Bridge Over Troubled Waters:

Crossing the Cultural Divide To Talk About Race & Racism in Academic Medicine

David Acosta, M.D., FAAFP
Chief Diversity & Inclusion Officer

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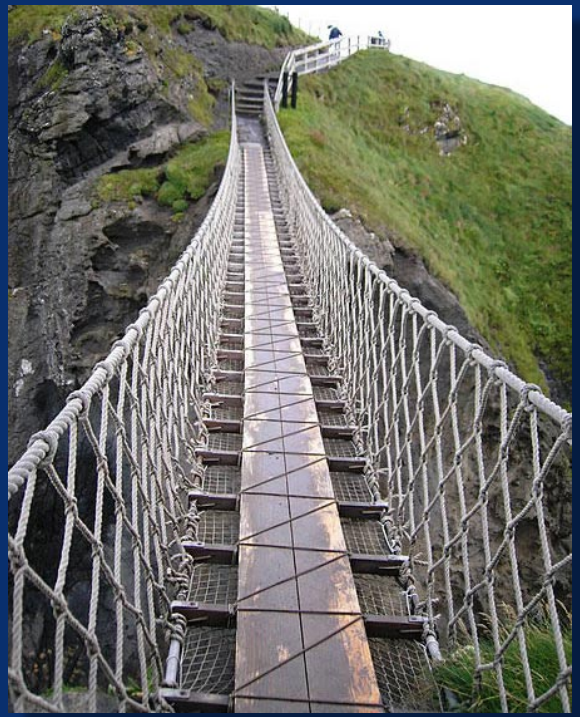
Crossing the Cultural Divide:



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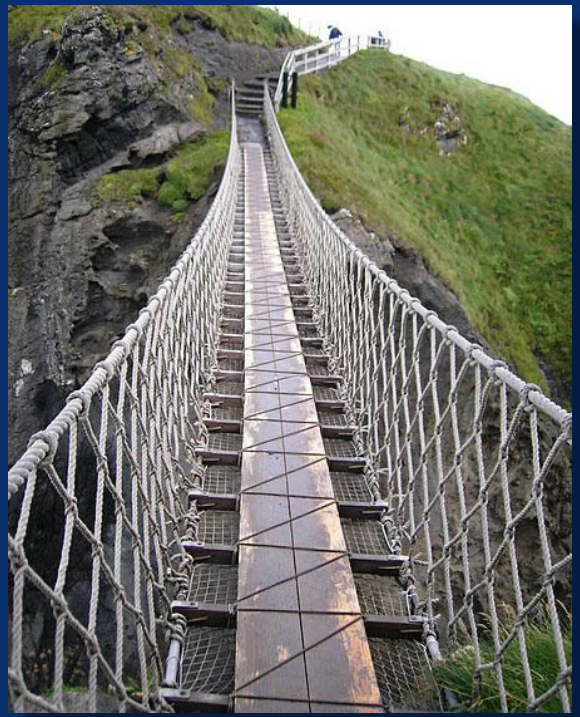
Crossing the Cultural Divide: Why Is It So Difficult?

The Undiscussible

The Discussable



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Crossing the Cultural Divide: Why Is It So Difficult?

The Undiscussible

- Exposes vulnerabilities
- Triggers emotions (emotional turbulence)
- Provokes defensive posturing
- Fear of bringing out underlying biases

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Agenda

- Analyze the imperatives for dialoguing and teaching about race and racism in academic medicine
- Identify potential faculty development that might build on and expand knowledge & skills
- Explore innovative resources that can provide the necessary skills for interracial dialogue
- Explore AAMC initiatives addressing the issues

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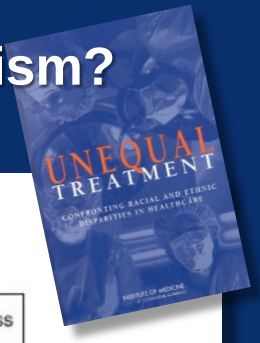
Why talk about race & racism?



