

A Systematic Review of Diversity and Curriculum Improvement Case Studies: Lessons for Inclusion and Research Instruction in Library and Information Science Programs

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ABSTRACT

How should Library and Information Science (LIS) programs assess and refine their diversity, equity, and inclusion (DEI) instruction? We should leverage the work of health science departments. In a systematic review of DEI curriculum advancement studies published from 2010-2022, we located 46 studies concentrated in the health sciences (n=20). We found five article characteristic trends in: (1) year of publication, (2) discipline, (3) study location, (4) research methods, and (5) highly-included identity topics. We found five prevalent approaches to curricular improvement: (1) an early all-student intervention, (2) a focus on cultural humility as the outcome, (3) attention to classroom climate and safety, (4) multi-year data analysis, and (5) a working group as leader of curricular change. Throughout our project, we noted three challenges to conducting systematic reviews: (1) the U.S. bias of selected library databases, (2) missed studies due to database indexing and other issues, and (3) student coding issues. Our research suggests that dozens of strategies exist for measuring existing curricular content, that curricular change requires significant investment, and that LIS should transition to cultural humility as the focal outcome of diversity instruction.

ALISE RESEARCH TAXONOMY TOPICS

education of information professionals; information practices; sociocultural perspectives

AUTHOR KEYWORDS

diversity; university curriculum; programmatic self-study; research methods pedagogy; systematic reviewing

INTRODUCTION

More than 156,000 articles discuss curriculum according to the Web of Knowledge. Nearly 145,000 of those contain the words higher education, college, or university. More than 5,000 discuss diversity in higher education curriculum. This vast research landscape poses an obstacle for library and information science (LIS) educators seeking interdisciplinary, evidence-based methods for assessing and refining their programs' diversity, equity, and inclusion (DEI) instruction. In a sea of research, where does one begin?

Institutional case studies offer a valuable entry point into curriculum refinement research because they highlight the processes that individual departments and colleges have developed to assess and improve what they are teaching. An interdisciplinary systematic review of these case studies could yield terminological, organizational, and pedagogical recommendations from diverse fields. More than other types of reviews—literature reviews, mapping reviews, scoping reviews, etc.—systematic reviews lend themselves to focused, practical inquiries to facilitate concrete change (Grant & Booth; Komba & Lwoga, 2020). So, to discover best practices in DEI assessment and curriculum improvement, LIS researchers can employ a research process honed by health scientists to harness clinical knowledge. We can also involve LIS students in our diversity work.

DIVERSITY IN LIS: FROM DEFINING TO REALIZING INCLUSIVE INSTRUCTION

Since the 1970s, LIS has openly struggled to build diverse faculty and student bodies, and to teach DEI topics and skills effectively (Jaeger, Subramaniam, Jones, & Bertot, 2011). In the early 2010s, discussions of diversity in LIS education increased alongside analyses of Internet access, online LIS education, and other transformative technologies (see Cooke, 2013a; Cooke, 2013b; Jaeger, Subramaniam, Jones, & Bertot, 2011; Mehra, Hope, & Ahmad, 2011; Subramaniam & Jaeger, 2011, 2010). In 2011, Jaeger, Subramaniam, Jones, & Bertot proposed that diversity efforts focus on traditionally marginalized groups and “the new groups that are information-disadvantaged in the age of the Internet...” (p. 173). They advocated for innovative new pedagogies to promote broader and better understanding of diversity (Jaeger et al., 2011). That same year, the Association for Library and Information Science Education (ALISE) launched a taskforce to develop a diversity statement (Lee, Chancellor, Chu, Rodriguez-Mori, & Roy, 2015).

