilities
- Using "us" and "them" language when talking about patients with disabilities (failing to acknowledge that many learners and colleagues may be disabled)
- Any comment about this subject that is meant to elicit laughter

Although we recognize that there are differences of opinion within different communities and the field of disability rights, we recommend that educators without personal experience and/or expertise use person-first language.

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?

◯ Yes
◯ Unsure
◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/disability-and-ableism

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

◯ Yes
◯ Undecided
◯ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

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Mental Health and Substance Use

Mental health: Emotional, psychological, and social well-being; affect how we think, feel, and act; helps determine how we handle stress, relate to others, and make choices

Substance use: Use of drugs or alcohol, and includes substances such as cigarettes, illicit drugs, prescription drugs, inhalants and solvents; distinguished from a substance use disorder

Substance use disorder: Persistent use of substances despite substantial harm and adverse consequences

Learn more about this domain on the website at:
https://www.biaschecklist.org/mental-health-and-substance-use

Does the content include any mention of mental health or substance use?
  ○ Yes
  ○ No

Should the content include any mention of mental health or substance use, or of the particular healthcare needs of patients with these concerns?
  ○ Yes
  ○ Unsure
  ○ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Implying that patients with mental health concerns are violent/dangerous
- Undermining the dignity of people with mental health concerns by not recognizing how some might value neurodiversity as well as wishing treatment for symptoms that cause suffering
- Using language of personal responsibility and self-control to discuss addiction, rather than acknowledging that it is a disease
- Referring to patients as "crazy", "insane", "addicts", "junkies", "drunks"
- Using "us" and "them" language when talking about patients with disabilities (failing to acknowledge that many learners and colleagues may experience mental health concerns or substance use)
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?
  ○ Yes
  ○ Unsure
  ○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/mental-health-and-substance-use

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?
  ○ Yes
  ○ Undecided
  ○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more
information about your content and changes you have
made.

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Weight and Weight Bias

Learn more about this domain on the website at:
https://www.biaschecklist.org/weight-and-weight-bias

Does the content include any mention of weight or body mass index?	○ Yes ○ No

Does the content assume or imply a linear or straightforward relationship between weight (or body mass index) and health?	○ Yes ○ Unsure ○ No

Does the content emphasize personal responsibility in discussions of obesity?	○ Yes ○ Unsure ○ No

Does the content discuss genetic, epigenetic, social and structural risk factors related to obesity?	○ Yes ○ Unsure ○ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Describing overweight and obese patients as "noncompliant"
- Assuming that all overweight and obese are unhealthy, when it is much more complicated biologically
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?	○ Yes ○ Unsure ○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/weight-and-weight-bias

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?	○ Yes ○ Undecided ○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.	_____

Immigration Status, Language and Nationality

Immigration status: Refers to the way in which a person is present in a country; everyone has an immigration status; examples in the U.S. include citizens (by birth or naturalization), legal permanent or conditional residents, non-immigrants (present on temporary visas, such as student visas) and undocumented immigrants

Nationality: Status of belonging to a particular nation whether by birth or naturalization

Learn more about this domain on the website at:
https://www.biaschecklist.org/immigration-status-language-and-nationality

Does the content include any mention of immigration status, nationality, language or culture?	◯ Yes ◯ No
Should this content include any discussion of the healthcare needs of patients who are not citizens, were born in another country, or do not speak English fluently?	◯ Yes ◯ Unsure ◯ No
Does this content distinguish between different categories of immigration status, including refugees*, asylum seekers, and undocumented immigrants**, "green card holders", etc.?	◯ Yes ◯ No ◯ Not applicable (*Refugee: "Person who has fled their own country because they are at risk of serious harm" (including human rights violations and persecution); the risks to their safety and life were so great that they felt they had no choice but to leave and seek safety outside their country because their own government cannot or will not protect them from those dangers; refugees have a right to international protection (Amnesty International, 2021); **Undocumented immigrant: Anyone residing in any given country without legal documentation from that country; includes people who enter a country without inspection and permission from the government, and those who enter with a legal visa but that remain after the visa expires (Immigrants Rising, 2021))
Could this content be understood as suggesting that patients who do not speak English are less capable of understanding healthcare information, making informed healthcare decisions or adhering to healthcare recommendations?	◯ Yes ◯ Unsure ◯ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Focusing only on language barriers in clinical encounters between physicians and patients who are immigrants (assumes immigrants never speak English and neglects other important features)

- Overemphasizing the burden on healthcare providers' time related to use of interpreters

- Assuming or implying that all Spanish-speaking patients are undocumented immigrants / migrant workers

- Stating or implying that all patients from a particular culture participate in certain practices or reject certain medical interventions (e.g., "Muslim women are not permitted to be examined by male physicians")

- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition

was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?	◯ Yes ◯ Unsure ◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/immigration-status-language-and-nationality

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)? If so, please consider describing any changes in the comments below.	◯ Yes ◯ Undecided ◯ No

Additional comments: please feel free to share more information about your content and changes you have made.	_____

Socioeconomic Status and Poverty

Socioeconomic status: "Social standing or class of an individual or group"; "often measured as a combination of education, income and occupation" (APA, 2021)

Poverty: State or condition in which a person or community lacks the resources to meet basic and essential needs for a minimum standard of living; below an income threshold set by the federal government in the U.S.

Learn more about this domain on the website at:
https://www.biaschecklist.org/socioeconomic-status-and-poverty

Does the content include any mention of poverty or socioeconomic status?	◯ Yes ◯ No

Should this content include a discussion of poverty or socioeconomic status?	◯ Yes ◯ Unsure ◯ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Presenting race as a risk factor for disease occurrence or outcome without explaining role of poverty, access to healthcare, etc.
- Presenting poor people as lazy or lacking in character
- Any comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?	◯ Yes ◯ Unsure ◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here:
https://www.biaschecklist.org/socioeconomic-status-and-poverty

| After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

If so, please consider describing any changes in the comments below.	◯ Yes ◯ Undecided ◯ No

Additional comments: please feel free to share more information about your content and changes you have made.	_____

Age and Ageism

Learn more about this domain on the website at:

https://www.biaschecklist.org/age-and-ageism

Does the content include any discussion of older adults or geriatric patients?

○ Yes
○ No

Should this content include a discussion of the distinctive needs of older adults or geriatric patients?

○ Yes
○ Unsure
○ No

Considerations include whether the issue being taught often affects older people or manifests differently in older people. Pay special attention to discussions of sexuality.

Examples of content that promotes shame, bias, stereotype or stigma include:

- Focusing only on declining health/quality of life and need for advance directives/limitations of care
- Ignoring positive portrayals of aging and geriatric care
- Presuming that older adults are disabled and/or identify as disabled; some older adults will view disability as stigmatizing and will not identify as a person with a disability
- Neglecting consideration of sexual health at all ages

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?

○ Yes
○ Unsure
○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/age-and-ageism

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Undecided
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

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Religion, Spirituality and Culture

Learn more about this domain on the website at:
https://www.biaschecklist.org/religion-and-culture

Does the content include any discussion of religion or faith tradition?

◯ Yes
◯ No

Should this content include any discussion of religion or of the special needs of patients belonging to certain religious groups or faith traditions?

Please use caution in this area and avoid treating religious groups as monolithic*; most patients interpret their religious faith or lack thereof in ways unique to them and their families.

◯ Yes
◯ Unsure
◯ No
(*Intractably indivisible and uniform; in this context, refers to the tendency to perceive all members of another cultural or religious group (especially an unfamiliar group) as sharing the same values, beliefs and practices, despite all such groups having significant intra-group variation)

Does that content assume that religious or faith-based groups are monolithic* and present their beliefs as such?

Examples include: suggesting that all Muslim women refuse to see male providers; that all Amish families want to consult their community elders prior to making a major medical decision; or that Catholic patients never use contraception.

◯ Yes
◯ Unsure
◯ No
(*Intractably indivisible and uniform; in this context, refers to the tendency to perceive all members of another cultural or religious group (especially an unfamiliar group) as sharing the same values, beliefs and practices, despite all such groups having significant intra-group variation)

Examples of content that promotes shame, bias, stereotype or stigma include:

- Mocking particular religious beliefs, especially those that are considered "outside" of the mainstream
- Presenting all deeply religious patients as rejecting mainstream medicine
- Treating religious objections to certain types of medical intervention as more worthy of consideration than other personal beliefs
- Any other comment about this subject that is meant to elicit laughter

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?

◯ Yes
◯ Unsure
◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here:
https://www.biaschecklist.org/religion-and-culture

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

If so, please consider describing any changes in the comments below.

◯ Yes
◯ Undecided
◯ No

Additional comments: please feel free to share more
information about your content and changes you have
made.

