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**Antiracism in Health Care Module**

**Curriculum Guide**

**Edited by Dennis H. Novack, MD**

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**Preface**

We are pleased to offer this series of student and facilitator workshop guides, comprising a longitudinal antiracism program for health care trainees.

There are so many health inequities that call for action. Many of us have become aware of the frequent stresses and indignities experienced by trainees of color. These injustices are also familiar to women, LGBTQIA + trainees and other minoritized communities. Biases are all too common in health care training and clinical care, including the “isms” – ageism, sexism, ableism – and biases towrd obese people, those with mental health disorders, alcoholism, substance use disorders and more. But in this recent era of racial reckoning, it is critical to focus on antiracism. Racism is ubiquitous, codified in our laws, communities and culture, and has led to stark inequities in the health and health care of communities of color. As health care providers we are sworn to put our patients first. What are the implications of this pledge in facing down racism in ourselves, our patients and our communities? A focus on antiracism will, hopefully, serve as a model for approaching all forms of conscious and unconscious bias that undermine respectful and compassionate care for all.

We offer a curriculum guide based on the module, *Antiracism in Health Care*, made possible by a generous grant from the Josiah Macy Jr. Foundation. We are grateful to the many faculty who contributed. (See credits.) We offer a series of eight workshops, and a guide to offering these workshops as interdisciplinary learning experiences. Please use these guides and enhance them as your students’ learning needs require. Give us feedback, and contribute your ideas so that we can include them in future iterations. We hope you will help us make these resources an important contributor to ending racism in health care education and care.

Denns H. Novack, M.D.

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# Interprofessional Education Considerations for Sensitive Discussions

Kymberlee Montgomery, DNP, APRN, WHNP-BC. CNE, FNAP, FAANP, FAAN

The “Antiracism in Health Care” Module can be utilized in a myriad of educational venues including online, face to face (F2F), or in a hybrid environment. In all cases, the module can also be utilized with single health care profession learners or with interprofessional, multidisciplinary learners, noting that the experience for the learner will be much different depending on the environment. This section will focus on facilitator tips for an Interprofessional Education (IPE) experience.

Interprofessional Education involves educators and learners from two or more health professions. The nature of the interprofessional interactions should be focused on the learners with the educational goal of providing the knowledge, skills, and attitude/values focused on patient-centered care with a team-based approach. The topics as provided in the module should encourage critical thinking, self-assessment, reflection, and rich inclusive discussion and should reflect some if not all of the four Interprofessional Education Collaborative (IPEC) core competencies (Buring S. et al, 2009; IPEC, 2016).

**Competency 1: Values/Ethics for Interprofessional Practice:** Work with individuals of other professions to maintain a climate of mutual respect and shared values.

**Competency 2: Roles/Responsibilities:** Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs of patients and to promote and advance the health of populations.

**Competency 3: Interprofessional Communication:** Communicate with patients, families, communities, and professionals in health and other fields in a responsive and responsible manner that supports a team approach to the promotion and maintenance of health and the prevention and treatment of disease.

**Competency 4:** **Teams and Teamwork:** Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan, deliver, and evaluate patient/population- centered care and population health programs and policies that are safe, timely, efficient, effective, and equitable.

For more information on the IPEC competencies and the IPEC portal please visit: <https://www.ipecollaborative.org/core-competencies>

**Before IPE discussion on sensitive topics:**

**Preparation for the facilitator: (prior to IPE learning experience)**

Prior to the start of any IPE curriculum, module, discussion, it is crucial for the facilitator to:

* Engage in deep self-reflection and consider self-biases or confusion surrounding topics or issues so as not to allow personal biases and opinions to influence the discussion or to inhibit opportunities for learners to examine and respect diverse perspectives. It may be beneficial for the facilitator to participate in implicit bias awareness and training prior to teaching this curriculum.

Suggestions include Project Implicit at <https://implicit.harvard.edu/implicit/>;

Implicit Bias Training and Beyond: A Critical Examination and Discussion of Implicit Bias Training at <https://equity.ucla.edu/know/implicit-bias/>

* In any learning space, particularly one containing learners from different health care specialties, the learners will bring unique perspectives from their background, culture, experiences, and training. The facilitator should be well-trained in classroom civility, brave conversation facilitation, and situational debriefing prior to initiating an IPE discussion in any modality. There may be topics that elicit emotional responses that may necessitate appropriate diffusion, redirection, or positive facilitation.
* Consider using IPE learning measurement tools. Utilizing an IPE measurement tool to ensure that you are meeting the interprofessional education objectives of the curriculum.

Suggestions:

* [Interprofessional Professionalism Assessment (IPA)](https://nexusipe.org/advancing/assessment-evaluation/interprofessional-professionalism-assessment-ipa): measures health care professionals’ demonstration of professionalism when interacting with members of other health care professions.
* [Interprofessional Socialization and Valuing Scale (ISVS-21)](https://nexusipe.org/advancing/assessment-evaluation/interprofessional-socialization-and-valuing-scale-isvs-21): measures interprofessional socialization among students and health practitioners and their readiness to function in interprofessional teams.
* [Students Perceptions of Interprofessional Clinical Education Revised (SPICE-R)](https://nexusipe.org/advancing/assessment-evaluation/students-perceptions-interprofessional-clinical-education-revised): measures health professions students' perceptions of interprofessional education and interprofessional collaborative practice.
* Keep in mind that any IPE experience should help participants recognize and respect the roles and responsibilities of other professions in relation to their own. The facilitator will need to be a coach and be comfortable using a variety of interactive methods to promote learner autonomy in an IPE team.
* You may want to consider having two facilitators with expertise in the module topic, each from a different discipline, to model mutual respect, civility, and a flattened hierarchy present during discussions/experiences.

**During IPE discussion on sensitive topics:**

* **Maintain the Basic Assumption (CMS, 2022):** All learners participating in activities related to the “Antiracism in Health Care” module are intelligent, capable, and care about doing their best, and want to improve. No participant comes to the discussion with malicious intent and all participants want to be the best version of themselves. This statement sets a safe environment for discussion and gives the opportunity to address inadvertently offensive comments or voiced opinions in a constructive and learning atmosphere. This statement should be read at the start of facilitation and/or posted for reference.
* **Remove hierarchy of power:** Use the first name of each student so each student feels valued and included. Remove titles and location. However, identifying professional discipline affiliation in the conversation should provide positive insight and perspective.
* **Identify common language:** Use phrases to promote inclusivity of a group. For example: use health care professionals when addressing the collective group; use health care recipients when discussing patients and clients. Additionally, incorporating [TeamSTEPPS](https://www.ahrq.gov/teamstepps-program/index.html#:~:text=What%20Is%20TeamSTEPPS%3F,including%20patients%20and%20family%20caregivers) communication principles will familiarize the learner with evidenced-based communication strategies.
* **Foster civility and communication of alternate perspectives/viewpoints:** Interprofessional education learning experiences enable health care teams to practice together efficiently which in turn improves patient care and patient safety. Role clarification, mutual respect, and scope of practice of each represented discipline must be explored prior to any didactic or experiential learning discussion. Maintenance of civility is crucial in an IPE environment. Promote engaging and inclusive conversations where all learners feel heard, valued, and respected. Sharing differences and experiences in dialogue (verbal or written) is the goal with redirection of debate or argument.
* **Team building/ice breaking:** In small group discussion, learners from the same discipline should not all be grouped together if possible. In a virtual environment, the facilitator can select which learner goes into a specific group. In a F2F setting, using methods such as a count off or preassigned numbers on a name tag can vary the group. Other useful techniques include an ice breaker assignment for individuals to learn about the members in the group. Instruct the group to assign a scribe and a person who will report out on group activities/discussion. Remember to inquire how those individuals were selected during the report out to understand team dynamics.

**After the IPE discussion on sensitive topics:**

**Reflection, summarization, and evaluation:** At the end of the exercise, summarize the discussion, paying attention to those that caused disagreement or required deeper thought process. Summarization allows for further reflection and new perspectives. The facilitator should ask the learners one thing that they have learned about another discipline that surprised them, in the context of the topic discussed. Written feedback after the discussion also helps the facilitator frame the next class, part of the module, or discussion.

**The figure on the following page is a useful summary of strategies and ground rules that will facilitate safe and meaningful conversations among students from a variety of health care disciplines. Used with permission.**

A poster of a group of rules

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<https://www.catalyst.org/wp-content/uploads/2016/10/Conversation-Ground-Rules-print.pdf>

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# Introduction to Antiracism in Health Care Education

Dennis Novack, MD

## Session 1 – Student Guide

**Objectives:**

1. Explain how structural, cultural, and individual racism have shaped our common history and have led to vast societal disparities in education, wealth and health care.
2. Describe how your understanding of structural and individual racism will (or does) play a role in your care of patients/clients.
3. Declare any commitment you are willing to make to play a role in your institution to advocate for policies and practices to ensure a practice culture that is antiracist.

