**Small Group Breakout Session**

*Facilitator Version*

**Facilitator Guide**

* Before the Workshop: It is important to become familiar with the Race and Guide for Editors of Teaching Cases (full reference below) which can be found in Supplement Digital Appendix 1.

Krishnan A, Rabinowitz M, Ziminsky A, Scott SM, Chretien KC. Addressing Race, Culture, and Structural Inequality in Medical Education: A Guide for Revising Teaching Cases. *Academic Medicine*. 2019;94(4):550-555. doi:[10.1097/ACM.0000000000002589](https://doi.org/10.1097/ACM.0000000000002589)

* During Small Group Discussion: The following are two supplemental cases that can be used to help participants use and apply the Race and Culture Guide.
	+ *Orientation:* At the beginning of the breakout session, introduce yourself and allow for quick introductions of all group members. Make sure each participant has the participant version of the supplemental/real cases. The facilitator version of the supplemental cases has a facilitator note about the case. Additionally, there are problematic components to the cases highlighted in red font.
	+ *Supplemental Cases:* Ask one of the participants to read the case aloud. After reading it aloud, ask participants to reflect on the case and ask if there are any problematic aspects that stick out. Reference the Race and Culture Guide for assistance. If conversation slows, ask participants about red font highlights and why it might be problematic when it comes to case-based learning.
	+ *Existing Cases:* If the group will be editing existing teaching cases, it will be important to create a safe space where individuals can freely express critiques, especially if the original case writer is present.
	+ *Timing:* As a facilitator, make sure to keep track of time for the group. While there might be great conversation happening about the case, it is important for the group to suggest edits to the cases. The supplemental cases are here to help individuals become familiar with editing teaching cases using the Race and Culture Guide. However, if time is limited it is important to give time to editing any real cases.

**Case 1 – Case Vignette-Style Question of Patient with Diabetic Nephropathy**

*(Facilitator Note: This case depicts a Black man as being non-compliant and assumes that his behaviors are why his condition worsened. The rationale states a health disparity but does not explain why through social and structural determinants of health.)*

A 57-year-old Black male presents to the office for an annual checkup. He was diagnosed with hyperlipidemia and hypertension for which he takes rosuvastatin and hydrochlorothiazide. He has been non-compliant on his medications. He has no complaints other than noticing his urine seems “foamy.” Examination shows trace edema in the lower extremities. Urinalysis shows microalbuminuria and glucosuria. His HbA1C is 9.0% and a random blood glucose is 246 mg/dL. Vitals are reported in the table.

|  |  |
| --- | --- |
| Temperature | 99.0°F (37.2°C) |
| Heart Rate | 70 bpm |
| Respiratory Rate | 12 breaths/min |
| Blood Pressure | 146/84 mmHg |

The patient was lost to follow up and admitted to the hospital three years later with fatigue, cramping, abdominal pain, and swelling in his legs. Renal biopsy shows eosinophilic nodular glomerulosclerosis.

What is the most likely diagnosis?

1. Post-streptococcal glomerulonephritis
2. Diabetic nephropathy
3. Amyloid nephropathy
4. Focal segmental glomerulosclerosis
5. Granulomatosis with polyangiitis

Rationale: Black patients are diagnosed with diabetes at greater rates than white patients. With a HbA1C is 9.0% and a random blood glucose is 246 mg/dL, the patient met diagnostic criteria for diabetes. This patient was non-compliant on medications and did not return for a follow-up visit so his condition worsened until the patient presented with diabetic ketoacidosis and renal failure. Eosinophilic nodular glomerulosclerosis (Kimmelstiel-Wilson nodules) is a pathologic finding of diabetic nephropathy.

*Sample Case Author: R. Vagedes (2021)*

**Case 2 – Case (Excerpt) of Patient with *Pneumocystis jiroveci* Pneumonia (an AIDS-Defining Illness)**

*(Facilitator Note: This case depicts a gay Latino man ultimately diagnosed with AIDS. Many of the descriptions in the case stereotype gay men of color as engaging in high-risk sexual activity with numerous partners and having alcohol and drug abuse.)*



**CC:** cough, fever

**HPI:** Roberto Gonzalez is a 27-year-old Latino male presenting to the office with a 2-month history of a non-productive cough that makes him feel short of breath sometimes. Cough medication does not help, and activity makes his cough worse. He states has also had a fever for the past 2 weeks which he reports ibuprofen has been helping to control his temperature. He has also noticed he lost 7 lbs unintentionally in the past month. He is concerned about his health and says balancing upcoming exams and with his health has been giving him a lot of anxiety.

**PMHx:** major depressive disorder, general anxiety disorder

**Meds:** citalopram 40 mg qd, ibuprofen 250 mg bid prn

**Allergies:** NKDA

**Immunizations:** flu (2020), TDaP (2015)

**Surgical Hx:** appendectomy (2005)

**Family Hx:** Mother (55, alive) – hyperlipidemia; Father (57, alive) – HTN, pre-diabetes; unknown grandparent hx; no siblings

**Social Hx:** college student studying communications, lives with one roommate, drinks 3 cups coffee/day, drinks 8-12 beers each weekend, admits to using Adderall he buys from roommates for partying 1-2 times/month, denies tobacco use

**Sexual Hx:** sexually active exclusively with men, state he thinks he has had at least 10 sexual partners in the past year but he is not sure, states he has never had a previous STI, states he occasional uses condoms but often forgets

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*Sample Case Author: R. Vagedes (2021)*