

Anti-Racism Action Committee (ARAC) Report

December 21, 2017

The Anti-Racism Action Committee which includes students, faculty, and staff was given the charge to begin their efforts on August 4, 2016 by Dr. Paul Ramsey and met for the first time September 26, 2016. The committee grew out of the Call to Action in May 2016 sponsored by the Students for Anti-Racist UWSOM (SARU), a student run and student led group which began in the fall of 2015. The Call to Action to create an anti-racist school was open to the public, and attendees included alumni, current and former students, administration, staff, and faculty.

When the committee was initially charged by Paul Ramsey, three students were invited to participate, however, SARU members requested to select the students from among themselves, and eventually the decision was made with Dr. Ramsey's approval to open membership to all students. An email was sent to the medical school after ARAC's initial meeting on September 26, 2016 inviting any students interested to join the committee.

The initial committee chairs were Frederica Overstreet MD, MPH, Assistant Professor, Department of Family Medicine, and Anne Eacker MD, Associate Professor, Department of Medicine, and Associate Dean, Student Affairs. Mark Snowden MD, Professor and HMC Division Head, Department of Psychiatry, joined the committee chair group in October 2016. Students also recommended that there be student co-leaders and this was implemented in January 2017. Dirir Abdullahi, now a second year student, and Ohenewaa Nkrumah, also a second year student. Kimeshia Thomas, also participated for a brief period as a student co-leader before her graduation in the spring of 2017. Dr. Overstreet subsequently left the University of Washington faculty in July of 2017

The committee as a whole has been meeting monthly, with organizational support provided by Brenda Martinez, MPH, who now works in the Office of Rural Programs at UWSOM. There have been various sub-committees meeting outside the primary committee meetings as well. The leadership team also has been meeting monthly and often bi-monthly.

At the committee's initial meetings in the Fall of 2016, there were 30 or more individuals present, mostly students, and the initial meetings were spent advising Dr. Ramsey on an anti-racism message to UW Medicine, which was sent in January 2017, as well as establishing group norms and processes, and community building activities within the committee. As the committee's work progressed, a smaller cohort of students, faculty, and staff returned and engaged in the work.

The committee chairs wish to thank each of the committee members, particularly the students, staff, and faculty of color, for their participation, energy, trust, and collaboration on the committee to date. Committee meetings were in the evenings, so that clinical students as well as staff and faculty outside the dean's office could participate after their usual activities were completed. This kind of work often falls to those who are under-represented in medicine, and must be recognized as an additional burden placed on these individuals. Listed below are the students, faculty and staff who attended one or more ARAC meetings.

ARAC Participants

(in alphabetical order)

Dirir Abdullahi, Seattle MS2

Isaye Barton, Seattle MS4

Laurie Bazan, Seattle MS3

Katherine Bergus, Seattle MS2

Yanni Chang, Seattle MS3

David Chen, Seattle MS2

Rachel Clark, Seattle MS3

Benjamin Coffey, Seattle MS3

Benjamin Danielson, MD, Clinical Professor, Pediatrics

Jason Deen, MD, Assistant Professor, Pediatrics

Jessica Doan, Seattle MS3

Amanda Dos Santos, Seattle MS2

Gail Gray, Director of Human Resources Policy, UWSOM Dean's Office

Rachel Hoffman, Seattle MS2

Matthew Holm, Seattle MS3

Liam Hovey, Seattle MS3 (MSTP)

Duncan Hussey, Seattle MS3

Danielle Ishem, MPH, CEDI, Program Director for Workforce Development

Byron Joyner, MD, MHA Vice Dean, Graduate Medical Education and Professor, Urology

Jessica Keesee, Seattle MS3

Daniel Low, graduated in June 2017

Alice Manos, Seattle MS4

Leo Morales MD PhD, Chief Diversity Officer

Surabhi Nirke, Seattle MS4

Ohenewaa Nkrumah, Seattle MS2 (MSTP)

Kim O'Connor, MD, Associate Professor, General Internal Medicine and College Faculty mentor

Elizabeth Parks, graduated in June 2017

Jesse Paulsen, Seattle MS4

NormaAlicia Pino, CEDI, Program Director, Multicultural Education

Laurisa Rodrigues, Seattle MS2

Luis Sanchez, Seattle MS2

Jane Shelby, PhD, Director, Assistant Foundations Dean, Alaska WWAMI Medical Education Program

