

# Experiencing racism within medical school curriculum:

## 2020 ICCH student symposium

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**Abstract:**

*Objective:* To explore student experiences relating to racism, microaggressions and implicit bias within healthcare communication and medical education in the wake of the Black Lives Matter movement.

*Methods:* Students and faculty from different racial/ethnic backgrounds, medical schools, countries, and levels of training shared their perspectives with a multi-disciplinary, international audience at the 2020 International Conference on Communication in Healthcare (ICCH).

*Results:* We highlight experiences shared at the symposium and demonstrate how the student voice can help shape the medical school curriculum. 3 main themes are discussed: 1) Institutional bias and racism, 2) Racial discrimination during medical training and 3) Recommendations for curricula change.

*Conclusion:* **Racism influences many aspects of student experiences and often appears in covert and institutional forms.** These shared experiences reflect a common problem faced by ethnic minority medical students.

*Practice implications:* Student experiences provide thoughtful recommendations for educators regarding incorporating anti-racism teaching into their curricula. It is essential that this teaching is collaborative, non-tokenistic and implemented early in the syllabus. It is beneficial for educators to build on the various existing approaches demonstrated by other institutions.

## **1. Introduction**

The 2020 International Conference on Communication in Healthcare, held online due to COVID-19, afforded a unique opportunity for a group of medical students from the USA, UK, and Ireland to discuss their experiences regarding racism within medical school curricula and present the learner perspective to an international audience of communication teachers and researchers. The Black Lives Matter (BLM) movement, first seen in the USA in 2013 following the murder of Trayvon Martin, gained worldwide media attention again in May 2020 following the brutal murder of George Floyd. The aftermath of Floyd's death sparked a renewed awakening of the racial injustices that permeated the foundations of societies globally. In the context of current issues surrounding racial inequality and discrimination, this student symposium aimed to raise awareness amongst educators and discuss how these topics should be addressed in future healthcare education curricula. The symposium began with students describing the impact of the BLM movement on their respective countries, with specific attention to healthcare and medical education. While the examples given are by no means representative of every student's respective institution or country, the experiences presented were able to give a personalised insight into medical education experiences.

This article highlights three main areas that were most prominent in the symposium: (1) Institutional bias and racism, (2) Racial discrimination during medical training and (3) Recommendations for curricula change.

## **2. Methods**

**A selected group of four representative medical students from different ethnic backgrounds, medical schools, countries and training levels were invited to deliver a 60-minute symposium at ICCH, September 2020, focusing on their specific experiences of racism during medical training. The symposium attracted 30 international attendees and aimed to address the following four questions:**

**Q1. What are the implications of the Black Lives Matter (BLM) movement in your country?**

**Q2. How has your medical school dealt with the issues of institutional bias and racism?**

**Q3. How is racism experienced in the context of medical training?**

**Q4. What should your medical school provide in the communication curriculum to help prepare healthcare professionals on this issue?**

**Student panellists and symposium facilitators agreed on these questions beforehand to assist with the production of pre-recorded student videos, lasting between 5-8 minutes. These were shown during the symposium as direct prompts for subsequent discussion. Each of the four videos contained the learner's perspective and aimed to use their own or peers experiences to illustrate common aspects of racism in medical education.**

**The symposium structure was as follows: each of the four videos was played to symposium participants, who were then invited to contribute their ideas, questions and experiences surrounding the relevant question. This format provided an interface for students and faculty**

**to discuss how consultation teaching can effectively tackle racism within healthcare education.**

**3. Findings: The following sections aim to represent the wide-ranging discussion that emerged during the symposium. The key points raised by both students and participants are grouped under theme headings. Illustrative quotes from the symposium are used throughout.**

### **3.1 Institutional bias and racism**

The discussion focused on how student experiences during medical school are challenged by manifestations of institutional racism, which is defined as “the collective failure of an organisation to provide appropriate and professional service to people because of their colour, culture, or ethnic origin” [1]. Every symposium participant stated they had witnessed some form of institutional bias or racism.

#### 3.1.1 Closing the gap in student achievement

Racial and ethnic disparities impact student success and their overall ability to pursue a career in healthcare. There have been growing efforts to address the needs of the 40% Black, Asian, or other Minority Ethnic (BAME) medical students in the UK and 50% BAME medical students in the USA and Ireland. However, a recognised disparity in attainment between white and BAME students, known as the “BAME attainment gap”, persists, with white students being more likely to leave university with a higher degree classification [1]. Universities and medical schools are tasked with ensuring that institutional racism does not exist within their organisation [2]. While fairness is a guiding principle for medical school admissions, BAME

students noted hearing statements from classmates questioning the legitimacy of a student's academic achievements. This is not an issue that white students face in the admissions process.

For example, one symposium participant mentioned,

*“Some students were told they were only accepted to medical school due to their skin colour and affirmative action.”*

### 3.1.2 Assessment and Teaching Diversity

Assessments in medical school were another area in which students noted subjective bias having a significantly negative impact. Within some medical school curricula, up to 50% of a student's clinical-grade can be based on one supervisor's perception of the student. The symposium noted that racial attitudes often impacted these perceptions as one participant noted,

*“It can be nerve-wracking for students who are fervently studying to hear their supervisor make a disparaging comment about race when this person is in charge of their grade.”*

Similarly, even in more objective assessments, students may experience or perceive their racial/ethnic background as impacting. For example, in Objective Structured Clinical Examinations (OSCEs), medical students are afforded the opportunity to demonstrate skills such as clinical communication with a simulated patient in a standardised medical scenario.

However, it was perceived that the majority of simulated patients in many schools are white.

Symposium participants reflected that,

*“Students wonder after assessment if non-white students will get the same ratings.”*

There have also been attempts by institutions to implement race-related or cultural competency in schools. However, students noted that the people tasked with teaching diversity often did not represent a very diverse group themselves. One student noted,

*“All teachers who are teaching about diversity are white.”*

There are many challenges that medical students face regarding institutional bias and racism within the curriculum. For example, the medical school curriculum has traditionally been taught using a predominantly white male population as examples for learning. This can be seen in areas such as dermatology, where case studies and medical illustrations rarely use the skin of people of colour for teaching purposes, and students noted that their schools are failing to teach them how to medically provide for people of their skin colour.

### **3.2. Experiencing racism during medical training**

Participants within the symposium shared either first-hand experiences of racism, classmates' experiences, or witnessed racism towards others during medical training. Issues regarding racial discrimination extend far beyond the symposium participants. In a study recently published in JAMA in February 2020, over 27,500 US medical students were surveyed about their experiences involving mistreatment, including racial discrimination. The cohorts of students who identified as underrepresented minorities (38%) or multiracial (32.9%) reported experiencing mistreatment at the rates quoted in brackets in comparison to the 24% reported by their white classmates [3]. **The extent to which BAME students have experienced mistreatment may indicate racial discrimination within medical education.**

### 3.2.1 Overt racism

The BLM movement has led to a broader understanding of how racism is demonstrated in both overt and covert forms. Overt racism is evident and undeniable; for example, a patient refusing treatment from a black doctor verbalised racial slurs against staff or stereotyping a patient based on their skin colour. One student noted a rotation in a rural clinic in which the provider, who was in charge of their grade, was telling patients,

*“You need to get vaccinated, so you do not get the diseases brought into the country by illegal immigrants.”*

This difficult power dynamic presents a unique problem for the student. In some situations, reporting the staff, even anonymously, may inevitably lead the staff to realise who had reported them and additionally lead to fear of being allocated the same provider after reporting them.

### 3.2.2 Microaggressions

Covert racism is often disguised and more subtle, making it harder to identify and address. Microaggressions, which often form part of covert racism, are defined as "brief and commonplace daily verbal, behavioural and environmental indignities. These could be intentional or unintentional and regarded as an instance of indirect, subtle discrimination against members of a marginalised group such as racial or ethnic minority" [4]. One of the symposium attendees noted that microaggressions can occur between colleagues; for example, an individual who mockingly brings up race or culture in a workplace setting, passing it off as "workplace banter." Common statements asked of BAME students included,



*“Where are you really from?”*

**While this may seem an innocuous attempt at making small talk, it was agreed that this statement implies that the individual is out of place and does not belong to the institution or surrounding area.** Such statements are seldom asked of white staff or students.

Microaggressions can also come from patients, disguised as making “innocent, non-malicious comments,” such as commenting on somebody's ability to communicate or about their race. One student noted telling a patient about their ethnicity, with the patient replying,

*“You are a credit to your people! You are so much more articulate than I expected!”*

While these comments may not have been made with malicious intent, the underlying message reinforces that the recipient of these comments is different and that people of their race are uneducated.

Microaggressions can also come from more senior colleagues. For example, another participant described how a consultant had repeatedly mispronounced a student's name and later told them,

*“Your name is so hard to pronounce; what can I call you instead?”*

The students noted how dehumanizing it could be when a staff member publicly tells a student that they refuse to even try to learn their name due to its perceived difference. Student discussion also identified the need to ignore these statements rather than confront them for fear of affecting professional relationships and future grades.

The symposium discussed how these comments felt just as damaging as overt racism and how regularly experiencing **microaggressions can negatively affect the recipients. Clinical communication skills education provides an ideal opportunity for educators and students to**

**be taught the impact of microaggressions and how to recognise and proactively address these inequalities in healthcare.**

#### **4. Recommendations for curricula change**

While there are numerous examples of efforts to incorporate teaching regarding racial discrimination into the medical curriculum, there is still significant room for improvement. The following sections are a collection of recommendations from the students and faculty who attended the symposium on when what, and how to implement material within the curriculum to best enhance efforts to address racism at an institutional and individual level.

##### 4.1 When – Early and Continuous Implementation

In the symposium, participants noted that issues relating to race and racism might be incorporated into a spiral curriculum and be threaded throughout medical education to ensure that the full breadth of the issue is covered and deeper learning achieved. Implementing a systematic approach to tackling racism, together with other areas of discrimination such as gender bias earlier, would benefit both the undergraduate and postgraduate medical curriculum. This would serve to prepare students to face potentially difficult situations in clinical placements and confront racial discrimination seen outside of clinical settings. An example of early implementation is the course seen at Rutgers Medical School, titled “Health Equity and Social Justice.” This course was designed to be longitudinal, over the pre-clerkship years, with students receiving their initial session on racism and health within their first month of medical school [5].