**Assignment**

**Make sure you have reflected on your own implicit biases prior to starting this session.** To prepare for this session, please **read the first three sections** of the Antiracism in Health Care Module: Medicine and the Myth of Race, Racial Disparities in Health and the Roots of Racism. Respond to the questions in Exercise 1, which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. In addition, you will be required to read the blog posts of your peers and respond to one or more regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to have your responses readily available.

**Format of the session:** Rules of Engagement

Introductions and review of the rules to ensure a safe and effective group culture/environment, including the blog post discussions. (10 minutes)

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? (These can be challenging discussions. Only share what you are comfortable sharing. If you need to leave the room for a moment of self-care, or if you are online and need to turn off your camera, please do so and return when you are able.)
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Discussion** (30 – 35 minutes)

One or two students will summarize their understanding to the first session objective above. Students will then discuss their blog posts.

NOTE – If this is a 90-minute session, there will be an additional 30 minutes for discussion. Students will share in groups of two or three answers to these questions: What was the most surprising thing you learned from the readings? What was the most upsetting thing? How might the information in the sections make you reflect on your education, and the way you were brought up? What stereotypes did you inherit from your parents, culture, education, and community? What new perspectives do you feel emerging about marginalized communities? Afterwards some students might share the answer to this question: What is your commitment to ensuring equitable health care for all? How am I doing that now, or how do I intend to do it?

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

## Session 1 – Facilitator Guide

**(60–90-minute session)**

**To prepare for this session:** Students were asked to **read the first three sections** of the Antiracism in Health Care Module: **Medicine and the Myth of Race, Racial Disparities in Health and the Roots of Racism.** They were asked to respond to the questions in Exercise 1. Please read the assigned sections, read their responses and comments for Exercise 1, and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group or update each other about where they are doing their current clerkship, etc. if students have worked together in this group previously. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Please review the objectives of this session** (5 minutes):

Explain how structural, cultural, and individual racism have shaped our common history and have led to vast societal disparities in education, wealth, and health care.

Describe how your understanding of structural and individual racism will play a role in your care of patients/clients.

Declare any commitment you are willing to make to play a role in your institution to advocate for policies and practices to ensure a practice culture that is antiracist.

**Discussion** (35 minutes)

**Starting the Discussion**

Ask if someone in the group would take on a brief summary addressing the first objective of this session: Explain how structural, cultural and individual racism have shaped our common history and have led to vast societal disparities in education, wealth and health care. Ask if anyone would like to further expand on the answers.

Then, segue into a discussion of their answers to Exercise 1.

In Exercise 1, students were asked to respond to two or more of these questions:

We have inherited a health care system that has been shaped by structural and individual racism, and that delivers inequitable care.

* How does this knowledge affect your attitudes on the care you want to deliver?
* What are your thoughts and feelings about the history of the development of the concept of race and racism in this module?
* How have your experiences of racism or your own racial stereotyping affected your attitudes and behaviors in the care of your patients/clients?
* What will you do to assure equity in your care of individual patients and in your institution?

You can begin the discussion several ways (checklist):

* You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate.
* If no one volunteers, say something like, “I know students are often shy in wanting to speak up, but I also know that everyone here has a valuable perspective that will contribute to the group, so I just call on people,” and then call on someone. You may want to start with a student who wrote a particularly compelling narrative. Refer to their blog posts, appreciate their perspectives and ask if they would like to expand on their points.
* Praise their contributions and expand on it or delve further if it seems appropriate to do so. Ask if anyone would like to comment or has similar experiences and feelings? (Don’t be afraid of silence – another student will usually break the silence to comment.) Continue this way until everyone has had a chance to contribute.
* Please make sure that everyone has an opportunity to voice their comments if they choose to do so.
* Avoid moralizing or saying too much about your own experiences. If you choose to contribute, do it from your heart, in the spirit of showing that even their teachers have had struggles.

**If you have 90-minutes for a discussion here is an additional suggested 30-minute activity:**

Ask students to break into groups of two or three. Each student will address these questions: What was the most surprising thing you learned from the readings? What was the most upsetting thing? How might the information in the sections make you reflect on your education, and the way you were brought up? What stereotypes did you inherit from your parents, culture, education, and community? What new perspectives do you feel emerging about marginalized communities? Each student talks about the answers to these questions while the other student mainly listens. At 10 minutes the students switch roles. After 10 more minutes, the group comes together, and the facilitator leads a discussion about students’ answers and insights.

Ask if anyone would like to state their commitment to ensuring equitable health care for all, how they are doing it, or how they intend to do it.

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place it face-down on the table or pass them your way.

Below is a graphic that summarizes strategies and rules that facilitate difficult and crucial conversations safely and meaningfully when discussing sensitive topics. This appears in the document, “Guidelines for Facilitating Interprofessional Workshops” as well as below.

A poster of a group of rules

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<https://www.catalyst.org/wp-content/uploads/2016/10/Conversation-Ground-Rules-print.pdf>

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I understand how the history of racism in this country affects my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) Racial stereotyping can shape my initial impressions of my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I know how, as a provider of health care, to fulfill my commitment to deliver equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) I am/will be a strong advocate within my institution to ensure that the organization fulfills its commitment to deliver equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I understand how the history of racism in this country affects my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) Racial stereotyping can shape my initial impressions of my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I know how, as a provider of health care, to fulfill my commitment to deliver equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) I am/will be a strong advocate within my institution to ensure that the organization fulfills its commitment to deliver equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

# Critical Race Theory, Intersectionality, Colonialism, and Structural Racism

**Applied to Health Care**

Wilfred Farquharson IV, PhD

## Session 2 – Student Guide

**(60-minute Session)**

**Objectives:**

* Explain how knowledge of critical race theory can be applied to health care.
* Give examples of how historical contexts impact people in the present day.
* Discuss the importance of addressing the imperialistic and racist structures within health care, and how you think you could contribute to righting the consequences of historical wrongs.

**Assignment**

To prepare for this session, please read **sections** **1-4 of Critical Race Theory, Intersectionality, Colonialism, and Structural Racism.** Complete exercise 6 which will be posted as a blog shared with fellow students and your facilitator.

**Answer this question:**

**Exercise 6:**  
You are on rounds and the resident presents a patient as "A 35-year-old Black man with sickle cell presenting with chest pain and drug seeking behavior." Discuss the pros and cons of using the patient's race in the opening statement of the presentation. What racial stereotypes might this language provoke? What social determinants of health should be considered? How could you bring up these issues in your discussion of this man’s illness?

Your initial blog post is due on XX at 11:59 p.m. In addition, you’ll be required to read the blog posts of your peers and respond to one regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to bring your answers with you.

**Format of the session**

Introductions and review of the rules to ensure a safe and effective group culture, including the blog post discussions. (10 minutes)

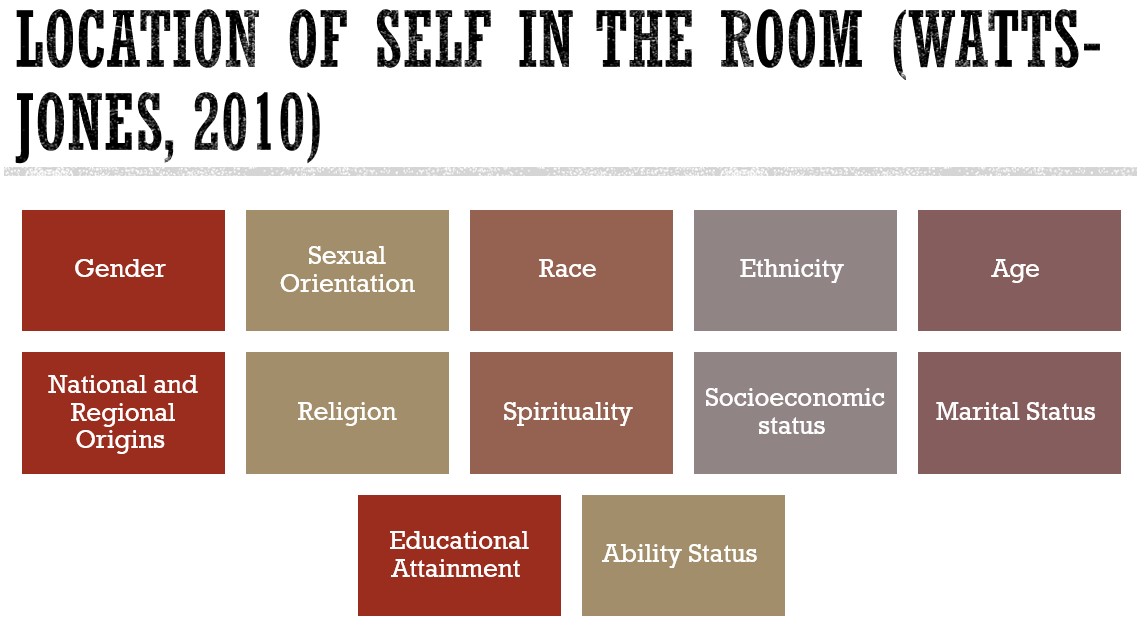
* + Authentic preparation.
  + Everybody is fully present.
  + A mindful approach of openness and a non-judgmental stance is encouraged.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? We recognize that these can be challenging discussions. If you need to turn off your camera or leave the room for a moment of self-care, please do so. Return when you are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Discussion** (30 – 35 minutes)

