Medical schools need to address the health care needs of diverse populations and to accommodate to the diverse needs of their own students and staff. AMEE conferences have shown that medical educators and education researchers are interested in diversity issues.

This workshop focusses on three distinct approaches to addressing gender & diversity issues in medical schools:

1. **Identifying numbers** (staff and student populations)
2. **Examining institutions** (learning climates and organisational culture)
3. **Critiquing knowledge** (including consequences of exclusion)

**Dr. Verdonk is trained as an occupational health psychologist and has a longstanding track record in research on gender and diversity issues in medical education. She defended her PhD-thesis Gender Matters in Medical Education in 2007 at Radboudumc in the Netherlands. She has worked for five years as an Assistant Professor in the Department of Social Medicine, Maastricht University. Since 2011 she has worked at VU University Medical Center in Amsterdam, where she coordinates a longitudinal pathway on diversity in the medical curriculum.**

**PROGRAM:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>1:30pm</td>
<td>Who am I?!</td>
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<tr>
<td>1:50pm</td>
<td>Examples of gender &amp; diversity in medical education research</td>
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<tr>
<td>2:20pm</td>
<td>Criteria for integrating gender &amp; diversity in education and research</td>
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<tr>
<td>2:40pm</td>
<td>Mainstreaming diversity in research projects. Small group work</td>
</tr>
<tr>
<td>3:00pm</td>
<td>Break (refreshments)</td>
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<tr>
<td>3:15pm</td>
<td>Continue small group work</td>
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<tr>
<td>3:40pm</td>
<td>Plenary presentation of small group work</td>
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<tr>
<td>4:10pm</td>
<td>What do I take home?</td>
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<tr>
<td>4:30pm</td>
<td>Close</td>
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</table>

RSVP [here](#) by Tuesday 20 March. Video conferencing is NOT available.
**Introduction notes from Dr Petra Verdonk**

Medical schools need to address the health care needs of diverse populations (1, 2), and to accommodate to the diverse needs of their own students and staff (3,4)*. Despite the advocacy for cultural competence already for decades, and despite the influx of female and minority students, the uptake of diversity issues in all facets of medical education has been slow. Issues are for instance addressing the (under)representation of black and minority students (5), transforming learning climate and organizational cultures (6,7), and integrating diversity issues in curricula (2,6-9).

In teaching cultural competence, several approaches are identified (2,10) such as a cultural expertise approach which is grounded in biomedicine and rather fact-driven, or a more social constructivist approach (cultural sensibility approach) which aims to increase awareness of sociocultural aspects in health care encounters. More recently we have also called for reflexivity and from an intersectional approach, by addressing the need for a proper understanding of future doctors’ and teachers’ own social identities and position from an intersectional perspective, and how their identities affect knowledge, interactions and decision-making in health care and medical education (11,12). Most likely, different approaches to education establish different outcomes in future doctors, but research is scarce (1). AMEE conferences have shown that medical educators and education researchers are interested in diversity issues. This workshop is based on the understanding that addressing diversity is first and foremost a social justice issue (13), thus, a basic tenet of quality of education and health care, and thus, a basic tenet of the quality of medical education research.

In this workshop, we will work on our own projects and approach medical education research at three distinct levels (14): (1) fixing the numbers referring to the composition of the student body in medical schools or to the numbers of female and minority students and staff in education, teaching, and research, thus, to ‘body counts’ and equal opportunity; (2) fixing the institutions referring to learning climates and organizational cultural climate of medical schools: to legal regulations and professional standards, for instance whether admission policies are dedicated to equality, but also to unspoken assumptions and values behind ways of doing and behind claims of neutrality and objectivity (15,16); and (3) fixing the knowledge emphasizing the consequences of exclusion for our knowledge base. At this level, researchers and educators focus on curricular and knowledge content, on analyzing how a diversity perspective enhances knowledge, and thus, health care practices.


**References**