STRATEGIES AND SOLUTIONS FOR INCREASING SCHOOL OF MEDICINE DIVERSITY, EQUITY, INCLUSION, AND BELONGING

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PRIORITIES FOR UC DAVIS SCHOOL OF MEDICINE

- Diversity (through Admissions)
- Equity (through Curriculum)
- Inclusion (through Climate)
- Belonging (through Policy Change)

Diversity at UC Davis School of Medicine

Percentage of UC Davis School of Medicine matriculants from groups underrepresented in medicine

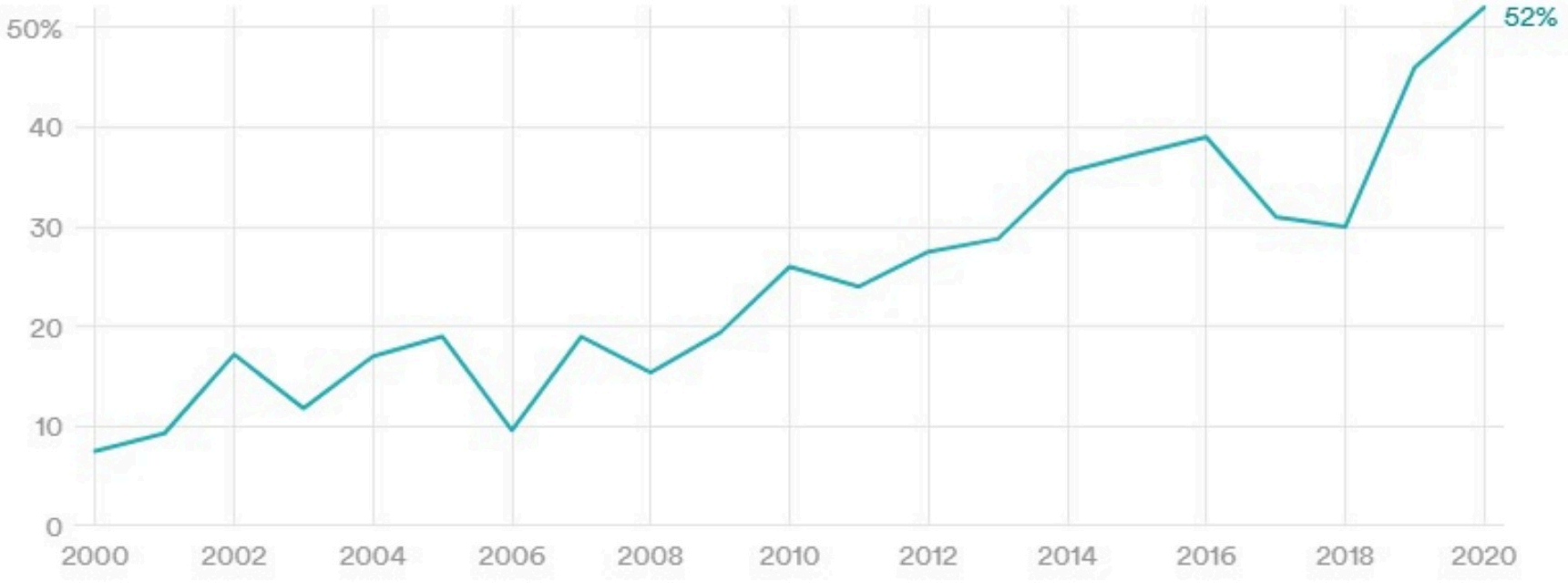


Chart: J. Emory Parker • Source: Henderson et al. (2021), AMA Journal of Ethics

PROMOTING EQUITY IN MEDICAL EDUCATION

- Advising on the Health Equity Thread of the I-EXPLORE curriculum
- Addressing Grading and Curriculum Inequities
- Supporting a Safe and Supportive Learning Climate
- Providing Support for Experiences of Discrimination or Harassment
- Educating and Supporting Faculty on Inclusive Teaching Strategies

White Coats for Black Lives

Racial Justice Report Card 2020

WRITTEN BY:

Students of the UC Davis Chapter of White Coats for Black Lives

IN 2020, THE UC DAVIS CHAPTER OF WHITE COATS FOR BLACK LIVES (WC4BL), IN COLLABORATION WITH THE OFFICE OF HEALTH EQUITY, DIVERSITY, AND INCLUSION AND THE OFFICE OF MEDICAL EDUCATION, ISSUED A **RACIAL JUSTICE REPORT CARD (RJRC)**