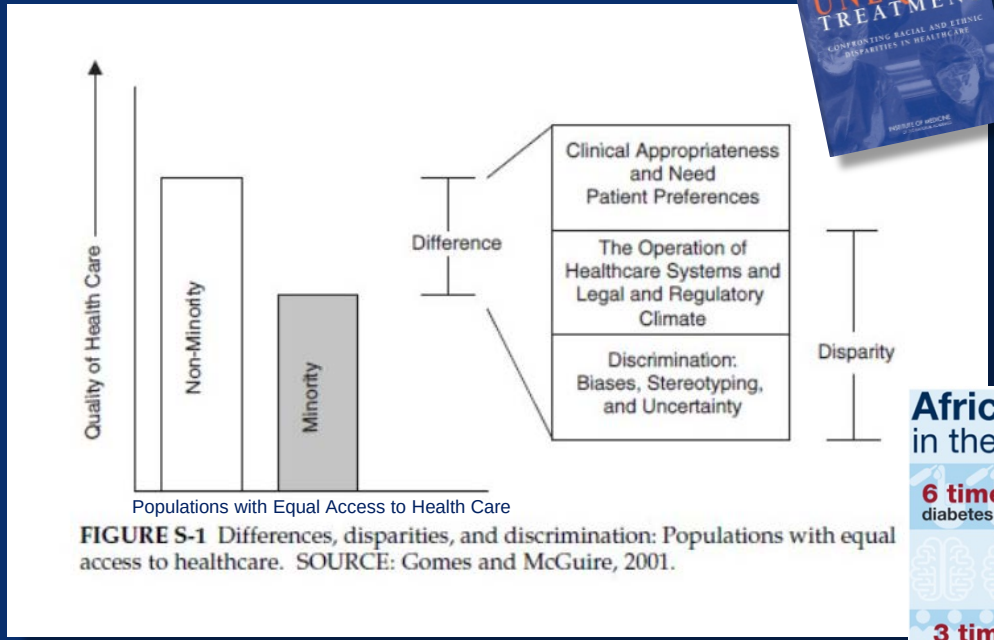
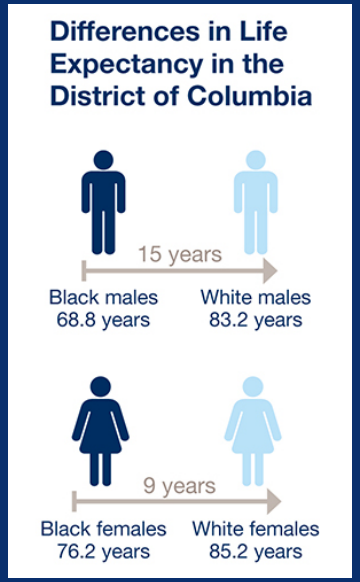
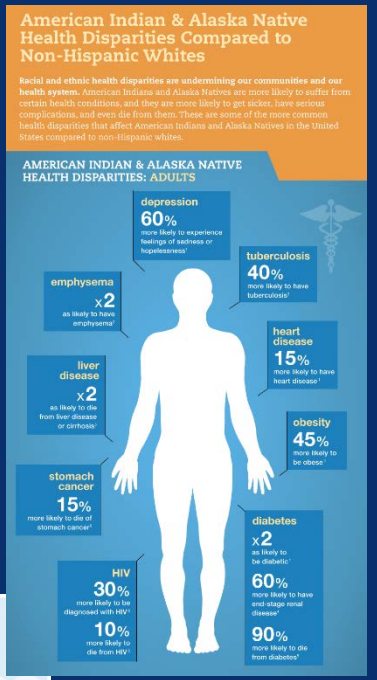
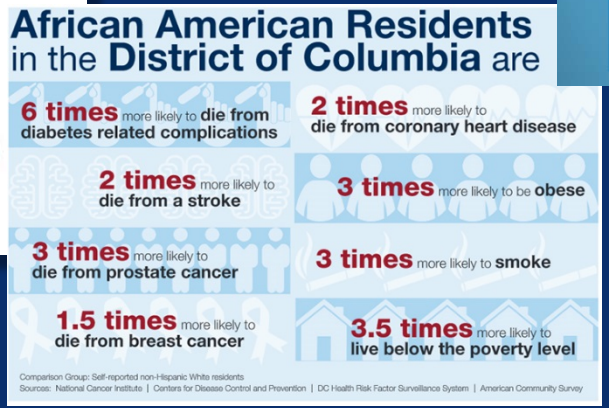


FIGURE S-1 Differences, disparities, and discrimination: Populations with equal access to healthcare. SOURCE: Gomes and McGuire, 2001.