##### 4.2 What – Topics to include in a revised curriculum

Countless important topics could be included when incorporating anti-racism teaching. However, students in the symposium highlighted several that would be essential when starting from scratch. One of which is the inclusion of clinical presentations of patients from BAME backgrounds as standard in educational material, case studies, or patient vignettes used for teaching. A significant advancement to address this issue was made in 2020 when UK medical student Malone Mukwende authored a textbook and launched a website illustrating how particular dermatological manifestations of diseases appear in the skin of colour, a part of medical education that was notably lacking at the time and subsequently affecting patient outcomes [6].

The symposium also discussed the importance of medical students acquiring specific communication skills and confidence to challenge racism in a range of settings. **Due to its experiential teaching methods, the clinical communication curriculum is ideally placed to help students develop and practice the required skills throughout their studies.** The emergence of 'Bystander Intervention Training' urges students to actively intervene during situations involving discrimination instead of being passive bystanders. Such **programmes** are fast gaining momentum and are considered a welcome addition to current communication skills teaching [7].

Cultural competency in healthcare has been described as the ability of healthcare systems to tailor care to patients by recognising and respecting diverse values, beliefs and behaviours [5]. Educational sessions that focus on developing cultural competencies when interacting with patients of different ethnic backgrounds would be another essential topic in

the redesign of existing curricula as this may tackle the health inequalities and poorer outcomes that continue to be faced by ethnic minority communities [8].

#### 4.3 How – Collaborative, Non-Tokenistic approaches

When developing the curriculum, faculty and students should collaborate to best identify unique problems to their institution. **A recurring theme within the symposium was that students faced issues quite different from what staff initially thought but were almost universally afraid to raise these issues for fear of the impact on professional relationships or careers.** Another concern students had regarding the development of **race-related** curriculum was tokenism. Symposium participants felt it was essential to avoid minimising the importance of this topic by reducing related teaching to a one-off lecture or tick box exercise.

Discussing race and racism necessitates the need for emotional safety, honesty, truth-telling and a safe environment [6]. It is the responsibility of the institution and staff to create this environment for an appropriate discussion to take place. Creating anonymous forums for reporting and discussing discrimination in medical school can be instrumental in sharing experiences and providing future resources or solutions.

Many universities have also created working groups to engage with race and diversity specific issues. However, membership of such groups should be based on interest and skills rather than the assumption that BAME students and faculty will be interested in educating others about racism. Such assumptions are, ironically, another form of microaggression often seen at many educational institutions. It is not one single person or group's inherent job to educate others about racism. It is collectively everyone's job to educate themselves. One faculty participant from the session noted,

*“Capturing student voices regarding BLM and racism could be a great trigger; interacting with each other is teaching us so much by listening to the students.”*

## **5. Discussion and Conclusion**

### 5.1 Discussion

**This symposium highlights the prevalence of racial discrimination within universities and further emphasises key issues unique to healthcare students.** The issues faced by the students in the symposium are not isolated experiences and will continue to happen in the future [3]. Recent events have accentuated the systemic issues in healthcare settings, and educators must pay attention to and discover ways to initiate dialogue about race with their students [9]. Educators are responsible for providing resources for future curricula pertaining to racial issues and equip future healthcare professionals with the appropriate training required to effectively tackle racism within healthcare systems.

Exploring the issues regarding race should encourage students and educators alike to engage with topics surrounding racism. Educators should be encouraged to: educate themselves on racial inequalities, seek out additional published resources made available by other medical schools who have developed curricula to teach and promote critical conversations about race and racism or develop their own [8,10,11]. By creating a welcoming environment that actively tackles challenges of institutional racism, students can excel rather than be afraid of how their skin colour may impact their educational experiences.

## 5.2 Conclusion

Student experiences of racism within medical training can occur at a personal level through interactions with colleagues, staff, and patients and at an institutional level through assessor bias, disparities in attainment and lack of diversity within the curriculum. These experiences have a profound impact on the future working practices of clinicians and, subsequently, their patients. **Therefore, addressing these issues is essential to the delivery of care.**

## 5.3 Practice Implications

**Learning from student experiences is critical for the integration of anti-racism teaching into medical school curricula. For this teaching to have a lasting effect on medical education and delivery of care, it is essential that it is developed through a collaborative and non-tokenistic approach and is implemented early in the syllabus and maintained throughout the entirety of training. Educators will find it beneficial to draw and build on the various existing approaches demonstrated by other institutions.** This paper has described various approaches by institutions to tackle racism. We believe that building on these examples of best practices will encourage educators to tackle racism for our patients, colleagues, and, most importantly, ourselves.

### **Competing Interest Statement:**

The authors declare no significant competing financial, professional, or personal interests that might have influenced the performance or presentations of the work described in this manuscript.

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