“Anti-Racism and Cultural Humility Education: Adapting Curriculum to Dismantle Structural Racism”

MUSE developed by Dr. Jonathan Daniels and the Anti-Racism & Cultural Humility Curriculum Committee
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With Gratitude:
Anti-Racism Student Advisory Group, SNMA, and DIALE Committee
Think about a time when you (or one of your family members) felt misunderstood by a member of the healthcare team.

*What do you wish they understood about you and your life, or that of your family member(s)?*
What did you want them to understand about you (or your family) and your/their life?
Session Objectives:

a) Understand the healthcare experiences that are impacted by inequities and social and structural determinants of health.

b) Discuss the factors that contribute to advocacy of anti-racist and cultural humility practices in the learning environment.

c) Identify ways to introduce anti-racist and cultural humility education in the curriculum.
## Session Agenda

<table>
<thead>
<tr>
<th>Topic</th>
<th>Time</th>
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</thead>
<tbody>
<tr>
<td>Welcome and Introductions</td>
<td>5- 10 min.</td>
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<tr>
<td>Guiding frameworks</td>
<td>15 min.</td>
</tr>
<tr>
<td>Discussion and Application Exercises/Activities</td>
<td>30 min.</td>
</tr>
<tr>
<td>Debrief</td>
<td>10 min.</td>
</tr>
<tr>
<td>MUSE Next Steps</td>
<td>5 min.</td>
</tr>
</tbody>
</table>
THE GRADUATE STUDENT PREHEALTH ASSOCIATION

CELEBRATES

BLACK HISTORY MONTH
FEBRUARY 2022

"My life’s mission is to eliminate the term “underrepresented minorities” in medicine. All people, All culture, All religious needs to be viewed as worthwhile such that NO preference is given to one’s status, and that everybody stands on the merits of their actions and not by the appearance of their skin and beliefs.

To the future generation, it is VITAL that you allow yourself-latitude to mature and develop. Be willing to open your mind. Listen to those you have gone before you. DO NOT let nobody devalue what your dreams and goals are!"

JONATHAN D. DANIELS, MD
JSBMS ASSOCIATE DIRECTOR OF ADMISSIONS
URBAN FAMILY PRACTICE PEDIATRIC MEDICAL DIRECTOR

Developed by Beatrice Gonzalez, M.S.
MUSE Curriculum Objectives

Develop a foundational knowledge/understanding of the historical and persistent effects of structural racism and biological mechanisms through which racism and historical trauma impinge on health.

Build and apply skills and approaches for developing relationships that demonstrate respect for patients as human beings, mitigate biases, and build empathy for the ultimate purpose of improving patient-care.

Act as change agents and advocates for all patients and members of the healthcare team by disrupting cycles of discrimination and bias.

Examine your own experiences and the experiences of others through the lens of intersectionality (of ability, privilege, positionality, gender, geography, etc.).

Participate in activities to promote self-reflection and critical consciousness.

Demonstrate a deeper awareness, understanding, and appreciation of cultural differences while remembering biological and psychological similarities among people through immersion in communities affected by discrimination and bias.

Engage with and listen to community members and develop trusting partnerships with the local community to understand the community’s concern as they continue to improve the health outcomes of the community.

Advocate for different points of view and engage in “crucial conversations” (regardless of role/position) to broaden understanding of health and health outcomes while remaining grounded in science and scientific discovery.
UPSTREAM

- Individual 
- Bias 
- Cultural 
- Systems 
- Institutions 
- Social Policy

underdeveloped

Chronosystem

highly developed

Past

Future

MACROSYSTEM
- Attitudes and ideologies of the culture

EXOSYSTEM
- Neighbors
- Friends of family

MESOSYSTEM
- School
- Peers
- Neighborhood play area
- Family
- Church group

MICROSYSTEM
- Health services
- Age
- Sex
- Health etc.