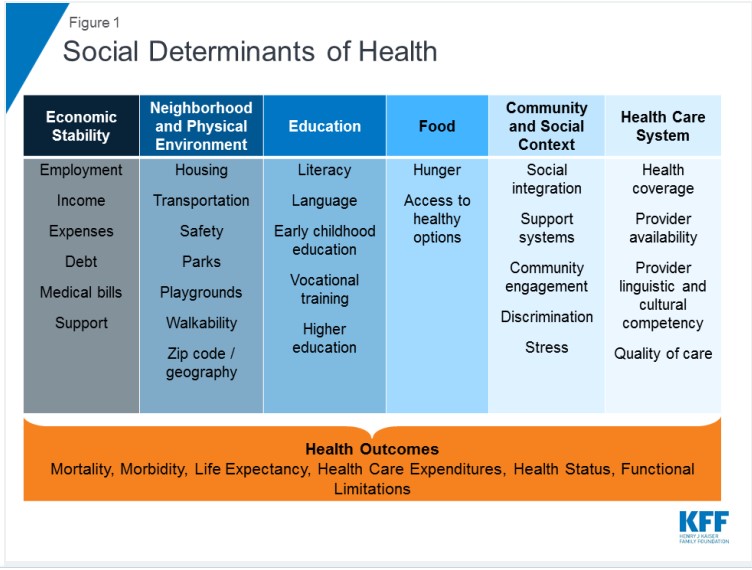
One or two students will summarize their understanding to the first session objective above.

We will do a brief exercise using the Location of Self table on the next page, and reference social determinants of health in our blog post discussions. Research shows that the social determinants of health (SDH) can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH accounts for between **30-55%** of health outcomes.

**Appreciative wrap up** (10 minutes) All students will take a few minutes to “tweet their commitments” to addressing colonialism or marginalization in health care, and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)



Watts-Jones TD. Location of self: opening the door to dialogue on intersectionality in the therapy process. Fam Process. 2010 Sep;49(3):405-20. doi: 10.1111/j.1545-5300.2010.01330.x. PMID: 20831768.



Hinton, E., & Artiga, S. (2018, May 10). *Beyond Health Care: The Role of Social Determinants in Promoting Health   
and Health Equity*. KAISER FAMILY FOUNDATION. [https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kff.org%2Fracial-equity-and-health-policy%2Fissue-brief%2Fbeyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity%2F&data=05%7C01%7Cbdw27%40drexel.edu%7C29dfeff32ffc48ef610208dba95f4bec%7C3664e6fa47bd45a696708c4f080f8ca6%7C0%7C0%7C638289998975237607%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2BXHVwN6at1R7RaRLqYmkBAuQlNNw1IsnoG046IveAjY%3D&reserved=0)

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## Session 2 – Facilitator Guide

**(60-minute Session)**

**To prepare for this session:** Students were asked to read **sections 1-4 of the module: Medicine and the Myth of Race, and Racial Disparities in Health.** They were asked to respond to the questions in Exercise 5 and 6. Please read the assigned sections, read their responses and comments for Exercise 1 and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (10 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Please review the objectives of this session** (5 minutes)

* Explain how knowledge of critical race theory can be applied to health care.
* Give examples of how historical contexts impact people in the present day.
* Discuss the importance of addressing the imperialistic and racist structures within health care, and how you think you could contribute to righting the consequences of historical wrongs.
  + **ACTIVITY**
    - Have students take a minute to conduct the “Location of Self in the Room” exercise and label their own varying identities. (Watts-Jones, 2010) Ask students to self-reflect, and identify themselves in every one of the blocks below, while noticing their identities and any associated power and privilege, or lack thereof. Ask if anyone would be willing to share any insights or reactions to the exercise. (10 minutes)

A chart of different colors of the same type

Description automatically generated with medium confidence

Watts-Jones TD. Location of self: opening the door to dialogue on intersectionality in the therapy process. Fam Process. 2010 Sep;49(3):405-20. doi: 10.1111/j.1545-5300.2010.01330.x. PMID: 20831768.

**Discussion** (25 minutes)

Engage the participants in discussing their blog posts to exercise 6, keeping in mind the context of the Location of Self exercise. For example, how might their various and intersecting identities affect their reactions to the questions in exercise 6? How might the history of colonialism and imperialism affect the development of the patient’s illness and the resident’s presentation of the patient in exercise 6?

Here are some additional questions that you might pose to the students during this discussion:

1. While acknowledging the location of self, how may someone’s identity impact their view of the health care industry?
2. In thinking about your educational attainment, ability status and one other identity from location of self impact your delivering treatment recommendations. (The aim of this activity is to highlight the impact of intersectionality in patient encounters)
3. Selecting from the following identities: Religion, Sexual Orientation, Age, and Race; give an example of structural oppression and its direct impact on health care inequities.
4. With your knowledge of Critical Race Theory, connect the theory to a tenant of the Social Determinants of Health (SDH) and explain the connection. Here is a table that you might find useful in discussing how structural racism affects social determinants of health. (Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH accounts for between **30-55%** of health outcomes. (<https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1>)

A diagram of health outcomes

Description automatically generated

Hinton, E., & Artiga, S. (2018, May 10). *Beyond Health Care: The Role of Social Determinants in Promoting Health   
and Health Equity*. KAISER FAMILY FOUNDATION. [https://www.kff.org/racial-equity-and-health-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.kff.org%2Fracial-equity-and-health-policy%2Fissue-brief%2Fbeyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity%2F&data=05%7C01%7Cbdw27%40drexel.edu%7C29dfeff32ffc48ef610208dba95f4bec%7C3664e6fa47bd45a696708c4f080f8ca6%7C0%7C0%7C638289998975237607%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=%2BXHVwN6at1R7RaRLqYmkBAuQlNNw1IsnoG046IveAjY%3D&reserved=0)

Used with permission from KFF.org

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student to take a few minutes to “Tweet Your Commitment”: In 280 characters or less provide a caption or hashtag about your commitment to addressing colonialism or marginalization in health care.

Ask each student in turn to read their tweet, and one thing they appreciated. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I understand how critical race theory applies to health care.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) I am aware of how my identity and intersectionality can impact interactions with others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I understand historical marginalization and how it impacts people in the present, exacerbating the social determinants of health.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) I can identify imperialistic or colonizing practices within health care.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I understand how critical race theory applies to health care.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) I am aware of how my identity and intersectionality can impact interactions with others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I understand historical marginalization and how it impacts people in the present, exacerbating the social determinants of health.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) I can identify imperialistic or colonizing practices within health care.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

# Race Consciousness and Antiracism

James Ballard III, EdD, MS

# **Session 3 – Student Guide**

(60-minute Session)

**Objectives:**

At the conclusion of this workshop, you will be able to:

1. Describe the importance of race-consciousness in the health care setting.
2. Define privilege and discuss its impact on your life and the lives of others.
3. Discuss how education, health care, and economic status are related to white privilege.
4. Describe White Fragility and discuss its relation to White privilege.

**Assignment:**

To prepare for this session, please read the section on **Race Consciousness and Antiracism** that includes discussion of **Privilege** and **Fragility**. As you read these sections, we invite you to reflect on how and when you became aware of your own race. Also, reflect on how privilege has impacted your life, either positively or negatively and how these constructs impact racism. Additionally, please respond to discussion questions 8 and 9, which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. You are required to review your colleagues’ blog posts and respond to one or more regarding their post by XX (the following day). You will be asked to read or summarize your answers in group discussion, so you may want to have your responses readily available. Since these questions can bring up sensitive issues, please only share what you feel comfortable sharing. Keep in mind, though, that if you have developed a level of trust in your group, your experiences and perspectives could help your group members develop more understanding and empathy for the experiences of diverse colleagues, patients and clients.

**Format of the Session**: Rules of Engagement

Introductions and review of the rules to ensure a safe and effective group culture/environment, including the blog post discussions. (10 minutes)

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Discussion** (30-35 minutes)

Time will be allocated during the workshop to compare, contrast and further explore the reactions that you and your colleagues had to the posted discussion questions. Additional discussion questions will be posed to the group with an emphasis on the construct of privilege.

