



Learn

Serve

Lead

Breaking the Silence in Uncertain Times: Addressing Racism in Medical Education



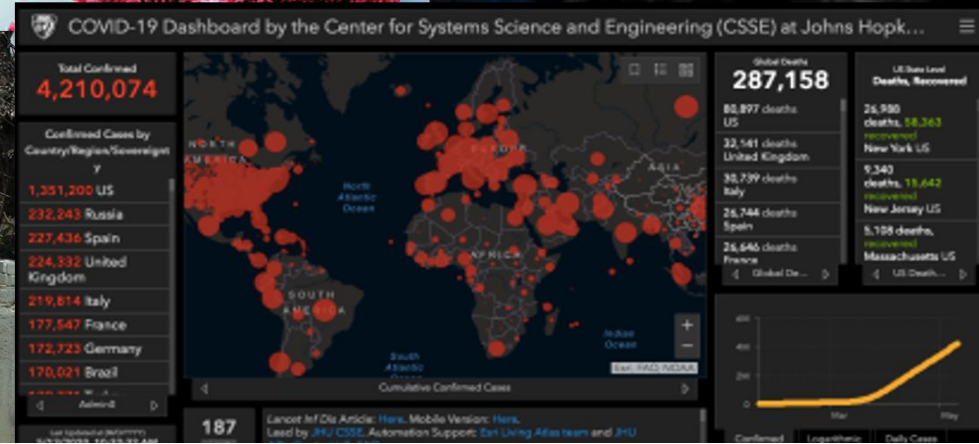
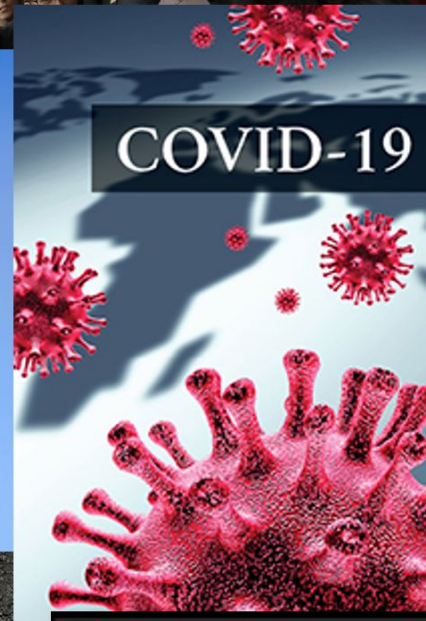
David Acosta, M.D., FAAFP



Association of
American Medical Colleges

Agenda

- Examine and reflect on the landscape that brought us to where we are today & what stands before us in 2021.
- Describe some of the manifestations of racism in academic medicine
- Explore what innovative ways the AAMC is planning to assist leaders in medical education in addressing racism in medicine



#LETS NOT FORGET

#AHMAUD ARBERY #BREONNA TAYLOR #GEORGE FLOYD #TAMIR RICE



#TRAYVON MARTIN #PHILANDO CASTILE #ERIC GARNER #OSCAR GRANT #STEPHON CLARK



#SAMUEL DUBOSE #ATATIANA JEFFERSON #SANDRA BLAND #JORDAN EDWARDS



#WALTER SCOTT #TERENCE CRUTCHER #MIKE BROWN #BOTHAM JEAN #ALTON STERLING



#CLIFFORD GLOVER #CLAUDE REESE #RANDOLPH EVANS #JONATHAN FERRELL #FREDDIE GRAY



#AMADOU DIALLO #COREY JONES #JOHN CRAWFORD #KEITH SCOTT #AIYANA JONES



LET'S NOT FORGET EVERYONE WHOSE NAME DID NOT MAKE IT TO A HASHTAG
WE STAND TOGETHER

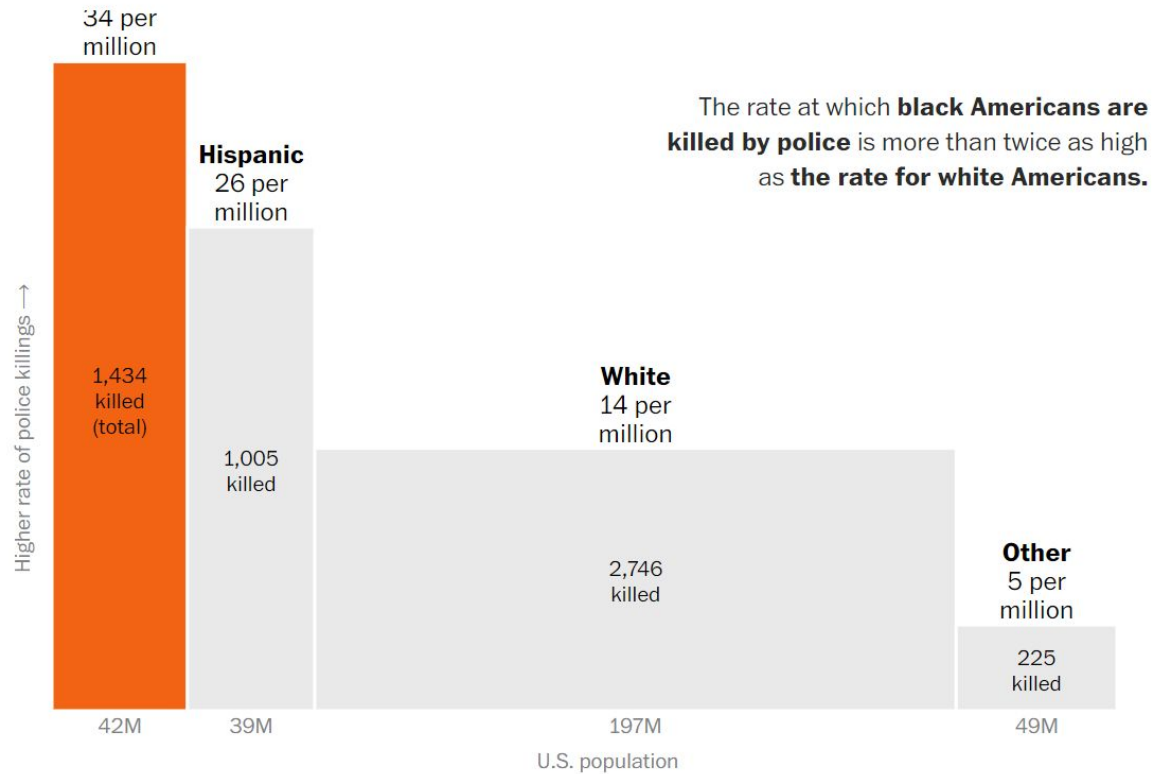
#56 BLACK MEN LET'S CHANGE THE NARRATIVE FOR LIFE



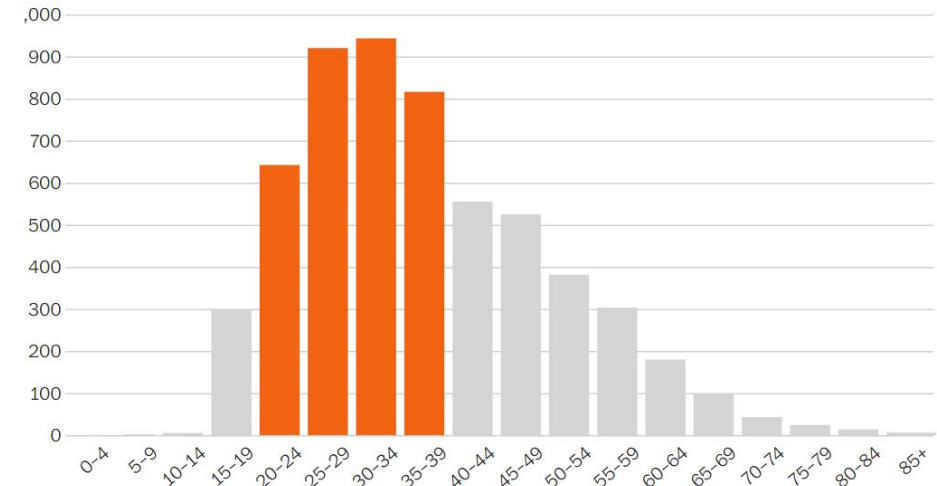
#BlackLivesMatter (2012)

2013

An overwhelming majority of people shot and killed by police are male — over 95 percent. More than half the victims are between 20 and 40 years old.



Victims by age



Victims by gender





George Washington University Medical Students Stage 'Die-In'



Free speech at FSU shown with Milo Yiannopoulos visit, Black Lives Matter protest



Tallahassee Democrat.

PART OF THE USA TODAY NETWORK

Black Lives Matter flag unfurled during Marching Chiefs halftime performance

UC Davis medical students hold 'White Coats for Black Lives' demonstration

BY JACQUE CARMAZ - CAMPUSTHEAGGREGATOR - JANUARY 6, 2015

Twitter Facebook Google+ LinkedIn Comments 114 Shares



2014

Breaking the Silence: Time to Talk About Race and Racism

David Acosta, MD, and Kupiri Ackerman-Barger, PhD, RN

Academic Medicine. 92(3):285-288, March 2017.

Abstract

Recent events in the United States have catalyzed the need for an educators to begin paying attention to and discovering ways to dialogue about race. No longer can health professions (HP) educators ignore or avoid these difficult conversations. HP students are now demanding them. Cultural sensitivity and unconscious bias training are not enough. Good will and good intentions are not enough. Current faculty development paradigms are no longer sufficient to meet the educational challenges of dealing with issues of race, power, privilege, identity, and social justice. Engaging in such conversations, however, can be overwhelmingly stressful for untrained faculty. The authors argue that before any curriculum on race and racism can be developed for HP students, and before faculty members can begin facilitating conversations about race and racism, faculty must receive proper training through intense and introspective faculty development. Training should cover how best to engage in, sustain, and deepen interracial dialogue on difficult topics such as race and racism within academic health centers (AHCs). If such difficult conversations are to be used to conduct interracial dialogues on race, racism, oppression, and the invisibility of privilege—is made standard at all AHCs, HP educators might be poised to actualize the real benefits of open dialogue and change.

“Faculty don’t think it’s their problem or issue.”
“Faculty feel too vulnerable to talk about such a sensitive topic.”

“Faculty fear that they will say the wrong thing and sound like a racist or a bigot.”

“Faculty don’t know how to talk about racism.”

“Faculty worry that they will become defensive.”

“Faculty don’t want to be found out.”



2018 & 2019

RACIAL JUSTICE REPORT CARD

The Racial Justice Report Card (RJRC) is an initiative by White Coats 4 Black Lives (WC4BL). The report card serves not only as an organizing tool for justice-oriented medical students, but also as a set of standards for medical schools aspiring towards transparency and progress in cultivating an anti-racist environment.

METRIC	GRADE & NOTES	
1. URM REPRESENTATION	C	Black, Latinx, and Native American students are underrepresented, and only 6% of full-time and part-time faculty are URM.
2. ANTI-RACISM TRAINING	B	Students have some coursework that discusses racism, but limited exposure to intersectionality, or anti-racism strategies. Faculty do not universally receive training in these topics.
3. URM RECOGNITION	C	Individuals with troubling racist histories are publicly celebrated on the Harvard Medical School campus. Efforts are underway to re-evaluate public artworks and monuments.
4. URM RECRUITMENT	B	Harvard Medical School has a number of recruitment programs directed at URM students, and undocumented students are able to matriculate at Harvard Medical School.
5. URM LEADERSHIP	B	MD curricular decisions incorporate the feedback of students of color, but do not include community members in design or leadership roles.
6. ANTI-RACIST CURRICULUM	B	Basic science coursework includes some discussion of the role of racism in health and disease.
7. DISCRIMINATION REPORTING	B	Multiple procedures exist for reporting mistreatment. There is no anonymous system for reporting in real time and follow-up is at the discretion of the Dean for Medical Education.
8. URM GRADE DISPARITY	C	There is no publicly available information about grade disparities at Harvard.
9. URM SUPPORT/RESOURCES	B	The Office Recruitment and Multicultural Affairs provides some support to URM students. There are no designated physical spaces or mental health services for URM students.
10. CAMPUS POLICING	C	There is a campus police force, and there is no public evidence of efforts to address racism in policing or develop alternative safety structures.
11. MARGINALIZED PATIENT PROTECTION	C	Harvard medical students providing care to marginalized patients through the Crimson Care Collaborative have more autonomy than they do in other clinical settings.
12. EQUAL ACCESS FOR ALL PATIENTS	C	Patients of color and patients with Medicaid insurance are underrepresented at many Harvard teaching hospitals.
13. IMMIGRANT PATIENT PROTECTION	B	Most Harvard teaching hospitals have policies protecting undocumented patients, but these policies are not always public or effectively advertised to patients.
14. STAFF COMPENSATION & INSURANCE	C	Most Harvard teaching hospitals have a minimum wage above the Boston living wage, but it is unclear whether all full-time staff have access to comprehensive health insurance.
15. ANTI-RACISM IRB POLICIES	B	IRB policies include some protections for people of color. They do not, however, require researchers to precisely define their use of race.

OVERALL GRADE: B-

AAMC Statement on Police Brutality and Racism in America and Their Impact on Health

June 1, 2020

SHARE: [f](#) [t](#) [in](#)

AS PART OF THE BROADER COMMUNITY

**Speak out about
systemic racism**



<http://www.aamc.org/>

“Racism is antithetical to the oaths and moral responsibilities we accepted as health professionals...”

“We must acknowledge and speak out against all forms of racism, discrimination, and bias in our environments in our institutions, communities, and society.”

“We must stand in solidarity with the Black community and speak out against unjust and inhumane incidents of violence.

“We must demonstrate empathy and compassion and acknowledge the pain and grief that the families and the communities of these victims are experiencing.

“We must take the lead in educating ourselves and others to address these issues head-on.

“We must be deliberate and partner with local communities, public health agencies, and municipal governments to dismantle structural racism and end police brutality.”

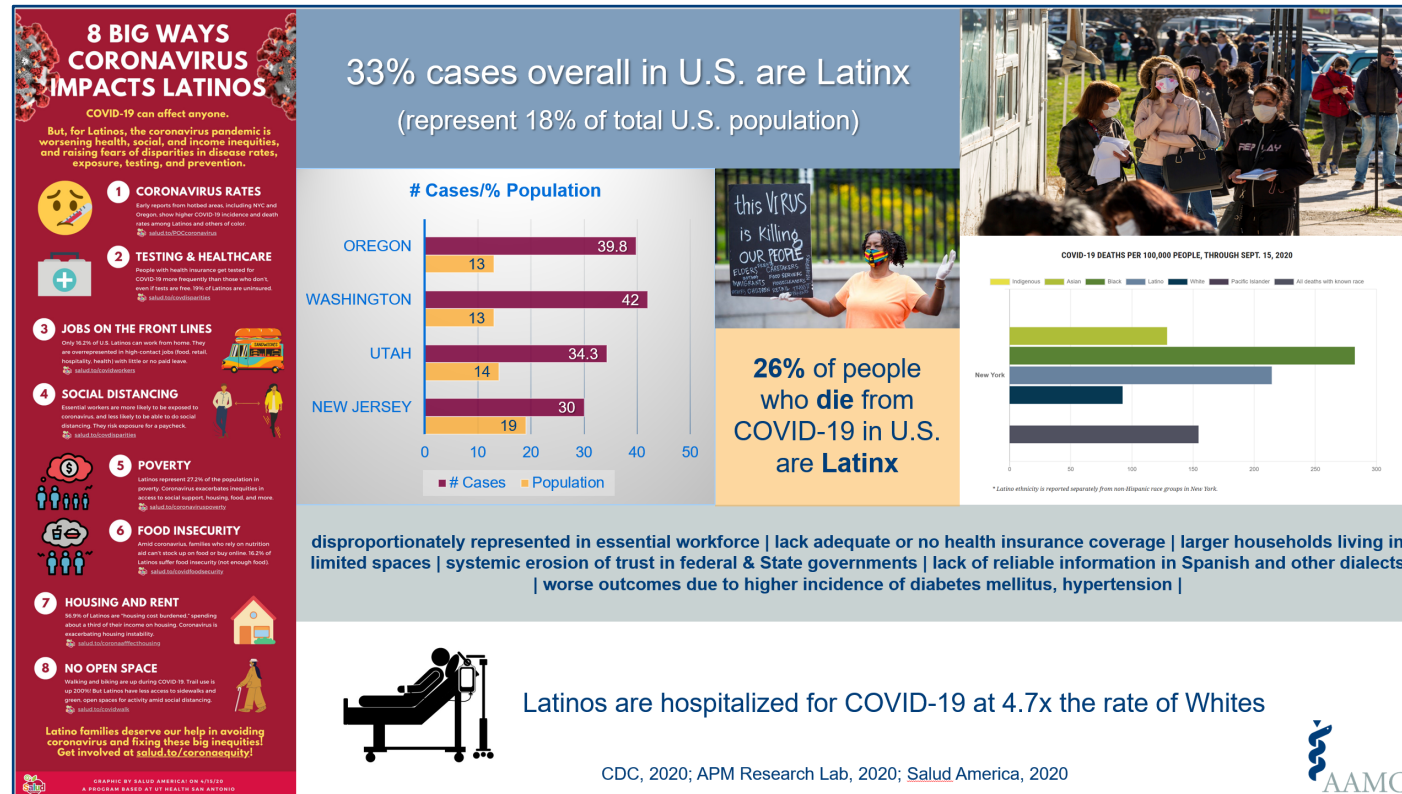


*“To illuminate racism,
we need to
name it,
frame it,
and explain it.”*

- Anne E. Casey Foundation

Annie E. Casey Foundation, 2020

Manifestations of Systemic Racism in Clinical Practice



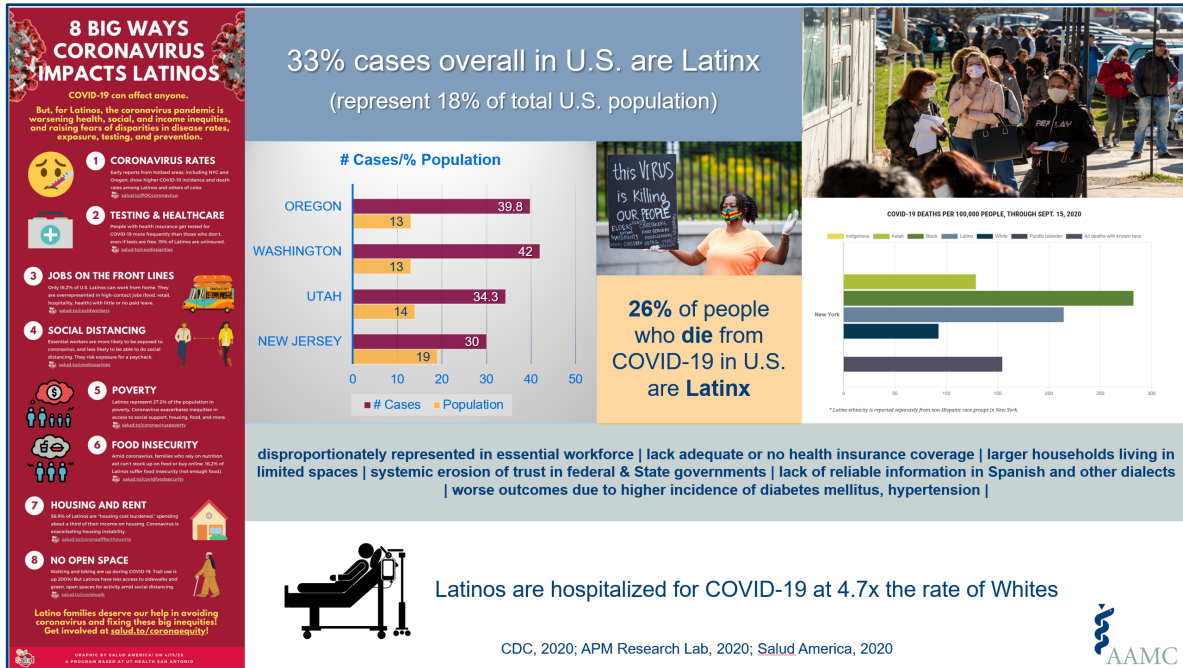
CDC, August 20, 2021

COVID-19 Cases, Hospitalizations, and Deaths by Race/Ethnicity				
Rate ratios compared to White, Non-Hispanic persons	American Indian or Alaska Native, Non-Hispanic persons	Asian, Non-Hispanic persons	Black or African American, Non-Hispanic persons	Hispanic or Latino persons
Cases ¹	1.9x	0.7x	1.1x	1.3x
Hospitalization ²	3.7x	1.1x	2.9x	3.2x
Death ³	2.4x	1.0x	1.9x	2.3x

Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers.

CDC, February 12, 2021

Manifestations of Systemic Racism in Clinical Practice



AMA Journal of Ethics®

February 2021, Volume 23, Number 2: E140-145

STATE OF THE ART AND SCIENCE: PEER-REVIEWED ARTICLE

How to Measure Racism in Academic Health Centers

Paris B. Adkins-Jackson, PhD, MPH, Rupinder K. Legha, MD, and Kyle A. Jones, RN

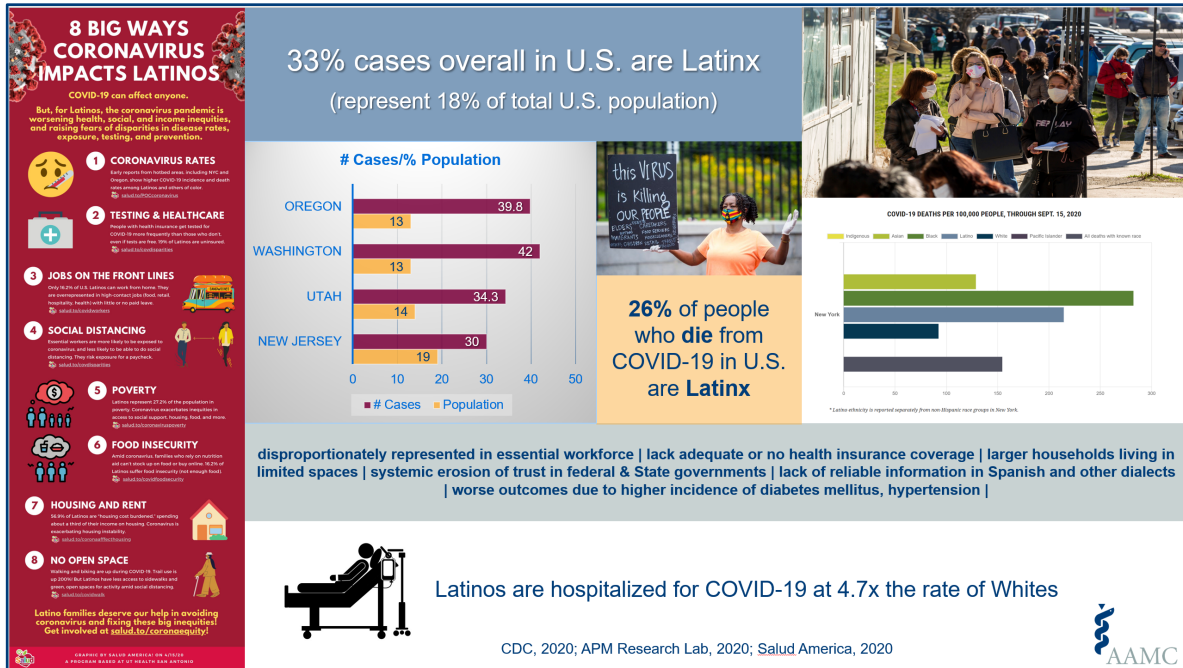
- Segregation of patient care – patients of color (POC) are disproportionately cared for at safety net academic medical centers, county hospitals, & community health clinics
- POC in poverty, uninsured, under-insured, or on Medicaid are disproportionately cared for at these facilities & disproportionately cared for by trainees
- Clinical encounters → conscious & unconscious racial bias, discriminatory attitudes are expressed & discriminatory actions are implemented

