ARAC Town Hall 2019: Curriculum FAQ

In 2017, ARAC created a report that outlined its recommendations in Admissions, Curriculum, and Student Support at University of Washington School of Medicine. The full ARAC report can be found on the CEDI website. ARAC focused on prioritizing at least three action items for each area. This FAQ highlights these key recommendations regarding the University of Washington School of Medicine Curriculum and what actions have been taken thus far. Additional actions that have been taken are also highlighted below.

I. Faculty Development:

**Recommendation 1:** Require quarterly trainings that are externally administered

**Response:** This has not been implemented.

**Recommendation 2:** Required annual training on the impacts of racism, poverty, and structural injustice

**Response:** The Associate Dean of Faculty Development recognizes the need to create infrastructure to allow for tracking faculty participation. Currently we do not have a system to do this. UWSOM is in the process of finding a new learning management system (LMS) with plan for implementation in 2020. The recommendation will then be to make it required for all faculty if Dean Ramsey endorses this.

**Other actions:** Creation of Critical Teaching Series. CLIME Podcasts to advance Health Equity and Justice in Medical Education: Do No Harm: An introduction to Equitable Teaching and Do No Harm: Equitable Teaching practices (Part 2)

**Planned next steps:** Continue to create, collate materials to address key topics and skills

**Recommendation 3:** Required annual anti-bias training

**Response:** Leadership within the UWSOM took a 2-day training through The Peoples Institute but this is not an annual training.

**Other related activities:** Held summit with 20+ key players including the new Associate Dean of Faculty Development, co-directors of Healthcare Equity of UW Medicine, Deans from student affairs, BRIM leader, medical students, and CLIME to create a Faculty Development plan. The group generated key areas of focus that aligned with training topics recommended by ARAC. The group has prioritized year one 4 topics as: Racism and racialization of medicine and the history of racism in medicine; microaggressions; implicit bias; and intersectionality.

II. Clinical Curriculum:

**Recommendation:** Grading: Add a category to the clerkship grade evaluating a student’s appreciation for SDOHE and their ability to incorporate these factors into their patient care plan

**Response:** Plan is to add a category that will be a part of the clerkship grade evaluating a student’s appreciation for SDOHE. Anticipated roll out 2020.
### III. Pre-clinical Curriculum:

**Recommendation 1:** Social Determinants of Health (SDOH) and Equity Content: Hold block leads accountable for including appropriate SDOH content, which should include cross-block communication in order to build cohesion and continuity in SDOH material. Include heterogeneous populations in lectures, studies, and patient cases.

**Response:** To address bias and racialized medicine in the curriculum, the UWSOM developed a process for curricular review/development. This was instituted in November 2018 and is mandatory for all block directors. It is entitled Bias Reduction in Curriculum Content (BRICC).

**Planned next steps:**
- Continue to do PDSA cycles to reach AIM goal of to reduce bias content in the UWSOM 1st year curriculum by 90% (3/30/20)
- Faculty from each block will participate in creating a podcast addressing bias content in their curriculum as a teaching tool for students and faculty (3/30/20)
- BRICC software and BRICC-Computerized Social and Structural Determinants of Health (SSDOH) Literature Search will be converted to a UWSOM library SSDOH Toolkit for public use (3/31/21)
- If this QI project leads to quality improvement in reducing bias in curriculum, plan to implement this method to the UWSOM clinical curriculum by the start of clerkships in 2022

**Other related activities:**
A Structural Competency Form was developed outlining how to develop appropriate content for lecture for all. This form will be completed as part of “Lock Down” for the blocks and require that this form has been completed and is being piloted. This would address multiple recommendations including use of images of phenotypic diversity of disease presentation, inclusion of context around epidemiological information, use of the AAMC-preferred terms “white” or “of European descent” instead of Caucasian and for there to be consistent in the use or omission of social identifiers.

**Recommendation 2:** Recruit social science faculty and community members to develop and teach SDOH and health equity content. Acknowledge the limitations of the biomedical model--and physician perspective.

**Response:** Multiple social science faculty and community members have been recruited to teach SDOH and health equity content. Dr. Marieke van Eijk, Dr. Janelle Taylor, Savannah Larimore, Roberto Montenegro, MD, PhD, Terry Maresca, Jordan Lewis, PhD, Hayden Hamilton MD, Annie Blackledge, Marti Port, Tanya Flannigan

**Other related activity:** Consultation and faculty development with Lee Mun Wah

**Other related activities:** A Patient Identifiers Working Group identified best practices and made recommendations to the Curriculum committee on how to integrate this into the preclinical and clinical curriculum.

- Caucusing was considered for EHM Week 2 E18 however it was felt more faculty development needed so the goal is to use caucusing with the E-19 class
- Assessment of students’ knowledge of SDOH and equity with formats other than multiple choice- EHM has a written assignment that assesses this.

- Small group discussions about SDOH, equity, and race have been strengthened based on student feedback in the EHM course.