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When race is mentioned, is it relevant?

Representation matters! Note who is represented and how in your case examples, images, and questions. Consider implicit and explicit representations of race and intersecting identities such as gender, class, etc.

Have you eliminated inadvertent stereotypes? (no

Stereotypes reinforce associations that narrow clinical reasoning. Stereotypes can be conveyed through traits, abilities, roles, behaviors, and physical characteristics you've associated with race.

Your sensitivity to stereotypes will depend on your experience and blindspots.

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Have you addressed health disparities?

To disrupt racism, address the health disparities it causes. Identify barriers to progress, opportunities, and successes.

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Do your materials disrupt oppression?

Who benefits from or is burdened by your content, focus, and message? Consider learners, patients, families, communities, staff, and colleagues.

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Congratulations!

Now ask a colleague for a second opinion.

Stop, Reflect, Correct.

What biases are present in your choice of representation? Adjust representation or contextualize the lack of representation.

Stop, Reflect, Correct.

Why is race mentioned? If race is not clearly relevant, eliminate it. Distinguish race from biology, and use geographic ancestral origin to discuss genetic risk.

Tip! 🎇 🎇 🎇

When discussing a person's race, use "the patient identifies as [race]" or "they are of [origin] descent/ancestry" rather than "they are [race]?"

Stop, Reflect, Correct.

How does your portrayal sound if you swap races? How would a loved one feel if your portrayal described them? Create dignity-driven content.

Stop, Reflect, Correct.

Are there data on structural causes of health disparities related to your topic? If not, discuss why.

Stop, Reflect, Correct.

Do your materials promote equity or equality? Leverage your educational materials to uplift or unburden patients, learners, and communities facing disparity.