



	Sections	Overview	Video	Video Actor	Min	External Link	Discussion Questions
1	Welcome	The Antiracism Curriculum to Promote Diversity, Equity, and Inclusion in Health Care Education was made possible by a generous grant from the Josiah Macy Jr. Foundation in 2021. The Antiracism module contains the following sections.					
		Video	Introduction	Dennis Novack	2:03		
		Video	Introduction	Camille Burnett	2:22		
2	Medicine and Myth of Race	Although it is widely recognized that race is a social construct, biases and stereotyping based on outdated notions of biological differences persist in medical practice. Throughout U.S. history, prominent physicians have conducted pseudoscientific studies and contributed writings to "racial science" that have supported notions of the inferiority of people of color. Physicians and organizations, such as the American Medical Association, have been openly racist in the past. Today's health care students and providers can lead the way in providing just and equitable care to all. This section details when slavery began and highlights transgressions against Black people, some in the name of health care. The section concludes with our moral responsibility to recognize the trauma that our patients have faced and work to create effective therapeutic approaches to care.					We have inherited a healthcare system that has been shaped by structural and individual racism, and that delivers inequitable care. 1. How does this knowledge affect your attitudes on the care you want to deliver? 2. What are your thoughts and feelings about the history of the development of the concept of race and racism in this module? 3. How have (or might) your experiences of racism or your own racial stereotyping influence your attitudes and behaviors in the care of patients/clients? 4. What will you do to assure equity in your care of individual patients and in your institution? Video What did you learn from this video? What was new information for you? How does this information help you understand why minoritized patients might not trust our healthcare system? What might you do to build trust with historically marginalized patients?
		Video	Introduction	Will Justice & Leon McCrea	0:44		
3	Racial Disparities in Health	Structural, cultural, and individual racism takes a severe toll on the health of Black, Indigenous, and people of color communities. This toll includes increased morbidity and mortality when compared to White communities due to many factors, including wide disparities in wealth, the ability to afford and access care, and inadequate health care delivery. This section reviews the many causes of these disparities from government and private policies and the adverse psychophysiological effects of the stress of racism.					List your understanding of the main factors that lead to health disparities in Black, Brown, Indigenous and other historically marginalized people:
		Video	A Black Man in America	Will Justice & Leon McCrea	0:24		
4	The Roots of Racism: A Biopsychosocial Formulation	Since our country's founding, there has been systematic oppression and the creation of vast inequities between White people and people of color. A biopsychosocial approach can shed light on how racism and other biases have flourished. Racism is multidetermined and has complex origins. This section summarizes a few key features of its origins in biology, psychology, and the way we construct our societies.					Answer one of these questions: Why are there biases at all? What is your biopsychosocial analysis of the origins of bias? What are your responsibilities to respond to racism, at the individual, group and structural levels?
		Video	Show Me Your Badge	Will Justice & Leon McCrea	5:16		
5	Critical Race Theory, Intersectionality, Colonialism, Structural Racism	This section defines critical race theory, intersectionality, colonialism, and structural racism and explains how each has manifested itself in the U.S.					Video. You attend a small group session on renal physiology and the faculty member presents a correction for Glomerular Filtration Rate (GFR) for African American patients. He says the estimated GFR for Black patients is multiplied by 1.16- 1.21 the estimated GFR for white patients, depending on the equation used, to account for their higher muscle mass. 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? a. How might this lead to negative consequences for black patients? b. How might you call his attention to the sociopolitical construct of race?
		Video	If He Can Succeed, You Certainly Can	Will Justice & Leon McCrea	2:40		
		Video	The Myth of Race Debunked in 3 Minutes		3:04	https://www.youtube.com/watch?v=VnfKgfCZ7U	
6	Clinical Ethics and the Mandate for Antiracism	Foundational concepts, principles, and duties guiding contemporary clinical ethics provide a clear mandate for antiracist action in the care of patients and communities. This section covers key points for understanding the social contract, human rights, guiding ethical principles, essentials of caring, and virtue as a personal commitment.					
