Designing more **diverse** sims: Lessons from a centre in a **non-diverse** place.

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Background

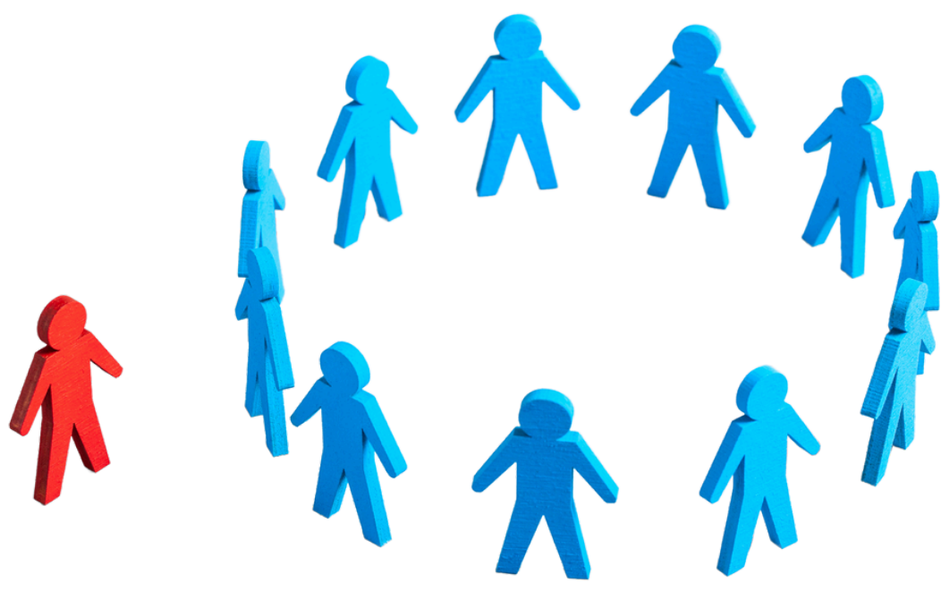
DASH is a busy sim centre in Ashington, Northumberland. The most recent census shows the area is **97.6% white** and **1.5%** had religion other than Christianity.

During a recent audit of our catalogue of 81 simulation scenarios, we found **no reference to race or religion,** and no use of names from non-European or American diaspora.

The challenges

A non-diverse sim curriculum within a non-diverse hospital population is uniquely **problematic.** It can lead to:

- ‘Othering’ of minoritised groups
- Leaving knowledge gaps unfilled
- Reduced cultural competence
- Propogating health inequalities



Our approach: listen, consult, reflect

We met with our local BAME staff group* to listen to their views. We also listened to students who responded to our calls for input.
We heard several things:

- Whatever is done must be **authentic**
- Be careful of **tokenism**
- **Co-design** is important
- Actively aim for **intersectionality**
- Race and religion **must not *always* be a risk factor**
- Minoritised groups should be **‘over-represented’** given the local demographics

Changes we have made

- Introduced new sims with intersectional patient identities
- Designed sims to increase reflexivity - especially in terms of recognising pre-existing bad practice.
- Introducing cases which typically effect minoritised people - e.g. sickle cell crisis.
- Writing prompts for debriefs which promote discussion of cultural ‘what ifs’

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