Eliza Slater, Seattle MS3

Ashley Smith, Seattle MS4

NormaAlicia Pino, CEDI, Program Director for Multicultural Education

Melissa Rangel, Spokane MS3

Kimeshia Thomas, graduated in June 2017

Anne Young, Seattle MS3

This document includes recommendations in the following areas:

1. Recommendations for the areas of Admissions, Curriculum, and Student Support (which includes both Student Affairs and the Center for Equity, Diversity, and Inclusion – CEDI) which have been or will be shared with the admissions deans, curriculum deans, student affairs deans, and the Chief Diversity Officer
2. Additional specific recommendations for the reconstituted pre-matriculation program, being led by Michelle Terry, MD, Professor, Pediatrics, which will be shared with curriculum deans, student affairs deans, and the pre-matriculation program committee under Dr. Terry's leadership
3. Specific recommendations for recruitment and retention of faculty and staff of color. These recommendations have been shared with the Chief Diversity Officer, Dr. Leo Morales, and will be shared with Dr. Ramsey.
4. Finally, when this committee was charged, the committee chairs agreed to do this initial work, with the expectation that one of the areas of recommendations would be how to carry this work forward long-term in a sustainable way, that keeps anti-racism work from being outside "business as usual." One of the primary criticisms has been that this work gets intentional focus periodically, but that it needs continuous focus and integration into the School's ongoing efforts in all areas. The School is committed to continuous quality improvement, and to the principle of life-long learning, and anti-racism efforts need to be an area of focus. The recommendations concerning the future structure of the committee are still in draft form, and need review by ARAC members who were not at our last meeting on December 13, 2017, so they are not included in this document, but will be shared in a separate document.

Because of the extensive nature of the ARAC recommendations, where no member's recommendation was deleted, the committee focused on prioritizing at least three action items for each area, as the committee recognizes all of the work cannot be done instantaneously.

Recommendations for Admissions UWSOM

Admit a class which is increasingly diverse, with the goal of having representation of those historically under-represented in medicine (URiM) greater than their representation in the WWAMI region within 5 years. This is the minimally acceptable goal. However, the aspiration is that there is on-going work with increasing diversity at UWSOM.

Recommendations to focus on the short-term (6-12 months):

- Implement CEDI staff or faculty representation at all Admissions Executive Committee (EXCOM) meetings immediately.
- Require EXCOM members to take Undoing Institutional Racism (UIR) training from the People's Institute within the next 1 year for current members, and at appointment for subsequent members (2-day training). (For the 2018-2019 cycle)
 - Offer UIR training to any Admissions Committee member who is interested.
 - This training will provide admissions committee members a focus on equity and a common understanding of institutional racism.
- Add questions to secondary application related to equity, racism, and social determinants of health. Use responses to these questions as a filter to recruit students committed to anti-racism. (For the 2018-2019 cycle)
- Prioritize scholarship development for under-represented in medicine (URiM) students over other groups of students. This may require the SOM hiring their own advancement officer.
- Review screening process for rejected applicants with focus on URiM applicants to determine what factors resulted in their being screened out of the admissions process to identify any themes which could be addressed.
- Select one ARAC committee member (student) to be a part the Assistant Dean of Admission Search Committee
 - Coordinate a lunch for URiM students to meet with the finalists for this position
 - Coordinate interviews of finalists with ARAC committee

Complete list of admissions recommendations

Recommendations for the Admissions Committee, including EXCOM, composition and training:

- Have at least one EXCOM member from each URiM constituency (Black, Hispanic/Latinx, American Indian/Alaska Native, Native Hawaiian/Pacific Islander and Asian) appointed within the next 1 year (2018-19).
- There must be an African American member on EXCOM at all times.
- Implement CEDI staff or faculty representation at all EXCOM meetings immediately.
- Use standard URiM designations when identifying diversity of members of the Admissions Committee and all other admissions communication.

- Require EXCOM members to take Undoing Institutional Racism (UIR) training from the People’s Institute within the next 1 year for current members, and at appointment for subsequent members (2-day training).
 - Offer UIR training to any Admissions Committee member who is interested.
 - This training will provide admissions committee members with a focus on equity and a common understanding of institutional racism.
- Provide funding to cover training for 1 to 3 EXCOM members annually to do additional training beyond UIR.
- Require implicit bias training module and assign implicit association tests related to URM students for all admissions committee members

Recommendations for application process:

- Add questions to secondary application related to equity, racism, and social determinants of health. Use responses to these questions as a filter to recruit students committed to anti-racism. (For the 2018-2019 cycle)
- Eliminate shadowing experience requirement as this may significantly negatively impact URM students and students of lower socio-economic status.

