BUSM
Racism in Medicine VIG

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

Presented to the BUSM MEC 11 July 2020

Agenda

I. Original VIG Commission & Goals
II. Updated VIG Objective
III. Why does this matter?
IV. Methodology
V. Broad Findings
VI. Recommendations
VII. Proposed Competencies
VIII. Implementation

Original Objectives & Goals

Proposed Objectives:

1. Assess current curriculum
2. Develop core competencies and learning objectives for the pre-clerkship and clerkship years
3. Share evidence based interventions and additions to provide a more cohesive and robust curricular focus on racism in medicine

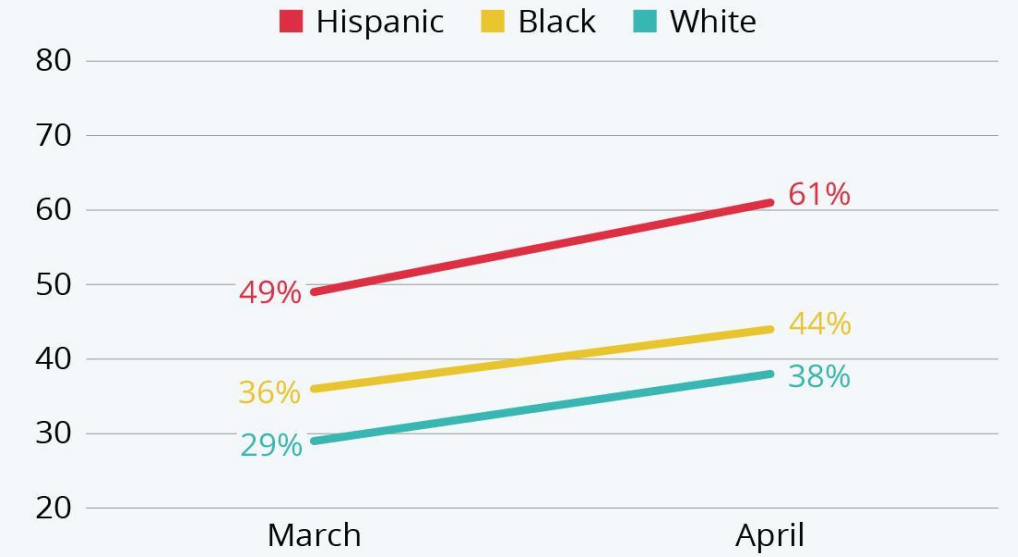
Proposed Goals:

1. Developing a cohesive partnership with the GSD and Advocacy VIGs under a broader equity framework
2. Develop competencies in alignment with BUSM MEPOs

Why does this matter?

