



Addressing Racism in Medical Education – Everyone Matters, Everyone Counts

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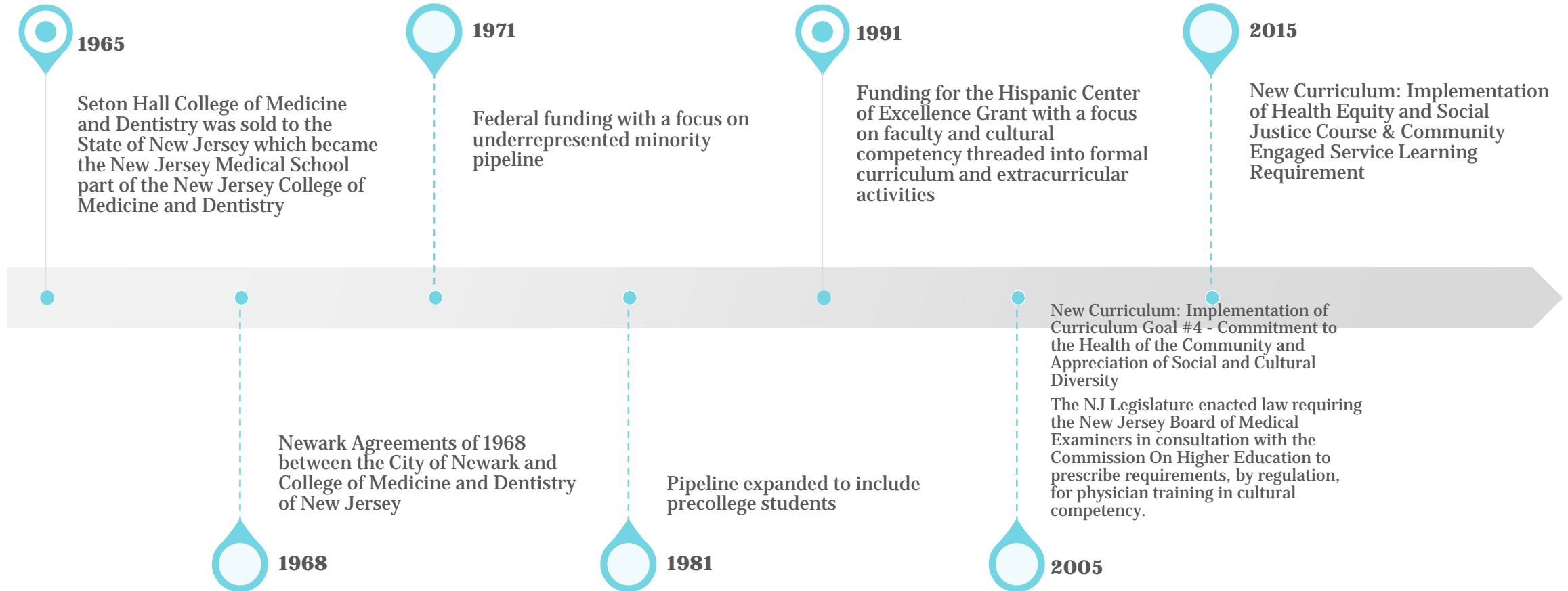


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Objectives

1. Describe the Rutgers NJMS curriculum wide goals and objectives and how it led to the Health Equity and Social Justice longitudinal thread.
2. Demonstrate how the Health Equity and Social Justice thread responds to racism, privilege, social justice, bias, and historical context.
3. Constructing bias education for faculty, residents, and students.
4. Implementing anti-racism throughout medical education.

Our Commitment to Diversity, Equity, and Inclusion



Equality



The assumption is that everyone benefits from the same supports. This is equal treatment.

Equity



Everyone gets the supports they need (this is the concept of "affirmative action"), thus producing equity.

Justice



All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed.** The systemic barrier has been removed.

GOAL 4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Objective 3: To demonstrate cultural and linguistic competency by the recognition and mitigation of bias

At the end of **Phase 1**, students should be able to:

- 4.3a) Define the terms frequently used in cultural/linguistic competency development.
- 4.3b) Recognize through development of self-awareness, how to appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in themselves. Rutgers New Jersey Medical School Goals and Objectives Updated 11-18-2020
- 4.3c) Identify their own personal biases that may impact on patient care.
- 4.3d) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in patients 4.3d) recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in patients, peers, and other healthcare professionals.
- 4.3e) Interpret the impact of provider bias on the physician-patient relationship and on health outcomes.
- 4.3f) Apply the INTERPRET framework (a framework for providers and interpreters. I- introductions, N-non-citizens, T-trust, E-effectiveness, R-roles, P-positioning, R- resources, E-ethics, T-timeframe), in order to effectively work with limited English- speaking patients.
- 4.3g) Describe health care access and quality issues both at individual and community levels.

