

Creating Action to Eliminate Racism in Medical Education

Medical Education Senior Leaders (MESL)

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

We condemn the structures of racism that have allowed inequities in medicine and medical education to persist and are committed to eliminating racism in medical education by creating policies and changes that will support an anti-racist learning environment and culture.

What is driving the culture/learning environment of medical education to be racist and inequitable?

SYSTEMIC

Ongoing racial inequalities maintained by society.

INSTITUTIONAL

Discriminatory policies and practices within organizations and institutions.

INTERPERSONAL

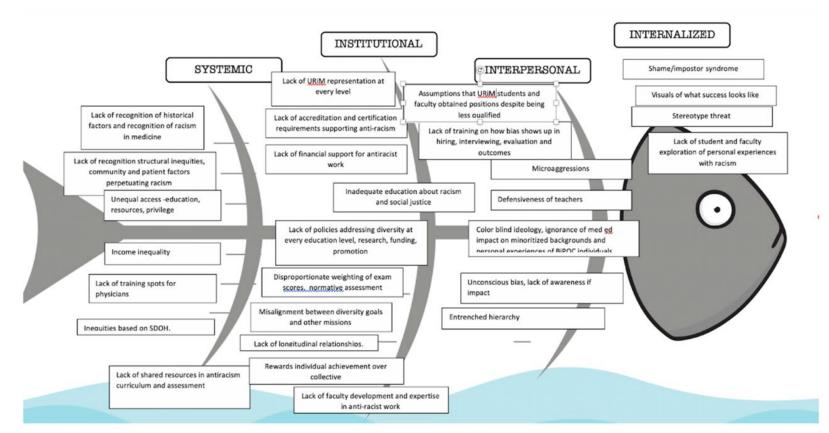
Bigotry and biases shown between individuals through word and action.

INTERNALIZED

Race-based beliefs and feelings within individuals.

THINK ABOUT YOUR INSTITUTION AND LEARNING ENVIRONMENT:

What is driving the culture/learning environment of medical education to be racist/inequitable?



RECOMMENDATIONS FOR SENIOR LEADERS AND FOR INSTITUTIONS: A ROADMAP TO ADDRESS RACISM IN MEDICAL EDUCATION

IMMEDIATE (6 months)	Cultivate race consciousness
SHORT-TERM (6-12 months)	Examine institutional curriculum content, pedagogy, evaluations, and educational policies across the continuum
LONG-TERM (ongoing)	Create sustainable changes and policies at home institution and on a national level



Leaders

- Educate yourself as you develop programs for your students, residents and faculty.
- Develop a personal development plan for you as a leader to better understand the impact of racism on medical education, health and society.
- Reflect on and analyze your leadership style and beliefs related to anti-racism.

Institutional policies

Internal review of educational programs and offices.

Self study

• Structured self study to determine the state of racism in medical education at your institution.

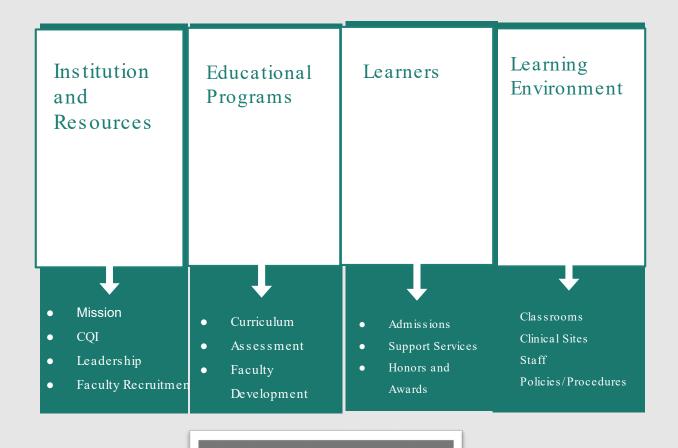




DEVELOPING METRICS FOR MEDICAL EDUCATION

Level 1	Level 2	Level 3	Level 4	Level 5
Not ready for change	Considering/ planning change	Change initiated	Implementing change	Sustaining institutional change





Anti-racism resources

Α	В	С	D	Е	F	G
BECOMING AN ANTI-RACIST ORGANIZATION		Level 1	Level 2	Level 3	Level 4	Level 5
		Not ready for change	Considering/ planning change	Change initiated	Implementing change	Sustaining institutional change
INSTITUTION AND	Leadership and administration					
	Institution dedicates staff, faculty to support equity and anti-racist initiatives					
	Learning and work environment					
	CQI process in place which is based on continual assessment of the learning environment					
	Policies are in place to support an anti-racist and equitable environment					
	Processes support reporting & addressing racist behaviors					
	Anti-racism training for faculty, leaders, health systems partners, and staff related					
	Recruitment, retention, and promotion of BIPOC faculty and staff					
	Salary equity for faculty and staff					
	Research policies and procedures address community engagement and support for historically marginalized communities					
	CQI processes to support anti-racist educational policies & practices					
EDUCATIONAL	Partnerships to support anti-racist educational policies & practices					
PROGRAMS	Racism in medicine learning objectives					
	Inclusive curricular content and delivery					
	Training required for course, clerkship, GME program and other educational leaders					
	Assessment systems that monitor for equity and address biases					
DDINNULA	Selection for matriculation					
	Medical students					
	Graduate students					
	Residents					
	Fellows					
	Honors society selection					
	Resources to support diverse educational learning needs					
	Comprehensive learner support services					
LEARNING	Classroom/Sim Center/Labs					
ENVIRONMENT	Clinical Learning environment					
	Faculty development within the CLE					
	Culture					

Current Questions, Challenges and Next Steps

- Where does a medical education self study tool begin and end?
- How do we ensure the domains make sense to educational leaders?
- How granular should the tool be/how far do we go?
- ? What is missing?
- Does the scale make sense?
- Who at the institution should be using this tool?
- Who should this data be shared with?
- Would this help with accreditation?