WC4BL

White Coats For Black Lives

METRICS	GRADE AND NOTES	
1. URM Student Representation	A	All of the following groups are proportionately represented among students: *Black, Native American, Latinx.*
2. URM Faculty Representation	C	None of the the following groups are proportionately represented among faculty, or this information is not publicly available: *Black, Native American, Latinx.*
3. URM Recognition	A	The metric is fully met.
4. URM Recruitment	B	Some elements of the metric are met.
5. Anti-Racism Training and Curriculum	B	Some elements of the metric are met.
6. Discrimination Reporting	B	There is some system for collecting reports, but there is no clear follow-up after reports are made.
7. URM Grade Disparity	C	There are significant racial disparities in grades and/or honors or this information is not publicly available.
8. URM Support/Resources	B	There are some resources specifically designated to support students of colo
9. Campus Policing	C	There is a campus police force, and no evidence that they have sought to add racism in policing, or this information is publicly available.
10. Marginalized Patient Population	C	Students are routinely given more independence when caring for marginalized patients.
11. Equal Access for All Patients	C	Patient care is highly segregated, or th information is not publicly available.
12. Immigrant Patient Population	C	The hospital has no public or policy commitment to immigrant patients.
13. Staff Compensation and Insurance	A	The metric is fully met.
14. Anti-Racist IRB Policies	C	IRB process has no requirements rega the treatment of race, or this informatic not publicly available.

THE PURPOSE OF INCLUSIVE MEDICAL EDUCATION IS "TO DEMONSTRATE HOW INCLUDING DIVERSE PERSPECTIVES IN GENERAL MEDICAL EDUCATION SCHOLARSHIP COULD PROMPT RECONSIDERATION OF BASIC CONCEPTS AND THE DEVELOPMENT OF RICHER, MORE NUANCED, AND PRACTICABLE UNDERSTANDING OF WHO MEDICAL LEARNERS ARE."

Maduakolam E, et al. Beyond diversity: envisioning inclusion in medical education research and practice. Teaching and Learning in Medicine. 2020 Nov 20;32(5):459-65.

DEFINING “OTHERING”

“A set of dynamics, processes, and structures that engender marginality and persistent inequality across any of the full range of human differences based on group identities.”

powell ja, Menendian S. The problem of othering. In Othering and Belonging: Expanding the Circle of Human Concern. Berkeley, CA, Haas Institute, 2016.

Intersectionality

Crenshaw KW. On intersectionality: Essential writings. The New Press; 2017.

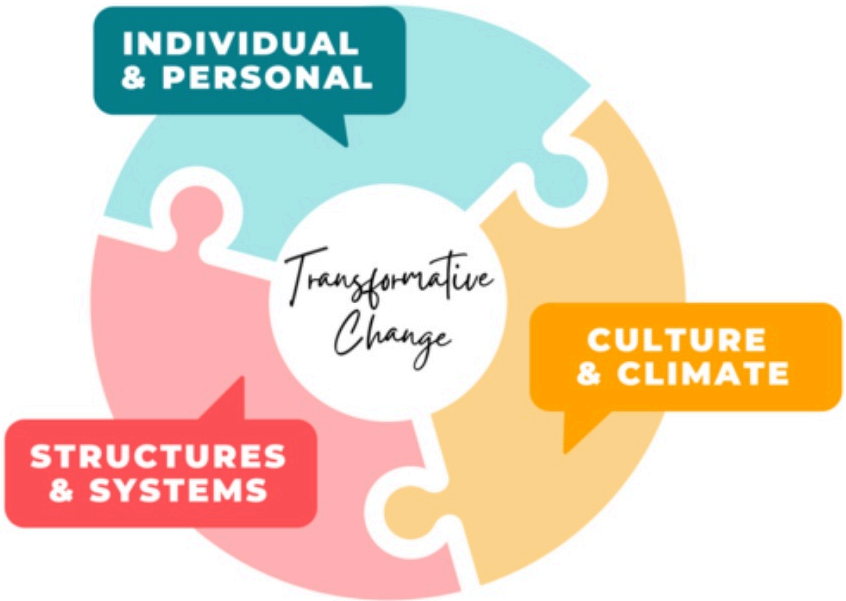
EXAMPLES OF INCLUSIVE EDUCATIONAL PRACTICES

- Use of pronouns
- Guidelines for presenting data about race and ethnicity
- Distinguishing between race, genetics, and genetic ancestry
- Suggestions for developing and presenting clinical vignettes
- Guidelines on discussing body size
- Guidelines on discussing sexuality
- Suggestions for better language and terminology for stigmatized populations
- Guidelines for accessible learning environments

How do we move from **aspiration to action?** How do we **center anti-racism** in our leadership? How do we **transform our organizations** to to become anti-racist?

