Background:

- Racism is a public health crisis that operates via systems (e.g., structures, policies, interpersonal relations)
- Medical students and residents both at UK and across the nation are interested in how race affects one’s experience within the healthcare system
- Race-based medical calculators questionably incorporate race as a factor in their algorithms

Purpose:

- To better expose learners to the effects of racism in medicine
- To identify and share learner perceptions about how racism affects medical decision-making
- To state factors that improve learner perception of didactic activities around racism in medicine

Methods:

Goal: To introduce an element of antiracism education and underscore the importance of health inequities in population health

We developed a 60-minute interactive session for third year medical students in their family medicine clerkship.

We adapted a didactic and discussion session for our family medicine residents as part of their health equity lecture series.

Important content was delivered via a didactic and followed up by two break-out sessions plus a written reflection component.

Discussion topics covered racial inequities in medicine and, specifically, the inclusion of race in medical calculators, the history of their use, and how they have led to the persistence of health inequities.

Students were actively encouraged to share personal anecdotes of their own experiences and the experiences of their patients of color during their medical training.

A post-pre survey with five Likert-scale questions and one free response was sent to participating learners to assess the impact of the session on their thoughts about race-based medical decisions.

Statistical analysis was performed in Microsoft Excel using the paired t-test and an α = 0.05 to determine significance.

Results:

- Table 1: Pre-Session and Post-Session responses to Likert-scale questions and one free response question.
- Figure 1: Pre-Session and Post-Session responses to Likert-scale questions and one free response question.

Discussion:

- Sample size: total of 70 medical students and 10 residents offered survey; 48 and 6, respectively, answered all questions
- Responses to statements (a), (d), and (e) all showed a significant difference between pre- and post-session means for medical students
- This study has shown an effective and efficient means of introducing a component of antiracism teaching that can be adapted to other medical school and residency curricula
- Attitudinal change can be achieved with even a brief session on race-based decision-making

References: