

ARAC Meeting Minutes

March 21, 2019

Committee Members Present: Cicely White, Daniel Cabrera, Elizabeth Stein, Heidi Coombs, Lauren Marcell, Lee McKoin, Suzanne Allen,

Committee Members Absent: Eliza Slater, Janelle Clauser, Jordan Lewis, Joshua Jaurequi, Laurie Bazan, Mark Snowden, Rachel Clark, Sheridan Joseph, Jacqueline Wilson,

Community Members Attending: Alex Merz, Amanda Kost, Annie Young, Avery Forrow, Bopha Cheng, Brenda Martinez, Cassie Cusick, Debbie Jones, Edwin Nor, Elizabeth Kaplan, Haya Jamali, Isabela Coveli, James Sherpa, Jessica Conerford, Joanna Liao, Julie Pham, Kate Mulligan, Kelley Goetz, Kelly McKenna, Mara Bann, Marshall Horowitz, Meghan Kiefer, Melanie Langa, Melinda Frank, Michael Ryan, Minji Jung, Molly Jackson, Paul Schumann, Pearl Nguyen, Peter Fuerst, Raye Maestas, Roberto Montenegro, Sarah Doe-Williams, Savannah Laimer, Stephanie Banning, Victorya Piehl, William Harris

1. Announcements

- The new Grading Review Committee is looking for student representation to fill their membership. If there is interest, please contact the ARAC co-chairs for more information: mckoin@uw.edu, lizstein@uw.edu, hcombs@uw.edu, snowden@uw.edu
- There were no objections to having this meeting recorded.

2. Curriculum Changes after ARAC Recommendations

- **Overview:** Co-facilitators, Lee and Liz started the discussion by providing context to Dean Ryan's purpose for meeting with us today. *The main goal for this meeting is to talk about biases in the curriculum and offer an opportunity for Dean Michael Ryan to update changes after ARAC recommendations from 2015.* The list of recommendations are posted on the website: <https://cedi-web01.s.uw.edu/arac-testpage/>. The committee is also looking to expand upon and take input for a new list of recommendations to submit to UWSOM leadership. In addition to providing context to the types of concerns brought up by students in the past, the co-facilitators took a moment to share results from a recent survey that was sent to students receiving 54 responses from all sites: Seattle, Spokane, Alaska, Idaho, Montana and Wyoming; as well as all years were represented. The responses from this survey captured a range of student voices and perceptions on the discussion of race and racism in Medicine and UWSOM curriculum. Lee and Liz highlighted a few examples in their presentation, which is included in this document as Attachment A. They wanted to remind folks that our job today is to highlight the areas of where we can make improvement and recognizing that there is a variability in how students feel on the topic of racism. It was noted that this is the first initiative to gather

data around *how students feel*. This survey captured both quantitative and qualitative data. The students put a lot of energy and provided thoughtful responses.

- The survey responses found general themes to the question: *“What are your thoughts on how issues of race and racism in medicine are currently being addressed by our curriculum? Please provide examples if you feel comfortable.”*

The general themes are:

- Race is used as a surrogate
 - Lack of background info / historical context
 - Disconnected from rest of curriculum
 - Defensiveness or lack of knowledge of professors
 - Identification of and reattaching of race/racism burden is placed on students
 - Teaching race/racism should be proactive, not reactive
 - UW is doing much more than other schools!
- **Curriculum Updates:** In response to the ARAC recommendations and the notes that were sent to Dean Ryan prior to this meeting (Attachment B), *Dean Ryan and Dr. Montenegro shared what has been done in curriculum to date and is currently in progress to address bias in our curriculum.*
 - Dean Ryan thanks the committee for inviting him and begins focus of discussion on problem areas, things they have been working on and unresolved items. He references the December 2017 ARAC recommendations and grouped topics from that list by:
 - Faculty Development,
 - Content/Activities in the Curriculum,
 - Assessment/Grading,
 - Curriculum Oversight, and
 - Faculty/ community recruitment.
 - *First, Dean Ryan addresses the need for faculty development* in response to student concerns on disconnect in curriculum and faculty. One of the Asks from the ARAC Recommendations is to require quarterly and annual trainings. Currently, we are not able to accomplish quarterly trainings that are externally administered; there was one training by the People’s Institute for the leadership team but making this a requirement is nearly impossible because resources and scheduling out of clinic. However, the leadership team have been able to identify current opportunities that are ongoing trainings offered by various entities like CEDI, UW Medicine Health Equity Blueprint, Center for Leadership and Innovation in Medical Education (CLIME), Associate Dean for Faculty Development etc... *In addressing faculty development efforts*, these entities are currently providing workshops and trainings on race, racism, gender and equity. For example, CLIME However, there is a lack of coordination of these opportunities and the leadership team identified areas of gap for example, these opportunities were mainly