In 2013, the ALISE membership adopted the new statement and defined diversity as the human differences (e.g., “racial, cultural, linguistic, gender, religious, international, socioeconomic, sexual orientation, differently-abled, age among others”) that can serve as barriers to inclusion within organizations, institutions, and societies (ALISE, 2013). The association called for “true inclusion” through “(1) the full representation, participation, value, and empowerment of all kinds of LIS educators and... (2) a commitment to challenging all forms of discrimination...” (ALISE, 2013). Accordingly, LIS professionals should value varied perspectives and work as

agents of social and intellectual inclusion (ALISE, 2013). Library and Information Science educators should teach them how to create inclusive organizations (ALISE, 2013). Though a step in the right direction, the ALISE statement offered limited guidance on “the actual transformative work” needed to reshape LIS education (Chancellor, DeLoacha, Dunbar, Lee, & Singh, 2021).

In the decade since ALISE adopted its diversity statement, LIS scholars have conducted exploratory surveys of LIS faculty (Kumasi & Manlove, 2015; Maestro, Ramos-Eclevia, Eclevia, & Fredeluces, 2018; Mehra, Hope, & Ahmad, 2011), content analyzed LIS course offerings (Cooke, 2016; Maestro, Ramos-Eclevia, Eclevia, & Fredeluces, 2018), and interviewed LIS graduate students, graduates, faculty, and other stakeholders (Cooke, 2018; Maestro, Ramos-Eclevia, Eclevia, & Fredeluces, 2018). Yet, despite this decade of stakeholder engagement and scholarly work on improving DEI instruction in LIS education (Poole, Agosto, Greenberg, Lin, & Yan, 2021), the process of reforming a program’s curriculum remains abstract (Colón-Aguirre & Cooke, 2022; Dunbar, Zamir, Chancellor, Grady, Gray, & Kumasi, 2022), albeit with a few exceptions (see Poole, 2021; Winn, Miller, Muglia, Stewart, & Wallach, 2021). And so, we searched within and beyond the LIS field for concrete examples of how departments are moving the needle forward on diversity education.

SYSTEMATIC REVIEWS: FROM CLINICAL TOOL TO PROGRAM RESOURCE

Health scientists have long endorsed the value of systematic reviews for clinical and non-clinical decision making (Altman, 1999; Bero & Jadad, 1997; Pilic et al., 2023). However, systematic reviews were infrequently published prior to the 1970s, partly because they were seen as academically weak (Chalmers, Hedges, & Cooper). In the 1980s, several key studies and the availability of new technologies for global clinical collaboration brought attention and credibility to systematic reviews (Chalmers, Hedges, & Cooper). More recently, systematic reviewing has expanded across the academy and into professions such as education and librarianship (Conte et al., 2015; Nind, 2020), leading to a dramatic increase in the number of published systematic reviews (Clarke & Chalmers, 2018). The expansion of systematic review has prompted interdisciplinary meta-discussions about the future of systematic review production, use, management, and teaching (Mahmić-Kaknjo, et al., 2023).

Health science and health librarianship educators teach systematic reviewing as an evidence-based process for data collection and decision-making (Cook & West, 2012; Conte et al., 2015; Land & Booth, 2020). For instance, Land and Booth engaged physiology students in a multi-week classroom exercise to test a hypotheses about smoking and reproductive health. They found that their students under-included studies by more than 50% but learned valuable lessons about evidence analysis. Conte and colleagues developed a flipped classroom model for training health librarians for systematic review work. Kitchenham (2004) developed a set of systematic review procedures for computer science students and faculty, Nind (2020) described a systematic review pedagogy for education students, and Boland, Cherry, and Dickson (2017), an interdisciplinary team, wrote a students’ guide to systematic reviewing that is now in its second edition.

Understanding the value of systematic reviews for decision-making and the rewards of teaching the method, we led a team of librarianship master’s students in a systematic review around

the question: How do higher education researchers/administrators operationally define diversity in self-studies of their curriculum?

The project revealed interesting insights into the topic and the teaching of systematic reviews to library science students. This paper discusses the broad, practical results of our systematic review and the lessons we learned from this project.