Institute of Medicine, 2003







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JULY 03, 2017

White nationalist flyers reportedly found at Drexel University

Addressing this Week's Anti-Semitic Incident on Campus, May 15, 2015

As you may have heard, on Tuesday evening, May 12, a Jewish Drexel student arrived home to his dormitory to find anti-semitic vandalism (a swastika and the word "Jew") written out in duct tape on his interior room door in his suite. The

Free speech at FSU shown with Milo Yiannopoulus visit, Black Lives Matter protest

George Washington University Medical Students Stage 'Die-In'

Tallahassee Democrat.
PART OF THE USA TODAY NETWORK

Black Lives Matter flag unfurled during Marching Chiefs halftime performance

UC Davis medical students hold 'White Coats for Black Lives' demonstration

Mission

- To eliminate racial bias in the practice of medicine
- Recognize racism as a threat to the health & well-being of people of color

http://www.whitecoats4blacklives.org/about

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Goals

1. Raise awareness of racism as a public health concern
2. End racial discrimination in medical care
3. Prepare future physicians to be advocates for racial justice.

http://www.whitecoats4blacklives.org/about

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Opinion

A PIECE OF MY MIND

A Silent Curriculum

Katherine C. Brooks, BA
Warren Alpert Medical School of Brown University, Providence, Rhode Island.

During my medical training thus far, Trayvon Martin lost his life, Michael Brown was left to die in the streets of Ferguson, Missouri, and Eric Garner was choked by officers as he repeated 11 times that he could not breathe. But these events were rarely mentioned in the lecture hall, my small-group sessions, or morning rounds. Was I supposed to ignore their implications for the lives of my patients, and for my role as

occasion, an attending explained that *some cultures* have lower thresholds for pain.

I learned to blame miscommunications and poor adherence on the patient, rather than any language barrier. I learned it was acceptable to deliver the diagnosis of terminal cancer in broken Spanish and to use a 13-year-old girl to translate the details of her intubated father's care. I was told that I wouldn't learn

"….if we refuse to deeply examine and challenge how racism and implicit bias affect our clinical practice, we will continue to contribute to health inequities in a way that will remain unaddressed in our curriculum and unchallenged by future generation of physicians."

- K.C. Brooks, 2015

JAMA 2015; 313(19):1909-10

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FIRST OPINION

The patient called me ‘colored girl.’ The senior doctor training me said nothing

By JENNIFER ADAEZE OKWEREKWU @JenniferAdaeze / APRIL 11, 2016

“Every one of us needs to own the principles that protect us and our patients from racism and bias. That means learning to see prejudice and speaking up against it.”

https://www.statnews.com/2016/04/11/racism-medical-education/

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FIRST OPINION

The patient called me ‘colored girl.’ The senior doctor training me said nothing

By JENNIFER ADAEZE OKWEREKWU @JenniferAdaeze / APRIL 11, 2016

“Silence in the face of injustice not only kills any space for productive conversations, but also allows cancerous ideas to grow.”

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Breaking the Silence: Time to Talk About Race and Racism

David Acosta, MD, and Kupiri Ackerman-Barger, PhD, RN

Academic Medicine. 92(3):285-288, March 2017.

Abstract

Recent events in the United States have catalyzed the need for all educators to begin paying attention to and discovering ways to dialogue about race. No longer can health professions (HP) educators ignore or avoid these difficult conversations. HP students are now demanding them. Cultural sensitivity and unconscious bias training are not enough. Good will and good intentions are not enough. Current faculty development paradigms are no longer sufficient to meet the educational challenges of delving into issues of race, power, privilege, identity, and social justice.

