



Impact of peer-to-peer discussion series on medical student assessment of racial justice education

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Special Thanks to our Faculty
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Introduction

Medical schools have been increasingly made aware of curriculum gaps relating to social determinants of health in the preclinical curriculum. Following recent national attention to the significance of race and health, there has been an effort to improve bias training and didactic education on racism. However, these often take the form of online modules or lectures that do not allow peer-to-peer dialogue. Creating open discussions around race has shown benefits in healthcare work settings and faculty development, but there is limited research on its usage in medical schools. The “Race Dialogues” was designed as an elective summer discussion series. Participants were asked to complete pre- and post-surveys, and a post-series open-ended reflection.

Aims

Aims of discussion group:

- To create an environment for medical students to discuss race with their peers through open dialogue
- To help medical students learn tools to address systemic and internalized racism in healthcare

Aims of the study:

- To assess medical students' beliefs about the intersection of race, racism, and medicine after participation in the “Race Dialogues.”
 - Assessing student understanding of race and racism in medicine, comfort discussing race and racism, and beliefs about discussing race and racism in medical school.

Methods

The “Race Dialogues” was designed as a weekly discussion series (total 6 weeks)

- Made available to medical students and staff at the Larner College of Medicine.
- Six sessions were conducted (1.5 hours each) led by a faculty, student, or community member via online video conference.
- Unique topics concerning the history and legacy of race and racism in the United States were presented each week with optional supplementary readings and videos available (see table for topics).
- Participants present at the first session were asked to complete a pre-survey (Survey A) after completion of the first session. All participants were invited to complete the post-survey (Survey A) and a post-series reflection (Survey B) after completion of the series.

Data analysis information:

- All communication with participants was conducted via email. Surveys were completed in RedCap software. No PHI was collected and surveys were anonymized.
- Study design and surveys were reviewed by the University of Vermont IRB committee and was granted category 2 exemption.
- Basic summative statistics and qualitative methods were used to analyze survey response

Session	Topic	Facilitator
Session 1	<i>Introduction to Racism in Healthcare</i>	Dr. Lee Rosen, PhD
Session 2	<i>Racism in Medical Education</i>	Dr. Tim Lahey, MD
Session 3	<i>Mass Incarceration: Discussion of 13th Documentary</i>	Student speaker: Krisandra Kneer
Session 4	<i>Maternal Mortality and Race</i>	Dr. Nathalie Feldman, MD
Session 5	<i>Vermont Racial Justice Alliance</i>	Guest speaker: Mark Hughes
Session 6	<i>Brave Spaces, Community Engagement, and COVID-19</i>	Guest speaker: Dr. Maria Mercedes Avila, PhD

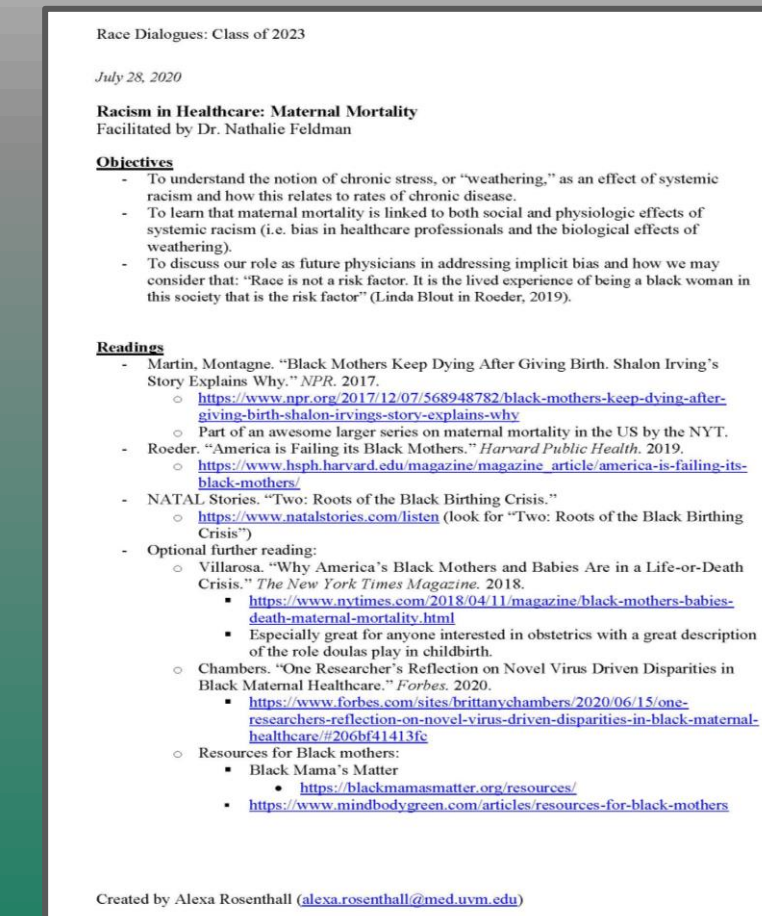


Figure: Example Session Guide

Results

Quantitative Analysis

- Weekly participants ranged from 12-35 persons.
- Data from the Race Dialogues Series post-survey indicated that 94.7% of participants (n=19) strongly agreed or agreed that medical schools should provide a forum to talk about race.
- Additionally, 94.7% (n=19) also strongly agreed or agreed that medical schools should integrate discussion of ethnicity and race throughout the curriculum.
- 100% (n=19) of participants strongly agreed or agreed that systemic racism occurs within the medical field.

Qualitative Analysis

Self-selection/Diversity of perspective:

"I wonder if there's anyway to make attendance required. There is such a self-selecting group of people that join. One of these sessions could also be integrated into Orientation. It would be such an important way to kick off medical school -- and start to open up with classmates early on. I would love to help on this front, if there is any opportunity."

Previous knowledge:

"Much of the material presented in the "Race Dialogues" was already familiar to me; however, I still found the sessions I participated in helpful because the discussion and perspectives of other students allowed me to reflect on these terms and concepts in a new way."

Value of peer conversations:

"I think always having the concepts in the back of my head as I interact with different people, whether that is patients, colleagues, or anyone else, will affect my relationships. Being aware of these concepts is not enough, and I hope to act in a way that allows me to make a positive impact through my interactions with people."

"Having the opportunity to speak with other students who had different perspectives and experiences to draw upon was valuable. I thought I could always conceptualize both sides of the spectrum, but the discussions helped me realize there were many more aspects along this spectrum that I had not considered."

Discussion

- This data indicates that students had a basic understanding of the intersection between race and medicine and understood the importance of having such conversations within medical school.
- Participants noted limited opportunities to engage in open conversations on race and racism in healthcare and were grateful for the opportunity.
- Limitations in survey participation led to inability to compare pre- and post-surveys and assess change in student viewpoints.
- It is imperative that medical schools across the country take steps to address the curriculum gaps relating to social determinants of health and racism in the preclinical years and beyond.
- After the events of 2020 regarding COVID-19 and the Black Lives Matter movement, the need for change in medical education is even more critical.
- The momentum to create this change should be recognized and acted upon.

Future Directions

- Create a sustainable model to continue the Race Dialogues at the Larner College of Medicine on a yearly basis.
- Better assess the change in student viewpoints from involvement in the Race Dialogues.
- Disseminate our lessons learned with other institutions to propagate more conversations surrounding social-determinants of health.
- Move towards integrating this material into the standard preclinical curriculum to grow effective citizen physicians, education regarding race, bias, and advocacy is essential in a medical education.

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