Recommendations for interviewing and recruitment:

- Coordinate interview days so that the interview committee and/or student tour leaders or student lunch participants include at least one individual from the same URiM group as the applicant. (For the 2018-2019 cycle)
- Change “second look” event to focus on URiM students rather than all students. Provide housing and travel stipend. (For the 2018-2019 cycle)
- Create a coordinated “welcome” for URiM students at matriculation for students who have been accepted. (For the 2018-2019 cycle)
- Programing must be intentional for this event.
- Focus recruitment efforts on UW SMDEP/SHPEP cohort of students who are more likely to be interested in UW, and more likely to be successful at UW.
- Focus mentorship and support by UWSOM at the high school and undergraduate level, rather than earlier, to minimize cost and maximize impact.
- Incorporate a domain of questions related to social justice issues, at least one of which must be asked of each applicant during the interview. Use as a filter for applicant recruitment.
- Include a racial and ethnic historical context in student tours when they visit UWSOM (For the 2018-2019 cycle)
 - Goal is to orient prospective students to UW indigenous heritage

Recommendations for financial support of URiM applicants:

- Prioritize scholarship development for URiM students over other groups of students. This may require SOM hiring their own advancement officer.
- Establish the number of tuition waivers to be used annually for Washington State and out of region students.
- Create website which is maintained for scholarship opportunities for URiM students.

- Hire third financial aid staff to provide support for all financially disadvantaged students
- Approach large organizations/health plans/medical societies committed to diversity, primary care, and anti-racism for scholarship support for students. This may require SOM hiring an internal advancement officer.

Recommendations for continuous quality improvement:

- Create an anonymous survey system for feedback about the interview and application process for all applicants, specifically focused on any discriminatory questions or comments applicants experienced.
- Identify URM students who choose not to come to UW, and investigate factors for declining admission. Some recommendations for this process include:
 - Inform applicants about how the information will be used
 - Consider a follow up phone call with applicant by CEDI staff or students so they can discuss topics that include financial aid concerns and climate issues.
 - Track findings from this process.
- Generate a semi-annual report for ARAC and the SOM which highlights progress on these recommendations (annually update the school).
- CEDI will review and offer interviews to URiM applicants who were not admitted at UWSOM, particularly focused on students with prior relationships with UW – Seattle, UW undergraduates, and those involved with summer programs.
- Consider interviewing URM students who were not admitted to hear their perspective about what occurred.

Other recommendations:

- Select 1 ARAC committee members (students) to be a part the Associate Deans of Admission Search Committee.
 - Coordinate a lunch for URiM students to meet with the finalists for this position.
 - Coordinate interviews of finalists with ARAC committee.
- Appointment and promotion criteria must value the work of improving diversity across the institution.

Dr. Teitz met with ARAC initially on September 15, 2016 to talk through the Admissions process. These Admissions recommendations were then shared with Dr. Carol Teitz, Associate Dean of Admissions on April 21, 2017 by a sub-committee of ARAC.

Members of SARU contacted Dr. Ramsey concerning issues with the new interview domain and secondary question that was to be asked, which were two of the Admissions recommendations. Dr. Ramsey asked ARAC to review these concerns with Dr. Teitz and members of the Admissions Executive Committee, which happened on June 21, 2017.

Curriculum Recommendations for UWSOM

The Anti-Racist Action Committee (ARAC) identified the following recommendations as being the most important. While we ask that you thoroughly review all recommendations listed, we ask that you prioritize and focus on the following points in preparation for the E-18 class.

- Faculty Development: *Faculty Training*
 - Require quarterly trainings that are externally administered
 - e.g. The People’s Institute for Survival and Beyond
- Pre-clinical Curriculum: *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 content covering all racial/ethnic groups
 - e.g. Content about Pacific Islander communities is lacking in the current curriculum
 - Discuss historical context and its influence on health outcomes in marginalized communities. Health disparities cannot be fully understood outside of their historical context.
 - e.g. how different forms of racism and historical trauma throughout U.S. history have contributed to poor health outcomes in the African American and American Indian/Alaska Native communities
 - 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--in its capacity to create knowledge about human experience, embodiment and disease.
 - e.g. Seattle Indian Health Board and Urban Indian Health Institute are both fantastic organizations that illustrate the ways that medicine, epidemiological and social science research, indigenous knowledge, and political advocacy all fit together in the delivery of care to a marginalized and underserved population
 - e.g. two medical anthropologists in the UW Department of Anthropology have already expressed interest in working with the School of Medicine and teaching medical students:
 - Dr. Marieke van Eijk: marieve2@uw.edu
 - Dr. Janelle Taylor: jstaylor@uw.edu

