

## Background

- Systemic racism directly results in disparate surgical outcomes and inequitable patient care.
- DEI efforts dedicated to the education, recruitment, and empowerment of marginalized groups in medicine have brought with them a new opportunity to train future clinicians to treat diverse patient populations, interact with diverse colleague fairly, and champion causes that ameliorate racist conventions.
- Herein, we discuss the implementation of a longitudinal anti-racism surgical education curriculum within the Emory University General Surgery Residency Program.

## Purpose

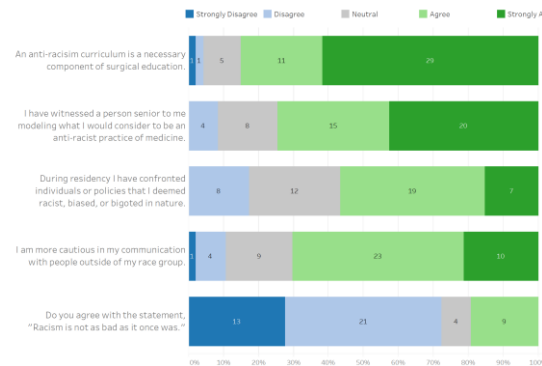
Improving disparate clinical outcomes in surgical care and workplace culture for residents, faculty, staff and patients by confronting resident biases towards diversity and race, educating residents about the language of anti-racism, providing a safe space necessary for open and honest conversations to facilitate a departmental culture of allyship and upstander action through mandatory training and programming.

## Methods

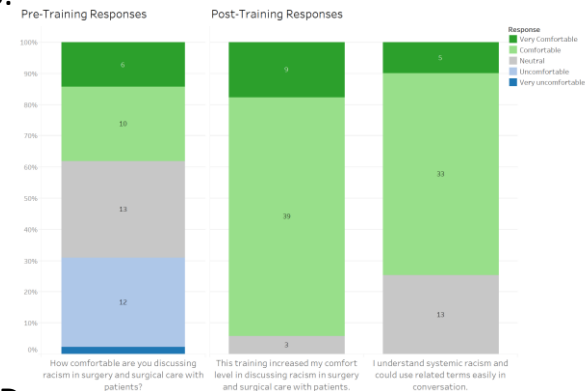
- Introduced in the 2021-2022 academic year with sessions with a 5 major components :
  - Intern Antiracism Bootcamp during their annual "Intern Bootcamp Week"**
    - Defined relevant vocabulary i.e. ally, upstander, microaggression, stereotype threat
    - Guided historical walking tour of Sweet Auburn neighborhood surrounding Grady Hospital
  - Antiracism Residency Wide Half-day**
    - Created a foundation by introducing critical principles, sharing our personal histories with racism in small group settings, and establishing a safe space to foster learning.
    - Assess preconceived attitudes towards race and its intersection with medical care via a Pre- and Post- survey
  - Quarterly DEI Journal Club**
    - Moderated by experts in the field
  - Biannual Disparity Morbidity & Mortality (M&M) Conference**
  - DEI speaker for Department of Surgery Grand Rounds**

## Results

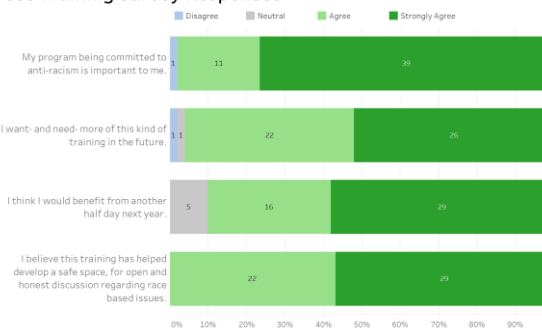
### A. Pre-Training Survey Responses



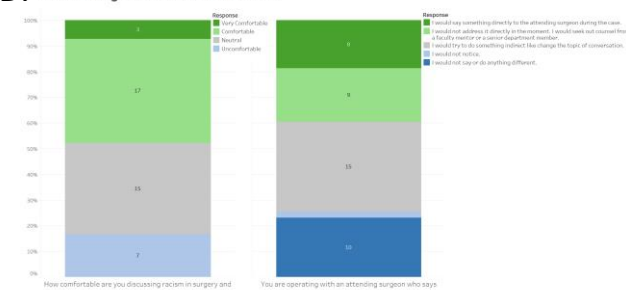
### B. Conversational Comfort Level Impact



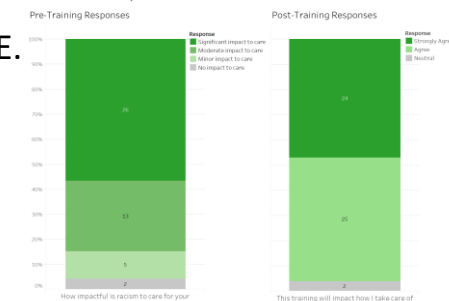
### C. Post-Training Survey Responses



### D. Pre-Training Confrontation Tolerance



### E. Patient Care Impact



**Figure A-E:** (a) 71% of residents believe that anti-racism education is a necessary component of the GME curriculum (b) 31% of residents felt comfortable discussing racism in patient care pre-training compared to 94% after training (c) 100% of surveyed residents believed the training created a safe space with 94% wanting additional trainings in the future (d) Only 33% of residents would respond to a racist comment from an attending (e) Before training 76% of residents believed racism had at least a moderate impact on patient care. 96% of residents believe that this training would impact how they cared for patients.

## Conclusions

- Based on resident survey data and qualitative feedback from other components of the curriculum, we believe that this novel approach to introducing anti-racism as an integral curricular component of surgical education will be effective in the generation of surgeons that create an improved environment for their patients and peers.
- Subsequent iterations of the curriculum will focus on providing residents with the additional requested upstander training and interventions to improve patient care interactions.



**Picture 1:** Residents and faculty in small group discussions during half-day session

## Acknowledgements

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