

Anti-Oppression Curriculum Initiative (AOCI) Curricular Review Tool OVERVIEW

EMBEDDED FRAMEWORKS/APPROACHES/THEORIES:

This tool draws on many sources and perspectives (faculty, student, staff feedback) as well as anti-racist/anti-oppressive frameworks and approaches. Below is an overview of the main frameworks/theories that inform the tool. As anti-oppressive approaches are constantly evolving, we continue to update the tool regularly.

- Critical theories (e.g., critical race theory, gender theory, queer theory, disability theory)
- [Structural competency](#) (the understanding that individual health and illness are deeply impacted by upstream systems and structures and that addressing health and illness requires attention to these factors)
- Trauma informed medical education (recognizing that learners and faculty have overlapping experiences related to content being taught that links with personal/communal trauma (e.g., racism and other forms of oppression, violence, etc.) and adjusting our educational approaches with this in mind)
- Anti-oppressive pedagogy (grounded in Paulo Freire’s work; recognizing and respecting the expertise learners bring to their education)
- Anti-deficit framing (based on Shaun Harper’s work; uplifting individual and community level strengths)

KEY DOMAINS:

The tool walks educators through the following domains to encourage systematic reflection and adaptation:

- **Patient Cases** (goals: representation and inclusivity, avoidance of stereotyping/stigmatizing, reversing exclusionary ‘norms’)
- **Curricular design** (goals: embedding anti-oppressive and trauma informed medical education approaches into discussion and presentation of material)
- **Risk factors/disparities/equity solutions** (goals: disentangling social identities and individual characteristics from biology, pathology, and bias, encouraging nuanced approaches to discussing disparities and solutions for health equity)
- **Accessibility** (goals: ensuring that all learners can effectively engage with curricular materials and sessions)



AOCI Curricular Review Tool: COVER PAGE

First, complete the following:

List Session Name:	
Session Type: e.g., lecture, small group	
Materials Reviewed: e.g., slides, video lessons, lecture, facilitator guides, syllabus/reader chapter, assessment materials	
Curricular Area: Block, Longitudinal Element, Clerkship, etc.	
Reviewer(s):	
Creator of session: If different than the reviewer	
Date:	

*Please note this is a **cover page** for final notes. Curricular review tool starts on page 3. *

Recommendations/plans for session (indicate the appropriate box below).

- Hold** (Potentially harmful, will need major changes)
- Adapt and Run** (Adjustments needed but doable in timeframe)
- Continue** (Okay as-is)
- Tentative** (e.g., Okay pending appropriate facilitators available)
- Unsure** (Additional discussion/consultation needed)

If applicable: Recommendation/Plan for video content – [review disclaimer and decision summary](#)

<p>Summary: Summarize your overall impression about the materials you reviewed. If you are recommending or planning for a session to be “Adapted and Run,” share main suggestions/plans here:</p>	
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AOCI Curricular Review Tool

This tool is meant as a *starting point* in curricular review, to stimulate reflection and discussion. Consider each question below and add notes/questions that need discussion. Hyperlinks in the document provide context, definitions, and examples. After reflecting on the questions below, complete the recommendations section on the cover page (page 2), and make a plan with your team for next steps.

Reflect on the following:	Notes/Questions (as needed):
Patient/Clinical Scenarios	
<p><u>Person-first language</u> used? <i>e.g., 65yo woman with diabetes is preferred over a 65yo diabetic.</i></p> <p><i>Note: while person-first language is often a good starting point, there are situations where individuals or communities prefer other approaches, such as identity-first language (e.g., Deaf person, Blind person, Autistic person are preferred by some over person-first approaches). (For brief discussions of this topic see writings by C. Liebowitz here, L. Brown here and the American Psychological Association here)</i></p> <p><u>Stigmatizing language</u> used?</p>	
<p>Are <u>patient pronouns</u> consistent throughout your materials to avoid mis-gendering patients?</p> <p><i>(i.e., if a patient uses only they/them pronouns, be sure not to switch to other pronouns later in session materials, answer keys, or in real-time discussions)</i></p>	



<p>Reflect on the following in patient cases:</p> <ul style="list-style-type: none">• Are there explicit or implicit assumptions of “us vs. them”? (<i>goal: avoid false separation between students/ faculty/ clinicians/ patients; any topic described about a patient (SUD, experiencing homelessness or other social/structural determinants, disability, illnesses) likely also applies to some learners and faculty</i>)• Are spoken and/or implied/coded aspects of identity/social/structural determinants included?• Are stereotypes or bias present?• Is intersectionality acknowledged/addressed?• If communities that have experienced social/ economic/ political/ healthcare discrimination/inequities are discussed, are communities/individuals portrayed in ways that uplift/recognize strengths even if cases also include challenges/hardships?• Are structural factors (e.g., racism) acknowledged or are individual factors (e.g., behaviors) over-emphasized?• Other considerations?	
<p>Discussion Prompts/Curricular Design</p>	
<p>Questions/prompts about personal experiences or reflections on personal experiences included?</p> <p><i>If YES: careful consideration is needed—implicit expectations for BIPOC and other students who have experienced oppression to teach others about their experiences with racism/oppression can be harmful; adequately trained facilitators are also critical.</i></p>	



<p>Requirements (or unspoken expectations) for all students to respond to a given prompt?</p> <p><i>The AOCI advises against requirements for all students to respond to a given prompt, especially for personal reflections.</i></p> <p><i>When discussing equity/anti-oppression topics, include several options/levels for engagement so students can choose what is best for their learning in a given setting/session (i.e., consider including options to share in a group OR to turn in a written reflection afterwards, to share verbally vs. to engage in individual reflection through writing, AND include several different prompts students can choose from when responding).</i></p>	
<p>Assumptions suggesting a separation between patients and students/clinicians embedded in prompts or materials?</p> <p><i>Goal is to avoid false separation between patients and students/clinicians. Any illness/social/structural determinant of health/disability described about a patient likely applies to some learners and faculty. Keep this in mind when writing prompts/materials.</i></p> <p>Problematic Example: <i>Reflect on people with disabilities. What barriers do you imagine they might face in the hospital setting?</i></p> <p>Improved Example: <i>What barriers are in place in the hospital setting that impact individuals with disabilities? Consider both clinicians/staff with disabilities as well as those seeking care who have disabilities. Consider impacts across a range of different disabilities.</i></p>	



Risk Factors, Disparities, and Equity Solutions	
<p>Are only individual/personal level risk factors emphasized?</p> <p><i>If YES, are there concerns about how these risk factors are framed (e.g., stigmatizing language or implied blame related to individual behaviors or attributes)? Consider adding social/structural levels.</i></p>	
<p>Are risk factors at the systems/structural levels integrated into prior, current, and/or future sessions?</p>	
<p>Race, gender, or another social category <u>pathologized</u> and/or equated with biology?</p> <p><i>Resource: AOCI 1.0 draft integrated race/ethnicity and sex/gender/sexuality recommendations for the classroom (Executive Summary here)</i></p> <p><i>Planning: Does your team have an approach for follow-up if students raise questions about a session’s usage of race, gender, or another social category, and the question is not answered during the session?</i></p>	
<p>Are individual characteristics (e.g., weight, substance use, other mental health condition) being implicitly or explicitly judged or moralized?</p> <p><i>Note on weight inclusivity: Anti-fat bias is embedded in healthcare. There is increasing critique about the over-simplification of connecting BMI with illness as BMI is a biased and poor proxy for other more relevant risk factors. Consider whether your curriculum falsely equates body size with health.</i></p>	



<p>Disparities data discussed?</p> <p><i>If YES, is this data contextualized? (i.e., avoid implicit messages that there is an inherent problem with a particular community; goal is to provide structural understanding of root causes of disparities, such as redlining leading to housing instability and multiple downstream consequences AND potential solutions.)</i></p> <p><i>If YES, how is data grouped? (i.e. data is often reported as “White” vs. “Non-White,” which is problematic as it perpetuates the false elevation of one race as the norm).</i></p>	
<p>Teaching foundations of racism (or another form of oppression) without including tools for managing/addressing racism (Or other form of oppression)?</p>	
<p>Structural/systems solutions/tools discussed or proposed?</p> <p><i>It is key to discuss not just social/structural barriers and disparities, but also potential solutions (real-world examples (e.g., Umoja Health) or proposed strategies). Consider whether any of the solutions shared are community-based/community-led (e.g., the Abundant Birth Project of Expecting Justice)?</i></p> <p><i>Is additional expertise or are additional voices/perspectives needed to flesh out this part of the session?</i></p>	
<p>Content would benefit from a community/consultant review?</p> <p><i>Note any specific questions for a reviewer, and/or any recs for specific individuals needed for review.</i></p>	



Session Design:

Consider whether other models besides traditional lectures might enable a more anti-oppressive approach (e.g., team-based lectures or panels can elevate more perspectives; including community members can be an effective way to welcome additional perspectives), AND consider accessibility of session materials/format.