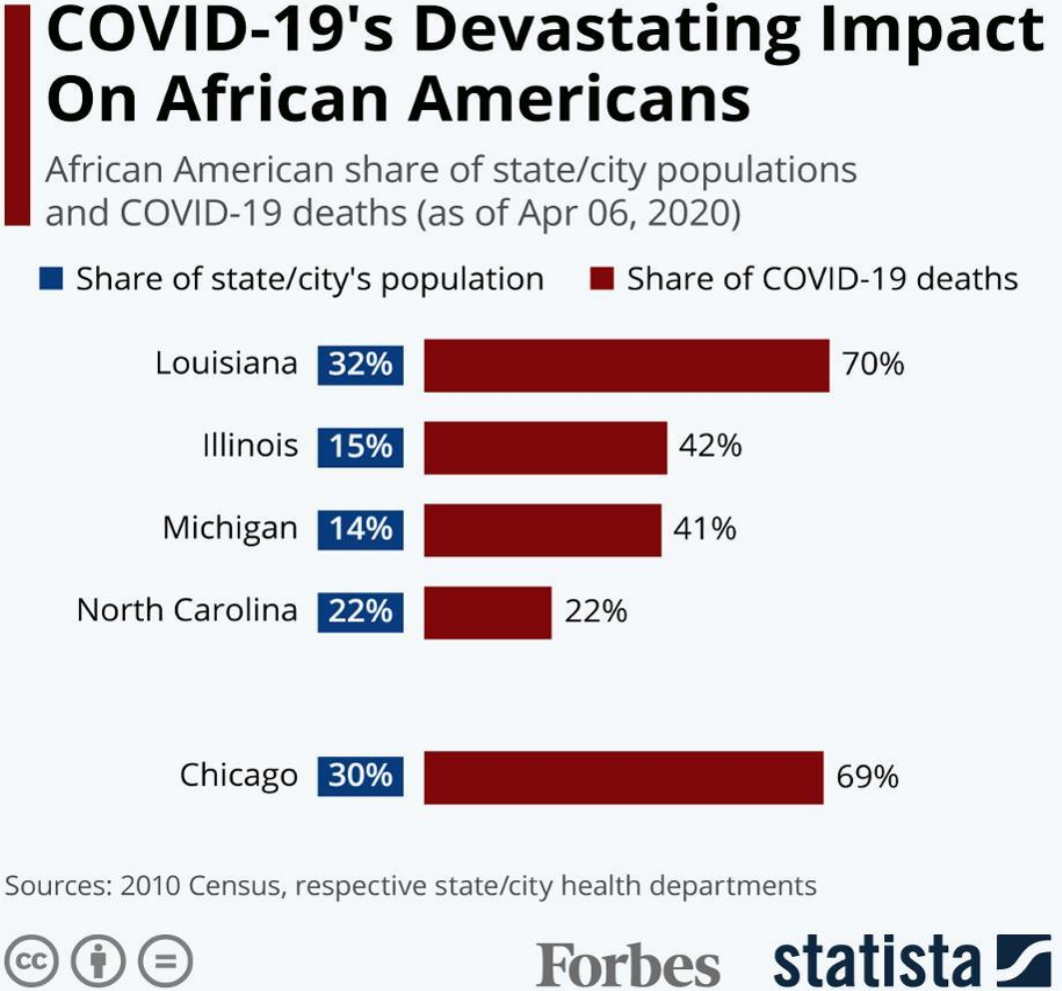
Racial Divide in Coronavirus Impact

Percentage who say they or someone in their household has lost a job or taken a paycut due to COVID-19



Survey conducted March 19-24 and April 7-12
Source: Pew Research Center

Why does this matter?



Why does this matter?

THE OHIO STATE UNIVERSITY
KIRWAN INSTITUTE FOR THE STUDY OF RACE AND ETHNICITY

AAMC
Tomorrow's Doctors, Tomorrow's Cures®

Proceedings of the Diversity and Inclusion Innovation Forum: Unconscious Bias in Academic Medicine

How the Prejudices We Don't Know We Have Affect Medical Education, Medical Careers, and Patient Health

Racism and discrimination in health care: Providers and patients

POSTED JANUARY 16, 2017, 9:30 AM

Monique Tello, MD, MPH
Contributing Editor

"People fail to get along because they fear each other; they fear each other because they don't know each other; they don't know each other because they have not communicated with each other."
— Martin Luther King, Jr.

A patient of mine recently shared a story with me about her visit to an area emergency room a few years ago.* She had a painful medical condition. The emergency room staff not only did not treat her pain, but she recounted: "They treated me like I was trying to play them, like I was just trying to get pain meds out of

MEDICAL EDUCATION

Minority Resident Physicians' Views on the Role of Race/Ethnicity in Their Training Experiences in the Workplace

Aba Osseo-Asare, MD; Lilanthi Balasuriya, MD; Stephen J. Huot, MD, PhD; et al.

This qualitative study characterizes how black, Hispanic, and Native American resident physicians experience race/ethnicity in the workplace during their graduate medical education and training.

