Conscientious Representation of Identities Across Case-Based Learning

Vibhuti Arya, PharmD, MPH, FAPhA
Professor, St. John's University
aryav@stjohns.edu

Kyle John Wilby, BSP, PharmD, PhD
Associate Professor, Dalhousie University, Halifax Canada
kyle.wilby@dal.ca

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Learning Objectives

At the completion of this activity, participants will be able to:

1. Explain the concept of a hidden curriculum

2. Describe how to use community engagement to incorporate diversity into case-based learning

3. Use a research-informed process to identify gaps and opportunities in creating conscientious representation of identities across case-based learning

Consider the following…

- KJ is a 37-year-old male presenting to the community pharmacy for a refill of doxycycline 100mg orally daily for rosacea treatment. KJ reports no side effects and says the medication is working as expected. The pharmacist notices the refill is 1 week late.

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What do we know about KJ?

- Age (37)
- Sex? Gender? (Male)
- Being treated for rosacea
- Being treated with doxycycline
- Is late for a refill

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What do we *assume* about KJ?

- Race?

- Gender identity?

- Sexuality?

- Relationship status?

- Disability?

- Reason for late refill?

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Why do we make assumptions?

- Social Cognitive Theory
  - Portions of an individual's knowledge acquisition can be related to personal experiences of observing others and outside media influences

Social Cognitive Theory and Students

- When presented with cases with varying descriptions, students 'visualize' the patient according to their known experiences

- "I imagine them to be like someone from my hometown"

Bandura A. Social cognitive theory: an agentic perspective. Ann Rev Psychol 2001;52:1-26.

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The concept of a 'hidden curriculum'

- Presence of learning within our programs stimulated by materials that is **unintended**

- May result in the learning of knowledge, skills, attitudes, or behaviors that may positively or negatively influence a student's development

- May be based on students' own experiences (Social Cognitive Theory)

Turbes S, et al. The hidden curriculum in multicultural medical education: the role of case examples. Acad Med 2002;77:209-216.

Diversity and the hidden curriculum

- Assumptions made when diverse representation is **absent** may undermine efforts for inclusion and affirmation

- Assumptions made when diverse representation is **present** without providing due historical context may perpetuate negative stereotypes (i.e. BIPOC patient represented as a single parent)

Butler L, et al. The Rx-HEART framework to address health equity and racism within pharmacy education. Am J Pharm Educ 2021;85:8590.

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Is this a problem?

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Representation of diversity within written patient cases: Exploring the presence of a "hidden curriculum"

Kyle John Wilby Pharm.D., Ph.D.[1] iD | Dianne Cox BScPharm[1] |
Anne Marie Whelan Pharm.D.[1] iD | Vibhuti Arya Pharm.D., MPH[2] iD |
Heidi Framp BScPharm, MAHSR[1] | Susan Mansour BScPharm, MBA[1] iD

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Is this a problem?

TABLE 1 Summary of diversity present in written case material, comparisons to provincial census data, and identified themes

Demographic	Total case number (%)	Defined case data number (%)	Nova Scotia 2016 Census Data[13] number (%)	Themes
Race (n = 76)				Undifferentiated
Undefined	57 (75.0%)			
White	13 (17.1%)			
Black	4 (5.3%)			
Indigenous	1 (1.3%)			
South Asian	1 (1.3%)			
Gender (n = 76)				Binary
Undefined	18 (23.7%)			
Female	41 (53.9%)	41 (70.6%)	476 715 (51.6%)	
Male	17 (22.4%)	17 (29.3%)	446 885 (48.4%)	
Gender diverse	0 (0%)			
Sexual orientation (n = 71)[a]				Heteronormative
Undefined	44 (62.0%)			
Heterosexual	25 (35.2%)			
Gay male	2 (2.8%)			
Other	0 (0%)			
Relationship status (n = 71)[a]				Traditional
Undefined	37 (52.1%)			
Married	21 (29.6%)	21 (72.0%)	454 970 (57.8%)	
Single	4 (5.6%)	4 (14.0%)	209 455 (26.5%)	
Widowed	4 (5.6%)	4 (14.0%)	52 405 (6.6%)	
"In Relationship"	3 (4.2%)			
Multiple partners	2 (2.8%)			
Disability (n = 76)				Absent
Undefined	75 (98.7%)			
Wheelchair[b]	1 (1.3%)			

[a]n = 71 for sexual orientation and relationship status due to removal of pediatric cases.
[b]Temporarily wheelchair restricted due to acute injury.

Wilby KJ et al. Representation of diversity within written patient cases: Exploring the presence of a "hidden curriculum". JACCP 2022;5:837-843.

The hidden curriculum

- If cases are largely undefined…

- Students visualize patients based on their personal experiences / dominant societal norms and narratives…

- Are we unintentionally teaching towards white/cis/heterosexual/traditional/disability-free cases?

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What is the solution?

- Omitting diversity may contribute to this hidden curriculum

- Adding diversity without careful consideration may tokenize or reinforce population-level stereotypes

- How can we include diversity but also create space for discussing relevance and social/historical context?