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

Session 3 – Facilitator Guide   
**(60-minute Session)**

**To prepare for this session:** Students were asked to read a section on **Race Consciousness and Antiracism** that includes discussion of **Privilege** and **Fragility**. They were asked to respond to the discussion questions on questions on Race consciousness and White Privilege and to respond to one or more of their colleagues’ responses. Please read the assigned section, read their blog responses and comments, and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Please review the objectives of this session** (5 minutes): These include:

1. Describe the importance of race-consciousness in the health care setting.
2. Define privilege and discuss its impact on your life and the lives of others.
3. Discuss how education, health care, and economic status are related to white privilege.
4. Describe White Fragility and discuss its relation to White privilege.

**Discussion (30 – 35 minutes)**

**Starting the Discussion**

Ask if someone in the group would provide a summary of their understanding of one of the objectives of this session. Ask for other volunteers to do the same for the other three objectives. Inform them that should include their impressions, revelations, or confusion about the objectives. Remind them about the guiding principle of Psychological Safety. Ask if anyone would like to further expand on the answers.

Then, segue into a discussion of their answers to the discussion questions.

You can begin the discussion several ways (checklist):

* You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate.
* If no one volunteers, say something like, “I know students are often shy in wanting to speak up, but I also know that everyone here has a valuable perspective that will contribute to the group, so I just call on people,” and then call on someone. You may want to start with a student who wrote a particularly compelling narrative. Refer to their blog posts, appreciate their perspectives and ask if they would like to expand on their points.
* Praise their contributions and expand on it or delve further if it seems appropriate to do so. Ask if anyone would like to comment or has similar experiences and feelings? (Don’t be afraid of silence – another student will usually break the silence to comment.) Continue this way until everyone has had a chance to contribute.
* Please make sure that everyone has an opportunity to voice their comments if they choose to do so.
* Avoid moralizing or saying too much about your own experiences. If you choose to contribute, do it from your heart, in the spirit of showing that even their teachers have had struggles.

It is likely that student answers will provide opportunities to probe additional understandings among the group. With particular focus on the issue of White Privilege try to incorporate the following questions derived from the White Privilege Glasses guide of the Chicago Theological Seminary.

• **What is the cost of White Privilege for persons of color? What is the cost of White Privilege for white people?**

• **How are issues like education, health care, poverty, housing, and economic status related**

**to White Privilege?**

**Why is it challenging for white people to think about (and do something about) White Privilege? [*note: this can lead to the articulation between White Privilege and White Fragility*]**

• **When did you first realize your race? What was that like?**

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way.

**Additional Tools**

Below is a graphic that summarizes strategies and rules that facilitate difficult and crucial conversations safely and meaningfully when discussing sensitive topics. This appears in the document, “Guidelines for Facilitating Interprofessional Workshops” as well as below.

A poster of a group of rules

Description automatically generated

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<https://www.catalyst.org/wp-content/uploads/2016/10/Conversation-Ground-Rules-print.pdf>

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I believe that human beings should be color blind to ensure that the U.S. is a melting pot of all people.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) All human beings have equal opportunity to fully engage in education, health care, and the economic environment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I try to avoid conversation about race because I fear being judged or shamed if I say the wrong thing.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) Engaging in discussions of race may work to undo structural racism.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I believe that human beings should be color blind to ensure that the U.S. is a melting pot of all people.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) All human beings have equal opportunity to fully engage in education, health care, and the economic environment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I try to avoid conversation about race because I fear being judged or shamed if I say the wrong thing.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) Engaging in discussions of race may work to undo structural racism.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

# Confronting our Biases

 Dennis H. Novack, MD

Session 4 – Student Guide   
**(60-minute Session)**

**Objectives:**

At the conclusion of this workshop, you will be able to:

* Discuss your own implicit biases and how they might affect your clinical care.
* Give examples of how your biases have affected relationships with patients/clients, or with classmates.
* Explain how aspects of your emotional quotient (EQ) might help you mitigate your emotional reactions and help you form trusting relationships in clinical care.
* Discuss strategies for stepping away from your biases/stereotyping to express empathy and compassion to those who trigger you.

**Assignment:**

To prepare for this session, please read the section on **Confronting our Biases.** Take the tests suggested in the module on implicit bias and EQ (<https://implicit.harvard.edu/implicit/> and <https://www.ihhp.com/free-eq-quiz/>). On the implicit bias test website, do the one on racism, but please consider completing other tests that interest you, as these will add to your understanding of the many biases/stereotypes most people hold. Additionally, please respond to discussion question 14, which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. You are required to review your colleagues’ blog posts and respond to one or more regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to have your responses readily available.

**Format of the Session**: Rules of Engagement

Introductions and review of the rules to ensure a safe and effective group culture/environment, including the blog post discussions. (10 minutes)

* Authentic preparation.
* Everybody is fully present.
* Active listening and building conversation.
* No cross talk (side conversation, interrupting).
* Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
* Strict confidentiality – what is said in the group stays in the group.
* Any other suggestions for rules to foster a psychologically safe environment?
* Regarding ONLINE group sessions:
* Be mindful of how you appear on camera.
* Be in a private, quiet space.
* Use ear buds.
* Log on 5-10 minutes ahead of time.

**Discussion** (30-35 minutes)

Time will be allocated during the workshop to compare, contrast, and further explore the reactions that you and your colleagues had to the posted discussion questions. Additional discussion questions will be posed to the group with an emphasis on the construct of privilege.

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

## Session 4 – Facilitator Guide

(60-minute Session)

**To prepare for this session:**

Students were given this assignment: please read the section on **Confronting our Biases.** Take the tests suggested in the module on implicit bias and EQ (<https://implicit.harvard.edu/implicit/> and <https://www.ihhp.com/free-eq-quiz/>). On the implicit bias test website, do the one on racism, but please consider completing other tests that interest you, as these will add to your understanding of the many biases/stereotypes most people hold. Additionally, please respond to discussion question 14, which will be posted as a blog shared with fellow students and your facilitator.

Please read the assigned module section, read students’ blog responses and comments to question 14, and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. Ask each participant to say a few words about how they are, their current clinical rotations, etc. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Please review the objectives of this session** (5 minutes): These include:

* Discuss your own implicit biases and how they might affect your clinical care.
* Give examples of how your biases have affected relationships with patients/clients, or with classmates.
* Explain how aspects of your emotional quotient (EQ) might help you mitigate your emotional reactions and help you form trusting relationships in clinical care.
* Discuss strategies for stepping away from your biases/stereotyping to express empathy and compassion to those who trigger you.

**Discussion (35 - 40 minutes)**

**Starting the Discussion**

Ask if someone in the group would provide a summary of their understanding of one of the objectives of this session. Ask for other volunteers to do the same for the other three objectives. Inform them that they should include their impressions, revelations, or confusion about the objectives. Remind them about the guiding principle of Psychological Safety. Ask if anyone would like to further expand on the answers.

Then, segue into a discussion of their answers to the discussion questions.

You can begin the discussion several ways (checklist):

* You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate.
* If no one volunteers, say something like, “I know students are often shy in wanting to speak up, but I also know that everyone here has a valuable perspective that will contribute to the group, so I just call on people,” and then call on someone. You may want to start with a student who wrote a particularly compelling narrative. Refer to their blog posts, appreciate their perspectives and ask if they would like to expand on their points.
* Praise their contributions and expand on it or delve further if it seems appropriate to do so. Ask if anyone would like to comment or has similar experiences and feelings? (Don’t be afraid of silence – another student will usually break the silence to comment.) Continue this way until everyone has had a chance to contribute.
* Please make sure that everyone has an opportunity to voice their comments if they choose to do so.
* Avoid moralizing or saying too much about your own experiences. If you choose to contribute, do it from your heart, in the spirit of showing that even their teachers have had struggles.

**Discussion Points**

In addition to the issues students raise in their blog posts, the discussion centers on the meanings and implications of implicit biases, our reactions to them, and how they may affect care. Students will have thoughts and emotional reactions to their IAT test scores, as well as their Emotional Quotient (EQ) scores. Question 14 asked students to respond to these questions, “What are your thoughts and feelings about the results of your test?” “What family and cultural experiences contributed to your explicit and implicit assumptions about race?” “What will you do to transform any negative stereotypes you may hold?” Other questions that might be approached are: “How can we be more aware of our own biases?” “What are some strategies to approach conversations around bias with others?” “When does a bias become implicit or explicit?” “What are some examples?” How did your EQ results make you think about how your respond to your own biases and the biases of others?

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

***On the lines below, please indicate where you are related to these statements.***

1) I understand how my implicit biases can affect my care of patients or clients.

