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 (3).
• We created a half-day curriculum for residents with interdisciplinary experts to discuss how Critical Race Theory (CRT) applies to our work as clinicians (4) and to practice integrating CRT and equity frameworks into Quality Improvement work.

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.

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 among the residents. I would like to see critical race theory applied in smaller ways to other portions of our curriculum”

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.

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REFERENCES