

The 5 Minute Moment for Racial Justice: A Multimedia Digital Platform for Identifying and Addressing Racism in Medical Decision Making

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I. Specific Educational Aims:

During clinical training, medical students and residents are exposed to racial bias in perpetuated practices and are likely to encounter teachable moments to learn how race affects medical decisions. In an adaption of the 5-Minute Moment teaching framework¹, we developed a pilot case-based curriculum called *The 5-Minute Moment for Racial Justice* (5MMRJ), an innovative anti-racism bedside teaching series that considers the clinical context of a real patient, the current standards of a diagnostic test or treatment paradigm impacted by racial bias, a direct historical example highlighting how the standard contributes to racial disparities, and next steps towards equity. Our goal is to expand and transform the 5MMRJ pilot into an online educational platform to serve as a digital resource for immediate access by educators, learners, and healthcare teams and potentially even shared at the patient's bedside. Our aims include:

1. Develop a series of case-based clinical examples that illustrate racial bias in medical decision making to **promote critical discussions between educators and learners**
2. Create an online platform featuring aforementioned examples alongside:
 - a. A video repository of "5-Minute" frameworks that can be accessed by healthcare teams to foster leveled-hierarchy group learning and discussion
 - b. An educator's toolkit featuring facilitation guides and videos on how to navigate team discussions around race and racial bias in medicine
 - c. Audiovisual recordings of patients from racial and ethnic minorities that share best practice recommendations on how to teach this content with the patient at the bedside and to augment patient narratives
 - d. Consolidated access to community resources for advocacy and engagement

Priority Areas of TMA: Given the impact of racism in medicine across all ages, the 5MMRJ project is a **collaboration between Pediatrics and Internal Medicine**. Our community partner is the Presence 5 National Community Advisory Board (CAB), which comprises of clinicians and patients from 5 clinics (Oakland CA; Newark NJ; Memphis TN; Harlem NY; and Chicago IL) serving predominantly Black patients. The CAB will inform the curriculum build and the research process to uphold accurate representations of Black patient experiences. We hope the creation of this online platform will allow rapid dissemination and **sustainability** of the curricular content, facilitating adoption at not only academic centers but community sites serving patients who may be at the highest risk of racial injustice in healthcare. By identifying racial bias in medical decision making, the curriculum promotes more **equitable and racially-just patient care**.

II. Project Rationale:

Dismantling racism in healthcare demands that medical education promote racial justice throughout all stages of medical training. However, racial bias can be fostered unintentionally, impacting the way we make decisions as doctors with downstream effects on patient health and health equity.^{2,3} The development of any anti-racism curriculum in medicine requires the ability to identify racial bias in practices we have not previously recognized as explicitly racist or unjust. This has limited the creation and delivery of effective antiracism education in healthcare.^{4,5}

In the last few years, race-based clinical algorithms and practice guidelines have undergone scrutiny given their potential to propagate race-based health inequities.⁶ Examples range from race-driven calculators that may underdiagnose UTIs in Black children⁷ to the overestimation of kidney function in Black adults awaiting kidney transplant.⁸ There is an urgent need to explore

these important questions that challenge status quo with trainees in medicine before they become engrained in practices that perpetuate racial bias. The 5MMRJ is intended to identify and address examples of racial bias as it occurs in clinical practice with real patients. While five minutes is insufficient, these moments serve as a springboard for longer, necessary discussions and showcases that teaching racial bias can be routinely incorporated into medical practice. A multimedia online platform allows information to be efficiently delivered within minutes and in a patient-centered way that can be shared at the bedside involving the patient.

III. Approach:

Following Kern's 6 Step Model for Curriculum Design, we have identified the need to address racist practices as trainees encounter them in real time. This is aligned not only with ACGME Core Competencies on Professionalism and Diversity⁹ but also local institutional commitments to antiracist practices.¹⁰ Over ten pilot cases in the 5MMRJ have already been developed. The selection of high-yield topics for inclusion in the digital repository will depend on a targeted needs assessment survey of residents and faculty separately in the fields of internal medicine and pediatrics. From there, we will finalize SMART goals and objectives for the overall curriculum and for each individual case-based module. Our team has already collaborated with Kim Walker of Stanford EdTech for the development of our educational strategy including the build of an online educational platform of the 5-Minute Moments.

IV. Timeline and Plan for Implementation:

June-July 2021: Completion of 5MMRJ Case Series (10 in IM, 10 in Pediatrics)

Aug-Sep 2021: Pilot Cases on the Inpatient Teaching Services at Stanford and LPCH. Collect survey data for quality improvement, assessment of learner satisfaction, and selection of high-yield cases for digitization

Oct 2021-Feb 2022: Collaborate with Stanford EdTech to storyboard, design, and generate online platform with repository of 5MMRJ cases. During content creation, collaborate with racial scholars and CAB for development of the multimedia educator's toolkit

March-May 2022: Curricular implementation with pre- and post-intervention assessments.

June-July 2022: Complete data analysis and prepare manuscript submission to MedEdPortal

V. Anticipated Work Product:

- First Iteration: An online repository of case-based examples for faculty/residents to use as a teaching resource. Each case maps to a common clinical practice influenced by racial bias with a video of the 5MMRJ and opportunities for further engagement on each topic, including a discussion guide
- Future Next Steps: Consolidating the online platform into an anti-racism curricular module for faculty seeking CME.

VI. Evaluation Plan:

Residents in Internal Medicine and Pediatrics will complete pre- and post- surveys to assess knowledge, attitudes, and learner satisfaction with a combination of Likert scales and open-ended free text responses guided by the Health Equity Implementation Framework.¹¹ Adoption and sustainability¹² of the 5MMRJ as a teaching tool will be reassessed by survey six months after curriculum implementation. Focus groups with both learners and faculty will help inform future iterations which will include medical students. This study has received IRB approval.

VII. Dissemination of Results:

- Manuscript Submission and MedEdPortal Submission for Curricular Dissemination
- Workshops: Stanford Innovations in Medical Education Conference, AAMC, ACGME

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