

Presence 5 for Racial Justice – National Virtual Community Advisory Board to Design Online CME

I. Specific educational aims:

The goal of this project is to collaborate with a National Virtual Community Advisory Board to design, develop, and evaluate an online Presence 5 for Racial Justice (P5RJ) Continuing Medical Education (CME) curriculum that teaches clinicians practical anti-racism communication strategies.

Presence 5 for Racial Justice (P5RJ) is a discussion-based curriculum that aims to promote racial justice and health equity for Black patients. Guided by the Presence 5 framework¹ (recommended practices to foster physician humanism and meaningful connection with patients, developed by Drs. Donna Zulman and Abraham Verghese), P5RJ trains clinicians in communication practices that address anti-Black racism, build trusting relationships, and empower Black individuals in their clinical care.

Development of P5RJ. The Presence 5 framework was developed through extensive research, including clinician interviews,² interviews with non-physicians,³ a systematic review,⁴ and a national expert panel.¹ Over the past year, our team adapted this framework through a Community-Based Participatory Research (CBPR) approach that was informed by Social Movement Theory.⁵ Our efforts were guided by a national virtual community advisory board that included Black patients, and clinicians and other clinical care team members from four partner clinics that primarily serve Black patients (Roots Community Health Center in Oakland, CA; Culver Medical in Rochester, NY; UAB Primary Care Clinic in Leeds, AL; and Church Health in Memphis, TN). Our team: a) reviewed literature about the experience of Black patients in medicine, b) interviewed Black patients, c) piloted the curriculum with physicians at our partner clinics, and d) presented finding at each stage to the advisory board for feedback. This formative research resulted in a novel P5RJ curriculum that provides practical communication skills to address racism and promote health equity in clinical care. The proposed TMA project will extend the impact of this work by designing, developing and evaluating a P5RJ CME curriculum in partnership with the national virtual community advisory board, the first known partnership of its kind in online CME development.

Project contribution and alignment with funding priorities. The proposed project's innovative collaborative CBPR approach and focus on racial justice and anti-racism communication strategies align with the "Collaboration" and "Diversity, Equity, and Inclusion" priorities of the TMA initiative. Our project activities will address two specific aims:

Aim 1: To collaboratively design a Presence 5 for Racial Justice online CME course with our National Virtual Community Advisory Board, using principles of Community-Based Participatory Research;

Aim 2: To evaluate P5RJ online CME using RE-AIM, a planning and evaluation framework.⁵

II. Project rationale: There is growing recognition that anti-Black racism is embedded in the structure and curriculum of medicine, resulting in health inequities and suboptimal care for Black patients.^{6,7} Our goal with Presence 5 for Racial Justice was to inform positive communication strategies for clinicians to best support their Black patients. Collaboration with Black patients and clinicians serving Black communities is essential for the ongoing implementation and dissemination of P5RJ. We will partner with clinicians/patients in the National Community Advisory Board to design, develop, and evaluate the P5RJ online CME.

While several anti-racism medical curricula have been developed,⁸ most are relatively nascent, implementation/reach has been limited, and those that have shown promising evaluation outcomes are perhaps not feasible in a CME context due to the need for multiple days of training.⁹ In contrast to longer training, P5RJ is framed as an impactful and practical one-hour intervention. We propose a rigorous evaluation of P5RJ's curriculum at a national scale through the development and testing of an online CME. Studies like the proposed current project are needed to evaluate both the implementation and effectiveness of anti-racism medical curricula.

III. Approach:

The P5RJ curriculum will be adapted to a 1-hour online CME, with didactic material as well as interactive elements centered around case studies. We have piloted 1-hour P5RJ discussion groups with clinicians and medical students. Preliminary data show the content and timing to be feasible and engaging, with clinicians and residents perceiving P5RJ content to be valuable. Specifically, participants reported appreciating taking the time to learn the history of anti-Black racism medicine and learning how to best serve their Black patients.

For the proposed project, the P5RJ curriculum will be taught in an online CME course, informed by our National Community Advisory Board and partners. We will evaluate the course using the RE-AIM framework, focusing on Reach and Effectiveness with the following outcome measures: [Reach] number of clinicians who successfully complete the course; [Effectiveness] knowledge of P5RJ principles and practices and self-efficacy for providers in providing excellent care for Black patients.

IV. Timeline and plan for implementation:

Table 1. Timeline and Implementation Plan

Activities	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Monthly, virtual National Community Advisory Board (NCAB) Sessions	X	X	X	X	X	X	X	X	X	X
Drafting CME material	X	X								
Drafting assessment protocols	X	X								
Creating CME			X	X	X					
Launching CME						X	X	X		
Evaluation analysis									X	X

By the first NCAB, our team will present draft CME slides and assessment protocols (pre-post surveys) for review. We will also discuss potential interactive CME material. NCAB #2 (Nov) will review potential interactive CME modules derived from NCAB conversations. NCAB #3 (Dec) will review final CME plans, and #4 and #5 will include NCAB piloting and feedback on P5RJ online CME. By NCAB #6, we will brainstorm CME dissemination venues. April and May will focus on writing draft abstracts for conferences in collaboration with NCAB members. June/July will finalize our analysis, with a final NCAB presentation in July.

V. Anticipated work product:

- Our virtual National Community Advisory Board will be enhanced with monthly meetings to guide the creation of the P5RJ online CME
- Presence 5 for Racial Justice online CME creation
- Analysis of evaluation for creation of conference abstract
- Potential manuscript creation RE: evaluation of P5RJ outcomes

VI. Evaluation plan:

We will evaluate the success of our CBPR approach by examining: 1) the project's alignment with CBPR principles (training community members, balancing between methodology and collaboration with focus on open dialog, creating opportunities for bidirectional learning, documenting process and lessons learned through existing continuous evaluation surveys, communicate effectively with community¹⁰); 2) board participation (board participation # present per meeting, # of meetings) and inclusion (board perceptions of inclusion and satisfaction assessed by survey after each meeting); and 3) validation of output with stakeholders (qualitative interviews with n=10 patients/clinicians).

We will evaluate the online CME course using the RE-AIM framework, focusing on Reach and Effectiveness with the following outcome measures: [Reach] number of clinicians who successfully complete the course; [Effectiveness] knowledge of P5RJ principles and practices and self-efficacy for providers in providing excellent care for Black patients. Effectiveness knowledge and attitudes will be assessed with a pre-post survey instrument. Members of our team have previously used pre-post surveys with online CME to document increased knowledge and positive attitudes towards courses in other domains (i.e. e-cigarettes).¹¹

VII. Dissemination of results:

Nationally and internationally, we plan to share the CME through online marketing, our international Presence 5 network, the Society for Bedside Medicine, the Stanford Presence Center, Dr. Abraham Verghese's significant online following (18.8k Twitter followers), and inclusion on the Stanford 25 website. Locally, we will present to faculty meetings (eg. Stanford Primary Care and Population Health >100 clinical faculty). We plan to share CBPR insights, P5RJ content, and CME course outcomes at regional and national conferences, such as the AMA Change MedEd conference, Society for General Internal Medicine, American Public Health Association, etc.

