EDI reflective tool for enhancing inclusivity in healthcare education: A feasibility study

Conference:
Presented at the Eastern ARC Conference 2025

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Background:
Healthcare education in the UK is undergoing a seismic shift in response to (delayed) emergent "realisations" and pressures on educators to recognise and accept themselves as social actors with a role in the pursuit of social justice. Aiding and providing space for critical reflection and reflexivity is one avenue for these essential transformative practices. This study aims to evaluate the feasibility of an EDI reflective tool in changing higher educational practices in healthcare programmes to enhance inclusivity in teaching and learning spaces. This EDI reflective tool was developed by educators with dual experience of healthcare training in global north and global south contexts, to empower those responsible for educating student health professionals in the United Kingdom (UK) to ensure inclusivity in teaching content and resources.

Materials and methods:
This study adopted a mixed-methods approach using a convergent parallel design, The study involved an online questionnaire which collected quantitative and qualitative data on the EDI reflective tool, as well as focus groups and interviews to gather perceptions on the feasibility of the tool, and its potential to change educators' behaviours and practices. The EDI reflective tool comprises of ten sections pertaining to various aspects of curriculum, teaching, and learning, each with 2-5 prompt questions which are to be used by educators to guide reflection and empower change. Eight participants completed the questionnaire, including educators of speech and language therapy, occupational therapy, and global public health. Two 1:1 interviews, and two focus groups comprising 3 participants each were conducted using a scripted interview guide. The questionnaire data was analysed using descriptive statistics and an informal content analysis. The transcribed data from the responses of 8

participants (2 interviews and 2 focus groups) were analysed using thematic analysis (Braun and Clarke, 2020). Four themes were identified. A sample of data were analysed by multiple researchers, which were then reviewed and reflexively merged to ensure robustness. The data was triangulated through critical conversations and reflexive discussions by the researchers.

Results:

Participants were largely satisfied with the wording and language of the statements on the EDI reflective tool. There was high agreement from participants for most of the statements about the feasibility of the tool. Some suggestions were made to improve the wording of the statements. Ways to move from reflection to action were highlighted in the qualitative data from the questionnaire. Participants indicated they felt confident implementing the tool in future. Themes included were the barriers, struggles and challenges in embedding EDI in healthcare education and the impact of using an EDI reflective tool on educational practices. Participants highlighted the importance of raising awareness of EDI-related issues through staff and student training and talking about EDI within teaching/learning spaces, student voice groups and programme committee meetings.

Conclusions:

Decolonisation, non-discriminatory practice, and social justice should lie at the heart of transformative healthcare education. Findings from this study suggest that our EDI reflective tool has the potential to create safe spaces for critical conversations and deeper reflections to enhance inclusivity in educational practices.