At the end of **Phase 2**, students should also be able to:

- 4.3h) Recognize and appropriately address gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in healthcare delivery.
- 4.3i) Identify ways to eliminate provider bias in the physician-patient interaction and the healthcare system.

At the end of **Phase 3**, students should also be able to:

- (4.3j) Identify gender, sexual orientation, race/ethnicity, religious, socioeconomic status, disability, and cultural biases in another healthcare professional and respond appropriately.

Perspective

Stolen Breaths



The NEW ENGLAND
JOURNAL of MEDICINE

June 10, 2020

DOI: 10.1056/NEJMp2021072

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Rhea W. Boyd, M.D., M.P.H.

“Please — I can’t breathe.”

The truth is black people cannot breathe because the legacies of segregation and white flight, practices of gentrification and environmental racism, and local zoning laws have worked to confine us in residential areas where we are disproportionately exposed to environmental hazards. As a result, black populations have higher rates of asthma and cancer. And chronic exposures to particulate matter in the air may contribute to a risk of death that is as much as 15% higher for black Americans than that faced by white Americans.

“Please — I can’t breathe.”

The truth is black people cannot breathe because we are currently battling a global pandemic, emergencies, and that is a conservative estimate. One of every 1850 black lives in this global fight against a novel virus that could have harmed all of us (<https://apmresearchlab.org>). And yet — because of racism and the ways humans use it to hoard resources and power for some, while depriving others — it has killed an enormous number of black people.

“Please — I can’t breathe.”

Make “mastering the health effects of structural racism” a professional medical competency. In 2016, we asked individual clinicians to “learn, understand and accept America’s racist roots.”⁵ In 2020, it is clear that clinicians need to master learning the ways in which structural racism affects health. We believe that medical schools and training programs should equip every clinician, in every role, to address racism. And licensing, accreditation, and qualifying procedures should test this knowledge as an essential professional competency.

Police violence, racial inequities in Covid-19, and other forms of structural racism are concurrent and compounding public health crises in the United States.

GOAL 4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Objective 6: To demonstrate the ability to identify and address the health effects of structural racism

At the end of **Phase 1**, students should be able to:

- 4.6a) Define race, racism, structural racism, anti-racism, oppression, and stereotype threat
- 4.6b) Recognize the relationship between structural racism, implicit bias, microaggressions, and health outcomes

At the end of **Phase 2**, students should be able to: (Effective May 2021)

- 4.6c) Incorporate into their assessment and plan, the effects of structural racism on the health status and health care of their patients
- 4.6d) Identify the role of physician advocacy in addressing structural racism

At the end of **Phase 3**, students should be able to: (Effective May 2021)

- 4.6e) Formulate a potential solution(s) to reshape health care and health policy systems that address structural racism incorporating physician advocacy

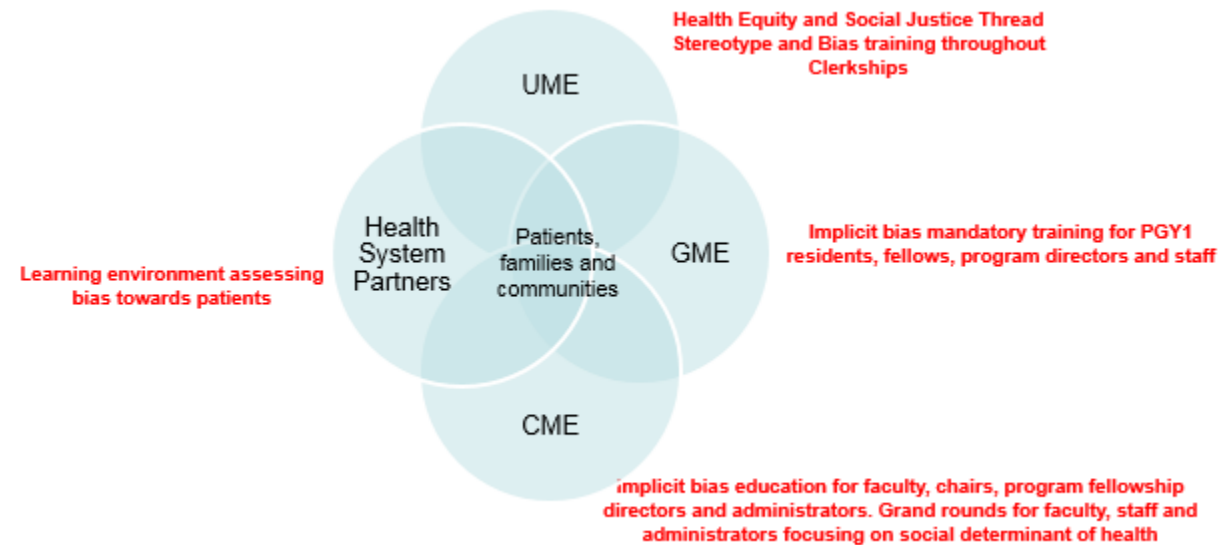
Rutgers New Jersey Medical School

Curriculum Goals and Objectives

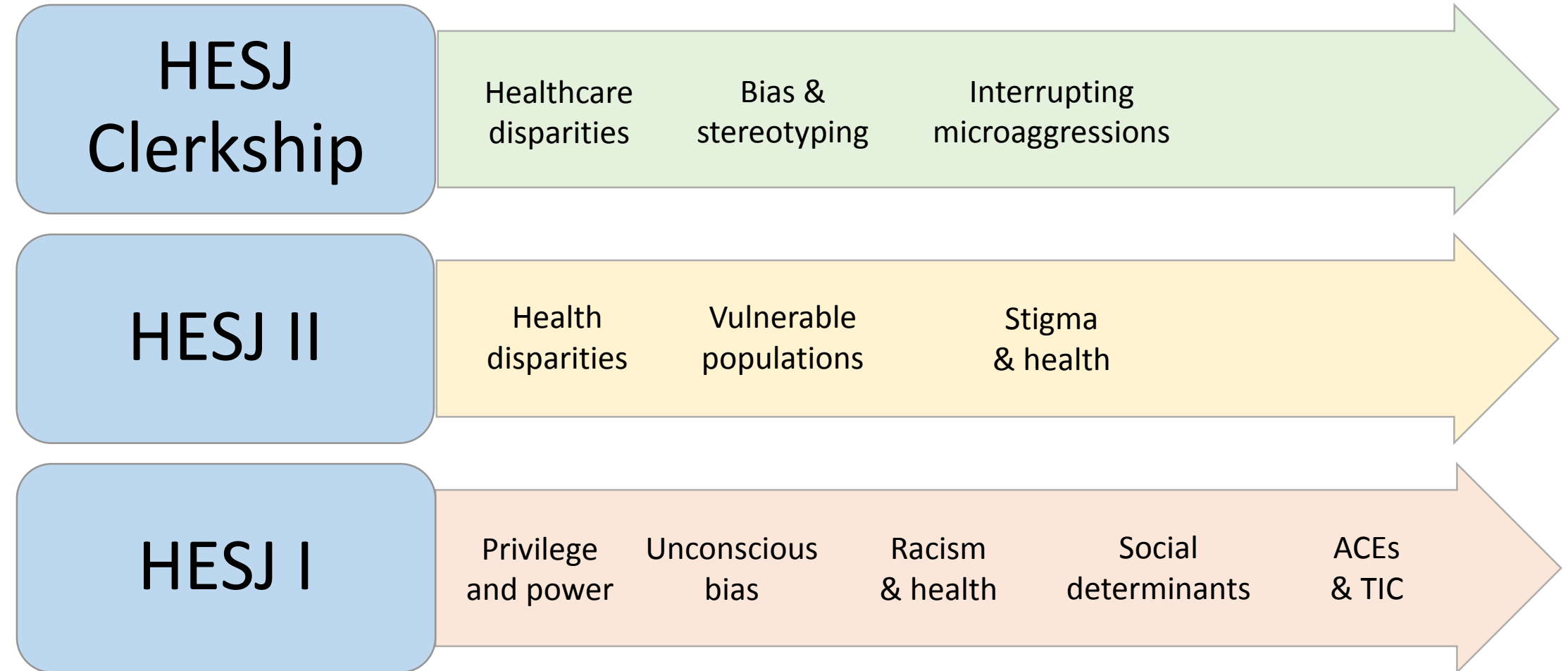
Goal 4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Objective #3: To demonstrate cultural and linguistic competency and recognize and mitigate bias

Objective #6: To demonstrate the ability to identify and address the health effects of structural racism



HESJ Anti-Racism Curriculum



Goal #4: Commitment to the Health of the Community and Appreciation of Social and Cultural Diversity

Health Equity and Social Justice Curriculum

Enhance self-awareness to recognize and appropriately address biases in ourselves.

Explain the impact that gender, race/ethnicity, sexual orientation, culture, religion, socioeconomic status, disabilities, literacy level, and health disparities have on health status.

Develop skills to better understand the manner in which people of diverse cultures and belief systems perceive health and illness.

Describe the social determinants of health and recognize the impact of health care policy and community partnerships on population health and healthcare costs.

Demonstrate a commitment to life-long learning, social justice, and community service.

Session: Unconscious Bias

Define unconscious bias.

Understand the role of our brains and minds in shaping bias.

Appreciate how unconscious bias impacts our daily lives and the delivery of healthcare.

Develop skills for identifying, addressing, and overcoming unconscious bias in interactions with patients, communities, and colleagues.

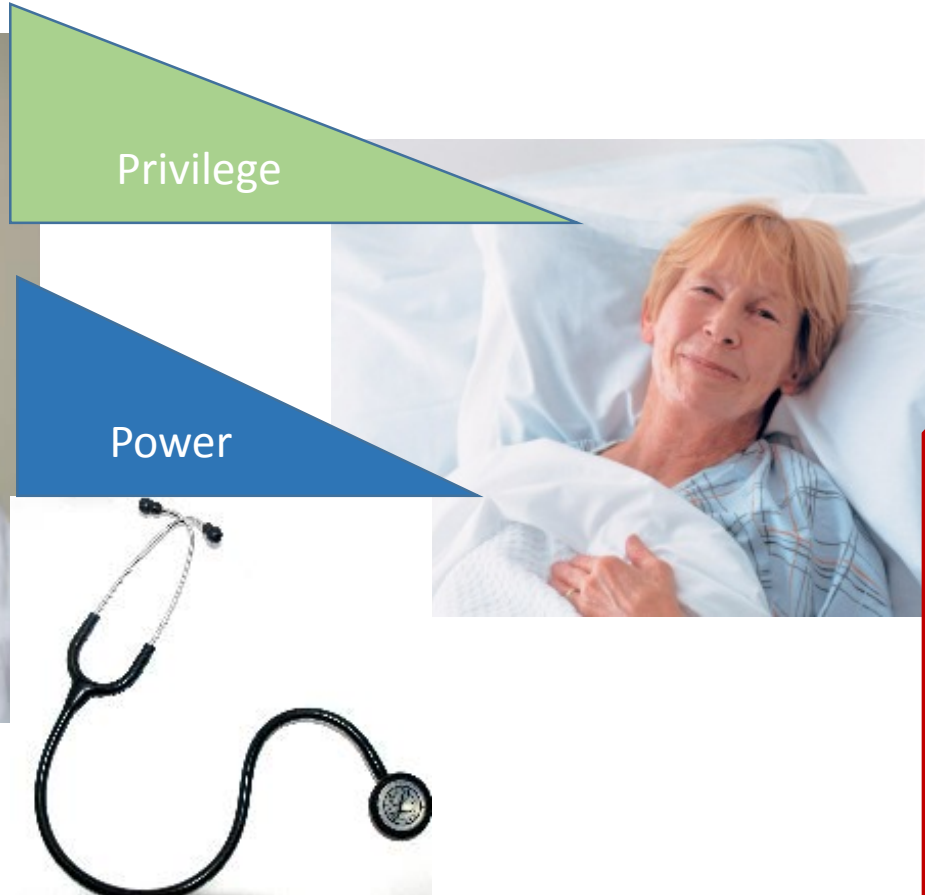


Session: Privilege as a Social Determinant of Health

- Define and understand the concept of social privilege.
- Appreciate the role of privilege as a social determinant of health.
- Understand the influence of your own privilege in advocating for health equity.

Education
Social support
Respect
Income

Authority
Knowledge
Skills
Degrees



Privilege Walk Statements

1. If you were ever called names or made fun of because of your race, ethnicity, sexual orientation, disability, religion, or class background, take one step back.
2. If you have immediate family members who are doctors, lawyers, or other professionals, take one step forward.
3. If one or both of your parents or guardians were ever unemployed or underemployed not by choice for a prolonged period of time, take one step back.
4. If one or both of your parents do not speak English fluently, take one step back.
5. If most of your teachers in school looked like you take one step forward.
6. If you have ever felt that members of your racial, ethnic, or religious community were feared or unwanted members of American society, take one step back.
7. If your parent/s or guardian/s owned their own house, take one step forward.



Original Publication

 OPEN ACCESS

Exploring Racism and Health: An Intensive Interactive Session for Medical Students

Michelle DallaPiazza, MD*, Mercedes Padilla-Register, MA, Megana Dwarakanath, MD, Elyon Obamedo, James Hill, PhD, Maria L. Soto-Greene, MD, MS-HPed

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Abstract

Introduction: Growing recognition of the deleterious effects of racism on health has led to calls for increased education on racism for health care professionals. As part of a larger curriculum on health equity and social justice, we developed a new educational session on racism for first-year medical students consisting of a lecture followed by a case-based small-group discussion. **Methods:** Over the academic years of 2016-2017, 2017-2018, and 2018-2019, a total of 536 first-year medical students participated in this mandatory session. The course materials were developed as a collaboration between faculty and students. The lecture was delivered in a large-group format; the small-group case-based discussion consisted of 10-12 students with one upper-level student facilitator. **Results:** The majority of respondents for the course evaluation felt that the course had met its stated objectives, and many commented that they had an increased awareness of the role of racism in shaping health. Students felt that the small-group activity was especially powerful for learning about racism. **Discussion:** Active student involvement in curriculum development and small-group facilitation was critical for successful buy-in from students. Additional content on bias, stereotyping, and health care disparities will be the focus of faculty development programs and will also be integrated into the clerkships to build on these important topics as students are immersed in clinical care.

