ARAC FAQ sheet: Curriculum
In 2017 ARAC created a report that outlined its recommendations for areas of Admissions, Curriculum, Student Support. The full ARAC report can be found on the CEDI website. The committee focused on prioritizing at least three action items for each area, as the committee recognized all of the work cannot be done instantaneously. This FAQ highlights these key recommendations regarding the Curriculum and what actions have been taken thus far. Additional actions that have been taken are also highlighted below.

Faculty Development:
Recommendation 1: Require quarterly trainings that are externally administered
Response: This has not been done

Recommendation 2: Required annual training on the impacts of racism, poverty, and structural injustice
Response: 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 of adoption in 2020. Then recommendation will be to make it required for all faculty if Dean Ramsey endorses this. Not clear if this would be annual at this point.

Other related activities: 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, 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 topics as: Racism and racialization of medicine and the history of racism in medicine; microaggressions; implicit bias: intersectionality

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, 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:
1) 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)
2) 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)
3) Eventually the BRICC software and BRICC-Computerized Social and Structural Determinants of Health (SSDOH) Literature Search will be converted to a UW SOM library SSDOH Toolkit for public use (3/31/21)

4) If evidence this QI project leads to quality improvement in reducing bias in curriculum will implement this method to the UWSOM clinical curriculum by the start of clerkships for 2022

Other related activities: A Structural competency form outlining how to develop appropriate content for lecture for all, proposing to have 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.

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 E19 class. Assessment of students’ knowledge of SDOH and equity with formats other than multiple choice- EHM has a written assignment that assesses this.

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

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.