Complete List of Curriculum Recommendations

1. FACULTY DEVELOPMENT

A. Faculty Training

- Require quarterly trainings that are externally administered
 - e.g. The People’s Institute for Survival and Beyond

- Include the following topics in faculty training:
- Defining the social determinants of health¹ and health equity²
- Implicit bias
- Identifying power and privilege
- Internalized oppression
- Social identities and intersectionality
 - How to identify and appropriately discuss one's own identity and privilege
 - How to receive feedback, especially around one's own perceived bias
- The culture of Medicine
- Cultural and narrative humility
- Stereotype threat, microaggressions, and other everyday manifestations of racism/oppression
- Colonialism and historical trauma
- Caucusing
- Mediation of classroom or clinic conversations about controversial topics

B. Faculty Working Groups

- Establish working groups to help faculty apply racial/social justice learning to health care and health education
- Require participation and rotate leadership roles among faculty members
- Invite proposals for topics to be included in faculty trainings
 - Proposals should be reviewed by CEDI or ARAC members to ensure faculty participation and appropriate selection of material
 - Invite faculty and block leaders such as Dr. Luks and Dr. Mulligan to show how they are incorporating theme material into the core curriculum

C. Health Equity Faculty Fellowship

- Provide funds and other benefits for faculty interested in specific training, teaching and research opportunities in the field of social justice and equity curriculum in medical education
- Faculty in fellowship to assist in curriculum design and review, in faculty development, and also as advisers to faculty and guest lecturers (e.g. To address racism or others isms in lecture materials or classroom interactions.)

¹ Per the World Health Organization, “the social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.” (http://www.who.int/social_determinants/sdh_definition/en)

² Health equity is defined as all people achieving their highest level of physical and mental health. In contrast, health inequities are created when individuals and communities are prevented from reaching their full health potential. Root causes of health inequities include “racism and unequal distribution and access to resources such as a living wage, health care, and quality education and housing.” (<https://www.apha.org/topics-and-issues/health-equity>)

2. PRE-CLINICAL CURRICULUM

A. **Emphasize cultural and narrative humility throughout the curriculum**

- Select and share patient/community narratives with respect and awareness
 - e.g. A Bettina Judd poem was shared in the Blood and Cancer block to help illustrate the historical roots of structural racism in medicine; however, the poem was presented in class without framing or context. This powerful, emotional piece from the perspective of three slave women should have been prefaced with historical context and followed by discussion about the significance of these experiences. Ideally, it should have been presented by faculty or community members with a personal connection to their stories. Additionally, small group discussion and/or reflection assignments are the most appropriate way to ensure that sessions like these are meaningful. Learning of this nature cannot be evaluated with a multiple choice question.

B. **Select appropriate faculty members to present material about health disparities**

- e.g. Involve Native American faculty in the discussion of diabetes in the Pima Indian population
- e.g. Involve African American faculty in the discussion of social determinants of health and heart disease in African American populations
- If faculty are unavailable, seek pertinent community members to present material
 - Consider how to compensate non-faculty presenters
 - Include community members early on in the process of lesson planning. Be wary of tokenism, or the nominal inclusion of community members without invitation of full participation.

C. **Identify qualified people to lead consciousness-building exercises**

- e.g. Invite Dr. Jessica Guh, a family medicine physician at Swedish, to present material on social determinants of health, community engagement, and physician activism
- e.g. Invite a member from the Somali Health Board, a community based health organization that coordinates health screenings and education for local Somali populations, to discuss their work in the greater Seattle area

D. **Include heterogeneous populations in lectures, studies, and patient cases**

- If studies conducted in heterogeneous populations are not available, acknowledge this limitation and possible historical context

E. **Use the AAMC-preferred terms “white” or “of European descent” instead of Caucasian (an outdated and inaccurate term)**

F. **Be consistent in the use or omission of racial or ethnic identifiers**

- e.g. if patients of color are identified by their race, white patients should be identified by their race as well

G. Emphasize and provide images of phenotypic diversity of disease presentation

- e.g. different presentations of dermatologic pathology depending skin pigmentation

