

## BACKGROUND/ SIGNIFICANCE

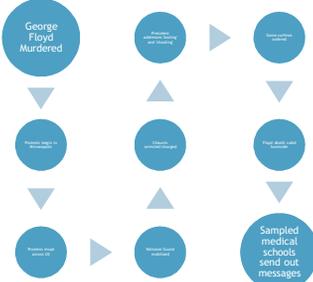
### History of Race and Racism in Medical Practice

- Unanesthetized techniques and operations performed on the enslaved
- False medical claims of biological differences
- Unethical medical experimentation

### Contemporary Context of Racism in Medicine

- Racial stereotyping and implicit bias
- Label of "non-compliant" patient
- New diagnostic measures/codes
- Under representation (student, faculty, resources, etc.)
- Persisting false beliefs in biological racial differences

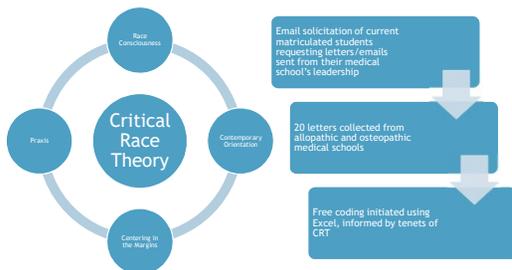
With racism embedded in medicine's practices, norms, and representation, all of which reinforce health disparity, medical institutions are in a critical position to shift the paradigm of inequality. Recent events have ignited an expansive call to action.



## RESEARCH QUESTION & METHODS

How did medical school leadership communicate support to students related to the 2020 social uprisings?

A qualitative study was performed, which examined the response of medical school leadership to the protests following George Floyd's murder using Critical Race Theory (CRT).

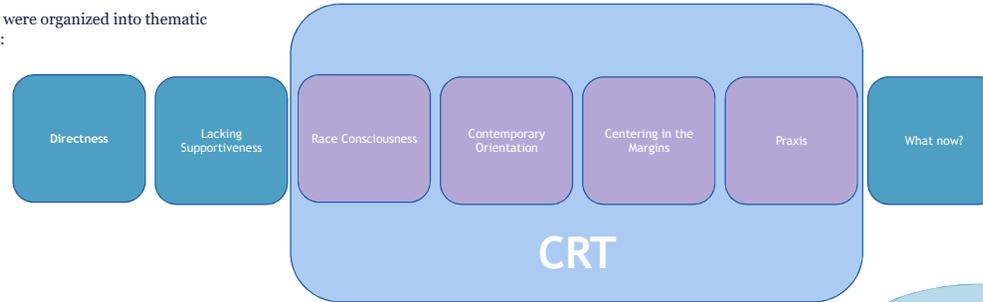


The codebook and coding was reviewed and agreed upon by a CRT expert.

26 Codes used: *Centrality of Race and Racism in Society, Challenges to Dominant Ideology, Centrality of Experiential Knowledge, Interdisciplinary Perspective, Commitment to Social Justice, Civil Rights, Other Inequalities, Racism as Endemic, Critique of Liberalism, Liberalism, White Privilege, White Supremacy, Racism, Racism not explicit, Black Lives Matter, All Lives Matter, Resources, Support, Action, Student Body Action, Timely, Personal Feelings, Dictating Feelings, Shortcomings, Opposition, Mixed Priorities*

## RESULTS

The codes were organized into thematic categories:



## DISCUSSION

Medical schools are in a unique position to address racial inequality in order to better prepare the incoming workforce. They can offer: 1) Education 2) Exposure 3) Support

Via application of the CRT theoretical model, medical school messaging related to contemporary race conflict was assessed. CRT allows for the examination of existing power structures based on racial hierarchy. When applied to public health it can qualitatively assess current progress as well as conceptualize how race and racism can be better addressed to improve outcomes.

With this lens, we were able to observe some medical schools offering messaging that demonstrated more direct antiracist sentiment, in contrast to others which failed to explicitly address racism and racial hierarchy as contributing to inequities. In some cases, Deans acknowledged the importance of centering the voices of the marginalized, while others offered more muted and generic messaging.

The variable content of each letter speaks to what each administration thought was poignant in addressing. A limitation of this study is that only the initial letter/ message sent to the student body was qualitatively assessed. In some cases, medical school leadership rescinded their initial messages or sent out follow up correspondences and took alternative actions. These follow-up messages were not considered in this study.

## FUTURE CONSIDERATIONS

Equally important to the messaging, is how it was received from the student body. Further considerations should be made to assess:

- How did the messaging land?
- Do students feel supported?
- What more would they like to see done?
- Is there enough being done to educate future physicians about issues of race and racism in society and medicine?
- Will the future workforce practice with anti-racist considerations in mind?
- Now that it is not headline news, are schools maintaining the same momentum in addressing social justice issues?



Special thanks to Rosie Frasso PhD, CPH and Denine Crittendon MPH, PhD(c)

\*References furnished upon request\*