distributed to and captured by faculty who were interested in this work while, missing out on those who might have been unaware or not seeking these type of opportunities. We are currently working on coordinating specific topics with the various entities. The next steps: new LMS 2020 allow faculty development and track, need a charge from Dr. Ramsey. Currently, Curriculum has a vision and a pathway for this work. There was reiteration that this work will take time.

- Before we moved onto Dr. Montenegro, *a faculty member joined in on the discussion and wanted immediate feedback about material used in their course* – which was one of the items on the student’s list of offensive photos/discussions. The lecture and slide was on piebaldism, and the instructor explained their reasoning for selecting the photos that showed variations of the skin disorder and required slides of contrasting skin tones. Students were concerned of the manner of how the darker skin tone subjects, African Americans, were depicted in the slides compared to the lighter skin tone subjects, Caucasians. In efforts to move the discussion along, this was a good Segway into Dr. Montenegro’s presentation on building a system to address these concerns prior to being introduced in lecture.
- *In response to addressing bias in curriculum, Dr. Montenegro shared his work and timeline on Bias Reduction in Curriculum Content (BRICC).* Dr. Montenegro was asked to fix bias in curriculum, he is comprised of a one person team at 4 hours per week dedicated to this project; additionally Dr. Amanda Kost is volunteering her time. He started this work in September 2018, by October he developed a consult process, self-assessment, and logistics for BRICC. In the next months, Dr. Montenegro continued to improve the curriculum consult 7-step process to review and update curriculum to reduce bias. This was a long process and tedious process, which included using software to identify bias in text identifying problem areas such as accuracies, logistical problems, time, material issues (not standard, i.e. links, pdf, some created before class). He worked with the UW Computer Science department to program language to extract content from any source to find biases, hired interns and eventually purchased the NVIVO programming. He is still encountering problems like funding, time, and complexity of the project. Currently, he is testing quality improvement by implementing PDSA cycles. The next steps is to complete the PDSA cycles by 2020, faculty block leads will develop podcasts, live BRICC software that is accessible by 2021, and if findings return quality improvement in medical education content, then implement in new method into curriculum for 2022.
 - A student asked a question about what if the program does not pick up anything, and still needing to rely on student feedback. Dr. Montenegro answered that this situation has appeared, for example in Cardiology, no biases was found, which raised a red flag for him. These concerns are taken into account and these departments will be examined.

- **General Comments:**

- A student felt compelled to point out that we are all here to talk about solutions and it was a distraction for the faculty to take time and space from discussing the core issues. Another faculty member referred to that faculty, and assured that their story and personal explanations was eloquent and appreciates it. She expressed sympathy and shared her thoughts on the hurtful images. A space a time for those discussions on what is appropriate should be discussed in the BRICC consult. There was general comments on selecting better images/slides of piebaldism.
- There was a question of cultural change that needs to happen within faculty to help change the content and understanding of the impact of these biases. Dean Ryan shared an example where content was changed and it still was not enough, the process will be more systematic and, now, utilize the team's skill sets to make progress. He also offered an example from GFR, where there was an equation that had race and gender in it, however there was no information in the literature about how race and gender was defined in the study and now the original author of the literature thinking about re-writing a new formula without race and the UW Nephrology department has met to discuss concerns raised by students and will look into changing the GFR equation. The issues are complex and require time and work to make progress.
- There was a question about curriculum development and if it this work is important why is not funded more than 4 hours a week? In response, it was reiterated that this why the ARAC committee was formed and this group came up with the original asks which triggered what Dr. Ryan has been working on. There are changes happening, it will take time and is very complex involvement. There are other topics in medicine that needs improvements, the issue is not just resources and funding but in critical pedagogy.
- A student pointed out the problem of having to re-learn how to learn with every block and instructor because of the inconsistencies with faculty and curriculum. The student suggested that Curriculum work with anti-bias team to hold workshops prior to class. It was noted that this system is built into the BRICC.
- A student asked about implementing simple measures that can have immediate impact. For example, requiring context/historical information on content/material that shows ethnic groups or particular populations to include background text. Like some journal articles, Nature Genetics, requires their authors to provide explanation of classifications and selection of images. The student suggested that this might be an easy first step in designing slides. Currently, this is being worked on and Dr. Kostas is doing a study on this. There is a Structural Competency Worksheet that requires faculty to consider biases in their curriculum when designing their lectures and will be shared with ARAC to review.

