

Combating racism in med ed to address health care disparities

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Featured topic and speakers

In this episode of the AMA's COVID-19 update, medical education experts discuss addressing and combating racism within medical education to help address health care disparities seen throughout the COVID-19 pandemic.

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Speakers

- Kimberly Lomis, MD, vice president, Undergraduate Medical Education Innovations, AMA
- Sheryl Heron, MD, MPH, associate dean, Community Engagement, Equity & Inclusion, Emory School of Medicine

Transcript

Unger: Hello, this is the American Medical Association's COVID-19 Update. Today, we're talking about combating racism within medical education to help address health care disparities we've seen throughout the pandemic. I'm joined today by Dr. Kimberly Lomis, AMA's Vice President for Undergraduate Medical Education Innovations in Nashville. And Dr. Sheryl Heron, Professor of Emergency Medicine and Associate Dean of Community Engagement, Equity, and Inclusion at the Emory University School of Medicine in Atlanta. I'm Todd Unger, AMA's Chief Experience Officer in Chicago. Dr. Lomis, let's start by asking the question, why is there a need to address racism in

medical education right now?

Dr. Lomis: Well, thank you Todd. Actually, our consortium of medical schools, the Accelerating Change in Medical Education Consortium of 37 schools, embarked on this conversation back around late 2018. But as we all know, recent events certainly have heightened the awareness of the need to address this issue. And most of the attention has been on the important work of building tools and processes to train student, residents, and practicing physicians in issues of structural racism in our society and how that impacts health and communities. Our group actually took us an additional step and challenged ourselves to reflect upon the racism that's actually embedded in our own educational programs, trying to identify that, call it out, in order to start to rectify it.

Unger: Dr. Heron, why is it in an immediate need to address racism in medical education?

Dr. Heron: Thank you, Todd. And it's really great to be a part of this conversation with Dr. Lomis. The immediate need is obvious. We see the increased acceleration of racial trauma on, on Black and Brown people in particular who have seen the unfortunate realities of George Floyd, Breonna Taylor, Ahmaud Arbery. Living here in Atlanta, Georgia, it is clear that while we are surrounded by a pandemic and protests and police brutality and everything that's trying to spotlight on racism, which is not a new construct, as we know, this has clearly become a must-do a must-need, particularly in academic health centers, where we have the lives of many in our very midst. And it's the mental, the physical, the spiritual, and the social trauma that must be addressed if we're going to really get to a society that's whole, that's humane, and that's moving in the right direction that we're hoping to gain.

Unger: Dr. Heron, you heard Dr. Lomis talk about racism being embedded in our medical education programs. and that might surprise people. Can you talk about how that shows up?

Dr. Heron: Well, when we look at, for example, things around maternal mortality, where African-American women have three times the mortality than white women or other social determinants of health that lead to health care disparities, the underbelly of racism is a root cause analysis when we think about all of the data starting way back from the National Academy of Medicine's unequal treatment reports that talked about disparities in health care. And when we talk about disparities, the underbelly of that is really around racism and what is not being taught, like medical apartheid, books that really speak to the realities of what has been happening, particularly to Black and Brown people and Native Americans, which is not fundamentally taught as part of the curriculum.

And while we are trying to care for patients, it can't be in the absence of history and information and knowledge that has impacted the wellness and wellbeing of our citizens. And we have to start with education. Our learners are actually teaching us in many ways, who have raised up and said, "We are learning the fundamentals of biochemistry, the anatomy, but that can't be in the absence of the underlying structural racism and environmental racism that has impacted health care."

Dr. Lomis: And Dr. Heron referred to the fact that we're learning from our learners. And we need to also think about their lived experience as learners. So, students and residents who are from historically excluded groups often have a different experience as they go through our programs. They suffer microaggressions on a regular basis in the classroom and in the clinical setting. We're actually now starting to unpack. I have a background in assessment of learner performance. And if you really look critically at the distribution of grades or honor society awards, or even letters of recommendation, you find differences in terms of the language that's used and the patterns and distributions of honors and other leadership roles. And so that's the flip side of this, is the experience of the learners themselves is suffering to some degree, and that impacts everyone around them.

