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Advancing cultural competency in Eastern Michigan University's undergraduate health professions education through bias-free writing: Developing a brief training module on the 7th edition APA style guide

Sydney Lawson

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Abstract

This thesis is a formative evaluation of a training module titled, *Tackling Cultural Competency through Bias-Free Writing* . The module is a PowerPoint presentation combined with discussion questions to help undergraduate participants gain adequate insight into best practices for culturally-competent writing that can be transitioned into best practices as health professionals. Formative evaluation elements are appropriateness, acceptability, and feasibility. A review of demographics, historical oppression, and health disparities outline how the training module is appropriate content for undergraduate students. The content within these sections shows how people of color perceive the healthcare field and how people of color are perceived by healthcare professionals. The information from historical oppression is discussed in the recording of the training module by using statistics and key points from the research to emphasize why cultural competence is so important. Addressed next is the acceptability of the training module. The main training module components are organized around American Psychological Association (APA) guidelines and best practices. The endorsement of these practices by a leading professional organization and the style guide used by most undergraduate health professions programs demonstrates the acceptance of learning best practices as undergraduates. The formative evaluation criteria of acceptability is met because these elements are consistently used in undergraduate health curricula. The information from APA and best practices is the context of the module and provides undergraduates with practical steps they can use as students to help reduce health disparities. Lastly, the feasibility of the training module is outlined in the section on training module development and design. Educational theory and American Disabilities Act requirements

are not outlined in the module but were used as a guide for the creation of the structural aspects of the discussion questions and module. The training module is designed for use on Canvas, an online classroom platform. This makes the module feasible for a variety of undergraduate health professions courses, as instructors have the flexibility to implement the training in an online, hybrid, or in-person classroom curriculum. Having met the formative evaluation criteria of appropriateness, acceptability, and feasibility, *Tackling Cultural Competency through Bias-Free Writing* is ready for adoption in the classroom.

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ADVANCING CULTURAL COMPETENCY IN EASTERN MICHIGAN

UNIVERSITY'S UNDERGRADUATE HEALTH PROFESSIONS EDUCATION

THROUGH BIAS-FREE WRITING: DEVELOPING A BRIEF TRAINING MODULE

ON THE 7TH EDITION APA STYLE GUIDE

By: Sydney Lawson

A Senior Thesis Submitted to the Eastern Michigan University Honors College

Approved at Ypsilanti, Michigan, on this date _____

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This thesis is a formative evaluation of a training module titled, *Tackling Cultural Competency through Bias-Free Writing*. The module is a PowerPoint presentation combined with discussion questions to help undergraduate participants gain adequate insight into best practices for culturally-competent writing that can be transitioned into best practices as health professionals. Formative evaluation elements are appropriateness, acceptability, and feasibility. A review of demographics, historical oppression, and health disparities outline how the training module is appropriate content for undergraduate students. The content within these sections shows how people of color perceive the healthcare field and how people of color are perceived by healthcare professionals. The information from historical oppression is discussed in the recording of the training module by using statistics and key points from the research to emphasize why cultural competence is so important. Addressed next is the acceptability of the training module. The main training module components are organized around American Psychological Association (APA) guidelines and best practices. The endorsement of these practices by a leading professional organization and the style guide used by most undergraduate health professions programs demonstrates the acceptance of learning best practices as undergraduates. The formative evaluation criteria of acceptability is met because these elements are consistently used in undergraduate health curricula. The information from APA and best practices is the context of the module and provides undergraduates with practical steps they can use as students to help reduce health disparities. Lastly, the feasibility of the training module is outlined in the section on training module development and design. Educational theory and American Disabilities Act requirements

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Cultural Competency through Bias-Free Writing is ready for adoption in the classroom.

Introduction

Health care professionals are expected to have knowledge of best practices prior to their entry into the healthcare system. Health professionals need to be able to utilize these practices because it is essential in reducing health disparities. Various forms of best practices are established time and time again in students' educational careers to guide their future professions. This project's research was conducted to build a training module that was appropriate, acceptable, and feasible for undergraduate students at Eastern Michigan University. To reach formative evaluation criteria, the training module uses American Psychological Association guidelines on bias free writing.

The first step of formative evaluation is to identify why this training module is appropriate. The research outlined in this thesis is appropriate for undergraduates because it leads them to understand how our health care climate has been impacted by years of historical oppression to evolve to people of color's current treatment. The Michigan races and ethnicities that are focused on in this project include African Americans, Native Americans, Asian Americans, Latino Americans, and Middle Eastern Americans. Prior to the training module, EMU students may have not known how diverse Michigan's community is. Outlining this demonstrates how this information is appropriate to inform undergraduates. Additionally, students may be unaware that different races and ethnicities have faced similar unethical treatment which has left them disproportionately impacted by health disparities. Outlining the ways in which people of color were discriminated against shows how it negatively impacts people of colors' lives and perceptions of cultural differences. Discrimination negatively impacts health disparities which are poor health outcomes that are disproportionate to people of color due to their

race and ethnicity. These outcomes include but are not limited to increased rates of cancer, diabetes, heart disease, mental illness, etc. The information in significance demonstrated in this thesis is appropriate because it is the background information on health disparities that the training module provides tools on how to address.

The next criteria of formative evaluation is that the module must be acceptable. American Psychological Association's (APA) guidelines to respectfully address participants in academic research is specifically addressed in the training module. Using APA is acceptable for this training and undergraduate students because it is consistent with academic writing standards for health science degrees. Establishing best practices at an undergraduate level will ensure the ability to identify and apply the practices in the healthcare field. The APA guidelines reduce biased writing regarding gender, age, sexual orientation, race and ethnicity, socioeconomic status, and other distinguishing characteristics. APA is focused on in this thesis because there is a correlation between best practices that are implemented in school and best practices that are implemented in a profession. It is beneficial for participants to identify this correlation prior to their entry into their profession. This training module specifically focuses on race and ethnicity to build on the base knowledge of APA to ensure adequate representation of future healthcare writing and research. Currently, there is a lack of information for health disparities of various races and ethnicities. One example this evaluation found is a tremendous gap of research available for Middle Eastern Americans. Focusing the module towards APA practices is appropriate because it is the natural cycle of how academic knowledge is applied to the field. Best practices in healthcare are universal procedures that improve the overall healthcare experience for patients, providers, and

anyone else utilizing the system. Best practices can reduce health disparities and increase health care quality for people of color.

The training module is feasible based on the information of educational theory and the Americans with Disabilities Act outlined in the sections of training module development and its outline. This is based on the ability to be applicable with Eastern Michigan University's online classroom platform known as Canvas. This is feasible because the training module consists of a PowerPoint presentation with discussion questions that can be uploaded to Canvas using a hyperlink or a PDF format. If implemented into an in-person setting curriculum, the PowerPoint recording can be played and the discussion questions can be guided by the instructor.

