

Is race a risk factor?

Creating Leadership and Education to Address Racism: An Analytical Review of Best Practices
for BUSM Implementation

Kaye-Alese Green, '23 Sabreea Parnell, '22, Becca Wolinsky, '22, Daniela del Campo, '22, Ajay
Nathan, '22, Martine Randolph, MD, '20, Emily Regier, MD '20, Samantha Kaplan, MD,
Shoumita Dasgupta, PhD, and M. Isabel Dominguez, PhD

Racism in Medicine Vertical Integration Group (VIG)

Boston University School of Medicine

VIG Commissioned: May 9th, 2019

Submitted for Review: June 11th, 2020

Authors' Note

The authors of this report would like to thank the following individuals for their invaluable contributions to this work: faculty advisor: Samantha Kaplan, MD; faculty mentors: Shoumita Dasgupta, PhD, M. Isabel Dominguez, PhD, Thea James, MD, Ebonie Woolcock, MD, Vonzella Bryant, MD, Tejumola M Adegoke, MD; our fellow medical students:, Rose Al Abosy, Emily Anderson, David Boamah, Preston Butler, Patty Chen, Nirisha Commodore, Megan Davis, Andrea Delgado, Sojourna Ferguson, Enrique Garcia, Leah Hollander, Kenya Homsley, Rachel Kearney, S.G. Keller, Christopher Lyons, Kirsten Mojzisek, JaMon Patterson, Samara Muller-Peters, Sophie Rosenmoss, Gabo Sosa-Ebert, Maria Suarez, Luke Wallace; the BUSM Creating Leadership and Education to Address Racism (CLEAR) Student Enrichment Series. This work would not have been possible without your guidance and support. Lastly, we would like to thank Dean Priya Garg, MD and the members of the MEC for this commission.

Limitations

The pedagogy of race at BUSM is largely Afrocentric, and thus the scope of the Vertical Integration Group and the themes represented in the resulting report are similarly limited. In addition, due to extensive redesigning of the Doctoring and Human Behavior in Medicine courses in recent years, the topics in these courses were omitted from our review. While the curricular content of racism in medicine programming modeled at twelve universities (detailed in [Appendix D](#)) was analyzed, the approaches of other institutions have not been explored here.

Medicine is a conglomerate of psychology, socioeconomic theory, politics, legislation, and other topics, and there is no authoritative resource that brings all these together. Although the research was as extensive and inclusive as possible, there is insufficient literature published in this arena to provide definitive recommendations on implementation strategies and faculty development techniques. With this in mind, [Appendix E](#) was created with a set of Boston resources and training sessions that will take place at Boston University School of Medicine to serve as reference for continuing efforts in curricular reform.

Is race a risk factor?
Creating Leadership and Education to Address Racism: An Analytical
Review of Best Practices for BUSM Implementation
Executive Summary

Executive Summary

On May 9, 2019, the Boston University School of Medicine's (BUSM) Medical Education Committee (MEC) commissioned the formation of a Vertical Integration Group composed of students, faculty, and staff to assess how systemic racism has impacted the internal climate and curriculum at BUSM. The Racism in Medicine Vertical Integration Group (VIG) was commissioned to support the Medical Education Office (MEO) in the ongoing work of deconstructing racism in medicine through the development of a longitudinal curriculum. This report endeavors to establish a historical understanding of how racism impacts the institution of medicine and medical training, share the results from an internal assessment of the current BUSM curriculum on matters of race and racism, summarize the current literature on race and racism in medical curricula, highlight the work of peer institutions as a model for BUSM, provide a thorough list of tools and resources, and propose a set of key recommendations. It is with this disposition and with these objectives that this report has been drafted. The goal of this document is twofold:

- 1. To bear witness to the history of racism within the institution of medicine and its impact on trainees, physicians, and patients.**

The act of bearing witness is an intentional act of recognizing those who struggle to move within a system that causes harm. Moreover, it empowers individuals to bring forth tangible change to positively impact those who come after.

- 2. To partner with BUSM's Medical Education Office in the creation of an intentional and longitudinal curriculum to dismantle the impact of racism in medical education and medical practice.**

Historical Perspective

The institution of medicine has been shaped by the belief of racial inferiority. This theory was affirmed in the late twentieth century by prominent physicians who thus codified a belief system of inequity and propelled the forward system of disenfranchisement (Bryd & Clayton, 2001). The theory of racial inferiority continues to have a significant impact on the healthcare system (Nelson et al., 2001). This tacit mindset fosters patient and physician stereotypes, poor patient outcomes, and biased medical research and education (Bryd & Clayton, 2001; Kovel, 1984; Tsai et al., 2016). The systemic infiltration of this belief has allowed for the sociological conception of race to be misconstrued as a risk factor and for a hidden curriculum to emerge within medical education (Osman, et al., 2019; Osseo-Asare et al., 2018; Shapiro, 2002; Tsai, 2018). Even with the explicit denouncement of the theory of racial inferiority by the institution of medicine, this theory is subversively affirmed through current racialized medical pedagogy.

