

Moving the Needle on Racial Justice in Medical Education

Thursday, Feb. 18, 3:15 pm ET

Moderators: ADFM Education Transformation Committee Michelle Roett, MD, MPH, FAAFP, CPE Professor and Chair, Family Medicine Georgetown University Medical Center

Archana Kudrimoti MBBS, MPH Associate Professor, Residency Program Director Family and Community Medicine

Meet the Panelists

Candy Magaña, MPA

Director, Center for Primary Care Innovation and Transformation

Assistant Professor-Practice, Department of Family and Community Medicine Anti-Racism Action Plan Action Group Co-Lead, Faculty and Staff Training and Development

The Ohio State University College of Medicine

Gina Guillaume MD, MS

Harbor UCLA Family Medicine Department

Damian K. L. Archer, M.D.,

Assistant Dean for Multicultural Affairs, Clinical Assistant Professor (Family Medicine), Associate Director of the Sam W. Ho Health Justice Scholars Program, Chief Medical Officer, North Shore Community

Alexa Mieses Malchuk, MD, MPH

Director, Inclusive Excellence for Faculty Co-Director, Curricular Innovation for Health Equity UNC-Chapel Hill School of Medicine

José E. Rodríguez, MD, FAAFP

Associate Vice President, Health Equity, Diversity & Inclusion University of Utah



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WEXNER MEDICAL CENTER

Catalyzing Anti-Racism Action in Academic Medical Centers

February 18, 2021

Candy Magaña, MPA

Director, Center for Primary Care Innovation and Transformation Assistant Professor-Practice, Department of Family and Community Medicine Anti-Racism Action Plan Action Group Co-Lead, Faculty and Staff Training and Development The Ohio State University College of Medicine

An Imperative to Act: Getting Started

Wexner Medical Center and Health Science Colleges

ACTION PLAN

- Begin with an **audacious statement from leadership** to set tone, shared language, and intentions.
- Engage a diverse team of partners and allies across the institution and within the community.
- Identify and proactively address potential cultural and practical barriers through a strategic planning process.
- **Regularly track progress**—both program and process improvement *and* overall program objectives.



Making Anti-Racism a Core Value in Healthcare Systems



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Elevate the cause

Action groups in this domain raise awareness within and outside the institution, focusing on educational and curricular reform, community engagement, and strategy.

- Roundtables On Actions Against Racism (ROAAR)
- Curriculum audit and reform
- OSU strategic plan revisions
- Accountability framework, evaluation, and benchmarking
- Create structural leadership opportunities for lasting change

Anti Racism Action Leadership Action Plan Oversight Committee



Harold Paz. MD. MS Chancellor



J. Nwando Olayiwola, MD, MPH, FAAFP Co-Chair



Daniel Clinchot, MD



Darrell Gray II, MD, MPH



Joanne Howard



Joshua Joseph, MD, MPH









Leon McDougle, MD, MPH



Ryan Meadows, MPPM



Alison Mincey, JD



Beth NeCamp, MHI



PT. FNAP



PhD



Autumn Glover, MPA, MCRP, Co-Chair



Rachit Thariani, MBA



Milly Valverde, MA



Derrick Wyman, MBA



Karla Zadnik, OD, PhD



Cheryl Lee, MD



Raphael Pollock, MD,

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Empowering Anti-Racism Action Groups

Faculty & Staff Training & Development



To bridge, enhance and expand anti-racism training and development programs

- Education/awareness programs Executive/Senior Leadership Training 2.0
- Organizational Training

Data Analytics & Evaluation

To analyze, evaluate and disseminate real-time data that informs ARAP efforts

- Anti-racism & health equity dashboard
- Inventory landscape
- Internal & external data reports



To improve research, care, and education for minority populations

- Colonoscopy campaign for AA pts
- Civic health initiatives
- Increased underserved enrollment in clinical trials

Communications



To richly communicate antiracism efforts across the enterprise

Information gatekeeper for ARAP action groups

- Internal communications
- External communications



Population Health & Community Engagement

To foster engagement with diverse stakeholders and develop/promote strategies to overcome racism

- Roundtables on Actions Against Racism (ROAAR)
- Community advisory board
- Inventory of work and partnerships across enterprise



Empowering Anti-Racism Action Groups

Resources & External Partnerships



To form deep and meaningful partnerships to establish sustainable funding

- Donor base and vendor diversity Anti-racism fund and grant program
- External funding identification



