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Considerations of equity, diversity and inclusion in peer reviews conducted for Medical Education

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1 | INTRODUCTION

Efforts by authors in this *Medical Education* issue to engage in cross-cultural dialogue and share diverse perspectives with our readership[1] make this an ideal time to consider how equity, diversity, and inclusion (EDI) issues are, or are not, reflected within our field.

Efforts by authors in this Medical Education issue to engage in cross-cultural dialogue and share diversity of perspectives with our readership[1] make this an ideal time to consider how EDI issues are, or are not, reflected in the work within our field.

The racial reckoning in North America in response to anti-Black racism and the awakening in colonial states including Canada and Australia regarding treatment of Indigenous peoples highlight how systems and structures oppress individuals from underrepresented groups. Such situations foreground the need for research to consider EDI in pursuit of social justice.

Medical education is no exception. Its research shapes understanding of how learning occurs, what curricular content and pedagogical strategies are needed, how outcomes are measured, and what outcomes are achieved. As with most scientific disciplines, however, the field has predominantly reflected the work and views of individuals with power and privilege.[2] Scientific publications disproportionately originate from the United Kingdom, United States, Australia, Canada, and the Netherlands. In these (and many other) nations, research is traditionally conducted by academic faculty who are disproportionately senior, White, and male compared to the population.[3–5] Emphasis on certain research topics, methods, approaches, and interpretations, therefore yields published literature primarily reflective of the perspectives and experiences of White, Eurocentric scholars.[6] To disrupt these ingrained practices and assumptions, and broaden the published health professions, education literature, researchers, reviewers, and editors must prioritize social justice within scholarly work.

Medical Education has, therefore, publicly committed to supporting EDI throughout the manuscript production process, from submission to peer review and publication.[7] As one critical step, the journal strengthened attention to EDI issues during peer review by adding a field to the structured peer reviewer form.[8] Since 2022, that form instructs reviewers: "We have added this section to our review form to encourage reflection on the part of authors and reviewers regarding whether sufficient consideration is being paid to equity, diversity, and inclusion (EDI) in our research and evaluation efforts. Where appropriate, please

comment on EDI using the guidance provided by the questions [link for peer reviewers]." The prompt does not define equity, diversity, or inclusion and does not claim that every manuscript should have an EDI focus. Rather, the reflective prompts at the "link for peer reviewers" are

1. Does (and how does) the paper engage with human difference and/or power structures (i.e., are notions of EDI incorporated appropriately for the issues addressed)?
2. Does the study attend to matters of relevance to EDI in a nuanced way?
3. What assumptions drive the ways EDI has been included (or excluded) and how do they impact the overall study/paper?
4. Are there other ways you would have liked to see the authors engage more with EDI?

> *As one critical step, the journal strengthened attention to EDI issues during peer review by adding a field to the structured peer reviewer form.*

To share what we learned from reviewers through this prompt (i.e., to reflect on how reviewers consider aspects of EDI in manuscripts), three editors (KEH, RA, KE) and a journal editorial internship alumna (LA) undertook content analysis of responses to the above prompts. After receiving ethics approval from University of California, San Francisco (UCSF,#22-38235), we reviewed and coded all comments uploaded for manuscripts received during the first 18 months post-implementation (March 2022–August 2023), anonymized to reviewer and manuscript author identity. We read all comments to identify concepts and potential codes in the data and developed a codebook using definitions from the American Psychological Association Equity, Diversity, and Inclusion Inclusive Language Guide.[9] All comments were independently coded by two investigators with discrepancies reconciled through discussion. All investigators reviewed the final findings.

2 | PEER REVIEWER COMMENTS ABOUT EDI

Seven hundred twenty reviewers' comments were received from 43 countries distributed across six continents: North America (39.4%), Europe (32.6%), Oceania (16.7%), Asia (6.1%), Africa (3.8%), and South America (1.4%). There was more similarity than difference when comparing reviewer EDI comments from different parts of the world, without clear trends by reviewer region.

Comments were assigned 1403 codes, about one third (30.3%) of which were positive (praise, commendation); about one third (32.2%) were negative (critical, focused on something wrong or missing); and, about one third (37.5%) did not mention EDI or indicated EDI was not applicable to the manuscript.

Overall, 382 reviewers' comments were coded as specifically addressing equity, diversity or inclusion. Diversity-focused comments were most common (57%); of those, 65% addressed participant demographics, and 21% addressed geography (i.e., study location). Researcher identities or reflexivity, audience/readership, and language were also mentioned. Thirty-six percent of the 382 comments were equity-focused, addressing the influence of power/hierarchy (54%) or the value of critical analysis (46%). Inclusion was least commonly addressed, in only 7% of the comments.

> *Diversity-focused comments were most common (57%) typically addressing participant demographics and geography. Thirty-six percent of the comments were equity-focused, addressing the influence of power/hierarchy and the value of critical analysis. Inclusion was least commonly addressed, in only 7% of the comments.*

Most commonly, reviewers' comments indicated strategies through which the methods (29.4%) could have (or did) consider equity, diversity, and/or inclusion. For example, a reviewer (with their location noted) wrote:

> "The articles cited for data analysis are from diverse backgrounds ranging from low-resource countries to high-resource. All of those were given equal weightage in the analysis part of the study." (India)

A similar percentage of comments (27.6%) indicated how the discussion/limitations could have better incorporated equity, diversity, and/or inclusion:

"The discussion might have further addressed the issue of power relations e.g. between trainees and patients, but also between more senior colleagues and trainees." (UK)

"There was a conspicuous absence of references to the role of equity, diversity, and inclusion in leadership... paper would be stronger with contemplation of the responsibilities leaders and followers have in enhancing institutional DEI efforts." (US)

15.7% of reviewer comments indicated how study results could have better reflected consideration of EDI:

"EDI is evident in the specific consideration of minority groups and other vulnerable individuals in the inquiry and is evidenced in the results reported." (New Zealand)

"The paper does raise the issue [of] equity and the unequal professional status of nurses to physicians. The paper points out that nurses' perspectives were sought in addition to residents due to the lack of value and acceptance placed on the nurses' role in physicians learning." (UK)

Least commonly, reviewer comments addressed the introduction section (6.2%):

"The authors display great care in including research from a global perspective in their literature review." (Norway)

Some comments addressed multiple or unspecified manuscript sections:

"The manuscript tries to present themes of diversity and inclusion; however, as it is not well-structured in the necessary topics (introduction, theoretical conceptualization, methodology, results, discussion and conclusion), the manuscript becomes confusing and difficult to understand, despite having a theme [that is] important and relevant." (Brazil)

3 | REFLECTIONS

The new reviewer field afforded comments to authors on about two thirds of manuscripts, suggesting the possibility that this effort meaningfully increased attention to EDI in submitted manuscripts. However, reviewer responses varied widely, implying that questions about EDI may be interpreted differently. Equity, diversity, and inclusion were sometimes conflated as if "EDI" is a single construct, whereas these are linked but distinct concepts serving different functions.[9] Rewording the prompts may give better direction to reviewers, the particulars of which are currently being discussed by the journal's International Editorial Advisory Board. We have heard (and will heed) advice to encourage authors to think more about how EDI influences (but may be overlooked in) all aspects of comprising a research team, conducting a study, and preparing a manuscript for a wide audience. We will strive to encourage authors, reviewers, and editors to consider EDI as a set of values and beliefs rather than something that can be retrospectively fit to a paper. Where to position the EDI prompts will be debated as well: Being last on the reviewer form may have yielded shorter responses due to reviewer fatigue, but this positioning also enables reviewers to consider the whole manuscript before offering impressions of EDI implications.

> *The new reviewer field afforded comments to authors on about two thirds of manuscripts, suggesting the possibility that this effort meaningfully increased attention to EDI in submitted manuscripts.*

We will continue to broaden efforts to reduce bias, power, racism, and oppression throughout the research process to strengthen the impact, inclusivity, and accessibility of medical education scholarship.[10] Accordingly, the efforts documented above lead us to offer recommendations for authors, reviewers, and editorial teams:

> *Accordingly, the efforts documented above lead us to offer recommendations for authors, reviewers, and editorial teams.*

For authors:

- Consider EDI, bias, and social justice from study conception through implementation and manuscript writing.

- Comprise research teams and engage partners who can offer varied perspectives and lived experiences.
- Reflect upon personal assumptions and biases.

For peer reviewers:

- Reflect on your own positionality and potential biases, striving for both cultural and academic humility.
- Consider EDI when reviewing manuscripts, recognizing that the guiding questions provided by this journal are but one approach.

For journal editors and editorial boards:

- Set measurable EDI goals.
- Recruit peer reviewers with different perspectives,[11] which may be based on their identities, geographic region, or expertise.
- Incorporate peer reviewer training, for example, through discussion of experiences considering EDI during peer review with the goals of raising consciousness and learning collaboratively.
- Encourage authors to state how they considered EDI and/or social justice through personal or team reflection, what assumptions and biases may have influenced their work, and whether or how their manuscript addresses EDI. This information could be solicited in a cover letter, and where appropriate addressed within a manuscript.
- Consider collecting, and sharing publicly, reviewer characteristics to demonstrate commitment to EDI and accountability to readers.
- As part of a commitment to continuous improvement, review progress, examine goals, and discuss experiences, strategies, and reflections on critical incidents related to EDI at least annually.

In conclusion, creating an EDI field for reviewers, the first to our knowledge, and analyzing reviewers' responses are initial steps in a journey to strengthen the equitability, diversity, and inclusivity of medical education scholarship. EDI requires time, effort, vulnerability, and patience to reach understanding and improvement, collectively, within the medical education scholarship community. At *Medical Education*, we welcome feedback and ongoing dialogue from readers, authors, and reviewers as we continue to grow and improve.[7]

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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