Anti-Racism at the Bedside: Teaching Medical Students Skills to Eliminate Racism and Bias in Clinical Encounters

Catherine Tarleton BA¹, Beth Barron MD², Hetty Cunningham MD³, Emily McNeill BA¹, and Ahmed Owda BS¹

¹Columbia University Vagelos College of Physicians and Surgeons, ²Columbia University Department of Medicine, ³Columbia University Department of Physicians and Surgeons, ²Columbia University Department of Medicine, ³Columbia University Department of

INTRODUCTION

Systemic racism can impact every aspect of clinical skills, including history-taking, the physical exam, laboratory interpretation, note-writing, oral presentations, and decision-making. Medical students need to know and practice skills to counter racism, bias, and stereotypes that negatively impact patient care and health outcomes.

METHODS

- In order to combat inequities in patient care that perpetuate broader health disparities, we created a 75-minute interactive session called "Anti-racism at the Bedside" for preclinical medical students
- The session included pre-reading assignments and utilized small-group activities
- Faculty and Equity and Justice Fellows cotaught the sessions
- All facilitators had a one-hour preparation session beforehand that covered the session content and addressed questions, as well as separate meetings with cofacilitators to plan logistics

ACKNOWLEDGMENTS

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LEARNING OBJECTIVES

- Recognize and assess for structural factors that influence health
- 2. Identify ways that bias can impact clinical encounters and patient management
- 3. Apply skills to promote equity and minimize bias in clinical care and decision-making
- Explain how the language used in presentations and note-writing can transmit bias
- Use examples of neutral language instead of stigmatizing language

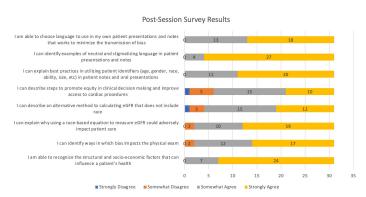




RESULTS

- 4 sessions were held in November 2021 via Zoom with 40 second-year medical students
- 31 students completed a retrospective pre- and post-survey utilizing Likert-scale questions based on the learning objectives
- Survey data showed improvements in every question

Pre-Session Survey Results I am able to choose language to use in my own patient presentations and notes that works to minimize the transmission of bias I can identify examples of neutral and stignating language in patient presentations and notes I can explain best practices in utilizing patient identifiers (age, gender, race, ability, site, ext) in patient notes and oral presentations I can describe steps to promote equity in clinical decision making and improve access to cardiac procedures I can describe an alternative method to calculating eGFR that does not include race I can explain why using a race-based equation to measure eGFR could adversely impact patient care I can identify ways in which bias impacts the physical exam I am able to recognize the structural and socio-economic factors that can influence a patient's health Strongly Disagree Somewhat Disagree Strongly Agree



CONCLUSION

Teaching current and future healthcare providers to think critically about how bias impacts patients and communities and equipping them with tools to begin dismantling oppressive and racist structures in medicine is achievable, and is crucial to actualizing a just and equitable health system. We hope our pilot session can be further developed, expanded, and integrated into the medical school curriculum, resident training, and faculty development.

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