Anti-Racism Task Force: Curriculum Working Group Report

Student Team: Laer Streeter, Kairav Sinha, Christiana Choi, Astrid Floegel-Shetty, Aidan Vosooghi, Yuki Kuromaru, Swathi Balaji, Varsha Srinivasa, Robin Kikuchi, Alexandra McGough, Megha Sheth, Anushka Das, Yalun Zhang, Holly Gui, Emily Chan, Mark Phillips, Senxi Du, Jenny Wei, Emmy Jin, Kayla Blair, Betty Situ
Faculty Advisors: Ron Ben-Ari, Joyce Richey

Submitted: February 2, 2021

The mission of the Anti-Racism Task Force (ARTF) is to dismantle racial inequality and foster racial justice in the Keck School of Medicine (KSOM) curriculum and medical education. The ARTF charged the Curriculum Working Group with the following:

- Development of an inclusive and continuous curriculum on systemic racism and bias in healthcare led by paid Black Indigenous People of Color (BIPOC) healthcare professionals.
- Implement a system by which the curriculum office monitors ALL lecture and small group content in years 1-4 to ensure that any discussion of race is framed in contemporary anti-racist thought.
- Implement a restorative justice policy for racism and establish mandated anti-racism training for all ICM and PPM instructors.

The following report outlines the recommendations and proposals of the ARTF Curriculum Working Group in response to its charge and other considerations that emerged through discussions of the working group. The group identified two overarching strategies to address its charge: 1) Faculty Development and, 2) Continuous Feedback Systems and the suggestions and materials generated by the ARTF Curriculum Working Group are delineated below. These materials can be moved forward as resources to more focused groups for implementation in academic year 2021-2022. In addition, the ARTF Curriculum Working Group acknowledges that many issues of race are intersectional with issues of class, gender identity, sexual orientation, and more, and we encourage all the proposals below to be considered and further developed with this intersectionality in mind.

Section 1: Faculty Development

The ARTF Curriculum Working Group has developed curriculum guidelines for faculty and guest speakers to reference prior to presenting their materials to students which would be managed by the Curriculum Office. Furthermore, the group has a written proposal for similar guidance to be provided to the faculty preceptors of the Introduction to Clinical Medicine (ICM) course because of the unique features of that course. The group emphasizes the importance of training in using Interpreter Services and propose an approach for "scrubbing" the curriculum to ensure that content and materials are more race conscious.

Proposal:

1. Provide clear faculty guidance and training on culturally responsive content & teaching strategies with a particular focus on faculty teaching ICM and professional identity formation and faculty coaches.
2. Establish a systematic method for prospective review of content and materials under development to address possible racist messaging or insensitivity to issues of racial injustice.
3. Consider adding questions to the student evaluations of faculty or some other mechanism that enable faculty to receive individualized feedback on inclusivity and effectiveness on diversity and inclusion.
4. Provide training on use of interpreter services.

Specific Recommendations and Materials to Consider:

- Generic curriculum guidelines completed by Christiana Choi (cchoi290@usc.edu), Senxi Du (senxidu@usc.edu), Alexandra MacGough (amcgough@usc.edu), Aidan Vosooghi (vosooghi@usc.edu), and Jenny Wei (weijenny@usc.edu)

- ICM proposal completed by Swathi Balaji (sbalaji@usc.edu), Kayla Blair (kaylabla@usc.edu), Astrid Floegel (floegels@usc.edu), Mark Phillips (mjphilli@usc.edu), Varsha Srinivasa (vkshriniv@usc.edu)

- Interpreter Services proposal completed by Senxi Du (senxidu@usc.edu)

I. Ensuring an Anti-Racist Lecture Environment
    A. Applies to all lectures Years I-IV
    B. Draft checklist for lecturers (Appendix A)
        1. Provide lecturers a checklist to review prior to giving lectures
        2. May have lecturers submit to curriculum office
        3. Developed from the following resources:

a) Colorado School of Mines Inclusive Teaching Practices and Checklist
b) UCLA CEILS Inclusive Teaching in the Sciences
c) UCLA CEILS Inclusive Teaching for Diverse Classrooms
d) University of Massachusetts Diversity, Representation and Inclusion for Value in Education