JAMA Netw Open. 2018;1(5):e182723. doi:10.1001/jamanetworkopen.2018.2723

Abstract | Full Text | PDF

Invited Commentary

The Plight of the Minority Resident Physician—Similar Challenges in a Different World

Kendall M. Campbell, MD

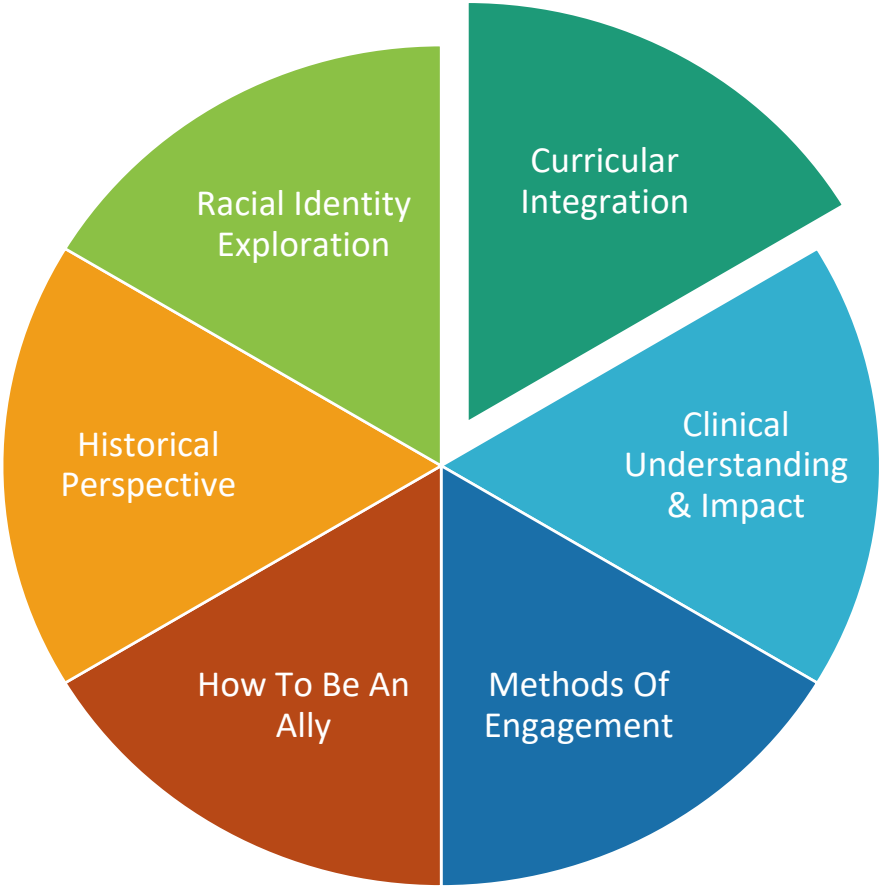
JAMA Netw Open. 2018;1(5):e182728. doi:10.1001/jamanetworkopen.2018.2728

Abstract | Full Text | PDF

Guiding VIG Objective

"Develop an evidence-based report that provides recommendations to the MEO for the creation of a curriculum that will educate and empower faculty and students to deconstruct racism in medicine."