Note: If you are considering inviting community members—please discuss with course leadership/AOCI as compensation for community members is needed, and careful consideration for how to avoid an ‘extractive’ approach is critical.

Reflect on the following:	Notes/Questions (as needed):
<p>Teaching/Learning Setting:</p> <p><i>Is this session best held in-person, or is it OK to hold virtually, or as an asynchronous, independent module? If virtual, what are the most appropriate expectations/norms (e.g., request for cameras on if able?) What are strengths/potential challenges with these approaches?</i></p>	
<p>Are students’ access needs met?</p> <p><i>Are your slides/session materials following guidance for accessibility? For virtual sessions: Is closed captioning enabled?</i></p> <p>For more info, see:</p> <ul style="list-style-type: none"> • IT Accessibility Guidelines from UC Office of the President • UCSF Digital Accessibility Program • UCSF TEE Slide Design Tips 	

Please include notes related to session design here:



For **SMALL GROUP** sessions, please additionally consider and share thoughts on:

	Notes (as needed):
<p>What expertise/skills would a small group facilitator need to facilitate this session effectively and equitably? (e.g., trauma-informed teaching skills)</p> <p><i>How will you ensure that all of your facilitators possess these skills? (Note: if doing so is not possible, re-consider whether small group learning is possible/appropriate at this time)</i></p>	
<p>Do you anticipate obstacles to learning the content that could come up during discussion that facilitators would need to be prepared to address (if so, please describe)?</p> <p><i>How will you communicate these potential obstacles to the facilitators, and how will you prepare them to address obstacles if they arise?</i></p>	

For **LARGE GROUP** sessions, please additionally consider and share thoughts on:

	Notes (as needed):
<p>Are the personal identities/background of the speaker particularly relevant/meaningful in this session?</p> <p>What other expertise/experience would be ideal for the leader(s) of this session? (e.g., would a community-based lecturer be more ideal?)</p>	



<p>Do you anticipate obstacles to learning the content that could come up during the session that the lecturer would need to be prepared to address (if so, please describe)?</p> <p>What additional resources will you share with the lecturer prior to the session to prepare them to address obstacles if they arise?</p>	
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Consideration of Content Integration

Attention to what comes before/after a given session that includes related concepts is critical for intentional curriculum design. If you are part of the UCSF School of Medicine, as part of session development/adaptation, educators should perform a [dashboard](#) search to review where related topics are taught. Mapping can help educators avoid re-teaching concepts that have already been covered and instead to build upon them, and can help educators avoid repetition of a given set of patient/community characteristics in ways that unintentionally reinforce stereotypes/bias.

For mapping instructions, please review the [Curriculum Dashboard Learning Center](#) and [video](#).

Please include notes related to integration here:



Additional Reviewer Notes:**Resources:**

Please refer to the following resources in your review as needed:

- [1.0 AOCI Draft Integrated Race/Ethnicity and Sex/Gender/Sexuality Recommendations](#) and [Executive Summary](#)
- Differences Matter [One Page Anti-Racism for Medical Educators Checklist](#)
- [Differences Matter Anti-Racism Primer and Toolkit](#)
- [SPACE TOOL Qualtrics](#), pdf version [here](#) (Note: This is a draft of a tool developed by UCSF summer ambassador students that is meant to provide a structure to reflect on patient presentations—it overlaps with topics embedded in the tool above, and aims to raise questions for further discussion, as opposed to providing recommendations)
- [Framework for Gender and Sex Concepts in Teaching v7.10 Draft](#)
- [Guiding principles to increase understanding of gender and sex as concepts v7.10 Draft](#)
- [Advancing Health Equity Guide](#)
- [Equitable Curriculum Checklist](#)
- [AOCi Glossary Guide](#)
- [Family and Community Medicine Anti-Racism Guidelines](#)

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