

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

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*Presenter Information*

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# Undergraduate Medical Education

## Group Question 1: How does UME perpetuate racism in medicine?

- Examples:

## Group Question 2: What are opportunities in preclinical years we can be anti-racist?

- Examples:

## Group Question 3: What are opportunities in clinical years we can be anti-racist?

- Examples:

Below are examples of 2 slides used during a MS2 lecture. How would you modify these slides to reduce bias and support anti-racist themes?

### Case Presentation

This patient is a 67 year old Hispanic male with hypertension, glaucoma, diabetes mellitus 2 secondary to medication non-compliance, and alcohol abuse. He complains of occasional headaches. He denies visual changes or eye pain. He has no other complaints today. He has not showed to multiple appointments over the last 6 months to follow up on his diabetes. He claims the office is never open when he can come in for a visit. It is unclear how much alcohol plays a role in his ability to attend visits. Today he presents to follow up for diabetes and is adamant that his vision is "fine," but on exam has some peripheral vision loss. After counseling him on the reason for fundus exams given his uncontrolled diabetes, he finally agrees to an in-office fundus photo, which shows cupping of the fundus. **What is your diagnosis? What should you instruct him to do?**

### Glaucoma



- Progressive optic neuropathy
- Leading cause of irreversible blindness globally
- Open angle: progressive peripheral vision loss, otherwise usually asymptomatic
- Angle-closure: ophthalmologic emergency, presents as painful, red eye, with loss of visual acuity
- A 2020 meta-analysis found that compared with White individuals, individuals from racial/ethnic minority groups had a very low participation rate in primary open-angle glaucoma clinical trials despite having a higher prevalence of disease

<b><u>Modifiable Risk Factors</u></b>	<b><u>Non-Modifiable Risk Factors</u></b>
<ul style="list-style-type: none"><li>• Ocular hypertension/Elevated intraocular pressure</li><li>• Adherence to provider appointments and therapies</li><li>• Diabetes</li><li>• Hypertension</li></ul>	<ul style="list-style-type: none"><li>• Increased Age</li><li>• Family history</li><li>• Black (primary open-angle glaucoma)</li><li>• Hispanic/Latinx (primary open-angle glaucoma)</li><li>• Asians (angle-closure glaucoma)</li></ul>

Additional examples to access after the workshop



## Graduate Medical Education

**THINK:** How does your home institution incorporate anti-racism into the curricula?

### ***See-Name-Understand-Act Framework***

<i>Step</i>	<i>Definition</i>	<i>Parallel Clinical Skill/Concept</i>	<i>Intervention Examples</i>
<b>See</b>	Awareness of both dominant narrative and counternarratives	Clinical Reasoning	Implicit bias training
<b>Name</b>	Being explicit about racism (i.e., structures of power)	Approach to Medical Errors	Reporting systems
<b>Understand</b>	Critical examination of problems observed	Process/Quality Improvement	Needs assessment focusing on systems (instead of individuals)
<b>Act</b>	Enact anti-racist changes	Growth Mindset/Adaptive Expertise	Implementation of sustainable change with goals and metrics

\*Adapted from: Solomon SR, Atalay AJ, Osman NY. Diversity Is Not Enough: Advancing a Framework for Antiracism in Medical Education. *Acad Med.* 2021;96(11):1513-1517. doi:10.1097/ACM.0000000000004251

### ***See and Name***

Identify one racial disparity noted in your academic or clinical setting:

### ***Understand***

Design a process/quality improvement project to critically examine the above stated issue. Think about how and what data will be collected (qualitative and quantitative) and who should be involved (consider an outside perspective).

## Faculty Development

For meaningful and transformational change, **ALL** faculty must be prepared to achieve antiracism goals across all dimensions of medical education and practice. Antiracism education is the responsibility of every faculty member, not just historically minoritized faculty members. Foundational longitudinal faculty development needs to be implemented to create sustainable culture change. It is paramount that those teaching about race and racism are equipped with the language and a nuanced understanding of how hierarchies and bias contribute to structural inequities.

### **Discussion questions:**

What are your current institutional barriers to implementing an antiracism curriculum? (For faculty, for residents, etc.)

How can/have you obtained leadership support?

Brainstorm a potential faculty development session on antiracism. If your institution has done one, what has it looked like?

### **Reference**

Sotto-Santiago S, Poll-Hunter N, Trice T, et al. A Framework for Developing Antiracist Medical Educators and Practitioner-Scholars. *Acad Med.* 2022;97(1):41-47. doi:10.1097/ACM.0000000000004385



Full Article



Supplemental Appendix #1

Examples of Antiracism Education for Faculty Development