**Diversity, Equity, and Inclusion Practices: Student and Educator Perspectives**

Carlton Smith Jr.

Department of Occupational Therapy, Indiana University-Purdue University Indianapolis

T830: Leadership Seminar and Capstone Project

Drs. Annie DeRolf & Daniel Sego

April 16, 2022

## Executive Abstract

**Background**: Diversity, equity, and inclusion is a term that has gained popularity within the last few years, especially as the profession declares its commitment to such initiatives. Current educational standards do not require educators or OT programs to include DEI within their curriculum. Creating a more diverse, equitable, and inclusive profession must begin with teaching practices. Healthcare needs are rapidly changing and require diverse health professionals; however, many healthcare fields cannot keep up with the rapid demand for diversity, let alone feel comfortable providing care for clients of diverse backgrounds. DEI practices are needed within OT education, and this need is proven through the perspectives of students and educators.

**Purpose:** The primary purpose of this project is to provide an outlet for students and educators to voice their opinions, specifically as it relates to DEI practices within OT education. This project seeks to describe similarities and differences found through interviews with students and educators to recognize current DEI practices with a specific OT program, make informed recommendations centered on DEI best practices and provide campus and community resources.

**Theoretical Framework:** This project utilizes Critical Race Theory (CRT) and inclusive pedagogy to explain current inequities that are inclined to marginalize students. It also offers solutions to help counteract stigmas and provide an equitable and inclusive learning experience for all students.

**Methods:** The project was implemented through three main phases. First, second-and third-year faculty were recruited to take a survey answering questions about current DEI practices within their program. Secondly, students and faculty were asked to participate in respective focus groups to further elaborate on common themes found within survey responses. Lastly, key findings from the survey and focus group responses were used to develop a specialized guide of resources to support students and educators in increasing knowledge and ability to educate others about DEI.

**Results:** This project was measured through the common themes from survey and interview questions. These primary themes informed the creation of a specific resource manual to demonstrate the importance of integrating DEI into the curriculum by evaluating the program and teaching practices, examples, educational resources, and opportunities to engage within the local community.

**Conclusion:** By analyzing current educational standards and the insight of student and educator perspectives, this project determined and developed a client-centered manual to guide all stakeholders within an OTD program with the necessary tools to integrate DEI into the curriculum best.

**Diversity, Equity, and Inclusion Practices: Student and Educator Perspectives**

Diversity, equity, and inclusion (DEI) is a topic that has recently become an area of focus surrounding many occupational therapy programs; however, many individuals and leaders within the professional community are still unaware of the purpose of DEI. The definition of DEI can be broken down to provide a holistic meaning of the term. Diversity is "The unique attributes, values, and beliefs that make up an individual" (Taff & Blash 2017). Equity is "An approach that ensures everyone has access to the same opportunities, taking into consideration the advantages and disadvantages of every individual" (World Health Organization [WHO], 2019). Inclusion is "The acceptance of and support of diversity wherein the uniqueness of beliefs, values, and attributes is welcomed, valued, and leveraged for maximum engagement" (Taff & Blash, 2017). The American Occupational Therapy Association (AOTA) discusses the need for inclusive growth, especially as the United States (U.S.) continues to develop more diversity. Although the profession continues to lack vastly in supporting the same type of growth, some organizations have taken it upon themselves to educate occupational therapy stakeholders; namely, students, educators, and practitioners, to create a more equitable profession. The profession needs individuals and organizations dedicated to educating others about DEI. Fortunately, the author of this capstone project partnered with an organization that seeks to accomplish this.

The Coalition of Occupational Therapy Advocates (COTAD) has made it their mission to empower occupational therapy leaders and, by default, all occupational therapy advocates to increase DEI understanding and practices for a more diverse, equitable, and inclusive profession. Unfortunately, current educational standards are lacking behind the current demand for students, educators, and practitioners to develop adequate competency to represent underrepresented populations and provide a voice for those whose voices have been suppressed. This capstone project seeks to describe the current DEI standards and processes within occupational therapy

education and analyze student and educator experiences and perspectives on the implementation and importance of this topic within the classroom. In addition to this, it seeks to provide tangible DEI resources to both students and educator to increase cultural competence and inclusion within Doctor of Occupational Therapy (OTD) curriculum and its impact on learning within the classroom.

## Background

COTAD is an organization that focuses on increasing diversity, equity, and inclusion (DEI) within the profession. DEI is a familiar topic and one that is gaining more interest due to recent events related to racial inequalities around the United States (U.S.). COTAD seeks to enable occupational therapists to define and increase DEI knowledge of practitioners to promote a more equitable and inclusive profession. COTAD can further this experience by not only relating it to clients but to therapists and educators as well. Diversity within healthcare, let alone occupational therapy, has not improved since its creation over a century ago. While looking over the past decade of the practice, racial demographics have hardly changed. According to the American Occupational Therapy Association (AOTA) 2019 Workforce Survey, since 2009, African American/Black occupational therapists and occupational therapy assistants have only seen an increase of 0.8% in the workforce.

Similarly, American Indiana/Native Americans have not seen an increase from 0.3%, and the Hispanic/Latinx workforce has not increased from 3.9% overall (American Occupational Therapy Association [AOTA], 2020). Although these demographics come mostly from AOTA members, this is troubling as the profession seeks to embrace diversity and demonstrates little progress. Therefore, one way to adequately increase the knowledge and understanding of DEI of underrepresented populations must first begin in the classroom.

**What is Known**

COTAD is a non-profit organization with roots around the nation, as it does not have one location that defines it. This volunteer-based organization provides occupational therapy students and current practitioners with resources and materials to support and create occupational therapy leaders. As previously stated, COTAD aims to impact those within the profession, discussing DEI to increase practitioners' knowledge, thus fostering a more diverse, equitable, and inclusive field of occupational therapy. Many of the programs offered by COTAD help occupational therapy students, current practitioners, and those interested in the field of occupational therapy. These programs include encouraging the start-up and support of COTAD chapters, meetings, discussions, mentorship, and consultation, especially for program leaders interested in improving educational practices. There are many other facets of this organization to which different "pillars," or areas of focus, are dedicated. COTAD provides these resources while also promoting student engagement and cooperation with leadership and administration personnel around the U.S. to increase the number of students of color within the profession. Despite these resources and seminars, it is up to the discretion of leaders of occupational therapy programs and the governing bodies of the profession, such as AOTA, the Accreditation Council for Occupational Therapy Education (ACOTE), and the National Board for Certification in Occupational Therapy (NBCOT) to seek and promote DEI to encourage a more equitable and inclusive learning experience. The outcomes of this project aim to prepare programs to meet current and future DEI needs instead of acting reactively due to circumstances of social or political issues.

**Needs Analysis**

To understand the needs of this site, an interview with COTAD board members was conducted (see Appendix A). The purpose of the discussion for this capstone project was to discover the community needs to be addressed and how resources can be distributed to support the community. This capstone project is centralized on the educational efforts of occupational therapy leaders to promote, utilize, and disseminate best practices of DEI not only to those within the profession but also to encourage the voices of underrepresented populations. The main objective of this capstone is to give voice to both educator and student perspectives of DEI practices within classrooms. Informative questions were posed to leaders of COTAD, not only to assist in creating this capstone project but also to address the needs of the profession. These informative questions further expanded upon the principles of COTAD and assist in gathering information to lead the strengths, weaknesses, opportunities, and threats analysis. Conducting this interview will also assist in gathering information about current resources and services that COTAD provides and best decide how to implement these findings to support this capstone project within the community. Finally, this interview provides valuable information to establish a plan for the latter segments of the needs assessment and final implementation of this capstone project.

**Articulation and Reasoning**

An essential principle of COTAD is to increase diversity and inclusion within current and future practice. This capstone project aims to further reach and understand the perspectives of underrepresented students, educators, leaders, and practitioners within the professional community to increase the importance of understanding and recognizing DEI practices. Addressing DEI within the classroom and profession allows accurate adherence to the core concepts of occupational therapy practice. Understanding DEI with a holistic frame allows this

capstone project to ensure altruism, equality, equity, and support for a diverse workforce and profession to provide the best holistic care to patients and clients.