7	Ethical Dimensions of Racism	Medical ethics have been heavily influenced by racism, specifically through the false assumption of race as a biological difference rather than a social construct. It is the responsibility of health care clinicians to understand the impact of structural racism and implicit bias as they relate to their own ethical decision-making. This section looks at how historical has had an impact across generations and has resulted in a high level of mistrust of patients toward clinicians, which have shaped treatment decisions.					Answer two of these questions: • What are some strategies that can be implemented to build trust between physicians and historically marginalized patients? • What role does implicit bias play in the treatment decisions of healthcare clinicians? How can clinicians mitigate the impact of implicit bias in their practice? • What are the ethical responsibilities of health systems and medical schools to better establish or re-establish communal trust with historically disenfranchised communities?
		Video	I Need to Dress Up	Will Justice & Leon McCrea	3:08		

8	Race Consciousness and Antiracism	Race consciousness is an explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life. In health care, this means acknowledging that racial health inequities are the result of racism, not the result of genetics. Applying race-consciousness to health care requires an appreciation of the complex historical journey of Black people and/or persons of color, knowledge of disparities in health that may facilitate or inhibit optimal levels of care for these individuals and their families, and the self-appraisal of one's attitudes, feelings, beliefs, and biases towards Black people and/or persons of color. This section describes the privilege wheel and White fragility.					Video. One of your peers in a small group classroom discussion of health disparities shares "My parents taught me not to see color." How would you go about explaining to them how this view can be harmful? Using this wheel, make a list of your "privileged" identities and a separate list of your "oppressed" identities below. Feel free to add identities that may not be included on the wheel. Underline those identities which are "hidden" i.e., are not immediately apparent to others. Lastly think about the last 48 hours. Give an example of something you were able to do because of one of your privileged identities (that another person without that privilege would not have been able to do) and write it down. If you would rather not share this information in the group blog, please write your thoughts down on paper, and bring it to your small group. You can then share whatever you feel comfortable sharing, including what you learned from the exercise. Think about the times you have been in or witnessed conversations about race involving white people. What emotions, behaviors or claims have you experienced or witnessed that exemplify White Fragility? OR Which of the 11 Unspoken Rules of White Fragility have you experienced or witnessed? Also, comment on this question: How might the emotions, behaviors, claims or rules have been shifted in your example?
	Video		Why Would You Think That?	Will Justice & Leon McCre	0:24		
	Video		Privilege and Fragility - White Privilege Glasses		1:10	https://www.youtube.com/watch?v=swDQiUwmezg&t=9s	
	Video		Seeing White Fragility		6:23	https://www.youtube.com/watch?v=CdFCRHhgHo	
	Video		3 Ways to Challenge White Fragility	Robin DiAngelo	8:54	https://www.youtube.com/watch?v=5xtZ0nAFHow	
	Video		Robin DiAngelo on "White Fragility"	Robin DiAngelo	9:12	https://www.youtube.com/watch?v=6O27_yBQ8Qc&t=167s	
9	Racial Conflict	Racial conflict is a type of social conflict that results in threatened or actual harm to the targeted racial group based on perceived racial differences. Racial conflict is inextricably linked to stereotypes, bias, privilege, discrimination, racism, and inequities. This section includes the nature of racial conflict and contributing factors.					Answer one of the following questions: What is your vision for a just and equitable society? Given that structural racism is so pervasive, what can you contribute to promoting your vision? What commitment will you make to yourself and others to ending healthcare disparities? Answer one of these questions: <ul style="list-style-type: none"> • What are your thoughts and attitudes about race, and how might they contribute to racial conflict? • How can health disparities be reduced when they are so intertwined with racial histories? • What have you been taught about race, healthcare and the physical body that needs to be reconsidered and relearned? Give examples of historical assumptions which have led to disparities.
10	Confronting Our Biases	Biases are learned beliefs and attitudes about others that may be positive or negative, like prejudice and stereotypes. Being targeted on a daily basis leads to heightened watchfulness or even vigilance, which has serious implications for chronic stress and health. This section explains how Black people and other non-White racial groups regularly face discrimination from health care providers. Since conscious and unconscious bias involve learned stereotypes, values, and behaviors, it is believed that they can be unlearned and reduced through conscious attention.					13. Watch this brief video: A Trip to the Grocery Store: https://www.youtube.com/watch?v=Wf9QBnPK6Yg Answer this question: Put yourself in Dr. DeGruy's shoes in the grocery store checkout line. What would you be thinking and feeling? What would influence your decision to speak up (or not) in the moment?