COVID-19 Cases, Hospitalizations, and Deaths by Race/Ethnicity

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- Medicaid expansion decisions are correlated with State level racial attitudes...
- Medicaid has variable public support on the basis of race...
- Governors who expand Medicaid are more likely to be rewarded politically...more heavily composed of white beneficiaries

Manifestations of Systemic Racism in Research

Minority researchers in the United States consistently win NIH funding at lower rates than their peers.

EQUALITY

Racial bias haunts NIH grants

Minorities are still less likely to get biomedical funding.

BY ERIKA CHECK HAYDEN

emphasis on minority health would create a virtuous circle by boosting grants to minority

Nature 2015;527:286-287

- URM scientists are less likely than their peers to have NIH biomedical research grants funded
- In-group bias – the tendency for people to favor other people and institutions they know either personally or by reputation

Addressing racism and disparities in the biomedical sciences

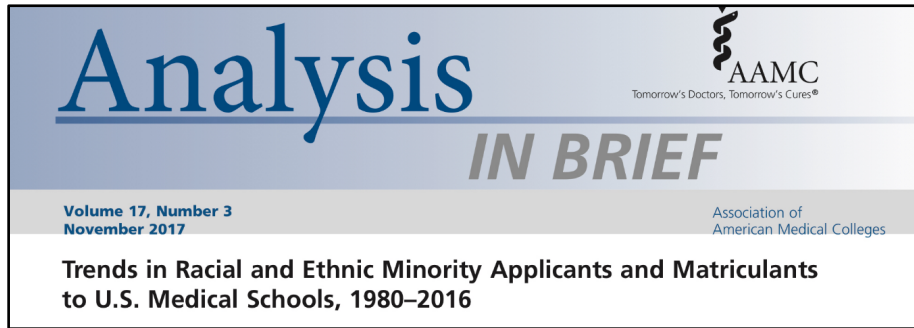
Bias and racism in the biomedical community thwart scientific advancement, reduce the pipeline of diverse clinicians and scientists, and contribute to racial and ethnic health disparities. We advocate for proactive antiracism approaches to eliminate barriers impacting people of colour, promote equity and achieve a more effective biomedical community.

Uraina S. Clark and Yasmin L. Hurd

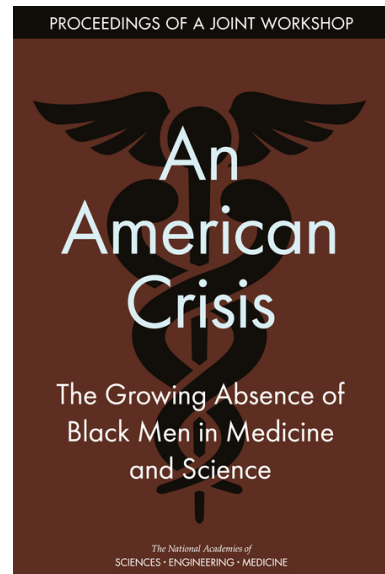
Nat Human Behav 2020;4:774-777

- Key barrier to success for BIPOC scientists is the working environment in which they feel unseen, unheard, unsupported, & unwelcomed
- BIPOC and women faculty feel they have to work harder than their male colleagues to be perceived as a legitimate scholar
- One-third of men faculty and more than 50% of women BIPOC faculty report experiencing stress due to discrimination → report more burnout
- Discrimination associated with high turnover rate for BIPOC faculty & medical/mental health issues

Manifestations of Systemic Racism in Education



“...African American/Black matriculants only increased 1.1% from 1980 to 2018 (999 to 1,540)



Challenges Faced by Graduate & Medical Students, Residents and Faculty from HEUGS*

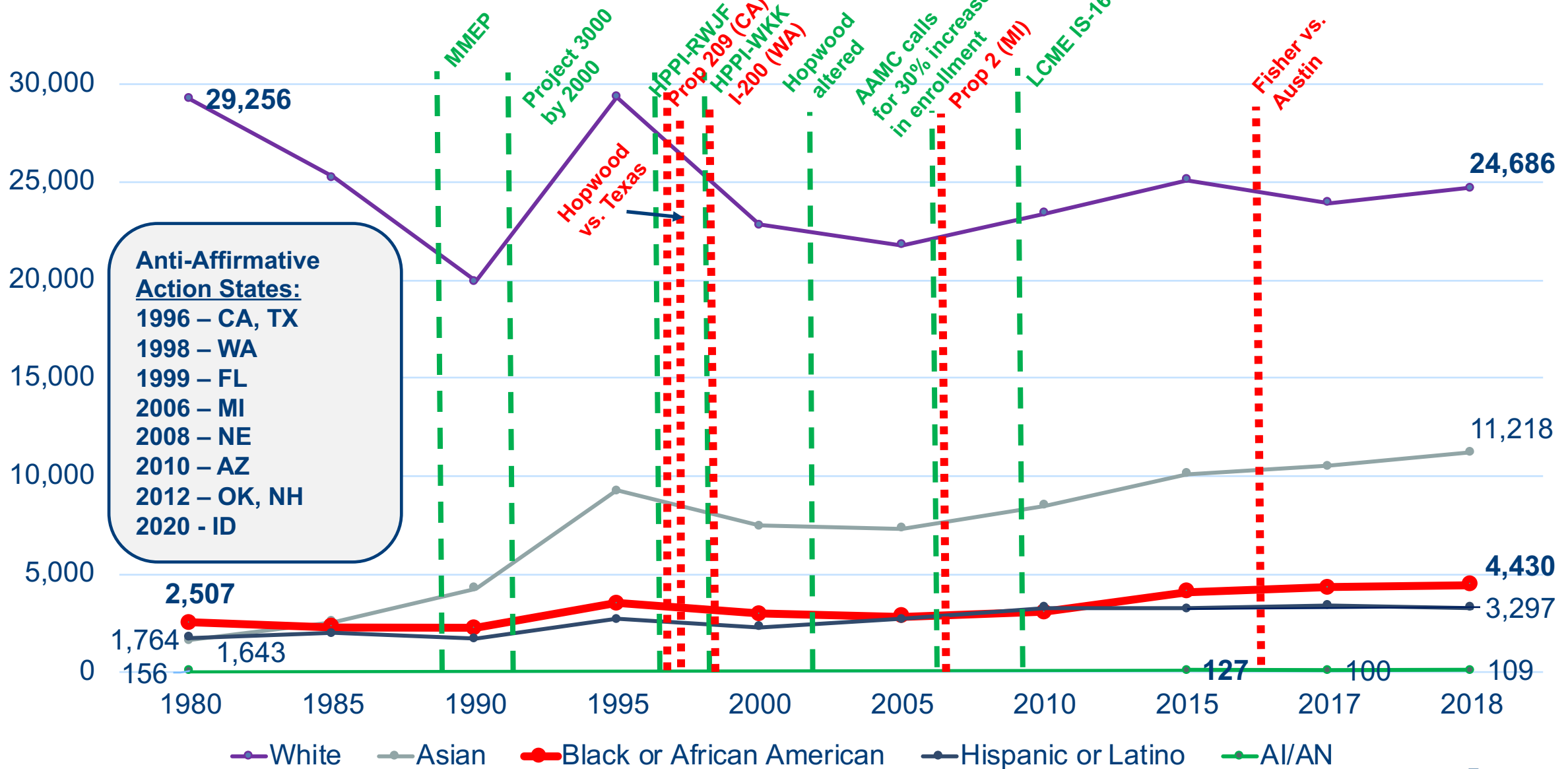
Odom KL et al, *Acad Med* 2007; Dyrbye LN et al, *Mayo Clin Proceedings*, 2006; COGME, 2006; Osseo-Asare A et al, *JAMA Network Open*, 2018; Smith WA et al, *J Negro Ed*, 2011; Smith WA et al, *Int J Qual Studies in Ed*, 2016; Misra J et al, *Sociological Forum*, 2012; Pololi L et al, *J Gen Intern Med*, 2010; Rodriguez JE, Campbell KM, *Fam Med*, 2014; Boulton C, *Howard J Communications*, 2016; Cyrus KD, *JAMA* 2017; Shayne J, *Inside Higher Ed*, 2017; NASEM, 2019

- | | |
|---|---|
| <ul style="list-style-type: none">• Lack of exposure to BIPOC** faculty, scientists, health care providers• Lack of BIPOC faculty, scientists, health care provider role models & mentors• Difficulties in acculturation to culture of medicine & science• Expectation to assimilate• Undesirable geographic distance of school from student's home and community | <ul style="list-style-type: none">• Daily microaggressions• Stereotype threat• Imposter syndrome• Racial biases, prejudice, discrimination• Racial battle fatigue• Identity interference• Code switching• Minority tax• Mistreatment• Sexual/gender harassment• Isolation/marginalization |
|---|---|

* HEUGS = Historically-excluded & underrepresented in STEMM

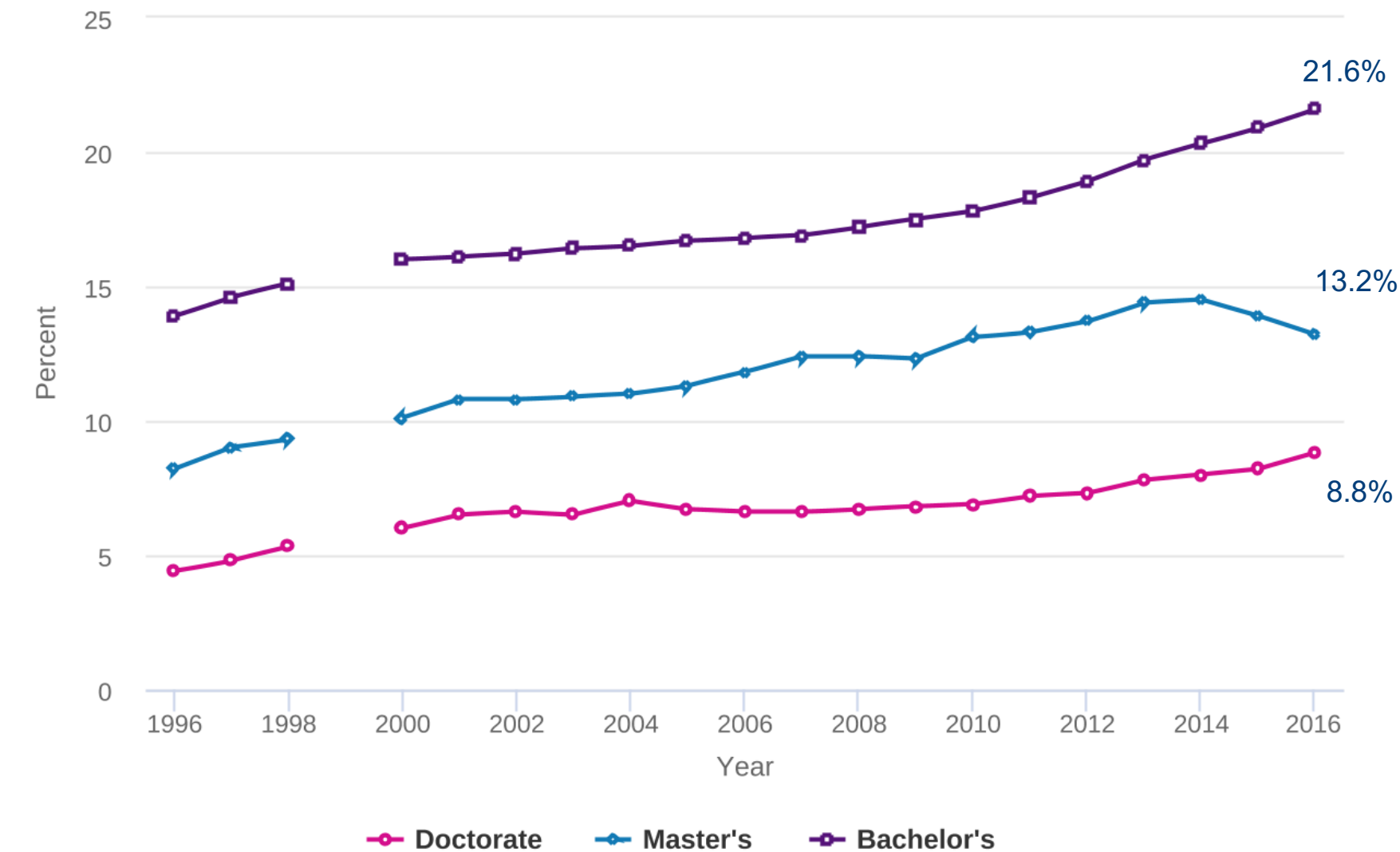
**BIPOC = Black, Indigenous, People of Color

Number of U.S. Medical School Applicants by Race and Ethnicity, 1980-2018

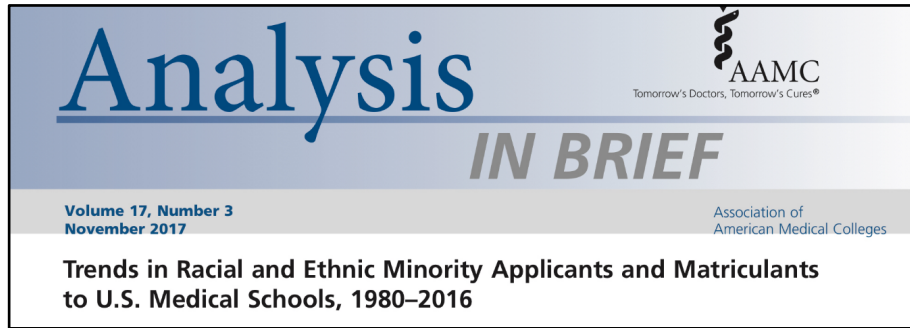


Source: AAMC Data Warehouse: Applicant and Matriculant File, 10/23/2018

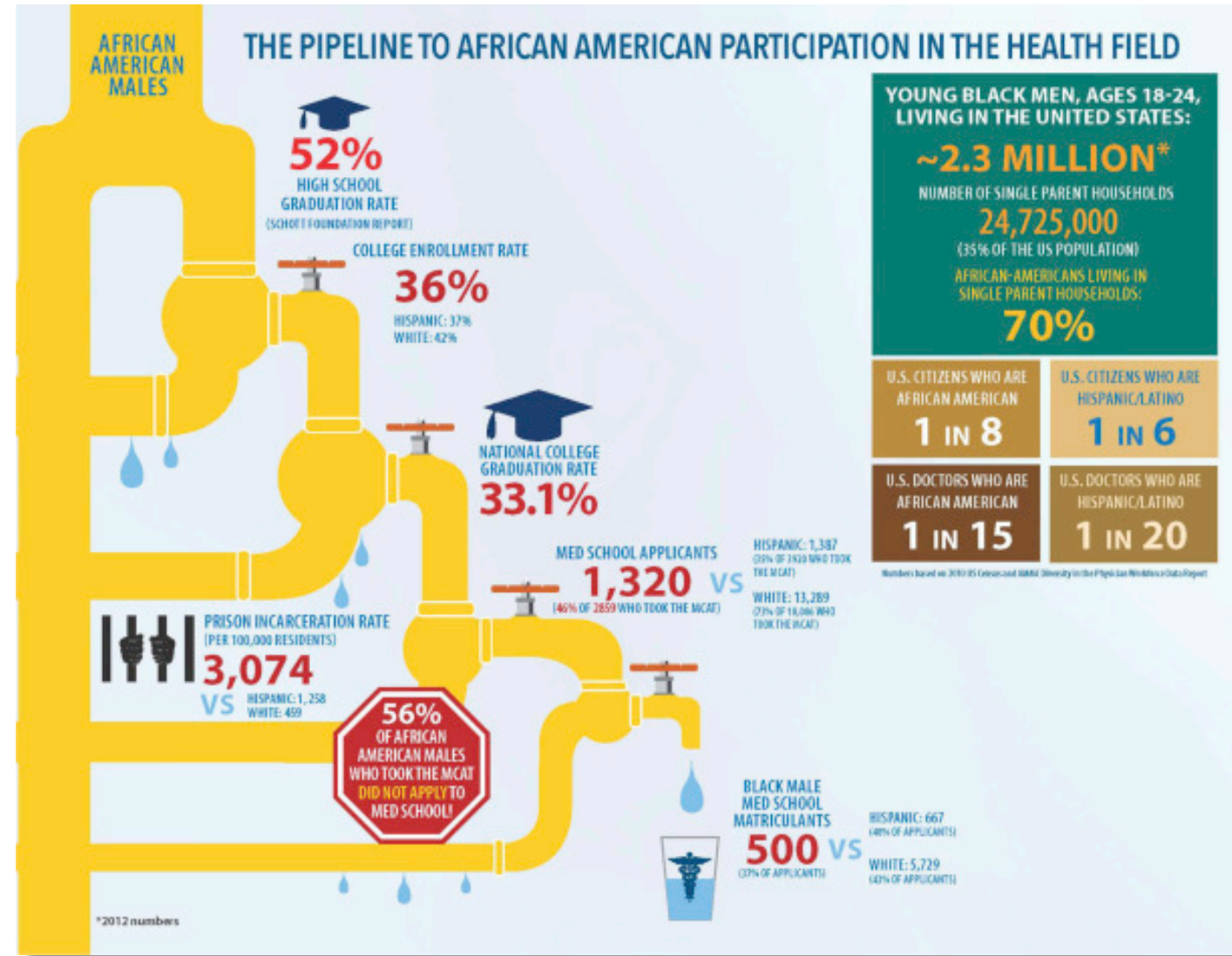
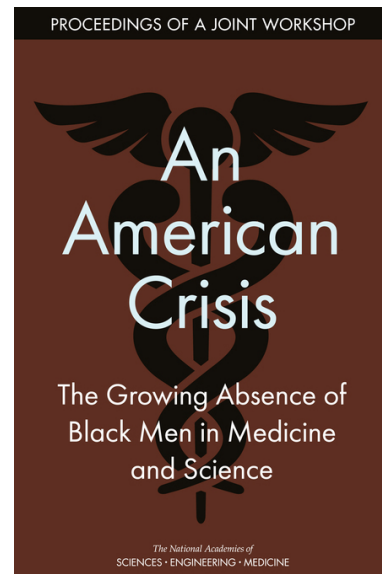
FIGURE 3-A
Science and engineering degrees earned by underrepresented minorities, as a percentage of degree type:
1996–2016



Manifestations of Systemic Racism in Education



“...African American/Black matriculants only increased 1.1% from 1980 to 2018 (999 to 1,540)”

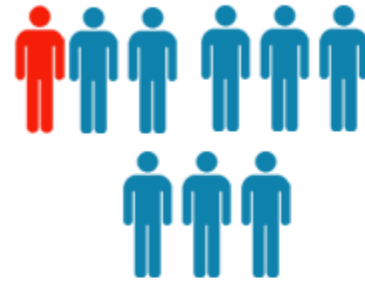


Bright CM et al. J Nat Med Assoc 2018;110(6):614-623

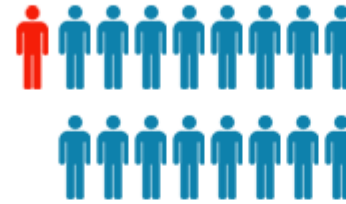


Lifetime Likelihood of Imprisonment in the US

All Men



White Men



Black Men



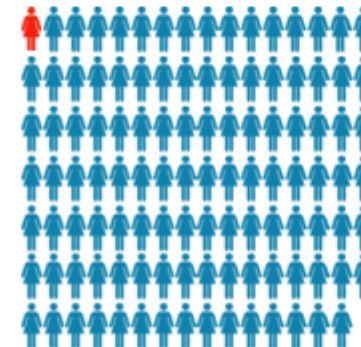
Latino Men



All Women



White Women



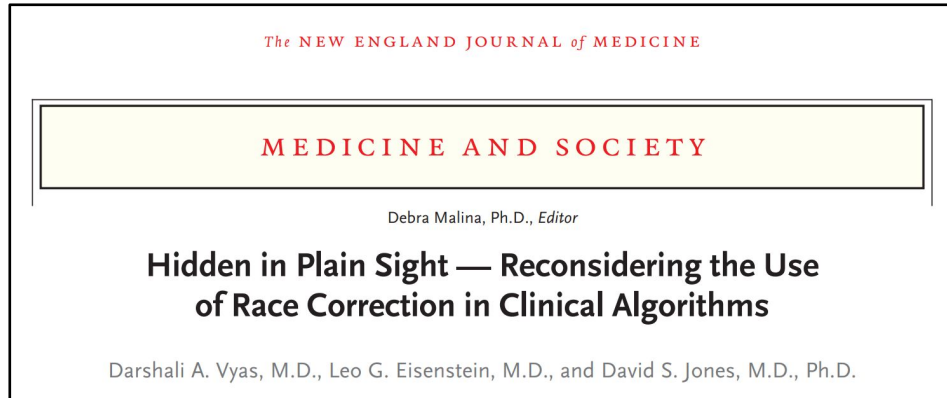
Black Women



Latina Women



Manifestations of Racism in Education



N Engl J Med 2020; 383:874-882

“...when clinicians insert race into their tools, they risk interpreting racial disparities as immutable facts rather than as injustices that require intervention.”



Sci Amer, 2020; 323(6):12

RESEARCH ARTICLE

ECONOMICS

Dissecting racial bias in an algorithm used to manage the health of populations

Ziad Obermeyer^{1,2*}, Brian Powers³, Christine Vogeli⁴, Sendhil Mullainathan^{5*†}

Health systems rely on commercial prediction algorithms to identify and help patients with complex health needs. We show that a widely used algorithm, typical of this industry-wide approach and affecting millions of patients, exhibits significant racial bias: At a given risk score, Black patients are considerably sicker than White patients, as evidenced by signs of uncontrolled illnesses. Remedying this disparity would increase the percentage of Black patients receiving additional help from 17.7 to 46.5%. The bias arises because the algorithm predicts health care costs rather than

Science, 2019; 366: 447-453

Analysis



IN BRIEF

Volume 16, Number 6
December 2016

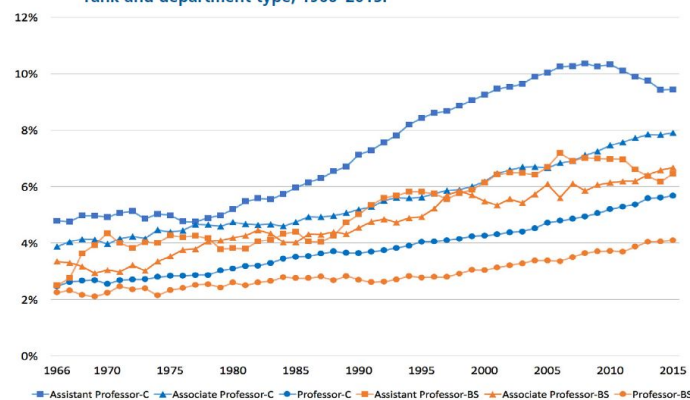
Association of
American Medical Colleges

Faculty Diversity in U.S. Medical Schools: Progress and Gaps Coexist

In U.S. medical schools, faculty diversity is linked to student diversity,¹ cultural competence of graduates, and an inclusive climate on campus.² According to one study, a higher percentage of minority students than white students reported that faculty diversity was either a “positive” or “very positive” factor in their decision to attend a particular medical school.³ Further, faculty racial, ethnic, and gender diversity helps ensure a more comprehensive research agenda,^{4,5} improves patient care,^{6,7} and is an institutional driver of excellence.⁸

Even though medical school faculty diversity has been increasing overall, it has not kept pace with the diversity of medical school students or the general society at large. In this *Analysis*

Figure 1. U.S. medical school URM faculty diversity trends by rank and department type, 1966–2015.



Rodríguez et al. *BMC Medical Education* (2015) 15:6
DOI 10.1186/s12909-015-0290-9



DEBATE

Open Access

Addressing disparities in academic medicine: what of the minority tax?

José E Rodríguez^{1*}, Kendall M Campbell¹ and Linda H Pololi²

Analysis



IN BRIEF

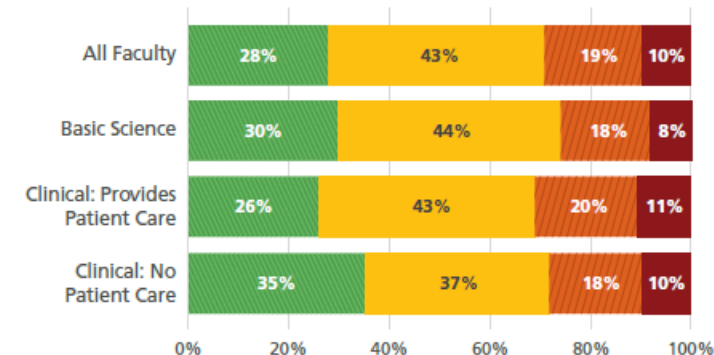
Volume 19, Number 1
February 2019

Association of
American Medical Colleges

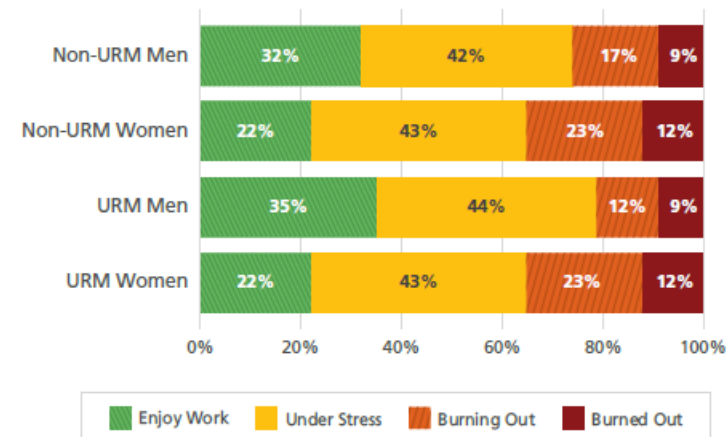
Burnout Among U.S. Medical School Faculty

Dander VM, Grigsby RK, Bunton SA.

By Department Type



By Race and Gender



REFLECTIONS

Dear White People

Krys E. Foster, MD, MPH, FAAFP¹

Christina N. Johnson, MD, PhD²

Diana N. Carvajal, MD, MPH³

Cleveland Piggott, MD, MPH⁴

Kristin Reavis, MD, MS⁵

Jennifer Y. C. Edgoose, MD, MPH⁵

Tricia C. Elliott, MD, FAAFP⁶

Marji Gold, MD⁷

José E. Rodríguez, MD, FAAFP⁸

Judy C. Washington, MD, FAAFP²

ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront lurid deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond. In the tone of the Netflix series, “Dear White People,” we further emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

Ann Fam Med 2021;19:66-68. <https://doi.org/10.1370/afm.2634>.

“We are tired...those of us who have been championing antiracism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond [to racism]...we...emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

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“”...we need your help in affirming that our experiences as Black faculty – no matter how egregious and unbelievable they may seem – are honest and real. We need your help in calling out institutions that continue to write statements of solidarity while not changing the toxic hostility / anti-Blackness within their culture.”

- Faculty member

“..as a Black woman in medicine, I am at great risk for harm when I try to lead my community in discourse around racism. We need to train non-Black, non-Indigenous, non-Latinx people to do this work and do it well. They cannot shirk from the emotional pain and tremendous personal toil it takes.

- Faculty member

*“I have learned things in the dark
That I could never have learned in the light,
Things that have saved my life
Over and over again,
So that there is really only one logical conclusion.
I need darkness as much as I need light...
New life starts in the dark.”*

- Barbara Brown Taylor

Make Good Trouble – What can we learn from the darkness?

- Change the narrative – transformative change to achieve racial justice
- Change the mindset – “go back to the beginning of our journey”

Be Proximate + Radical Empathy + Humbly Serving Others

“We cannot create justice without getting close to places where injustices prevail. We have to get proximate. There is power when we get proximate and only then can we have mercy and compassion.”

- Bryan Stevenson



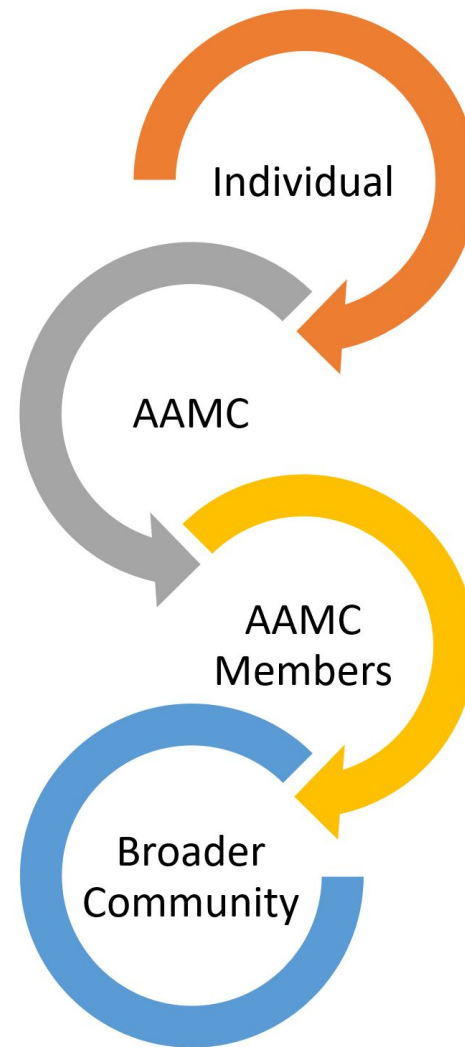
- Affirm the narratives of others

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



“This framework will serve as a strategic imperative; guide our own internal efforts at the AAMC; and help amplify, support, and accelerate the efforts of our member institutions to catalyze change in academic medicine.”

- David Skorton, MD
CEO/President,
AAMC



- Self-reflection
 - Implicit biases, assumptions, stereotypes
- Educating oneself
- Open to learning and growing
- Practicing cultural humility

- HR DEI Initiative (organizational/cluster goals)
- Data review that will create action to drive change
- DEI Advisors | DEI Council
- Anti-racist training | Intergroup dialogues
- Safe and effective reporting system
- Continuous equity improvement (accountability)

- National voice | Advocacy
- Data collection (promising & effective practices)
- Resources: publications, data, research, culture & climate assessments
- Education & Skill-building at all levels
- Assist in identifying & disrupting systemic racism

- Community collaborations & partnerships
- DC & national voice | Advocacy
- Social accountability
- DC Community-Advisory Board | National Advisory Board

