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# **Through the Anti-racism Lens: Updating the Medical Education Prescription**



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**2023 STFM Annual Conference**

**April 30, 2023**

**UPMC**  
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# Objectives

- **Interweave anti-racism themes into sample patient cases and didactic materials**
- **Develop a quality improvement project using a racial justice approach**
- **Create an outline for an anti-racism faculty development session**

# **Community Agreement**

- **Everyone is on their own path or journey within anti-racism**
- **Communicate openly while maintaining mutual respect**
- **Feel free to excuse yourself at any point without explanation**

# **Anti-racism in Medical Education**

**Current Practice and the Need for Improvement**

# Anti-racism Defined

**Oxford: Actively opposing racism by advocating for changes that promote racial equity in society**

**Dr. Ibram X. Kendi: Any idea that says the racial groups are equal**

**Not simply “not racist” → Instead, actively working to dismantle systemic racism**

# **AAMC Statement on Police Brutality and Racism in America and Their Impact on Health (June 1, 2020)**

"The AAMC stands against racism and hate in all its forms, and we call on academic medicine to stand together on this issue. We are committed to harnessing all of our resources to catalyze meaningful and lasting solutions. We can no longer be bystanders. We must not be silent. But while our solidarity is necessary, it is not sufficient. Together, and in partnership with the communities we serve, we must work together to heal our nation."

AS AN INDIVIDUAL

**Begin self-reflection  
and educating  
ourselves**

AS PART OF THE BROADER COMMUNITY

**Speak out about  
systemic racism**

AAMC Framework  
for Addressing and  
Eliminating Racism  
at the AAMC, in  
Academic Medicine,  
and Beyond

AS THE AAMC

**Become anti-racist,  
diverse, equitable,  
and inclusive**

AS PART OF THE ACADEMIC MEDICINE COMMUNITY

**Collaborate with  
communities**

ACGME

**EQUITYMATTERS**<sup>TM</sup>

"...an initiative that supplies a framework for continuous learning and process improvement in the areas of diversity, equity, and inclusion (DEI) and antiracism practices."

**Okay, we have the frameworks...  
so what now?**



## EPA 1: Gather a History and Perform a Physical Examination

Demonstrate patient-centered interview skills

Incorporates responses appropriate to age, gender, culture, race, religion, disabilities and/or sexual orientation

# Family Medicine Milestones

The Accreditation Council for Graduate Medical Education

Patient Care 3: Health Promotion and Wellness				
Level 1	Level 2	Level 3	Level 4	Level 5
Identifies screening and prevention guidelines by various organizations	Reconciles competing prevention guidelines to develop a plan for an individual patient, and considers how these guidelines apply to the patient population	Identifies barriers and alternatives to preventive health tests, with the goal of shared decision making	Incorporates screening and prevention guidelines in patient care outside of designated wellness visits	Participates in guideline development or implementation across a system of care or community
Identifies opportunities to maintain and promote wellness in patients	Recommends management plans to maintain and promote health	Implements plans to maintain and promote health, including <u>addressing barriers</u>	Implements comprehensive plans to maintain and promote health, incorporating pertinent psychosocial factors and other determinants of health	Partners with the community to promote health
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> <div style="text-align: right;">           Not Yet Completed Level 1 <input type="checkbox"/>            Not Yet Assessable <input type="checkbox"/> </div>				

## Systems-Based Practice 2: System Navigation for Patient-Centered Care

Level 1	Level 2	Level 3	Level 4	Level 5
Demonstrates knowledge of care coordination	Coordinates care of patients in routine clinical situations effectively using the roles of the interprofessional team members	Coordinates care of patients in complex clinical situations effectively using the roles of the interprofessional team member	Role models effective coordination of patient-centered care among different disciplines and specialties	Analyses the process of care coordination and leads in the design and implementation of improvements
Identifies key elements for safe and effective transitions of care and hand-offs	Performs safe and effective transitions of care/hand-offs in routine clinical situations	Performs safe and effective transitions of care/hand-offs in complex clinical situations	Role models and advocates for safe and effective transitions of care/hand-offs within and across health care delivery systems including outpatient settings	Improves quality of transitions of care within and across health care delivery systems to optimize patient outcomes
Demonstrates knowledge of population and community health needs and disparities	Identifies specific population and community health needs and inequities in their local population	Uses local resources effectively to meet the needs of a patient population and community	Participates in changing and adapting practice to provide for the needs of specific populations	Leads innovations and advocates for populations and communities with <u>health care inequities</u>

