



## PURPOSE

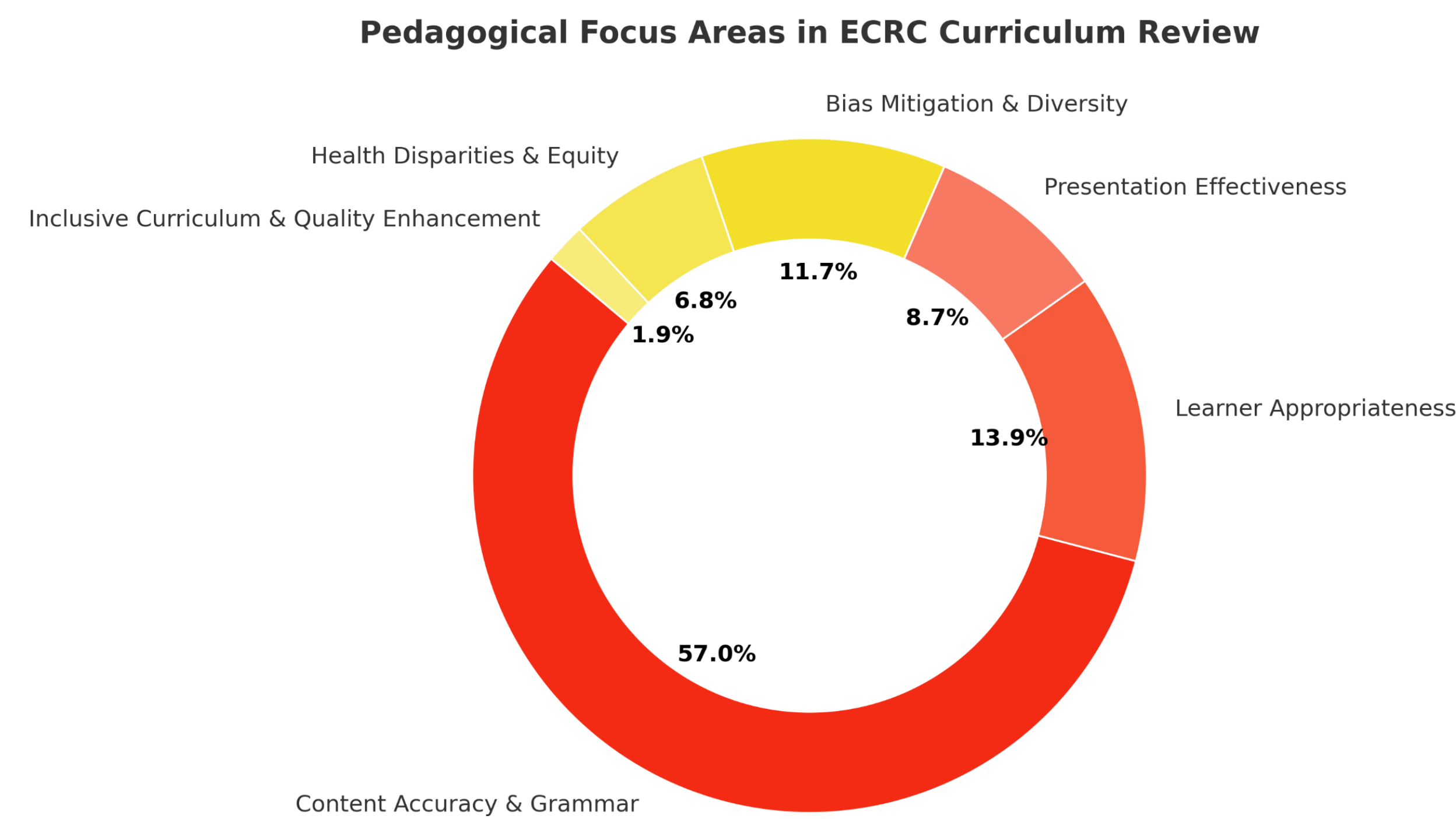
- Few undergraduate medical education (UME) programs systematically review curricular content prior to delivery to medical students.
- We created a process and group named the Educational Content Review Committee (ECRC) to execute proactive curricular content evaluation to enhance pedagogical effectiveness and mitigate bias in the curriculum
- We examined the results of our process to assess outcomes and impact.