H. Include context around epidemiological information, or acknowledge where context or understanding is lacking.

- If individuals of a certain racial or ethnic group are considered to be at higher risk for a certain disease, the reason should always be specified, and the risk group should be identified as narrowly as possible. Are genetic factors suspected? Environmental factors or exposures? Health care access disparities? Multifactorial or unknown? As race is a social (not biological) category, reference to the specific region or group of descent for an at-risk population may in some cases be more accurate and less stigmatizing than utilization of broad racial categories as risk factors, unless the risk is directly and solely related to social inequity, racism, or structural violence (in which a broad racial category may be used).
- Similarly, pertaining to gender, specific reasons for differences/disparities should be explicitly stated where known. Chromosomal/genetic? Anatomical? Hormonal? Environmental, social or exposure-related? Multifactorial or unknown? This allows for acknowledgement that gender, like race, is a social category, and that gender is often used as a placeholder for specific biological/physiological traits that may not cohere within a binary for queer, trans or intersex people in the way that they cohere for (most) cisgender people.
 - Terms to substitute for men/males or women/females, where appropriate: people with [body part], XX/XY individuals, pregnant people, and cisgender women/men

I. 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 content covering all racial/ethnic groups
 - e.g. Content about Pacific Islander communities is lacking in the current curriculum
- Discuss historical context and its influence on health outcomes in marginalized communities. Health disparities cannot be fully understood outside of their historical context.
 - e.g. how different forms of racism and historical trauma throughout U.S. history have contributed to poor health outcomes in the African American and American Indian/Alaska Native communities

- 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--in its capacity to create knowledge about human experience, embodiment and disease.
 - e.g. Seattle Indian Health Board and Urban Indian Health Institute are both fantastic organizations that illustrate the ways that medicine, epidemiological and social science research, indigenous knowledge, and political advocacy all fit together in the delivery of care to a marginalized and underserved population
 - e.g. two medical anthropologists in the UW Department of Anthropology have already expressed interest in working with the School of Medicine and teaching medical students:
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 - Dr. Janelle Taylor: jstaylor@uw.edu

J. Create opportunities for identity-based caucusing. Understanding one's own identities is central to the navigation of power and identity in the classroom, clinic and beyond.

- Divide into groups by race, gender, sexual orientation etc. with facilitators appropriately trained (required anti-oppression training described under faculty development - potential role for the Health Equity Faculty Fellowship recipients)
- Precede caucusing with discussion of its importance:
 - Provides a much needed opportunity to explore and unpack oppression, power, and privilege from the perspectives of our own lived identities
 - Allows marginalized groups a protected space to discuss pertinent issues without needing to explain or to be concerned about the fragility, misinformation, or miseducation of the privileged group
 - Opportunity to transform within our identity communities, rather than relying solely on people with different identities to educate us
 - Particularly important for members of non-marginalized groups to take the burden of education on themselves, as those in marginalized groups are too often burdened with the labor of educating privileged individuals about oppression
 - We can make the greatest changes by understanding and utilizing strengths and power within our home communities. It is important that allies learn to recognize and appropriately utilize their power and privilege instead of feeling immobilized by shame and guilt

K. Assess student knowledge of SDOH and equity with formats other than multiple choice

- e.g. short answers, self-reflection essays, small group participation

L. Ecology of Medicine Course

- Strengthen small group discussions about SDOH, equity, and race

- Create a central canvas page for easy access to resources including lectures, Ted-talks, slides
 - Include and center community representation from members of historically marginalized groups on advisory committee
 - Include and center community representation (patients, doctors, activists, etc.) from community which is being discussed. This serves to humanize SDOH issues, rather than maintaining them as abstract or purely intellectual, and takes steps to shift power so that individuals from marginalized groups have the opportunity to create and share knowledge about their own communities and experience.
 - Include in each block a pertinent SDOH case to discuss with community panelists
- Each block should have exam questions related to SDOH (e.g. Neuro Boot Camp), but these questions should not be the only means of evaluation for SDOH content.
- General Block Meetings (standing group) should add to their agenda presentations/discussions on Population Health/SDOH.
- Meet with Pathway Directors and managers to integrate pathways courses and module content into core curriculum.

3. CLINICAL CURRICULUM

A. Faculty Development

- Require annual training on the impacts of racism, poverty, and structural injustice on health outcomes
 - Inform faculty members about the relevance and context of anti-bias and anti-racism training.
 - Track faculty participation in training
- Require annual anti-bias training that explores personal bias and the root causes of bias

B. Transition and Consolidation Phase

- Present a panel or workshop on addressing prejudice encountered in rotations, either towards students, patients, or clinical staff
 - This should include addressing subtle forms of discrimination and both witnessed and experience prejudice
- Clearly outline how to report inappropriate comments/environment, and WHAT happens to these complaints
- Ensure that someone (college mentor, counselor, etc.) follows up with this student in a timely manner
- Workshop on identifying each student's positionality, personal biases, and privileges so that they are aware of these before going into rotations.
- Maintain ongoing curriculum through EoH during clinical years. Possible place for regular debrief and check ins.