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Incarceration and Carceral Status

Prisoners: People deprived of liberty and kept under involuntary restraint, confinement, or custody; especially those on trial or in prison; a vulnerable group accorded additional protections under federal research regulations (OHRP, 2021)

Learn more about this domain on the website at: https://www.biaschecklist.org/incarceration

Does the content include any discussion of incarceration or of the special healthcare needs of prisoners?	◯ Yes ◯ No
Should this content include any discussion of incarceration or of the special healthcare needs of prisoners?	◯ Yes ◯ Unsure ◯ No
Does the content discuss mass incarceration* as a public health problem (e.g., the school-to-prison pipeline)?	◯ Yes ◯ No (*Extremely high rate of incarceration in the U.S. for both adults and youth, disproportionately impacting Black adults and youth)
Does the content discuss the relationship between systemic, institutional or structural racism* and mass incarceration?	◯ Yes ◯ No (*Form of racism that is embedded through laws and regulations within society or an organization)

Examples of content that promotes shame, bias, stereotype or stigma include:

- Implying that prisoners are less deserving of healthcare than others
- Assuming the guilt of all those charged with crimes or incarcerated

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?	◯ Yes ◯ Unsure ◯ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/incarceration

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)? If so, please consider describing any changes in the comments below.	◯ Yes ◯ Undecided ◯ No
Additional comments: please feel free to share more information about your content and changes you have made.	_____

REDCap®

Rural Health and Rurality

Learn more about this domain on the website at: https://www.biaschecklist.org/rural-health

Does this content include any discussion of patients from or of healthcare provision in rural areas?

○ Yes
○ No

Should this content include any discussion of the particular healthcare needs of rural patients and populations?

○ Yes
○ Unsure
○ No

Examples of content that promotes shame, bias, stereotype or stigma include:

- Assuming that people living in rural areas are less educated than those in urban areas

- Assuming that people living in rural areas are less likely to have a healthy lifestyle or to adhere to healthcare recommendations

- Assuming that people living in rural areas are white, Christian and/or Republican

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes, bias, shame or stigma?

○ Yes
○ Unsure
○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: https://www.biaschecklist.org/rural-health

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Undecided
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

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Interprofessional Communication

Learn more about this domain on the website at: www.biaschecklist.org/whats-a-domain

Does this content discuss healthcare practitioners from more than one profession (e.g., medicine, nursing, physical therapy) or specialty (e.g, pediatrics, emergency medicine)?

○ Yes
○ No

Should this content discuss healthcare practitioners from more than one profession (e.g., medicine, nursing, physical therapy) or specialty (e.g, pediatrics, emergency medicine)?

○ Yes
○ Unsure
○ No

Does this content address each profession and/or specialty respectfully?

○ Yes
○ Unsure
○ No

Does this content use gender-neutral pronouns* when referring to members of each profession or specialty?

○ Yes
○ Unsure
○ No
 (*Third-person plural (e.g., they) is now widely accepted as a gender-neutral alternative)

Examples of content that promotes stereotypes include:

- Jokes about emergency physicians only being interested in admitting or discharging patients or orthopedic surgeons lacking basic medical knowledge outside the operating room
- Using masculine pronouns for physicians and feminine pronouns for nurses
- Implying that nurse practitioners and physician assistants are less competent than physicians, or that physicians are less likely to be emotionally invested in their patients' wellbeing

These examples require some awareness of content across sessions, units and courses. Remember that learners can recognize patterns of bias that a single lecturer or facilitator may not appreciate. When reviewing the details of a case study or vignette, we recommend thinking about how it would affect learners if every patient with that condition was presented as being a particular race, ethnicity, sexual orientation, etc.

Could the content be perceived as promoting stereotypes regarding particular professions or specialties?

○ Yes
○ Unsure
○ No

Consider changing this content.

We recommend reaching out to experts at your institution or exploring the resources on the website here: www.biaschecklist.org

After completing this section of the checklist, have you made changes to the content or do you plan to make changes (or propose that the content creator make changes)?

○ Yes
○ Undecided
○ No

If so, please consider describing any changes in the comments below.

Additional comments: please feel free to share more information about your content and changes you have made.

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Wrap-Up

Additional feedback on the Bias Checklist is welcomed through our website: www.biaschecklist.org/contact.

Please feel free to upload any teaching materials with "before" and "after" versions, if you have made changes.

Would you be willing to discuss the changes you made further with the Upstate Bias Checklist Team in order to develop case studies for other educators to learn from?

◯ Yes
◯ No

Please enter your email address so that we can follow up with you:

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