## APPROACH

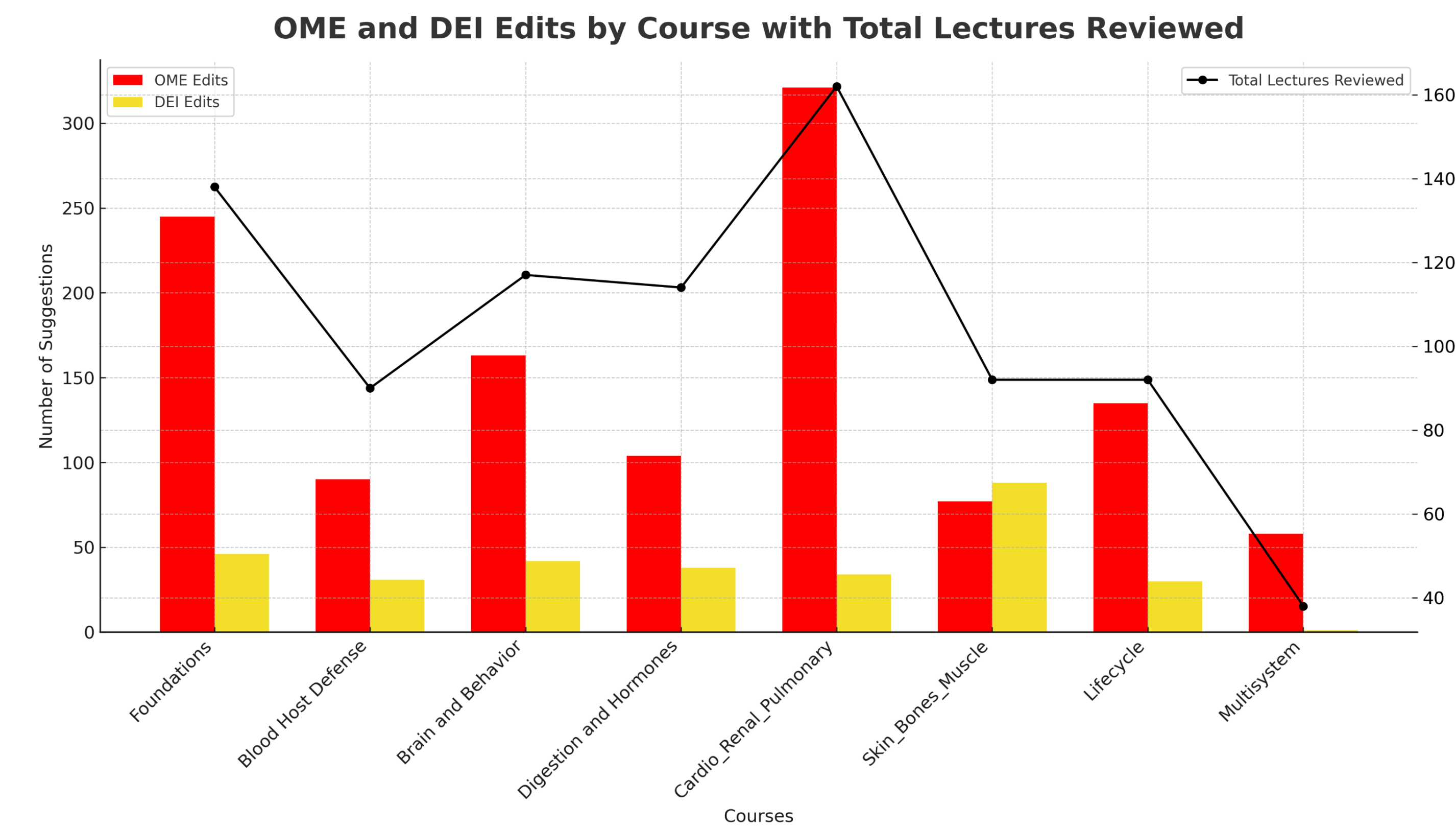
- We updated inclusive curricular guidelines and trained 2 groups of faculty reviewers
- First group: Office of Medical Education (OME) faculty that review for content, style, spelling/grammar, effectiveness, and appropriateness for learner level.
- Second group: faculty implicit bias trainers and equity champions who review content to mitigate bias and enhance diversity in images, gender equity, inclusive language, and address health disparities. This is referred to as the DEI (Diversity, Equity and Inclusion) review
- Faculty submitted presentation slides in a shared Teams format for review.
- Reviewers commented via Teams and presentations then returned to educators for review and edits.
- Final material was uploaded to our learning management system only after comments were adjudicated.