**Results**

      After discussing with a few members of the board of directors of COTAD, it was determined that addressing the perspectives of DEI implementation should be the focus of this capstone project. While meeting with COTAD, it was concluded that the principle of this capstone aligns with one of its' pillars which focuses on enhancing educational methods. In addition, COTAD is concerned with underrepresented populations within the profession of occupational therapy. Different programs around the country have the freedom to conduct their admittance and recruitment in which they seem fit. In contrast, COTAD can merely stress the need to increase diversity within these programs to program directors and other educator members.

<div align="center">

**The Gap**

</div>

      Most healthcare professions continue to demonstrate a lack of diversity, especially compared to the communities they serve. It is predicted that by 2045, the diverse patient population will take a majority-minority; however, as previously mentioned, this is not reflected in current or predictive demographics amongst healthcare professionals (American College of Healthcare Executives [ACHE], 2022). Minority student representation also struggles to match these growing demographics related to graduate students and their respective health care programs. A study that used a diversity index to sample 2019 data determined lower Black and Native American representation in healthcare program pipelines than in the workforce, 0.31 to 0.50 and 0.24 to 0.30, respectively (Salsberg et al., 2021). Therefore, there is a need to increase DEI dissemination primarily due to the lack of understanding and application of sufficient DEI

principal standards within the profession. To further propel the profession and thus increase

knowledge of DEI, student and practitioner perspectives are vital in discussing the actual

experiences of how DEI practices are being used. Within the classroom setting, these methods

can assist both students and practitioners in applying their knowledge to real-life situations when

working with underrepresented patient populations.

Further propagating must be done to understand DEI principles and reach

underrepresented students to join the profession, increase their exposure to occupational therapy,

and thus create a possibility of increasing diversity within the profession. Occupational therapists

play a crucial role in understanding and viewing individuals holistically. To state our role and

competency in this area accurately, DEI initiatives and practices must be used, starting with the

education provided to students.

**The Problem**

Current occupational therapy program standards are lacking behind those of other

healthcare professions. The Accreditation Council for Occupational Therapy Education

(ACOTE) does not currently define DEI within the standards for the profession as they relate to

accreditation and educational standards (Accreditation Council for Occupational Therapy

Education [ACOTE], 2022). Also, the term "inclusion" is not found within current accreditation

standards for occupational therapy programs. Similarly, the term "diversity" is included;

however, not defined, nor are there specific standards to address increasing or promoting

diversity of underrepresented populations, either within the profession or in the community.

ACOTE does state the term "diversity factors," however, it demonstrates how most standards are

vastly open to interpretation and implementation (ACOTE, 2022). The standards are written to

discuss knowledge that graduates should have upon entering the profession as an entry-level

therapist; however, meeting the standards is open to the interpretation and discretion of each program. Therefore, it is up to the educators to determine which classroom activities educate these students adequately to feel comfortable discerning and utilizing this information in specific real-life scenarios. It is also up to the educators to evaluate how these activities benefit students and increase their knowledge about DEI methodologies. If DEI is not described within the standards, students cannot develop sufficient knowledge and experience when working with or describing underrepresented populations. Within this capstone project, current practice standards will be analyzed and their perception of diffusion into the classroom setting amongst educators and students to evaluate and make future recommendations to increase the understanding and real-life application of DEI to further our profession.

## Literature Review

To understand the differences between the intentionality of educators and the use of inclusive education methods and student perceptions of the outcomes of these methods, we must first understand why it is essential to do so. Also, what is the definition of the phrase inclusive learning experience? An inclusive learning experience or environment should be a space where no one is judged or penalized due to race, gender, ethnicity, disability, or socio-economic background. The classroom should be an environment conducive and generalizable to all. This research study screened and collected articles about inclusive education methods and design and student perceptions and experiences within promised inclusive education.

Many educators, especially those involved in specialized career paths, such as educators for medical and or allied health programs, would agree that they want students to succeed; however, success can appear differently depending on the situation. Granted, this means that these educators have a set plan of how they will teach and educate all students. They set learning

objectives and various outcomes to meet the standards of perspective accrediting bodies and assist and guide all students to become effective and knowledgeable practitioners.

**Student Perspective and Experience**

It is no secret that minority students are primarily outnumbered in higher education, and those numbers are even more concerning when discussing medical or allied health professional programs. Specifically, although the world population is increasing in terms of diversity, medical programs cannot prove a considerable change in minority representation related to applicants or matriculants (Penn Medicine, 2019). It was also stated that, "Hispanic medical school enrollees remained underrepresented by nearly 70 percent compared to their age-matched population; black male matriculants by nearly 60 percent; and black female matriculants by nearly 40 percent" (Penn Medicine, 2019). In the research conducted, many studies focused on the experience of minority students, an experience that students expect to be inclusive despite their ethnic status. Students trust that their program will provide an inclusive learning experience to graduate, become certified practitioners, and become influential members of their professional community. Many themes appeared throughout different articles related to the minority student experience in the literature.

In a study conducted by Loftin et al. (2012) minority nursing students experienced these feelings in more areas than just one, specifically within their educational experience. These students expressed that they felt isolated, discriminated against, and did not have enough educator support. Another theme that was found was isolation and loneliness. They felt that there were not enough opportunities within their educational environment to interact and connect with other minority students. Most of these students were amongst the few, if not the only minority within their program, class, or cohort. It was also stated that these students were either directly or

indirectly discriminated against and subject to racism. One specific example came from a Hispanic student who stated that a professor did not like her face, making it hard to pass her course. Although this is an egregious example, it demonstrates that no matter how small or how large the threat is, whether it comes directly or indirectly, it can impact the student's ability to engage and perform in an educational setting.

In addition to these findings, another study identified three perceived barriers to education practices. These barriers were discrimination from educators and other personnel, grading bias, and isolation (Graham et al., 2016). These barriers represent how a student may have a different perception of educational practices compared to the educator trying to use and create an inclusive educational experience. To further the importance of student perceptions and experiences within their program, a study was conducted to demonstrate the facilitators and barriers of their learning experience. In a study conducted by Dickins et al. (2013), 16 out of 18 students discussed that a collaborative and inclusive learning environment was beneficial and led to greater success in their educational experience. It was noted that having a supportive environment within the classroom created comfort and allowed the students to feel supported, part of a community, trust, and peer camaraderie. It was also discovered that students could feel less competitive with classmates, foster a sense of belonging, and lower stress. In addition to the facilitators of success, some barriers were noted. The main burden noted in this study was an obligation to speak or volunteer for more suited activities for minority students. Many of the students felt that some of these instances turned into an obligation rather than a learning experience. Similarly, students felt that these specific instances made them feel stereotyped two-fold. They felt it was either giving in to "their obligation" or being judged for not engaging in something more fit for a minority to discuss or handle.

A recent study conducted by Ramirez and Alvarez (2021) stated that institutions and programs that strive for inclusive practices continue to struggle. It also reported that although 71% of educator participants stated that their program had established inclusion policies, only 36% of students felt included. In addition, many students, 40%, felt left out when working in groups. Other students, 48%, even avoided revealing part of their identity due to the worry of feeling less included or negative conclusions. These perceptions provide awareness and comprehension of how educators carry out inclusive practices within academia, especially in higher education.

**Inclusive Educational Methods**

Inclusive education methods are not new to educational curricula; however, it is something educational systems have been trying to perfect for quite some time. A recent push for diversity, equity, and inclusion has found its way into academia and is finally fighting for the educational system to get it right. This project focuses on occupational therapy doctoral programs because they allow students to work with underrepresented patients within their community. These programs should be at the forefront of providing inclusive and diverse educational environments, especially to replicate their experiences in their given career paths. In a scoping review conducted by Grenier et al. (2020), current occupational therapy education practices in teaching diversity were addressed. The main educational paradigms discussed were competency-based pedagogy, social justice focus, critical paradigm, and hidden curriculum and social accountability. The competency-based pedagogy, which is the most commonly used, states that educators assess teaching and learning through content knowledge and concrete skills. There was an emphasis on cultural competency, cultural awareness, cultural understanding, and cultural intelligence. The social justice focus is an approach that pursues to uncover and oppose forms of

oppression. It was stated that 29% of the 87 articles reviewed adopted a social justice approach within their occupational therapy program. The critical paradigm leads students to question systemic and current ideologies and practices—approximately only 11% of programs incorporated this paradigm. Lastly, the hidden curriculum, which refers to institutional policies such as teaching socially accountable health care education that is equitable, also saw 11% of programs incorporate it into their curricula. This article goes on to discuss the importance of educators in naming and examining the use of the paradigms, as well as programs and educators seeking to expand their roles in being socially accountable by investigating the conventional and unconventional aspects of the curriculum for the betterment of the students and their educational experience.

In addition to this, another review of diversity and inclusion education literature was appraised. The article reviewed 89 articles and sought to answer leading questions such as, "Are health care professionals and medical students learning about implicit bias, health disparities, advocacy, and the needs of diverse patient populations." The additional question the article sought to answer was, "What educational strategies are being used to increase student and educator cultural competency" (Brottman et al., 2020, p. 803). Although this article does not explicitly address inclusion within the educational experience, it certainly highlights aspects of inclusive teaching and looks to change systemic educational issues through inclusive learning. For example, it was stated that student-led role-play simulations led to adverse outcomes due to inaccurate simulation; however, students identified that the simulated role-play simulations led to increased cultural competence when working with standardized patients. It was also found that smaller discussion groups encouraged a safe and comfortable environment to share, self-reflect, and evaluate. It was also mentioned that discussion groups overall enabled further meaningful

dialogue amongst both students and educators. Another finding in this article was that none of the studies appraised were deemed best practices.

Along with current practices, an article written by Brown et al. (2021) discusses the appraisal of current standards and the need to increase diversity and discuss race within occupational therapy education. This article states that no current directive from the Accreditation Council for Occupational Therapy Education (ACOTE) requires any documented efforts to meet this standard. It was discovered that until 2021, the terms diversity, equity, and inclusion were not written in official documentation in terms of occupational therapy education standards. This article defines inclusion as confirming that students feel welcome and comfortable in their academic and clinical environment regardless of personal factors. Necessary action steps identified in this article state that documented efforts will be made to provide mentorship programs for excellent support and remediation and tutoring programs to provide a more inclusive learning and educational experience. This article admittedly promotes and supports the need for change in improving inevitable systemic educational injustices for the profession and supporting students as it pertains to their education and learning environments.

## Theoretical Basis

One of the theoretical bases for this capstone project is Critical Race Theory (CRT). This theory was founded in the mid-1970s and formed on legal issues related to race and racism (Hiraldo, 2010). This capstone will use this theory to explain how critical race theory has been used to analyze inequities in education.

This theory has five central tenets, counter-storytelling, the permanence of racism, whiteness as property, interest conversion, and the critique of liberalism (Hiraldo, 2010). This capstone project is primarily centered around the first tenet, counter-storytelling. Counter-

storytelling expands upon the personal feelings, truths, and experiences of marginalized groups such as minority students. Counter-storytelling provides the student with a voice and offers insight into the climate of their educational experience. It can provide awareness of how minority students perceive current inclusive education methods. Likewise, it offers educators a way to evaluate their instructional practices to ensure a more comprehensive and diverse learning experience.

The next tenet, the permanence of racism, describes the inherent control that racism can have on society, more specifically, educational experiences. This tenet argues that racism is systemic, ubiquitously, and profoundly embedded in systems, education, laws, and in many other forms to oppose people of color unfairly and unjustly. This demonstrates that Black, Indigenous, and people of color (BIPOC) students are placed at a disadvantage in several ways than solely education-related (Braveman et al., 2022). As evidenced by Naidoo et al. (2020) inequitable outcomes such as racial association with academic difficulty resulted in racial and ethnic minority students having a lower chance of degree attainment than their White counterparts. Applying this tenet to current inclusive education practices can demonstrate how educational methods, despite their intentions, are all rooted in systemic racism. This idea closely aligns with the following tenet, whiteness as property due to embedded racism within our society that provides white individuals with privilege and overall advantages that others do not and cannot possess. This concept is especially true in medical and allied health professional programs where most minority makeup is substantially inferior. For example, in 2020, 84% of occupational therapists identified as non-Hispanic White, and 77% of doctoral students identified as White (Brown et al., 2020). This persistent lack of diversity can lead to unconscious and dominant viewpoints and beliefs, especially amongst educators. This not only causes unconscious biases

through teaching practices, but it forces minority students to accept and adjust to these practices as ordinary (Lund, 2010). This causes minority students to continuously feel minoritized, furthering the consequences of disadvantages related to racial and ethnic background, such as a lack of diversity within the profession, a lack of diversity in thought and action, and a lack of understanding and acceptance.

The fourth tenet, interest conversation, explicitly discusses the continued benefits white public institutions gain by increasing diversity and inclusion within their classrooms, benefits that are achieved through the exploitation of minority students. Many institutions only actively recruit minority students who have the financial means to pay for their education. Students who may need financial aid often still need more than what the aid offers. Therefore, they need to seek jobs or other employment opportunities which impact their educational performance. Students stated that financial problems were a significant external pressure that presented personal concerns or challenges while completing their education within healthcare programs (Hamshire et al., 2013). This theme coincides with this capstone project. If minority students are unable to complete their program or decide to leave their program, minority representation will continue to decrease, thus continuing a decrease in representation within the workforce.

The last tenet, critique of liberalism, addresses issues of equity, especially the minority students in these programs. It suggests that current equitable educational methods attempt to attack systemic issues; however, they only worsen for students. For example, when institutions seek to address colorblindness related to race, the neutrality of law, or equity, they only denounce the truth of these minority students and their experiences. This theory and the five central tenets can explain the systemic issues that exist even in inclusive learning practices. Also, it can help address the steps necessary to seek out and allow sharing experiences and

recommendations on connecting current methods and student perspectives to create diverse and equitable learning and classroom experiences for both educators and students.

In addition to using CRT as a guiding theory for this capstone, it is also critical to include inclusive pedagogy to gain insight into an inclusive teaching practice that can be applied to better student experiences. According to Spratt & Florian (2015), "Inclusive pedagogy is a pedagogical approach that responds to learner diversity to avoid the marginalization of some learners in the classroom." This theory is critical because it broadens an educational scope to include all learners despite their background, especially those who historically may be marginalized by education processes. This pedagogy plays a significant role, especially at the societal level, in challenging individual biases and practice to demonstrate and mimic the social inequalities of certain marginalized groups. Inclusive pedagogy also implies practices of socio-cultural learning or the understanding of individuals and social relationships related to the learning processes. Rather than rejecting individual differences, this pedagogy seeks to emphasize and discover supportive and comprehensive methods to ascertain diversity. This teaching practice encourages engagement and collaboration amongst students of different backgrounds through various learning activities to foster and create a sense of belonging within an inclusive community or classroom setting (Spratt & Florian, 2015).

## Project Plan and Process

This project aimed to meet several goals to enhance current educational methods further and disseminate DEI practices, especially within the classroom setting of an OTD program. It intended to utilize research and data collected to provide individualized resources and opportunities to advance the application of DEI topics into the OT curriculum. This project effectively demonstrated current similarities and differences between student and educator

viewpoints on the importance of DEI, the ability to describe and further propagate DEI practices and make suggestions to guide individual and communal learning of occupational therapy stakeholders. These goals were met using various qualitative methods, including completing an anonymous survey and semi-structured focus group interviews. Also, CRT and inclusive pedagogy validate the need and significance of inclusive classroom teachings. The primary researcher submitted a Limited Review Application for Exemption Determination to the Institutional Review Board (IRB) at Indiana University Purdue University Indianapolis (IUPUI) on September 16, 2021. Approval from the IRB was received on September 20, 2021. To protect the anonymity of the participants, the transcription of the focus groups will not be listed; however, responses from the survey and the questions used will be listed within the Appendix (see Appendices B-F).