C. Didactics

- Dedicate one didactic session per clerkship to cover social determinants of health and equity material (SDOHE) as it pertains to each specialty
- Include self-reflection and anti-bias training material
- Include information about local health disparities, communities that are underserved, and efforts (if relevant) to address these issues.
- Involve local experts in SDOHE (i.e. social scientists, community members) to deliver the didactics sessions with clinical faculty present

D. Requirements

- Require students to complete a short reading on SDOHE during each rotation followed by a short discussion (either online, in person, or on the phone) with a peer completing the same rotation
 - Allow students to take 1-2 hours during the rotation to complete this assignment.
- Take a social history similar to what is discussed in this article: Rethinking the Social History – <http://www.nejm.org/doi/full/10.1056/NEJMp1404846>
- OSCEs: Place scenarios with standardized patients in exam room in order to prepare students to be ready for a diverse patient population.
- Consider incorporating some these requirements into the Ecology of Health and Medicine course.

E. 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
- This category should account for at least 25% of their clerkship grade

4. CURRICULUM OVERSIGHT & ACCOUNTABILITY MECHANISMS

- A. Establish an oversight committee composed of CEDI and ARAC members
- B. Conduct bi-annual curriculum review focused on quantity and quality of SDOH and equity material
- C. Issue a bi-annual report on progress of faculty trainings and curriculum development

Dr. Michael Ryan met with ARAC on April 21, 2017 to talk about the current curriculum, and planned changes, including the new course “Ecology of Health and Medicine.” One of the course chairs, Dr. Amanda Kost, was able to join the meeting as well. These Curriculum recommendations were shared with Drs. Mark Whipple, Assistant Curriculum Dean, and Dr. Michael Ryan, Associate Dean of Curriculum, on December 12, 2017 by email. A meeting is scheduled with the curriculum deans and a sub-group of the ARAC committee for January 17, 2018 to review the recommendations in detail.

Pre-matriculation Recommendations for UWSOM

The Anti-Racist Action Committee (ARAC) identified the following recommendations as being the most important. The aim with prioritizing these recommendations is to help the working group focus on these points while planning the Summer Orientation program for the E-18 class.

- Students should be provided stipends and housing for the duration of the program.
- Content should include:
 - Study skills training including practice exams and early connection to tutoring opportunities
 - Community building activities
 - Honest conversations regarding the ongoing work to address racism at UWSOM
 - Resiliency building skills including current support networks for students of color at UWSOM
 - Meeting with academic skills director (Jamey Cheek) and career advising director (Felicia Tripp) for Q & A session
 - Meeting with block leaders for Q & A session
 - Provide an opportunity to “preview” class material and important concepts related to Molecular and Cellular Basis of Disease (MCBD – first block in the curriculum).
 - Material on social determinants of health and health equity
- Create a 4-6 week orientation curriculum for accepted students of color the summer before matriculation.

Complete List of Pre-Matriculation Recommendations

1. PLANNING OF THE PRE-MATRICULATION PROGRAM

- Begin the planning and coordination of this program to have in place for the E-18 class.
- Create community to help prepare students for the academic rigor of medical school.
 - Provide student stipends
 - In addition to developing community building activities, other workshops and activities should provide students with resilience skills
 - Provide study skills advising
- Ask current and past students what community building activities for URiM students will help them feel supported
 - Consider solicit this information this from current MS2s, MS3s, & MS4s

2. E-18 CLASS: SUMMER ORIENTATION PROGRAM

- The following recommendations considered consistent feedback from students of color regarding insufficient support and at times hostile learning environments at the UWSOM, ARAC feels that we should concentrate our resources on a pre-matriculation curriculum dedicated to supporting and preparing students of color for medical training.
 - Create a 4-6 week orientation curriculum for accepted students of color the summer before matriculation.

- Content should include:
 - Study skills training including practice exams and early connection to tutoring opportunities
 - Community building activities
 - Honest conversations regarding the ongoing work to address racism at UWSOM
 - Resiliency building skills including current support networks for students of color at UWSOM
 - Meeting with academic skills director (Jamey Cheek) and career advising director (Felicia Tripp) for Q & A session
 - Meeting with block leaders for Q & A session
 - Provide an opportunity to “preview” class material and important concepts related to Molecular and Cellular Basis of Disease (MCBD – first block in the curriculum).
 - Material on social determinants of health and health equity
- Students should be provided stipends and housing for the duration of the program
- Coordinate quarterly reunions for graduates of the summer orientation program

ARAC committee members determined that re-institution of the pre-matriculation program was essential to the future success of URiM students. Because of this, the pre-matriculation program recommendations were created as a separate document, and shared with the chair of the pre-matriculation program, Dr. Michelle Terry, on November 29, 2017. ARAC members are on the advisory group for the pre-matriculation program, and have discussed these recommendations with Dr. Terry.