Education & Training

To incorporate anti-racism/bias education throughout curricula & develop mentoring programs

Integration of education/training on racial healthcare disparities education and training on Examination of teaching methods K-12 pathway programs



Employee Engagement & Advancement

To increase recruitment, retention, development and mentoring of URM employees

- Policy, standards, and program development
- Career advancement and retention

Patient Experience & Clinical Services

To establish an exemplar practice of patient care free from racism and implicit bias

- Safety in sharing and addressing concerns for patients, faculty/staff
- Anti-racism P3 professional development goals
- Recruit to reflect patients served





Vice Chairs for Diversity, Equity and Inclusion



Bethany Panchal, MD Vice Chair, Diversity, Equity & Inclusion Department of Family & Community Medicine



Sabrena Noria, MD, PhD, FACS Vice Chair, Diversity, Equity & Inclusion Department of Surgery



Gloria Fleming, MD Vice Chair, Diversity, Inclusion, Equity & Talent Department of Ophthalmology and Visual Sciences



Demicha Rankin, MD Vice Chair, Diversity, Equity & Inclusion Department of Anesthesiology



Kanu Goyal, MD Vice Chair, Diversity, Inclusion, Equity & Talent Department of Orthopaedics



Zarine Shah, MD Vice Chair, Diversity, Inclusion, Equity & Talent Department of Radiology



Arwa Shana'ah, MD Vice Chair, Diversity, Inclusion, Equity & Talent Department of Pathology





Engage with opportunities

Action groups engage employees, faculty, staff, students, and other learners and stakeholders in grassroots efforts and cross-sector, interdisciplinary, institution and community-wide learning and action.

- Cross-departmental town halls and listening sessions
- Pathways for Black students that begin in elementary school and include mentorship and scholarships
- Support the learning, training and clinical delivery environment

Equip with tools and resources

Action groups offer material support and resources through scholarships, funding, training, toolkits, people, positions, and pathways that support antiracism.

- Universal, mandatory implicit bias training and refreshers
- Universal, mandatory training on health equity in clinical decision-making
- Standardize communications and resources offered at various touchpoints- entry, new hire, annual reviews
- Partnerships with the community to invest in housing, employment, and telehealth literacy and access (including affordable broadband)

Empower people

Action groups empower patients, communities, and employees with an anti-racist culture that encourages individuals to speak out against racism, invests in the voices of the unheard, and leads comprehensive evaluation efforts to demonstrate impact.

- Stop the Line
- Voter registration
- 21 Day Anti-Racism Challenge & Self Reflection
- Local, regional, and state advocacy
- Investment in Black and minority-owned businesses

Create Ways to Connect

wexnermedical.osu.edu/about-us/anti-racism-initiative



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Key Lessons Learned



- Health systems play a critical role in health equity and anti-racism efforts. Do not shy away from the conversations.
- Need to have an audacious commitment from the highest levels of leadership to set tone, shared language, and intentions.
- **Diverse leadership teams** of partners and allies across the institution and within the community should be empowered for action.
- Identify and proactively address potential cultural and practical barriers through a strategic planning process.
- Regularly track progress—both program and process improvement and overall program objectives.



Harbor UCLA Family Medicine

Where Do We Go from Here: Chaos or Community?

Harbor-UCLA Department of Family Medicine

Gina Guillaume, MD (PGY-4) Community Health Fellow





- 1. Department-wide Debriefs as emergency response to racial injustices
- 2. Faculty Meeting for racial justice and health equity
- 3. Department-wide Workgroup to address racial injustice
- 4. Department-led Workshops for implicit bias stereotypes





- Hospital-wide Health Equity Lecture Series :: Education
- Black Lives Matter :: Engagement
- Summer Urban Health Fellowship (SUHF) :: Pipeline

Amplify **Black Voices**

• Affinity Groups

 Black History Month Newsletter

Box of Healing

FFEBRUARY 1ST-5TH, 2021

BLACK HISTORY NEWSLETTER

Department of Family Medicine, Lomita Clinic

HISTORIC FIGURE OF THE WEEK



Shirley Anita St. Hill Chisholm was the first Black wo Congress (1968) and the first woman and Black American to President of the United States in 1972.