OUR SYSTEMATIC REVIEW & STUDENT TRAINING METHODOLOGIES

We conducted a systematic review using the SALSA framework developed by Grant & Booth (2009). SALSA stands for Search, Appraisal, Synthesis and Analysis; the framework promotes reproducibility and methodological accuracy (Table 1; Hays et al., 2022; Mengist et al., 2009).

Table 1

SALSA framework

<i>SALSA steps</i>	<i>Inputs/methods</i>	<i>Outcome</i>
<i>Search Method</i>	Database and query term selection	Specify databases, search strings
<i>Appraisal</i>	PRISMA Checklist	Retrieve papers for inclusion
<i>Screening</i>	Based on specifying filtering method	Identify papers for inclusion
<i>Synthesis and Analysis</i>	Data categorization	Narrate result and discussion

First, we identified 15 leading research databases: (1) ABI/INFORM, (2) Academic Search Complete, (3) Business Source Complete, (4) Directory of Open Access Journals, (5) Emerald, (6) IEEE Xplore, (7) INFORMS, (8) JSTOR, (9) MEDLINE, (10) PsycInfo, (11) PubMed, (12) ScienceDirect, (13) Scopus, (14) Taylor & Francis online journals, and (15) Web of Science. Through exploratory queries, we found that a sizeable majority of PubMed and IEEE Xplore's results were not relevant to our study and that other databases were retrieving the relevant results from PubMed and IEEE Xplore. So, we eliminated those databases. Then, after trial and error, we developed a simple, effective query: "*curricul* AND (college OR university) AND diversity AND (assessment OR self-assessment OR "self assessment" OR study OR "self-study" OR "self study" OR evaluation OR "self-evaluation" OR review)*." Science Direct did not support wildcard queries, so we refined our query for the database to remove wildcards (e.g., we replaced *curricul** with *curriculum*). We searched article titles, abstracts, and keywords. We refined the results by date, including studies published in 2010 or later. We limited our results to peer-reviewed journal articles. These search procedures retrieved 231 studies (Figure 1).

Hiring and Training the Master's Students.

At this point, we hired three master's in librarianship students to assist with the project. They were told that the team was working in the Covidence systematic review platform. They were given links to the Covidence website and a library guide on systematic reviews (Temple University