Student Support Recommendations for UWSOM

The Anti-Racist Action Committee (ARAC) identified the following recommendations as being the most important. While we ask that you thoroughly review all recommendations listed, we ask that you prioritize and focus on the following points in preparation for the E-18 class.

- When admission offer has been accepted by student.
 - When offers are being accepted by students of color, share student names of those accepting with Chief Diversity Officer (CDO).
 - CDO should designate CEDI staff and faculty of color to communicate to accepted students of color of the following:
 - Inform students of color about the makeup of the incoming class.
 - That they may be in the minority/extreme minority when arriving to this campus.
 - Acknowledge that there is a low number of students of color in the program and provide historical information about how demographics have improved.
 - For instance, over the past 5 years we have improved the number of URiM students from X% to Y%.
 - Use this opportunity to ask incoming MS1s what they need and what concerns they have.
 - Determine what resources are needed to help students adjust to this reality.
 - Create an evaluation survey(s) that will be disseminated to UWSOM students. These surveys will allow students to provide feedback on what resources and types of programming would be helpful for them throughout their academic career.
 - Be relational and include mentoring opportunities
- Require faculty development workshops around bias and anti-racism work on a regularly determined schedule, preferably on a quarterly basis.
 - The suggested time frame will allow faculty and staff to focus on any relevant interactions on a consistent basis and make changes within each academic cycle, rather than between them.
 - As this work is considered and implemented it is important to acknowledge that individuals facilitating these workshops need to have effective mediation and facilitation skills.
 - Maintain a list of resources and activities around bias and anti-racism work the UWSOM faculty and staff have participated in.
- While all students are enrolled at UWSOM
 - At all campuses, have designated space for students of color to meet and create a supportive learning environment.
 - Continue having panel discussions with URiM students and other upper class URiM students to share information about upper class URiM experiences to help better prepare students for the UWSOM experience – facilitated by CEDI and Student Affairs staff and faculty.
 - Similar to the discussion that was had around clerkships data, which was facilitated by Raye and Leo

- Consider having community members and/or community physicians that are not connected with faculty/staff at UWSOM to create a comfortable environment for students to share and be honest about their experiences.
 - Help create a network for students to have alternative resources of where to seek out additional support

Complete List of Student Support Recommendations

1. STUDENT SUPPORT FEEDBACK AND RECOMMENDATIONS

A. When admission offer has been accepted by student

- When offers are being accepted by students of color, share student names of those accepting with Chief Diversity Officer (CDO).
- CDO should designate CEDI staff and faculty of color to communicate to accepted students of color of the following:
 - Inform students of color about the makeup of the incoming class.
 - That they may be in the minority/extreme minority when arriving to this campus.
 - Acknowledge that there is a low number of students of color in the program and provide historical information about how demographics have improved.
 - For instance, over the past 5 years we have improved the number of URiM students from X% to Y%.
 - Use this opportunity to ask incoming MS1s what they need and what concerns they have.
 - Determine what resources are needed to help students adjust to this reality.
 - Create an evaluation survey(s) that will be disseminated to UWSOM students. These surveys will allow students to provide feedback on what resources and types of programming would be helpful for them throughout their academic career.
 - Be relational and include mentoring opportunities

B. Second Look

- Provide stipends for students to attend this event
- Include an informational session, specifically dedicated for students of color
 - Include community building activities for these students of color and their families.

C. While students are enrolled at UWSOM

- At all campuses, have designated space for students of color to meet and create a supportive learning environment.