Citation: DallaPiazza M, Padilla-Register M, Dwarakanath M, Obamedo E, Hill J, Soto-Greene ML. Exploring racism and health: an intensive interactive session for medical students. *MedEdPORTAL*. 2018;14:10783. https://doi.org/10.15766/mep_2374-8265.10783

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Appendices

- A. Lecture Slides.pptx
- B. Materials Checklist and Time Line.docx
- C. Case Development Worksheet.docx
- D. Facilitator Guide.docx
- E. Student Pages.docx
- F. Quiz.docx
- G. Evaluation Form.docx

All appendices are peer reviewed as integral parts of the Original Publication.

Addressing Stereotype / Bias in the Clerkships

Clerkship	Educational method
Family Medicine	Written Reflection
Internal Medicine	Reading with small group discussion
Neurology	Written reflection
OB/GYN	Large group discussion
Pediatrics	Written reflection & small group discussion
Psychiatry	Written reflection on experience
Surgery	Written reflection & large group discussion

Rutgers New Jersey Medical School COVID-19 Pandemic Course

Explain the epidemiology of COVID-19, including the principles of underlying mathematical models.

Describe the pathophysiology of COVID-1.

Summarize basic strategies in prevention and treatment of COVID-19.

Recognize the physical and behavioral health effects of a pandemic on the front-line workers including strategies for mitigating such effects.

Identify the ethical dilemmas in public health crises in general, including triaging patients in the setting of limited resource.

Deconstruct health inequities for vulnerable populations in the context of the COVID-19 pandemic and describe how to best advocate for structural change and social justice.

Distinguish between normal psychological reactions (such as stress and grief) and psychiatric disorders (such as major depression and persistent complex bereavement).

Describe basic telehealth principles, including current technologies, clinical applications, and standards.

Week	Overall Themes	Monday	Tuesday	Wednesday	Thursday	Friday
Wk 1 (5/4)	Overview, Reflection, Virology, Immunity	Orientation 11am - Drs. Soto-Greene & Traba	Introduction to the pandemic and viruses - Dr. Mathews 10am	SARS-CoV-2 molecular biology - Dr. Mathews 10am	Innate Immunity - Dr. Fitzgerald-Bocarsly 10am	SARS-CoV-2 Infection and Spread - Dr. Mathews 10am
			Coronavirus biology and disease- Dr. Mathews 11am	Self-study	Adaptive Immunity to SARS- Cov-2 - Dr. Rohowsky- Kochan 11am	Self-study
Wk 2 (5/11)	Epidemiology, Pharmacology, Management, Health Inequities	COVID Clinical Signs/Symptoms and Diagnosis - Dr. Tentler 10am	COVID-19 and Mental Health - Dr. Levounis 10am - 45 min lecture/30 min Q&A	Non-Pharm Management of COVID-19 - Dr. Tentler 10am	Pharmacology and Therapeutics in Pandemic - Dr. Weber 10am-12pm	COVID Panel: Student Volunteer Experiences 10:30am-12pm
		Epidemiology: Epi Curves Modules (Independent Study)	Medical Ethics: Harvard COVID Curriculum Module 8 (Independent Study)	HESJ Session 1: Laying the Foundation: Looking to the Past, Issues of Quarantine/Isolation - Podcast & Reflection (Independent Study)		
Wk 3 (5/18)	Telehealth, Ethics, Mental Health, Health Inequities	Introduction to Telehealth - Dr. Waller 10am - 11am	Medical Ethics Case Discussion 1.5 hrs (1/3 class)	COVID-19 and Well-being - Dr. Aggarwal - 10am 45 min lecture/30 min Q&A	COVID Front-Line Panel 3- 5pm	Telehealth Small Group Sessions 1.5 hour blocks: 9am- 2:30pm
		HESJ Session 2: "Othering" in the time of COVID-19 - Podcast & Reflection (Independent	Medical Ethics Case Discussion 1.5 hrs (1/3 class)	Medical Ethics Case Discussion 1.5 hrs (1/3)		
Wk 4 (5/25)	Mental Health, Health Inequities, Health Systems, EMR	Memorial Day	After COVID-19: Rebuilding in the Post-Pandemic World - Dr. Levounis 10am 45 min lecture/30 min Q&A	Epic Training (Order Entry) (1/4 class)/HESJ Small groups (1/4)	Epic Training (Order Entry) (1/4 class)/HESJ Small groups (1/4)	Self-study
			HESJ Session 3: Lessons Learned & Looking Forward - Podcast (Independent Study)	Epic Training (Order Entry) (1/4 class)/HESJ Small groups (1/4)	Epic Training (Order Entry) (1/4 class)/HESJ Small groups (1/4)	