11	Diversity and Cultural Humility	Leaders in various disciplines are increasingly realizing the importance of recognizing diversity and applying cultural humility for successful outcomes. encouraged educators to shift away from the goal of achieving cultural competence to that of cultural humility, which is self-evaluation in addressing the power imbalances of the patient-clinician dynamic. This section describes cultural humility, the behaviors to adopt cultural humility, and the alignment of cultural humility with diversity to support positive outcomes.					The world view of diversity influences personal beliefs and values. Provide an example from your professional or personal life. Diversity and cultural humility can be positive influencers in both clinical care and education. Provide an example from your professional role(s).
12	Microaggressions	Microaggressions are defined as verbal, nonverbal, and/or environmental slights, snubs, or insults that are either intentional or unintentional. They convey hostile, derogatory, or otherwise negative messages to target persons based on their membership in a structurally oppressed social group. Individual microaggressions may appear small or insignificant, but part of the harm is the day-to-day accumulation of being targeted repetitively in a variety of different contexts over time. This section provides examples of microaggressions and appropriate responses.					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? Please share only as much as you feel comfortable sharing.
	Video		Faculty Microaggression	Will Justice & Leon McCre	3:25		
	Video		The Microaggression		0:47		
	Video		Attending Physician Reflection	Dennis Novack	0:33		
	Video		Intern's Reflection		0:30		
	Video		Student's Reflection		0:31		
	Video		4th year Medical Student Reflection		0:17		
	Video		Patient's Reflection		0:13		
	Video		Resident Discusses the Microaggression with Attending		1:45		
	Video		Attending Apologizes		1:28		

13	Discrimination	Discrimination is behavior arising from shared cultural stereotypes and other mistaken beliefs about groups of people based on one aspect of their social identity, such as race, age, or gender. There are three different types of discrimination: direct, indirect, and intersectional. This section defines discrimination, offers some examples of racial discrimination throughout history, explains the impact it can have on health, and discusses how discrimination is a systemic issue.				Watch this 12-minute video: Racial/Ethnic Prejudice & Discrimination: Crash Course Sociology #35: https://www.youtube.com/watch?v=g5ddUPKVD24 Answer this question: What thoughts and feelings did this sociologic analysis provoke in you? How might it have expanded your understanding of prejudice, discrimination, and racism? Answer one of these questions: <ul style="list-style-type: none"> • In what ways does racial discrimination impact your life? • Did you learn about the United States' history of racial discrimination when you were growing up? In what settings did you learn about it and in what settings was it not discussed? If you did not learn much about discrimination or structural racism, why not? When should we begin teaching children or young people about these issues? • What are some ways we can begin to address systemic discrimination? • How can an institution be biased? Provide examples. • What is a positive stereotype? Provide examples.
		Video	The Burden of Being a Minority Student	Will Justice & Leon McCrea	1:12	
14	Advancing Racial Equity	This section defines health and health care equities, inequities, and disparities; social and structural determinants of health; and racism as a determinant of health. We also examine how each of five social determinants likely impact overall health and explain how lack of access to oral health contributes to health disparities.				19. Think about where/how you grew up and what factors influenced your health today? Which SDOH has had the biggest impact/influence on your health?
		Video	Have Difficult Conversations!	Will Justice & Leon McCrea	0:38	
15	Racial Equity in Research, Policy, Procedures and Practices	The pervasive impact of racism is systemic in its deepest and broadest roots. To achieve racial equity, we must explore and address oppressive policies, procedures, and practices. Medical and scientific research that informs health care policies, procedures, and practices must be intentional to use an inclusive approach that promotes health equity. This section covers structural racism and competency, racial equity in research, race as a social construct, race norming, and race-based protocols.				Answer one of these questions: a) When you review research, ask yourself what institutions and policies contributed to the problem at hand, how do they perpetuate racial inequity and how can we change institutions and policies to mitigate the racial inequity in this area? b) Clinicians or scientists may use very specific diseases such as Cystic Fibrosis or Sickle Cell Anemia to justify the biologic basis for race. How can this thought process be harmful in the care of patients? c) Can you identify an institutional policy at your health system or educational institute that promotes racial inequity? What changes have been or can be made to address this?