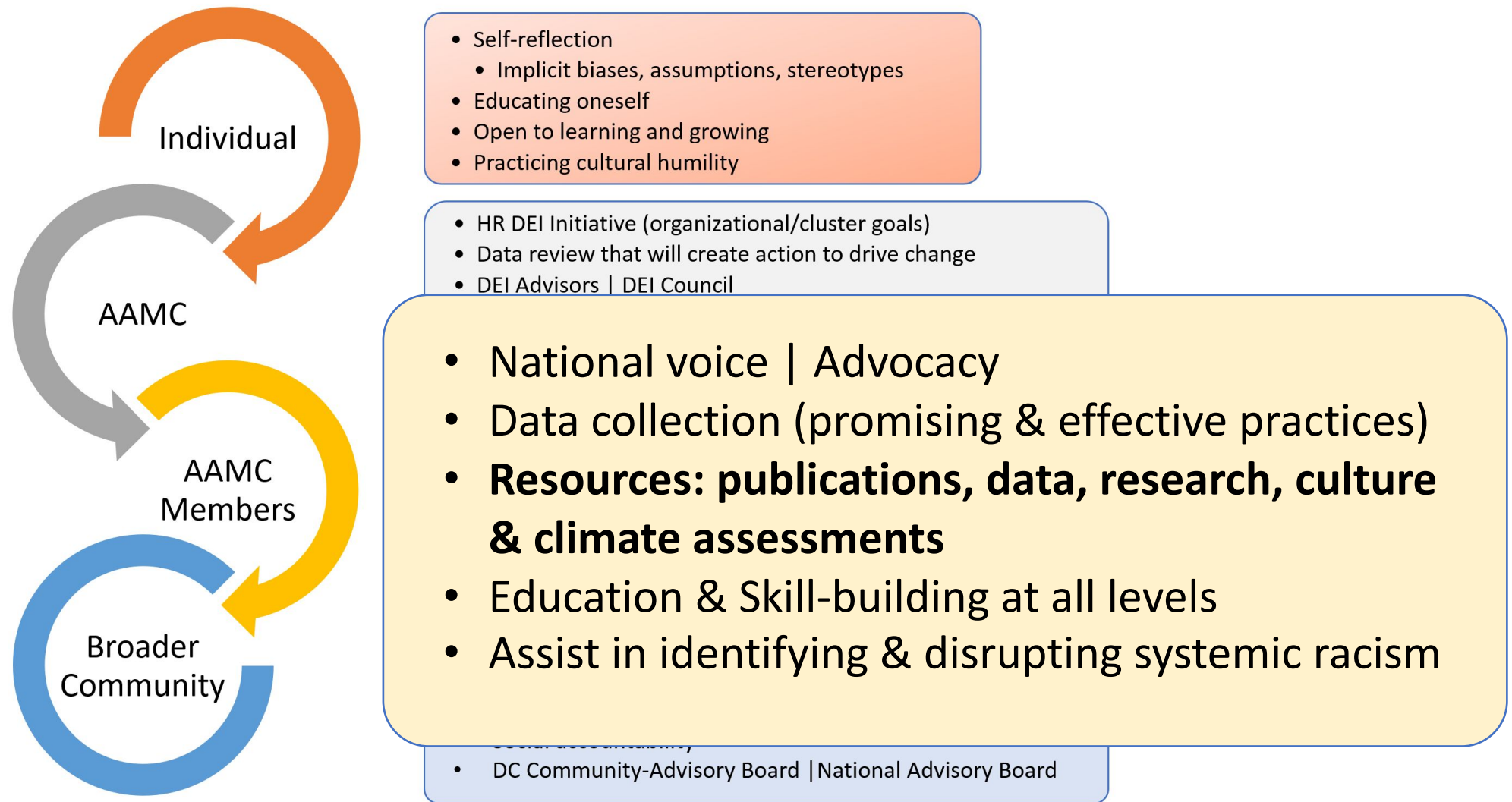
Make Good Trouble – What can we learn from the darkness?

- Self-reflection – “How am I contributing to racism?”
- Self-education – “Do I have the knowledge and skills to talk about racism? White privilege?”

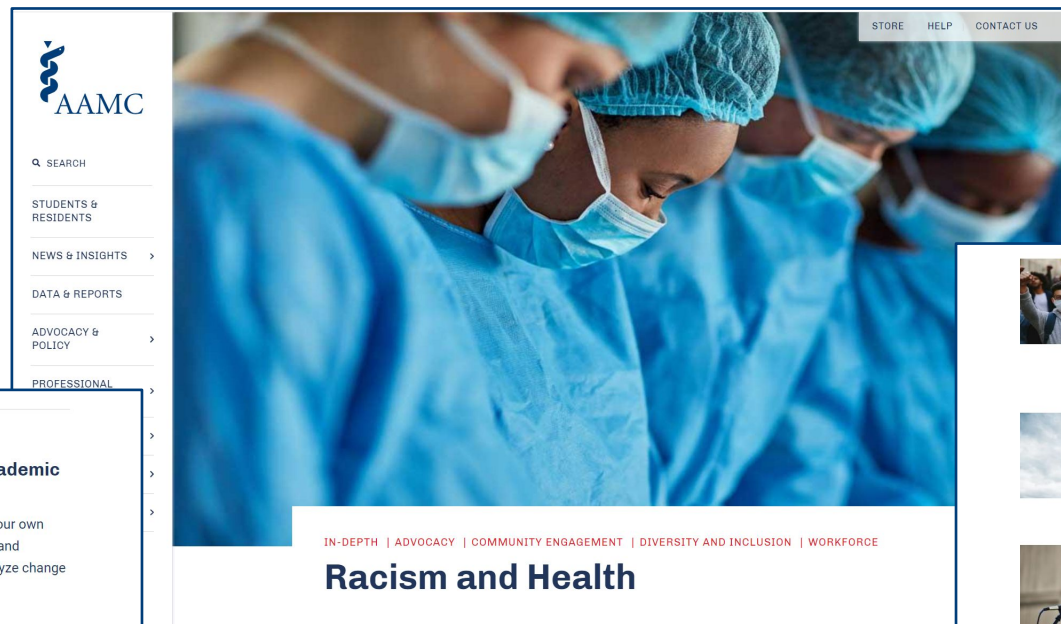
Make Good Trouble – What can we learn from the darkness?

- Self-reflection – “How am I contributing to racism?”
- Self-education – “Do I have the knowledge and skills to talk about racism? White privilege?”
- Group-reflection & education/skill building
 - “How am I contributing to racism in our group? How is our group contributing to racism within our department? The institution? Can we talk about white privilege?”

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



<https://www.aamc.org/addressing-and-eliminating-racism-aamc-and-beyond>



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

This framework serves as a strategic imperative; guides our own internal efforts at the AAMC; and helps amplify, support, and accelerate the efforts of our member institutions to catalyze change in academic medicine.



Racism and Health: A Reading List

The AAMC has developed a collection of select research books that describe how racism affects health and well-being, offer a starting place for further exploration.



AAMC Statement on Executive Order on Combating Race and Sex Stereotyping

The AAMC issued this statement in response to the Administration's executive order on Combating Race and Sex Stereotyping.



AAMC Press Conference: Racism and Health: How and Where to Make Changes

On June 12, 2020, the AAMC hosted a press conference on racism and public health.



Podcast: Diagnosing Our National Disease

David J. Skorton, MD, AAMC president and CEO, talks with Lonnie G. Bunch III, secretary of the Smithsonian Institution, about racism in academic medicine.



AAMC Guidance on Peaceful Protests by Medical Students and Residents

The AAMC has issued guidance supporting medical student and resident participation in demonstrations and other forms of peaceful public protest against police brutality and systemic racism.



AAMC Statement on Police Brutality and Racism in America and Their Impact on Health

The AAMC issued this statement on police brutality and racism in America and their impact on health.



Medical students use momentum of anti-racism movement to advocate for change

Students are demanding medical institutions combat racism, and their institutions are listening.

The new coronavirus affects us all. But some groups may suffer more.

The new coronavirus is worrisome for everyone. But for people who live with poverty, health inequities, and other woes, the outbreak could be especially brutal.

Why is my community suffering more from COVID-19?

Whether you survive COVID-19 should not depend on your race or ethnicity. Here's what needs to happen so all patients have the chance to live a healthy life.



Tackling health inequities in homes and schools

Medical schools and teaching hospitals aim to improve community health through partnerships with local organizations.



Putting a roof over patients' heads

Chronic homelessness can have a devastating impact on patients' health. Here's how some teaching hospitals are helping rebuild housing — and lives.

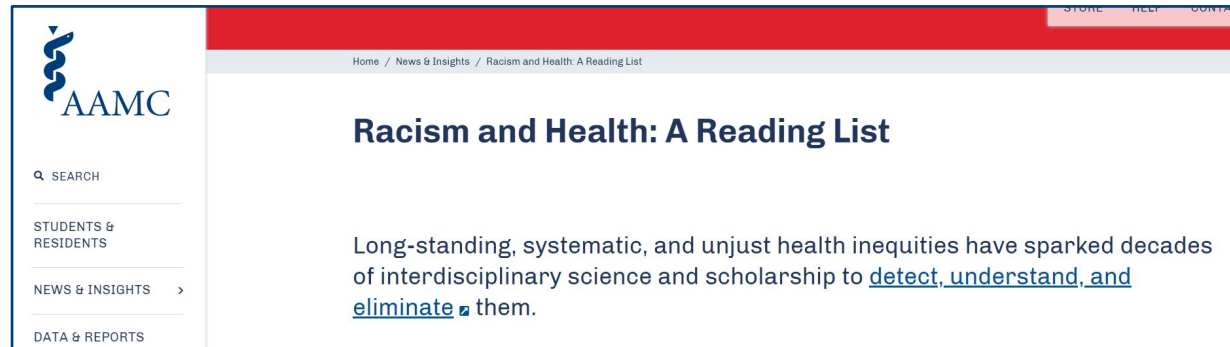


Addressing racism and mistreatment in academic medicine

Leaders in academic medicine must confront racism and inequity to create a culture that exemplifies our commitment to diversity, inclusion, and equity.

<https://www.aamc.org/news-insights/racism-and-health>





<https://www.aamc.org/news-insights/racism-and-health-reading-list>



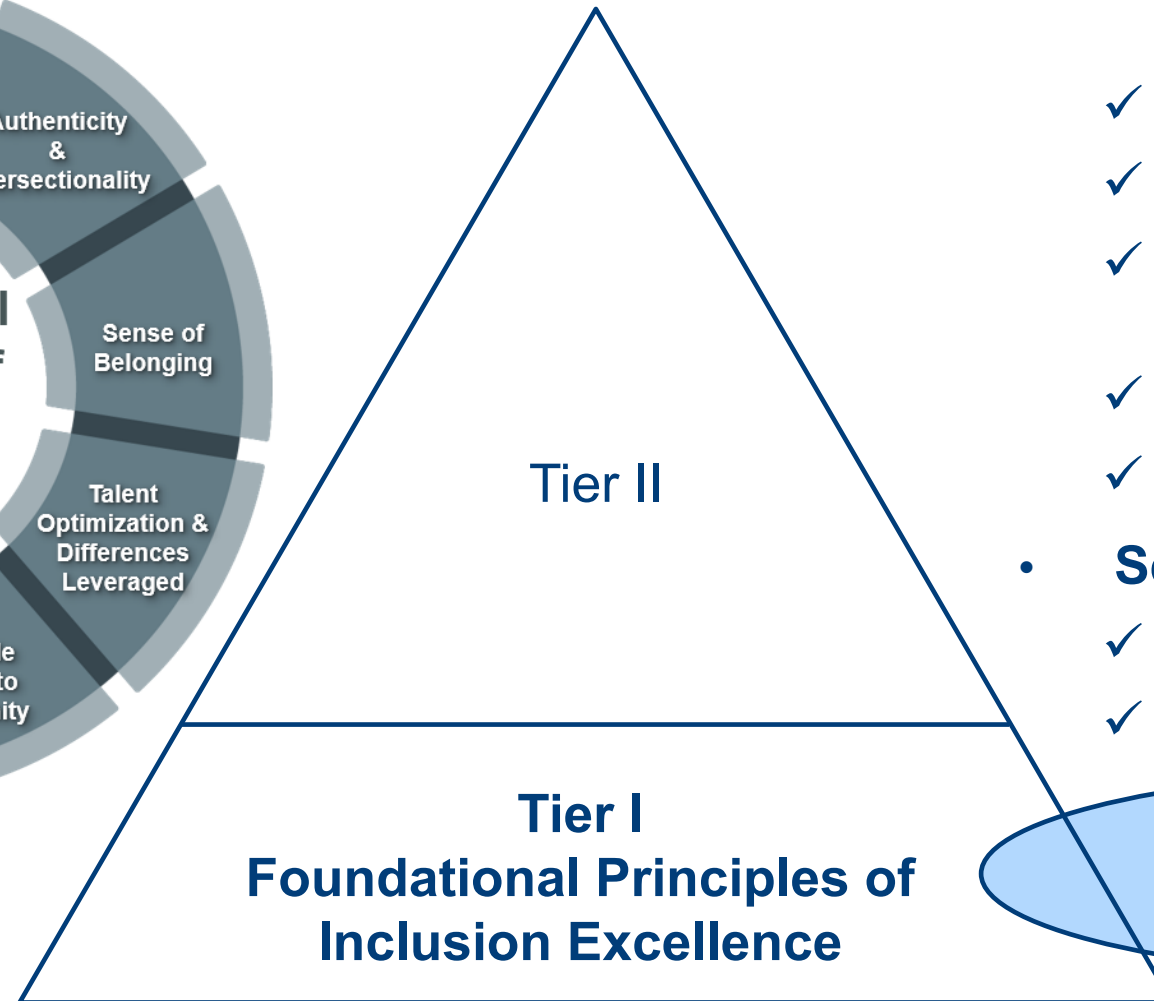
https://www.mededportal.org/anti-racism?_ga=2.23810489.26119700.1613351020-1872649249.1545428755