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A research-informed approach

- Study Design: Qualitative study using interviews

- Aim: To develop research informed guidance on how to expose students to diversity representation within case-based learning materials

- Participants: n=15 community members, n=15 alumni

Laffin B, et al. Developing research-informed guidance on preparing pharmacy students to care for diverse populations. Submitted to Am J Pharm Educ 2022.

Identified themes

- Deliberate identification

- Conscious representation

- Perspectives and engagement

- Identification of resources

- Active Participation: How would you put align these themes to ensure students are appropriately **exposed** to diversity within learning material?

A conceptual model
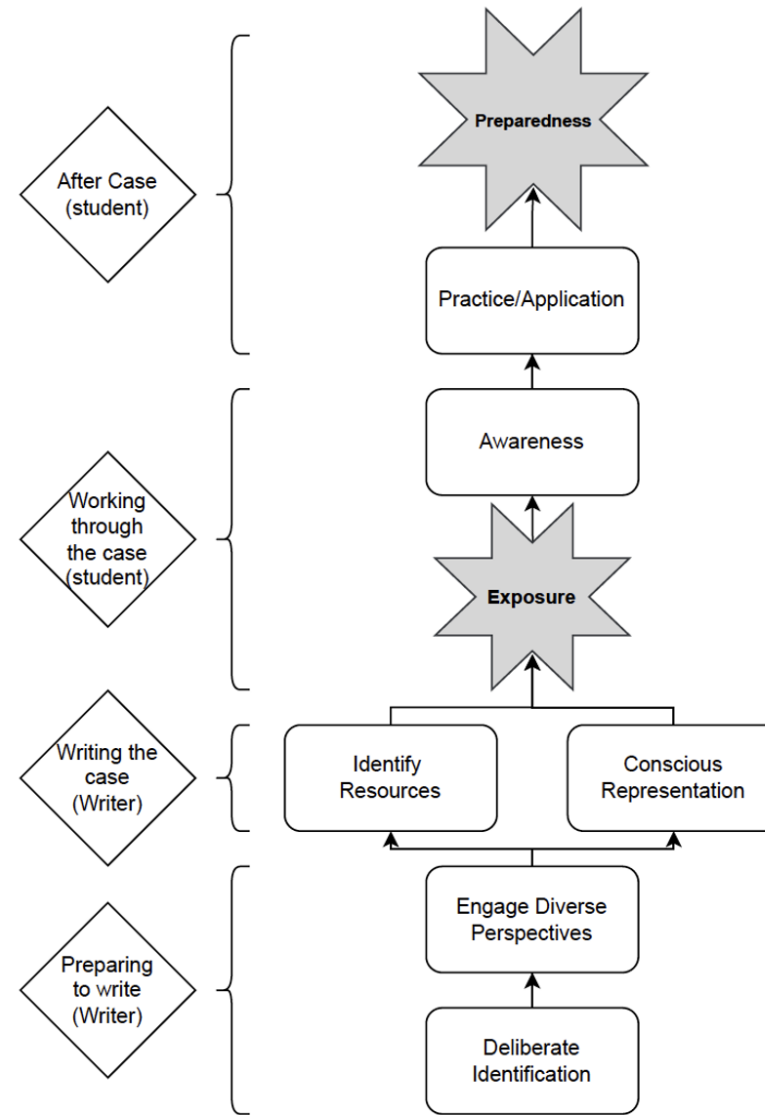
Deliberate Identification

- Purposefully **identifying** diverse groups to represent and reflect diversity within communities
  - Consider intersectionality

- "I feel like cases should represent a normal day for a pharmacist with different types of people with different backgrounds"

Laffin B, et al. Developing research-informed guidance on preparing pharmacy students to care for diverse populations. Submitted to Am J Pharm Educ 2022.

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Perspectives and Engagement

- Engage and obtain perspectives from diverse populations with lived experiences, including members of the community, students, and faculty/staff

- "There should be at least more than one mind that is contributing to case creation, and they should be from a diverse group of people"

Laffin B, et al. Developing research-informed guidance on preparing pharmacy students to care for diverse populations. Submitted to Am J Pharm Educ 2022.

Conscious Representation

- Representation must be conscious to avoid perpetuating harmful stereotypes and should not only point to known risk factors or common behaviors

- "If diversity is in the case, everyone is digging for the reason why it is there - what do we need to differently with their meds, etc.?"

Laffin B, et al. Developing research-informed guidance on preparing pharmacy students to care for diverse populations. Submitted to Am J Pharm Educ 2022.

Identify Resources

- Provide resources and follow up for students to maximize learning from the cases for future practice

- "I wish I had more knowledge about cultural healing techniques and such because it is something I'm just not super in tune with"

Putting it all together

- Keys to success:
  - Curricular plan that is **dynamic**
  - Building capacity with faculty, instructors, students
  - Creating pathways for tough questions/conversations
  - Incorporating into assessments

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Revisiting the case

- KJ is a 37-year-old **white gay cis-male** presenting to the community pharmacy for a refill of doxycycline 100mg orally daily for rosacea. KJ reports no side effects and says the medication is working as expected. The refill is 1 week late.

- What are possible explanations for the late refill?

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Conclusion?