16	Antiracist Approaches to Clinical Care	Increasing diversity in the health care workforce is accepted as an effective strategy for addressing access to care and health disparities in vulnerable populations. This section discusses racial and ethnic representation, cultural competence and cultural humility, effective teams and communication, and racist patient responses.				Please respond to one or both of these questions: <ul style="list-style-type: none"> • Consider what elements of your identity have the greatest impact on your values, health beliefs and behaviors? • Have you or a loved one interacted with someone in the healthcare system? Were there any differences in cultural identity that you observed? Did these differences impact communication or healthcare delivery? for an interprofessional group discussion: Please respond to both of these questions: <ul style="list-style-type: none"> • Name one thing that most people do not know about your health profession. • Name a stereotype about your profession that bothers you? Discuss how stereotypes of different health professions may impact effective teamwork and function. Watch the video and write down the answers to these questions: If you were the nurse practitioner, how would you feel? What would you want to say to the patient? What do you feel would be the most effective response? The woman who played this role is a nurse practitioner student. We asked her for her reaction if this were the real situation: (video) Here are two possible responses to this patient: (video). Answer at least two of the questions below as your response to these two scenarios. Which one of these responses would you choose to do? Why? What are the pros and cons of each response? What might be a more effective response? How do you balance your obligation to provide compassionate, excellent care to your patient with your need to preserve your own well-being? The patient in this scenario was in distress. How might your reaction to this patient be different if he were not in distress? If you are a junior member of a healthcare team, it is often beneficial to talk with a mentor or trusted supervisor when these biased incidents occur. Here is an example of how such a discussion could go.
17	Antiracism in Action	One of the most effective ways to combat racism is allyship, defined as a willingness to be an activist on racial issues. This section explains performative allyship, describes how to be an effective ally, and demonstrates examples via videos.				Please answer 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? Answer these questions. 1. 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? 2. 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?
		Video	The Impact of Allyship	Will Justice & Leon McCrea	2:04	
		Video	Speaking Up - Using Pronouns	Leila Hilal	1:27	
			Racist Comment by Nurse		1:06	

		Reflection by Black Medical Student		0:31		
		Reflection by White Medical Student		0:43		
		Reflection by White Medical Student		0:21		
		Reflection by White Medical Student	Leila Hilal	0:17		
		Discussion with Nurse	Leila Hilal	2:06		
		Nurse Real Life Reflection		0:36		
		Don't Call People Out - Call Them In	Loretta Ross	14:00	https://www.ted.com/talks/loretta_j_ross_don_t_call_people_out_call_them_in	
		Student Practices Allyship Skills	Erica Riddick	7:59		
		Intern's Frustrated Comment	Dennis Novack	0:58		
		Intern's Frustrated Comment with Attending Response	Dennis Novack	5:32		
		No Bias Zone - Attending Rounds Introduction	Dennis Novack	2:49		
	Advocacy	What must we all do about inequities as clinical students and practitioners within our own sphere of work? There are specific opportunities in the care of our patients for interrupting and repairing inequities. This section outlines what learners can do at various advocacy levels, including patient interaction, the care team, the institution, the community, and the public policy level.				<p>In the text box below, answer these questions:</p> <p>What role do you see for yourself in addressing health disparities?</p> <p>At which level of advocacy in the figure above would you engage? You are a member of the primary care team caring for a 19-year-old African American person in the first trimester of pregnancy. In the text box below, answer these questions: How might you advocate for the best health outcomes for this expectant patient...</p> <p>While interacting with them to provide care?</p> <p>While communicating about their care with the team?</p> <p>In requesting new resources or changes in procedures from the healthcare system?</p> <p>By increasing community awareness?</p> <p>Through an action to influence local, state, or federal government policy? Answer these questions:</p> <p>Have you encountered any of these or any other types of misrepresentation of race?</p> <p>How does misrepresentation perpetuate health inequities and poor outcomes?</p> <p>How might you advocate to change teaching content by engaging a teacher, course director, dean, or clinical supervisor? Compose a letter to the editor on the topic of maternal-fetal risk among Black and/or indigenous people. Letters to the editor are typically 150 words or less.</p> <p>What concrete steps could you see yourself taking?</p>
18	Epilogue					
		Epilogue	Leon McCre	1:53		
		Final Advice	Will Justice & Leon McCre	2:05		