

Episode: *Author Interview: “Undoing Institutional and Racial Trauma Through Interprofessional, Trauma-Informed Education”*

Guest: Carmen Black, MD

Host: Tim Hoff

Transcript by: Cheryl Green

[Access the podcast.](#)

[bright theme music]

TIM HOFF (HOST): Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I’m your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Carmen Black, an assistant professor and the director of the Social Justice and Health Equity Curriculum in the Department of Psychiatry at the Yale School of Medicine in New Haven, Connecticut, with a primary clinical appointment at the Connecticut Mental Health Center. She’s here to discuss her article, coauthored with Dr Andrea Shamaskin-Garroway, Dr E. Mimi Arquilla, Elizabeth Roessler, and Dr Kirsten M. Wilkins, *Undoing Institutional and Racial Trauma Through Interprofessional, Trauma-Informed Education*, in the May 2023 issue of the Journal, [Interprofessional Education and Innovation](#). Dr Black, thank you so much for being back on the podcast. [music fades]

DR CARMEN BLACK: Thank you for inviting me!

HOFF: So, to begin with, what’s the main ethics point that you and your coauthors are making in this article?

BLACK: We really wanted to show that advancing an environment and culture of trauma-informed care requires a multidisciplinary effort. If you consider the patient experience, it starts at the front door of the institution itself. What’s the reputation of this institution towards racially minoritized, gender minoritized folks in the community? When you check in, what’s the culture? Is there a metal detector barring them from entering the clinic? Are there armed officers within visual inspection when they walk in? Is it welcoming? Is there a grand piano and marble floors, or is there a more hard, secure look to the building? And then from there we go into the actual physical exam that folks are performing. Are we staying within eyesight when at all possible? Are we letting folks know what we’re doing in touching their bodies before we touch them? It’s a collaborative process, it’s a very important process, and I was thrilled to be a part of this educational process to help trainees and students learn next steps in how they can be a part of a trauma-informed care environment.

HOFF: So, speaking of students and trainees, what’s the most important thing for them to take from this article?

BLACK: I always want trainees and students to see themselves as the problem, as contributing to the harm. And only once you acknowledge that you have the opportunity or risk of contributing to the harm can you now see yourself as someone who can undo it. We can’t undo what we don’t have a process, a part in. And so, it’s really hard for folks sometimes to hear of the injustices that health care perpetuates because none of us went into health care to harm people. And so, creating an open environment where we can acknowledge what’s wrong with

health care so that we can now see ourselves in the solution towards a more equitable health care.

HOFF: And finally, if you could add a point to your article that you didn't have the time or space to fully explore, what would that be?

BLACK: So, at the very end of the article, we explore the concept of pushback towards health equity content. In particular, we gave one quote of a student who didn't appreciate the trauma-informed care in the education about institutional racial trauma. And even as we gave the most recent update version of this lecture in January, again, we had some really profound pushback in the sea of otherwise very positive evaluations. And so, if I had more space—and in fact, stay tuned, we'll be writing another paper—we need to have a health equity framework, a trauma-informed framework of how to evaluate feedback to trauma-informed health equity education. By definition, we're teaching a worldview that might challenge some preexisting beliefs that folks hold, and there's going to be inevitable pushback as we try to move the needle of equity of American medicine from the status quo towards a new tomorrow. And so, if I had more space, and in fact, you'll have to see my next paper, we're going to take a deeper dive into how do we evaluate pushback to health equity content versus feedback to health equity content. [theme music returns]

HOFF: Dr Black, thank you so much for being back on the podcast. It's always a pleasure to talk to you. And thanks to you and your coauthors for your contribution to the Journal this month.

BLACK: Thanks for the opportunity.

HOFF: To read the full article as well as the rest of this month's issue for free, visit our site, [JournalOfEthics.org](http://JournalOfEthics.org). We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.