Health Equity Working Group

Apr 24, 2018
Open Letter from Students to Administration

Wednesday, August 30, 2017

To the Office of the Dean,

We, the undersigned members of the Geisel School of Medicine, are opening a dialogue regarding ongoing concerns related to our education and campus climate. The precipitating event to drafting this letter was a perceived lack of response to events in Charlottesville earlier this month. A group of students came together in hopes of meeting an unmet need: to hold a reflective space to share, without judgement, how ongoing examples of oppression, publicized or not, affect us as medical students and future physicians. Over the course of our conversation, we gathered over thirty students who spoke to a variety of ways where a lack of institutional support around these issues was manifesting beyond the simple absence of a unified response and message of support.

This student-led conversation moved past and alongside Charlottesville, to how racism and other forms of bigotry manifest in a myriad of ways within our immediate Geisel community. For example, students spoke to consistent gaps in understanding when race, gender, and other identities are framed within the preclinical curriculum. This gap is particularly clear where race is presented as a monolithic risk factor, detached from any social context. We realize that this issue is rooted in systemic and historical contexts that Geisel can’t change alone. Even so, if we continue to employ this unexamined, often factually compromised pattern of education at Geisel, we run the risk of not only strengthening students’ existing biases, but also missing an opportunity to provide our graduates with the best possible toolkit for caring for diverse patient populations. Students also highlighted a consistent pattern whereby important conversations
1. Create opportunities for faculty, staff and learners in all educational programs associated with Geisel (i.e., MD, PhD, Masters, residency/fellowship) to meet and gather.
2. Create a Rapid Response Contact Team (Marc Bertrand, Matthew Duncan, Leslie Henderson, Gary Hutchins, Greg Ogrinc, Roshini Pinto-Powell, Maria Topel, Stephanie White, Karen Ashley).
3. Diversity working group with undergraduate medical students, staff, and faculty members to address how we best integrate issues of race, ethnicity, gender, socioeconomic status and other key social determinants of health in the curriculum.
4. Create a set of guidelines that faculty members can reference as they prepare course material.
5. Initiate a review of all patient cases used at Geisel.
6. Identify best practices from other schools.
Health Equity Working Group

- Started with 6 student and 6 faculty members
  - Has grown to ~20 participants
  - Associate Deans, Faculty, M1 and M2 students
  - Difficult to engage the M3 and M4...
- Met about monthly from early December
- Student subgroup created a draft flow diagram for how to assess a class session
  - For lecture, small group, PBL case
  - FAQs and links also provided
  - Med Ed faculty provided feedback...now on version 3
This flowchart is designed to help guide the development of curricular materials aimed at better preparing Geisel students to provide effective care to the ever-diversifying patient population they will encounter in the future. It is not designed to be all-encompassing, but rather to empower instructors to successfully incorporate critically important social discussions into the existing pre-clinical curriculum.

**Helpful examples include:**

- Asthma can be taught alongside with factors such as poverty (poor housing conditions) or environment (air quality).
- When using guidelines that use “race” as a proxy for genetic variation, clearly explain the limitations of this approach.
- When using a clinical vignette about a male patient with HIV, is explicitly stating his sexual identity reinforcing stereotypes of contributing clinically relevant information (e.g., sexual behavior vs. sexual identity)?
- When discussing “race” and sickle cell anemia, describe the stronger correlation associated with geography (e.g., Plasmodium falciparum malaria-endemic areas) as opposed to genetic ancestry and provide the citations.
- When considering the role of sex hormones on various outcomes on cardiovascular risk (e.g., trans-individuals vs. cis-individuals). Have you sought out current sources in this area of investigation, for example the Fenway Institute?
- When discussing “patient adherence,” include the complexities of the patient’s life (e.g., barriers to care, medical mistrust, or cultural influences).

Try to anticipate areas of controversy. For example, are there negative historical connotations surrounding any topics covered (e.g., the Tuskegee syphilis study, HeLa cells, or “race correction factors”)?

Finally, if you are presenting a lecture, be sure to allot a few minutes to address questions that may arise regarding these topics.
Identifying Best Practices

• Brown (Apr 18) to observe their 1-hour workshop on navigating issues of race in clerkships
  – Race and Medicine curriculum
  – 1-12 required sessions (mostly in perclinical

• Students attended the SNMA conference in San Francisco in April
  – Unconscious bias training for all faculty at Stanford
  – Sharing curricular elements from UT Southwestern
Next Steps

• Dean Compton has announced a search for a new Associate Dean of Diversity and Inclusion

• Working group has decided to keep meeting about once per month
  – Good opportunity to convene those who are interested in this content and material
  – Collaborative effort between admin, faculty, and students