Engaging in such conversations, however, can be overwhelmingly stressful for untrained faculty. The authors argue that before any curriculum on race and racism can be developed for HP students, and before faculty members can begin facilitating conversations about race and racism, faculty must receive proper training through intense and introspective faculty development. Training should cover how best to engage in, sustain, and deepen interracial dialogue on difficult topics such as race and racism within academic health centers (AHCs). If such faculty development training—in how to conduct interracial dialogues on race, racism, oppression, and the invisibility of privilege—is made standard at all AHCs, HP educators might be poised to actualize the real benefits of open dialogue and change.

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Commentary

Breaking the Silence: Time to Talk About Race and Racism

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...conversational challenges of delving into issues of race, power, privilege, identity, and social justice.

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...faculty development training that will cover how best to engage in, sustain, and deepen interracial dialogue on difficult topics ... in the classroom and clinic within academic health centers (AHCs). If such faculty development training—in how to conduct interracial dialogues on race, racism, oppression, and the invisibility of white supremacy—is provided in all AHCs, HP educators might be poised to actualize the real benefits of open dialogue and change.

"Faculty don't think it's their problem or issue."

"Faculty feel too vulnerable to talk about such a sensitive topic."

"Faculty fear that they will say the wrong thing and sound like a racist or a bigot."

"Faculty don't know how to talk about racism."

"Faculty worry that they will become defensive."

"Faculty don't want to be found out."

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Murray-Garcia JL et al. Dialogue as skill: Training a health professions workforce that can talk about race and racism. Am J Orthopsychiatry 2014; 84:590-6.

- Witnessing discrimination and openly discussing racism can be overwhelmingly stressful for untrained faculty
- *"…who quickly leverage their authority to divert awkward dialogue opportunities to less threatening, more safe ground, role modeling the very avoidance behavior we are trying to identify and transform in trainees."*

“Sometimes a simple, almost insignificant gesture on the part of a teacher can have a profound formative effect on the life of a student.”

- Paulo Freire

A PIECE OF MY MIND

My Name Is Not "Interpreter"

Roberto E. Montenegro, MD, PhD
Department of Psychiatry, Equity Research and Innovation Center (ERIC), Yale School of Medicine, New Haven, Connecticut.

The day I completed my sociology dissertation, I felt like a king. I was one step closer to finally accomplishing my dream of becoming a physician-scientist. To complement this feeling of royalty, my wife and I found ourselves invited to an upscale restaurant—a faculty member's treat for this joyous occasion.

We excitedly got ready and we looked sharp: she, resplendent in a lovely cocktail dress, and I, sporting my skinny suit, the gray one—the one that made me feel like a *GQ* model.

I had worked so hard for what I was celebrating; my body, however, fully defined me in that moment—I was lumped into a category based on my appearance, my ethnicity. This is not to diminish the men and women in service jobs, but I was left with one thought: Will I ever be good enough? I was flooded with feelings of inferiority, helplessness, sadness, and anger. As I stared ahead at the road, I contemplated these scattered emotions in solitude until faint sounds of my wife crying replaced the silence. This wasn't the first time she saw me being mis-

"What do I say? What can I say? I was at the pinnacle of my celebration, and with one swift action, I was dismissed. I was made invisible. I was negated…my body, however, fully defined me in that moment – I was lumped into a category based on my appearance, my ethnicity…but I was left with one thought: Will I ever be good enough?"

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REFLECTION

Racism in Medicine: Shifting the Power

J. Nwando Olayiwola, MD, MPH, FAAFP

Center for Excellence in Primary Care, San Francisco General Hospital, San Francisco, California

Department of Family and Community Medicine, University of California San Francisco, San Francisco, California

ABSTRACT

Medicine has historically been a field where the provider of the service (physician, nurse) has a significant amount of power as compared with the recipient of the service (the patient). For the most part, this power is relatively consistent, and the power dynamic is rarely disrupted. In this essay, I share a personal experience in which a racist rant by a patient seemingly reverses the power dynamic. As the physician, I faced the realization that I may not have as much power as I believed, but fortunately I had some tools that allowed for my resilience. It is my hope that this paper will strengthen other family physicians and professional minorities that are victims of racism, discrimination, and prejudice for their race, sex, ability, sexual orientation, religion, and other axes of discrimination.