4. Consider general vs subject-specific (eg. dermatology) checklist items
5. Include an annual required session for all faculty on how to apply this checklist to their curriculum

C. Post-Lecture Evaluations

1. Goal: assess lecturer's effectiveness on diversity/inclusion
2. Include 1-2 questions to all post-lecture evaluations to assess the degree to which the lecturer maintained an inclusive classroom (see Section 2: Continuous Feedback System)

II. Curriculum Review and Modification

A. Proactive reformation of all lecture materials Years I-IV

1. Goal: review the lecture slides as well as the webcasts to identify and amend any necessary changes to address racial injustice
2. Suggestions:
   a) Formation of a committee assigned with task to review the existing lecture materials
   b) Establishment of guidelines/examples of materials that require review and modification
   c) Utilization of search function in Powerpoint, PDF, and *Panopto* to execute the task using specific search terms

III. Particular Curriculum Topics of Interest

A. Race & Medicine

1. We propose a series of interactive sessions led by faculty to be integrated into the core curriculum to cover topics such as the history of how race has been used and misused in medicine, as well as to introduce contemporary thinking on how best to practice anti-racist medicine
2. The sessions in #1 above are intended to complement and prepare students for more targeted sessions critically examining the intersection of race and specific fields of medicine (item B, below)

B. Block-Specific Considerations for Anti-Racist Curricula

1. Goal: identify and address common sources of racism and other forms of discrimination in specific curricular blocks
2. Suggestions:

        a) Identify parties with appropriate expertise to provide guidance on each block (may include faculty, current/past students, outside experts, etc).
        b) Hold system-specific anti-racist orientation sessions covering common sources of racism and discrimination.

C. Interpreter Services and Language
    1. Goal: increase utilization of and improve comfort with interpreter services among medical students
    2. Suggestions:
        a) ICM write-ups using phone, video, or in-person interpreters
        b) PPM session on language discordance disparities, undocumented immigrants
        c) Invite interpreter to speak and discuss tips and common issues
        d) Students take Interagency Language Roundtable speaking self-assessment to review what conversations they are able to have at their level
        e) Review high complexity conversations that must be had with interpreter (Appendix B)

D. Introduction to Clinical Medicine is a unique facet of the curriculum which requires additional faculty development for the following reasons:
    1. Teaching of clinical skills, which require physical contact, interpersonal communication, and empathy
        a) Explicit and implicit biases affect the way these skills are taught and learned
        b) Intervention and faculty development can help raise awareness of such biases and keep them in check
    2. ICM content is undergoing a series of changes to better reflect race-conscious, rather than race-based medicine (see below outline), and faculty, students, and standardized patients must be made aware of those changes via a training module
    3. Language Use and Redefining Concepts
        a) Goal: Develop faculty educational modules on concepts/occurrences that are prejudicial or exclusionary (i.e. ICM instructor-student interactions, physician-patient interactions, patient write-ups and presentations)
            i. These modules should include:
                1. definitions of these concepts/occurrences;
                2. problematic language use that exemplifies or perpetuates these concepts/occurrences;

3. guidance on how to model language use and behavior that isn't prejudicial or exclusionary;
4. instruction regarding making amends for problematic language use or behavior;
5. guidance on how to be a responsible peer who fosters growth in those around them via making them mindful of mistakes made;
6. certificate(s) of completion to track engagement with modules.

Section 2: Continuous Feedback System

The ARTF Curriculum Working Group proposes a Continuous Feedback System for timely responses to student and faculty feedback, recognizing that any proactive intervention cannot fully prevent racist and microaggressive behaviors from occurring.

Proposal:

1. Create a system of assessment, evaluation and feedback to be managed by the Curriculum Office with the Evaluation and Assessment Unit that allows students to report instances of instruction that does not meet the standards outlined above, in order to promote continuous improvement of the cultural responsiveness of the curriculum.