**Anonymous Survey**

Students and educators were contacted through email to engage in the survey. The survey was sent out to the students and educators on February 2, 2022, and remained open until February 16, 2022. In addition, several follow-up emails were sent to increase engagement of the survey throughout the period that it was open. The questions in the survey were informed through the main goals and objectives of this capstone project to gain insight into current teaching practices within the OTD curriculum and perceptions of their effectiveness by the experience of students and educators. Once questions were chosen for the survey (see Appendix B and C), the survey was then distributed to 72 students and nine educators. The survey was completed by 47 current second-and third-year students and eight professors of a Midwestern OTD Program, which yielded a 65% response rate from students and 89% amongst educators. The survey consisted of eight questions that required students and educators to reflect on their

experiences during their time within the program, beliefs about current DEI practices within the curriculum and classroom setting, comfortability working with a diverse population, and to offer any suggestions if necessary. The student survey concentrated on their personal experiences within the classroom setting. In contrast, the educator survey questions focused on their teaching/curriculum practices and how DEI knowledge is explained and assessed. Although some individuals did not respond to each question, responses were analyzed to formulate prominent themes, thus informing the questions used during the focus group interviews.

**Focus groups**

The focus group interviews were conducted shortly after the survey data was collected and consisted of two separate sessions, one session for students and one for educator members. Each session was semi-structured and lasted approximately 30 to 35 minutes. Four participants in each group were selected voluntarily, and participants emailed the author after completing the survey. Three main questions were chosen to guide the focus group interview resulting from common themes found in the survey responses; however, this led to additional questions in each focus group through the discussion of responses (see Appendix D). These questions were created to provide deeper insight into the primary viewpoints of students and educators, specifically in a collaborative group setting. The questions challenged participants to reflect on their definition of DEI, comfortability in educating others about DEI practices, and suggestions on how the OTD program could continue or better demonstrate its' commitment to DEI practices. The main principles of each session remained the same; however, a couple of follow-up questions arose in each focus group questions related to the students and educator, respectively. Once completed, the responses from the two focus group sessions were used to decide on adequate resources.

**DEI Manual**

The resources assembled for this capstone project are specific to this Midwestern university, and its local community to best provide for the needs of the targeted audience, students, and educators of the OTD program (see Appendix G). These resources were compiled by first gaining insight into the perspectives of students and educator members and using themes that resulted from the survey and focus group responses. Once this information was gathered and analyzed, an extensive DEI guide was created to provide sources of information for both students and educators by primarily providing resources that were immediately available to them through available campus resources and within the local community. This manual was the final step of the capstone process of the project as it assembled materials from the main objective of this project, to identify current student and educator viewpoints on current DEI methods and practices within an OTD program.

**Evaluation Plan and Results**

As previously mentioned, the DEI resource manual was intended to provide a comprehensive and focused resource for students and educators to educate themselves and implement DEI within the program, enriching the lives of future clients and colleagues to create a more diverse equitable, and inclusive profession. Key findings were found within the survey responses and focus group interviews and several similarities and differences.

*Theme 1: Real-World Experience*

The students included in the focus group unanimously agreed that when discussing DEI, most of the education and application comes from practical experiences during fieldwork or other opportunities within the community. The students feel as though they have a superficial knowledge of the meaning of DEI, concluding that DEI means that even though an individual's experiences may differ, every student, every client, and every person has the right to fair and

equitable treatment. The students also expressed their understanding of the "work" related to DEI initiatives that often require action; however, they felt they were missing those opportunities within the classroom. Students revealed their experiences with different professors and acknowledged that certain professors present DEI practices consistently and effectively. In contrast, other professors seem almost intimidated to discuss the topic in their courses. However, this is contrary to the belief of educators. Nearly all the faculty interviewed stated that DEI practices and initiatives should at least begin in the classroom but should not be left to the teachings of one person. For example, they believed that DEI is not a topic or practice that one can learn about once and have extensive knowledge of but instead requires continuous education and growth. Therefore, both faculty and students alluded to needing more education; however, they differed on how that knowledge should be disseminated.

### *Theme 2: Comfortability*

Similarly, students responded in both the survey and focus group that most of their DEI knowledge arose from practical experiences. During the focus group interview, students added that they were not entirely comfortable informing others about DEI until they were able to experience it first-hand, especially third-year students. In contrast, second-year students felt a little more competent. One possible reason for the differences could be in part of recent racial and political topics that have caused many organizations and institutions to respond reactively, or as the situation happens, versus proactively, having policies and guidelines already in place instead of creating them. Similar to this belief, many faculty members addressed their lack of comfortability in discussing DEI as a product of becoming a self-directed learner. There are no current standards or requirements for any OTD programs to provide DEI-specific training. Likewise, students and faculty discussed that most of their comfort comes from personal

experiences. During the focus group interview, students stated that they were able to gain the most from faculty who have minority identities. It appears as though these professors provided more DEI resources through their understanding of their experiences. Conversely, faculty members who did not have a minority identity expressed difficulty educating students about DEI due to a lack of confidence.

In contrast, specific DEI training would increase their self-efficacy and ability to educate their students effectively. Students' and educators' shared viewpoints suggest that both must become self-directed in DEI learning opportunities; however, even then, it does not feel like enough. They were hesitant in their ability to effectively understand and educate others, demonstrating a need for education and experiences outside of the ones they must create on their own.

***Theme 3: Improvement***

When asked to reflect on recommendations or suggestions for the program, students discussed ideas that mainly pertained to their experience as students. For example, one central topic discussed was that DEI should be a priority within the program and should be integrated into the curriculum from the beginning of the program. Third-year students mainly articulated this point due to the belief that it is harder to apply this knowledge and become culturally competent practitioners if they do not understand DEI principles until the end of their curriculum, but that it should instead be indoctrinated throughout the entirety of the program. Studies also insisted on real-world case studies that include fundamental aspects of an individual's life, such as family support, current living situations, uninsured or undocumented patients, and patients who do not speak English as their first language. The suggestions made by students differed from those of the faculty.

The faculty examined several impact areas when discussing possible suggestions to increase DEI within the program. The faculty explained that efforts to increase DEI's diverse representation of students and educators are critical. Faculty also concluded that DEI training is vital and should even be mandatory. Some of the faculty were even shocked that they were not required to complete any DEI training throughout the year. Additionally, it was stated that these training or workshops should be interactive and continuous throughout the year instead of annual training, as educating oneself about DEI is a continual and fluid process. Faculty also argued for the need for the shared consensus of a commitment to DEI by all educators. They acknowledged the need for better communication between faculty to ensure the inclusion of such principles. However, it was explained that this is difficult, especially as there are no current standards or regulations stating that DEI needs to be a primary focus for the program, let alone integrated into the curriculum. Similarly, faculty spoke on organizational change at the levels of ACOTE and NBCOT for this very reason. These two governing bodies of OT curriculum should be challenged to include statements and questions discerning DEI practices, especially in the belief that the profession is founded upon an individual's holistic view.

## Discussion and Impact

This capstone project was not intended to measure the competence or knowledge of DEI within a specific OTD program but rather to assess current DEI practices and provided resources as necessary based on the experiences of students and educators. The project sought to analyze similarities and differences between student and educator viewpoints to highlight the most important ideas discussed by both groups and propose a comprehensive DEI resource manual to list several ways to educate, evaluate, and implement DEI into the curriculum structure. All the beforementioned themes found through the opinions of students and educators led to the creation

of the DEI resource manual; however, pursued to primarily answer the question of theme three, what can be done (refer to Appendix G for all information regarding the manual). The manual offered informed recommendations about DEI and its incorporation into education and opportunities within the local community. It was found that some faculty do not currently evaluate or provide a limited evaluation of student knowledge and understanding of DEI throughout their courses. The capstone student has made a DEI rubric to allow educators and other faculty to assess their program on DEI implementation. Within the rubric, specific statements asked faculty members to grade their program using a four-point Likert scale to address several topics of DEI practices as evidenced by the best practices and viewpoints of students and educators. Educators acknowledged lower self-efficacy when feeling comfortable educating others about DEI. A checklist for educators was included to provide inclusive pedagogy strategies to assist educators more efficiently in incorporating DEI within their teaching practices. Most educators expressed case studies as a standard activity to incorporate DEI. Therefore, a case study was made to demonstrate simple suggestions to guide educators and add vital DEI information to their case studies. For example, the case study example provides additions that can be made, reflection questions, and several variables to consider when creating case studies (see Appendix G).

