

Incorporating Critical Race Theory and Equity Impact Review into Graduate Medical Education



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BACKGROUND

- Racism plays a key role in the unequal burden of disease and poor health outcomes borne by patients who identify as Black, Indigenous, or people of color (1).
- Understanding historic and current structural racism is critical to finding potential solutions (2)
- We advocate for implementing equity, diversity, and inclusion education into the framework of residency curriculum
- We created a half-day curriculum for residents with interdisciplinary experts to discuss how Critical Race Theory (CRT) applies to our work as clinicians and leaders (3), and to practice integrating CRT and equity frameworks into Quality Improvement work.

RESIDENT QUOTES:

- “Made me rethink/reconsider things that I thought I already had a reasonable understanding of like Brown vs. Board of Education”
- “Probably the most important Academic Half Day I have seen during my residency”
- “Really helpful and well designed. Only wish we had more time to discuss.”
- “...I think partisan talks such as this are divisive and aim to create more friction within our residency”
- “This is a very important topic and Dr. Lindo helped to facilitate a lively discussions among the residents. I would like to see critical race theory applied in smaller ways to other portions of our curriculum”

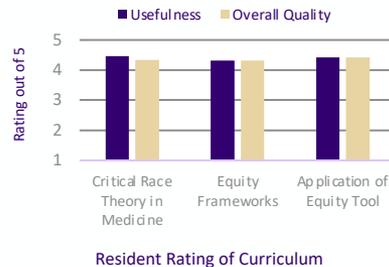
METHODS

Our half-day curriculum was structured as follows:

- (1) Didactic session and discussion of the core tenets of critical race theory and their application to medicine by Critical Race Theory scholar Edwin Lindo JD
- (2) Presentation of the Equity Impact Review Tool (4) by UW Medicine’s Chief Equity Officer Paula Houston Ed.D
- (3) Small group application of these concepts to real-world morbidity & mortality (M&M) cases identified by one of the quality improvement (QI) chiefs.

We then surveyed learners and facilitators about their experience with the workshop.

Curriculum Evaluations



ACKNOWLEDGEMENTS

The authors would like to thank Dr. Paula Houston, Edwin Lindo, Dr. Naomi Shike, Dr. Fischer Lees, and Dr. Dan Cabrera for their contributions to this curriculum as well as our small group facilitators, Dr. Nancy Mugisha, Dr. Alison Uyeda, Dr. Kayla Sheridan, and Dr. Anisha Ganguly

Resident Satisfaction



RESULTS

- **Residents:** Response rate of 27, 25, and 23 participants from each of the three sessions, respectively (~38-45%)
- **Facilitators:** Qualitative feedback was overall positive with regards to content and resident engagement during small groups. Many felt more time for discussion would be useful.

AREAS OF IMPROVEMENT

- Across the board, residents felt that not enough time was dedicated to the interactive application of the equity tool to real-world cases and would have liked more time with this
- By delivering this curriculum only once during a half day, some residents will miss out; it should be integrated into the core curriculum for all residents

TAKE-AWAYS

- These concepts should be systematically integrated throughout a residency’s core curriculum, such as weaving equity impact review into core residency teaching on patient safety and quality improvement.
- Most residents value learning about health equity in the context of multidisciplinary and interactive didactics, including experts from other fields and hospital leaders whose work prioritizes equity. However, the importance of this content is not yet universally accepted and can raise strong emotions; setting ground rules for discussion is key to successful delivery

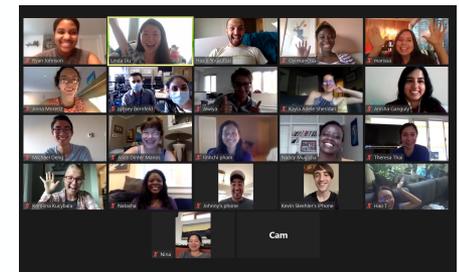


FIGURE 1. Virtual meeting with the Resident Diversity Committee

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