Specific Recommendations and Materials to Consider:

- Proposal completed by Christiana Choi (cchoi290@usc.edu) and Robin Kikuchi (rkikuchi@usc.edu)

I. Feedback Form
    A. Establishment
        1. The form (*Appendix D*) could be integrated into existing mechanisms such as forms presented on Entrada or the Keck SOM Lapse of Professional Behavior Report system.
    B. Important pillars
        1. Transparency
            a) Goal: The parties and steps involved in addressing responses should be transparently detailed before submission of the form.
        2. Conscious
            a) Goal: The form should be formatted in a way that will allow for responders to more appropriately address individual student responses.
            b) Suggestions:

(1) The form should allow for anonymity if desired while also allowing for students to provide their contact information if they wish to be a part of the process and communication about how their case is addressed.

(2) It should include questions such as "What action do you hope will be taken?" and "Is there anything you worry will happen as a result of your reporting?"

II. Responses to the Feedback Form

A. Establishment

1. Systematic responses (*Appendix D*) to the student feedback form should be established in order to provide efficacious contributions to the curricular reformation that reflects integral social justice values.

B. Important Pillars

1. Student support and communication

a) Goal: Prioritization of support and direct communication with the student who submitted the form is integral to ensuring well-being of individuals directly affected by the proposed problem.

b) Suggestions:

(1) Unless specified for anonymity, there should be an initial direct communication with the student to inform them of the subsequent steps to be taken as well as to provide support/resources deemed necessary.

2. Inter-departmental cooperation

a) Goal: Diverse perspectives and expert consults (i.e. Office of Diversity and Inclusion) will augment the review process and ensure avoidance of misjudgments.

b) Suggestions

(1) IDEA chairs could be the first responders who directly communicate with the student who submitted the feedback form

(2) Curriculum chairs, IDEA chairs, Office of Diversity and Inclusion, faculty advisors, Deans, and ARTF committee members could cooperate in reviewing the materials of concern.

3. Incorporation into the existing system

a) Goal: Incorporation into the existing system will result in a more coordinated execution of the feedback review and the curriculum reform.

b) Suggestions:

        (1) 1-2 questions should be included in all post-lecture evaluations with a response tracking mechanism that automatically notifies the appropriate teams when a student identifies racist or microaggressive behaviors by the lecturer
        (2) In the case where more serious steps are required to address the incident, appropriate measures as established by the Administrative Offices.

4. Transparency
    a) Goal: Transparency and closing the loop of communication are essential for students to trust in the process and feel that discrimination is being appropriately addressed.
    b) Suggestions:
        (1) The student who initially raised the concern should be regularly updated on the reviews/actions taken consequent to the feedback along the process.
        (2) Emails that include the outcomes, curriculum reforms, and appropriate addendums should be addressed to the entire student body.
5. Educational action
    a) Goal: Although a general diversity and inclusion course is mandatory for all faculty, additional educational opportunities for faculty or students who, intentionally or unintentionally, are participants in a reported incident should be respectfully provided for mandatory completion. If more serious steps are required to address the incident, these should be detailed in the email summaries.
    b) Suggestions:
        (1) This can be completion of existing modules or completion of new models or resources chosen to specifically address the situation.
        (2) A third party vendor who does a great job of such courses is Leaderosity.

Appendix A. Draft Checklist for Lecturers:

If you have reviewed this worksheet with your materials and are satisfied, check the "Yes" box for each statement. If there is room for improvement, check "Needs Improvement" to aid you in returning to it later.

CREATION OF WELCOMING ENVIRONMENT			
Yes	Needs Improvement	Not Applicable	
			I address students by chosen names and pronouns.
			I use language that acknowledges and values different experiences/perspectives.
			I appreciate and acknowledge, when appropriate, that students may have a personal experience with the content I am presenting. ***Example***: "As we discuss this topic I recognize that some of you may have had personal experiences that impact your comfort, response, and discussions with classmates and others. Please know that there are resources available."
			I demonstrate respect for other specialties and professions in the healthcare field and recognize the value in an interprofessional approach to medicine.
			I am careful not to make assumptions about an individual's family composition, sexual orientation, ethnicity, gender, lifestyle, or other characteristics.
			I acknowledge first-day disparity issues. For example, if an academic resource lacks diverse patient case scenarios, I acknowledge the lack of inclusivity at the beginning of the lecture and actively work to incorporate or address more well-rounded examples.
			I actively welcome feedback from students.

