

The Impact of a Racial Justice Curriculum on Medical Educator’s Attitudes and Behaviors on Teaching Health Equity

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I. Specific Educational Aims:

Aim #1: Examine how brief, longitudinal monthly exposure to a structured framework and curriculum on anti-racism in health care affects the surveyed knowledge, attitudes, and teaching behaviors of medical educators. *Hypothesis #1:* We hypothesize that repeated exposure will increase educator knowledge, comfort, and frequency of teaching of anti-racism in clinical decision-making.

Aim #2: Characterize educator’s perceptions of barriers and facilitators to teaching about anti-racism in clinical decision making in the clinical environment. *Hypothesis #2:* We hypothesize that some educators will adopt the teaching framework and others who will not. Identification of barriers are necessary to develop implementation strategies for teaching hospitals and clinics.

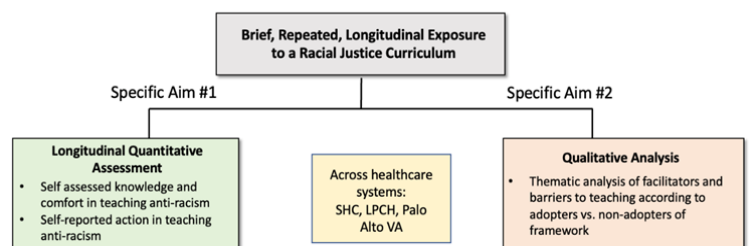
II. Project Rationale

Implicit bias and structural racism directly cause health disparities by affecting the way clinicians evaluate, diagnose, and treat patients.¹⁻² Many clinician educators are reluctant to teach about this topic.³⁻⁴ Lack of knowledge, time, and expertise are commonly cited barriers when educators encounter a teachable moment.⁵⁻⁶ This propagates unjust standards of clinical practice.⁷⁻⁹ Current faculty development in anti-racism training is limited to “one and done” workshops or conferences, where participants are exposed to a large amount of content without repeated exposure. There is a critical need to develop alternative pedagogies to effectively teach anti-racism in clinical decision-making for medical educators.

The 5-Minute Moment for Racial Justice (5MMRJ) is a published framework and case-based curriculum that provides educators with a standardized instructional tool to teach racial justice in clinical decision-making.¹⁰ The framework borrows principles from established teaching models that emphasize the efficacy of timely and brief educational interventions.¹¹ These moments serve as springboards for longer discussions and showcases that clinicians can routinely teach anti-racism in their practice. The curriculum comprises common clinical scenarios that use historical narratives to illustrate how current standards in clinical practice propagate health disparities, and advocates for concrete steps and resources to provide more equitable care. These cases are relevant across practice disciplines, with some featured in a video library through Stanford CME (5mmracialjustice.stanford.edu).¹² The majority of these cases focus on racial justice in the clinical care of African American patients, who experience the highest rates of morbidity and mortality across several health domains compared to white individuals.¹³ The design of the faculty development series as a longitudinal curriculum is based on the learning theory that repeated exposures enhance item memory and contextual memory performance over time.¹⁴

III. Approach:

We propose to conduct a multi-site cross-discipline study using a mixed methods study design. We have confirmed site leads in adult hospital medicine and pediatric hospital medicine



across health care systems (SHC, LPCH, Palo Alto VA).

Intervention: The intervention will be monthly 15-minute case-based didactics on racial justice in clinical decision-making organized in the 5MMRJ format. A total of 10 didactics is anticipated and will be delivered by trained site leads to clinicians in their respective divisions. Each site lead has *already* obtained agreement from their division leadership to present the curriculum as part of a standard anti-racism teaching series at monthly Division Meetings. Faculty development workshops will be provided to all site leads to ensure standardization across sites.

Participant Selection and Data Collection: Clinicians with roles as medical educators are eligible to participate in surveys and focus groups and will be recruited via email. Prior to the first didactic, and subsequently quarterly, individuals will receive a link to complete a questionnaire assessing knowledge, comfort, and teaching practices around anti-racism. These data will be evaluated longitudinally for impact by comparing scores across quarters to assess whether increased exposure to the curriculum affects surveyed responses.

Study investigators will review survey results after the completion of 10 didactics to identify “adopters” and “non-adopters”. Adopters will be individuals who have self-reported using the framework to either change clinical or teaching practices. We will conduct focus groups with adopters and non-adopters (separately), informed by the Health Equity Implementation Framework.¹⁵ The goal will be to explore how curriculum exposure affected educator perspectives, awareness, and teaching practices of racial bias in medicine, as well as identify facilitating factors and barriers. Focus groups will be conducted via Zoom by a trained qualitative researcher, recorded, transcribed and analyzed for themes.

IV. Timeline and Plan for Implementation:

Aug-Sep 2023: IRB review, Site Lead Training, Survey Development and Pilot. Recruitment of participants.

Oct 2023-July 2024: Monthly 15-min Didactics at each IRB-Approved Site. Quarterly Surveys

June 2024-August 2024: Survey review, Focus Group, Thematic Analysis of Transcription

V. Anticipated Work Product: Successful completion of the specific aims will lead to increased exposure of topics in anti-racism in health care for clinician educators, and will improve understanding of the facilitators and barriers to leading these conversations in the clinical learning environment. This study and subsequent publication will also be one of the first to examine the effects of brief, repeated exposure of this content on faculty development. This is critical as these priorities align with AAMC’s new Diversity, Equity, and Inclusion Competencies Across the Learning Continuum as well as ACGME’s Core Competencies on Professionalism and Diversity.¹⁵

VI. Evaluation Plan: See in section on “Approach” for Evaluation Plan of Curriculum

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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