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**Not At All**   **Completely**

2) I think about how my biases and stereotyping affect my interactions with others.

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**Not At All**   **Completely**

3) I work on improving my emotional quotient so that I can have satisfying and trusting relationships with others.

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**Not At All**   **Completely**

4) I can name effective strategies that I use to put aside my biases and respond with empathy and compassion to patients/clients or others that trigger me.

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**Not At All**   **Completely**

5) I am motivated to work on my EQ and to counter my implicit biases so that I can give equitable care to all.

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**Not At All**   **Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

***On the lines below, please indicate where you are related to these statements.***

1) I understand how my implicit biases can affect my care of patients or clients.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

2) I think about how my biases and stereotyping affect my interactions with others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

3) I work on improving my emotional quotient so that I can have satisfying and trusting relationships with others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

4) I can name effective strategies that I use to put aside my biases and respond with empathy and compassion to patients/clients or others that trigger me.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

5) I am motivated to work on my EQ and to counter my implicit biases so that I can give equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All**   **Completely**

# Cultural Humility

Tanja Adonizio, MD

## Session 5 – Student Guide

**(60-minute Session)**

**Objectives:**

1. Provide examples of how your self-awareness and reflection have helped you recognize your individual and cultural biases and how these biases may have affected your communication with others.
2. State how you use your self-awareness and cultural humility to understand and empathize with your patients and clients of color and others from marginalized communities.
3. Use your understanding of structural, cultural, and individual biases to strengthen your determination to advocate for positive changes in your institutions and communities in order to provide equitable care for all.

**Assignment**

**Make sure you have reflected on your own implicit biases prior to starting this session.** To prepare for this session, please **read the sections** of the Antiracism in Health Care Module: Cultural Humility. Respond to the questions in Exercise 15, which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. In addition, you will be required to read the blog posts of your peers and respond to one or more regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to have your responses readily available.

**Format of the session:** Rules of Engagement

Introductions and review of the rules to ensure a safe and effective group culture/environment, including the blog post discussions. (10 minutes)

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? (These can be challenging discussions and if you need to turn off your cameras or leave the room for a moment of self-care, please do so and return when you are able.)
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Background**

Cultural Humility has replaced the previous teaching of cultural competence, in which health care trainees and clinicians were supposed to know important features of many different cultures in their communities. Cultural humility assumes that you can’t know enough about every culture, but if, through generous listening, you can express curiosity, respect and empathy for the experiences and beliefs of others, then you will enhance your communication with those of different cultural backgrounds. Your cultural humility will enhance patient trust, understanding, and motivation to adhere to treatment regimens.

Still, there are some common threads in the background of many individuals in many marginalized communities: A history of oppression in their communities that have left traces of injustice, anger, and sadness to this day, feelings of being different or not accepted in the broader community, being aware of the stereotypes of others, common experiences of microaggressions, mistrust of current medical systems, and doctors in general, and much more.

**Discussion** (30 – 35 minutes)

Students will pair share for 10 minutes then have a general discussion about the objectives of this workshop. Then several students will present their blog posts of their answers to discussion question 15.

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

## Session 5 – Facilitator Guide

**(60-minute session)**

**To prepare for this session:** Students were asked to read sections of the module: Diversity and Cultural Humility. They were asked to respond to the questions in Exercise 18. Please read the assigned sections, read their responses and comments for Exercise 15 and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Please review the objectives of this session** (5 minutes):

1. Provide examples of how your self-awareness and reflection have helped you recognize your individual and cultural biases and how these biases may have affected your communication with others.
2. State how you use your self-awareness and cultural humility to understand and empathize with your patients and clients of color and others from marginalized communities.
3. Use your understanding of structural, cultural and individual biases to strengthen your determination to advocate for positive changes in your institutions and communities in order to provide equitable care for all.

**Discussion** (30 – 35 minutes)

**Starting the Discussion**

**Review This Background:**

Cultural Humility has replaced the previous teaching of cultural competence, in which health care trainees and clinicians were supposed to know important features of many different cultures in their communities. Cultural humility assumes that you can’t know enough about every culture, but if, through generous listening, you can express curiosity, respect and empathy for the experiences and beliefs of others, then you will enhance your communication with those of different cultural backgrounds. Your cultural humility will enhance patient trust, understanding, and motivation to adhere to treatment regimens.

Still, there are some common threads in the background of many individuals in many marginalized communities: A history of oppression in their communities that have left traces of injustice, anger and sadness to this day, feelings of being different or not accepted in the broader community, being aware of the stereotypes of others, common experiences of microaggressions, mistrust of current medical systems, and doctors in general, and much more.

To begin the discussion, ask students to break into pairs and take 10 minutes to each reflect on the objectives of today’s session:

* Provide examples of how your self-awareness and reflection have helped you recognize your individual and cultural biases and how these biases may have affected your communication with others.
* State how you use your self-awareness and cultural humility to understand and empathize with your patients and clients of color and others from marginalized communities.
* Use your understanding of structural, cultural, and individual biases to strengthen your determination to advocate for positive changes in your institutions and communities in order to provide equitable care for all.

After about 10 minutes, come back to your larger group and ask students to summarize the main points of their conversations. Then, ask for volunteers to comment on their blog posts in answer to discussion question 15. You might want to call on students whose blog posts raised particularly salient or compelling issues.

Ask if anyone would like to state how they will go about realizing their commitment to ensuring equitable health care for all. What specific actions will they take?

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Below is a graphic that summarizes strategies and rules that facilitate difficult and crucial conversations safely and meaningfully when discussing sensitive topics. This appears in the document, “Guidelines for Facilitating Interprofessional Workshops” as well as below.

A poster of a group of rules

Description automatically generated

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<https://www.catalyst.org/wp-content/uploads/2016/10/Conversation-Ground-Rules-print.pdf>

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thanks!

1) I reflect on how my cultural biases and stereotyping of people of different cultures affects my communication with them.

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**Not At All Frequently**

2) I actively engage in the components of cultural humility – generous listening, curiosity, empathy, and respect in speaking with patients/clients from cultures different than my own.

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**Not At All Frequently**

3) I understand how culture and the history of marginalized communities might influence my patients' approach to their health care.

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**Not At All Completely**

4) I am/will be a strong advocate within my institution to ensure that the organization fulfills its commitment to deliver equitable care to all.

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**Not At All Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thanks!

1) I reflect on how my cultural biases and stereotyping of people of different cultures affects my communication with them.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Frequently**

2) I actively engage in the components of cultural humility – generous listening, curiosity, empathy, and respect in speaking with patients/clients from cultures different than my own.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Frequently**

3) I understand how culture and the history of marginalized communities might influence my patients' approach to their health care.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

4) I am/will be a strong advocate within my institution to ensure that the organization fulfills its commitment to deliver equitable care to all.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

# The Skills of Allyship

Michelle Schmude, EdD, MBA

## Session 6 – Student Guide

**(90-minute Session)**

**Objectives**

* Explain the importance of allyship to individuals and to your learning climate.
* Describe the principles and skills for effective allyship conversations.
* List the barriers to speaking up as an ally, and strategies to overcome them.
* Declare any commitments you are willing to make to be an ally, and to play a role in your institution to advocate for policies and practices that advance Allyship as a practice within your organization.

**Assignment**

To prepare for this session, please read **Antiracism in Action: Allyship and Learning Climate**. Read the entire section and watch all the videos. **Respond to the questions in Exercises 25 OR 26,** which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. In addition, you will be required to read the blog posts of your peers and respond to one regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to bring your answers with you.

**Format of the session**

Introductions and review of the rules to ensure a safe and effective group culture, including the blog post discussions. (10 minutes)

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? We recognize that these can be challenging discussions. If you need to turn off your camera or leave the room for a moment of self-care, please do so. Return when you are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Discussion** (40 minutes)

One or two students will summarize their understanding of the session objectives above. Students will then discuss their blog posts.

**Allyship Role Play and Discussion** (30 minutes)

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

## Session 6 – Facilitator Guide

**(90-minute session)**

**To prepare for this session:** Students were asked to read **Antiracism in Action: Allyship and Learning Climate** and respond to the **questions in Exercises 25 or 26**. Please read the assigned sections, read their responses and comments for Exercises 25 and 26 and highlight points you want to contribute to the discussion.

**Introduction**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

Remind participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? Mention that you recognize that these can be challenging discussions and if students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Give a trigger warning:**

Discussions involving personal experiences of racism can be difficult and evoke traumatic experiences that are still upsetting. Sometimes group members, especially learners of color, may not have the bandwidth to speak up or share in the moment. All members of the group need to be respectful of that. White students should not expect or ask their peers of color to explain or teach them about their experiences. In addition, all learners in the group should share only what they feel comfortable in sharing.