Guiding Values for Assessment

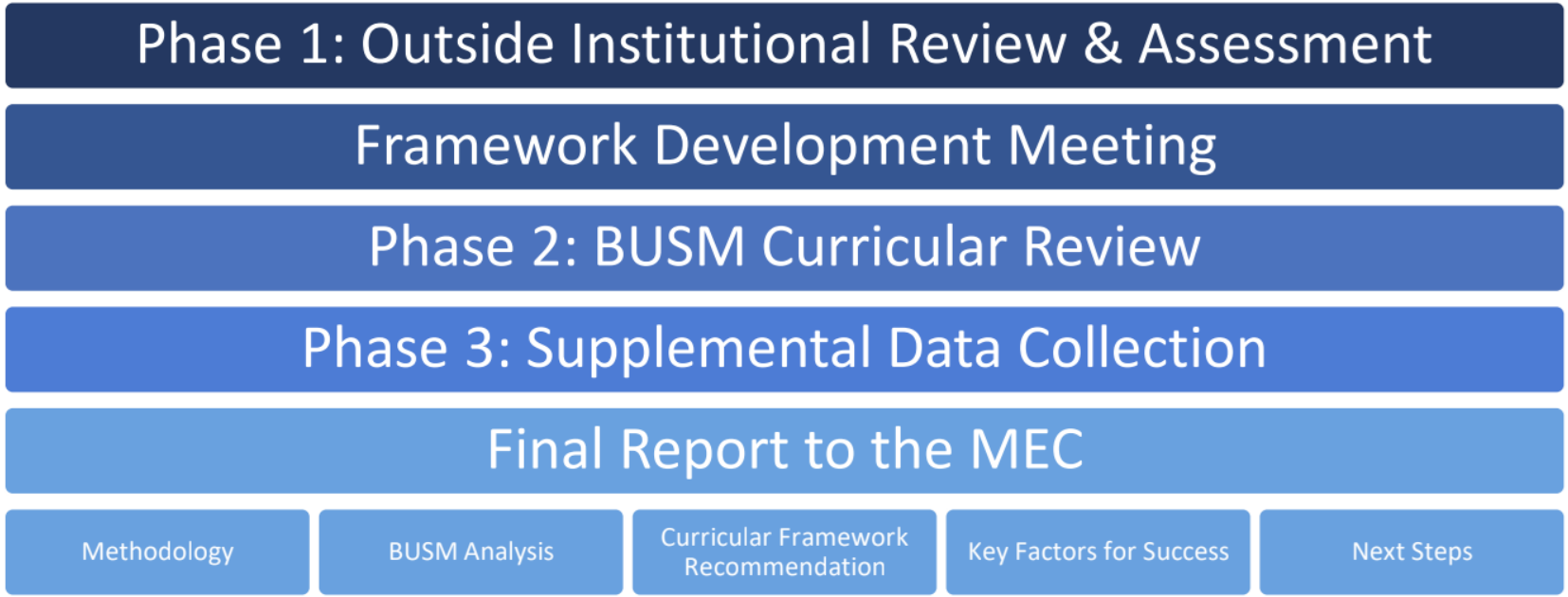


Key Deliverables

1. Peer Institution Review & Literature Review of Successful Racism in Medicine Curriculums
2. In-Depth Review of BUSM Curriculum
3. High Level Curricular Recommendations

BUSM Racism in Medicine Vertical Integration Group Framework & Structure

Creating Leadership and Education to Address Racism (CLEAR)



Racism in Medicine VIG Methodology

Pre-Clerkship Curriculum Broad Findings

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 Broad Findings

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*

Key Curricular 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

Key Curricular Recommendations

1. Critically examine the strength of evidence when promoting race-based medicine
2. Ensure culturally sensitive and appropriate language is used to describe patient demographics
3. Create additional opportunities for students, faculty, and staff to develop the skills to become allies to communities of color
4. Equip faculty to teach how the historical and structural background of racism has shaped the institution of medicine and created health disparities
5. Create additional opportunities for students, faculty, and staff to reflect on how racism has impacted their lives

BROWN
Alpert Medical School

CREATING INCLUSIVE CURRICULA

Considerations for review of curricular materials for inclusivity, diversity, and bias-free instruction

Images

- ☐ Do the images included in my presentation portray individuals of varied gender, age, and skin color?
- ☐ Are the images I include as examples of "typical" pathology diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma. For example, only including images of young people when discussing STIs may give the impression that only young people are at risk and should be screened.

Language & Terminology

- ☐ Does my use of language promote a provider/patient divide, or do I acknowledge that learners in my audience may have personal experience with the content I am presenting? For example, in a talk about mental illness, do I discuss patient behavior as what "they" do and provider behavior as what "we" do without acknowledging potential learner experience?
- ☐ Have I considered how my language and/or use of humor may be received by my diverse audience? For example, do my comments on current events assume that my audience is homogeneous for one particular political ideology?
- ☐ Is the language and terminology I use value-laden? For example, when talking about patients or patient behaviors (not laboratory values), could I substitute "differences" for "irregularities" or "typical" for "normal"?
- ☐ Is the language I use precise? For example, when talking about different populations, do I equate populations from a continent, such as Africa or Asia, with populations from a country, such as Poland?
- ☐ Is the terminology I use or reference up to date? For example, can I substitute "intellectual disability" for "mental retardation" or "transgender" for "transsexual"?

