Recent events such as instances of police brutality that caused national unrest have further revealed how structural elements of racism prevail in society. Medical education is no exception.

During a recent episode of the “AMA COVID-19 Update,” the topic of racism in the system of training, specifically medical school, was explored by two leaders in the field.

A time for reflection

The AMA Accelerating Change in Medical Education Consortium, a group of 37 medical schools and 11 graduate medical training project teams aiming to innovate medical education across the continuum, has for years worked to address inequities in medical education, with a focus on areas like bias in curriculum and medical school admissions. That work has also been focused on giving America’s future physicians an understanding of structural racism in society and how it impacts community health.

Of late, the faculty members in the consortium are having more frank conversations.

"Our group took an additional step and challenged ourselves to reflect upon the racism that's embedded in our own educational programs—trying to identify that, call it out, in order to start to rectify it," said Kimberly Lomis, MD, the AMA’s vice president of undergraduate medical education innovations.

In a recent four-week series, nearly 50 institutions in the consortium participated in a self-study process to tackle issues such as examining the local educational milieu for inclusivity, appraising programmatic outcomes for bias in areas such as grading and awards, responding to and mitigating microaggressions, identifying and eliminating structural racism embedded in educational materials &
approaches. Each site developed an action plan.

Having conversations at all levels is key. A younger generation of learners can help shape the discussion, according to Sheryl Heron, MD, MPH, associate dean for community engagement, equity and inclusion at Emory University School of Medicine, an AMA consortium member school.

“Our learners are actually teaching us in many ways,” she said. They 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. Heron noted.

Building on its June pledge to confront systemic racism and police brutality, the AMA has taken action to explicitly recognize racism as a public health threat and detailed a plan to mitigate its effects. Read more about the AMA House of Delegates’ action on racism’s health impact, as well as newly adopted policies on racial essentialism in medicine and race as a social construct.

Taking action

While reflecting on the nation’s current racial inequities, there’s also a need for action, especially given COVID-19’s inequitable impact.

For Dr. Heron and her colleagues, that meant addressing the reality on the ground in the curriculum. “At Emory, we stood up very quickly [and arranged] a webinar series to speak about these sorts of topics—bias and microaggressions,” she said.

“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.”

Emory’s effort is just getting underway, as it is at so many other places within medical education and the broader U.S. health system.

“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,” Dr. Heron said.

That type of action is taking place throughout the AMA consortium.

“Different institutions are attacking different parts [of the problem], and that's the power then of sharing, because someone has already dug into one area that maybe you haven't yet,” Dr. Lomis said. “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, working with us to
share that process may expedite other institutions’ own reviews.”

The AMA has curated a selection of resources to assist residents, medical students and faculty during the COVID-19 pandemic to help manage the shifting timelines, cancellations and adjustments to testing, rotations and other events at this time.