Laying the foundation



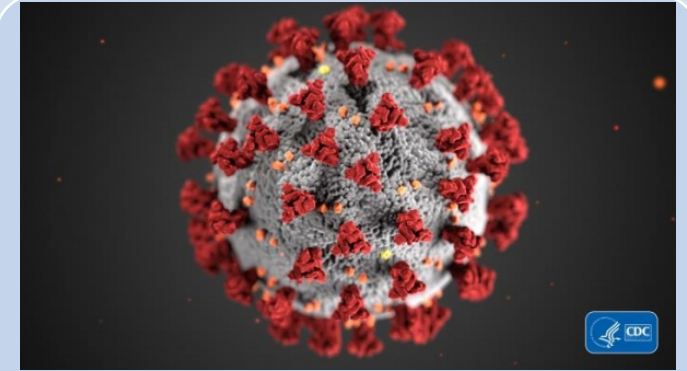
- 1) Illustrate the impact of social determinants and structural racism on health outcomes of vulnerable populations during the COVID-19 pandemic
- 2) Explain the unique challenges to vulnerable populations with respect to social distancing and isolation
- 3) Describe the biases built into the health system that lead to disparities in COVID-19 testing and access to care

Othering in the time of COVID-19



- 1) Explain how othering can negatively affect certain racial/ethnic groups with respect to contagious diseases like COVID-19
- 2) Describe the historical and neurocognitive basis for othering
- 3) Delineate skills that can be employed to lessen the impact of othering

Looking forward



- 1) Employ skills-based frameworks to self-reflect, dismantle oppression, and sustain belonging within the culture of medicine
- 2) Identify key lessons learned from the COVID-19 pandemic that can help inform interventions to achieve greater health equity
- 3) Hypothesize potential solutions to reshape healthcare and health policy systems going forward

What is Othering?



Othering is the differential treatment of those whom we see as "in our group" versus those whom we see as some kind of "other," meaning someone who is defined as in "some group other than my own group."

Billig & Tajfel, 1973

Why is Othering Relevant to COVID-19?

Outbreaks create fear, and fear is a key ingredient for racism and xenophobia to thrive. The coronavirus disease 2019 (COVID-19) pandemic has uncovered social and political fractures within communities, with racialised and discriminatory responses to fear, disproportionately affecting marginalised groups.

CHARGE²

A framework to help you acknowledge
and address your own biases

C: Change your context

H: Honesty

A: Avoid blaming

R: Realize when you need
to slow down

G: Get to know others

E: Engage / Empower

Developed by: DallaPiazza M, Hill J, Ayyala MS, Soto-Greene M (2018). Rutgers New Jersey Medical School through the support of the Hispanic Center of Excellence, Health Resources and Services Administration Grant D34HP26020.

INTERRUPT

A toolkit of options to address
microaggressions and biases when
witnessed or experienced.

I: Inquire

N: Non-threatening

T: Take responsibility

E: Empower

R: Reframe

R: Redirect

U: Use impact questions

P: Paraphrase

T: Teach by using “I” phrases

Adapted from: Kenney G (2014). College of the Holy Cross. Diversity, Leadership & Education.

<p>CHARGE</p> <p>A framework to help acknowledge and address your own bias</p> <p>DallaPiazza M, Hill J, Ayyala MS, Soto-Greene ML. Rutgers NJMS</p>	<p>C- Change your context: Is there another perspective that is possible?</p> <p>H- Be honest with yourself, acknowledge and be aware</p> <p>A- Avoid blaming yourself; know that you can do something about it</p> <p>R- Realize when you need to use a slower thinking process</p> <p>G- Get to know people you perceive as different from you</p> <p>E- Engage and remember why you are doing this; Empower patients, students, co-workers, and peers</p>
<p>INTERRUPT</p> <p>A toolkit of options to address microaggressions when witnessed or experienced</p> <p>Ayyala MS, DallaPiazza M. Adapted from: Kenney G (2014). College of the Holy Cross. Diversity, Leadership & Education</p>	<p>I- Inquire: Encourage elaboration, leverage curiosity</p> <p>N- be Non-threatening: We all have blindspots. Be open to feedback, and avoid defensiveness</p> <p>T- Take responsibility: Be an upstander. If you need to reconsider a statement, acknowledge and apologize</p> <p>E- Empower: Ask questions that will make a difference</p> <p>R- Reframe: “Have you ever thought about it like this?”</p> <p>R- Redirect: Helpful when an individual is put on the spot to speak for their identity group</p> <p>U- Use impact questions: “What would happen if you considered the impact on...”</p> <p>P- Paraphrase: Making what is invisible (unconscious bias), visible</p> <p>T- Teach by using “I” phrases: Speak from your own experience</p>
<p>BRIDGE</p> <p>A framework to mitigate othering and sustain belonging</p> <p>Hill J. Rutgers NJMS</p>	<p>B- Be present</p> <p>R- Remember the whole person</p> <p>I- Imagine what it must be like to be in this person’s place</p> <p>D- Deconstruct othering narratives that might impact your care of the person</p> <p>G- Generate new narratives that open up new opportunities for access to care and wellness</p> <p>E- Engage organizations to look at systemic othering narratives that might be barriers to health</p>

Learning Objectives

- 1) Describe the science behind unconscious bias
- 2) Identify clinical encounters in which stereotype/bias may have affected patient care
- 3) Engage in reflection about your own beliefs and values and the need to address personal bias
- 4) Explore individual-based strategies to mitigate bias

Coronavirus weekly: racism, COVID-19, and the inequality that fuels these parallel pandemics

June 9

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Jun 8 • 5 min read ★

The C.D.C. said in a statement to The New York Times that it did not have data to quantify the role of implicit bias in Covid-19 deaths. But the agency added, “Becoming aware of and reflecting on one’s own biases to help ensure they do not impact decisions is a potentially lifesaving step for clinicians to undertake.”

