

Beyond the Workshop: Advancing Antiracist Medical Education

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PRiMER. 2025;9:1.

Published: 1/2/2025 | DOI: 10.22454/PRiMER.2025.893043

To the Editor:

In their article “A Professional Development Workshop: Applying the Race and Culture Guide to Reduce Bias in Medical Teaching Cases,” Dr Vagedes et al describe a novel series of workshops given to students and medical school faculty teaching participants how to apply the “Race and Culture Guide” (RCG) to address bias in teaching cases.¹ We agree and appreciate the authors’ recognition of the deficit in faculty competence in addressing race and racism in case-based curricula. In building an antiracist curriculum, it is crucial to go beyond the goal of providing knowledge and instead promote the continual practice of addressing racism in their teaching.²

Workshops have been demonstrated to be an effective teaching strategy for faculty development resulting in self-reported improvement in teaching and the use of specific teaching techniques.³ Given the limited time allotted to faculty development in medical education, workshops should disseminate high-yield information that allows the faculty learner to make teaching style changes with minimal activation energy. Based on the feedback from participants, future iterations of this workshop could optimize workshop time by applying the RCG tool to participants’ previously written cases to improve behavior change. This recommendation is consistent with antiracist perspectives that encourage learner self-reflection as an important part of dismantling racism.⁴

To broaden the impact, one could consider integrating a train-the-trainer component into the workshop, which can help reinforce the participants’ understanding of the bias reduction tool and equip them with an additional teaching tool.⁵ Equipping participants with the knowledge and skills to teach the RCG tool at their home institution will further expand the effective use of the tool in writing medical education cases and could speed up reducing racial bias in medical education. Given the 2-year scope of the workshops, a train-the-trainer approach would also allow the authors to assess the application of the workshops in participants’ educational settings.

We would be excited to see how the authors’ workshops affect medical students’ perception of racial bias in medical education. Future consideration could also be given to teaching participants how to use artificial intelligence (AI) to identify racial bias within clinical cases and harnessing technology to deliver workshops digitally. We are inspired by the authors’ pursuit of reducing racial bias in clinical teaching and look forward to seeing how continued attention to advancing antiracism in medical education unfolds in the future.

Acknowledgments

The authors are thankful for the mentorship provided by Drs Judy Washington, Jose Rodriguez, Stacy Ogbeide,

and Kendall Campbell through the STFM Leadership through Scholarship fellowship.

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