Ann Fam Med 2016;14:267-269. doi: 10.1370/afm.1932.

"Too sad to cry, too hurt to feel, too paralyzed to move, too embarrassed to come out of the room…Racism had just completely and tectonically shifted the power away from me. Racism stripped me of my white coat, my stethoscope, my doctor's badge, my degrees and credentials, my title, my skills and my determination to serve."

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Faculty Development on Race & Racism

Acosta DA, Ackerman-Barger, K. Acad Med 2017; 92(3):285-288

- Must be deliberate & intentional
- Requires interaction
- Stimulate deep introspection
- Willingness to be honest
- Commitment to change

Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development
- Curricular standards
- Research agenda
- Advocacy

Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development:
  - Targeted education & skill building
  - Identifying promising practices

Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development: education & training; best practices

Knowledge

- Structural racism - understanding history & political/social constructs
- Levels of racism – how these can be operational in AHC:
  - Teaching
  - Curriculum development
  - Patient care delivery & clinical decision making
  - Research questions

- Power & privilege
- Internalized dominance & oppression
- Prejudice
- Discrimination
- White fragility

Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development: education & training; best practices

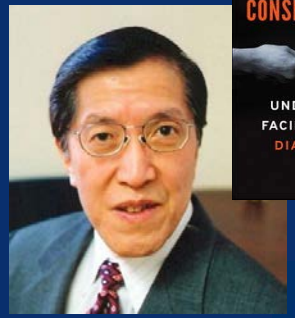
Skill-Building
- Interracial dialogue
- Implicit bias
- Microaggressions

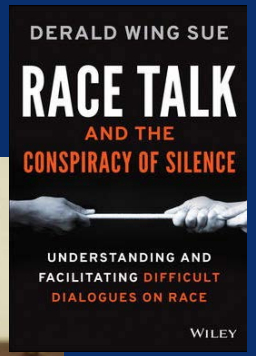
There are many approaches….

- Derald Wing Sue - *Race Talk and the Conspiracy of Silence: Understanding and Facilitating Difficult Dialogues on Race* - https://ct.counseling.org/2015/12/race-talk-and-facilitating-difficult-racial-dialogues/
- Glenn Singleton - Pacific Educational Group: *Courageous Conversations About Race* - https://courageousconversation.com/
- Shatki Butler - World Trust Organization: *Cracking the Codes: The System of Racial Inequity* - https://world-trust.org/
- People's Institute for Survival and Beyond: *Undoing Racism* - http://www.pisab.org/who-we-are
- Crossroads Anti-Racism Organizing & Training - http://crossroadsantiracism.org/

Race Talk Approach

1. Make the invisible visible – understand one's racial & cultural identity
2. Admitting one's racial biases – we are products of the cultural conditioning of society
3. Developing the courage to experience discomfort and vulnerability
4. Deconstructing the symbolic meaning of our emotions that are triggered
5. Unmask the hidden meanings of difficult dialogue
6. Unlocking the blockage
7. Deconstruct differences in communication styles
8. Encourage & validate authenticity





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Confronting Racial Bias in Academic Medicine Webinar Series

January 2018

How to Have Productive Conversations about Race, Racism, and Prejudice

February 2018

How to Confront Explicit and Implicit Racism

March 2018

How to be an Effective Active Bystander

April 2018

Restorative Justice for Academic Medical Centers

Register at www.aamc.org/diversity in the coming months.

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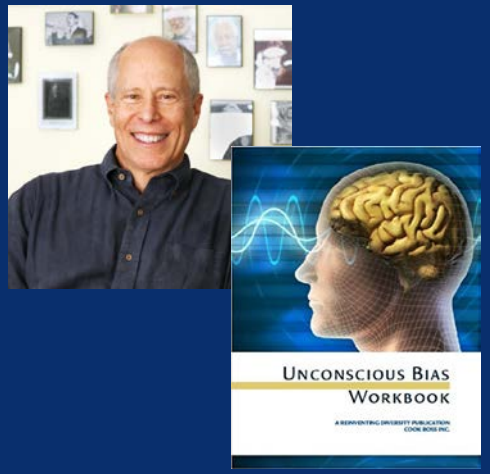
Next Generation of Work for AAMC Diversity Policy & Programs

- Faculty development: education & training; best practices

Skill-Building
- Interracial dialogue
- Implicit bias
- Microaggressions

Unconscious Bias (UB) Training

- Co-sponsorship with Cook-Ross



- Everyday Bias Training – 1-day
- Train-the-Trainer Certification Training – 4-day

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Unconscious Bias in Academic Medicine

www.aamc.org/publications

Chapter 1
Medical School Admissions

Chapter 2
Undergraduate Medical Education

Chapter 3
Resident Recruitment and Selection

Chapter 4
Faculty Recruitment, Selection, and Hiring

Chapter 5
Faculty Mentoring

Chapter 6
Faculty Advancement, Promotion, and Tenure

Chapter 7
Patient Care

Chapter 8
Unconscious Bias Interventions

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Next Generation of Work for AAMC Diversity Policy & Programs

- Medical School Curriculum & GME
  - Curricular standards focusing on
    - Understanding & addressing structural & institutional racism
    - Mitigating racial inequities and their impact on health care delivery
  - Identifying core competencies and milestones from pre-health students → medical students → residents → practice

Next Generation of Work for AAMC Diversity Policy & Programs

- Research agenda
  - Research in Medical Education (RIME)
    - Focus on structural racism
    - Health effects (acute & chronic) of racism
    - Impact of structural & institutional racism on health care delivery
- National Institute on Minority Health and Health Disparities – funding to support this research

Next Generation of Work for AAMC Diversity Policy & Programs

- Proactive health advocacy
  - Faculty development – education & skill building on how to work effectively with both State & Federal legislators
  - Understanding faculty's role in impacting health policy and workforce development
  - Building & enhancing working relationships with institution's government affairs and community relations office (AAMC GRA)

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Bailey ZD et al. Structural racism and health inequities in the USA: Evidence and interventions. Lancet 2017;389:1453-63.

America: Equity and Equality in Health 3

Structural racism and health inequities in the USA: evidence and interventions

Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett

*"Without a vision of **health equity** and the **commitment** to tackle structural racism, health inequities will persist, thwarting efforts to eliminate health disparities and improve the health of all…"*

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Equity-minded Academic Health Centers…

- Are aware of the *historical context of exclusionary practices* in higher education & recognize the impact of this history
- *Reject* the ingrained habit of *blaming inequities* in access, opportunity and outcomes *on students, faculty & staff's* own social, cultural and educational backgrounds
- Recognize the need for *systemic transformation* → shift to an *investment model* with specific focus on *student, faculty & staff* success + holding ourselves *accountable for institutional effectiveness*

Adapted & modified from the Association of American Colleges and Universities (2015)*, Step Up & Lead for Equity: What Higher Education Can Do to Reverse Our Deepening Divides* accessed at https://www.aacu.org/publications/step-up-and-lead

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Equity-minded Academic Health Centers…

- Recognize that the elimination of entrenched biases, stereotypes and discrimination in institutions of higher education requires *intentional critical deconstruction* of structures, policies, practices, norms and values assumed to be race neutral.
- *Invest* time, effort and political capital into discussing these issues and *mobilizing institution-wide efforts* and *community partnerships* to address them

Adapted and modified from the Association of American Colleges and Universities (2015), *Step Up & Lead for Equity: What Higher Education Can Do to Reverse Our Deepening Divides* accessed at https://www.aacu.org/publications/step-up-and-lead

