Antiracism Training in Medicine

Alicia D. H. Monroe, MD; LaShon C. Sturgis, MD, PhD; Eli Y. Adashi, MD, MS

“To be antiracist is to think nothing is behaviorally wrong or right—inferior or superior—with any of the racial groups. Whenever the antiracist sees individuals behaving positively or negatively, the antiracist sees exactly that: individuals behaving positively or negatively, not representatives of whole races.”

Ibram X. Kendi, How to Be an Antiracist

Racism and bias are antithetical to the oaths, moral commitments, and ethical responsibilities upheld by health professionals who are dedicated to the missions of medicine. Accordingly, educators, healers, and role models for the next generation of physicians must redouble their efforts to work alongside leaders at medical schools, academic health centers, and teaching hospitals to address racism, bias, and other factors that negatively affect the health and well-being of students and trainees, colleagues, patients, and communities.

The horrific deaths of numerous unarmed Black people—such as the killing of George Floyd in May 2020—highlight the twin traumas of racism and police brutality that affect the lives of Black people in the US. Overt acts of racism such as violence and public harassment constitute only the tip of the iceberg. Equally important are the covert manifestations of racism and bias in society and in institutions, such as white silence, denial of institutional racism, fear of people of color, and microaggressions. Indeed, these latter realities negatively affect education in the health professions, learning and work environments, the well-being of students, trainees, and colleagues, and the health of the community.

Disparities in the infection and death rates due to coronavirus disease 2019 provide a current example of the interaction between structural racism, social risk factors, and inequities in health care access and quality that affect the health of Black people in the US. Structural racism encompasses the sum of the ways in which societies perpetuate racial discrimination through mutually reinforcing systems. Although racial injustice and discrimination are not new, after recent egregious incidents, many organizations issued calls to action with an eye toward addressing racism and discriminatory practices in medicine and science. Antiracism practice and training are recommended to address racism and bias and advance health equity.

It is essential to respond to the moral imperative of mitigating the effects of racism, discrimination, and bias in medicine. The latter compromises the ability of health care professionals to fulfill their oaths and ethical responsibilities to treat patients, student, trainees, and colleagues with respect, justice, and equity. It is time to take bold, but measured, steps to bring antiracism training to fruition and begin to unravel the pernicious effects of systemic racism in the nation’s medical schools, academic medical centers, and teaching hospitals. There also must be a commitment to move the needle by making real advances and not be satisfied with just undertaking a few time-limited, box-checking training activities that result in no improvement in antiracism competencies or in institutional measures of inclusion, equity, or health outcomes.

There are several recommended strategies that medical schools, academic medical centers, and teaching hospitals can take to successfully develop and implement antiracist training. First, aligning antiracism training with the institution’s mission, vision, values, and priorities permits the integration of antiracist training initiatives into institutional strategic goals and budgeting. It also permits the incorporation of antiracist training into essential processes—such as annual goal setting, success metrics, and eligibility for bonuses—while communicating to all stakeholders that antiracist training...
is required, not optional. Because antiracist training will be required for stakeholders from all mission areas, it must be designed with broad relevance in mind.

Second, establishing a steering committee composed of institutional leaders, faculty, staff, and students and trainees to oversee and direct antiracist training initiatives is essential for success. Institutional transformation requires leadership and stakeholder engagement, sustained institutional commitment, as well as resource and incentive allocation. The diverse composition of the committee blends strengths from leadership and grassroots perspectives. It must also rely on data-driven methods to identify and monitor evidence of disparities, inequities, and bias across the institution. In so doing, the steering committee will be in a position to recommend appropriate administrative, process, or training interventions to drive improvement.

Third, building an antiracism vocabulary with a glossary of terms and references is needed to create a common language with an eye toward promoting precision and consistency in communication. A common vocabulary will also promote the cultivation of a shared cognitive model by providing stakeholders with common terminology and constructs.

A fourth strategy of developing a longitudinal antiracist training curriculum marked by an iterative approach supports continuous quality improvement of curricula as well as meeting stakeholder needs. Using a longitudinal approach also permits the periodic reinforcement of core competencies and the development of advanced competency in selected domains. The training of leaders, faculty, and staff should be prioritized given their roles as teachers, mentors, and role models for students and trainees. Ideally, faculty and staff performance evaluations will incorporate assessment of antiracist training competencies.

A fifth strategy involves faculty antiracist training to create a supportive student- and trainee-centered environment to avoid traumatizing participants. Antiracist training faculty will also establish ground rules for civil discourse, reflective listening, and appreciative inquiry. Further goals should include fostering psychological safety and nurturing humility, curiosity, and unconditional positive regard. Faculty will also demonstrate the value and relevance of antiracist training competencies to educational outcomes, clinical work, the patient experience, and high-functioning research teams.

A sixth strategy involves medical schools, academic medical centers, and teaching hospitals. These institutions should develop external partnerships to build trust with vulnerable communities and community organizations. Establishing an external review process will further enhance the effectiveness of antiracist training initiatives and responsiveness to community needs and concerns. Partnerships with professional associations and societies can also facilitate advocacy for the standardization of antiracism competencies and the incorporation thereof into Entrustable Professional Activities—activities that all medical students should be able to perform upon entering residency—or accreditation standards.

The ability of physicians to fulfill their oaths, create inclusive learning and work environments, provide bias-free education, and deliver quality care that reduces health care disparities is undermined by bias, discrimination, racism, and systems of oppression in medicine and science. Commitment to advancing antiracism training is essential for deconstructing the effects of these pernicious elements and improve health equity.
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