Evaluation Design

There are five forms of evaluation that guide the evolution of an educational intervention like this training module: formative, process/implementation, outcome/effectiveness, and impact. The Centers for Disease Control and Prevention (n.d.) offers definitions for each of the five stages of evaluation. First, formative evaluation ensures that the project is appropriate, acceptable, and feasible prior to its implementation. This type of evaluation is utilized when a new program is being set in place or if a current program is being restructured. Second, process/implementation evaluation ensures that the implementation of the project has gone as planned. Third, outcome/effectiveness evaluation ensures that the targeted population's outcomes are being effectively met. Lastly, impact evaluation ensures that the project is reaching its objectives and outcome goals (Centers for Disease Control and Prevention, n.d.). All of the forms of evaluation can be combined to conduct a large-scale evaluation. Formative evaluation is used Because the training module is in the creation stage,formative evaluation is the most appropriate for this stage of the project.

Conducting a formative evaluation on the training module will ensure that the content is appropriate for both health care professionals and undergraduate scholars. APA and best practices is acceptable because it is material that is consistent throughout their undergraduates' career. This information has been seen in their education and this module builds on that. The evaluation will also make sure that educational theory aspects such as an online learning style is feasible for participants. Checking the training modules appropriateness, acceptability, and feasibility based on the situations circumstances will allow for the training to stay relevant in future years (Centers for Disease Control and Prevention, n.d.).

Formative evaluation has guided the development of the training to ensure that the content presented is appropriate for future health professionals, learning format is acceptable to undergraduate participants, and that it is feasible to incorporate the training in a Canvas course shell. In the sections below, a comprehensive literature review will demonstrate how the training module is appropriate, acceptable, and feasible. After the training is implemented, further evaluation may be conducted to see the modules impact on student learning and writing practices. Specifically, a process implementation will ensure that the training module is implemented with fidelity. The next stage of outcome/effectiveness evaluation will assess student learning outcomes from the module and discussion. Finally, the impact stage will evaluate long term behavior changes. These additional evaluation stages are beyond the scope of this thesis project, but an important part of overall success of the training module.

Appropriate

As previously described, formative evaluation assesses whether a proposed intervention is appropriate, acceptable and feasible. The following sections on demographics, historical oppression, and health disparities outline why a training module on cultural competency and bias-free writing is appropriate material for undergraduate students and future health professionals. Historical oppression causes health disparities in demographic groups that EMU students interact with daily.

Demographics

Formative evaluation states that a module must be appropriate, acceptable, and feasible. The demographics portion explains why this training module is appropriate for undergraduate students because participants should be able to recognize that people are diverse and have different perspectives and situations. This information is particularly relevant for EMU students because their college institution is in a very diverse community. Fostering cross cultural engagement embodies EMU's mission statement and sets you on the right path to becoming a beneficial professional within the healthcare community. This information is appropriate for health care professionals because they work with and treat a variety of races and ethnicities on a daily basis. Being able to identify this as a professional will help to abide my workplace inclusivity policies.

Table 1

Michigan Population Statistics

		Michigan data
Race		
	White alone:	79.3%
	Black or African American alone:	14.1%
	American Indian and Alaska Native alone:	0.7%
	Asian alone:	3.4%
	Native Hawaiian and Other Pacific Islander:	<0.1%
	Two or more races:	2.5%
Ethnicity		
	Hispanic or Latino:	5.2%
	White alone, non-Hispanic:	74.9%

Note. Adapted from "U.S. Census Bureau Quick Facts: Washtenaw County, Michigan; Michigan" by Census Bureau (2018, July).

This table contains the population statistics of various races and ethnicities within Michigan. The objective of this table is to demonstrate the variety of races and ethnicities to Eastern Michigan University students. Which solidifies the acceptability portion of formative evaluation. The data used in the training module are the percentages of African Americans, Native Americans, Asian Americans, Latino Americans, and Middle Eastern Americans within Michigan.

The American Psychological Association discourages the term "Caucasians" because it may show favoritism among racial groups (Racial and Ethnic Identity, n.d.). Table 1 uses Whites while this thesis uses European Americans. The term European

American is used because I use African American, Native American, Asian American, Latino American, and Middle Eastern American. If the term Whites is used with any of these terms then we would be creating a non-parallel distinction between these groups (Racial and Ethnic Identity, n.d.). European Americans do not face discrimination or health disparities on the basis of race and ethnicity within healthcare. This is not to indicate that they do not face discrimination in other categories. Due to this paper's focus, European Americans will not be explored in the rest of the document.

Like many demographic surveys, this table used restrictive answer options that misleadingly categorized many distinct races and ethnicities into larger categories. This is the first of three tables that shows large categories of races and ethnicities. The second and third table demonstrates how these larger categories can be subdivided to properly indicate populations. Races and ethnicities like Middle Eastern Americans, Asian Americans, and Latino Americans are being diminished into simplified categories. There has been research specifically indicating the negative impacts. For African Americans and Native Americans there is more work that needs to be done to reflect cultural and ancestral differences and allow for better representation in data collection. African Americans may come from descendants of enslaved people in the US, immigrants from various countries, and or descendants from a vast number of modern African nations. Native Americans come from various tribes and communities from all across North, Central, and South America. The problem is that we simplify different cultural experiences and ancestral heritages into groups that do not indicate the diversity of its people.

Race and ethnicity are social constructs used to classify groups of people. Both are constructs that we impose on people. These constructs are limited and very simplistic views of what a person's identity is but because of societal norms we use these terms to establish how races and ethnicities are perceived in the world. Outlined below are the definitions of race and ethnicity. Ethnicity is defined as a human affiliation that correlates with their cultural characteristics. Such characteristics may include language and religion. Race is defined by physical characteristics that a person holds. This information is appropriate to include in the module because it creates an understanding of why we identify individuals in this way and is utilized in the training module to depict the importance of identifying participants in their desired racial and ethnic categories. Specifically for this thesis, the terms African American, Native American, Asian American, Latino American, and Middle Eastern American are used but there are other terms that can also be used such as White, Black, Arab, etc.

Historical Oppression

Historical discrimination of African Americans, Native Americans, Asian Americans, Latino Americans, and Middle Eastern Americans negatively impacts future generations. Gross historical acts of discrimination have led to mistrust in systems, authority, and resources. The information in this section can be utilized in the training module as potential discussion points on why cultural perspectives may have negative views of the healthcare system and its contribution to systemic racism. The formative evaluation portion of acceptability is outlined in both the historical oppression section and the health disparities because oppression has contributed to today's disparities. This information about historical oppression demonstrates why the creation of this training

module is appropriate. The acceptability is based on the fact that years of historical

oppression leads to health disparities.

African American

Discrimination of this population started in the era of slavery and continues today.

This discrimination originated with the Jim Crow laws and grandfather clause prohibiting

African Americans from being able to vote (NAACP, Locke, Washington, Knollenberg,

Berryman, Parks, Johnson, 2014). Between the years of 1949 and 1968, African Americans

faced housing discrimination. Segregated living resulted in poor living conditions with

very high rents. "In Detroit in 1960, 27.9 percent of blacks homes were dilapidated or

deteriorating as compared to 9.8 percent of white homes" (Fine, 1997). The information

in this section on generational oppression that African Americans have faced is an

appropriate inclusion for the training module because it negatively impacts their abilities

to obtain adequate healthcare.

