BRIEF
REPORTS

Addressing Racism in Medical Education:
An Interactive Training Module

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BACKGROUND AND OBJECTIVES: Education of health care clinicians on racial and ethnic disparities has primarily focused on emphasizing statistics and cultural competency, with minimal attention to racism. Learning about racism and unconscious processes provides skills that reduce bias when interacting with minority patients. This paper describes the responses to a relationship-based workshop and toolkit highlighting issues that medical educators should address when teaching about racism in the context of pernicious health disparities.

METHODS: A multiracial, interdisciplinary team identified essential elements of teaching about racism. A 1.5-hour faculty development workshop consisted of a didactic presentation, a 3-minute video vignette depicting racial and gender microaggression within a hospital setting, small group discussion, large group debrief, and presentation of a toolkit.

RESULTS: One hundred twenty diverse participants attended the workshop at the 2016 Society of Teachers of Family Medicine Annual Spring Conference. Qualitative information from small group facilitators and large group discussions identified some participants' emotional reactions to the video including dismay, anger, fear, and shame. A pre/postsurvey (N=72) revealed significant changes in attitude and knowledge regarding issues of racism and in participants' personal commitment to address them.

DISCUSSION: Results suggest that this workshop changed knowledge and attitudes about racism and health inequities. Findings also suggest this workshop improved confidence in teaching learners to reduce racism in patient care. The authors recommend that curricula continue to be developed and disseminated nationally to equip faculty with the skills and teaching resources to effectively incorporate the discussion of racism into the education of health professionals.

(Fam Med. 2018;50(5):364-8.)
doi: 10.22454/FamMed.2018.875510

Despite efforts to promote health equity over the past 30 years, significant racial and ethnic disparities persist.[1] Racial and ethnic minorities continue to be disproportionately affected by disparities in disease.[2,3] Structural and personally-mediated racism increasingly emerge as drivers of these inequities as they impact social, economic, and environmental factors, health care delivery, and clinician behavior.[4-12]

Teaching clinicians about health care inequities has primarily focused on disparity statistics, power analyses, and cultural competence training.[13,14] These strategies, however, have proved insufficient to reach health equity, as they address the symptoms while neglecting how racism helps create inequities and do not challenge the institutional and personal behaviors that sustain them.[15-18] While teaching health care professionals about racism reduces biases,[8,19-23] few curricula for medical education exist.[20-23] Therefore, a workshop and toolkit to help medical educators teach and address racism was created and presented at the 2016 Society of Teachers of Family Medicine (STFM) Annual Spring Conference.

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Methods

Members from the STFM Group on Minority/Multicultural Health organically formed a multiracial, multidisciplinary team to develop a curriculum for educators to address racism as a key social determinant of health. Using transcripts of group electronic discussions, this team identified essential curricular themes (see Table 1) using Jones' Tripartite Model as a framework for exploring levels of racism (institutional, personally-mediated, and internalized).[24] The team created a relationship-based faculty development workshop and accompanying toolkit.

The 90-minute workshop consisted of a didactic presentation on the connections between racism and health inequity, a video vignette developed by the team, small group discussion, large group debrief, and a commitment activity. The toolkit included articles, books, podcasts, videos, websites, and activities which explore racism, implicit bias, privilege, and the intersectionality of identities that could be used in participants' settings.[25] Workshop materials are available at the STFM Resource Library (https://resourcelibrary.stfm.org/search?executeSearch=true&SearchTerm=racism&l=1).

The presentation summarized how discrimination, bias, and racism affect Americans, and the applicability of Jones' model to poor health outcomes.[24] Participants then viewed a 3-minute video depicting an inpatient family medicine team rounding outside the room of a patient presenting with a gunshot wound. A supervising white male physician speaks disparagingly about the patient, presumes he is Latino and a gang member, and simultaneously is condescending to an African American, female intern who is further undermined by a white male senior resident.[26]

Workshop faculty divided participants into groups of ten and facilitated discussions using standardized questions (Table 2). Participants then shared their discussions in a large group debrief. The educator resource toolkit was then presented. Finally, participants wrote one action they would take to address racism in their home institutions and rated their confidence in following through (Table 3). Participants were instructed to keep and review this commitment in 6 months. An anonymous pre- and postworkshop survey was administered to assess any change in participants' knowledge and attitudes (Table 4). Faculty facilitators recorded issues discussed in small groups, which were later analyzed by a team member for recurrent themes. This project was classified as exempt by Montefiore Medical Center IRB.

Results

One hundred twenty participants attended this workshop, as determined by count from three facilitators. Demographic information was not collected for workshop participants, but the participants appeared diverse in many respects. The team reviewed facilitators' notes on small and large group discussions to identify themes. Facilitator notes revealed that small groups began with reactions to the video's content. Some groups moved

Table 1: Content Considerations for Teaching About Racism in Medicine

Historical context of race and racism
Race as a biologic versus social construct
Challenges with naming racism
Differences between health disparities and racism
Strategies for teaching and reflecting upon internalized processes (eg, implicit bias, stereotype threat, myth of inferiority, imposter syndrome, "model minority")
Acknowledgment and deconstruction of privilege
Microaggressions experienced by clinicians as well as patients
The physician's role as gatekeepers within systems
Use of discrete cultural competency "courses" versus longitudinal or integrated teaching strategies
Navigating conflict and group dynamics

Table 2: Trigger Questions for Small Group Facilitators

Trigger Questions for Discussion of Video
1. What did you think about the video?
2. What did you observe about the interactions between the clinical learners and attending?
3. What feelings did you experience as the scenario unfolded?
4. What do you see in the scenario, or hear in the description of the patient, that is relevant to the tripartite definition of racism?
5. If you could give advice to anyone in the video, what would you say?