Links to additional resources included below.

Inclusive Teaching resources from the Brown University Sheridan Center for Teaching and Learning

Unconscious bias in medicine, online CME course

Medicine and Race: AMS Annotated Bibliography
Brown Digital Repository Collection for further readings about race and medicine

Guidelines for Promoting a Bias-Free Curriculum from Columbia University Vagelos College of Physicians and Surgeons

The relationship between medical students' and doctors' personal illness experiences and their performance
Woolf, K., Cave, J., McManus, I.C. et al. BMC Med Educ (2007)7: 50. https://doi.org/10.1186/1472-6920-7-50

Illness doesn't belong to us
C McKevitt and M Morgan. J R Soc Med. 1997 Sep; 90(9): 491–495

GLAAD Glossaries of Terms: LGBQ and Transgender

Patient Cases

- ☐ Do the cases I use include individuals of varied gender expression, gender identity, sexual orientation, age, ability, race and ethnicity? Do I indicate that the pronouns I use are the ones preferred by the patient?
- ☐ When I include details about the gender expression, gender identity, sexual orientation, race or ethnicity of a patient, am I able to explain its relevance to the topic at hand?
- ☐ Are the cases I include as examples of "typical" patient presentations diverse enough so as to prevent stereotyping? This may be especially important for pathology associated with social stigma.
- ☐ When I include details about the race of a patient or population, am I conflating race with ethnicity (shared culture and language), race with country of origin, or race with skin color?
- ☐ When I mention race as a risk factor, are there socioeconomic factors, or issues of bias involved that are as, if not more, salient? For example, when discussing a case of pre-term birth for an African American woman, do I make clear the role of chronic stress related to structural racism?

Research & References

- ☐ Is the research I cite up to date? Are the racial or other classifications used now considered outdated? For example, do the studies I cite account for individuals who identify as biracial or as "two or more races" (census category)?
- ☐ Can I explain if the studies I cite define race by self-report, census data, medical record review, or some other method, and the implications of each?
- ☐ Can I explain why race, and not socioeconomic factors, is the relevant influence in a particular study? For example, when discussing a study about the incidence of diabetes in certain populations, am I able to describe the role of genetics versus socioeconomic factors?
- ☐ Are there differences between official guidelines/recommendations that I cite, and how I actually practice? If there are, how can I use that as a point of discussion?

What is Gender? Terminology and Definitions
AAMC Diversity and Inclusion Initiatives

Examining and Rethinking Race Portrayal in Preclinical Medical Education
Tsai, Jennifer; Ucik, Laura; Baldwin, Nell; Hasslinger, Christopher; George, Paul MD, MHPE. Academic Medicine: July 2016 - Volume 91 - Issue 7 - p 916–920. doi: 10.1097/ACM.0000000000001232

The Role of Race in the Clinical Presentation
Matthew R. Anderson, MD; Susan Moscou, FNP, MPH; Celestine Fulchon, PhD; Daniel R. Neuspiel, MD, MPH. Fam Med 2001;33(6):430-4.

Mention of a Patient's "Race" in Clinical Presentations
Virtual Mentor. June 2014, Volume 16, Number 6: 423-427

Black and White: Are Racial Categories Too Narrow?
AAMC Diversity and Inclusion Initiatives

Taking race out of human genetics
Michael Yudell, Dorothy Roberts, Rob DeSalle, Sarah Tishkoff. Science 05 Feb 2016: Vol. 351, Issue 6273, pp. 564-565; DOI: 10.1126/science.aac4951

What role should race play in medicine?
Jennifer Tsai, Scientific American, 2018

Was this resource helpful? Please give us your feedback!
FEEDBACK FORM HERE

Brown Faculty Training Video [https://sho.co/1BHOX]

Proposed Equity Learning Objectives

The BUSM graduate...

Recognizes instances and systems of inequity, comprehends the historical context and current drivers of inequity, reflects on their personal biases and privilege, analyzes medical literature through the lens of structural inequity, exhibits the medical knowledge to understand the physiologic response to inequity, recognizes the implications of inequity on health outcomes, and possesses the knowledge and practical skills to be an advocate for a more equitable environment in any health care setting.