An unethical event that happened in the healthcare field was the Tuskegee case.

This case was a research experiment that showed the lifespan of an African American

male who was untreated for syphilis (Bates & Harris, 2004). This case was unethical

because researchers decided to withhold treatment from participants and failed to provide

informed consent that they were doing so. Participants were targeted and easy to exploit

due to their low economic status and educational level. This has caused African

Americans to fear biomedical research and rightfully so because the injustices of this case

were well known at the time yet unaddressed. A training module talking point focusing

on this information acceptability is that this incident has created a negative ideal of the

health care system for African Americans and has negatively impacted the future populations' quality and acceptance of care.

Native American

The discrimination of Native Americans started when Europeans started conquering and colonizing their land and. This creates a mistrust for authority and generational oppression due to unstable housing that can be indicated in the training module as a contributing factor to Native American health disparities. After the removal from their land, they were forced to participate in a European culture. This began by transitioning Native American children into European boarding schools. Children were unable to participate in traditional ceremonies, cultural activities, or speak their native language while in school (U.S. National Park Service, n.d.). This resulted in a decrease in cultural acceptance and knowledge of their traditions. This information is appropriate to include in the module because there is a correlation between these confrontations with the government and Native Americans being less likely to trust governmental services such as the healthcare system.

Asian American

Asian Americans are discriminated against in the workforce and in education. The following examples of how Asian Americans are discriminated against are appropriate to include in the training module because it correlates how non healthcare instances greatly impacts one's access to care. Asian Americans experience discrimination in the workforce because their race and ethnicity makes it harder for them to receive promotions, stand out as competitive hiring applicants, and or receive compensation. The University of

Michigan Affirmative Act categorized multiple Asian subcategories to be recognized as

Chinese. Many Asian applicants that did not identify as Chinese were put into one

category which reduced their chances of acceptance (Fisher, 2014). This population is

more likely to experience sexual harassment, harassment, and threats than other

immigrant group (Robert Wood Johnson Foundation, 2017). Asian Americans that are

discriminated against in the workforce have lower rates of insurance coverage or means

of paying for services. This negatively impacts access to services and continuity of care.

Discrimination in education impacts general oppression for Asian Americans families

and possibly their health literacy.

Table 2

Asian Distinctions by Nationalities and Ethnicities

Asian distinctions	Nationalities and ethnicities
Central Asians:	• Afghani, Armenian, Azerbaijani, Georgians, Kazakh, Kyrgyz, Mongolian, Tajik, Turkmen, Uzbek.
East Asians:	• Chinese, Japanese, Korean, Okinawan, Taiwanese, Tibetan.
Native Hawaiians and Pacific Islanders	• Carolinian, Chamorro, Chuukese, Fijian, Guamanian, Hawaiian, Kosraean, Marshallese, Native Hawaiian, Niuean, Palauan, Pohnpeian, Samoan, Tokelauan, Tongan, Yapese.
Southeast Asians:	• Bruneian, Burmese, Cambodian, Filipino, Hmong, Indonesian, Laotian, Malaysian, Mien, Papua New Guinean, Singaporean, Timorese, Thai, Vietnamese

South Asians:	● Bangladeshi, Bhutanese, Indian, Maldivians, Nepali, Pakistani, Sri Lankan.
West Asians: Also referred to as the Middle East. (This is a contested term, most people from the region do not self-identify as such)	● Bahrain, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Oman, Palestine, Qatar, Saudi Arabia, Syria, Turkey (straddles Europe and Asia) United Arab Emirates and Yemen.

Note. Adapted from "Census Data & API Identities", by Census Bureau (2018, March 12).

This table takes large category data from table one to describe the different distinctions of Asian populations. The objective of this table is to recognize that various Asian ethnicities are distinguishable by their cultures and heritages. Because of this, all Asian ethnicities should not be categorized as all one type of person. Thus, any demographic survey that categorizes all Asian populations into one category is collecting distorted data. This table is appropriate to include in the training module because it brings participants to the conclusion that being as specific as possible when identifying populations is the best way in addressing them.

Latino American

Latino or Hispanic are related terms used to refer to ethnicity although they are often understood as a race. The term Hispanic refers to people who are descendants from Spanish-speaking countries. The term Latino refers to people from Latin American countries. The term Latino will be used in this thesis because it is the convention of this paper, but this is not intended to negate the use of Hispanic. The inclusion of this information in the module is appropriate because it uses this statement to teach undergraduates the various ways of addressing participants. Examples of discrimination that Latinos face are in the legal system and in education. In the legal system Latinos have been unjustly sentenced during court trials and profiled during police encounters due to their ethnicity (Robert Wood Johnson Foundation, 2017). Latinos faced discrimination in Arizona as private vigilantism started, English only laws were implemented, school were segregated, media produced stereotypical material, and the Mexican American Studies program was eliminated (Delgado, 2013). The Anti-Ethnic Statute bill prohibited education that was designed for specific ethnic groups in K-12 public institutions resulting in the elimination of cultural materials and Latino dropout reduction programs. Educational attendance dropped and generational oppression grew. Generational oppression leads to years of poverty, poor educational outcomes, and other reduced aspects of socioeconomic status factors (Delgado, 2013). This information is appropriate to include in the training module because it shows how some Latinos may face oppression because they are unable to finish school. If they are unable to finish school then this can negatively impact their ability to obtain jobs with health insurance or afford the cost of care.

Middle Eastern

After September 11th, 2001 also known as 9/11, discrimination heightened against people of Middle Eastern descent. Hate crimes against Middle Eastern Americans are five times higher since 9/11 (Gedeon, 2019). Hate crimes such as threats, arson, vandalism, and violence increased for this population. This information is appropriate for inclusion in the training because US-born health professions students were raised in an Islamophobic culture. The Islamic faith is not practiced by all Middle Eastern Americans and not all Muslimsare Middle Eastern. Identifying these subconscious ideals before entering the profession is the most optimal way in reducing future discrimination. The following examples are addressed in the training module of how discrimination in employment, education, and religion negatively impacted their continuity of care. An example of religious discrimination was when fires were set to mosque playgrounds. Multiple religious facility attacks resulted in the creation of a policy to protect religious facilities and schools. Another example of discrimination against Middle Eastern religious practices was the refusal to allow women wearing religious head dressing from entering a government building (Dreiband, 2017). Religious persecutions negatively impacted healthcare because they saw vulnerable populations like children getting attacked at school and playgrounds and women being discriminated against in government offices. If this was happening then why would they want to trust the healthcare system? Middle Eastern Americans experience Islamophobia, anti-Muslim sentiments, hate speech, and terrorist stereotyping. Poor attitudes about Muslims have risen 67% (Gedeon, 2019). This information is an appropriate inclusion in the training

module discussion point because it shows the impact of structural racism on Middle

Eastern American perceptions of the healthcare system.

Table 3

Middle Eastern Distinctions by Geographical Location

Arab:	• Algeria, Bahrain, Chad (with French), Comoros (with French and Shikomor), Djibouti (with French), Egypt, Eritrea (with Tigrignan), Iraq (with Kurdish), Israel (with Hebrew), Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia (with Somali), Syria, Sudan, Tunisia, United Arab Emirates, Western Sahara, and Yemen. (Exception of Chad, Eritrea, Israel, and the Western Sahara)
Middle Eastern:	• Algeria, Bahrain, Egypt, Iran, Iraq, Israel, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Sudan, Syria, Tunisia, Turkey, United Arab Emirates, Yemen

Note. Adapted from "Arab, Middle Eastern, and Muslim? What's the Difference" by Teach Mideast (n.d.).

Table 4 takes data from Table 1 to describe the various Middle Eastern ethnicities that are distinguishable by their cultures and heritages. Similarly to Table 2, it shows that large racial and ethnic groups should not be categorized all as one type of person. As stated in the previous figure, demographic surveys categorize Middle Eastern participants in the "White or Caucasian" category. Tables 2 and 3 are appropriate inclusions to the training module because they show that their methods of poor data collection are part of a larger problem which is systematic racism.

Health Disparities

African Americans, Native Americans, Asian Americans, Latino Americans, and Middle Eastern Americans disproportionately experience health disparities. This information lays a foundation for the training module participants to comprehend why they may distrust the healthcare system and why continuity of care is limited due to historical oppression. The unethical medical events that are listed below lead to our current healthcare culture. The training module outlines this as the problem that professional and undergraduate best practices are trying to address. The formative evaluation portion of appropriateness is outlined in both the historical oppression section and the health disparities because oppression has contributed to today's disparities. This information demonstrates how the training module is appropriate because it demonstrates where we are now in regards to identifying an issue.

African American

The Flexner Report was conducted to create a universal care system to improve the quality of physicians within a segregated United States. Institutional racism reduced the amount of African American physicians and made European American physicians inadequate when faced with diversity in the medical field. African Americans had limited opportunities to hold leadership positions in professional organizations and reduced facilities to continue their education (Steinecke & Terrell, 2010). This information is an appropriate inclusion for the training module because it shows how systemic racism has resulted in a less diverse workforce within healthcare.

Henrietta Lacks was an African American woman being treated at Johns Hopkins Hospital for cancer in 1951 (Beskow, 2016). Samples of her cancer cells were taken without her permission and resulted in discovery profits for John Hopkins. Ms. Lacks and her family were not compensated. This case drove discussion about compensation on ownership of one's bio specimens and confidentiality in medical records due to the name the researchers applied to the cells (Beskow, 2016). This information is an appropriate inclusion in the training module because as future health professionals, best practices like understanding Health Insurance Portability and Accountability Act (HIPAA) and consent as well as being ethical are topics that are covered numerous times throughout their education. This was unethical and made African Americans unwilling to participate in future medical research because they used her name to create the name for the cells which shared her identity and the case was shared online.

Similarly to Ms. Lacks' experience/story/treatment, African American women are today not receiving adequate or equal care to that of a European American woman. In a study conducted by Flanders-Stepans, when compared with European Americans, African American women have a 2 to 6 times higher chance of death from pregnancy complications (Flanders-Stepans, 2000). African American women are receiving poor quality of care during pregnancy checkups, prenatal delivery, hospital care, and or postpartum services resulting in disproportionate maternal mortality rates. Complications such as pregnancy-induced hypertension, embolisms, and hemorrhaging cause higher rates of death in African American women than in European American women (Flanders-Stepans, 2000). This data is an appropriate inclusion in the training module because healthy African American women are going into the healthcare system for

non-illness treatment and are dying. European American women and African American women are going in for the same services yet receiving unequal treatment.

African Americans are receiving more than just inadequate pregnancy services. African Americans are less likely than European Americans to receive services such as surgical and diagnostic interventions for stroke and cardiovascular disease or reperfusion treatment for ischemic heart disease (Eggers & Greenberg, 2000). Resulting in higher rates of hospitalization and high mortality rates for cancer, cerebrovascular, and cardiovascular disease. This is an appropriate inclusion to the training module because subconscious bias plays a factor on what professionals feel in regards to who needs which services and to what degree.

Other services that are limited to African Americans are preventable services. African American patients are not being appropriately screened for cancer, chemical dependency, cardiovascular, diabetes, infant mortality, and Human Immunodeficiency Virus (HIV). Limited transportation, language barriers, not having insurance, lack of health literacy, and poor health care experiences contribute to health disparities. This information is an appropriate inclusion in the training module because its knowledge can help participants understand patient situations and improve cross-cultural communication skills. African American men are 60% more likely to have prostate cancer than white men, 58% more likely to have lung and bronchial cancer, and 14% more likely to have colon or rectum cancer (Henley & Peters, 2004). Better cross-cultural communication skills will allow for health professionals to better access a patient's situation and reduce the health disparities listed above.

The preceding paragraph's information is appropriate for the training module because unconscious bias contributes to micro aggression in the healthcare system. Micro aggression is using small non-verbal or verbal offensive acts that are based on race and in many cases are unconscious. There are three categories recognized under micro aggression; micro insults, micro invalidation, and micro assaults. Specific races and ethnicities are marginalized through unfounded assumptions, unfair treatment, and biases. Corporeal aggression is where grossly unethical acts such as forced sterilization are conducted based on biases (Cruz, Rodriguez & Mastropaolo, 2019). Examples such as these have been outlined in this document and are an appropriate inclusion in the training module because they show the unconscious problem that can be fixed by the training information.

Native American

Historically, diseases such as smallpox were deliberately introduced to Native Americans. Other diseases that the Native Americans did not have an immunity to such as influenza, trachoma, pneumonia, whooping cough, and tuberculosis killed off large portions of the tribes. Non-disease issues that Native Americans faced were bug infested food, poor sanitation, inadequate drinking water, and rotting meat. This was an unethical governmental research project conducted on Native Americans. Tribal nurses and elders translated for the study while military physicians practiced procedures and experimented with drastic treatment plans. Examples of this was when tarsectomy was conducted to remove the eyelids of patients with trachoma and radiation was given to patients to kill gland cells (Hodge, 2012). Native American body parts were used in pseudo-science studies and in the Havasupai blood sample study, samples were transferred to various

locations without documentation (Hodge, 2012). This led to Native Americans not trusting the healthcare system because they were promised the return of these body parts and fluids, yet they were never returned. This is extremely important to their culture because they believe that all parts of the body must be present during burial to allow the deceased to pass onto the afterlife. Native American have the fear that if their sacred burial beliefs were dismissed then why would their other rights wouldn't be dismissed in the health system?

Due to historical studies with holding samples, many future Native Americans refuse to participate in medical studies (Hodge, 2012). These unethical events lead to the creation of The Indian Self-Determination and Education Assistance Act of 1975. This required the federal government to be responsible to promote the welfare of Native Americans and allowed for their self-governance. It also required researchers to provide progress and final reports of experiments. Even with the government trying to redeem themselves within Native American communities, broken trust still has negative implications in today's healthcare system.