Comments:

Not Yet Completed Level 1

## Interpersonal and Communication Skills 1: Patient- and Family-Centered Communication

Level 1	Level 2	Level 3	Level 4	Level 5
Uses language and nonverbal behavior to demonstrate respect, establish rapport while communicating one's own role within the health care system	Establishes a therapeutic relationship in straightforward encounters using active listening and clear language	Establishes a therapeutic relationship in challenging patient encounters	Maintains therapeutic relationships, with attention to patient/family concerns and context, regardless of complexity	Mentors others in situational awareness and critical self-reflection to consistently develop positive therapeutic relationships
Recognizes easily identified barriers to effective communication (e.g., language, disability)	Identifies complex barriers to effective communication (e.g., health literacy, cultural)	When prompted, reflects on personal biases while attempting to minimize communication barriers	Independently recognizes personal biases while attempting to proactively minimize communication barriers	Leads or develops initiatives to identify and address <u>bias</u>
Identifies the need to individualize communication strategies	Organizes and initiates communication, sets the agenda, clarifies expectations, and verifies understanding	Sensitively and compassionately delivers medical information, managing patient/family values, goals, preferences, uncertainty, and conflict	Independently uses shared decision making to align patient/family values, goals, and preferences with treatment options to make a personalized care plan	Role models shared decision making in patient/family communication including those with a high degree of uncertainty/conflict
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Not Yet Completed Level 1

**Well, we still incorporate anti-racism in our curricula, right?**

**Table 4: Presence of Racial Justice Curriculum, Components of Racial Justice Curriculum, and Characteristics of Respondent Family Medicine Residency Programs With a Racial Justice Curriculum**

<b>Racial Justice Curriculum Characteristics</b>	<b>All Respondent Programs N=283</b>	<b>Programs With Racial Justice Curriculum N=87</b>
<b>Did your residency program have a racial justice curriculum? n (%)</b>		
Yes	87 (30.7)	--
No	196 (69.3)	--
<b>Which component(s) is/are included in your program's RJC,* n (%)</b>		
Implicit/unconscious racial bias training that specifically addresses structural racism	--	86 (98.9)
Education on the history of racism in medicine	--	47 (54.0)
Education on the history of racism in the United States	--	44 (50.6)
Other education that specifically addresses structural racism	--	55 (63.2)
<b>Total hours of your formal RJC for residents, n (%)</b>		
1-3	--	27 (31.0)
4-10	--	41 (47.1)
11-20	--	12 (13.8)
More than 20	--	7 (8.1)

Abbreviation: RJC, racial justice curriculum.

