

Host department: School of Medicine
Thread Title: Diversity, Equity, Inclusion and Racial Advocacy (DEIRA)
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DEIRA Webpage: <https://med.emory.edu/about/diversity/deira/index.html>

Thread Description

Purpose



The purpose of this **Diversity, Equity, Inclusion and Racial Advocacy (DEIRA)** thread is to ensure that the MD curriculum reflects the Emory University School of Medicine (EUSOM)'s mission for diversity, equity and inclusion and racial advocacy in all aspects of patient care and the medical profession equipping students to become not only effective physicians but leaders and advocates.

As future physicians, it is imperative that students understand both the history and presence of systemic racism in medicine and how it affects our current healthcare delivery, policy and outcomes of our patients and communities.

As we believe it is important to deliver a strong message to incoming and current students that racism in medicine is a salient issue that EUSOM deeply cares about and is committed to working against, we will lay a foundation of anti-racism that starts during orientation through required readings and implicit bias awareness, education and training. Our goal is to foster a culture of racial awareness among students starting from day one of your medical training.

The importance of training students to become more aware and understanding of the values, beliefs and views of people from different cultures other than their own is also paramount. This thread will be woven into all phases of the existing School of Medicine curriculum from the foundations of medicine phase throughout the translation of medical sciences phases.

Approach

This thread is evolving and will be iterative. We have reviewed over 85% of the required EUSOM curriculum, small group materials, cases, workshops and exam questions from M1- M4 for evidence of bias as it relates to (race, ethnicity, sexual orientation and gender identity, socio-economic status (SES), disability, age, religion, weight, etc.) and removing all instances. We have notated areas in the course/clerkships where these topics could have appropriately been incorporated. When discussing disparities/inequities in health and healthcare, we aim to ensure to provide the proper context, evidence based, if applicable and essential to learning. We are ensuring that the exam questions, cases, lecture content are diverse and without any unnecessary use of race, ethnicity, sexual orientation and gender identity, SES, disability, etc.

We also made recommendations to course and clerkship directors to be intentional about inclusion of DEI and anti-racism in their curricular content beginning with their learning objectives. Our goal is for all relevant DEI and anti-racism content to be included throughout each course/clerkship as opposed to separate one-off lectures/workshops/courses that are not tested upon. We have also

curated standards mitigating bias in the clinical clerkship environments and a DEIRA Bias in the Curriculum checklist for mitigating bias clinical evaluations of students.

DEIRA is one of the four pillars of the SOM DEI Actionable Educational Initiatives. In this regard, we support course and clerkship directors in the development of their related curricular content. Ongoing faculty development is a **separate** but related initiative. Although not the work of this committee, faculty development is in alignment of DEIRA and what is expected going forward.

Because of the scope of this thread, which spans from orientation to graduation, we will not list every SOM's course with DEIRA related content in this thread syllabus.

Learning Objectives

1. Define race, racism, antiracism, systemic racism, oppression, bias, implicit bias, social determinants of health, cultural competence/humility, intersectionality, ally/allyship. **(MK10, P8)**
2. Reflect about one's own beliefs and values in order to address one's own biases. **(IC17)**
3. Recognize and appropriately address biases (race/ethnicity, sexual orientation, gender identity, religious, socioeconomic status, disability, and cultural) in patients, peers, and other healthcare professionals and healthcare delivery. **(SP21)**
4. Advocate on behalf of patients and other health professional colleagues, peers, faculty, staff, when perceiving bias in a witnessed encounter. **(P1)**
5. Explain the impact that race/ethnicity, sexual orientation and gender identity, disability, socioeconomic status, religion, culture and health disparities have on a patient's health. **(P8)**
6. Communicate effectively with patients, families, and the public, using non stigmatizing language, across a broad range of socioeconomic, cultural backgrounds and medical disorders. **(IC18)**
7. Describe how the intersectionality between race and other identities that people hold (such as sexual orientation and gender identity, religion, etc.) may affect patients' health. **(P8)**
8. Explain the manner in which people of diverse cultures and belief systems perceive health and illness. **(IC17, SP21)**
9. Describe the impact of healthcare policy and financing on population health, health disparities, healthcare costs and patient's experience of healthcare. **(P8)**
10. Explain the importance of social justice, community service and community partnerships in mitigating health disparities. **(SP22)**
11. Recognize that racism (the lived experience of racism and the social determinants of health) and not race that leads to health disparities. **(SP21)**
12. Recognize that race is a social construct and is not linked to biology or genetic ancestry. **(SP21)**
13. Describe the historical context of systemic racism in US medical institutions and how it manifests in today's medical practices. **(SP21)**
14. Identify clinical encounters in which stereotype/bias may have affected patient care. **(PL12, IC17, SP23, SP21)**
15. Identify the role of physician advocacy in dismantling systemic racism in healthcare. **(P1, SP21)**