Health disparities are impacted by Native Americans historical experiences of genocide, segregation, discrimination, and forced relocation. These events have lasting emotional, physical, and psychological effects on Native American health. Discrimination that persist today include harassment, micro-aggressions, traumatic experiences, and racial slurs. In a survey conducted by Findling et al. (2009), at least 23% of Native Americans have experienced discrimination, violence, and or harassment in clinical services. This resulted in 15% of Native Americans not seeking medical care due to potential discrimination (Findling et al., 2019).

Bad experiences in healthcare have further secluded Native Americans from the rest of the world. Most participants of the training module are aware of historical events but they do not understand the current struggles that Native Americans face in communal living situations. Generational oppression leads to low socioeconomic status and potentially poor living situations. Poor living situations may include violence, sexual and physical abuse, racism, witnessing domestic violence, and poverty (Brockie, Heinzelmann & Grill, 2013). This increases their chances of getting health disparities because of increased exposures to advanced childhood experiences (ACEs) score which makes it harder for people to handle stress. Childhood substance abuse, anger, and suicide have all been linked to the ACE factor (Brockie, Heinzelmann & Grill, 2013). Knowledge of ACEs is appropriate for the training module because it shows how the segregation of Native Americans has negative implications on health.

In a study conducted by Batliner et al. (2013), half of Native American adults have 27 or less teeth, missing teeth, higher rates of tooth decay, cavities, corrugated oral mucosa, tooth loss, and oral cancer in reservations. This information is an appropriate inclusion in the training module because poor dental health leads to health disparities and their access to dental care in communal living is drastically limited compared to the rest of us. Lack of dental care in the Pine Ridge Indian Reservation, showed that as high as 90% of participants have a decayed tooth and 68% of Native American adults had periodontal disease. Poor dental health can be attributed to the loss of an indigenous diet, behavioral factors such as smoking and chewing tobacco, and poor dental hygiene (Batliner et. al, 2013).

       Other health disparities such as diabetes and chronic kidney diseases disproportionately impact Native Americans due to access of care. Depending on the community, this burden is twice that of European Americans. This is an appropriate inclusion for the training because this knowledge can reduce barriers to health care, poor health outcomes and injustices, and provide quality care.

Table 4

Native American Rates of Disease vs. Caucasian Rates of Disease

Tuberculosis	750% higher
Alcoholism	524% higher
Diabetes	293% higher
Unintentional Injuries	153% higher
Homicide	103.3% higher
Suicide	66% higher

Note. Adapted from "A framework to examine the role of epigenetics in health disparities among Native Americans", by Brockie, T. N., Heinzelmann, M., & Gill, J. (2013).

This table shows that Native Americans are disproportionately impacted for health disparities such as tuberculosis, alcoholism, diabetes, unintentional injuries, homicide, and suicide compared to European Americans.

Asian American

After World War two, the U.S government concealed biological warfare experiments conducted by the Japanese on the Chinese and Koreans. Unwilling patients were used to test chemicals, infections, infectious material bombs, and extreme conditions. Disease spreading weapons and plague infected fleas resulted in the deaths of thousands of prisoners (Brody, Leonard, Nie & Weindling, 2014). This information is appropriate inclusion for the training module because it shows how the government did not protect nor help Asian Americans against this gross unethical event. Asian patients knowledgeable of this event do not trust the government because they allowed this to happen so they expect similar unethical behavior in our healthcare system.

This is not the only racially systemic issue within the government. Their behavior has shown that they were unable to protect Asian Americans and continue to misidentify them which is not protecting their health. As referred to earlier with Table 1, Asian subcategories are categorized in large ethnic groups together which results in skewed health statistics. An example of skewed data is that Asian Americans have low rates of breast cancer but Filipino and Japanese Americans have high breast cancer rates (Smith, 2013). Asian Americans face differing rates of hypertension, obesity, diabetes, coronary artery disease, and smoking (Gordon, Lin, Rau & Lo, 2019). Filipinos have higher rates of health disparities than other Asian subgroups so categorizing them all together would result in inadequate statistics (Gordon, Lin, Rau & Lo, 2019). This information is an appropriate inclusion for the training module because it shows how misidentification of a race or ethnicity can misrepresent data.

Latino American

Latinos have been unethically tested on by the United States government. In the Syphilis experiments, the government conducted sexually transmitted disease tests on non-consenting Guatemalans. Participants were child and adult sex workers, orphans, mental patients, children, prisoners, leprosy patients, soldiers, and Guatemalan Indians (Rodriguez & Garcia, 2013). Participants were infected with chancroid, gonorrhea, syphilis, and were participants in serology tests (Rodriguez & Garcia, 2013). Non-sterile settings resulted in a patient developing scabies, being infected with gonorrhea in multiple places including her eyes, and then she passed away from the experiment (Rodriguez & Garcia, 2013). This information demonstrates a link between Latinos' mistrust in medical experiments and their continuity of care. Latinos are less likely to participate in medical research because they know that researchers knowingly infected patients without the knowledge or consent and then denied them treatment and or compensation (Rodriguez & Garcia, 2013).

Latino American reproductive rights were further taken away when they were used to test birth control pills. This experiment was conducted with the hopes of controlling the population and reducing generational poverty. This is important to the training module because generational poverty or oppression is not solved by taking away rights, it is reduced by implementing resources. This population was targeted because experimenters felt that if undereducated and poor women could follow it then it would be a successful form of contraception (PBS, 2003). Patients of the experiment were unaware of the clinical trial and started getting side effects such as headaches, nausea, stomach pain, vomiting, and dizziness due to the high dosage. Researchers dismissed side effect

claims which resulted in three women dying. The dosage has since been reduced (PBS, 2003). Another reason why this information is an appropriate inclusion for the module is because this population was targeted based on the assumption that they were incompetent. This form of discrimination is systemic racism and resulted in healthy women dying. Rightfully so, this event negatively impacts future generations perceptions of the healthcare system.

Unethical events reduce continuity of care which negatively impact health disparities. Latino American women are disproportionately impacted by breast cancer. Many women are diagnosed in later stages at a young age (Zhu, Cui, Wang, Xie, Sun, Xu, Sun, 2019). Similarly to women's reproductive health, Latino American men have high rates of prostate cancer. These findings may be due to lack of medical insurance, differing stages at which the disease is found, misunderstanding about preventive prostate cancer services, and inaccessible treatment (Soto-Salgado et.al, 2012). These external factors are an appropriate inclusion for the training module because they are problems that can be solved if an inclusive healthcare experience is created. There may also be genetic indicators that contribute to the frequency of prostate cancer in Latino Americans (Soto-Salgado et.al, 2012). This factors inclusion is appropriate because it helps us understand the importance of targeting at risk populations to increase quality of care and care outcomes.