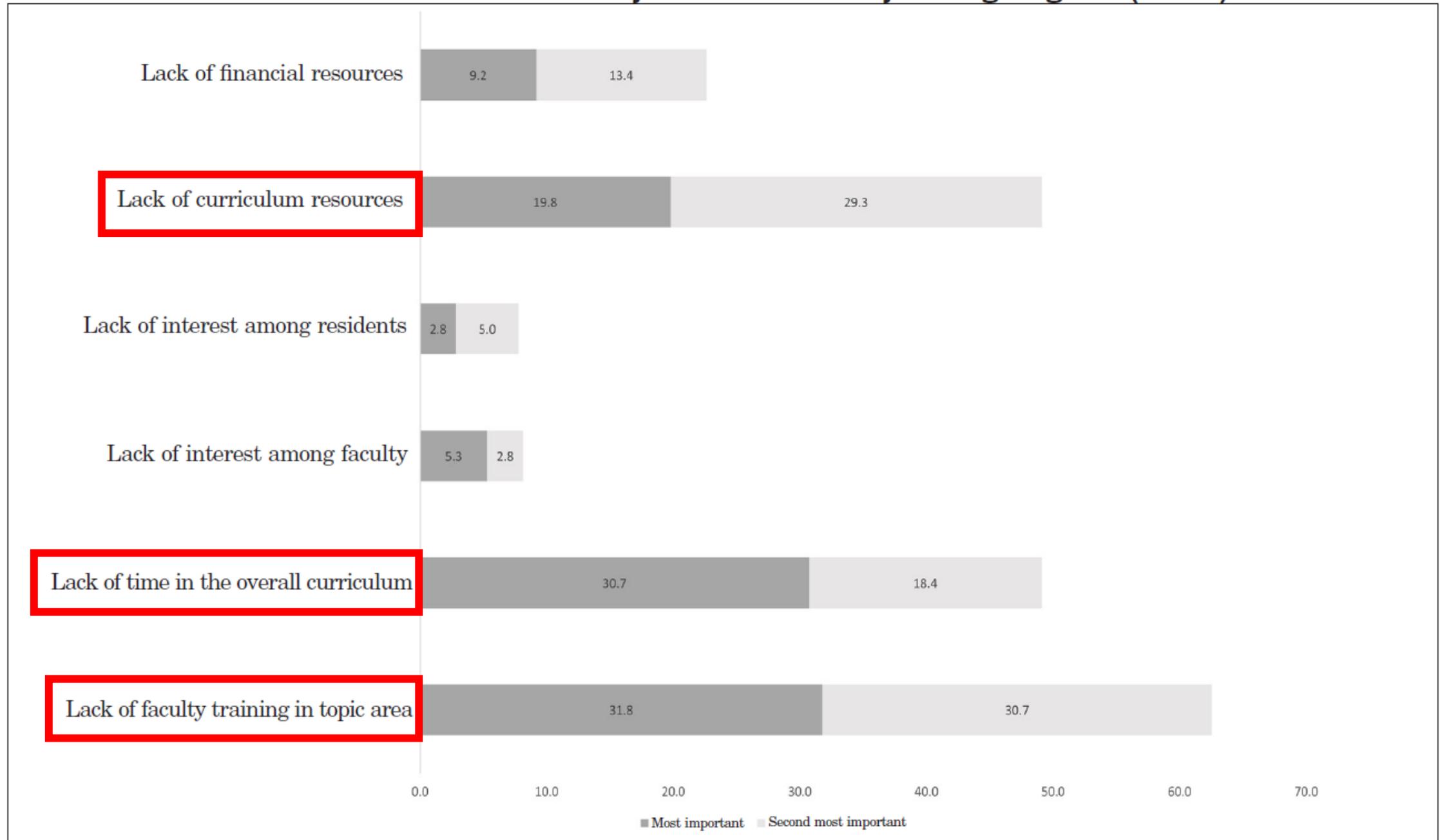
\*Response options were all that apply.

**Racial Justice Curricula in Family Medicine Residency Programs:**

A CERA Survey of Program Directors

Maria Harsha Wusu, MD, MEd; Marielle Baldwin, MD, MPH; Afi M. Semanya, MD, MPH; Gerardo Moreno, MD, MSHS; Stephen A. Wilson, MD, MPH

**Figure 1: Percent for Most Important and Second Most Important Barriers to Implementing Racial Justice Curriculum in Family Medicine Residency Training Programs (n=283)**