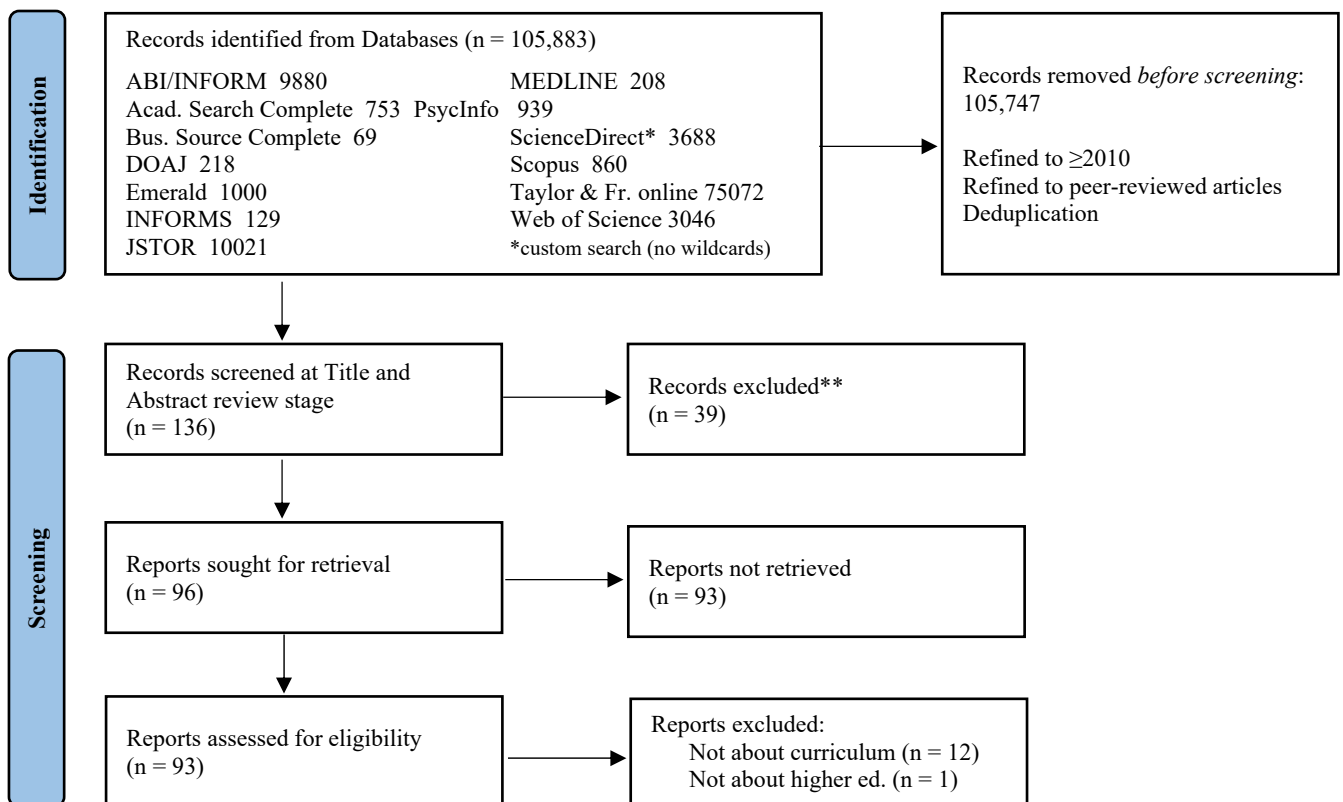
Libraries, n.d.). In early December, we planned the first training session for the research assistants. We created a tasks table and a four-page handout of Covidence screenshots. We scheduled a two-hour training session on the Friday following examinations. At that session, the lead author reviewed the handouts and the coauthor explained our foundational work and the research assistants' contribution to the systematic review process. She then demonstrated various tasks in Covidence, including uploading documents and performing title and abstract screening and full review. After that, the research assistants contacted the researchers as needed and checked in at predetermined points in the work, as indicated on the task table. The team met after the research assistants had completed half of their work to discuss research issues and to obtain feedback on the process and Covidence platform from the research assistants.

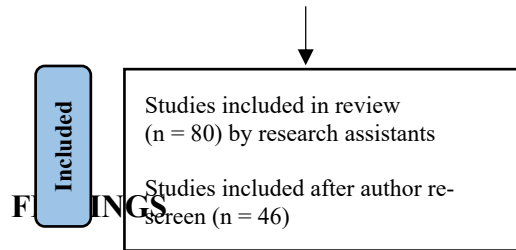
The Master's Students Review Work.

Among the 231 retrieved papers, 95 papers were excluded during deduplication (Figure 1). Our research assistants then screened the remaining 136 papers through a two-step process. First, they screened titles and abstracts for the key facets of our study: the paper is about diversity in the curriculum in higher education and it involves a case study or programmatic self-evaluation of diversity content or teaching. Our students screened out 39 studies as irrelevant and sent the remaining 96 to full text review. Of those, three results were not in English or were not studies. The remaining 93 articles were screened and 80 were deemed relevant to our study by the research assistants (Figure 1). The authors reviewed the corpus and determined that nearly half failed as self-studies or case studies. After author re-screen, 46 articles remained.

Figure 1

PRISMA diagram for our systematic review



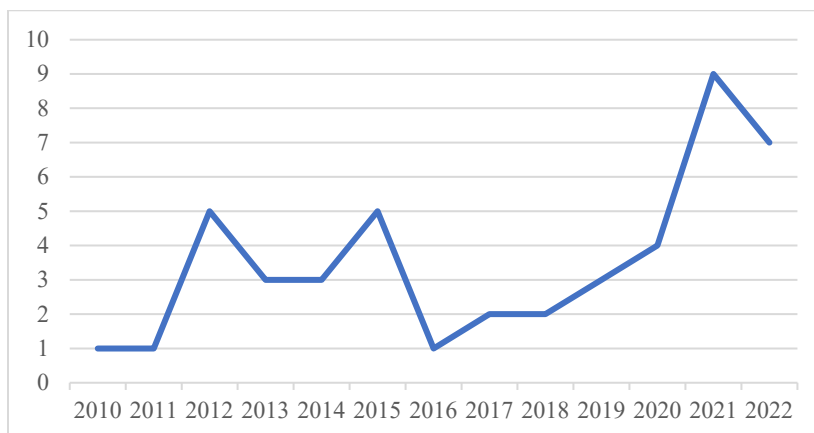


We noticed five article characteristic trends in: (1) year of publication, (2) discipline, (3) study location, (4) research methods, and (5) highly-included identity topics. We found five prevalent approaches to curricular improvement: (1) an early all-student intervention, (2) a focus on cultural humility as the outcome, (3) attention to classroom climate and safety, (4) multi-year data analysis, and (5) a working group as leader of curricular change. We noted three challenges to conducting systematic reviews: (1) the U.S. bias of selected library databases, (2) missed studies due to database indexing and other issues, and (3) student coding issues.

Publication year: The number of DEI curriculum case studies increased since 2016, particularly in 2021 and 2022 following the George Floyd protests for racial justice (Table 1; see Walker & Hall, 2022).

Figure 2

Publications by year, 2010-2022



Discipline: More than 40% of our results derived from the health sciences (total n=20; Medicine, n=9; Nursing, n=4, Allied Health Professions, n=2; Dentistry, Epidemiology, Neuroscience, Physical Therapy, and Public Health, n=1). Nearly 20% of the remaining studies were coded as Education (n=9), which included interdisciplinary, cross-department case studies. Roughly 10% of studies were from Psychology (n=5). Our corpus included a single Library and Information Science case study; we discuss the dearth of LIS results as a retrieval issue, below.

Study location: We coded the study location via author, department, and case study nation information (e.g., for multinational studies, we selected the nation of the first author). Sixty-seven percent of our results derived from the United States, 13% were from the United Kingdom, and the remaining 20% were from Australia (n=2) and Canada, Germany, the Netherlands, Norway, South Africa, and Spain (n=1 for each) (Figure 3).

Research methods: We recorded the first two research methods that authors used to gather data from departmental stakeholders, documents, and curricular processes. Nineteen researchers surveyed their students, faculty, alumni, or other stakeholders. Thirteen content analyzed syllabi and other teaching documents. Twelve described curriculum change efforts broadly (i.e., descriptive case study), and ten used interviews to gather data. Four used focus groups and three launched an experiment (e.g., one group of students completes a new assignment). Other methods included faculty autoethnography and the development of an institutional data dashboard.

Table 2

Predominate research methods

Survey	19
Content analysis	13
Descriptive case study	12
Interview	10
Focus group	4
Experiment	3
Other (e.g., autoethnography, dashboard)	1

Researchers used a variety of methods to assess existing DEI content (Figure 4), and a few methods to assess the effectiveness of new interventions (i.e., mostly self-report surveys).

Figure 3

Methods used to assess existing DEI content

Method	Application	Examples
Content Analysis	Syllabus analysis	Brown et al., 2021 Lindberg et al, 2019)
	Students' discussion board posts analysis	Pitt & Packard, 2012
	Assignment analysis (and interviews)	Narayanasamya, 2013
Mixed Methods	Content analysis of course descriptions and syllabi; semi-structured interviews of faculty; survey of students	Ryan, 2012
	Autoethnography; surveys	Winn et al., 2021
	Content analysis; student surveys; observational data collection	Stephenson-Hunter, 2019

Survey	Student surveys	Cushman, et al., 2015 Zanetti, 2014
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Highly-included identity topics: An initial rough screening of the articles suggested that authors rarely discussed physical disability, neurodivergence, political ideology, and a number of other topics relevant to self- and social identity. We discovered and then coded all articles for five prominent topics using the following 2-3 screening words: (1) gender/sexism, (2) language/accent, (3) race/racism, (4) religion/religious/antisemitism, and (5) sexual orientation/homophobia. Gender was included in 91% of studies (n=42), race in 80% (n=37), religion in 59% (n=27), language in 54% (n=25), and sexual orientation in 50% (n=23). Our language-identity results were inflated by the breadth of the word “language.” Eight results included the word in relation to how we speak (e.g., language of the sciences, instructor language) rather than primary speaking or reading language. After screening out these studies, 37% of articles discussed language identity (n=17). By contrast, our sexual orientation coding undercounted the identity category because coders recorded a zero/absent score for studies containing sexuality(ies). Using coder notes, we estimate that 63% of studies (n=29) discussed sexuality identities.

Five Approaches to Curricular Reform.

Early, all-student intervention: Some health science programs instituted an early, all-student diversity training (Cushman, et al., 2015; Sanner, 2010; Zanetti, 2014). Columbia University’s Mailman School of Public Health required incoming students to attend an all-day training entitled “Self, Social, and Global Awareness: Personal Capacity Building for Professional Education and Practice” (Cushman, et al., 2015). The workshop was grounded in principles of cultural humility, which emphasize an ongoing commitment to self-improvement and learning about diversity (Cushman, et al.; see Tervalon & Murray-Garcia, 1998). It framed identity as intersectional and relevant to one’s power and privilege in the world (Cushman, et al.). Faculty and staff worked for years to develop the training; they engaged student focus groups, employed a consultant, pilot tested the training, developed supporting documentation, and then post-tested the efficacy of the workshop quantitatively and qualitatively (Cushman, et al.). Students reported that the workshop raised their cultural self-awareness, and increased their consciousness of intersectional identities, power, and privilege (Cushman, et al.). The Columbia workshop, like others we reviewed, elicited negative feedback as well, particularly from international students who were either unfamiliar with U.S.-centric diversity terminology or already possessed a greater intercultural (self)awareness than their White U.S. peers (Cushman, et al.; Zanetti, 2014). None of the workshop organizers in our studies suggested that a single intervention could promote lifetime behavior change. Still, they found that the early workshop equipped students with a shared terminology, primed students for diversity content in the curriculum, and fostered a sense of shared commitment to intercultural exploration, interpersonal safety, and lifelong improvement (Cushman, et al., 2015; Sanner, 2010; Zanetti, 2014).

Cultural humility as long-term outcome: Numerous studies focused on cultural humility as the long-term outcome of diversity education (Cushman, et al., 2015; Nazar, Kendall, Day, & Nazar, 2015; Zanetti, 2014). The term “cultural humility” has been circulating in medical education since the late 1990s, when Melanie Tervalon and Jann Murray-Garcia proposed the lifelong learning approach as an ameliorative to cultural competence education (Tervalon &

Murray-Garcia, 1998). Cultural humility requires both an acknowledgement of historical and structural barriers to societal inclusion such as slavery, mortgage redlining, and shifting immigration policies (Cushman, et al., 2015). It also requires a lasting commitment to self-awareness and the willingness to engage with individual patients—or patrons—to learn about their experiences and perspectives (Nazar, Kendall, Day, & Nazar, 2015). Some medical educators argue that if practitioners were effectively self-aware, open to new ideas, and invested in the stories of others, we might not need to teach diversity separately (Chun, 2010; Nazar, Kendall, Day, & Nazar). However, they note that we are far from this goal or from creating graduate school programs that interrogate structural inequality, promote deep learning about diversity, or provide safe spaces for all students to thrive (Gómez, 2023; Nazar, Kendall, Day, & Nazar; Williams-Reade, Lobo, & Gutierrez, 2019).