Central Equity Competencies
Derived from: The work of the BUSM Racism in Medicine, Gender and Sexual Diversity, and Advocacy Training taskforces

1. Recognizes instances and systems of inequity & comprehends the historical context and current drivers
2. Reflects on their personal biases and privilege
3. Analyzes medical literature through the lens of structural inequity
4. Exhibits the medical knowledge to understand the physiologic response to inequity
5. Recognizes the implications of inequality on health outcome
6. Possesses the knowledge and practical skill to be an advocate for a more equitable environment in any health care setting

The BUSM graduates will be specifically adept in the following topics: racism, gender and sexual diversity, refugee and immigrant health, and social determinants of health.

Proposed Racism in Medicine Specific Learning Objectives

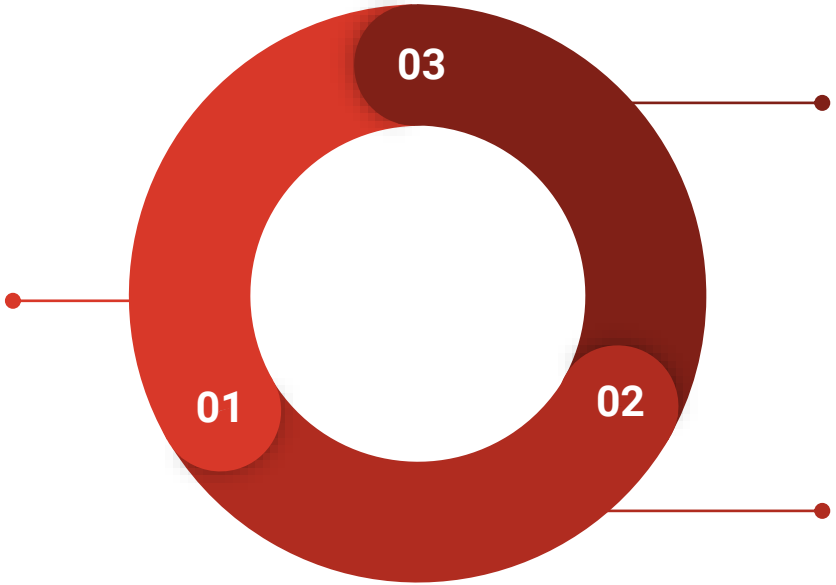
The BUSM graduate…

1. Recognizes the historical context and current manifestations of structural racism and its impact on the health care system.
2. Employs evidence-based tools to recognize and mitigate the effects of personally held implicit racial biases.
3. Identifies and analyzes the effects of implicit racial bias and structural racism in clinical scenarios and health outcomes.
4. Exhibits the scientific acumen to understand the difference between genetic variation, ancestry, and sociologically-derived (race and racism) risk factors.
5. Exhibits the knowledge of how racial social inequity influences physiological pathology.
6. Analyzes medical literature with the historical understanding of racial inequity, identifies gaps in the medical literature, and is able to delineate where race is used or not used appropriately.
7. Employs evidence-based strategies to address structural racism at the individual and institutional level to reduce the negative impact of implicit racial bias on patient care and interprofessional relationships.

Implementation Structure

Racism in Medicine VIG

1. Provides oversight and recommendations to the Implementation Working Group
2. The Diversity & Inclusion Fellow will serve as a mediator and direct source of communication between the Implementation Working Group and the VIG
3. The Diversity & Inclusion Fellow can support the Implementation Working Group as an additional consultant to faculty



Course Directors & Faculty

1. Curriculum modification and faculty development will be supported by the Implementation Working Group, MEO and Diversity & Inclusion Fellow
2. Course Directors will help to guide Lecturers on slide development
3. Course Directors will help hold faculty accountable on how to address race and racism

Implementation Working Group

A small task force developed from PCS, CCS, ECS members & other faculty volunteers who will serve as "champions" and experts for the implementation of anti-racism curriculum and modifications of the current curriculum

Any Questions?

Thank You!