- Continue having panel discussions with URiM students and other upper class URiM students to share information about upper class URiM experiences to help better prepare students for the UWSOM experience – facilitated by CEDI and Student Affairs staff and faculty.
 - Similar to the discussion that was had around clerkships data, which was facilitated by Raye Maestas and Leo Morales
 - Consider having community members and/or community physicians that are not connected with faculty/staff at UWSOM to create a comfortable environment for students to share and be honest about their experiences.
 - Help create a network for students to have alternative resources of where to seek out additional support

2. FEEDBACK ON CURRENT URIM SUPPORT EFFORTS

- A. **During Immersion, include a presentation pertaining to the racial make-up of the medical students across the region, by class (e.g. MS1s, MS2s, etc.)**
- Also include in this presentation, diversity of patient population across WWAMI. The aim is to have students be informed of the future patients they will interact with and come with cultural humility.
- B. **Require faculty development workshops around bias and anti-racism work on a regularly determined schedule, preferably on a quarterly basis.**
- The suggested time frame will allow faculty and staff to focus on any relevant interactions on a consistent basis and make changes within each academic cycle, rather than between them.
 - As this work is considered and implemented it is important to acknowledge that individuals facilitating these workshops need to have effective mediation and facilitation skills.
 - Maintain a list of resources and activities around bias and anti-racism work the UWSOM faculty and staff have participated in.
- C. **All UWSOM departments should develop diversity statement prompts to be used for job opportunities, recruitment, interviews, and performance evaluations, similar to that of the department of psychiatry and behavioral health, to uphold faculty and staff accountable to diversity work. (duplicated in curriculum recommendations)**
- Examples include:
 - **For informal phone and in-person initial/informational explorations of jobs/job opportunities:** “Our department is committed to having diversity in its students, residents, fellows and faculty and staff as the quality of our educational, clinical and research programs are strengthened by breadth of experience, viewpoints, and diversity of trainees and faculty. Please share with me your past experiences working with people of diverse backgrounds? Please share how your prior teaching, research and /or

service address diversity and inclusion of individuals of underrepresented or underserved groups?

- D. Continue to review and discuss clerkship grade data in panels with URiM and other minority students**
- Needs to be painfully blunt
 - Unclear if clinical students were able to be completely honest during this follow-up session.
- E. Continue the URiM Zoom group monthly meeting in collaboration with Assistant Dean of Student Affairs and CEDI staff**
- Using this time and space to dive deep on topics of discussion has been a positive experience
 - Have this group open for anyone to participate at any time
 - During Immersion, consistently continue to inform and invite incoming medical students to participate
 - Further develop topics of discussion
- F. Consider working with CEDI affinity groups (e.g. APAMSA, LMSA, MWS, QMed, SNMA, MHP, AFERM, HEC, and SARU) to get a better understanding of what kind of support and resources students need.**
- 3. PROMOTIONAL AND INFORMATIONAL MATERIAL ABOUT THE UWSOM SHOULD BE TRANSPARENT AND INTENTIONAL ABOUT CURRENT STATISTICS RELATED TO DIVERSITY.**
- A. Consider using Leo Morales' graphs and numbers on the UWSOM and Center for Health Equity, Diversity, and Inclusion (CEDI) websites.

Dr. Anne Eacker, Associate Dean, Student Affairs, Dr. Raye Maestas, Assistant Dean, Student Affairs, and Dr. Leo Morales, Chief Diversity Officer, met with ARAC in the Spring of 2017. These recommendations were shared by email with them on December 12, 2017. A meeting with them and a sub-group of ARAC is scheduled for January 4, 2018.

Faculty of Color Recruitment, Retention, and Career Development

1. Recruitment and Hiring

- Evaluate potential teaching faculty for their understanding of racial and health disparities.
 - Select faculty who have the capacity to create and sustain a safer learning environment, and to serve as role models for students, administration, staff and fellow faculty.
- Include interview questions which probe the applicant's knowledge of social determinants of health and equity and racial and structural oppression
- Develop a faculty of color pipeline at UWSOM by supporting and recruiting residents of color and junior faculty.
- Actively recruit for faculty of color when positions become available.

2. Retention and Career Development

- Opportunities and support for mentoring from senior faculty of color for junior faculty of color
- Institutional and fiscal support to build support networks for residents and faculty of color
- Programs and training to develop skills to mentor others
- Opportunities to engage in strategic career planning
- Training for developing advising and advocacy skills to support medical students from underrepresented backgrounds throughout their medical school experience (transitioning to medical school, academic issues, relationships with instructors, preparing and optimizing success in clerkship rotations, managing conflicts with peers, instructors and preceptors, residency applications).
- Training to serve on institutional committees and create successful relationships with institutional leaders.
- Leadership skills development to serve on national organizations and initiatives
- Self-care and maintaining one's social identities within the culture of medicine.

These recommendations were developed when Curriculum recommendations were made, however, they are not the purview of the curriculum deans, and will be shared with the Chief Diversity Officer, Dr. Leo Morales, and the dean, Dr. Paul Ramsey.