Past (sociohistorical conditions and time since life events)

Chronosystem

Future

Time

(sociohistorical conditions and time since life events)
UPSTREAM
- Individual
- Bias
- Cultural conditions and time

MIDSTREAM
- Community
- Organizations

Past

Future

Chronosystem (sociohistorical conditions and time since life events)
Structural Racism: Among institutions and systems, and across society.

Institutional Racism: Within institutions and systems of power.

Interpersonal Racism: Racism between people.

Internalized Racism: Racism within individuals.

Overarching Questions

Impact: How has racism impacted this particular system?

Race vs. Genetic Variances: How are these being perpetuated in medical education?

Mitigative Efforts: What is being done, and what can we do?
Think about a time when you (or one of your family members) felt misunderstood by a member of the healthcare team.

What do you wish they understood about you and your life, or that of your family member(s)?
➢ Think about your field of work/study:

Where does this make sense within your curriculum?

(e.g. lesson, unit, course, microcredential, trainings, independent study, whole curriculum, etc.)
➢ Think about your field of work/study:

What are the unique **Knowledge**, **Skills**, and **Attitudes** you feel students should develop through an anti-racist curriculum?
What educational experiences would help teach these K/S/A in your curriculum?
How would you develop training experiences for learners to gain K/S/As in the areas you identified?
How would you measure the impacts in terms of K/S/As of the learning experiences you proposed?
Medicine: Understanding Social Equity

Racism and its history/impact in Medicine

Predatory Development, Segregation, & SSDOH

Structural Racism

Understanding, Contextualizing and Addressing HIV

Mapping Inequity: How Racist Policies Connect to Poor Health

Identifying Bias

Terminology, Language, and Health Equity

Disparities in Dermatology

Next Steps:

<table>
<thead>
<tr>
<th>Current Curriculum</th>
<th>New Curriculum</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Further Integration Opportunities</td>
<td>- Vertical &amp; Horizontal Integration</td>
</tr>
<tr>
<td>- Development of M2 Curriculum</td>
<td>- Expanded service learning program</td>
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</tbody>
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Student Reflection Paper

How has your knowledge of structural racism and its relation to health outcomes changed due to the MUSE sessions?

How has your knowledge of bias and its impact on health outcomes changed due to the MUSE sessions?

Have your views/ideas of the scope of a doctor’s role (both inside and outside the clinic) changed as a result of the sessions? Please explain your answer.

What would medicine look like if it were anti-racist, and how might such a perspective lead to improved health outcomes?

Do you feel what you’ve learned so far is important (yes or no)? Please explain your answer.

What are other topics you would like to learn more about to become the kind of doctor you described in question 3, and to contribute to the anti-racist medical environment you envisioned in question 4? What would you like to see in the future?
Student Questions for the Future

- What can we do as students and how can we influence younger students to take initiative on race related issues.
- How can we improve detection of racial bias?
- Who can you bring in to outline implicit racism in your practice?
- How will telemedicine contribute to decreasing some of the disparities in medicine?
- How can we know if we harbor racist ideas?
- How can I address my own biases in a meaningful way?
- What can I do as an M1 to make an immediate impact?
- What can we do/implement to actually promote change?
- How can we continue to earn the trust of those who the system has failed in the past.
- What are explicit actions and accountability structures that can be implemented throughout our medical education and practice?
- How can the entire medical field revolutionize in order to stop black mothers from dying at an extremely high rate?
- How, as individuals, can we begin to challenge systems of racism within the medical community?
- What more can I do on a system level can I do to combat racism, or do I make an impact locally in my community?
- How can we effectively measure impact?
- How can we extend anti racist ideas and trainings outside our cohort of students/education to the greater medical system (admin/nurses/support staff/billing/EMS…)
- What are some resources that we can read or listen to that can help us expand our knowledge on this topic?
- How can I continue to positively impact my community as a whole and its members, not just the parts of it that I directly identify with and belong to?
Proposed

CommunityConnect

Service Learning Program

CommOrg

CommOrg Food Pantry

Education

Sexual Health

Housing

CC Team A

CC Team B

CC Team C

CC Team D
Exit Slip: