



University of
Pittsburgh
UPMC
LIFE CHANGING MEDICINE
St Margaret

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SCAN ME

Let us
**TRANSFORM
YOU**
Faculty
Development
Fellowship

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



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Grace Kim PharmD; Gretchen Shelesky MD, MS, FAAFP**

2023 STFM Annual Conference

April 30, 2023



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

EQUITYMATTERSTM

"...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 |

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Comments:

Not Yet Completed Level 1
Not Yet Assessable

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☐

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> |

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Comments:

Not Yet Completed Level 1

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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

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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

| Racial Justice Curriculum Characteristics | All Respondent Programs N=283 | Programs With Racial Justice Curriculum N=87 |
|---|--|---|
| Did your residency program have a racial justice curriculum? n (%) | | |
| Yes | 87 (30.7) | -- |
| No | 196 (69.3) | -- |
| Which component(s) is/are included in your program's RJC,* n (%) | | |
| 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) |
| Total hours of your formal RJC for residents, n (%) | | |
| 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.

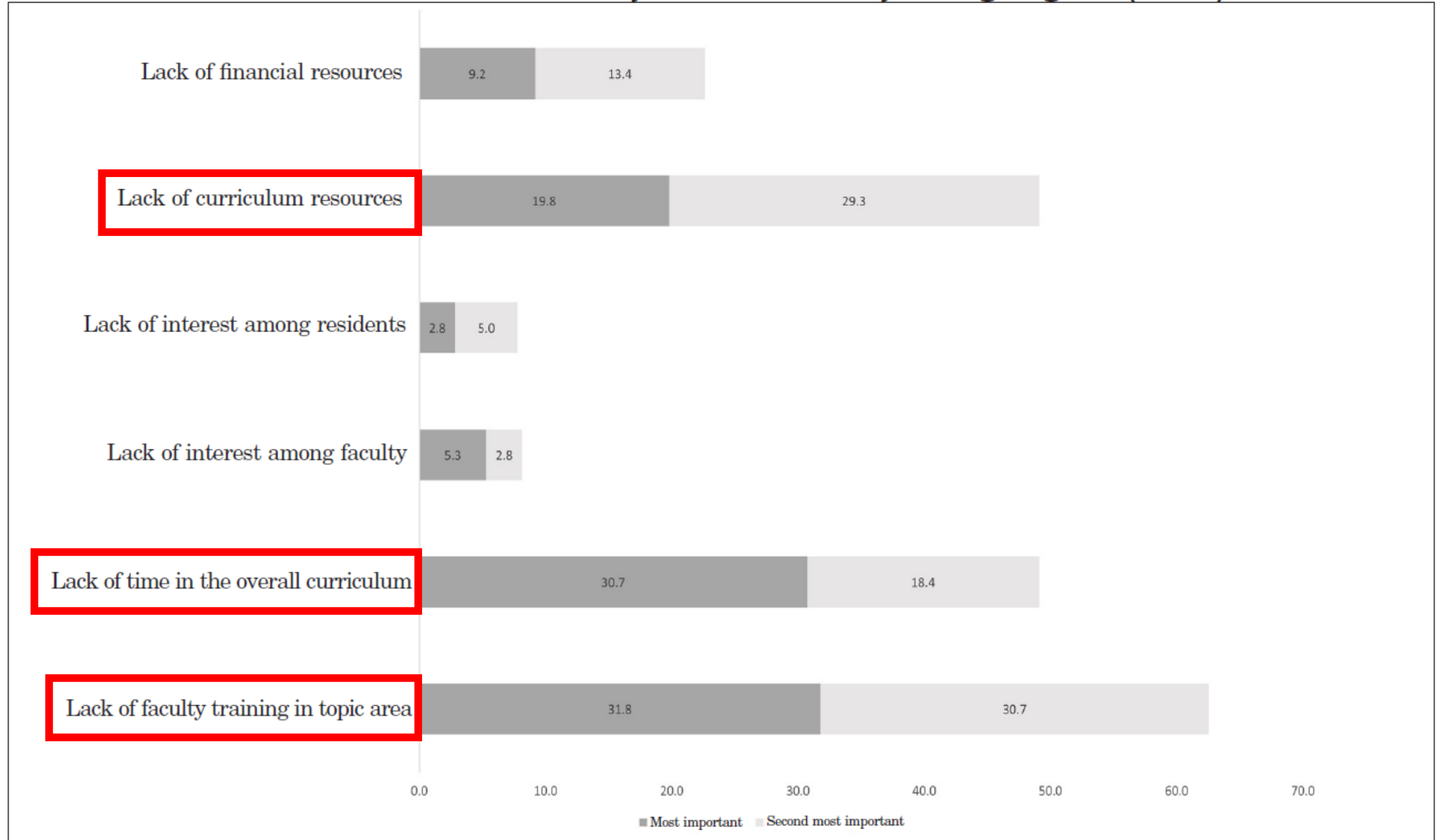
*Response options were all that apply.

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)



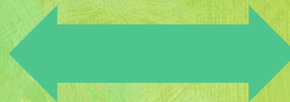
We can do BETTER!

Small Group Activities

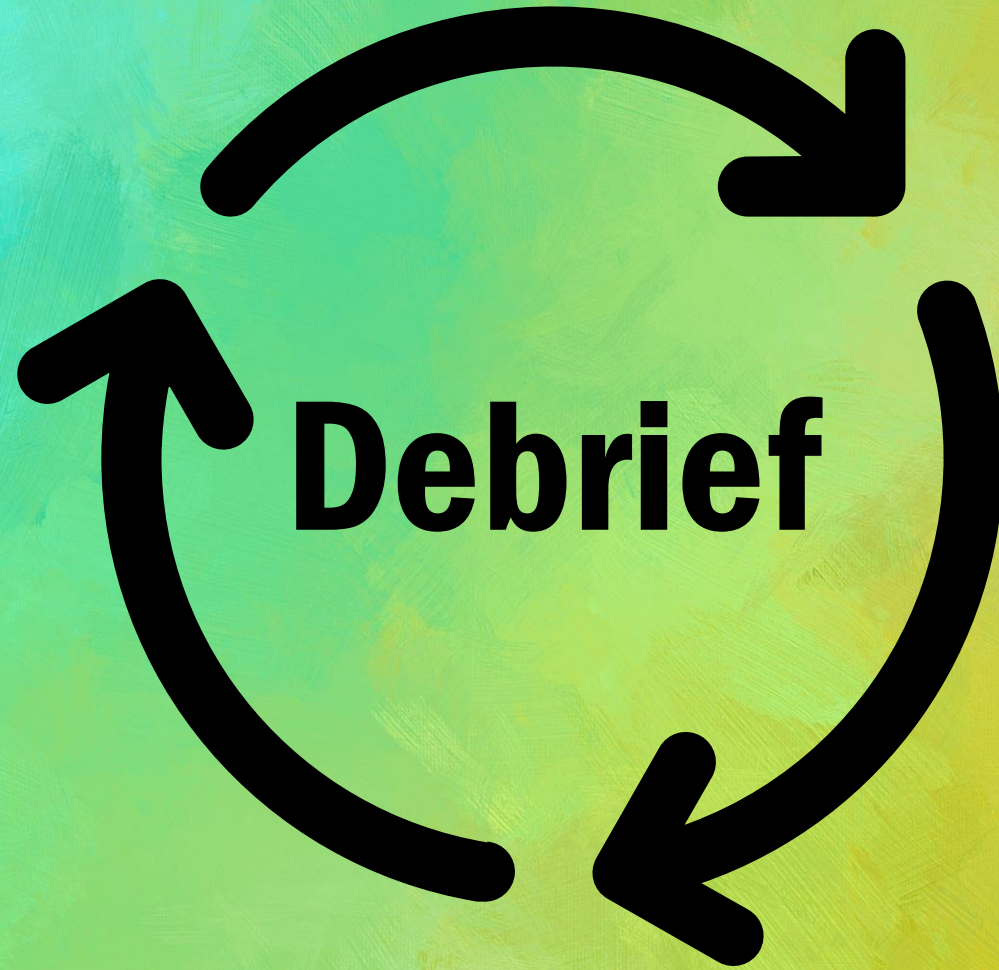
Undergraduate
Medical
Education



Faculty
Development



Graduate
Medical
Education

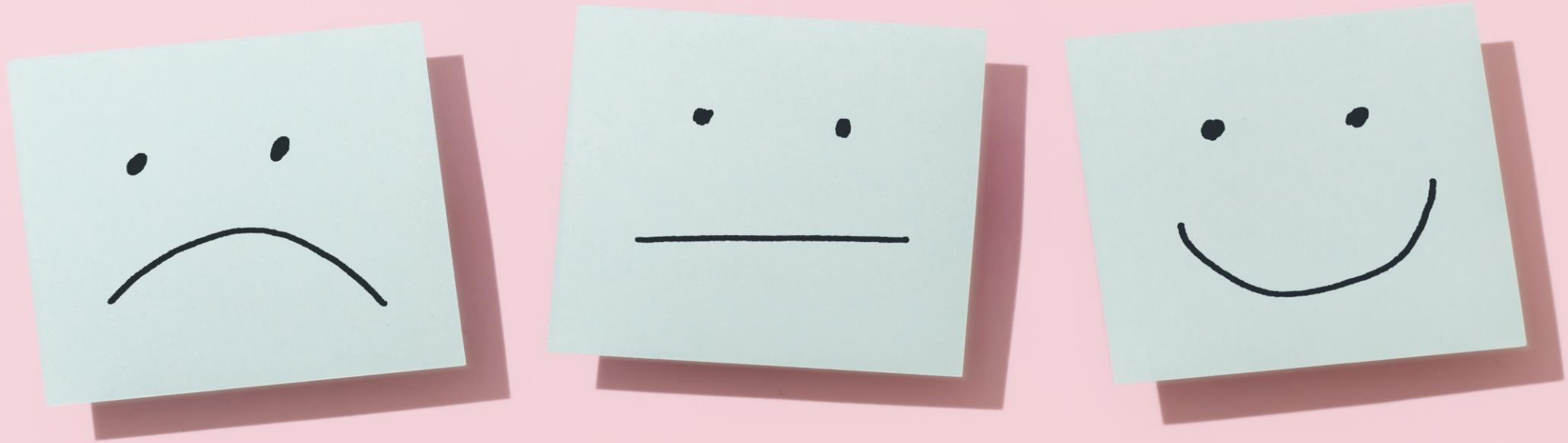


Make a Commitment

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Please Give Us Your Feedback!



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