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How Should Health Professional Education Respond to Widespread Racial and Ethnic Health Inequity and Police Brutality?

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Abstract

Health professions educators continuously adapt curricular content in response to new scientific knowledge but can struggle to incorporate content about current social issues that profoundly affect students and learning environments. This article offers recommendations to support innovation and action as students and faculty grapple with ongoing unrest in the United States, including racism, murders of Black people by police, and COVID-19.

Social Justice in Health Professions Teaching and Learning

Health professions schools strive to help students meet core competencies in clinical knowledge, critical thinking, patient care, professionalism, organizational and social determinants of health and health care, and communication. Accordingly, curricula must adapt to changes in technology, advances in science, and new teaching strategies. However, health professions schools and educators can struggle to meaningfully incorporate lessons about how to respond well to real-time, ongoing injustices.

The year 2020 has been a time of change, disruption, and unrest. Black, Latin, and other minorities made vulnerable by structural racism, along with White allies, are standing up against the tide of racism that was woven into the societal fabric of the United States of America since its founding. Indeed, the recent police murders of Ahmaud Arbery, Breonna Taylor, George Floyd, Tony McDade, and many others have prompted public outrage and unrest about long-standing police brutality and structural racism in the criminal justice system. Racial and ethnic health inequities, magnified by murders and abuse of Black people by police, have laid bare the deadly ongoing toll of racism.¹ Profound effects of racial oppression, **structural inequality**, and discrimination have been made even more evident by the disproportionate health and economic consequences of the COVID-19 pandemic on Black, Latin, and other historically marginalized communities.² Students must learn the art and science of their professions while physically distancing from one another and their loved ones as well as manage their own emotional responses to numerous and multifactorial stressors of social

unrest.³ In what follows, we suggest what health professions schools and educators can do to help.

Eight Recommendations

As educators, we can model how to pause, recognize, and reflect—even as we care for others—by doing the following:

1. *Educate yourself on how current strife is embedded in historical context.* Health professional educators have responsibilities to teach themselves about—and to motivate students' understanding of—the historical, social, and cultural situatedness of systemic racism, health inequity, and social determinants in their own learning environments. Faculty development opportunities should be offered by all health professions schools to help faculty learn and competently teach how our country's deeply entrenched histories of racism and oppression are manifested and compounded in current crises.^{4,5}
2. *Recognize that students might be struggling with social isolation,⁶ cognitive overload, depression, anger, pain, sorrow, fear, detachment, and other feelings that can interfere with their learning and engagement in classrooms and clinical environments.* A range of such feelings can manifest as missed assignments, inability to participate in discussions, and difficulty concentrating and preparing for learning. We must prioritize stress de-escalation in learning environments as students navigate these challenges.

For example, cold-calling students might create more fear, exhaustion, and anxiety for those who have been unable to fully engage with the material. Consider waiting for volunteers or using a system of student participation that leaves room for students to attend to their own needs by tempering their levels of engagement when needed. We must be attuned to **students' stress levels** and perhaps model flexibility in our approaches to normal requirements and deadlines. Clinician-educators have typically had training in addressing grief and sorrow, but many have not been trained to address students' anger and frustration responses to current crises. Educators must be prepared to address a range of students' emotions to compassionately and meaningfully respond and maintain focus, when appropriate. Processes for students to confidentially express and report concerns about bias and racism and to receive support must also be clearly delineated in health professions schools.⁷

3. *Create safe spaces for students to engage in discussion about large-scale current events.* To do so invites students affected by these events to name their emotions, share their feelings, and bring their whole selves to the tasks of strengthening learning communities and collective inquiry experiences. Language like the following can help create a supportive learning environment in a time of upheaval:

I want to take a moment to hold space for our individual and collective experiences and feelings about crises within crises going on around us in the United States. We mourn the losses of more Black lives by police murder and abuse. Racism impacts our entire community, our patients, our classrooms, and ourselves. We are here for you. If at any moment you need a break, feel free to take one. I invite us to think together about how we can support one another.

4. *Reach out.* Some students might seem disengaged, lost, or unable to express their feelings. Let them know you see them, care about them, and recognize that current events can be significant sources of distress and distraction.
5. *Be flexible.* It can be important to change teaching and learning plans to consider instead real-world, real-time issues. Educators can use these real-world issues to teach about the **legacy of racism in medicine** and to discuss ways to counter racism in how we interact with each other and deliver care to our patients. These interactions are directly linked to key core competencies. The pandemic presents the opportunity and the imperative to educate students about public health principles, social determinants of health, communication strategies, and the biology of viral infectious diseases.⁶
6. *Monitor your own emotions and levels of engagement.* We probably all need to take extra care to connect with each other and our respective sources of support during crises. Students might direct frustration towards educators, their institutions, and the health care system. We must model trying not to take comments personally.
7. *If you feel unsure about how to discuss racism in the classroom, trust the educational alliance.*⁵ Expressing solidarity with and support for students and listening to students are key features of caring learning environments.⁸ Be available and listen carefully.
8. *Let students guide selection of health inequity inquiries.* Fewer than half of internal medicine programs have any teaching on **health disparities**,⁹ and only 66% of medical schools required teaching social determinants of health at academic level 1—and far fewer at higher levels—during the 2018-2019 academic year.¹⁰ Undergraduate medical education has an opportunity to lead by teaching about health equity and advocacy,¹¹ and the Association of American Medical Colleges and the Accreditation Council for Graduate Medical Education should set explicit curricular goals for quality teaching and learning about racism and health equity.¹² Teaching about the influences of racism, segregation (eg, redlining), and other social determinants should equip students with the skills, knowledge, attitudes, and resilience to advocate for vulnerable patients and to reduce health inequity. Enabling students to participate, organize, and collaborate can motivate health equity, provide opportunities for community-engaged learning, and generate hope and solidarity.^{13,14}

Conclusion

The Association of American Medical Colleges' *Statement on Police Brutality and Racism in America and Their Impact on Health* asks educators to demonstrate empathy and compassion and to acknowledge the influence of pain, grief, and trauma on health and learning.¹⁵ Educators and healers have opportunities and obligations now to model antiracism in practice, teaching, and learning.

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