<https://journals.lww.com/academicmedicine/pages/collectiondetails.aspx?TopicalCollectionId=72>



AAMC Initiatives to Address the Environment

- Culture/climate assessment



- **FPIE Toolkit & Workshop**
 - ✓ Detailed description of 9 principles
 - ✓ Assessment survey tool
 - ✓ Scorecard
 - ✓ Effective/promising practices & resource guide
 - ✓ Glossary
 - ✓ References
- **Self-Administered Model** (pilot)
 - ✓ Facilitator's Guide
 - ✓ FPIE toolkit

| Department | Division |
| Departmental unit |

Vision → Practice “Conscious Inclusion” & Equity-Advancement

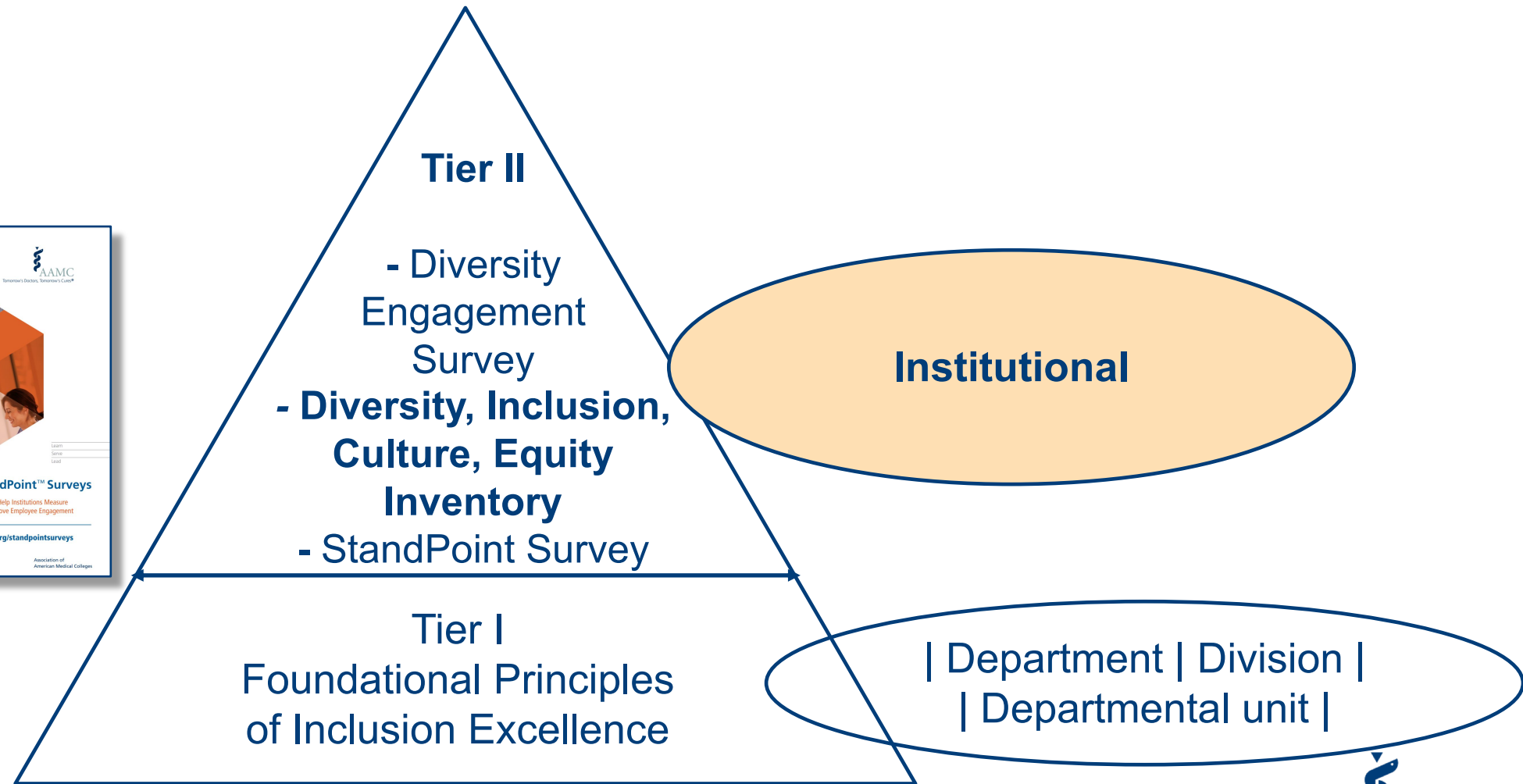
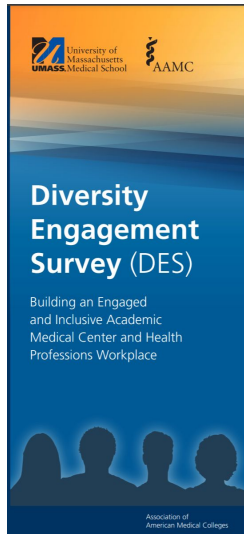
AAMC Diversity Policy & Programs, *Foundational Principles of Inclusion Excellence*, 2017

EXCELLENCE


- DEI is a **strategic imperative** → **intentional**
- **Authenticity** and **intersectionality** are valued & encouraged
- **Safe & civil environment** to share their voices openly (*brave spaces*, psychological safety)
- **Dignity-consciousness** → everyone feels **validated, valued** and **respected** (*talent optimization*)
- Sense of **belonging** → everyone is part of the *fundamental fabric* of the organization
- **Investment mindset** → *exclusionary practices (anti-racist approach)* identified, dismantled; systems-based solutions; and accelerate opportunities for professional/career development
- **Continuous Equity Improvement** → **accountability** for diversity, equity and inclusion efforts

AAMC Initiatives to Address the Environment


- Culture/climate assessment




Introduction




Diversify the Talent Pool



Unbiased Talent Searches



Outreach and Networking



Mentoring Relationships


Citation Library

NIH Scientific Workforce Diversity Toolkit

The U.S. scientific research enterprise - from basic laboratory research to clinical and translational research to policy - requires intellect, creativity, and diverse skill sets and viewpoints.

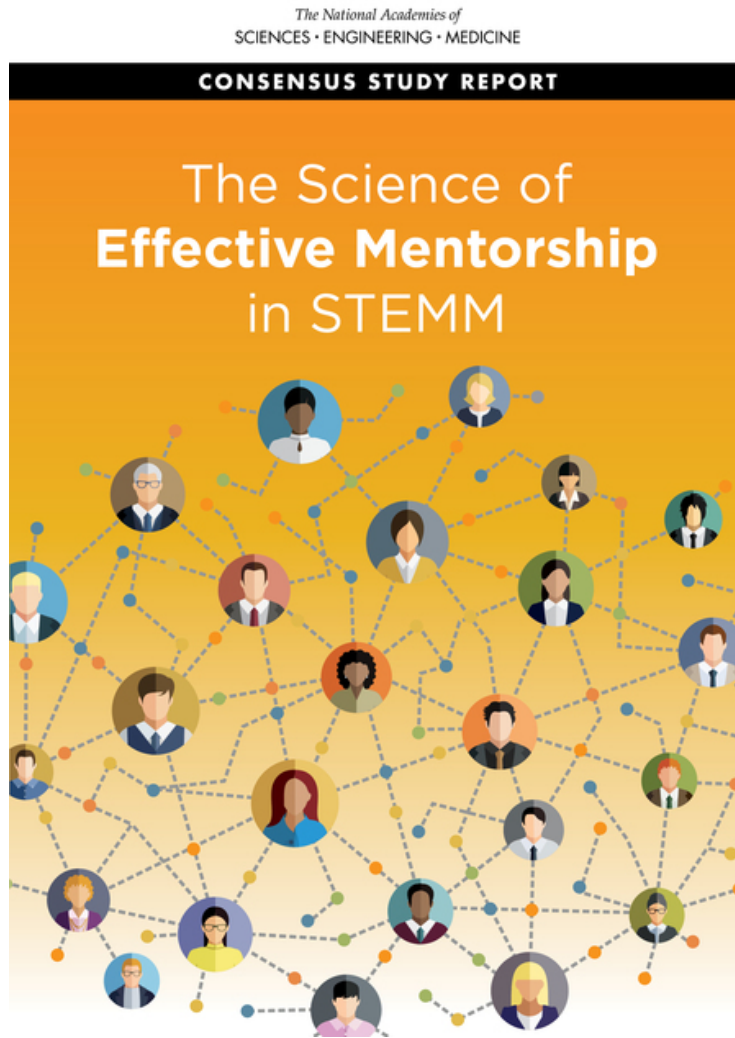
Diversity

- ... enhances excellence, creativity, and innovation
- ... broadens the scope of biomedical inquiry
- ... addresses health disparities
- ... ensures fairness in our highly diverse nation



https://diversity.nih.gov/sites/coswd/files/images/SWD_Toolkit_Interactive-updated_508.pdf

“Mentors are important...Sponsors are essential”