Table 3: Personal Commitment to Change

My Personal Commitment to Change

I would like to commit to the following goal to make personal changes to deal with racism in patient care and in educational interactions as I reflect on this workshop:

_____

_____

_____

_____

_____

1) In my continued efforts to improve health care and/or teaching, I rank the importance of this goal as:

Not Important				Important				Very Important
1	2	3	4	5	6	7	8	9

2) I would rate my confidence in completing this goal as:

Not Confident				Confident				Very Confident
1	2	3	4	5	6	7	8	9

Table 4: Pre- and Postworkshop Survey Results (n=72)*

Question	Preworkshop	Postworkshop	P Value	High Pre-CI	Low Post-CI
1. I understand how racism is linked to health disparities and unequal distribution of health care.	7.46	8.42	0.001	7.98	8.07
2. I am able to identify strategies for dealing with racism in patient care and in educational interactions.	5.43	7.59	0.001	6.11	7.21
3. I would like to make personal changes to deal with racism in patient care in order to improve the problem of health disparities in America.	8.14	8.70	0.01	8.49	8.49
4. I feel confident that I can make the changes necessary to address racism in patient care in my home institution.	5.38	7.25	0.001	6.14	6.71
5. I feel confident that I can teach learners how to decrease racial bias in patient care.	5.47	7.36	0.001	6.23	6.92

*Each question was rated on a 9-point Likert scale: 1=strongly disagree; 9 strongly agree

to an affective level, while others had cognitive discussions about scenarios and strategies. Some participants expressed feeling dismay, anger, fear, and shame. Various issues were discussed (Table 5), and some participants expressed wanting more time for deeper discussion than time allowed. In the large group debrief, when asked to raise their hands, a majority of participants endorsed feeling discomfort during the small group process. However, many said they were able to "push through it." Some participants had powerful emotional connections to the content; some became tearful, yet simultaneously expressed finding the experience beneficial. Four notable themes emerged in the large group debriefing (Table 5).

The pre/postsurvey was completed by 72 participants and analyzed in aggregate (Table 4). Results revealed that participants improved their knowledge of the impact of racism on health inequities (Q1, P=0.001) and of strategies to address racism in home institutions (Q2, P=0.001). Participants had higher levels of confidence in making strategies to improve the racial climate in their institutions (Q4, P=0.001) and in teaching learners to reduce racism in patient care (Q5, P=0.001). Finally, participants highly rated their commitment to make personal changes in addressing health disparities (Q3, P=0.01).

Table 5: Issues and Themes From Workshop Group Discussions

Issues Discussed in Small Groups
Struggling with power, gender, and other areas of intersectionality while simultaneously naming/addressing the levels of racism
Stereotype threat
Impact of a biased environment on residents' performance
Need for support of persons of color in medical education settings to disclose instances of discrimination
Safe space in work settings for white identified people to explore implicit biases
Impact of internalized and personally-mediated racism on patients and the care they receive
Strategies for addressing the tripartite levels of racism in medical education
Themes Discussed in Large Group
Residents, faculty, and staff need explicit validation regarding their experiences with racial microaggressions
Openly and honestly addressing personally-mediated racism is challenging, often due to fear and shame
To prevent silence or the silencing of others, recognize that talking about racism generates discomfort and that is a healthy part of the process
Everyone (regardless of self-identified race) is impacted by racism

Discussion

This relationship-based workshop and toolkit are early steps in developing an antiracism curriculum in medical education, and demonstrate how providing information and relational context for difficult conversations can engage faculty to consider addressing racism in their educational institutions. Survey results showed that participants felt they had changed or improved their knowledge of how to address these issues.

Limitations

Participants selected this workshop, and demographic information was not collected, which limits generalizability. Due to underestimating the number of participants, only 80 paper copies of the survey were distributed, and 72 were completed. The survey results may not truly reflect the entire group experience. The lack of a control group calls into question whether attitude changes were attributable solely to information presented in the workshop. Additionally, qualitative information from group discussions were collected via group facilitators, who were presenters and also authors of this study, which may introduce bias.

Health inequities are not inevitable.[27] Given the evidence on the role of racial bias in disparate health outcomes, racism must be included in medical education curricula.[5,8,13,29] This workshop offers preliminary evidence that educators can benefit from exploring racism in medical education. Training programs should: (1) prepare health professionals to address racism; (2) adhere to the health inequities training requirements of the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education; and (3) develop innovative, impactful, relationship-based curricula that are facilitated with thoughtfulness and respect by well-prepared faculty members. Educating future health care professionals to combat racism is essential in eliminating health inequities.

ACKNOWLEDGMENTS: The authors would like to acknowledge the work and dedication of other members of their team whose powerful contribution to the development and implementation of the aforementioned workshop lead to its success. Those members include: Denise Rodgers, MD, David Henderson, MD, Warren Ferguson, MD, Lamercie Saint-Hilaire, MD, and Diana Wu, MD. The authors send a special thank you to Mindy Smith, who provided valuable editorial guidance to their team.

Presentations: This manuscript describes part of a workshop presentation given at the 2016 Society of Teachers of Family Medicine Annual Meeting, in Minneapolis, Minnesota.

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