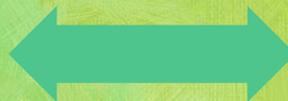
**We can do BETTER!**

# Small Group Activities

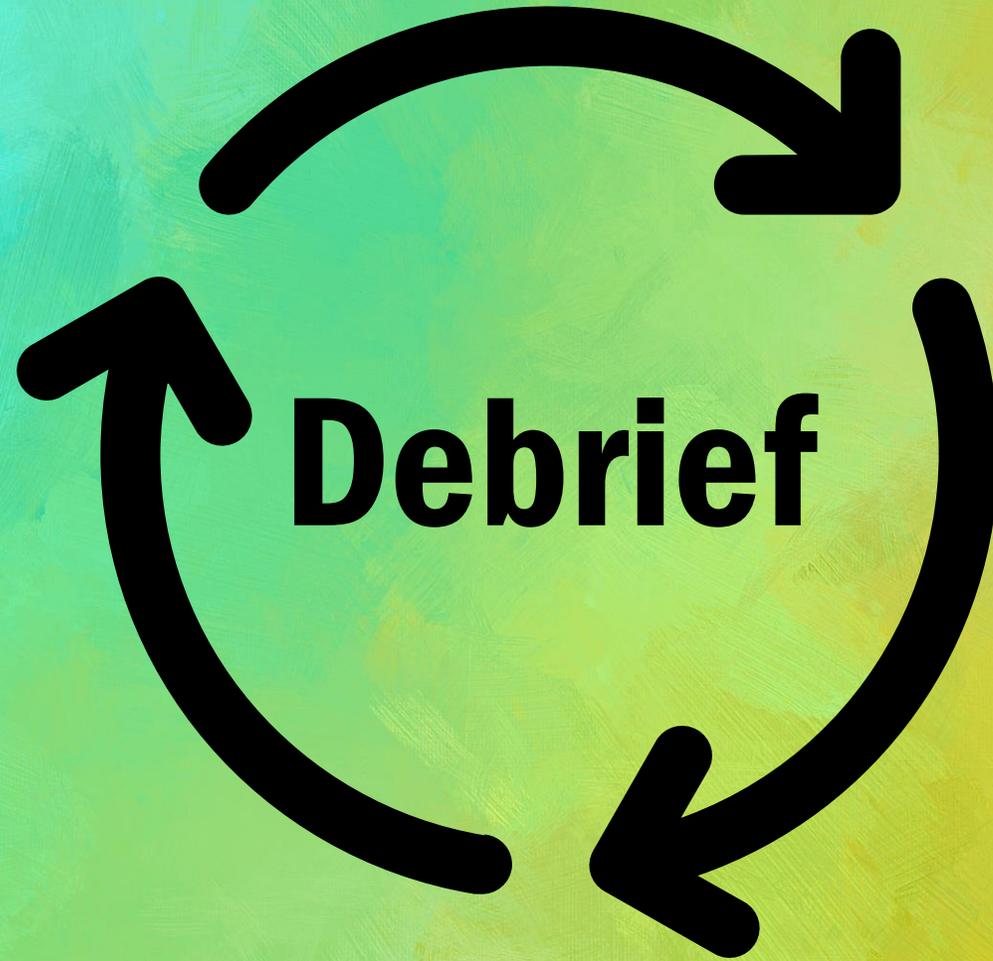
Undergraduate  
Medical  
Education



Faculty  
Development



Graduate  
Medical  
Education



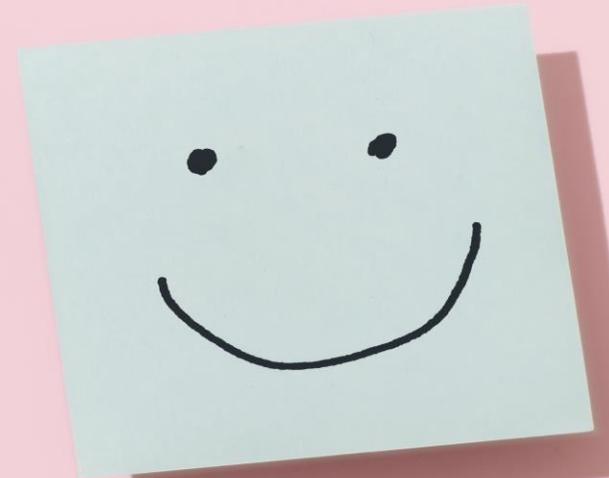
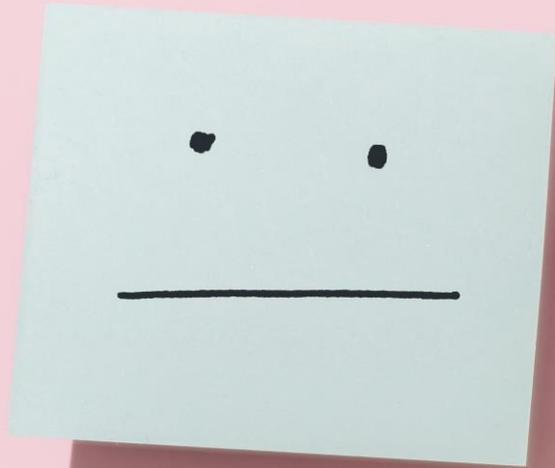
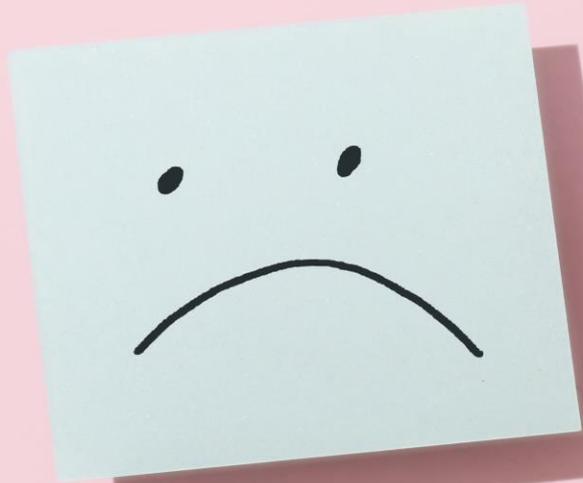
**Debrief**

**Make a Commitment**

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# Please Give Us Your Feedback!



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