16. Formulate potential solution(s) to reform healthcare and healthcare policy systems that address systemic racism and bias in medicine incorporating physician advocacy. **(P1, SP21)**
17. Incorporate into their medical decision making and patient care how the social determinants of health affect the health and healthcare of their patients. **(P8, SP21)**
18. Apply a health equity lens or “equity check” to their diagnostic and treatment plans. **(P8, SP21)**
19. Explain how quality improvement and patient safety interventions may have different impacts on outcomes depending on the patient population and may either mitigate or unintentionally exacerbate health disparities. **(SP23)**
20. Recognize the importance and develop skills to become an effective upstander for your patients and other health professional colleagues in the face of microaggressions, bias or racism. **(SP21)**

M1 Orientation

Required readings for book review and small group discussion

Fatal Invention: How Science, Politics, and Big Business Re-Created Race in the Twentieth Century by Dorothy Roberts

“Myths about Physical Racial Differences were Used to Justify Slavery – and Are Still Believed by Doctors Today” by Linda Villarosa, published in The New York Times 8/14/2019

Recommended Readings for Longitudinal Personal and Small Group Study

- In M1 and M2 throughout Foundations Phase
 - White Fragility: Why It's So Hard for White People to Talk About Racism by Dr. Robin DiAngelo
 - The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together by Heather McGhee
 - Caste: The Origins of our Discontents by Isabel Wilkerson
 - Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present by Harriet A. Washington
 - How to be an Antiracist by Ibram X. Kendi
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Implicit Bias Awareness and Education



- During M1 orientation
- Students will participate in implicit bias recognition and management training
 - Harvard Implicit Bias Test: <https://implicit.harvard.edu/implicit/takeatest.html>
 - Targeted instruction by trained faculty in *implicit bias recognition and management* to promote the delivery of equitable care.
 - Purpose: To enable students to become aware of their unconscious biases, so that they can decrease the impact of these biases on their interactions with other people specifically patients, peers, faculty, staff and other health professional colleagues

- During M2 Integrations between pre-clinical and clinical years Students will participate in implicit bias recognition and management training 202
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Upstander Training



- In the M1 year
 - During the Community Learning and Social Medicine Course
 - Workshop- students work to advance skills on how to respond when witnessing or experiencing microaggressions in the pre-clinical setting
 - Purpose: To introduce students to the complexity and persistence of bias and racism in our society and how it manifests in various forms; to equip students with techniques on advocacy as a student; to create a culture of continuous learning and growth
 - In the M2 year
 - During Integrations between pre-clinical and clinical years
 - Trained faculty will work with students in small groups to advance skills on how to respond when witnessing microaggressions (microinsults, microassaults, microinvalidations) in the clinical setting
 - Small group sessions will be held in both assigned societal small groups and separately assigned small groups in order to create **multiple environments** for students to both feel safe and to hear perspectives from multiple students/peers.
 - Purpose: To introduce students to the complexity and persistence of bias and racism in our society and how it manifests in various forms; to equip students with techniques on advocacy as a student; to create a culture of continuous learning and growth
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History of Racism, Bias in Medicine

- In the M1 Year
 - Power to Heal-poignant documentary shares the little-known story of the intersection of the struggle to create Medicare and desegregate thousands of hospitals including Grady Memorial Hospital in Atlanta, GA
 - Students will discuss in groups and reflect on how top-down policy can lead to access to care for marginalized communities.
 - History of Racism in the Reproductive Justice Movement and Advancing Equity through Medical Education
 - Students will review the historical impacts of racism, bias and discrimination in medicine on Emory University School of Medicine, Grady Memorial Hospital and other affiliated teaching hospitals.
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Advocacy 101 Workshop for Health Equity, Advocacy and Policy

- In the M1 year
- In this 2hr workshop, students will review the importance of the role of physicians in advocacy, discuss the 7 steps to advocate, how to get involved as learners, describe examples of advocacy for antiracism at multiple levels using the socioecological model