- There was a question on whether if there are WWAMI wide conversations with the block leads so that all WWAMI wide are included in the conversations and changes with curriculum. Often times there is not a shared understanding, which affects the work that is being done. Dr. Ryan responded with the vision is to have everyone in the room, using the lock down approach and the WWAMI folks will be on zoom and will have supporting documents to hold accountability.
- A student asked about limited resources and limited staff and if there is anyway for students help i.e. go to Paul Ramsey's office for more money and more staff. Vice Dean Suzanne Allen responded by encouraging students to meet with Dean Ramsey, there are lunchtime meetings. Students can sign up to participate in those luncheon meetings. There are annual Medical Student Association conversations with Dr. Allen on where resources should go. Additionally, reach out to any of the deans on thoughts about what we can do differently. Student response was that we just need more resources in general –not necessarily where to allocate them.
- A student commented that the current and future generations of students in medicine are entering with a different set of social values and attitudes that do not necessarily align with historical medicine values. The student poised the question on whether if there is something else that is stopping us from achieving or making progress on these goals. In response, it is not just money... its attitude, lack of awareness, habit. Students feel a big disconnect between curriculum and faculty, which makes it difficult. Students are ready to ask questions differently, and does not want it to be reactive. The group continued to reiterate that finance is an issue but does not fix everything, time, efforts, dialogue, cultural change and a lot of work from many people. This work needs to continue to grow.

3. Quick Announcement Next Meeting

- Trish Kritek, Associate Dean for Faculty Development will be joining

4. Town Hall Meeting

- The group discussed using T550 and breakout rooms as well as general logistics of the town hall. The co-chairs will discuss a date and request Bopha to reserve rooms for the Town Hall.

Racism in the Curriculum

Anti-Racism Action Committee

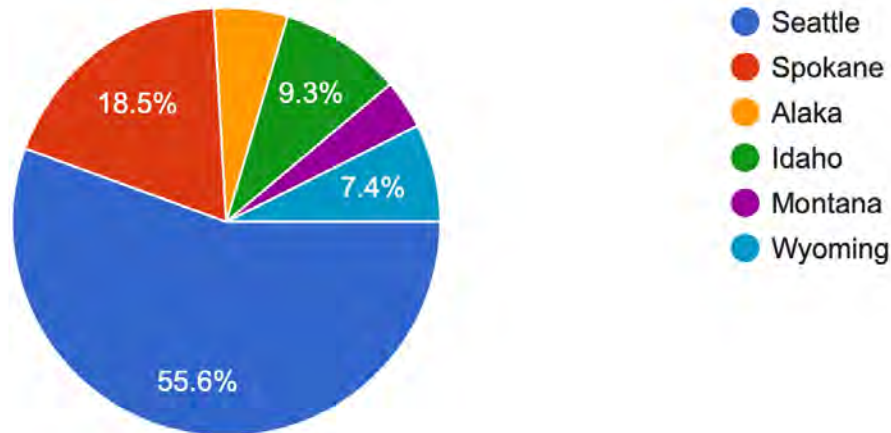
University of Washington School of Medicine

March 21, 2019

UWSOM Student Feedback Survey

Foundations Site?

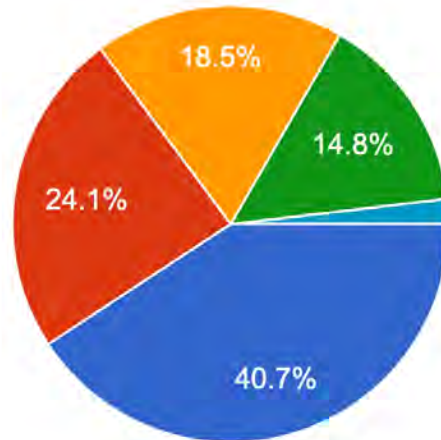
54 responses



UWSOM Student Feedback Survey

Year

54 responses

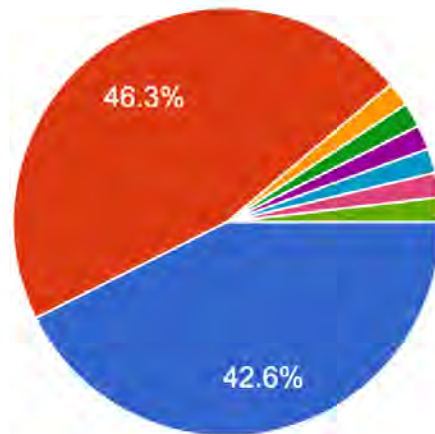


- E-2018
- E-2017
- E-2016
- E-2015
- Prior to E-2015
- Wish to remain anonymous

UWSOM Student Feedback Survey

Do you feel that issues of race in medicine are being adequately addressed in the curriculum?

54 responses

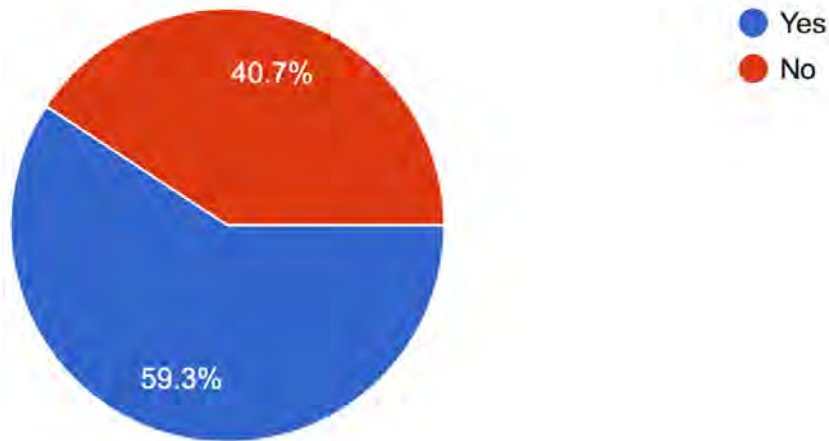


- No
- Yes
- It is addressed too much, and comes at the expense of covering the basic...
- I do not experience racism so it is difficult for me to tell if it is adequate...
- I believe that it's over-emphasized I...
- I think it may be impossible to adequately...
- I do not fully know at this time. But c...
- I have not personally been impacted...

UWSOM Student Feedback Survey

Do you think UWSOM is a supportive environment for students of color?

54 responses



What are your thoughts on how issues of race and racism in medicine are currently being addressed by our curriculum? Please provide examples if you feel comfortable.

Themes

- Race is used as a surrogate
- Lack of background info / historical context
- Disconnected from rest of curriculum
- Defensiveness or lack of knowledge of professors
- Identification of and reteaching of race/racism burden is placed on students
- Teaching race/racism should be proactive, not reactive
- UW is doing much more than other schools!

- **It's honestly pretty jarring to see the way that our EHM curriculum directly contradicts things we've learned in the rest of foundations, and I feel like that's a good indication that much of what we're taught upholds institutionalized racist structures.** The examples that stand out are the use of the MDRD equation to estimate GFR, teaching the salt sensitivity hypothesis and teaching that certain medications are for black folks with kidney or heart disease. In addition, in our clinical vignettes race is often included haphazardly and irregularly as a descriptor that supposed to lead us to a diagnosis. It feels dangerous to make connections that might be more relevant for boards than for patient care, and especially blatant when race is intended to stand in for ancestry. **I'm glad there's time for discussion of race and racism in EHM, but it rarely seems to me like those discussions are given the time to get moving in the large group. We often spend 5 minutes pair sharing and then move on when the small group discussion without lecture or a longer discussion within table groups is warranted.**
- **I appreciate the school's willingness to partake in challenging conversations. It demonstrates a desire to improve,** which is the first step in making sure no one feels othered. As stated above, in my opinion, I have not personally been impacted, but there may be issues at other sites. I don't really know what we can do in the foundations phase to target this, besides what has already been done. I believe, due to the study that came out recently, that the issues is implicit bias in preceptors who grade us students. I literally have no idea how to fix that besides try to diversify our staff if possible. I feel that many of my peers don't understand how racism affects health, and how it affects providers who are underrepresented in medicine. **I also feel that when we do cover racism in or classes, the instructors sometimes aren't comfortable with the subject, which detracted from my learning.** Additionally, I feel that there were times issues of racism occurred at hospital mornings, and were not properly addressed.

- There is too much emphasis on this issue. It is probably based on good intentions, but ARAC is reinforcing a negative attitude and view of UW as a racist organization. I.e. if you are constantly telling students via email, EHM or class that the school/institution is racist, then we will start believing it (whether or not there is any real basis for it). This is also distracting from the subjects we should be focusing on like CPR, I&D, etc.
- I think the curriculum is doing well addressing race. **As physicians, it is vital to know the different medical issues associated with different races and I am glad that the curriculum addresses those differences.**
- I feel that these are challenging issues, and I am grateful for the work of students, staff, and faculty engaging with them. In general, **I feel that our curriculum tends to engage with race and racism (and issues of sex, gender, structural inequalities, etc.) as something to deal with on the side, or only when it can't be avoided.** It also seems that, when health disparities are brought up in class, what is communicated is often something along the lines of, "look, here are the disparities. We are aware of them." Especially when the message is left at "people of color get this disease more, or have worse outcomes from this disease," I worry that the message simply reinforces notions that people of color are other, lesser, or somehow biologically different, or that race alone is sufficient to explain this disparity, rather than opening an opportunity to discuss into what might be driving the inequity. I would appreciate if there were more opportunities to dig a little deeper into what is underneath those disparities, and also what can be done to address them. **Another way to say this is that it can feel as if the approach is reactive (here's what is) rather than proactive or with a critical lens (here's what's wrong with how we got here and here's what we can/are doing to be better).** Two recent examples would be using race as a variable in the MDRD equation for estimating eGFR and the troubled racial history of pulmonary function tests. **I don't think we really addressed the history of PFT adequately. As for eGFR, it seemed to me that the response was reactive and somewhat defensive (this is how we calculate the eGFR and we always have) rather than naming and exploring the problematic use of race in this way and discussing ways we might move towards estimating renal function in a better way**

- It seems that the instruction regarding race is outdated and unreflected upon by the creators of the syllabi. The role race plays in medicine is not a contemporary issue. Indeed, a simple literature review returns countless papers in multiple journals calling for a judicious use of racial terms in biomedical research. **Race is a social construct and is at best a proxy for severe socioeconomic inequities that are a product of history, not of biology or genetics.** Conflating these issues has been the source of so much human suffering. For many students in our class, this view of race, biology and genetics seems to be fundamental to the ethics of practicing medicine and also scientific accuracy. However, our course instructors have failed to incorporate this into our curriculum (it is sometimes touched upon in FCM). This is disheartening. UWSOM has a reputation as a leader in science and champions of social justice. As a student, I wish our curriculum more properly aligned with this reputation. UWSOM has a historic place in the development of genome sciences, we should translate to a medical curriculum that searches for genetic markers of disease and moves away from vague, arbitrary racial categories. I will concede that student criticisms can be misinterpreted as antagonizing and ad hominem. This is not an attack on faculty, but an attack on the institutionalized racism that has pervaded modern medicine. **It is an excellent opportunity for faculty and students to mobilize resources, intelligence, and compassion to create a curriculum that challenges students to think critically about the historic role of race in medicine and biomedical research and positions ourselves and our school to be leaders in social justice and science.**
- I think the SOM is doing it's best. The fact that we have an integrated curriculum of 2 years dedicated to EHM seems like an effort on their part. It's not always perfect, but it's there, and it's a good gesture. **I think once the rough edges of EHM are chiseled away, it's a great platform for addressing these issues.** And then we also have things like CEDI, NURF, and the minority center. I'm not sure what else I could ask for.

- I do believe that there are a lot of administrators and faculty working on this with genuine interest in improvement, which is great! Thank you. **I also think the burden often gets put on us (students) to do this work for the school, and while I appreciate UW's openness to feedback and student input, the burden of fixing this shouldn't be our main job.** I feel I spend an unsustainable amount of energy trying to do this work through course evals, individual conversations, surveys, meetings with administrators etc... For a recent example, just this week we had an ethics case about who should get transplanted organs. There was no framework provided to guide the conversations and no debrief at the end. There are actually some wrong answers to these cases. Unfortunately due to this lack of structure and time, I think some students in my group walked away with the idea that it is acceptable to deny someone access to an organ if they aren't a US citizen because that was "their opinion." I attempted to educate the group that non-citizens do pay taxes, but this was the main argument used to deny immigrants access to organ transplant. While a written answer key for these cases was provided, it was made clear that this information would not be testable so I doubt many students will go back to review it. This exercise needs improvement, but it is just one example of racism that gets enforced in the classroom unchecked by faculty or the curriculum.
- There seems to be a **major disconnect between the conversations and critical discussions we are having during our EHM curriculum and what is being taught in our courses.** Most recently in CPR, there were numerous items that were brought up and then not adequately discussed or addressed for example the use of eGFR and the outright recognition that there is not sufficient evidence to support the use of the methodology. Additionally, the idea of people who are African American being "salt-sensitive" without a critical discussion of where this idea came from. Throughout the curriculum, race had continued to be used as a proxy for critical discussions on inequity, access, and SDOH. The use of race, when someone is a minority, used on a regular basis in question stems and case examples, continues to reinforce stereotypes about the patients we will see in our practice and does not provide any additional learning or knowledge without it being accompanied with a critical discussion. **I would recommend that race be taken out of question stems/cases so we do not continue to reinforce false notions.** If it does not add to the question or diagnosis and care that we would provide to a patient then it does not make sense to include. I think that instead, we could have background information on the SDOH affecting a patient included, if relevant. I do think it is very important for us to learn and have critical discussions around disparities.

- **Most instructors don't seem to have baseline knowledge on this subject, and are often defensive and uncomfortable when asked questions about it. I find this frustrating, since most of the time they have great, honest responses when asked questions about, say, pharmacology they don't know the answers to and are able to get more information and come back to teach about it.** When students have tried to fill in some of these gaps by starting these conversations inside or outside of the classroom, they have been shut down. Sometimes admin shuts it down (see the E-2014 class debacle), and sometimes peers make a fuss, bully others, and then admin is not supportive of the students trying to do the work (E-2015 got so much flack from our peers and admin just kind of shrugged about it). It's just a lot of passivity and white fragility, and it's kind of exhausting. It's particularly frustrating for a school that prides itself on tracking students into underserved care. I'm almost certainly going to be doing residency in a hospital serving mostly black patients, and **as a white provider I do not feel adequately prepared** to do that effectively. I am going to have a lot of catching up to do on the wards compared to some of my peers who have had better training on these subjects. **I chose UWSOM because in its promotional materials it emphasizes underserved training, so I've been pretty disappointed.**
- **Race is often used as a surrogate for other markers (i.e. genetic ancestry based on geography, socioeconomic status, etc).** This is often not explained and could be better elucidated to be clear that race plays no role in the physiological aspect of disease. Brief example: APOL1 & kidney disease. APOL1 plays a role in immunity from Trypanosoma brucei. It is not that being black makes you susceptible to kidney disease, but rather having inherited genetic ancestry from individuals that lived in regions with Trypanosoma brucei. This is very different.
- **Need more background on the roots of disparity, like redlining of housing districts and denial of housing loans for people of color**