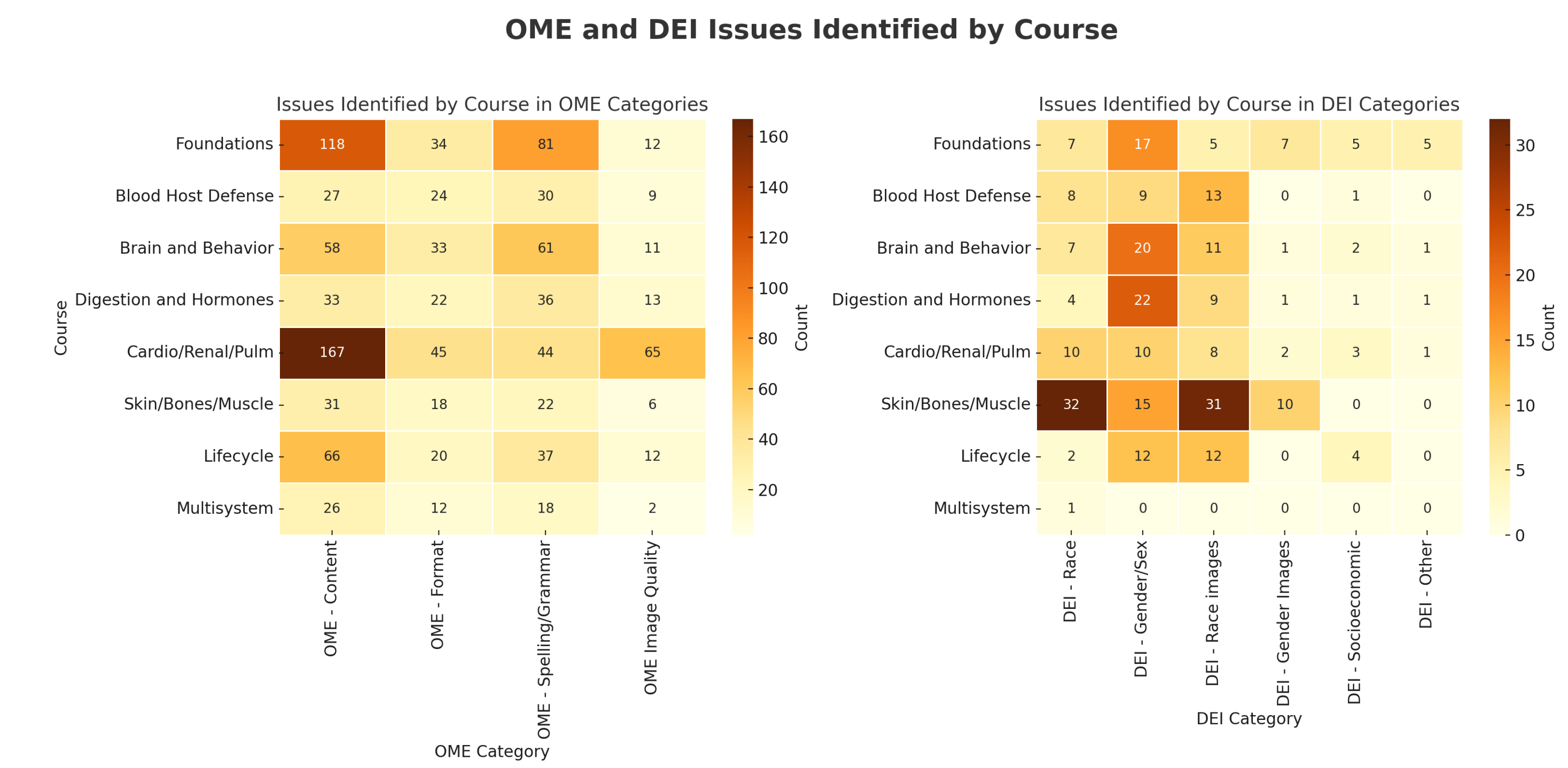
## RESULTS



**Figure 1.** Reviewer suggestion distributed by pedagogical focus areas. Content Accuracy & Grammar includes content clarity and correctness; Learner Appropriateness addresses formatting for readability; Presentation Effectiveness covers visual image quality; Bias Mitigation & Diversity focuses on inclusive language and representation; Health Disparities & Equity highlights diverse socioeconomic and racial; Inclusive Curriculum & Quality Enhancement includes image inclusivity and other improvements



**Figure 2.** Distribution of content suggestions across all courses. Red bars represent the number of edits, addressing content, grammar, style, and image quality. Yellow bars indicate DEI edits, focusing on enhancing diversity in images, gender equity, inclusive language, and addressing health disparities.