Targeting populations reduces health disparities such as HIV because these diseases are preventable, limited access care to be why they are disproportionately impacted. Latino Americans account for 23% of new yearly HIV cases (Colon-Lopez et. al, 2019). There has been an 87% increase in young Latino Americans being diagnosed

with HIV (Colon-Lopez et. al, 2019). Latino American men have more cases of HIV than

Latino American women (Colon-Lopez et. al, 2019). In this case, reproductive health is

being negatively impacted because patients have reduced health literacy of HIV

transmission and recognition. This is due to poor utilization of preventive services,

limited access to health services, having unprotected sex, substance abuse, and having

sex with multiple partners (Colon-Lopez et. al, 2019). This is an appropriate inclusion for

the training module because it shows how poor perceptions of the healthcare system

discourage patients from seeking knowledge or care for an issue.

Middle Eastern

Discrimination associated with islamophobia leads to poor institutional policies,

weak social relationships, identity concealment, limited resource utilization, and results

in the marginalization of the population (Samari, 2016). For health specifically,

discrimination leads to diminished stress reactivity, bad psychological and behavioral

responses, and reduced health knowledge (Samari, 2016). This increases health

disparities such as cardiovascular disease, mental health diseases, diabetes, high blood

pressure, and low infant birth weights (Samari, 2016). Health disparities can be attributed

to discounted provider information, impaired communication, or inability to obtain

correct medical care (Samari, 2016). This is appropriate for Michigan specifically

because we have one of the largest Middle Eastern populations in the United States.

Health disparities for Middle Eastern Americans have increased alongside islamophobia

since 9/11. Children that have grown up seeing the rise of islamophobia are now at the

collegiate and professional levels of healthcare. This information is an appropriate

inclusion for the training module because it addresses the attitudes that islamophobia has

been unconsciously absorbed over these professionals' childhoods. When compared by time and discrimination with other races and ethnicities, Middle Eastern Americans have experienced excessive amounts of discrimination within the last twenty years. Lastly, this training module addresses the lack of information that is provided on health disparities for Middle Eastern Americans.

The variety of ways in which African Americans, Native Americans, Asian Americans, Latino Americans, and Middle Eastern Americans have all experienced discrimination through housing, education, the legal system, healthcare, etc. has resulted in health disparities for future generations, poor attitudes towards the healthcare system, and unconscious bias based on race and ethnicity. The legacy of racial injustice is health disparities. This is appropriate content for an undergraduate health professions curriculum. It can show students of color that the health system is trying to better their outcomes and experiences while seeking medical care, and can deconstruct or enlighten future professionals of unconscious bias they may have so that they can eliminate them from their professional best practices.

Acceptable

The previous section illustrated the consequences of racism on health outcomes for people of colors' populations in the United States and demonstrated why a training on bias-free writing is appropriate for an undergraduate health professions curriculum. This section will address the next criteria for a formative evaluation: acceptability. Specifically, it will review the best practices for writing and communicating without bias that have been accepted by various health disciplines. The American Psychological Association (APA) style guide was created and is utilized in the majority of health disciplines to improve bias free academic writing.

APA style guide and best practices is acceptable, using formative evaluation, for students to learn under because it outlines material that is congruent with what they are learning as students. Most health professions programs at EMU are required to use APA for academic writing. APA contains much more information than is applied in regular undergraduate writing. Most of the material in the classroom is about APA covers formatting of the paper, structure of tables and charts, and grammar. This training module builds on this knowledge and allows it to be applied to future situations in the healthcare field. Best practices are acceptable because it's fostering this ideal that they will use as professionals. Outlined below, the acceptability of the training module is addressed.

American Psychological Association Bias Free Identification Techniques

This section will discuss how the American Psychological Association has created a guide that undergraduate students can use to appropriately and respectfully address various population groups. Having a training module that addresses learning at the undergraduate level is acceptable because it coincides with the material that has been

learned, is being learned, and will be implemented in their profession. Topics such as cultural competency, ethics, and APA are the building blocks of best practices. APA is the mandated writing style for all healthcare professions.

APA guidelines include general principles, addressing research participant's principles, addressing different races and ethnicities, and socioeconomic status (Publication Manual of the American Psychological Association, 2019). General principles from the guide suggest describing people by stating only characteristics that are relevant to the study. It is also acceptable to address the fact that the subject population is different from the general population if it is relevant (Publication Manual of the American Psychological Association, 2019). Principles for addressing research participants suggests addressing participants as subjects, students, and clients rather than people. Doing so will avoid making inappropriate generalizations about large, diverse groups of people. An example of this would be to switch the word "people" with "clients" when conducting a study about hypertension in a specific doctor's office. It is also important to state the impact that the participants have contributed to the study (Publication Manual of the American Psychological Association, 2019). Socioeconomic status principles suggest to provide details rather than stereotypes. This is done to provide accurate information about the participant rather than something that is subjective such as stereotypes. Stereotypical terms such as ghetto or welfare reliant are inappropriate. The more acceptable terms would be lower income housing or SNAP recipients. All races and ethnicities should be capitalized because they are considered proper nouns. This is done because the name of different races and ethnicities are nouns. If you are addressing African Americans both the A's in African and American should be capitalized. Terms

like minorities should be switched to terms like people of color or underrepresented

populations. This is done to reduce diminishing terms that can show bias in writing.

Other principles include avoiding non parallel distinctions, essentialism, and avoiding

false hierarchies (Publication Manual of the American Psychological Association, 2019).

This is done to reduce the standard of comparison for different racial groups. An example

of non-parallel distinctions would include correlating race and ethnicity with

socio-economic status when it is not relevant to the study. There are no hierarchies based

on racial distinctions so it would be inappropriate to state that one race is better than

another. APA tries to distinguish these biases in academic writing.

      This is acceptable for the training module because it allows for undergraduates to

identify and reduce their unconscious bias which will be translated into their best

practices as health professionals. This is only one way in which APA guidelines improves

competency for scholars. Starting at the undergraduate level is important because this

training will work with the numerous best practice courses to deconstruct biases. The

rationale behind these recommendations are that when addressed inacceptable, they are

diminishing and degrading to the person being identified. These best practices are

acceptable for health professionals because it allows for them to incorporate these ideals

into their everyday patient provider relationships and can be implemented in any research

they produce. The APA style formatting is acceptable, using formative evaluation,

because EMU health professional students are required to use this style as early as their

freshman year. Each year they may receive a refresher of the material. This normally

covers a brief layout of the structural aspects and the students are required to learn the

rest on their own. This training module takes the level of APA comprehension to the next

level because it addresses more than what students have learned beyond what they know

about structural aspects of APA. It's also acceptable because the specifics of bias free

writing can be translated into best practices that can be used in everyday life and strongly

in their medical professions.

Table 5

Bias-Free Writing Identifications for Race and Ethnicity

Race, ethnicity, or geographic location	Addressing term
African origin	Black, geographic specific name, or African American
Asian origin	Asian, geographic specific name, or Asian American
European origin	Geographic specific name or European American
Indigenous	Addressed by the terms they identify as
American Indians	Native North Americans or Native Americans
Hawaii	Indigenous people of the Hawaiian Islands, Pacific Islander, or Hawaiian Native
Canada	Aboriginal people or Indigenous people
Alaska	Alaska Natives (not Eskimo)
Latin America and Caribbean	Indigenous people, Latino, or Latinx
Australia	Torres strait island Australians, Aboriginal Australians, or Aboriginal people
New Zealand	Maori people or Maori

Middle Eastern origin	Origin or state notion
Hispanic or Latinx origin	Different gender attachments and differing connotations

Note. Bias-Free Language. (2009). In *Publication Manual of the American Psychological Association: 7th Edition* (7th Ed.). American Psychological Association.