Additionally, this author provided working definitions for important DEI terms and additional resources for both students and educators to inform themselves on bias and stereotypes, microaggressions, privilege, and anti-racist pedagogy. All themes found through the literature review verify the significant impact on a student's learning ability. Finally, students articulated the need for real-world experiences, and the manual presented local opportunities to engage in underserved areas. This provided suggestions to faculty members to include these

areas as possible fieldwork, practical, or volunteer opportunities for students to gain experience working within a diverse community and offers several different communities near the university's location.

**Future Implications**

This capstone project only targeted one OT program, and it provided insight into student and faculty perspectives about current DEI practices within their curriculum. It also demonstrated effective strategies to increase DEI implementation through listening to valued affiliates of the program. It demonstrated the ability to apply a client-center approach to a department rather than only an individual. The project provided a foundation for the steps necessary to incorporate DEI into the OT curriculum and established strategies. To mandate a change toward becoming a more diverse, equitable, and inclusive profession, it must first start with critical stakeholders of the process, including students and educators. However, occupational therapy stakeholders must continue to demand change at institutional levels. This project explained that the current lack of DEI standards and guidelines hinders the dissemination of DEI education, thus causing students and educators to feel less confident in their ability to inform others about DEI practices. Through student and faculty feedback, this project proved that students and educators believe that more needs to be done to demand DEI within the profession, especially as the population becomes increasingly diverse. Finally, it was demonstrated that the absence of DEI standards impacts students' quality of education and experience throughout their OT program.

**Sustainability Plan**

Understanding the varying viewpoints of students and educators and analyzing them to find common themes to create a resource manual provides a sustainable process to impact an OT

program at levels. This project demonstrated the preliminary integration of DEI in an OT curriculum. This project provided an adequate list of opportunities found on campus and in the local community to interact with individuals of diverse backgrounds. The capstone also supplied a rubric for stakeholders to evaluate the effectiveness of varying aspects of the program in incorporating DEI. This project's continued success and sustainability require all beneficiaries to continually commit to doing DEI work by assessing, updating, and monitoring any information or opportunities related to their program curriculum.

**Limitations**

A limitation to this project is that it was only carried out within one OT program with a limited number of participants, especially faculty members. This project was also designed to provide the groundwork needed to start a discussion to implement change within an OT program instead of being able to explore the impact once the changes have been made due to the duration of the capstone process. Another limitation to this project could be the number of participants included in the focus group interviews. The capstone student also provided resources to consider themes that appeared throughout discussions with students and faculty; however, the resources were directed toward readily available opportunities found through campus and local community sources. Additionally, the findings in this project may be biased as these results are from an OTD program within the Midwest. Therefore, the findings from this individualized project may not be transferable around the nation. It is recommended to utilize the processes used in this project to make informed changes and recommendations to OTD curriculum within specific programs. Finally, the entire implementation process of this capstone should be carried out if organizations are looking to integrate DEI within their practices.

**Conclusion**

This project aimed to understand and analyze the perspectives of students and educators about DEI practices within their program. The author had to identify current OT program standards related to DEI, how the program met these standards, and the gap between educational and expectational standards. Once the background information was gathered, students and educators completed a questionnaire that allowed for reflection on current DEI practices within their program. Students and educators were then selected to participate in respective focus groups for guided and detailed discussion concerning their opinions on DEI-related questions regarding the curriculum. The main ideas from the questionnaire and focus groups allowed the author to include campus and community recommendations for DEI opportunities. In addition to this, a manual of resources was created to assist students, educators, and other administration in understanding the importance of implementing DEI within the curriculum. Evaluation tools and guides to change current course materials were also included to demonstrate effective ways to incorporate DEI into current teaching practices. Although the data collected and demonstrated is only preliminary, this author believes that students, educators, and administrators will discover its usefulness due to the detailed perspectives used to guide this project. Through this project, OT stakeholders can recognize the importance of building a foundation of cultural competency by demanding the integration of DEI into OT curriculum.

**References**

Accreditation Council for Occupational Therapy Education. (2022). ACOTE Standards and

　　　　Interpretive Guide. ACOTE. Retrieved from https://acoteonline.org/accreditation-

　　　　explained/standards/

American College of Healthcare Executives. (2022). *Increasing and sustaining racial diversity*

　　　　*in healthcare leadership*. Increasing and Sustaining Racial Diversity in Healthcare

　　　　Leadership American College of Healthcare Executives. Retrieved from

　　　　https://www.ache.org/about-ache/our-story/our-commitments/policy-

　　　　statements/increasing-and-sustaining-racial-diversity-in-healthcare-

　　　　management#:~:text=Our%20country's%20increasingly%20diverse%20communities,refl

　　　　ected%20in%20hospital%20patient%20populations.

American Occupational Therapy Association. (2020). AOTA 2019 Workforce and Salary

　　　　Survey. American Occupational Therapy Association.

Braveman, P. A., Arkin, E., Proctor, D., Kauh, T., & Holm, N. (2022). Systemic and structural

　　　　racism: Definitions, examples, health damages, and approaches to dismantling. *Health*

　　　　*Affairs*, *41*(2), 171–178. https://doi.org/10.1377/hlthaff.2021.01394

Brottman, M. R., Char, D. M., Hattori, R. A., Heeb, R., & Taff, S. D. (2020). Toward cultural

　　　　competency in health care. *Academic Medicine*, *95*(5), 803–813.

　　　　https://doi.org/10.1097/acm.0000000000002995

Brown, K., Lamont, A., Do, A., & Schoessow, K. (2021). Increasing Racial and Ethnic Diversity

　　　　in Occupational Therapy Education: The Role of Accreditation Council for Occupational

　　　　Therapy Education (ACOTE) Standards. *American Journal of Occupational Therapy*,

　　　　*75*(3).  https://doi.org/10.5014/ajot.2021.047746

Dickins, K., Levinson, D., Smith, S. G., & Humphrey, H. J. (2013). The minority STUDENT

voice at one medical school. *Academic Medicine*, *88*(1), 73–79.

https://doi.org/10.1097/acm.0b013e3182769513

Graham, C. L., Phillips, S. M., Newman, S. D., & Atz, T. W. (2016). Baccalaureate minority

nursing students perceived barriers and facilitators to clinical education practices.

*Nursing Education Perspectives*, *37*(3), 130–137.

https://doi.org/10.1097/01.nep.0000000000000003

Grenier, M.-L., Zafran, H., & Roy, L. (2020). Current landscape of teaching diversity in

occupational therapy education: A scoping review. American Journal of Occupational

Therapy, 74, 7406205100. https://doi.org/10.5014/ajot.2020.044214

Hamshire, C., Willgoss, T. G., &amp; Wibberley, C. (2013). Should I stay or should I go? A

study exploring why healthcare students consider leaving their programme. Nurse

Education Today, 33(8), 889–895. https://doi.org/10.1016/j.nedt.2012.08.013

Hiraldo, P. (2010). The role of critical race theory in higher education. *The Vermont

Connection*, *31*(1), 7.

Loftin, C., Newman, S. D., Dumas, B. P., Gilden, G., & Bond, M. L. (2012). Perceived barriers

to success for minority nursing students: An integrative review. *ISRN Nursing*, *2012*, 1–9.

https://doi.org/10.5402/2012/806543

Lund, C. L. (2010). The nature of white privilege in the teaching and training of adults. New

Directions for Adult and Continuing Education, 2010(125), 15-25.

