Diversity, Equity, Inclusion and Racial Advocacy (DEIRA)
Framework for Faculty Development
To mitigate bias in the curriculum

Key guidelines:

1. Use Person First Language
2. Make is clear that race is a sociopolitical construct, not a valid inherent biologic or genetic categorization of human genetic variation
3. When describing human genetic variation, race should not be used. Ancestry can have a place here (but that too is a proxy when not discussing specific causal allele frequencies)
4. Make sure to include information about inequities and disparities AND explicitly link that to structural barriers to equity (i.e. explain the disparities causes, likely related to racism and sexism)
5. When noting epidemiology that associates race/ethnicity with disease risk, contextualize as much as possible. Do not indicate that the reason for the association is genetic unless there is strong recent evidence to suggest so.
6. Separate Sex and Gender, consider replacing "pregnant women" with "pregnant people" or "pregnant persons"
7. Avoid the unscientific term "Caucasian"
8. Whenever skin/dermatologic conditions are depicted, use images with a variety of skin tones
9. When describing disability, avoid the terms "normal" and "abnormal"
10. Diversifying images of family structures, gender expression, and sexuality

Try this...	*Not that...*
Person with a substance use disorder	Alcoholic, drug addict, junkie, druggie
Intellectual disability	Mental retardation
Positive/negative drug screen	Dirty/clean drug screen
Return to use	Relapsed
Abstinent	Clean
Not tolerating treatment, declined treatment at this time	Refused treatment
Treatment failed patient	Patient failed treatment
Patient with _____ diabetes, sickle cell disease, schizophrenia, PAD, AIDS	Diabetic, sickler, schizophrenic, vasculopath, AIDS patient
"White" (if referring to race) or "Northern European ancestry" if referring to allele frequencies in a population	Caucasian
Unable to receive treatment, nonadherent	Noncompliant