This table describes how the APA guide suggests to distinguish or label races and ethnicities in academic writing. The objective of this table is to outline self-identification as the most acceptable way of identifying participants. Students new in their academic career may not be familiar with self-identification, identifying people with the terms they use to describe themselves, APA elaborates on this idea.

Best Practices for Health Care

This training module addresses undergraduate health profession students to deconstruct unconscious bias. It is crucial that these biases be diminished prior to the student entering the health care system as a professional. Instilling best practices in future professionals can reduce the disproportionate impact of health disparities on people of color.

Best practices are essential at the individual level because they are directly linked to the effectiveness of a patient professional relationship. Professionals using best practices should have good communication skills. Nonverbal communication such as interpersonal proximity, facial expressions, body language, eye contact, paralinguistic, physical appearance, expressive touching, and eloquent gestures are very important to patient satisfaction. Expressive touching may comfort patients while coupling eye contact and active listening together may make the patient feel respected (Khan, Hanif, Tabassum, Qidwai, & Nanji, 2014).

Creating an effective patient provider relationship includes listening to patients' worries, thoughts, expectations, and feelings regarding their situation. Providers have a higher impact on patients when they understand the external motives that drive their perceptions. Patients should be notified of the situation using plain language (King & Hoppe, 2013).

Best practices are acceptable for facilities to participate in because they are more widespread than the individual practices and health professional jobs are also required at the administrative level. Best practices that facilities could implement to their policies and procedures are reevaluate cultural competency training to ensure that they are

effective. Training focuses should transition from group beliefs to individual beliefs. A technique known as ethnography, allows for participants to see both perspectives of a situation while correlating it to everyday life (Walton, 2011). Building relationships, forming community partnerships, and illuminating stigma and bias through self-reflection will decrease health disparities (Walton, 2011). Creating cultural models and cultural centers of excellence improve interpretation services, research programs, and cultural competence in health professionals (Walton, 2011).

Walking through the facility to ensure posted information is acceptable and easy to read, pathways and help are easily identified, and patients' first encounters with staff are helpful and provide the patients with a good first impression. Staff members should offer assistance to all patients regardless of their appearance. When helping patients to understand their health literacy it is very important to not make stereotypical judgments about who needs help and who doesn't. All patients should be asked about interpretation services and their language preferences (Welcome Patients, 2015). An example of large-scale best practices was when the Center for Indigenous Nursing Research for Health Equity (INRHE) worked with tribes on initiatives like hosting conferences that increased Native American health leaders. Another initiative included decreasing obesity in children (Moore, 2018).

Best practices following formative evaluation is acceptable because health professional students need to be able to identify and utilize these practices prior to their entry into their health profession. Fostering best practices as undergraduates in APA form allows for students to better implement these practices once they are in the healthcare field. There are many forms of best practices that undergraduates are introduced to in

their education. This includes practices implemented while in school and what they learn

academically that can be applied to their future professions. While in school best

practices include tasks like studying, inclusivity, and taking notes. We foster these

practices while in school to increase scholarly performance. Academic best practices

include cultural competency, evidence based methods, and research. Both sets of best

practices informed my training module because many of the practices can transition from

academic best practices to professional best practices. This module uses best practices to

build their knowledge of specific best practices such as increasing inclusivity and

advancing cultural competency from their undergraduate educations to their professional

careers. An example of this is advanced cultural training and incorporating inclusive

practices such as using plain language and interpreters for facility provided information.

An example of best practices that impacts the module is to illuminate stigma and bias

through self-reflection which decrease health disparities.

Feasible

Formative evaluation states that a module must be appropriate, acceptable, and feasible. The first section addressed the appropriateness to create this training module based on the need for cultural competency content in health professional undergraduate writing. The previous section demonstrated why using American Psychological Association bias-free language and best practices is acceptable for an undergraduate health professions curriculum. This section will address the next criteria for a formative evaluation: feasibility.

The following sections, using formative evaluation, outline how the module is feasible. E-learning educational theory and the Americans with Disabilities Act requirements were utilized to make a module that was effective both conceptually and structurally. Educational theory, also referred to as pedagogy, is the study of teaching. E-learning educational theory ensures the module, which encompasses the PowerPoint and discussion questions, is able to work as intended and is accommodating to instructors that use it. The Americans with Disabilities Act ensures that the module is inclusive to all learning participants. This module is specifically feasible for utilization at EMU because it is applicable with Canvas, which is Eastern's learning management system (LMS). The format of the training module would also be applicable for other forms of LMS or other universities that utilize Canvas. Additionally, during the COVID-19 pandemic many classes are being taught in an online or hybrid style as well as in-person lectures. This module allows for instructors to incorporate the recording of the presentation and discussion questions into any lecture form.

Training Module Development

Educational theory and Americans with Disabilities Act were the last two sections researched to utilize in the next step of the project, creation of the module. Pedagogy was used to ensure the feasibility effectively portrays the background in significance information documented by this thesis.

The idea of pedagogical content knowledge is where certain audiences and subject matter should be targeted in a certain way to get the most optimal outcome (Effective and appropriate pedagogy, 2020). In my courses, PowerPoint has been used to ensure adequate dissemination of course information to me. Using mixed media can be more stimulating and appealing for various learning styles (Jones, 2003). This information impacted the feasibility of this module because it directed me to use a visual presentation with images and a recording to reach optimal learning styles.   This form of media is also widely available, familiar to instructors, and easy to integrate into a learning curriculum. This module's PowerPoint recording is feasible because it is portable and may be run automatically. Jones (2003) states that PowerPoint presentation benefits include having the ability to widely distribute the presentation and the ability to be a self sufficient presentation (Jones, 2003). The following information outlines what has been created for the training module. In addition to receiving the PowerPoint slide deck, instructors will have a list of discussion questions that can either be uploaded to Canvas or incorporated into in-person lectures. This is feasible in an online or hybrid learning setting because the recording of the PowerPoint can be connected using a hyperlink or a PDF upload. Another element is alt text; which describes images located on the document. Instead of using alt text, I described each image in the PowerPoint comment

section. Another element is alt text; which describes images located on the document. This test is indicated below the image to tell the viewer its importance. In an article by McAlvage and Rice, the importance of captions are outlined based on ADA requirements. Instead of using alt text, I described each image in the PowerPoint recording. Other tables indicated on the slides can be described using screen readers. Incorporating educational theory, using blended learning, combines the technology component of PowerPoint with a low tech discussion component. The discussion questions can be added to Canvas using a PDF or implemented under the interactive discussion tab. This is a section of Canvas that allows students to discuss directed material through comments and questions with other students of the course. This is feasible in an in-person learning setting because the PowerPoint recording can be pulled up in class and the discussion questions can be guided by the instructor. Gagné states that the five learning categories are attitudes, verbal information, motor skills, intellectual skills, and cognitive strategies (Gagné, Wager, Golas & Keller, 2005). Using this information, I incorporated self reflection activities to impact the participants attitude. A recording of the presentation was provided for verbal information. Participants are provided with discussion questions and a written activity to incorporate motor skills. Intellectual skills were applied when the participants were asked to draw a conclusion between best practices for undergraduates and professional best practices. Lastly, cognitive strategies were established when APA guidelines were outlined.