Naidoo, K., Yuhaniak, H., & Abel, Y. (2020). An ecological systems approach to exploring

facilitators and barriers to success for minority students enrolled in a doctor of

physical therapy program. *Health Professions Education*, *6*(3), 394–405.

https://doi.org/10.1016/j.hpe.2020.06.001

Penn Medicine. (2019). *Minority Students Still Underrepresented in Medical Schools*. Penn

Medicine News. Retrieved March 12, 2022, from

https://www.pennmedicine.org/news/news-releases/2019/september/minority-students-

still-underrepresented-in-medical-schools

Ramirez, A., & Kiraly-Alvarez, A. (2021). Exploring inclusion within ot education. *American*

*Journal of Occupational Therapy*, *75*(Supplement_2).

https://doi.org/10.5014/ajot.2021.75s2-rp199

Salsberg, E., Richwine, C., Westergaard, S., Portela Martinez, M., Oyeyemi, T., Vichare, A., &

Chen, C. P. (2021). Estimation and comparison of current and future racial/ethnic

representation in the U.S. Health Care Workforce. *JAMA Network Open*, *4*(3).

https://doi.org/10.1001/jamanetworkopen.2021.3789

Spratt, J., & Florian, L. (2015). Inclusive pedagogy: From learning to action. supporting each

individual in the context of 'everybody.' *Teaching and Teacher Education*, *49*, 89–96.

https://doi.org/10.1016/j.tate.2015.03.006

Taff, S. D., & Blash, D. (2017). Diversity and inclusion in occupational therapy: Where we are,

where we must go. Occupational Therapy in Health Care, 31, 72–83.

https://doi.org/10.1080/07380577.2016. 1270479

World Health Organization. (2019). Health equity. https://www.who.int/topics/ health_equity/en/

**Appendix A**

Semi-Structured Interview Questions for COTAD

1. What groups of individuals are you targeting?

2. What are the most important values of COTAD?

3. How is COTAD increasing diversity, equity, and inclusion?

4. What impact do you hope COTAD will have on progressing educational

practices?

5. What are some current services that you offer to increase DEI within the

profession?

6. How are you able to assess the reach and dissemination of this knowledge of

DEI?

7. Do these ideas of programming seem realistic?

**Appendix B**

Student Survey Questions

1. Thinking back on the first few days at your program, did anything make you feel included as a student? Has this since changed?

2. Do you feel that the current curriculum makes you feel included (i.e., free to speak, that your input is welcomed?)

3. Were there specific classroom activities that seemed to be more meaningful than others? Please explain or provide an example.

4. Do you believe that you have adequate knowledge about diversity, equity, and inclusion as it relates to the profession?

5. Do you feel that the current curriculum includes diversity, equity, and inclusion practices (i.e., supporting all students regardless of background or identity)?

6. Do you feel prepared to work with diverse, underrepresented patient populations, such as those with differing ethnic/racial backgrounds or gender identities?

7. Overall, what was your experience as it relates to diversity, equity, and inclusion within the classroom?

8. Do you have any suggestions on how educators can improve diversity, equity, and inclusion practices within their classrooms?

**Appendix C**

Educator Survey Questions

1. Does your program curriculum include inclusive teaching methods, such as supporting all students regardless of their background or identity?

2. Do you believe that you provide an inclusive classroom setting where students can feel comfortable expressing themselves regardless of their background or identity? Please explain.

3. What specific classroom activities or resources do you incorporate within your teaching to address DEI? Please explain or provide at least one specific example.

4. How do you assess student knowledge and understanding of DEI? Please provide at least one example.

5. How often do you assess student knowledge and understanding of DEI?

6. Do you feel students are prepared to work with diverse, underrepresented patient populations, such as those with differing ethnic/racial backgrounds or gender identities?

7. Do you feel you have been provided adequate training and resources to educate students on DEI practices?

8. If you were provided additional training and resources, would you be more likely to incorporate DEI within your classroom?

**Appendix D**

Focus Group Questions

1. What does diversity, equity, and inclusion mean to you?

2. Do you feel comfortable in the ability to describe DEI and use your knowledge to assist various patients and to educate other colleagues (if necessary) as you become an entry-level practitioner?

3. What else could be done within your program to aid in the importance and understanding of DEI?

**Appendix E**

Student Survey Responses
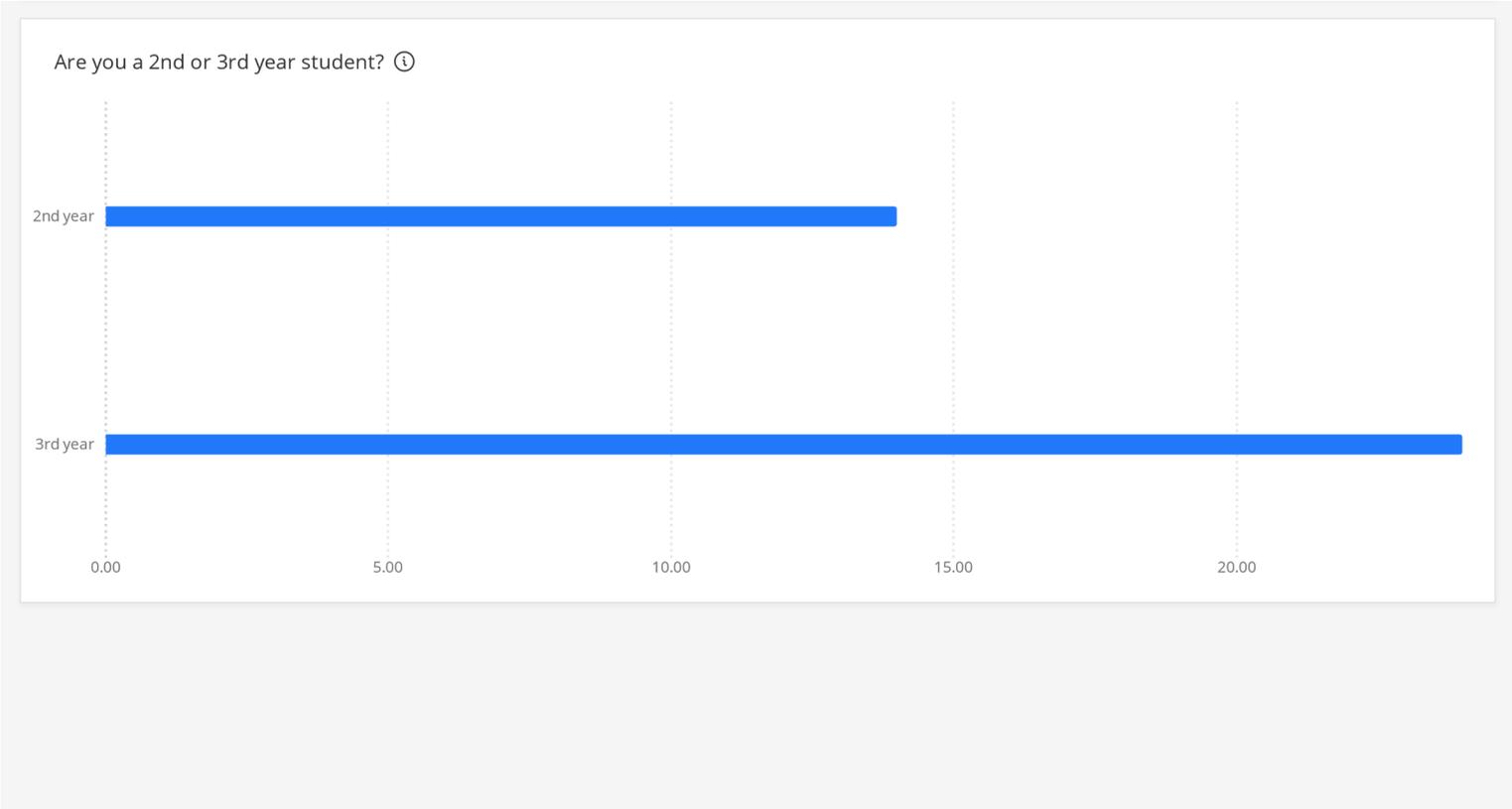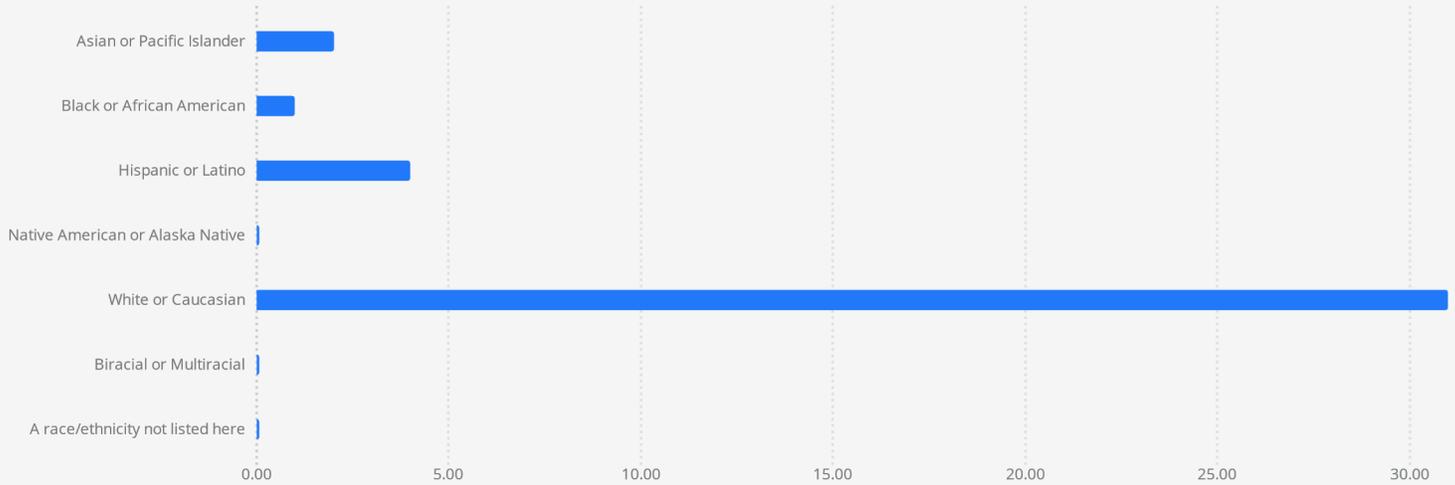