ACADEMIC MATERIALS			
Yes	Needs Improvement	Not Applicable	
			I assign reading that features a diverse array of scientists/researchers and includes women and under-represented minorities.
			I include materials, readings, & images that reflect contributions and perspectives from groups historically under-represented in the field.
			My example cases include patients of different race/ethnicities.
			The images and media that I use refrain from promoting a stereotype. If there is a known social stigma associated with the pathology being researched (e.g. HIV and drug use), I acknowledge and address this stereotype. I acknowledge the impacts that such stereotypes may have on students.
			If my case studies include a specific demographic or characteristic, it is appropriate to the learning objectives. I present the data and discuss why this characteristic is relevant in this case. I use this as an opportunity to discuss how the healthcare system historically reinforces disparities.
			When discussing research by women or ethnic minorities, I include pictures of these researchers to decrease implicit bias.

ACKNOWLEDGEMENT OF SOCIAL FACTORS			
Yes	Needs improvement	Not applicable	
			I acknowledge and address the disparities (racial/ethnic, socioeconomic) that exist among the patients in my specialty and/or disease topic.
			I refer to patients as “patients with X disease” in order to avoid defining a person by their illness. By extension, I refrain from referring to groups without the disease as “normal.” ***Example***: “A patient with schizophrenia” instead of “a schizophrenic”
			When relevant, I reflect and discuss the relative impact of cultural or socioeconomic factors (social determinants of health) on conditions.
			When I do not know the relevance or impact of the demographic or characteristic, I acknowledge the uncertainty involved in healthcare research and suggest avenues for future studies.
			When I describe racial health disparities and distributions of disease along racial lines, I make sure to comment on the impact of racism and environmental factors on these differences, where possible.
			I take care to distinguish between ancestry, race, and ethnicity, and to use these terms thoughtfully.
			I take time to address stigmatized topics with appropriate sensitivity, recognizing the stigma that surrounds them and how that stigma affects patients. I refrain from using labels or acronyms that perpetuate stereotypes or derogatory associations. ***Examples***: alcohol dependence and other substance use disorders, sexually transmitted infections, homelessness
			I am conscious of both my written and spoken language.

Appendix B. Types of Conversations in Interpretation (created by DHS)

Urgency: High — Low

Complexity: High — Low

Complex & Urgent (1)

In-Person Interpreter (Stat Page)

Patient Traits:
- Hard of hearing
- Cognitively impaired

Medically Critical:
- Trauma
- ICU
- Emergency Care
- Urgent Care
- Psychiatric Eval
- Altered Mental Status

Encounters:
- Family meetings
- Bad prognosis
- End of life care
- Surgical Planning
- Informed consent
- Discharge/Care coordination
- New Sensitive Diagnosis

Complex & Not Urgent (2)

In-Person (Scheduled) or Video Interpreting

Patient Traits:
- Hearing impaired
- ASL

Encounters:
- Education requiring visual demonstration
- Family meetings
- Complicated medical procedure
- First time appointment
- Social Work assessments

Urgent & Low Complexity (3)

Video/Phone Interpreter

Patient Characteristics:
- Visually Impaired

Encounters:
- Urgent matters that cannot wait for in-person interpreter
- Triage
- Language needed is not in-house
- Brief routine visits
- Non-sensitive situations

Low Complexity & Not Urgent (4)

Video/Phone Interpreter

Encounters:
- Scheduling appointments
- Reminder calls
- Patient billing/Financial counseling
- Patient preference

6/2019

Appendix C. Draft of the Feedback Form in Google Forms Format

This link is a mockup example of the proposed form, including questions that may be considered: https://forms.gle/HLZiMSgaGg2DJWAP9

Appendix D. Draft Flow Chart Illustrating Potential Responses to the Feedback Form

Flow chart example of how form response could be managed. We emphasize the importance of transparency and follow-up with reporting parties in order to close the loop of communication.