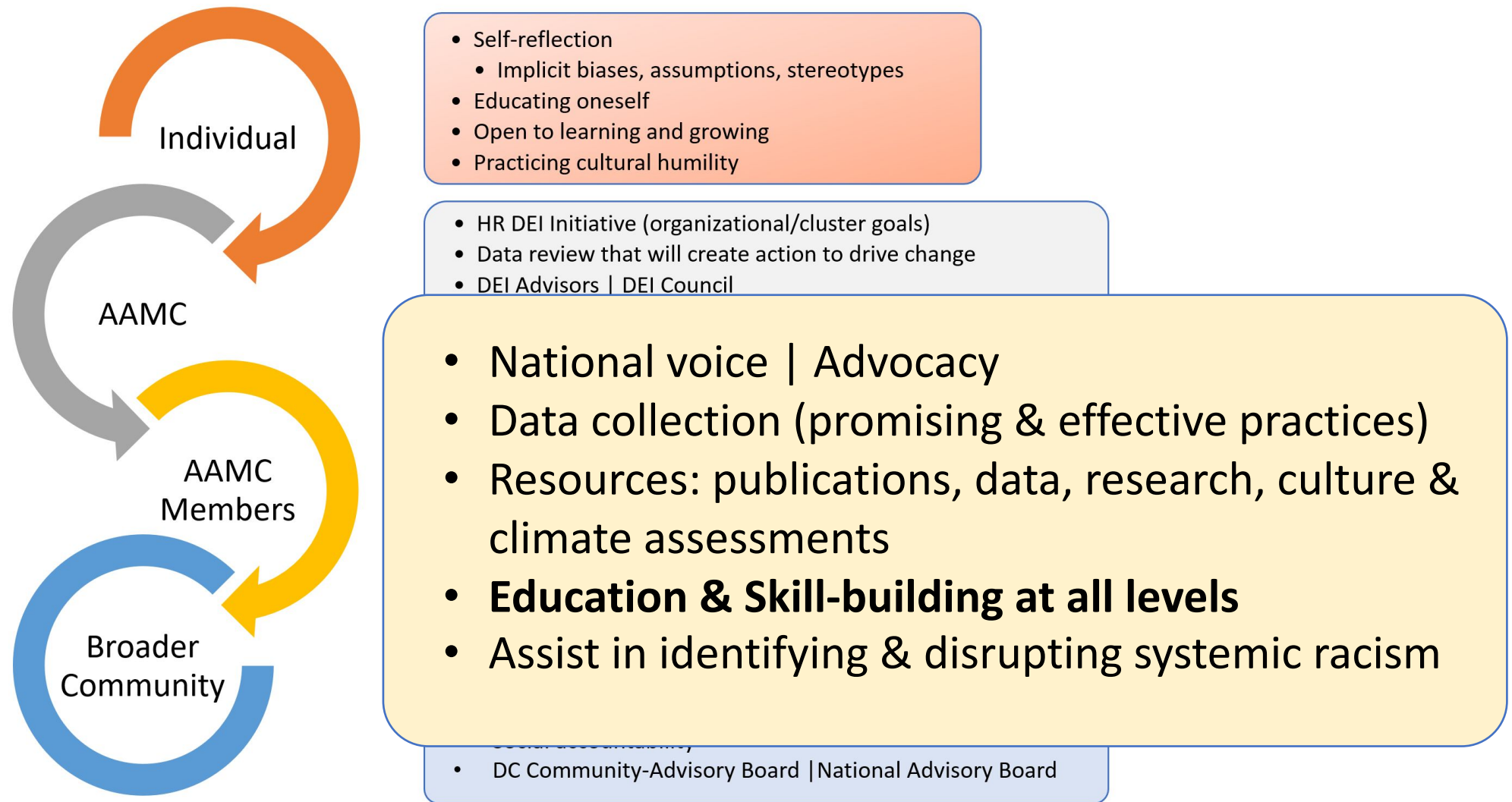
NASEM, 2019

3

Mentoring Underrepresented Students in STEMM: Why Do Identities Matter?

- Ignoring a person's identities and sociodemographic background without positively recognizing & affirming the value of differences can affect specific populations of mentees
- Access to social capital, cultural capital & networks more limited
- Intersectionality of multiple identities can affect mentee experiences

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



<https://www.aamc.org/addressing-and-eliminating-racism-aamc-and-beyond>

NEW AND EMERGING AREAS IN MEDICINE SERIES: DIVERSITY, EQUITY, AND INCLUSION COMPETENCIES*

Domain I: DIVERSITY

Diversity refers to the confluence of socioeconomic status, race, ethnicity, language, nationality, gender identity, sex, sexual orientation, disability and other personal or demographic characteristics. Embodies inclusiveness, mutual respect, and multiple perspectives and serves as a catalyst for change resulting in health equity.

Entering Residency (Recent Medical School Graduate)	Entering Practice (Recent Residency Graduate) <i>All prior competencies +</i>	Experienced Faculty Physician (3-5 Years Post-Residency) <i>All prior competencies +</i>
Diversity and Intersectionality Practices that demonstrate how aspects of one's identities (e.g., language, age, ethnicity, gender, race, class, sexual orientation, gender identity, ability, socioeconomic status, religion, nationality, etc.) combine to create unique modes of discrimination and oppression.		
1a. Describes intersectionality and how the range of a patient's identities impact health, health behaviors, and the experience with the health system	1b. Applies knowledge of intersectionality by collaborating with patients to optimize health, health behaviors, and the experience with the health system	1c. Role models and teaches intersectionality to collaborate with patients to optimize health, health behaviors, and the experience with the health system
2a. Demonstrates evidence of self-reflection to develop an awareness of how one's personal identities	2b. Applies knowledge gained during ongoing self-reflection to mitigate the effects of one's	2c. Role models and teaches how to practice self-reflection, mitigating the effects of one's personal

Domain II: Equity

- Anti-racism and critical consciousness in health care
 - History of racism in medicine
 - Mistrust
 - Inequities in health/health care
 - Race as a social construct
 - Racial health care disparities
 - Impact of colonization, white supremacy, acculturation, assimilation, & immigration on health and health care

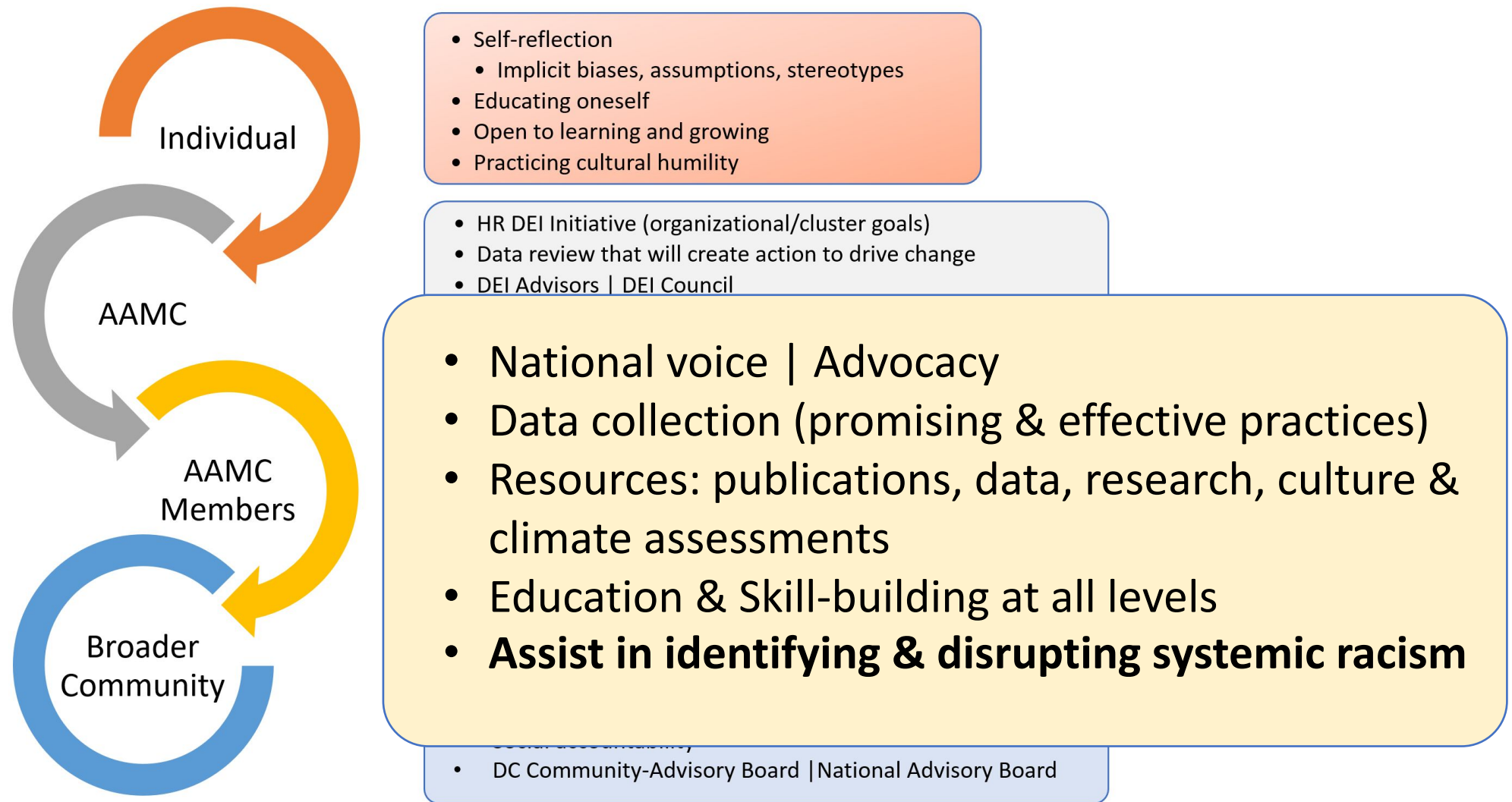


Minority Faculty Leadership Development Seminar



Norma Poll Hunter, Ph.D.
npoll@aamc.org

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



<https://www.aamc.org/addressing-and-eliminating-racism-aamc-and-beyond>



Tomorrow's Doctors, Tomorrow's Cures®

Creating Action to Eliminate Racism in Medical Education

Medical Education Senior Leaders' Rapid Action Team to Combat Racism in Medical Education

Medical Education Senior Leaders (MESL)

<https://www.aamc.org/media/50581/download>

Association of
American Medical Colleges

*“Medical education senior leaders must immediately embark on **educating themselves** and **assessing** their institutions’ educational curricula and policies to end racism in medical education that persists and results in health inequities for patients and career inequities for physicians who are Black, Indigenous, and people of color.”*

- Immediate actions
 - Acknowledgment
 - Analyze current state
 - Begin conversation – designate leads – allocate resources
- Short-term goals
 - Create structural changes – analyze policies and procedures
 - Conduct self-study
 - Faculty development
- Long-term goals
 - Ongoing evaluation of changes (CQI)
 - Ongoing faculty development/trainee development
 - Coordinate efforts with associate AMCs



AAMC Initiatives to Address the Environment

- Addressing mistreatment/harassment/racism
 - Unconscious Bias/Microaggression Training
 - Restorative Justice for Academic Medicine Training
 - <https://aamc.elevate.commpartners.com/>
 - Bystander Prevention & Intervention Training
- Acting Against Disrespect Webinar (UVAH)
- <https://aamc.elevate.commpartners.com/>
- *Intergroup Dialogues Training*
- *Anti-Racist Training*

REFLECTIONS

Dear White People

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ABSTRACT

We are living in unprecedented times. While the world is grappling with COVID-19, we find the horrors of racism looming equally large as we, yet again, confront lurid deaths in the center of the news cycle of Black and brown people from police bias and brutality. Those of us who have been championing anti-racism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond. In the tone of the Netflix series, “Dear White People,” we further emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

Ann Fam Med 2021;19:66-68. <https://doi.org/10.1370/afm.2634>.

“We are tired...those of us who have been championing antiracism and justice work and bearing the burden of the “minority tax” have been overwhelmed by sudden asks from our well-intentioned White colleagues of how to best respond...we...emphasize that we are not alone in trying to reach out to you, our White colleagues and leaders. Please hear our story and heed our call to action.

- Rise up now and claim solidarity with BIPOC who are having shared histories of inequity, racism and bias, and **proclaim that you see them and hear them.**
- **Express outrage** about the persistence and pervasiveness of racism.
- Express your desire to **help magnify the message** of the chronically oppressed and abused without making martyrs of POC and their allies who have consistently carried this heavy and lopsided burden.
- Most importantly, include, **support and elevate the voices** of all POC in your attempts to break down the systemic policies and practices that fuel the current state of affairs.



racism
makes me sick

*“You can’t go back
and change the beginning,
But you can start
where you are
and change the ending.”*

- C.S. Lewis

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