Are you a 2nd or 3rd year student?

## How would you describe yourself? ⓘ

| Category | Value |
|---|---|
| Asian or Pacific Islander | ~2 |
| Black or African American | ~1 |
| Hispanic or Latino | ~4 |
| Native American or Alaska Native | ~0 |
| White or Caucasian | ~31 |
| Biracial or Multiracial | ~0 |
| A race/ethnicity not listed here | ~0 |

(Bar chart x-axis: 0.00, 5.00, 10.00, 15.00, 20.00, 25.00, 30.00)

## Thinking back on the first few days at your program, did anything make you feel included as a student? Has this since changed? ⓘ

In one of the first few days, we had to talk about any sort of community that we identify with and I told my class that I identify as LGBTQ+. My professor talked to me separately after & told me that she was happy I felt comfortable to share this. She told me she was here if I ever needed anything!

The professors wanting to get to know us as students made me feel included. I feel that the professors continue to care for each student and our successes.

Dr. Douglas had us fill out notecards that we could ask questions anonymously. I feel that she knew how to put us at ease and make us feel heard. As we entered the fall, Drs. Wilburn and Janson also made us feel like colleagues rather than subordinates. I feel less connected now that we are remote.

Nothing in particular stood out to me. This has not changed

Everyone was very welcoming and friendly.

## Do you feel that the current curriculum makes you feel included (i.e., free to speak, that your input is welcomed?) ⓘ

I feel like our current curriculum allows for freedom of speech as well as an equal opportunity be included no matter what race, ethnicity, gender, sexuality, etc.

Yes

I think that there are classes and professors that encourage deeper discussions. I feel that we were pushed to do so especially in our Groups and Trauma classes.

Not always. I feel as though my peers sometimes second guess or question my contributions.

Most of the time

For the most part, I feel like the curriculum makes me feel included. There are courses I would change or would like to see added, but the curriculum is fairly well rounded.

## Were there specific classroom activities that seemed to be more meaningful than others? Please explain or provide an example. ⓘ

Again, Groups labs were very meaningful, especially so early on in our careers. We were able to learn more about ourselves and our classmates. We had difficult conversations but I feel like they made us grow into better OTs. I think our Mental Health class practicals were challenging in a good way. •••

I think anytime there is an opportunity to collaborate in small groups and bounce ideas off of one another is time well spent. I enjoy group discussions in case base as it gives me the opportunity to hear other people's perspective and get a better understanding of how they think. •••

All groups class activities •••

I think our time at the SOC, especially coming so early in the curriculum, was incredibly impactful in instilling passion for occupational justice and service to the community. I also enjoyed our groups class in which we were able to bond and learn more about each other. •••

The lectures on intersectionality, and unpacking the virtual knapsack. Also the lectures on cultural humility, gender, and many of our trauma lectures. •••

## Do you believe that you have adequate knowledge about diversity, equity, and inclusion as it relates to the profession? ⓘ

I feel like I have some of the building blocks and a general knowledge in regard to these topics. I definitely think I have more to learn. •••

I know what lived experiences and knowledge I bring to the table as an African American woman pursing this profession. I'd be open and willing to learn more from others. •••

There is always room to learn more •••

I believe I have some knowledge, we have talked about it some courses. One that stands out to me is discussing healthcare inequity with Dr. Wilburn. However, I do feel that there is more discussion that could surround this topic - within this program and the profession as a whole. •••

I think I understand the importance of it. However, I think I am still learning. I don't know that I could say it is adequate when most of the information was coming from people in positions of power, and who are all very similar in terms of diversity. •••

## Do you feel that the current curriculum includes diversity, equity, and inclusion practices (i.e., supporting all students regardless of background or identity)? ⓘ

I think that the curriculum could be updated to be more inclusive of these. •••

No •••

Yes, but as a white straight female, I may have a biased and privileged opinion. •••

The current curriculum attempts to include diversity, equity, and inclusion - but could be doing much more. •••

I think they include it when talking about economic alternatives to interventions, accepting clients as they are, and not judging the people we work with. •••

### Do you feel prepared to work with diverse, underrepresented patient populations, such as those with differing ethnic/racial backgrounds or gender identities? ⓘ

I feel like I have more to learn but I do feel that our mental health competencies helped prepare us. I think more of these would be beneficial.      ●●●

Yes      ●●●

Yes      ●●●

I feel like our time at SOC and my time on my fieldwork rotations have prepared me to work with these populations the most.      ●●●

I think helping out at the SOC has helped prepare me the most. I don't think I will ever feel fully ready to be an OT, but volunteering there has helped.      ●●●

### Overall, what was your experience as it relates to diversity, equity, and inclusion within the classroom? ⓘ

I think I had an overall good experience but I also feel like I could've been pushed to learn more.      ●●●

There's no diversity in the classroom.      ●●●

I feel that it is often brought up which is important      ●●●

Overall, I feel like this topic was touched upon sporadically throughout this program. It wasn't left out entirely however, I feel like it could be discussed more.      ●●●

I have academic accommodations that I need, so I usually need to talk with my professors about this and I also work with AES. The professors have been very helpful in working with me to accommodate different scheduling things and I am very thankful for that.      ●●●

### Do you have any suggestions on how educators can improve diversity, equity, and inclusion practices within their classrooms? ⓘ

Provide more opportunities for discussion and application of these practices.      ●●●

I would love to see intentional changes be made when it comes to reaching and admitting diverse individuals into our program. It's also important to have supports in place to assist in retaining these individuals once they are admitted.      ●●●

Keep the conversation going, make room for checking your own bias, making an effort to seek out more diverse speakers and experiences.      ●●●

Discussions of healthcare inequity should be expanded upon and these topics should be woven into more of the coursework. Also, I feel like profession as a whole, including it's practitioners, should better reflect the diverse populations it serves.      ●●●

Just keep in mind possible accommodations that might need to be made when making tests, quizzes, or classes that could overlap.      ●●●

**Appendix F**

Faculty Survey Responses
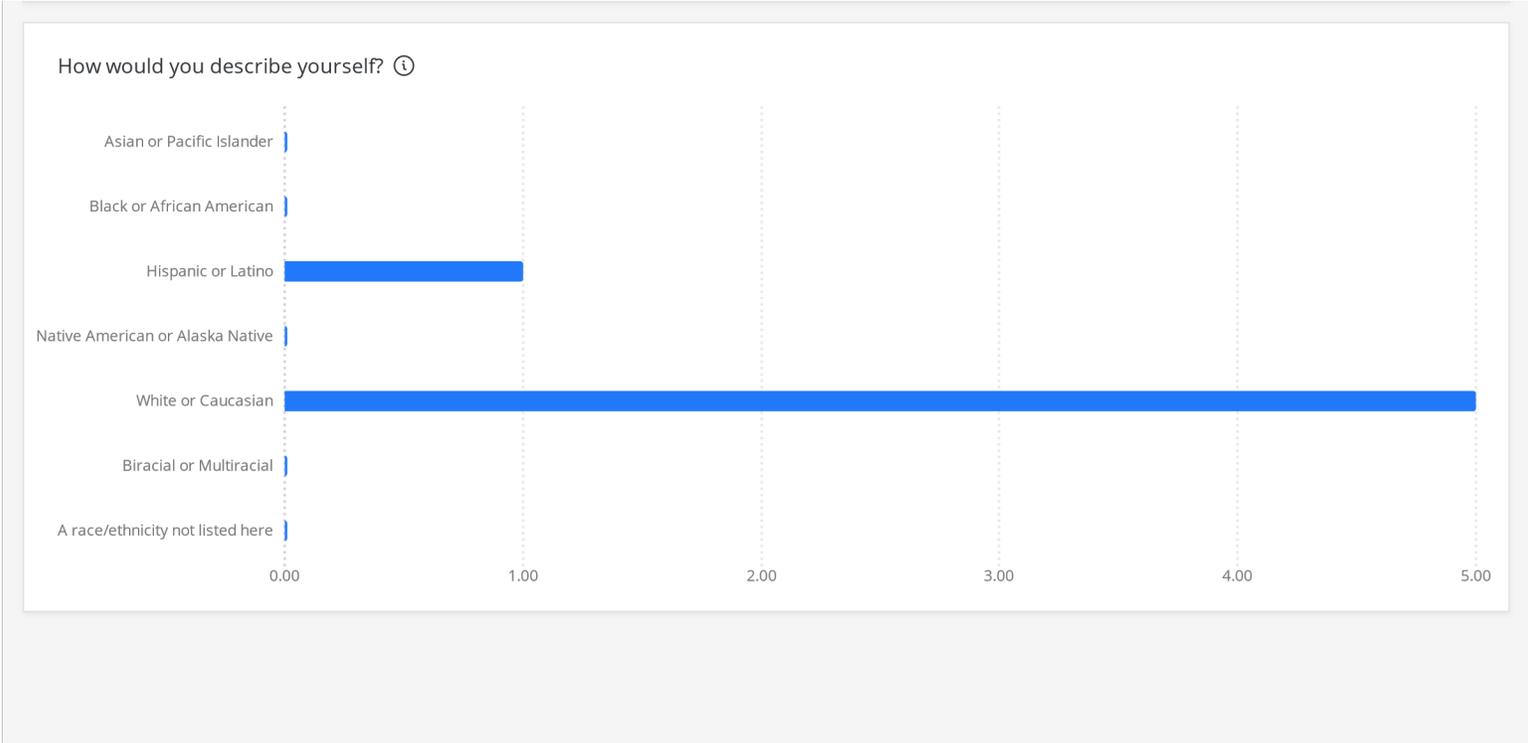


How would you describe yourself? ⓘ

**Does your program curriculum include inclusive teaching methods, such as supporting all students regardless of their background or identity?** ⓘ

Yes

I believe so. I think we place an emphasis on belonging and safety throughout our curriculum however I am not sure how each professor addresses this. ●●●

Yes - our program has taken time to focus on initiatives to support all students ●●●

Yes, and we can continue to grow and do better in this area. Many faculty have pursued training in this to implement in their respective classes, and we have recently begun providing training on inclusive teaching methods in faculty meetings and into program structures (such as syllabus). ●●●

Yes I believe so though no deliberate efforts are made to know if this is accomplished ●●●

**Do you believe that you provide an inclusive classroom setting where students can feel comfortable expressing themselves regardless of their background or identity? Please explain.** ⓘ

I do but as a middle class white female I see thru that lens. ●●●

I feel that I do. I encourage student discussion and dialogue and feel that I create a culture of emotional safety among the students as evidenced by my course evaluations. I present case examples and activities from people with diverse backgrounds. ●●●

I hope that I provide this type of classroom.   I try to allow students opportunities for discussion, ensuring they are not intimidated during discussions and feel they can express themselves ●●●

I try, but because of my privilege and background, I know that not everyone may feel seen or safe. I strive to implement inclusive teaching and learning strategies, provide multiple perspectives when teaching, and to encourage judgement-free class discussions. ●●●

Yes I try to encourage self expression in my class and support it ●●●

**What specific classroom activities or resources do you incorporate within your teaching to address DEI? Please explain or provide at least one specific example.** ⓘ

Case examples via video from individuals from a variety of non-majority communities and discussing the structural oppressions that prevent communities from achieving health. ●●●

Understanding health disparities, differences between backgrounds and illnesses ●●●

-"Invisible Knapsack" Privilege activity in small groups or individually - Discussion on the lack of diversity and ideologies of OT founders and the affects on our profession -Lecture on social determinants of health -Neurodiversity perspective reflection ●●●

We speak about ethnocentrism and bias in assessment. We talk about the entire foundation of science and research being built by and for straight, white, able-bodied males. We talk about the systematic injustice therein. ●●●

panel speakers and films of people's stories from diverse backgrounds; education on history of bias and its impacts on the health of minoritized populations; resources from dismantling ●●●

How do you assess student knowledge and understanding of DEI? Please provide at least one example.  ⓘ

Case examples and videos followed by discussion and clarifying muddy points that students may bring up.

Class discussions, worksheets, answers on assignments ···

I do not assess this currently ···

I have had students complete the acceptance and action questionnaire, stigma (AAQ-s) and I ask them to discuss the impact of bias and stigma on diverse clients during case presentations ···

No more results to show

How often do you assess student knowledge and understanding of DEI?  ⓘ

Throughout, I provide various considerations across communities and populations for students to ponder and discuss. ···

I try to assess somehow in every assignment and at least once a week in class activities ···

I do not assess this currently ···

twice ···

No more results to show

Do you feel students are prepared to work with diverse, underrepresented patient populations, such as those with differing ethnic/racial backgrounds or gender identities?  ⓘ

I feel our students are. We address power dynamics and white savior syndrome head on in my class. We discuss oppressive legislation and structural designs that prohibit equity. ···

I think students are aware of different populations but struggle with relating to them - they want to categorize and not look at each person as an individual. ···

Yes and no. I think we can always provide more education and need to continue to provide more education, critical discussions, and safe opportunities for application. Our students have unique experiences like a Trauma based course and we incorporate discussions on working w/ diverse patient pops ···

I do believe so given our curricular focus on this from other courses ···

Somewhat. They receive knowledge and tools but need to do the permanent ongoing work of anti-racism for themselves. ···

## Do you feel you have been provided adequate training and resources to educate students on DEI practices? ⓘ

I think I have, I have had to do this personally though. I had to apply to the creating inclusive classroom experiences and I had to ensure from my professional development that I was more knowledgeable on DEI issues.

not effectively ⋯

Only because I have sought them out on my own- I did not feel that they were addressed in my OT training. I continue to seek out more- as someone with varying privileged identities, I think ongoing education in this area is essential to strive for safe and DEI focused classrooms. ⋯

I do not. I feel like there is so much more in the way of training that I could do. ⋯

I always need more. ⋯

## If you were provided additional training and resources, would you be more likely to incorporate DEI within your classroom? ⓘ

Always, this can't be addressed enough. ⋯

yes! ⋯

Yes! ⋯

Yes absolutely ⋯

I will always implement as much as possible in this area, so yes. ⋯