Attention to classroom climate and safety: Several authors explored the issue of classroom climate and safety, noting that “classroom dynamics [can] present unsafe spaces” for sharing, learning, and personal growth (Gómez, 2022, p. 3; Treichler, Crawford, Higdon, & Backhaus, 2020). This is particularly true for minoritized students (Gómez, 2022) who would sometimes lead discussions in different directions if they felt comfortable doing so (Gómez, 2022; Pitt & Packard, 2012). As foundation for her descriptive case study of a “Diversity, Systems, and Inequality” course, Gómez documented the exclusion she felt in her graduate school classrooms (2022). As a doctoral student, she heard faculty suggest that racism was dead and felt unwelcome in the academy (Gómez). As a tenure-track clinical psychology professor, she observed that little had changed in her field or in individual classrooms, and that her students were being harmed as a result (Gómez). By contrast, Pitt and Packard (2012) demonstrated how discussions might evolve if students felt safer to reflect on their lived experiences. In a content analysis of student blogs in sociology of race and sociology of religion courses at a private university in southeastern United States, they found statistically significant differences in Black and White student contributions on a host of topics, including media portrayals of race and racism (more Black student content/participation) and seeing family/community connections to a topic (more White student content/participation) (Pitt & Packard, 2020). Lee, Williams & Kilaberia (2012) described strategies for building better classroom cultures, based upon the First-year Inquiry Course at the University of Minnesota, including: team-teaching, an early autoethnographic assignment, a shared book on a diversity topic supported by co-curricular activities, a high-stakes team project, ample opportunities for peer interaction and conversation, and instructor commitment to facilitating self-discovery in class.

Multi-year data analysis: Many studies referenced a history of departmental or institutional data analysis, while others explicitly described such data analysis processes (Roehrich, Grabanski, Miceli, 2021; Schmidt and MacWilliams, 2015). Zanetti and colleagues evaluated the diversity workshop at the University of Massachusetts Medical School using pre/post questionnaires over an 11-year period (2014). Their longitudinal data enabled them to achieve higher statistical power, identify a less successful year in the program, observe the influences of changing student demographics on student learning, and explore more fine-grained interactions such as the effects of first- or second-generation immigrant identity on empathy (i.e., higher empathy scores) (Zanetti, et al., 2014). Schmidt and MacWilliams described their nursing program’s data dashboard project, highlighting four domains, sixteen strategies, and eighteen measurable outcomes ranging from assessing underrepresented student participation in student organizations to annual faculty and

student self-evaluations on several aspects of cultural humility (2015). The authors suggested that nursing programs create dashboards to collect longitudinal data from a variety of sources (Schmidt & MacWilliams, 2015).

Working group as leader of curricular change: Nearly all studies emphasized the need for a team approach to curricular transformation. The University of Michigan's School of Nursing hired a chief DEI officer as a strategic lead and subject matter expert, but charged a faculty working group with the responsibility of implementing curricular change (Charania & Patel, 2022). That group built a repository of teaching resources, acquired grant funding to create an inclusive teaching resource tool, and initiated changes to faculty annual review criteria to recognize inclusive teaching (Charania & Patel, 2022). The University of Southern California convened a working group of Masters in Management of Library and Information Science (MMLIS) faculty (Winn, Miller, Muglia, Stewart, & Wallach, 2021). The core group of five White faculty recruited eight students interested in diversity topics to serve as a Student Advisory Committee (SAC), and engaged 21 part-time faculty members and three administrators in their efforts (Winn, et al.). The team solicited information via focus groups, surveys, and draft documents (i.e., open to comments). Over a two year period, the working group educated the local MMLIS community and created three documents (1) a commitment to diversity, which was adopted by the faculty; (2) a terminology sheet, and (3) a best practices document, describing strategies for onboarding new instructors, training continuing faculty, and promoting inclusive teaching within individual courses (Winn, et al.). The group also obtained a grant for additional work (Winn, et al.).