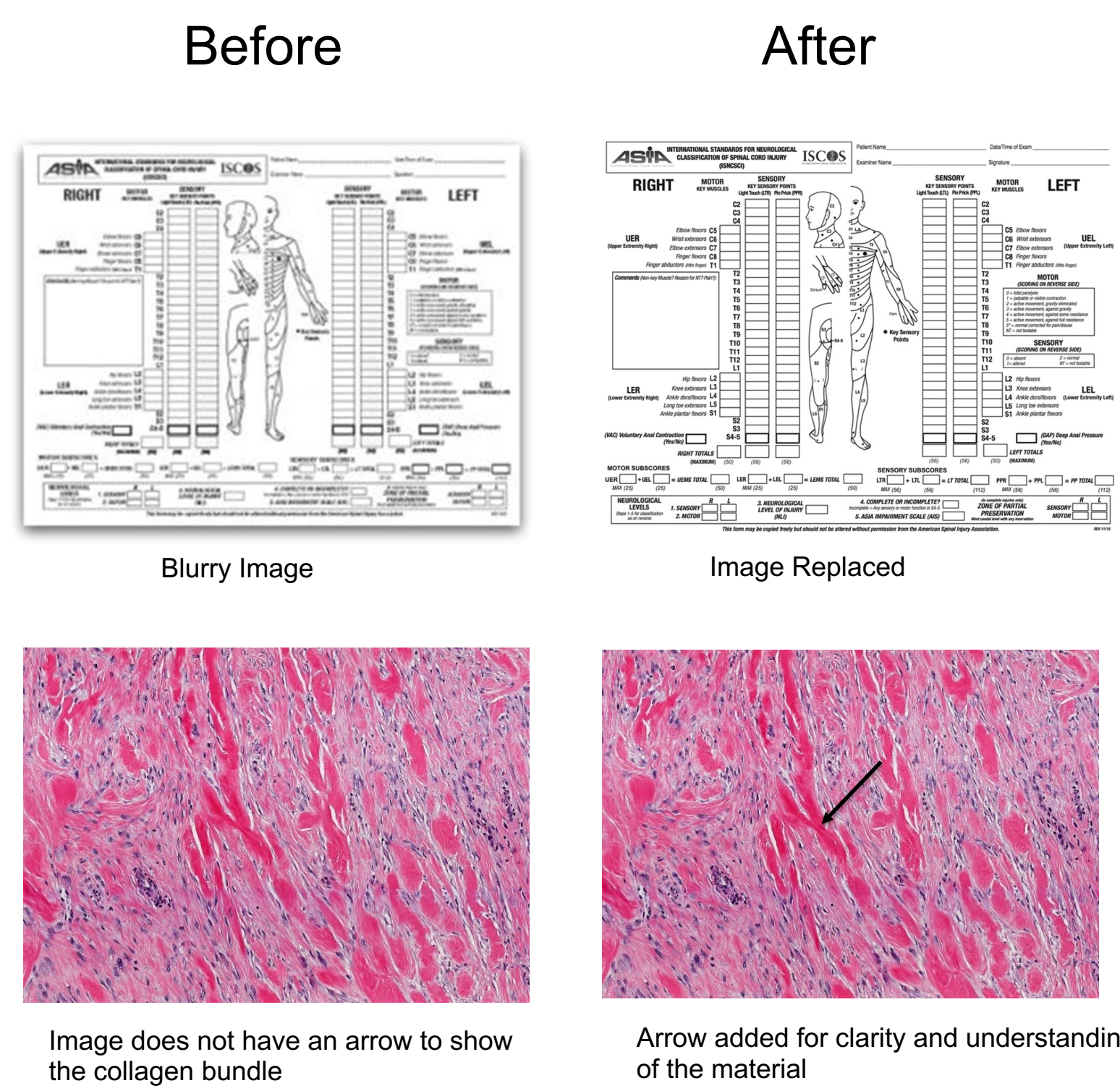


**Figure 3.** This heatmap displays the distribution of suggestions across and DEI categories for each course.

## BEFORE AND AFTER REVIEW EXAMPLES

### OME Reviews

Images used in lectures before and after review



Content before and after review

Feedback	Correction by Lecturer
Terminology Clarity: "Define unfamiliar terms like 'metaplasia' and 'dysplasia'."	Added a glossary slide with definitions
"Slide is too dense. Simplify or spread content between 2 slides"	Split content into two slides, using bullet points
"Dark background makes text hard to read."	Changed to a light background with dark text for better contrast.
"Important points should stand out more."	Bolded key points
"Fonts and sizes vary between slides."	Standardized font style, size, and color across all slides.
"Add labels to images for clarity."	Included labeled arrows and brief annotations to help students identify structures.

### DEI Reviews

Images used in lectures before and after review



Content before and after review

Feedback	Correction by Lecturer
"Images depict only one ethnic group."	Replaced images to reflect diverse racial and ethnic backgrounds, showing disease presentations across populations.
"'At-risk populations' lacks context."	Revised to "populations with higher prevalence due to socio-economic and environmental factors"
"Use 'people with prostate cancer' instead of 'men with prostate cancer'."	Updated to "people with prostate cancer" for gender inclusivity.
Leiomyoma Risk Factors "Explain why black patients are more likely to have significant clinical symptoms"	Updated to list the reasons why "potential risk factors for fibroids; starting periods at younger ages, etc.
