Following a workshop in 2010 (Dogra 2012), a national group called Diversity in Medicine and Healthcare (DIMAH) was established.

The group has had input from over a dozen medical schools and included the following aims:

1. Clearly define diversity and what diversity education is and also what it is not
2. Curriculum Design – Identify aims and learning outcomes for diversity education, and how these will be delivered and assessed. Developing some resources for students and teachers which would include an outline "curriculum" (including a guide for aims and Learning outcomes)

This paper reports on the outcomes of these aims.

The following definition was agreed:

Culture is a socially transmitted pattern of shared meanings by which people communicate, perpetuate and develop their knowledge and attitudes about life. An individual's cultural identity may be based on heritage as well as individual circumstances and personal choice and is a dynamic entity. Diversity education is based upon the premise that:

- Each person is unique and complex and cannot be pigeon holed based upon any one facet of their culture or background
- Healthcare professionals, educators, students and patients all make assumptions about others and we need to be aware of this so that we can challenge ourselves and minimise the impact assumptions have on our interactions.

What diversity education is?

Diversity education is a clinically relevant, principle-based approach which aims to train future healthcare practitioners who

- Engage in continuous professional development through lifelong reflection on practice which is rooted in self-awareness of one's own perspectives and behaviours, how these arise and how they may impact on others.
- Demonstrate a patient and person-centred approach to interactions based on attitudes of respectful curiosity and empathy
- Demonstrate flexible, non-judgemental practice which takes into account patient-view of their illness and health needs.
- Demonstrate respect for colleagues, peers and patients who are may appear to be different or have different perspectives from their own.

Diversity education is not

- Political correctness
- Superficial tokenism
- Just about ethnicity
- A tick –box or an endpoint exercise.
- Teaching stereotypical, categorical information
- Forcing certain attitudes
- Separate from teaching aims in consultation skills, ethics and professionalism and clinical practice

Principles of Diversity Education:

Diversity education needs theoretical underpinning and integrated and linked with other components of the curriculum (for example ethics/ professionalism, social sciences, communication skills and clinical skills).

Needs to be related to practice and not just theoretical

This would be **assessed** at OSCE and reflective portfolios.

This model should run throughout the curriculum and run through the years, not just early years.

Appendix 1:

Definition: Culture is in part a socially transmitted pattern of shared meanings by which people communicate, perpetuate and develop their knowledge and attitudes about life. An individual's cultural identity may be based on heritage (for example language, country of origin, ethnicity) as well as individual circumstances (gender, physical abilities, age) and personal choice (religion, lifestyle choices) and is a dynamic process. It is the interplay between an individual and their external world that leads to a unique meaning of culture.

Diversity education is based upon the premise that:

- Each person is unique and complex and cannot be pigeon holed based upon any one facet of their culture or background

- Healthcare professionals, educators and patients all make assumptions about others and we need to be aware of this so that we can challenge ourselves and each other and minimise the impact assumptions have on our interactions.
- It aims to foster a person-centred approach to interactions and teach behaviours that demonstrate respectful curiosity and empathy

The following learning outcomes were agreed as a minimum requirement:

- Explore the meaning of diversity at an individual level and apply to communication with colleagues, peers and patients.
- Evaluate your own attitudes and perceptions (including personal biases) of different groups within society.
- Assess the impact (both positive and negative) of your attitudes on your clinical practice
- Identify possible examples of prejudice and strategies to challenge this effectively.
- Describe existing equal opportunity legislation.
- Reflect on the relevance of diversity in health and delivery of services.

Whilst these learning outcomes are presented as separate, there is clearly overlap between them and how they may be delivered.

Time needed

We would suggest that the minimum contact time should be 15 hours across the course plus an additional 15 hours of independent learning. We would also suggest an hour's minimum contact teaching time each year to instil the need to engage with the GMC principles of continued reflective lifelong learning and practice and linking it to aspects of diversity and professional practice. This should be part of the core curriculum undertaken by all students with opportunities for students to engage in special study skills, student selected components or electives also available. The fifiteen hours of contact time should have some dedicated to small group work in which students can explore their views and how to manage the challenges they may face when working with perspectives very different from their own.

Table 1 outlines when and how the outcomes might be delivered.

TABLE 1

Outcome	**Where in curriculum to deliver?**	**How to deliver?**	**Assessment**	**Faculty issues**	**Notes/comments Educational evidence to support the teaching of this outcome**
Reflect on the relevance of diversity in health and delivery of services.	Early on and can be reinforced in clinical introduction courses	Conceptual issues Use data on population health, disparities and inequalities Individual experiences of health care Get a wide range of perspectives such as patient, community, student and professional perspectives on disparities When students move into clinical arena identify more clinical examples and delivery of services	As some of this is factual can use MCQs or SAQs	Resources may be limited	Linking the data to aspects of diversity may be challenging
Evaluate your own attitudes and perceptions (including personal biases) of different	Ongoing throughout curriculum	Online material which can help them engage with the debate in a non threatening manner	Reflection to show engagement with the subject and/or what the difficulties are for them	Making sure that the teaching is challenging but engaging and does not alienate students Ensuring those	Questionnaires used in research have been shown to engage some students with the subject

groups within society.		Stereotyping exercises which get them to consider their own stereotypes about groups as well as those more widely held Also worth asking them to consider what it is about specific groups that challenges them Questionnaires about attitudes Audio tapes of different accents Exploration of their own childhood and family to help them explore how they come to form their perspectives Exercises to help them think about the experience of their own cultures and challenges within it Phot0s of aspects of diversity and asking students to consider the	Demonstrate engagement with group work including role plays and scenario discussions' Diversity based scenarios in OSCEs	teaching don't model stereotypes Staff need to have undertaken this exercise themselves so are comfortable with helping students work through the issues Maybe useful to give examples of staff challenges	

		values associated with certain images and contexts			
Assess the impact (both positive and negative) of your attitudes on your clinical practice	Can be in both early and later years	Stereotyping exercises that challenge them to link the stereotypes to impact on practice	Add clinical element to the assessments. Case studies of patients they have seen with specific reflections on diversity issues, to build upon the work done earlier in the course Written submission of case studies and implication on practice could be assessment method Small group tutorials, on-line discussion boards		
Identify possible examples from your own experience of prejudice and strategies to challenge this effectively.	Both in early and later years	Give videoed examples across the spectrum Ensure include other common aspects such as ageism and not just racism/sexism.	Clinical applications such as case based or fictitious scenarios, group discussions – in person and on-line OSCEs EMIs		
Describe existing	In a more formal	Lecture	MCQs and SAQs		There should be enough

equal opportunity legislation.	session and perhaps earlier so more aware of context	PowerPoint presentation On line training session			information for students to be aware of the context as this outcome can engage some students given this is a legal requirement