Three challenges to conducting systematic reviews: No systematic review is complete. Relevant literature is always missing, often in a patterned and discernable way. We discerned three barriers to completeness in our systematic review process. First, in using popular, U.S.-centric databases, we missed important research from non-U.S. scholars and sites (e.g., Sacchanand, 2015, 2016). Second, in selecting journal articles, we eliminated important scholarship from conference proceedings, book chapters, and other scholarly communication avenues. This deficiency had an acute impact on our LIS results because it eliminated ALISE, iConference, IFLA, and other proceedings, as well as important chapters in volumes on the future of LIS education (see Cooke, 2018) and libraries as social justice institutions (see Cooke, 2016).

Third, our LIS master's students struggled to exclude articles. Roughly half of the initially-included studies (n=80) actually fit the inclusion criteria for our systematic review. Some studies were not curriculum studies because they focused on university administration or student and faculty recruiting (e.g., Grant & Allweiss, 2014). Other studies were not case studies, including meta-analyses of diversity in the curriculum studies (e.g., Denson, Bowman, Ovenden, Culver & Holmes, 2021) and surveys of multiple universities' diversity course offerings (Brown, Spicer, & French, 2021). The problem, our students explained, was that we had not answered the "how much" question. Our students over-included studies when they perceived some relevant self-study material—even a sentence or two—because they did not want to "miss important research."

DISCUSSION

Our study offers three broad lessons for assessing and refining DEI instruction. It also provides insights into employing students in systematic review research.

First, dozens of strategies exist for measuring existing curricular content. The researchers in this study examined syllabi, course descriptions, student assignments, faculty self-reports, their own positionality, institutional data, and more. No study used all of these methods and likely no LIS program is using all of these methods. Most of us are operating on the basis of incomplete information. There is value in examining how medicine, nursing, and public health programs are collecting and using data about their instructional activities and outcomes.

Second, curricular change requires significant investment. The educators in this study hired consultants, convened strategy groups over months and years, leveraged institutional data efforts, and sought buy-in and participation from tenure-stream and contingent faculty, departmental and university staff, students and alumni, professional librarians, and others. The efforts were big and they required an immense outlay of time, good will, and, in some cases, funding. If a LIS program's prior efforts have failed it is likely because they were not big enough. Too few faculty—and disproportionately few White faculty—likely participated for too short a time with too little institutional support and too little funding (see Chancellor, DeLoacha, Dunbar, Lee, & Singh, 2021). If we are truly committed to true inclusion, we need big change efforts.

Third, we need to transition to cultural humility as the focal outcome. The multiculturalism and cultural competence initiatives of last century have proved ineffective. They have not yielded lasting behavior change or flexible, transferable, and humanistic professional skills. Decades of experience have shown that terminology will change, flashpoints will evolve, and exclusion will happen in the best of institutions. A cultural humility approach responds to real world inequity by requiring us to accept the facts of societal discrimination (e.g., statistics on income inequality by race) and of one's responsibility to continue to grow, learn, and improve as an individual, interpersonal communicator. Library and Information Science educators must mirror the work of medical educators in translating cultural humility learning objectives, outcomes, and assessments for our curriculum.

Beyond these findings, we invite further conversation on engaging students in systematic review research. Our project provided a rich experience for our three master's student coders and the 46 additional M.S. students that used the broad corpus for a class activity. Still, our student training and supervision methods were insufficient to prevent over-inclusion of related but unsuitable studies. A targeted remedy to this shortcoming is to develop more stringent inclusion language and to embed that language in research checklists (e.g., at least 30% of the findings, results, and discussion in this article deal with a single program's self-study of its own curriculum.). We would appreciate a broader dialogue about contemporary systematic review projects employing M.L.S. students.

Through this project, we learned that educators are using diverse techniques for studying and improving the content of their curricula. As we seek to improve DEI teaching, learning, practice, and competence, we can look within and beyond our discipline for a wealth of resources.

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