

Episode: *Ethics Teaching and Learning: One Approach to Teaching Critical Theory to Health Professions Students*

Guest: John Chenault, PhD, MA, MSLS

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[mellow theme music]

[00:00:06] TIM HOFF: Welcome to the *Ethics Teaching and Learning* podcast series from *Ethics Talk*, the *American Medical Association Journal of Ethics* podcast on ethics in health and health care. I'm your host, Tim Hoff. In this series, we talk with educators about teaching ethically complex content to health professions students. We'll discuss strategies for navigating tension between challenging students and trainees and supporting them as they navigate ethical ambiguity and uncertainty. We'll focus specifically on relationships forged among patients, clinicians, and organizations when we work, teach, learn, and assess learning together.

[00:00:44] Joining me on this episode is Dr John Chenault, an associate professor and the director of antiracism initiatives for undergraduate medical education in the University of Louisville School of Medicine in Kentucky. Dr Chenault is here to discuss teaching critical theory to health professions students and trainees. Dr Chenault, thank you so much for being back on the podcast with me. [music fades]

DR JOHN CHENAULT: Thank you again. I have enjoyed our discussion and I look forward to today.

[00:01:11] HOFF: So, how do you introduce critical pedagogical theories to health professions students or even colleagues who are unfamiliar with why they are interesting and important and complex?

CHENAULT: Well, my approach is to talk about how critical thinking is important in any endeavor, and so the aim of critical theory is to foster critical thinking. So, medicine is conceptually complex, and what I like to do is try to break things down to their fundamentals. And so, I use examples, analogies, for example, like "the map is not the territory," which comes out of neurolinguistics some probably 50 years ago. And what it's essentially saying is that all knowledge and experience is constructed by individuals in ways that contribute to our sense of reality of what we believe is real. And these same processes of knowledge and experience go into creating systems of oppression and asymmetrical power relations. So, societies are built with structures and hierarchies that we need to address in medicine and in general to bring about fairness and justice. So, my approach is to emphasize the need for recognizing that the map is not the territory. It is how we are navigating reality, but it is not reality itself. And the maps that we have are often informed with unscientific information such as the idea of race or the way we construct gender, so we don't understand that these are social constructions and not products of nature and human evolution.

[00:03:13] HOFF: So, which features of critical theories, various critical theories including critical race theory, are hardest for students or colleagues to navigate both cognitively and affectively?

CHENAULT: I think the issues around race are the most difficult because we are so immersed and embedded in racial identities. And racial identities are essentially the third rail in any effort to bring about social justice in this country, and so I think it's very difficult for people to recognize who we are as a species. I think the lack of our education about human evolution and development creates a situation, makes it very difficult for people to understand why we see so many differences in our phenotypic characteristics, why we have different skin color, hair texture, etc. And so, there's a long history of miseducation around that issue, and I think that has pretty much permeated society to the extent that people still have a very difficult time coming to grips with the fact that human beings are 99.9 percent identical, genetically speaking, and what that means.

[00:04:43] HOFF: So, which features of critical theory as a subject of study, as a subject of something being taught to health professions students as opposed to just a tool to be used, make it difficult to assess whether and how students are actually learning what you're teaching?

CHENAULT: I think every aspect of it is very difficult, and I think most educators would agree that we really struggle with assessment. Now, it's certainly different in terms of other subject matter that is not so personal, meaning gender identity and racial identity. I think when you ask people basic questions about what they've learned in terms of racism or sexism, there is a tendency to not necessarily fully disclose their opinions. People take a safe route in many instances, and so we don't really get a good idea of how well they've assimilated the information, whether they've assimilated it or not, or whether they're simply regurgitating what they expect will simply get them through, you know, what they think is acceptable. So, the challenges remain immense for assessing learning around these issues, and I don't really have a good answer for this question, unfortunately.

[00:06:08] HOFF: [chuckles] Yeah, this is always a difficult question for guests on this particular podcast. In that case, it might be helpful to hear a little bit about not just the features of this content that make it difficult to assess, but what kind of assessments are being used, whether that's experimental methods being used by colleagues or peers or methods of assessment being required by the institutions in which this content is taught.

CHENAULT: No, what I see is a trend—I personally am not aware of any other models or methods—what I see is a trend where institutions have moved to more quantitative measures to avoid some of the narratives that tend to be very highly personal, highly critical of an instructor in ways that have nothing to do with the content of the course. So, people are asked to measure and rate the delivery of material, whether or not they receive their test scores on a timely basis, and these types of questions. They're useful, but they really don't get at the heart of the issue in terms of how well are students utilizing the information, if they are utilizing it, has it made any meaningful change in their approach to their profession, in their professional careers?

[00:07:35] HOFF: Hmm. It sounds like assessment would require a sort of holistic review of how students are engaging with other types of curricular content sort of throughout their educations. So, which strategies do you recommend for integrating this content more robustly into health professions curricula elsewhere?

CHENAULT: Well, to me, this is a really, in terms of dealing with issues of injustices and inequities in medicine and in society in general, is there's a lot that has to be done. In terms of medical education, we really need to go back and incorporate more information about human evolution. We need to talk about and emphasize the fact that human beings are animals and that we tend to lose sight of our animal culture and nature due to our

socialization, to racial and gender identities, and to other factors as well, our religious beliefs, etc., that in many instances separate us from the natural world. We need to deconstruct race and explain what racialization means, which is the social construction of race. We need to explain the role of doctors in the invention of race and scientific racism, the role of slavery in advancing medical education and research. We need to develop a historical consciousness to show that the past is present. We need to certainly explain the limitations of our current biomedical theory of wellness and disease and some of the tools that we're currently using to teach those theories, in particular how we use the social determinants of health. So, we have to sort of pull apart some of the standard curricula that we've devised and figure out where is it falling short.

[00:09:24] And in terms of our focus on health disparities, there are a number of shortcomings. We need to shift that conversation to talking about the fundamental causes of health inequities and the social actors and policies and practices responsible for those inequities. If we fail to do so, we'll continue to talk about poverty, but not oppression; race, but not racism; sex, but not sexism; homosexuality, not homophobia. So, to get at the structural issues, the systemic issues that cause these problems, we need to revise our curriculum and instruction to incorporate that type of critical analysis of causes, fundamental causes. Where we are now is medicine does not teach actionable skills or solutions. They learn about health disparities, but they are not taught how to achieve social justice. [theme music returns]

[00:10:34] HOFF: Dr Chenault, thank you so much for your time on the podcast again today. I really appreciate your expertise on this topic.

CHENAULT: I thank you, and I look forward to talking with you again at some point.

HOFF: That's all for this episode of *Ethics Teaching and Learning*. Thanks to Dr Chenault for joining us. Music, as always, was by the Blue Dot Sessions. And for more articles, podcasts, continuing education opportunities, and more—all free to access—head to our site, journalofethics.org. Follow us on [Twitter](#) and [Facebook @journalofethics](#), and we'll be back soon with more *Ethics Talk*.