"A 42-year-old male cancer patient" should be changed to gender neutral	Updated to "A 42-year-old cancer patient"

## RESULTS

- Among OME reviews, content and grammar accounted for the majority of reviewer feedback
- Among DEI reviews, racial diversity and representation in images was the most common form of feedback
- Overall, more feedback was needed for curriculum content and grammar compared to bias in the curriculum

## DISCUSSION

- Despite some initial resistance, educators appreciated receiving input to enhance the quality of their presentations and lessons learned from reviewer feedback
- Developing an effective system with proper workflow was instrumental in creating a streamlined review process and ensuring buy-in from all reviewers who serve as volunteers.
- Since implementation, we have only lost one reviewer in 2 years and all reviewers appreciate the opportunity to impact the education of our next generation of physicians.
- Students also voice their appreciation for the process and their gratitude for our commitment to creating an inclusive, effective medical curriculum.

## SIGNIFICANCE

- Proactive review of curricular content ensures medical education material has been collaboratively reviewed and bias mitigation with particular attention image diversity, inclusion of social determinants of health impacting health and healthcare, inclusive language, and a lens of equity.
- Our ECRC process increased the quality and effectiveness of our curriculum.

## ACKNOWLEDGEMENTS

**OME Reviewers:** J. Martinez, N. Shah, D. Patel, N. Retener, P. Dittmar  
**DEI Reviewers:** S. Quezada, A. Levine, C. Callahan, R. Taylor, N. Goel, M. Rizzo, D. Carvajal, C. Gutierrez, K. Reavis, L. Jones