



# AchieveCE

## DEI Multiple Choice Quiz Questions and Answers

### Learning Objectives:

1. Review core concepts of diversity, equity, and inclusion 1-3
2. Discuss current disparities in the healthcare profession 4-7
3. Identify steps towards expanding diversity, equity, and inclusion in healthcare 8-10

### Multiple Choice Questions and Answers

1. Which of the following defines equity?
  - a. Each individual or group of people is given the same resources or opportunities
  - b. Presence of differences and variability within differences
  - c. **Each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome**
  - d. The degree to which diverse individuals are able to participate fully in the decision-making processes and development opportunities within an organization or group

**Rationale:** A is the definition for equality, B is diversity, C is equity, and D is inclusion.

2. Which describes the following definition most closely, “attitudes and beliefs that occur outside of our conscious awareness and control”?
  - a. Explicit bias
  - b. System 1 thinking
  - c. Implicit bias
  - d. System 2 thinking
  - e. A and D
  - f. **B and C**

**Rationale:** Implicit bias is an attitude or internalized stereotype that affects an individual’s perception, action, or decision making in an unconscious manner and often contributes to unequal treatment of people. System 1 is the brain’s fast, emotional, unconscious thinking mode. Both these things occur outside of one’s conscious awareness and control.

3. What elements must exist for Belonging?

- a. Diversity
- b. Equity
- c. Inclusion and equity
- d. All of the above**
- e. Inclusion and Diversity, No Equity

**Rationale:** Belonging requires all three concepts. Each element represents a different piece of the full human experience. Addressing only one or two of these falls short on gaining the full human experience of a sense of belonging.

4. Which of the following is an example(s) of a health disparity?
- a. Worse health among elderly compared with young adults
  - b. Higher rate of arm injuries among professional tennis players than the general population
  - c. Groups with the lowest income and education levels also have the lowest health status
  - d. Those who live in rural areas have a shorter lifespan because of lack of access to healthcare resources
  - e. A and B
  - f. C and D**

**Rationale:** A and B are examples of health differences, while C and D are examples of health disparity. Health disparities stem from unfair social systems, while health differences can be attributed to biological causes like genetics or age, and may be clinically appropriate if they accommodate unique patient needs/preferences.

5. Which of the following is an example of race-based medicine?
- a. Black patients are presumed to have higher muscle mass and creatinine generation; therefore, they have a higher eGFR**
  - b. Physicians are less likely to treat suicidal ideation in elderly patients than younger patients
  - c. Women are 3x less likely to be referred for total knee replacement than men
  - d. LGBTQ+ people are less likely to have a regular healthcare provider

**Rationale:** B - C are examples of implicit biases in healthcare, D is an example of a health disparity, but A is specifically related to race-based medicine.

6. What are some ways to improve gender equity in healthcare?
- a. Create a national resource center specific to gender bias and sexual harassment to serve as central repository of tools and resources
  - b. Support female membership through diverse mentorship and sponsorship
  - c. Inventory organization's current membership to create plans for improving representation and proactive strategies to identify and cultivate potential female leaders
  - d. All of the above**

**Rationale:** All of the following are ways to implement recommendations of how to promote gender equity in healthcare.

7. What are some reasons that Black patients may have been found to have higher mortality rates and worse outcomes than white patients in the ICU?
  - a. Outcomes are not different among races
  - b. Black patients were less likely to receive timely antibiotics
  - c. Black patients were more likely to be admitted to lower performing hospitals
  - d. **B and C**

**Rationale:** All of the following are examples of why Black patients may have higher mortality rates in the ICU than White Patients and are examples of racial disparities in the ICU.

8. Which of the following are strategies to overcome implicit biases?
  - a. Awareness and Recognition
  - b. Training, Education, and Knowing your Resources
  - c. Check your stress level
  - d. **All of the above**

**Rationale:** All of the following are strategies to overcome implicit biases.

9. All of the following are steps towards becoming race-conscious healthcare, except which:
  - a. Distinguish race and genetic ancestry
  - b. See each person's individuality and cultivate empathy
  - c. **Consider approaches in which you present the patient by classifying race**
  - d. Use a combination of genetics, ancestry, and social determinants to identify the appropriate treatment pathway

**Rationale:** To be a race-conscious approach, this should instead be "consider approaches in which you present patients and consider indicators of structural vulnerability as opposed to classifying by race."

10. All of the following are outcomes of expanding diversity in healthcare higher education, except which:
  - a. **Use the same metrics of measuring diversity program success and development without revisiting to ensure outreach is successful in the educational setting**
  - b. Increasing student, faculty, and staff diversity can lead to increased interest in researching understudied areas
  - c. Fosters respect and appreciation of different cultures, lifestyles, professional experiences, and intellectual abilities for faculty and students to successfully collaborate among people
  - d. Increasing diverse mentorship opportunities can positively impact mentees (e.g., increased confidence, competency/skills, etc.) and aid in residency candidacy

**Rationale:** Metrics of success and development for diversity programs should be continuously redefined and revisited to measure progress of diversity outreach in medical schools.