- In the M2 year
 - Building off of the Advocacy 101 workshop in the M1 year, Advocacy 201- In this 2hr workshop during CLSM, students will hear directly from local policymakers and Grady and Emory lobbyists on health policy issues relevant to our patients and populations and break out into small groups to discuss possible advocacy solutions using the socioecological model.
 - Purpose: To gain practical experience in advocacy work based upon your clinical/policy interests, skillset and network for our patients and populations.
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Cultural Responsibility in Medicine Simulations:

- In the M2 Year
 - Students will participate in OSCEs designed to practice patient care by taking a history and physical with cultural dexterity. Patients will present diverse cultural backgrounds.
 - Students reflect out loud with a preceptor about how unmet health related social needs and/or socio-economic status might impact their care post-case
 - Purpose: To gain hands-on practice in applying topics discussed throughout M1 and M2 years on cultural sensitivity with standardized patients.
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Person-First and Anti- Bias Language Workshop

- In the M2 year
 - Students will participate in a workshop before starting their clinical clerkships where they will learn how to identify biased language and provide neutral alternatives and describe how biased language impacts patients and perpetuates health inequities.
 - Purpose: to mitigate the negative effects of biased language on patient experience of healthcare and adverse patient health outcomes
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Journaling and Reflections

- In the M3 year
 - In Medicine and Surgery Clerkships, students will journal on inequities they have seen in patient care and/or healthcare delivery system and/or biases they have witnessed or experienced on the inpatient wards and the strategies they used to cope and/or address the situation for personal reflection.
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Discovery

- In the M4 year
 - We encourage and are working to increase more research opportunities in health disparities and racial advocacy for students who are interested in these areas of research.
 - Capstone- Microaggressions and Bias in Medicine Capstone Selective- discuss and review cases in addressing microaggressions and bias in preparation for residency

DEIRA Thread Representatives

C/o 2027 Lucy Avant and Ramya Ginjupalli
C/o 2026 Olivia Veira and Molly Lavaud
C/o 2025 Jenny Nguyen and Charita Veerapaneeni
C/o 2024 Luwi Shamambo, Mariam Torres Soto,
Michaela Whitelaw and Ore Olakunle

DEIRA Faculty Advisory Committee Members

Marian Axente, PhD, DAPR, Karen Clarke MD,
Marshall Fleurant MD, MPH, Brianna Glover, MD
Brittney Gordon, MD, Christopher Hillhouse MD,
Amy Miller MD, Francois Rollin MD, MPH, Jason S.
Schneider MD, FACP, Randi Smith, MD, MPH
Jamal Taha, MD, TaRessa Wills, MD
Ex-officio- Sheryl L. Heron, MD, MPH, FACEP



DEIRA Resident Representative

Mackenzie Garcia, MD MPH, Emory Internal Medicine Primary Care PGY-2

What if you see, hear, or experience bias in the curriculum?

If you see/hear/experience something in the curriculum that you do not feel supports the School of Medicine's Diversity, Equity, Inclusion and antiracism mission, you can raise your concerns through the following mechanisms below.

DEIRA Bias in the Curriculum Student Reporting Link

<https://med.emory.edu/about/diversity/deira/index.html>

If students continue to encounter bias in the curriculum in any form racial, sexual orientation and gender identity, ableism, etc via lectures, lecturers, workshops, clinical clerkships and comments in their learning environment, it is crucial that these matters are addressed as soon as they arise, and not left to be experienced by future students. We hope that the DEIRA Thread and Faculty Advisory Committee will empower students to share their concerns without fear of retaliation, and with the confidence that their feedback will be taken seriously and used to establish sustainable change.

- **Simply email/talk to a DEIRA rep** as soon as you see/hear/experience an event that you feel does not support our mission of DEI and antiracism.
- Students are also welcome **to contact Dr. Henry directly** at DEIRA@emory.edu with their concerns.
- Students are highly encouraged and should document their concerns with the traditional methods of providing course/clerkship feedback through OASIS.
- Students may also report their concerns through the DEIRA Bias in the Curriculum Online Reporting Form.
- If mistreatment occurs or other non-curriculum DEI issues, please report it to either your small group advisor, Director of the Society System, any Dean in the School of Medicine, via the student mistreatment online form, or a trusted faculty member.