- These are currently not being addressed at all. The only time they were ever even mentioned were when students brought them up in class -- often the attending that was teaching would provide no answer, no update on getting back to us with more information, and we had one attending tell us that he had been instructed by fellow teachers to "just claim he did not know" if he was asked by any of us about racism or questions surrounding race. **All the information I have learned on these topics has been provided by my other classmates (usually those of color), or by myself when I had the time (at the expense of the time I had for studying).**
- We just had an EHM day on this, and I really appreciated the discussion and instruction as it relates to this topic.
- Well covered. Too focused on problems and shaming instead of solutions.
- I do believe that there are a lot of administrators and faculty working on this with genuine interest in improvement, which is great! Thank you. **I also think the burden often gets put on us (students) to do this work for the school, and while I appreciate UW's openness to feedback and student input, the burden of fixing this shouldn't be our main job.** I feel I spend an unsustainable amount of energy trying to do this work through course evals, individual conversations, surveys, meetings with administrators etc... For a recent example, just this week we had an ethics case about who should get transplanted organs. There was no framework provided to guide the conversations and no debrief at the end. There are actually some wrong answers to these cases.
- I am a white male and I am not racist. I feel that because I was not born into a underserved minority group I have less advantage in this program. You can say I have white privilege so my comments are nullified, but that attitude towards me is racism. I feel that because I am white and male I am targeted for any opinions. I feel that I can not express my views because I am "white" and "male" so I "don't understand what racism is like". One example of how I feel targeted is the term "white fragility" as a class topic. This does not make me want to go to EHM. This does not make me feel good about my race or heritage, nor does it make me feel like I am in a safe environment... All this does is turn me off to whatever will be taught that day/week. Do not get me wrong, I support equal opportunities. I recognize that racism is prevalent in our society, and change is necessary. However I do not agree that current trends to polarize racism are solving the issues. When you have one extreme and go to the other extreme and nothing is solved.
- **Keep up the good work UW!!!!**

ARAC

Curriculum recommendations UWSOM

Broad topics in ARAC report

- Faculty Development
- Content/Activities in the curriculum
 - Foundations phase
 - Clinical training
- Assessment/grading
- Curriculum oversight
- Faculty, community recruitment

Faculty Development: the things we have not accomplished yet

Faculty Development:

- Required Quarterly trainings that are externally administered.
- Required annual training on the impacts of racism, poverty, and structural injustice
- Required annual anti-bias training

Faculty development efforts re: race, racism, gender, equity

CEDI

UW Medicine Health
Equity Blueprint:
(Paula Houston
Pat Dawson)

Center for Leadership
and Innovation in
Medical education
(CLIME)

Associate Dean for
Faculty
Development
(Trish Kritek)

CLIME Educator development

Initial focus in the new curriculum:

- small group sessions
- clinical teaching

Critical Teaching Series

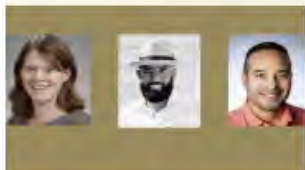
PODCASTS TO ADVANCE HEALTH EQUITY AND JUSTICE IN MEDICAL EDUCATION



CLIMEcasts | Do No Harm: Equitable Teaching Practices (Part 2) with Amanda Kost, MD, MEd, Edwin G. Lindo, JD and Roberto Montenegro, MD,PhD

Episode Length - 15:24

Jan 29, 2019



CLIMEcasts | Do No Harm: An Introduction to Equitable Teaching with Amanda Kost, MD, MEd, Edwin G. Lindo, JD and Roberto Montenegro, MD,PhD

Episode Length - 17:44

Jan 16, 2019



Edwin was brought in to UW to do work around addressing racism in Medicine

He is teaching his Critical Race Theory and Medicine course

Faculty Development Plan: recent summit -Trish Kritek and Leo Morales

Foundational knowledge:

- Historical trauma
- Definitions
 - Othering
 - Racism
 - Institutional racism
 - Sexism
 - Implicit bias
 - Microaggressions
 - Internalized oppression
 - Power, privilege
 - Intersectionality
 - Social determinants of health

Faculty development (continued)

- Skills and Attitudes:
 - Critical pedagogy
 - a new relationship between teacher, student, and society.
 - Curiosity and humility
 - How to handle questions, interact with students in the classroom

Faculty Development

Next steps

- implement new learning management system (LMS)

- roll out 2020

- continue to create, collate materials (now)

- make it required (Dr. Ramsey) all faculty

ARAC Curriculum Recommendations

Include context around epidemiological information or acknowledge where context or understanding is lacking

Examples of syllabus sections, sessions that have gone poorly - document

The planned approach to address bias, racialized medicine in the curriculum

- Roberto

eGFR discussion and what we learned

- Re-reviewed the literature
- Reached out to faculty at UC San Diego, Tufts to discuss the MDRD formula, the history of the equation, their approaches with this topic
- Renal Grand Rounds 3/15:
 - a panel discussion where the student questions were addressed, conversation re: role of race in eGFR, and next steps
- Next step: revamp the session to include context, discuss what we know and don't know, pitfall of using race
- Write a piece about this
- Meeting with Lab medicine director

ARAC Curriculum Recommendations

Areas we need to improve:

emphasize cultural and narrative humility throughout the curriculum

Be consistent in the use or omission of identifiers

e.g., session with the Bettina Judd poem went poorly

reworked

Oyebimpe O.Adesina, MD

Edwin Lindo

2 patients with sickle cell

Use/omission of identifiers

Work group on patient identifiers identified best practices re:

- Age
- Gender
- Sexual orientation
- Race/ethnicity
- Ability
- Size
- Stigma

ARAC recommendation: require students to complete a short reading on SDOHE during each rotation

Implementation of SOAP Q in clinical setting

Based on STEEP aims:

- **Safe:** Avoiding harm to patients from the care that is intended to help them.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and misuse, respectively).
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.
- **Patient-centered:** Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.

Goal: all students will use this with every patient presentation

- Training students 3/25
- Faculty development bundle for family medicine clerkships at end of quarter meeting 3/9/19

Clinical training

Grading.

- Add a category to the clerkship grade evaluating a student's appreciation for SDOHE
- Anticipated roll out – 2020 patient care phase

AMA change Med ed

- Holding students accountable for this content.
- Health systems science examination (currently being designed as a shelf exam for 4th year)
 - Consider making a passing grade for this exam a requirement to pass the EHM week 7 (Occurs in June at start of E+F phase)

ARAC: Curriculum Oversight and Accountability

- Themes committee
- Yearly reports by theme for content, sessions, evaluations

- Thank you.

Recommendation: Engage Faculty and Community members

- Social science faculty
 - Dr. Marieke van Eijk (Feminism and Feminist Theory Global Health Medical Anthropology, Queer Studies, Sexuality, Sociocultural Anthropology)
 - Dr Janelle Taylor
 - Savannah Larimore (Health Disparities, Race and Ethnicity)
 - Roberto Montenegro MD, PhD
- Native Americans
 - Terry Maresca, MD (former president of the Association of American Indian Physicians)
 - Jordan Lewis, PhD (Director, National Resource Center for Alaska Native Elders School of Social Work)
- African American
 - Hayden Hamilton, MD – grad of our program, EHM
- Somali Health Board
- Community members
 - Annie Blackledge, executive director Mockingbird Society Foster care advocacy
 - Marti Port, child and teen service coordinator Parent Trust
 - Tanya Flannigan, Lifewire DV
- Other participants
 - Lee Mun Wah

Opal: curriculum management software

Current tags to identify sessions where topics may arise:

- Communication
- Diversity
- Ethics
- Global, Population, & Public Health
- Health Equity
- Health Equity/Diversity/Population Health/SDH
- Health Systems and Health Economics
- Healthcare Systems
- Interprofessional Education/Communication
- Lifelong Learning
- Professionalism
- Social Determinants of Health
- Systems Improvement

Tagging needs to be more granular than currently

- Qualitative analysis

ARAC recommendation: Caucusing

- Considered for EHM Week 2 E18
 - Ultimately EHM group (faculty in Seattle and WWAMI wide) decided more faculty development needed
 - Questions
 - How to implement across WWAMI with small number of students in group
 - How to scaffold for students to have productive conversations that are not harmful for students of color
 - Lee Mun Wah is a potential source
 - Goal to caucus for E19 class
- Consider caucusing in E18 Week 4 EHM
 - Will revisit after training