York Times

Covid-19



Treatment Add to the Mourning for Black Families

May 12, 2020 3:19PM EDT

Available In English Français

Covid-19 Fueling Anti-Asian Racism and Xenophobia Worldwide

National Action Plans Needed to Counter Intolerance

The Centers for Disease Control and Prevention have advised health professionals to be on the lookout for medical bias.

2020-2021: Addressing Racism in the NJMS Curriculum

Curriculum Objective 6:
To demonstrate the ability to identify
and address the health effects of
structural racism (Effective May 2021)

Audit of the Preclerkship Curriculum:
Race, Bias, and Racism

Graduating 4th Year Student Capstone
Dialogue on Racism

Audit of the Preclerkship Curriculum: Race, Bias, and Racism

Course											
Session Name	Faculty	Mode of Delivery (i.e. podcast, recorded live session, small group, etc.)	Description of content regarding Race	TACCT Domain (Insert drop down list)	TACCT Objective Addressed (Insert drop down list)	Overall Evaluation of Content (No mention of race, Race mentioned but not addressed in detail, Race appropriately addressed, Model for other content areas)	Suggestions for Integration of Race into Content	Are biases related to racism addressed? Yes/No	If Yes, please describe content regarding biases addressed.	Are biases/stereotypes perpetuated via the way content is portrayed? If Yes, please explain.	Other Areas for Improvement Noted

The student/resident was asked to document areas in which the courses incorporated race, stereotype/bias, equity, inequalities, social determinants of health, as well as document areas in the course where more information of these topics could have been incorporated.

CAPSTONE: Dialogue

Revisiting structural racism, how we talk about it, and how we move forward into residency

Michelle DallaPiazza MD she/her/hers

Manasa Ayyala MD she/her/hers

Ondrea McKay MD she/her/hers

Maria Soto-Greene MD MS-HPEd she/her/hers

Land acknowledgement: This lecture is occurring on traditional Lenape lands

Objectives

- Define racism and anti-racism
- Describe the levels of racism
- Distinguish debate, discussion, conversation, and **dialogue**
- Explore how we can engage in dialogue around anti-racism
- Identify the value of engaging in dialogue

Debate vs Discussion vs Dialogue

- Debate: The format dictates that people take sides and advocate for that side, rebutting points from the other side. Structured and formal.
- Discussion: Talk that has a purpose— often to make a decision.
- Dialogue: Engages people in building understanding of an issue, without the pressure to make decision or be “right”. People inquire into ideas, rather than advocate for their own or other’s ideas.
- Conversation: Most informal, no specific goal.

Ground rules for dialogue

1. Listen actively
2. Remain curious
3. Ask for clarification when needed
4. Use “I” statements—speak from your own experience
5. Communicate in a nonjudgmental fashion – *avoid making assumptions about the beliefs, values, and motives of other participants*
6. Refrain from personal attacks
7. Consider both the intent and the impact of words and actions
8. Reveal only what you feel comfortable revealing about yourself, and maintain confidentiality
9. There is no one “right” answer
10. *The goal is not always to agree; it is to gain a deeper understanding*

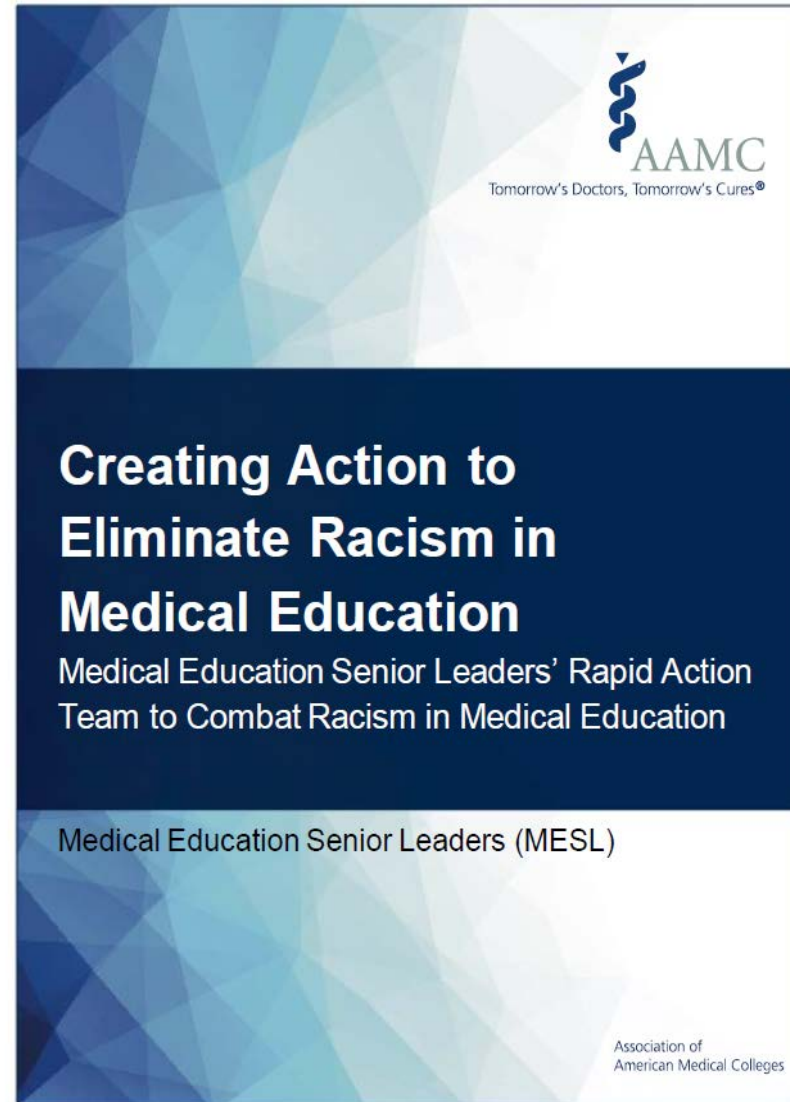
Next Steps

Faculty Development

Resident/Fellow Development

Adopting National
Frameworks/Best Practices

Medical Education
Senior Leaders
(MESL):
Creating Action to
Eliminate Racism in
Medical Education



Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Purpose

- Provide medical schools' educational leaders, AAMC Medical Education Senior Leaders, and their institutions with guidelines and action steps to dismantle and eliminate racism in medical education across the continuum

Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Immediate Actions

- Institutions should begin today with acknowledging that racism in medicine is a long-standing and unacceptable problem.
- Medical school senior leaders must analyze the current state of their educational programs with regard to addressing racism and begin a conversation on how to move forward.
- Institutional leads for antiracist efforts in medical education should be designated, and resources should be allocated to support the work of these individuals.

Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Short-Term Goals

- Should focus on creating structural changes in medical schools and national organizations
- We must analyze policies and procedures through an antiracism lens, identifying and removing those that result in systemic racism. Institutions should conduct a structured institutional self - study using a mixed-methods analysis to determine the state of racism in medical education.
- Faculty development within institutions is essential. Faculty must be equipped with the language and understanding to dismantle racism within education. Transdisciplinary scholars who are able to teach about racism in medicine in medical schools and academic medical centers (AMCs) should be developed.

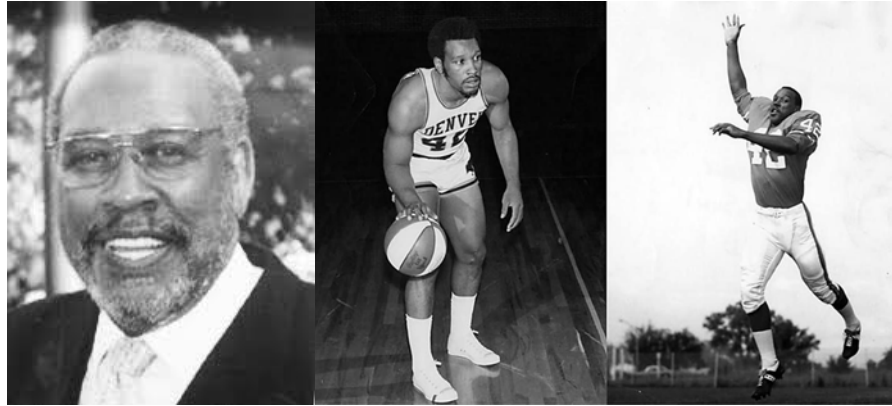
Medical Education Senior Leaders (MESL): Creating Action to Eliminate Racism in Medical Education

Long-Term Goals

- Engage in ongoing evaluation of their changes to address racism and ensuring they continue to move forward towards creating an antiracist culture.
- Antiracist action items should be added to medical education continuous quality improvement, and all medical education policies should be reviewed regularly to determine if they support antiracist efforts.
- Antiracism faculty and trainee development should be required and offered at least annually. Institutions should develop coordinated efforts with all affiliated hospitals and associated AMCs to support an antiracist clinical learning environment for all learners.

“Not everything that is faced can be changed, but nothing can be changed until it is faced” — James Baldwin

Honor the past



Lead in the present



Shape the future