Anti-racism leadership requires deep reflection, establishing an anti-racist mindset, modeling anti-racist practices, and embedding anti-racism structures throughout the organization.

Anti-racist leaders think about disrupting racism through individual learning, interpersonal actions, and institutional transformation.



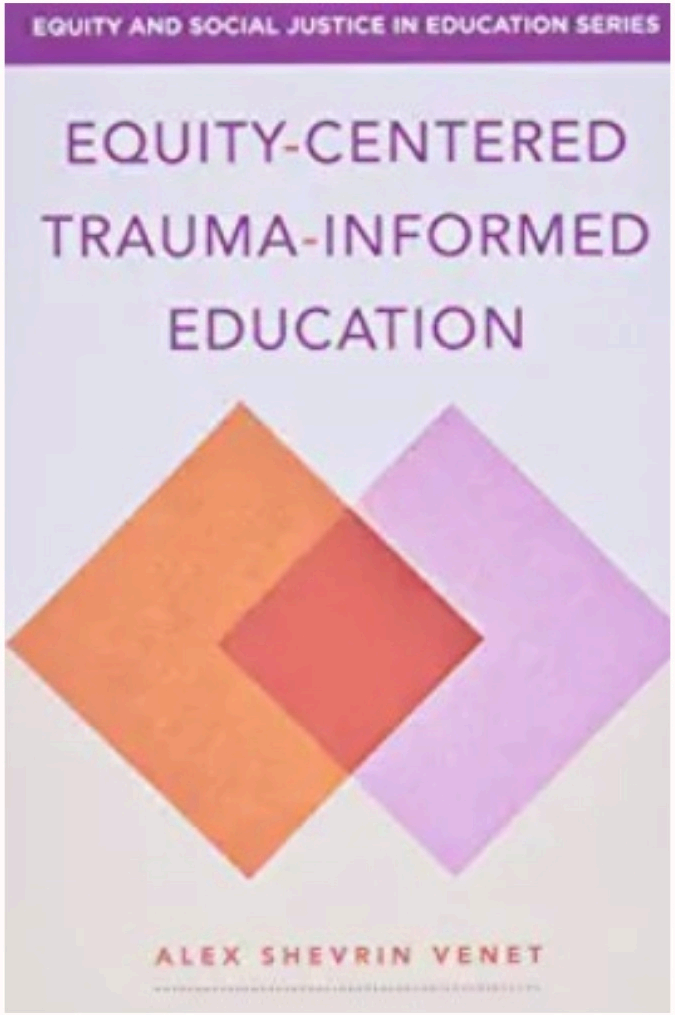
https://embracingequity.org/blog/2021/8/19/anti-racist-leadership-why-it-matters-and-how-to-become-one

"THE USE OF STANDARDIZED TESTS TO MEASURE APTITUDE AND INTELLIGENCE IS ONE OF THE MOST EFFECTIVE RACIST POLICIES EVER DEVISED TO DEGRADE BLACK MINDS AND LEGALLY EXCLUDE BLACK BODIES...

THE IDEA OF AN ACHIEVEMENT GAP BETWEEN THE RACES - WHITES AND ASIANS AT THE TOP AND BLACKS AND LATINX AT THE BOTTOM - CREATES A RACIAL HIERARCHY, WITH ITS IMPLICATION THAT THE RACIAL GAP IN TEST SCORES MEANS SOMETHING IS WRONG WITH THE BLACK AND LATINX TEST-TAKERS, AND NOT THE TESTS.

FROM THE BEGINNING, THE TESTS, NOT THE PEOPLE, HAVE ALWAYS BEEN THE RACIAL PROBLEM."

Ibram X. Kendi



EQUITY-CENTERED TRAUMA-INFORMED EDUCATION

RECOMMENDATIONS

1. Consider enhancing resources for educational support for medical students across California
2. Staff support for medical students to increase inclusion and belonging (around assessment and support of students with disabilities and students from lower socioeconomic status) is needed
3. California medical schools need faculty and administrators with greater expertise in equity-centered, trauma-informed education