During her seven terms in the U.S. House of Representatives "I Shirley" introduced more than 50 pieces of legislation and char racial and gender equality, the plight of the poor, and end Vietnam War. She was a co-founder of the National Women's I Caucus in 1971, and in 1977 became the first Black woman and woman ever to serve on the powerful House Rules

1924-2005

Committee. She has paved the way for so many other Black women including our very first inau female, Black American, and South Asian Vice-President, Kamala Harris. (Source: womenshitory.org

Where Do We Go From Here? - Choas or Community?

I remember finding my adopted mother dead in her sleep after suffering a major heart attack at the age of 11. My supporter, my encourager, and my serenity was gone. This just added to my already low self-esteem of being adopted and the pervasive feeling that nobody loves me, nobody wants me, my life does not matter. Shortly after, my adopted father resorted to self-medication to numb his pain and did not guide me and support me like my mother. So, in search of love, validation, and a family I got involved in gang life

and running the streets. Eventually, I was incarcerated for a total of COMMUNITY HEALTH WO 31 years of my life. It's not that I was not gifted or smart, I just felt affirmed by a family of n welcomed me- Ride or Die. (Next Page)

FUN FACT #1

a know that the now celebrated Black History Mont as initially started as a national "Negro History week" in 267 The Harvard-trained historian Carter G. Woodson an the prominent minister Jesse E. Moorland founded the Association for the Study of Negro Life and History SNLH) in 1915 an organization dedicated to researching ting achievements by Black Americans and othe oples of African descent. Out of ASNLH was birth Blac History week in 1926. (Source: History.com)



VOLUME I. WEI

CORNELIUS THOMPS

For there is always light, if o we're brave enough to see it. If we're brave enough to be it - Amanda Gor The Hill We Climb



"Box of Healing"

(Dedicated to Anti-Racism) Please submit your thoughts, ideas. contributions, and beyond.

This box is an opportunity for all to contribute. anonymously if desired, on how we can partner together in this ongoing human endeavor of combating racism within ourselves, our workplace and our world, while also intentionally promoting racial equity.

We invite everyone clinic wide to participate and be active in this process, understanding that our efforts are most impactful when they include and engage a diversity of ideas.

We commit to reviewing and compiling the contributions in March, to then present during our All-Team PCMH Meeting where we hope to continue to build on what is shared and engage volunteers with these efforts.

Thank You

Community Health Fellow:: Gina Guillaume, MD gguillaume@dhs.lacounty.gov

Chair ::

Heather Schickedanz, MD

hschickedanz@dhs.lacounty.gov

www.harbor-ucla.org/family-medicine/ @harboruclafmrp



Harbor UCLA Family Medicine



Moving The Needle on Racial Justice in Medical Education: A Clerkship Teaching Example

Damian K. L. Archer, M.D. Asst. Dean for Multicultural Affairs, Assistant Professor, Family Medicine Tufts University School of Medicine February 18, 2021



Tufts FM 3rd Year Clerkship

6 weeks **Interactive Didactics on Fridays** Themed Didactic days Intentional focus on cultural humility And we needed to do more....



Racism, Bias and Microaggressions in Clinical Care

Goal: To improve awareness, capacity and skills to address racism, bias and microaggressions in the clinical setting.

Objectives:

At the end of this session the engaged participant will be able to:

- Recognize the impact of racism, bias and microaggressions on the health of patients, their families and the care team
- Create a plan to advocate and support patients impacted by racism, bias and discrimination.
- Identify and respond to microaggressions

Method: Agreements, Case Discussion, Brief Theoretical Overview, Large & Small Group Discussions

Student Evaluation: "Take homes", Exam Questions Curricular assessment:: Student Feedback, End of Clerkship Faculty Department Reviews

Social Justice Curricula in Undergraduate Medical Education

Alexa Mieses Malchuk, MD, MPH

ADFM Annual Conference February 18, 2021













Background

- Need to improve social justice instruction/education & the way in which students experience the UME curriculum overall
- UNC's Social and Health Systems course
- Co-Director of Curricular Innovation for Health Equity
- A group of passionate and experienced educators came together, under the charge of the Vice Dean of Academic Affairs, to embed social justice and antiracism throughout UME

Social Justice Curricular Task Force

- Led by Vice Dean for DEI
- Three workgroups: curricular innovation; learning environment; faculty development
- 42 recommendations made to the SOM's Education Committee and Deans of Academic Affairs, Student Affairs, and Admissions



Recommendations

- Curricular Innovation Aims:
 - removing bias from all courses
 - developing a relationship- and case-based curriculum
 - de-prioritizing multiple choice tests in student assessments
 - developing an advocacy curriculum
 - holding faculty members accountable for demonstrating competency in social justice concepts.
- Learning Environment Aims:
 - analyze the hidden curriculum
 - embed experienced and inclusive counselors
 - train residents on social justice
 - revise admissions processes to recruit future physicians that reflect the state's population.
- Faculty Development Aims:
 - supporting the integration of social justice content in all teaching
 - incentivizing social justice contributions in bonuses and promotions
 - improving recruitment and support of underrepresented faculty members.

Next Steps

- Implementation
- Evaluation
- Dissemination



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- Julie Byerly, MD, MPH



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Any questions?

BECOMING AN ANTI-RACIST ORGANIZATION

José E Rodríguez (MD, FAAFP) Associate Vice President for Health Equity, Diversity, & Inclusion



D's of Dismantling Racism

Deliberate	The journey toward diversity is fueled by intentionality. There is little or no accidental diversity in any group (faculty, staff, or trainees)
Difficulty	The journey requires non-conventional thinking, a willingness to look beyond what has been done in the past, and the realization that recruitment systems are perfectly designed to get the present results
Diluting	The journey towards diversity requires focus on specific groups. When all diversities are considered equal, we dilute our diversity efforts. Our institution has chosen to focus on the following diverse groups for recruitment: American Indian/Alaska Native, Black or African American, Latinx, Native Hawaiian or other Pacific Islander, and Women of all races and ethnicities.
Desirable	As we become a more diverse team, we become smarter, more valuable, and the quality of our care increases.







SHARED OWNERSHIP CAMPUS OF ELEVATION **OUTCOMES** TRANSFORM-DIVERSE WORKFORC SUCCESSE5

Individuals take on EDI value set and shares ownership and accountability for outcomes

Individuals from historically marginalized groups choose University of Utah to launch and advance their higher education, training and career paths

Our scholarship, teaching, research and training incorporates antiracism, decolonization, anti-oppression, and equity; further amplifying excellence in care for all people

University of Utah Health is known as national leaders in Equity, Diversity, Inclusion and anti-racism transformation

We coordinate outreach, inclusion and cross-hierarchal mentoring efforts to attract, retain and promote-to-leadership a workforce that mirrors the population we serve



Structural Transformation





DEAR WHITE PEOPLE

- Listen to Black people and other people of color
- Support leaders in and advocates for vulnerable communities with tangible resources that include not only money, but also your time, expertise, and your voice
- Identify, sponsor, and mentor your colleagues of color to serve as leaders
- Acknowledge your role in preserving terms of leadership for yourself without proactively seeking more diverse voices at decision-making tables. Recognize the BIPOC voice and talent in your organization and promote or foster their roles in leadership
- Explore your own biases, uproot them, and dismantle them

- Shoulder the responsibility of learning about the roots of systemic and institutionalized racism in the United States and actively teach this history to others. Remember that it is a privilege to educate yourself about systemic and BIPOC racism, when the alternative is to experience it
- Apply an anti-racist equity lens to every decision you make and seek out structured tools to help you do this consistently and with accountability⁹
- Use your privilege to advocate for systematic changes in our society to truly address anti-Black racism and systemic racism, as well as the social determinants of health

https://www.annfammed.org/content/19/1/66.long

SHARE THE POWER OF WHITE PRIVILEGE

Individual steps to share the power of white privilege [16]

- I try to diversify the groups I work with, promoting the hiring of more people of color.
- I co-present on white privilege with persons of color.
- I listen and respond as an ally to people of color, acknowledging their contributions to mostly white organizations.
- I never assume that a person of color speaks for their whole racial group, and I explain that I speak only for myself. I assume that everyone I work with has earned their position.

Institutional steps to share the power of white privilege

Intentional underrepresented minority faculty cluster hiring.

- Training to recognize impact of white privilege on underrepresented minority faculty, staff and students.
- Highlighting and promoting accomplishments of underrepresented minority faculty; creating underrepresented minority affinity groups to reduce isolation; conducting training on allyship.
 Increasing underrepresented minority faculty representation to ensure multiple voices of color.

Viewing racial/ethnic diversity as an essential asset to the institution that improves teaching, scholarship, and health outcomes.

https://pubmed.ncbi.nlm.nih.gov/33469871/

BLACK LIVES MATTER





Education Transformation Committee Meeting Friday Feb 19th at 11am ET