BUSM Internal Curricular Assessment

Pre-Clerkship Curriculum

Members of the VIG as well as additional medical student volunteers conducted a systematic review to examine how BUSM addresses race throughout the curriculum. For the pre-clerkship curriculum, the didactic material was reviewed via an in-depth assessment of the syllabi, slides, practice questions, and clinical vignettes for how race and the topic of racism was covered in this material. All pre-clerkship courses were reviewed excluding the Human Behavior in Medicine and Doctoring courses as their curriculum is in flux. The key findings are found below:

1. Strengths

- a. Highlighting Racial Health Disparities through Population Health Data and Patient Narratives*
- b. Foundation for Appropriate Discussion about Race and Medicine*
- c. Historical Perspective of Race in the Context of Research Ethics*

2. Weaknesses

- a. The Use of Race as a Risk Factor for Pathology*
- b. Consequences of the Explicit and Implicit Representation of Race as Biological and/or Genetic*
- c. Lack of Images of Patients of Different Skin Types*

3. Opportunities for Expansion and Growth

- a. Naming Racism*
- b. Expanding on Prevalence & The Critical Examination of Evidence Promoting Race-Based Medicine*
- c. Questioning Use of Race in Clinical Vignettes*
- d. Standardized Approach Throughout the Curriculum*

Clerkship Curriculum

Assessment of the clerkship curriculum consisted of an in-depth review of didactic lecture slides for all clerkships other than the Emergency Medicine, Ambulatory Medicine and the Surgical Subspecialties courses. Of note, the Radiology clerkship did not have any mention of race. In addition to reviewing the didactic material, 3rd and 4th year students met and discussed their personal experiences and those of their colleagues throughout the clerkship curricula, specifically examining the utility of mentions of race, the extent of medical knowledge about an association between race and disease and, most importantly and most difficult to pinpoint, what was left out in terms of an anti-racism curriculum. The key findings are found below:

1. Strengths

- a. Developing History-Taking Skills to Broaden Treatment Options*
- b. Abandoning a Culture of Stigmatization and Patient-Blaming*

2. Weaknesses

- a. Lack of Images of Patients of Different Skin Types*
- b. Imprecise Wording to Describe Patient Demographics*
- c. Incorrect Association of Race with Disease*

3. Opportunities for Expansion and Growth

- a. Further Understanding Legacies of Racism and Systemic Oppression*
- b. Promote Bystander Training*
- c. Opportunities for Reflection and Continued Conversations About Racism*
- d. Case-Based Learning on Informed Consent*

Pre-Clerkship & Clerkship Curriculum Key Recommendations

- 1.** Standardize terminology and framing across modules
- 2.** Remove the use of race as a risk factor for pathology
- 3.** Critically examine why race is being used in the clinical vignettes and exam questions
- 4.** Diversify clipart and images to include a broad range of skin tones
- 5.** Use the most specific data for a given population and discuss the limits of the data to prevent the use of racially motivated epidemiological reporting
- 6.** Critically examine the strength of evidence when promoting race-based medicine
- 7.** Ensure culturally sensitive and appropriate language is used to describe patient demographics
- 8.** Create additional opportunities for students, faculty, and staff to develop the skills to become allies to communities of color
- 9.** Equip faculty to teach how the historical and structural background of racism has shaped the institution of medicine and created health disparities
- 10.** Create additional opportunities for students, faculty, and staff to reflect on how racism has impacted their lives

BUSM External Assessment

In alignment with the Boston University School of Medicine's (BUSM) mission to train physicians and physician-scientists to have an "active understanding and commitment to social justice," and in recognition that America's diversity remains on the rise, with census data projecting that the nation will become majority non-White by 2045, society needs medical professionals who are equipped to properly respond to this rapidly changing demographic. Moreover, research has shown that intentional exposure to minority healthcare and health disparities in the medical curriculum leads to better patient rapport with minority patients (Phelan, 2019). Towards that end, the Racism in Medicine VIG researched aspirational institutions and programs to survey best practices for how to incorporate a longitudinal racism in medicine curriculum.

The external assessment was conducted by members of the VIG and other BUSM students who reviewed curricula from 12 American medical schools and conducted a literature review assessing racism focused curricula. The curricula were reviewed via a combination of work published online, email and phone correspondence with students and faculty, and in-person interviews. The findings were synthesized into a core group of values that were deemed to be fundamental for enhancing medical students' education. The desired outcome is to develop physicians who will be knowledgeable of and sensitive to matters related to racism in the medical field. The core values chosen by this taskforce were the following:

- **Framing the Impact of Racism in Medicine**
- **Curricular Review**
- **Central Endorsement**
- **Faculty Development**
- **Community Engagement**

Legacy

This report is as timely as it is purposeful. This report comes at an opportune moment as BUSM is in the midst of a comprehensive instructional redesign. This redesign provides an opportunity to incorporate the recommendations of this report and when this endeavor is successful, BUSM will transform millions of patient interactions.

**1 BUSM Class (160 students) x 20 patients per day x 300 working days x 30 year career =
28.8 million patient interactions**

Proposal

The Racism in Medicine VIG proposes the following eight initiatives for implementation of an intentional and longitudinal curriculum to address racism in medicine. These recommendations are grounded in a review of best practices at American medical schools, in the findings of our internal assessment, and in collaboration with institutional experts and stakeholders.

The initiatives are as follows:

- 1. Establish a curriculum throughout the four-year medical curriculum based on overarching equity and specific racially focused equity competencies ([Appendix A](#))**
- 2. Increase Central Endorsement to Create Collaborative Buy-In**
- 3. Name and Frame the Impact of Racism as A Structural Inequity**
- 4. Challenge the Biological Framework of Race**
- 5. Increase Faculty Development**
- 6. Create a Systematic Process for Dynamic Curricular Review & Didactic Support**
- 7. Community Partnerships and Resource Guide**
- 8. Continue to Foster Student Engagement (i.e. [Appendix D](#) - CLEAR Enrichment Series)**