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Continuum on Becoming an Anti-Racist Multicultural Organization

MONOCULTURAL ==> MULTICULTURAL ==> ANTI-RACIST ==> ANTI-RACIST MULTICULTURAL

Racial and Cultural Differences Seen as Deficits ==> Tolerant of Racial and Cultural Differences ==> Racial and Cultural Differences Seen as Assets

Exclusive An Exclusionary Institution	2. Passive A "Club" Institution	3. Symbolic Change A Compliance Organization	4. Identity Change An Affirming Institution	5. Structural Change A Transforming Institution	6. Fully Inclusive Anti-Racist Multicultural Organization in a Transformed Society
• Intentionally and publicly excludes or segregates African Americans, Native Americans, Latinos, and Asian Americans • Intentionally and publicly enforces the racist status quo throughout institution • Institutionalization of racism includes formal policies and practices, teachings, and decision making on all levels • Usually has similar intentional policies and practices toward other socially oppressed groups such as women, gays and lesbians, Third World citizens, etc. • Openly maintains the dominant group's power and privilege	• Tolerant of a limited number of "token" People of Color and members from other social identify groups allowed in with "proper" perspective and credentials. • May still secretly limit or exclude People of Color in contradiction to public policies • Continues to intentionally maintain white power and privilege through its formal policies and practices, teachings, and decision making on all levels of institutional life • Often declares, "We don't have a problem." • Monocultural norms, policies and procedures of dominant culture viewed as the "righ" way" business as usual" • Engages issues of diversity and social justice only on club member's terms and within their comfort zone.	• Makes official policy pronouncements regarding multicultural diversity • Sees itself as "non-racist" institution with open doors to People of Color • Carries out intentional inclusiveness efforts, recruiting "someone of color" on committees or office staff • Expanding view of diversity includes other socially oppressed groups *But…* • "Not those who make waves" • Little or no contextual change in culture, policies, and decision making • Is still relatively unaware of continuing patterns of privilege, paternalism and control • Token placements in staff positions: must assimilate into organizational culture	• Growing understanding of racism as barrier to effective diversity • Develops analysis of systemic racism • Sponsors programs of anti-racism training • New consciousness of institutionalized white power and privilege • Develops intentional identity as an "anti-racist" institution • Begins to develop accountability to racially oppressed communities • Increasing commitment to dismantle racism and eliminate inherent white advantage • Actively recruits and promotes members of groups have been historically denied access and opportunity *But…* • Institutional structures and culture that maintain white power and privilege still intact and relatively untouched	• Commits to process of intentional institutional restructuring, based upon anti-racist analysis and identity • Audits and restructures all aspects of institutional life to ensure full participation of People of Color, including their world-view, culture and lifestyles • Implements structures, policies and practices with inclusive decision making and other forms of power sharing on all levels of the institutions life and work • Commits to struggle to dismantle racism in the wider community, and builds clear lines of accountability to racially oppressed communities • Anti-racist multicultural diversity becomes an institutionalized asset • Redefines and rebuilds all relationships and activities in society, based on anti-racist commitments	• Future vision of an institution and wider community that has overcome systemic racism and all other forms of oppression. • Institution's life reflects full participation and shared power with diverse racial, cultural and economic groups in determining its mission, structure, constituency, policies and practices • Members across all identity groups are full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles, and interest • A sense of restored community and mutual caring • Allies with others in combating all forms of social oppression • Actively works in larger communities (regional, national, global) to eliminate all forms of oppression and to create multicultural organizations.

“The challenge is great, but rising to this challenge lies at the heart of our mission and commitment, as health professionals, to prevent avoidable suffering, care for those who are unwell, and create conditions in which all can truly thrive.”

- Z.D. Bailey

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“As a nation, will you choose the path that we have always traveled, a journey of silence that has benefited only a select group and oppressed others….or will you choose the road less traveled, a journey of racial reality that may be full of discomfort and pain, but offers benefits to all groups in our society?”

- Derald Wing Sue

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Tomorrow's Doctors, Tomorrow's Cures

Learn

Serve

Lead

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