**Please review the objectives of this session**

**Objectives:**

* Explain the importance of allyship to individuals and to your learning climate.
* Describe the principles and skills for effective allyship conversations.
* List the barriers to speaking up as an ally, and strategies to overcome them.
* Declare any commitments you are willing to make to be an ally, and to play a role in your institution to advocate for policies and practices that advance Allyship as a practice within your organization.

**Discussion** (40 minutes)

To begin, ask if someone in the group would give a brief summary addressing the first objective of this session: Explain the importance of allyship to individuals and to your learning climate.

Then, segue into a discussion of their answers to Exercise 25. (25-30 minutes)

In Exercise 25 students were asked to respond to two or more of these questions: What were your reactions to the videos above? Do you consider yourself an ally? What would it take for you to speak up to support a colleague who is the object of a racist remark? What communication skills and attitudes would you need to further develop to become an effective ally?

You can begin the discussion several ways: You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate. You may also want to remind the group of ways you can be an effective ally which are:

A - always center on the impacted

L - listen and learn from the oppressed

L - leverage your privilege

Y - yield the floor

In addition, you should: avoid moralizing or saying too much about your own experiences. If you choose to contribute, do it from your heart, in the spirit of showing that even their teachers have had struggles.

Once the discussion for exercise 25 has concluded, segue into a discussion of their answers to Exercise 26.

In Exercise 26 students were asked to respond to these questions: What are the consequences of the attending physician’s response in the first video? If you were a member of this team and the team leader let a biased comment pass without comment, what would you do? Would you say anything in the moment? Later? To whom would you speak? What did the attending do to respond to the intern’s frustrated comment in the second video? What was effective? What would you have done differently if you were the leader of this team?

You can begin the discussion several ways: You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate. If no one volunteers, say something like, “I know students are often shy in wanting to speak up, but I also know that everyone here has a valuable perspective that will contribute to the group, so I just call on people,” and then call on someone. Praise their contribution and expand on it or delve further if it seems right to do so. Please be aware, though, that some of your students of color, or other minoritized communities, may not have the emotional bandwidth to contribute in the moment, and respect that.

**Role Play** (15 minutes)

You may want to introduce to the group that role play is used in teaching to take acquired knowledge and actively apply it in practice. Pavey and Donoghue (2003, p. 7) summarize the benefits of using role-play pedagogy: “to get students to apply their knowledge to a given problem, to reflect on issues and the views of others, to illustrate the relevance of theoretical ideas by placing them in a real-world context, and to illustrate the complexity of decision-making.”

Ask for volunteers to play this scenario: After coming out from a difficult basic science test, you are standing in the foyer outside the testing room, chatting with Alice, a Black health care student in your school, about the test. Jane, another White student joins you. You know both of them to be good people but are not close with either of them. Jane makes this comment: “Alice, I know you’ve been acing all of these tests, what’s your secret?” Alice replies, “I have no real secret, I just study all the time!” Jane seemed annoyed, and says, “I know you have a secret. Fine, just don’t tell me!” and walks away. Alice seemed embarrassed. You say, “That was rude! and Alice said, “It’s ok, I get this kind of comment all the time.” You ask Alice if it’s ok if you talk to Jane about it and she says, “That would be great.” Later that afternoon you see Jane sitting on a couch studying and drinking a cup of coffee. You sit down next to her.

In the role play, one learner will play Jane, and the other will be an ally. If you play Jane, you definitely do not consider yourself a racist. You grew up in a small midwestern town and have come across people who are overtly racist, and you are definitely not like them. You did well in college and are not used to getting “B’s” and “C’s” as you have been getting lately on your exams and feel frustrated by that. You stayed up half the night before the recent exam and still felt you didn’t do well. You feel envious of the students who seemingly breeze through these exams.

Students will role play in groups of three or four, with two playing the roles of Jane and yourself, and the other(s) commenting on the use of allyship skills after the role play. Allow eight minutes for the interaction, and two minutes for discussion, then return to the larger group.

**Role Play discussion** (15 minutes) – Ask what worked? What were the barriers? How did the role-players feel about the strategies used? What are the most effective strategies? What are the core principles that guide the discussion? (“win the person, not the argument” suppress righteousness, avoid the “good and bad” dichotomy, highlight the intention vs impact distinction, use the “calling in” strategy, come from curiosity, don’t take anything personally.)

Finally, ask participants how they might create a learning environment in which allyship is common, where all are valued and respected. At a minimum, if they become effective allies, they will be role models for others. But as they move up the hierarchy, they will have more power to initiate policies and practices that will encourage allyship.

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

**The Allyship Handout is below.**









Calling in and Calling out Guide from Harvard’s Office of Diversity, Equity and Inclusion. [https://edib.harvard.edu/calling-and-calling-out-guide](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedib.harvard.edu%2Fcalling-and-calling-out-guide&data=05%7C01%7Cdn22%40drexel.edu%7C8e59b0d9f2fd40ceaa7c08db1d9c5de4%7C3664e6fa47bd45a696708c4f080f8ca6%7C0%7C0%7C638136329668684071%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=MGEV0bSQUFdIJ1RD49QISgCgoqyLjItqNIxT%2BUj7xxA%3D&reserved=0)

Used with permission from Harvard University.

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I am convinced that being an ally for my colleagues and patients/clients of color is important.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

2) Allyship can help to reduce racial stereotyping towards my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

3) I know the principles and skills of allyship.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

4) I am confident that I have the moral courage and skills to be an effective ally.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks!

1) I am convinced that being an ally for my colleagues and patients/clients of color is important.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

2) Allyship can help to reduce racial stereotyping towards my patients/clients of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

3) I know the principles and skills of allyship.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

4) I am confident that I have the moral courage and skills to be an effective ally.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

**References**

Pavey J, Donoghue, D. The use of role play and VLEs in teaching environmental management. *Planet.* 2003: 10(1): 7-10. <https://doi.org/10.11120/plan.2003.00100007>

**Appendix**

You may want to give out the appended handout to solidify learning about allyship conversations: Calling in and Calling out Guide from Harvard’s Office of Diversity, Equity and Inclusion. [https://edib.harvard.edu/calling-and-calling-out-guide](https://nam10.safelinks.protection.outlook.com/?url=https%3A%2F%2Fedib.harvard.edu%2Fcalling-and-calling-out-guide&data=05%7C01%7Cdn22%40drexel.edu%7C8e59b0d9f2fd40ceaa7c08db1d9c5de4%7C3664e6fa47bd45a696708c4f080f8ca6%7C0%7C0%7C638136329668684071%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=MGEV0bSQUFdIJ1RD49QISgCgoqyLjItqNIxT%2BUj7xxA%3D&reserved=0).

# Understanding and Responding to Microaggressions

Tanja Adonizio, MD

## Session 7 – Student Guide

**(60-minute Session)**

**Objectives:**

1. Describe the prevalence, nature, and various kinds of microaggressions experienced by health care students of color.
2. Explain the negative impacts of repeated microaggressions on the well-being of health care students of color, and on the learning environment.
3. Explain the differences between intention and impact, and your responsibility for how your words might impact others.
4. State your motivation to move from being a bystander when observing microaggressions to being an upstander for the target of a microaggression.
5. Explain how you can contribute to creating an antiracist learning culture for health care trainees that honors diversity, equity, and inclusion.

**Assignment**

**Make sure you have reflected on your own implicit biases prior to starting this session.** To prepare for this session, please readthe section of the Antiracism in Health Care Module: **Microaggressions. Respond to the questions in Exercise 16,** which will be posted as a blog shared with fellow students and your facilitator. Your initial blog post is due on XX at 11:59 p.m. In addition, you will be required to read the blog posts of your peers and respond to one or more regarding their post by XX (the following day). You will be asked to read or summarize these answers in group discussion, so you may want to have your responses readily available.

Also, please review the attached table as you will comment on the findings of the study in your discussion.

**Format of the session:** Rules of Engagement

Introductions and review of the rules to ensure a safe and effective group culture/environment, including the blog post discussions. (10 minutes)

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? (These can be challenging discussions and if you need to turn off your cameras or leave the room for a moment of self-care, please do so and return when you are able.)
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Discussion** (30 – 35 minutes)

One or two students will summarize their understanding of the session objectives above, particularly the third: Have the moral courage to be an ally and upstander for your minoritized colleagues and patients. Students will then discuss their blog posts.

**Appreciative wrap up** (10 minutes) All students will state one thing they learned and one thing they appreciated about the session (other student’s contributions, the insights they achieved, the honesty of the general discussion, etc.)