Another component of feasibility that was used in the creation of the module was the online learning requirements implemented by the Americans with Disabilities Act (ADA). Following ADA requirements makes this training module feasible because it

adheres to EMU policies that are currently implemented about the inclusivity of academic learning. Providing instructors with a recording of the PowerPoint will allow inclusive learning for students with visual disabilities. This module meets ADA requirements because each image is indicated in the comment section of the slide. Each tables' information is accessible to screen readers. Color scheme was revised to make sure that people with color blindness would be able to read the slides. For people who are Deaf or hard of hearing, I have included a transcription of the presentation. This module focuses on advancing inclusivity for race and ethnicity but following ADA guidelines will increase that inclusivity to a wider range of participants. In a study conducted by Timmerman & Mulvihil (2015), they stated that only 37% of qualified ADA protected students seek services in higher education. One of the biggest issues that was attributed to this was that the students did not want to be labeled as students with disabilities (Timmerman & Mulvihil, 2015). Based on the low amount of people that seek out disability services, it is important that we create learning material that is universally inclusive. Utilizing this information in the training module increases its feasibility because it will provide inclusive learning material regardless of learning style or disability. Both APA and ADA guidelines provide adequate ways of increasing inclusivity that should be implemented to the furthest extent.

Using formative evaluation demonstrates how pedagogy and ADA guidelines were feasible in the creation of an online learning module that successfully informs its participants. These are essential in the creation of the module portion of this project to ensure it is flexible for instructors to implement in their lesson plans, is applicable to Canvas, and is an effective instrument of learning.

The first concept of the training module is why the research is important. Using formative evaluation, the information in this section of slides will demonstrate why this module and information is acceptable for undergraduate students. Providing undergraduates with the tools to implement best practices addressing the problem of poor cultural competency at the root before it has a chance to cause health disparities in the medical field. For future healthcare professionals, best practices are an individual way they can reduce the negative impact on health disparities. Recognizing that people are diverse and have diverse perspectives and situations allows for strong understanding relationships. The training module helps demonstrate why cultural competency is important for undergraduate students. Using APA to increase cultural competency will decrease undergraduates' bias. Biases can affect someone's ability to communicate and understand another's situation. This inability to realize another's perspective leads to mistakes in the healthcare system which create health disparities. The healthcare profession needs to address health disparities by targeting the root of biases. This training is the first step to creating a more equal and accessible healthcare system.

The second concept of the training module is why this information is important for undergraduates. Using formative evaluation, this demonstrates how the training module and information is acceptable for undergraduates. Targeting undergraduate students to teach them best practices through the APA's guidance will instill the ability to adapt to all forms of best practices prior to their entry into the healthcare field. This information is important to EMU students specifically because they live, attend school, and work within Michigan's very diverse population. To stress the diversity to participants, incorporated in the module is a bar graph that reflects the diversity that is in

EMU classrooms. Because of this the individuals they'll work with and for may be diverse. Fostering cross cultural engagement embodies EMU's mission statement and sets undergraduates on the right path to becoming beneficial professionals within the healthcare community. The term "best practices" comes up time and time again in entry level courses. These objectives will build on the participants' knowledge of the APA writing style, which is required in all health professions at EMU undergraduate academic writing.

The third concept of the training module is how undergraduates can use APA to become more culturally competent. APA targets undergraduate students and deconstructs biases prior to their entry into healthcare professions. Using APA to respectfully and adequately identify participants in academic writing is a direct skill that will be transferable to a professional career. Reporting, document writing, and research are examples in which professionals will need to implement best practices in a professional position. This training establishes a pattern of learning and applying various forms of best practices. Implementing best practices as undergraduate students will help them to understand best practices in other situations and effectively implement them in the future. Self-identification is a key concept within this section that is discussed various times through the presentation recording. Self-identification, identifying people with the terms they use to describe themselves, is the most respectful way to describe someone. Self-identification is forever evolving and being able to identify changing terms is important. APA outlines all the ways in which people can differ and evolves along with current identifications.

The last portion of the training module is an interactive portion that can be guided by the instructor, worked on in groups, utilized in an online discussion platform, or assigned individually for homework.

Conclusion

Formative evaluation ensures that a module is acceptable, appropriate, and feasible. This document outlines discrimination that have led us to our current healthcare climate. This is acceptable to the training module because it creates a timeline for how healthcare professionals gained their potentially destructive perspectives. It also helps professionals to understand patients' perspectives that have been negatively impacted by this timeline starting with historical oppression and resulting in years of systemic racism. This leads to unconscious bias for professionals and health disparities for people of color. This module is appropriate for undergraduate students because it further addresses their course material on APA and best practices to increase cultural competency thus reducing discrimination implications on health disparities. For future professionals, this fosters best practices prior to their entry into the healthcare field. This module was feasible because educational theory or pedagogy, directed me in the structural aspects and gave me insight into effectively engaging participants. This theory suggests to create a module that is self-directed, demonstrates real life experiences, is problem centered, and drives internal motivation (Miller, 2014). ADA guidelines increase the feasibility of the module because it is effective structurally in its capability as a teaching tool. This module is accessible to teachers and students and can be easily implemented into the existing curriculum.

Next Steps of Evaluation

Formative evaluation ensures this training module concept is acceptable, feasible, and acceptable for undergraduates prior to its implementation. This thesis presents the

formative evaluation of a training module for undergraduate health professions students on bias-free language. This evaluation is only conducted in the creation of the module. The next steps for this project will be to disseminate the training module and discussion guide to EMU instructors for inclusion in their courses. Once the training is launched, process/implementation evaluation should be used to ensure that the implementation is going according to plan. This process/implementation evaluation will be conducted to learn how the recording of the PowerPoint and discussion questions are implemented into the instructors' curriculum. Next, outcomes/effectiveness evaluation ensures that the outcomes of the module are being met. This can be evaluated while participants are completing discussion questions which demonstrates that they learned the material and could apply it. Impact evaluation allows participants to implement module objectives into their academic writing and further evolve those skills as best practices in their future healthcare professions. This demonstrates long term behavior changes.

This training module offers tools to reduce the problem of health disparities. It helps students to deconstruct bias and understand potentially destructive views of races and ethnicities. It also helps them to understand what can be done on their part to reduce health disparities. As professionals it can reduce biases to create better patient provider relationships and give insight to differing perspectives. Racism is just one form of bias. Writing and communicating are one aspect of cultural competency. Health professionals have to keep learning throughout careers. This training will help, but it won't solve everything. Skills developed in this training can be applied to other forms of discrimination, including other differentiating characteristics that are addressed in APA. These include age, gender, sexual orientation, etc.

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