Unger: Well, Dr. Lomis, speaking of assessment, obviously you want a benchmark for where we are right now. How do you go about assessing what's reality right now in programs?

Dr. Lomis: So, this series that we just conducted with a consortium walked through a process where we tried to do institutional level reflection and self-study. And it was a four-week series where everyone in our consortium participated. But it's actually available online, and so if anyone who's interested in it, if you just search AMA curricular diversity self-study, you'll find it.

And what we've done is actually take a model that was originally developed by our colleagues at the AAMC that is looking at organizational diversity and inclusion. But then we honed in and tweaked the questions a little bit to think very much about the educational program, which our medical education constituents have control over, and dug deep. And so, you can go through a process of probing for your own data and looking at what the status is. And you can seek out feedback from students through focus groups or from your residents and focus groups. And so, we walked together through that at a really high level, and then each institution can take that back and go through a process of what are the questions we need to ask, what's the data we need? Who should look at that data and try to interpret what it means? And then, what's the action plan related to that?

Unger: Dr. Heron, can you talk a little bit about how do we go forward and make changes to improve programs? And can you talk a little bit about what you're doing specifically at Emory to address racism?

Dr. Heron: Yeah, and I certainly resonate with Dr. Lomis's comments and the program that was instituted with the four-weeks in which I had the privilege of speaking on microaggressions and doing some self-reflection. Truth be told, I'm very new to my new position as an Associate Dean for Community Engagement, Equity, And Inclusion. When I say very new, really July 1st to September 1st, when you talk about it. And we immediately had to respond while we were looking at our data to the realities around us, in the heat of the pandemic and the protest and the call, a clarion call, by our institution to do something.

So, at Emory, we stood up very quickly a webinar series of 10, pretty much weekly, to speak about these sorts of topics, bias and microaggressions, and leading from the ivory and all of these topics. And then our institution also put in place Dr. Nancy DeSousa, who's an incredible resource, who's been teaching and socializing and going around to graduate medical education, to see what curricula can be put in place to address racism. And she's done over 25 to date. We are putting up a governance structure to really think about the foundation for both learners, faculty, and quite frankly, staff who are part of our institution, and how we can leverage these things in a truly concerted manner, in a very deliberate way to move us forward. So we are moving forward. We are starting, like everyone else is, many places, maybe at different places, but it's a commitment to leadership and a commitment to the outcomes that we're trying to obtain. And we are sleeves up and ready to go.

Unger: Dr. Lomis, can you give any other examples of maybe what other notable programs are doing?

Dr. Lomis: Yeah. As Dr. Heron alluded to, there's so much work to be done in this space. And so, it's interesting, if we look across our consortium, different institutions are attacking different pieces and parts, and that's the power then of sharing, because someone has already dug into one area that maybe you haven't yet. And so, for instance, our colleagues at Brown presented as part of this series. They've done a deep dive of their curriculum, slide by slide, looking for things that need to be updated or places where you can reinforce the sociological construct of race over the biologic construct. So, they've done that extensive curricular view in their work, working with us to share some of that process so others can maybe expedite their own review of that.

Some of our GME colleagues are focusing more on that clinical environment since that's where the residents spend the vast majority of their time, and training them in scripts of how could you respond in real time if a supervisor says something inappropriate or a patient says something inappropriate? So preemptively preparing someone, because in that moment, it's really hard to come up with the proper words.

And then our colleagues at UCSF have been really on the forefront of analysis of grades and letters of evaluation. And their publications, I think, have really raised the awareness at other institutions that we might need to take a look at this. So, there's a lot of different angles on it. I think across the board, it requires a great deal of humility as the educators to recognize that we are doing some of this ourselves inadvertently, and we need to work on improving it. And so that degree of transparency and that notion of institutional improvement, I think wins over the help of our students and residents who, as Dr. Heron mentioned, are often ahead of us in this space. And so, we work with them as colleagues.

Unger: Dr. Lomis, Dr. Heron, this is really fascinating and important work, and thank you for everything you're doing. That's it for today's COVID-19 update. We'll be back soon with another segment. For resources on COVID-19, visit [ama-assn.org/covid-19](https://www.ama-assn.org/covid-19). Thanks for joining us, and please

take care.

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