In a national survey of medical students, of 217 responses, with 148 (68.2%) students identifying as Under Represented Minority (URM), URM respondents were significantly (p < 0.05) more likely to report experiencing race-related microaggressions during medical school (55% vs 31%), and to report that these microaggressions contributed to feelings of burnout (62% vs 29%) and compromised learning (64% vs 49%). URM students were significantly less likely to feel that adequate resources were available to address microaggressions (26% vs 39%, p < 0.05). Here is a table summarizing the results.

|  |  |  |
| --- | --- | --- |
| **Non- URM** |  | **URM** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mistaken for a service worker**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 31% | 55% |
| **Offended by comments made in the learning environment about people of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 67% | 89% |
| **Mistaken for other students of one's race**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 72% | 84% |
| **Asked to serve as a spokesperson for one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 52% | 80% |
| **Witness other students experiencing microaggressions**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 85% | 93% |
| **Ignored in the learning environment because of one's race**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 13% | 25% |
| **Contributions devalued in the learning environment because of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 16% | 35% |
| **Assumptions are made about my intelligence because of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 41% | 61% |
| **Experienced more microaggressions in clinical settings than in classroom settings** |  | 52% | 67% |
| **Microaggressions contribute to my feelings of burnout**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 49% | 62% |
| **Microaggressions have negatively impacted my learning**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 49% | 64% |
| **Microaggressions have made me question by ability to become a successful physician** |  | 34% | 35% |
| **Microaggressions have made me question my decision to come to medical school** |  | 23% | 30% |
| **I feel comfortable addressing the microaggressions that I experience** |  | 31% | 37% |
| **I feel comfortable addressing microaggressions that I witness other students experience** |  | 43% | 31% |
| **I feel comfortable addressing microaggressions that I witness patients experience** |  | 44% | 45% |
| **I have adequate resources to address microaggressions**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 39% | 26% |

1. p < 0.01.
2. p < 0.05.

Chisholm LP, Jackson KR, Davidson HA, Churchwell AL, Fleming AE, Drolet BC. Evaluation of Racial Microaggressions Experienced During Medical School Training and the Effect on Medical Student Education and Burnout: A Validation Study. J Natl Med Assoc. 2021 Jun;113(3):310-314. doi: 10.1016/j.jnma.2020.11.009. Epub 2020 Dec 25. PMID: 33358632.

## Session 7 – Facilitator Guide

**(60-minute session)**

**To prepare for this session:** Students were asked to read the **Microaggressions** section of the module. They were asked to **respond to the questions in Exercise 15**. Please read the assigned sections, read their responses and comments for Exercise 15, and highlight points you want to contribute to the discussion.

**Introductions**

At the beginning of the session:

Ask students to take a minute to fill out the pre-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Introduce yourself and ensure all participants know each other. Have them each introduce themselves briefly if this is a new group. (5 minutes)

**Rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.
* **Give a trigger warning:**

Discussions involving personal experiences of racism can be difficult and evoke traumatic experiences that are still upsetting. Sometimes group members, especially learners of color, may not have the bandwidth to speak up or share in the moment. All members of the group need to be respectful of that. White students should not expect or ask their peers of color to explain or teach them about their experiences. In addition, all learners in the group should share only what they feel comfortable in sharing.

**Please review the objectives of this session** (5 minutes):

1. Describe the prevalence, nature, and various kinds of microaggressions experienced by health care students of color.
2. Explain the negative impacts of repeated microaggressions on the well-being of health care students of color, and on the learning environment.
3. Explain the differences between intention and impact, and your responsibility for how your words might impact others.
4. State your motivation to move from being a bystander when observing microaggressions to being an upstander for the target of a microaggression.
5. Explain how you can contribute to creating an antiracist learning culture for health care trainees that honors diversity, equity, and inclusion.

**Discussion** (45 minutes)

**Starting the Discussion**

Ask if someone in the group would take on giving a brief summary of the prevalence, nature and impact of microaggressions in health care training. Although we are focusing on race, be clear that microaggressions are frequent relating to gender, LGBTQA+, age, weight, specialty, etc.

You might want to quote from a pilot survey from 2020, of 217 responses, collected from medical students across the United States, with 148 (68.2%) students identifying as Under Represented Minority (URM):

| **Non- URM** | **URM** |
| --- | --- |

|  |  |  |  |
| --- | --- | --- | --- |
| **Mistaken for a service worker**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 31% | 55% |
| **Offended by comments made in the learning environment about people of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 67% | 89% |
| **Mistaken for other students of one's race**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 72% | 84% |
| **Asked to serve as a spokesperson for one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 52% | 80% |
| **Witness other students experiencing microaggressions**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 85% | 93% |
| **Ignored in the learning environment because of one's race**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 13% | 25% |
| **Contributions devalued in the learning environment because of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 16% | 35% |
| **Assumptions are made about my intelligence because of one's race**[**a**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fna) |  | 41% | 61% |
| **Experienced more microaggressions in clinical settings than in classroom settings** |  | 52% | 67% |
| **Microaggressions contribute to my feelings of burnout**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 49% | 62% |
| **Microaggressions have negatively impacted my learning**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 49% | 64% |
| **Microaggressions have made me question by ability to become a successful physician** |  | 34% | 35% |
| **Microaggressions have made me question my decision to come to medical school** |  | 23% | 30% |
| **I feel comfortable addressing the microaggressions that I experience** |  | 31% | 37% |
| **I feel comfortable addressing microaggressions that I witness other students experience** |  | 43% | 31% |
| **I feel comfortable addressing microaggressions that I witness patients experience** |  | 44% | 45% |
| **I have adequate resources to address microaggressions**[**b**](https://www-sciencedirect-com.ezproxy2.library.drexel.edu/science/article/pii/S0027968420304284?via%3Dihub#tbl2fnb) |  | 39% | 26% |

1. p < 0.01.
2. p < 0.05.

Chisholm LP, Jackson KR, Davidson HA, Churchwell AL, Fleming AE, Drolet BC. Evaluation of Racial Microaggressions Experienced During Medical School Training and the Effect on Medical Student Education and Burnout: A Validation Study. J Natl Med Assoc. 2021 Jun;113(3):310-314. doi: 10.1016/j.jnma.2020.11.009. Epub 2020 Dec 25. PMID: 33358632.

Then, segue into a discussion of their answers to Exercise 16.

In Exercise 16, students were asked to respond to two or more of these questions:

* What are your thoughts and feelings about the videos above?
* What microaggressions have you seen or experienced? In retrospect, what microaggressions might you have unknowingly committed?
* How responsible are you for the impact of your words?
* What can you do to become more knowledgeable about the lived experiences of your colleagues of color?
* If you are a student of color, under what circumstances might you share your experiences of microaggressions/disrespect with your white colleagues?

You can begin the discussion several ways (checklist):

* You can ask if someone would like to hear a student expand on their blog post, or someone to summarize, or read their blog posts, and then ask the group if their points resonate.
* If no one volunteers, say something like, “I know students are often shy in wanting to speak up, but I also know that everyone here has a valuable perspective that will contribute to the group, so I just call on people,” and then call on someone. You may want to start with a student who wrote a particularly compelling narrative. Refer to their blog posts, appreciate their perspectives and ask if they would like to expand on their points.
* Praise their contributions and expand on it or delve further if it seems appropriate to do so. Ask if anyone would like to comment or has similar experiences and feelings? (Don’t be afraid of silence – another student will usually break the silence to comment.) Continue this way until everyone has had a chance to contribute.
* Please make sure that everyone has an opportunity to voice their comments if they choose to do so.
* Avoid moralizing or saying too much about your own experiences. If you choose to contribute, do it from your heart, in the spirit of showing that even their teachers have had struggles.

Ask if anyone would like to state their commitment to ensuring equitable health care for all, and how they are doing it, or how they intend to do it.

There is a separate workshop on allyship. But if there is time, you might want to ask group members to brainstorm the essentials of having allyship conversations as they observed in the video of the resident speaking with the attending physician. Ask what it would take to feel safe to use these skills speaking to someone above them in the hierarchy. Here is a list of skills from the allyship section of the module:

**Made the "Invisible" Visible**

* Make the meta-communication explicit.
* Ask for clarification.
* Challenge the stereotype.

**Disarmed the Microaggression/Macroaggression**

* Develop rapport (acknowledging positive attributes).
* Describe what happened.
* Express disagreement.
* Interrupt and redirect.

**Disarmed the Microaggression/Macroaggression**

* Point out the commonality.
* Appeal to the offender’s values and principles.
* Differentiate between intent and impact.
* Promote empathy.
* Point to how they benefit.

**Wrap Up** (10 minutes)

Be sure to preserve the last 10 minutes of the session for a closing exercise. Ask each student in turn to say one thing that they learned in the session, and one thing they appreciated. This is often an eye-opening exercise since sometimes students will articulate something that they’ve learned that is valuable but unexpected. Students often appreciate other individual students for their honesty and courage. Conclude this session by adding your own words of appreciation, for students’ honesty, courage, insights, commitment, etc. Ask students to take a minute to fill out the post-test and place face-down on the table or pass them your way. (Or fill out online if this is an option.)

Below is a graphic that summarizes strategies and rules that facilitate difficult and crucial conversations safely and meaningfully when discussing sensitive topics. This appears in the document, “Guidelines for Facilitating Interprofessional Workshops” as well as below.

A poster of a group of rules

Description automatically generated

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<https://www.catalyst.org/wp-content/uploads/2016/10/Conversation-Ground-Rules-print.pdf>

## Pre-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

This survey is confidential and will only be used to enhance the educational value of this workshop, or for educational research. There will be no effort to identify individual respondents.

Please write your mother’s maiden name, or other identifying number or word that only you know so we can match up your pre- and post-tests. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Thanks!

1) I know the prevalence of microaggressions in health care education.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

2) I understand the nature and various kinds of microaggressions experienced by health care students of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

3) I understand the negative impacts of repeated microaggressions on the well-being of health care students of color, and on the learning environment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

4) I understand the differences between intention and impact, and I am responsible for how my words might impact others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

5) I am motivated to move from being a bystander when I see microaggressions on my team, to being an upstander for the target of a microaggression.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

## Post-test

***Do not put your name on the form and after you fill it out place it face-down on the table.***

***On the lines below, please indicate where you are related to these statements.***

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1) I know the prevalence of microaggressions in health care education.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

2) I understand the nature and various kinds of microaggressions experienced by health care students of color.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

3) I understand the negative impacts of repeated microaggressions on the well-being of health care students of color, and on the learning environment.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

4) I understand the differences between intention and impact, and I am responsible for how my words might impact others.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

5) I am motivated to move from being a bystander when I see microaggressions on my team, to being an upstander for the target of a microaggression.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

# Bioethics, Core Values and Antiracism Health Advocacy

Dennis H. Novack, MD

## Session 8 – Student Guide

**(60-minute Session)**

**OBJECTIVES:**

1. Describe the ethical mandate for health advocacy by clinicians.
2. Explain why health advocacy is an essential component of patient care.
3. Give examples of how you could practice health advocacy at the levels of patient care and at institutional, community, and public policy levels.
4. State the core values that are the foundation of your attitudes and behaviors as a health care provider.

To prepare for this workshop**, read the two module sections on ethics, “Ethics and Antiracism” and “Ethical Dimensions of Racism,” and the final section on “Advocacy.” Respond to only ONE of the following Discussion Questions: 27, 28, 29 or 30, and complete not later than 24 hours before the session.**

Also, look at the list of core values below, circle the five most important and number them, in order of importance, that guide your interactions with your patients/clients. (1 = most important.)

Respect Gratitude Caring

Moderation Altruism Compassion

Patience Tolerance Diligence

Courage Mercy Flexibility

Humility Forgiveness Integrity

Mindfulness Acceptance Kindness

Justice Prudence Reliability

Generosity Honesty Nonjudgment

Perseverance Spirituality Self-regulation

Please review these agreements to ensure a safe and effective group culture/environment, including the blog post discussions.

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment? (These can be challenging discussions and if you need to turn off your cameras or leave the room for a moment of self-care, please do so and return when you are able.)
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.

**Format of the Session:**

**Circle Check-in (10 minutes)**

Each student, in order around the group circle or on Zoom (your facilitator will call on you), to share one thing you found to be personally or professionally inspiring or challenging about the topic of health advocacy as an anti-racist strategy.

**Circle check in** (10 minutes)

Each student will share one thing they found to be personally or professionally inspiring or challenging about the topic of health advocacy as an antiracist strategy.

**Discussion Questions** (20 minutes)

Students will volunteer (or your facilitator might ask students) to present what they wrote down for discussion questions 27, 28, 29 or 30. Please bring your answers with you. Your facilitator will have read them ahead of time.

**Pair Share** (10 minutes)

Students will break into pairs and take 5 minutes each to state the core values that guide them as health care clinicians, the ethical precepts that will underly all their interactions with patients/clients and colleagues, and the actions they will take to counter the effects of structural and individual racism.

**Discussion (10 minutes)**

Students will return to the group and briefly discuss each other’s contributions to the pair share.

**Appreciative Debrief (10 minutes)**

Students will say one thing they learned and one thing they appreciate – about the session, fellow students, the facilitator, the antiracism curriculum in general, etc.

## Session 8 – Facilitator Guide

**(60-minute Session)**

Welcome everyone. Ask a student to read the objectives of the session:

**Objectives:**

1. Describe the ethical mandate for health advocacy by clinicians.
2. Explain why health advocacy is an essential component of patient care.
3. Give examples of how you could practice health advocacy at the levels of patient care and at institutional, community, and public policy levels.
4. State the core values that are the foundation of your attitudes and behaviors as a health care provider.

**Please give out the pre-tests** (Or ask students to fill out online if this is an option.)

**Please review the rules to ensure a safe and effective group culture, including the blog post discussions.** (5 minutes)

**Remind** participants of the rules of the session: (5 minutes) Review agreements for ensuring safety during the discussion to encourage free and open expression of all views:

* + Authentic preparation.
  + Everybody is fully present.
  + Active listening and building conversation.
  + No cross talk (side conversation, interrupting).
  + Offer social support, listen for the good, assume the best, be generous, curious, and non-judgmental.
  + Strict confidentiality – what is said in the group stays in the group.
  + Any other suggestions for rules to foster a psychologically safe environment?
  + Mention that you recognize that these can be challenging discussions and some students may be triggered and may not have the emotional bandwidth to talk freely. Assure the group that no one is required to share if they are not comfortable. If a students need to turn off their cameras or leave the room for a moment of self-care, encourage them to do so and then return when they are able.
  + Regarding ONLINE group sessions:
    - Be mindful of how you appear on camera.
    - Be in a private, quiet space.
    - Use ear buds.
    - Log on 5-10 minutes ahead of time.
    - You should also log on 5-10 minutes ahead of time and welcome each participant by name into the space.
    - Be mindful of managing the chat box; consider disabling when not used in conversation/presentation.

**Circle Check-in (10 minutes)**

Each student, in order around the group circle or on Zoom please just call on students to share one thing they found to be personally or professionally inspiring or challenging about the topic of health advocacy as an anti-racist strategy.

(Reason for circle check-in: The check in brings every single person’s voice into the group space. It is a way of affirming that we are all showing up for each other. The circle (real or virtual) evokes the equal value and inclusion of everyone in the group.)

**Discussion Questions** (20 minutes)

To prepare for this exercise, please read students’ responses to the discussion questions, write down some comments or further questions you would like to ask, and prioritize which students you would like to call on for their perspectives. We gave students a choice of responding to one of discussion questions 27 – 30. Students will volunteer to present what they wrote. If no student volunteers call on students who have made particularly cogent responses to different questions. (“Sameer – I was struck by your thoughtful answer to question 28. Could you tell the group what you said?) Ask for further comments on students’ answers.

**Pair Share** (10 minutes)

Students will break into pairs and take 5 minutes each to state:

* the core values that guide them as health care clinicians,
* the ethical precepts that will underly all their interactions with patients/clients and colleagues,
* the actions they will take to counter the effects of structural and individual racism.

**Discussion (10 minutes)**

Students will return to the large group and briefly discuss each other’s contributions to the pair share.

**Appreciative Debrief (10 minutes)**

Students will say one thing they learned and one thing they appreciate – about the session, fellow students, the facilitator, the antiracism curriculum in general, etc.

**Please give out the post-tests** (Or ask students to fill out online if this is an option.)

## Pre-Test

*Do not put your name on the form and after you fill it out place it face-down on the table.*

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Thanks!

1. I can fully explain the ethical mandate for health advocacy by clinicians.

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**Not At All Completely**

1. I believe that health advocacy is an essential component of patient care.

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**Not At All Completely**

1. I can give examples of how I could practice antiracist health advocacy at the levels of patient care and at institutional, community, and public policy levels.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

1. I can state the core values that are the foundation of my attitudes and behaviors as a health care provider.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

1. I feel confident that I will express my ethical responsibilities and core values in health advocacy for patients who have been marginalized.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

## Post-Test

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Thanks!

1. I can fully explain the ethical mandate for health advocacy by clinicians.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

1. I believe that health advocacy is an essential component of patient care.

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**Not At All Completely**

1. I can give examples of how I could practice antiracist health advocacy at the levels of patient care and at institutional, community, and public policy levels.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

1. I can state the core values that are the foundation of my attitudes and behaviors as a health care provider.

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**Not At All Completely**

1. I feel confident that I will express my ethical responsibilities and core values in health advocacy for patients who have been marginalized.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Not At All Completely**

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