

Anti-Racism in Medical Education: A Primer

This document provides answers to some frequently asked questions (FAQ) with corresponding references relevant to anti-racism in medical education. We also provide additional resources that we believe are useful for informing medical students on the broader discussions of anti-racism.

Please circulate this document widely.

If you have any feedback and/or suggestions for additional resources, please complete this [Google form](#).

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Frequently Asked Questions (FAQ)

1. What is racism?

Racism is defined as “an organized system, rooted in an ideology of inferiority that categorizes, ranks, and differentially allocates societal resources to human population groups” [1]. One paper outlines the following types of racism [2]:

- *Personally mediated racism*: prejudice/discrimination between individuals
- *Internalized racism*: personal acceptance of beliefs/biases that are discriminatory
- *Institutionalized racism*: accepted societal norms that serve to perpetuate inequality

2. How can racism manifest in medical education?

Racism is pervasive in medical education and manifests in several important ways, including:

- Lack of discussions on race and racial health disparities in medical curricula [3]
- Presentation of race as biology in mandatory medical school curriculum content, without providing social context, which may reinforce existing stereotype and promote "racial profiling" in medicine, which may lead to serious medical errors [3, 4]
- Lack of racial representation among staff and students [6]
- Inadequate training for medical students on how to combat racism and structural oppression [6, 7]
- Inadequate training for educators on anti-racism and anti-oppression [2, 7]

3. What does it mean to be “anti-racist”?

Anti-racism is defined as an “educational and organizing framework that seeks to confront, eradicate and/or ameliorate racism and privilege” [1]. Practically speaking, being "anti-racist" involves a conscious choice to educate oneself about issues of race and racism, and to actively participate in opportunities to end racial inequities.

An important distinction must be made between "anti-racism" and being "non-racist". The latter entails developing a belief system that opposes racism without necessarily taking part in collective action to dismantle racist systems. Anti-racism, on the other hand, involves a concerted effort to promote racial equity, informed by anti-racist beliefs.

4. What is “white privilege”?

White privilege refers to the unearned, built-in advantages that an individual benefits from by virtue of being white [8]. Examples of white privilege can include: seeing people of your race widely represented in the media, and moving through life without being discriminated against because of your race. It is important to note that white privilege does not discount the struggles that a white person may face during their life - instead, it acknowledges that the challenges a white person experiences tend not to be a direct result of their race.

5. What is the “hidden curriculum” and does it apply to racism?

The hidden curriculum involves the informal, and often subtle, teachings in medical education that result in a perceptual change in students’ behaviours, beliefs and practices [9]. In the setting of racism, this may materialize as either the presence or absence of knowledge or ideas that discriminate against one or more groups. For example, one medical student wrote that her curriculum content emphasized the appearance of syphilis on black skin, and the appearance of psoriasis on white skin [10].

6. What can medical students do to be anti-racist?

As discussed in a paper on anti-racism in New Zealand [1], there are five approaches that can be applied to tackle racial inequity:

- A. *Reflexive relational practice*: take time to listen and respect in order to understand the issues at play
- B. *Socio-political education*: learn about the historical context shaping the curriculum, analyze the structural inequities present, and integrate new strategies to address them
- C. *Structural power analysis*: determine what policies help promote racism and replace them with anti-racist ones
- D. *Systems change*: engage all levels of the medical education system, starting from student groups up until leadership at the faculty level and above
- E. *Monitoring and evaluation*: ensure accountability for the strategies that are put in place by tracking progress

Another paper provides four points of agreement for ensuring that educators can effectively engage in dialogues about race [2]:

1. Stay engaged
2. Speak your truth
3. Experience discomfort
4. Expect and accept non-closure

References

1. [Came H, Griffith D. Tackling racism as a “wicked” public health problem: Enabling allies in anti-racism praxis. *Soc Sci Med* 2018;199:181–8. doi:10.1016/j.socscimed.2017.03.028](#)
2. [Acosta D, Ackerman-Barger K. Breaking the Silence: Time to Talk about Race and Racism. *Acad Med*. 2017;92\(3\):285–8.](#)
3. [Nieblas-Bedolla E, Christophers B, Nkinsi NT, Schumann PD, Stein E. Changing how race is portrayed in medical education: Recommendations from medical students \[published online ahead of print, 2020 May 5\]. *Acad Med*. 2020. doi:10.1097/ACM.0000000000003496](#)
4. [Sharma M, Kuper A. The elephant in the room: talking race in medical education. *Adv Heal Sci Educ* 2017;**22**:761–4. doi:10.1007/s10459-016-9732-3](#)
5. [Morrison N, Machado M, Blackburn C. Student perspectives on barriers to performance for black and minority ethnic graduate-entry medical students: A qualitative study in a West Midlands medical school. *BMJ Open* 2019;9. doi:10.1136/bmjopen-2019-032493](#)
6. [Ahmad NJ, Shi M. The Need for Anti-Racism Training in Medical School Curricula. *Acad Med* 2017;92:1073–4. doi:10.1097/ACM.0000000000001806](#)
7. [White-Davis T, Edgoose J, Brown Speights JS, *et al*. Addressing racism in medical education: An interactive training module. *Fam Med* 2018;50:364–8. doi:10.22454/FamMed.2018.875510](#)
8. [Romano MJ. White privilege in a white coat: How racism shaped my medical education. *Ann Fam Med* 2018;16:261–3. doi:10.1370/afm.2231](#)
9. [Lawrence C, Mhlaba T, Stewart KA, *et al*. The hidden curricula of medical education: A scoping review. *Acad Med* 2018;93:648–56. doi:10.1097/ACM.0000000000002004](#)
10. [Brooks KC. A Silent Curriculum. *JAMA - J Am Med Assoc*. 2020;323\(17\):1690–1.](#)

ADDITIONAL RESOURCES

Academic articles

- 1 [Shepherd SM. Cultural awareness workshops: limitations and practical consequences. *BMC Med Educ* 2019;19:1–10. doi:10.1186/s12909-018-1450-5](#)
- 2 [Watt K, Abbott P, Reath J. Developing cultural competence in general practitioners: an integrative review of the literature. *BMC Fam Pract* 2016;17:1–11. doi:10.1186/s12875-016-0560-6](#)
- 3 [Bhandal T. Ethical globalization? Decolonizing theoretical perspectives for internationalization in Canadian medical education. *Can Med Educ J* 2018;9:e33-45. doi:10.36834/cmej.36914](#)
- 4 [Hoffman KM, Trawalter S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. *Proc Natl Acad Sci U S A*. 2016;113\(16\):4296-4301. doi:10.1073/pnas.1516047113](#)
- 5 [Oliver MN, Wells KM, Joy-Gaba JA, Hawkins CB, Nosek BA. Do physicians' implicit views of African Americans affect clinical decision making?. *J Am Board Fam Med*. 2014;27\(2\):177-188. doi:10.3122/jabfm.2014.02.120314](#)
- 6 [Phelan SM, Burke SE, Cunningham BA, et al. The effects of racism in medical education on students' decisions to practice in underserved or minority communities. *Acad Med*. 2019;94\(8\):1178-1189. doi:10.1097/ACM.0000000000002719](#)
- 7 [Wear D, Zarconi J, Aultman JM, Chyatte MR, Kumagai AK. Remembering Freddie Gray: Medical education for social justice. *Acad Med*. 2017;92:312317.](#)

Online articles

Villarosa, Linda. “Myths about Physical Racial Differences were Used to justify Slavery - and Are Still Believed by Doctors Today”.
<https://www.nytimes.com/interactive/2019/08/14/magazine/racial-differences-doctors.html>

Books

Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present. Harriet Washington – Anchor Books, A Division of Random House, Inc -2008

How to Be an Antiracist. Kendi, Ibram X. Vintage. 2020

Online Workshops

1. “Call It Out” by the Ontario Human Rights Commission:
<http://www.ohrc.on.ca/en/learning/elearning/call-it-out>

2. "Intercultural Awareness Certificate" by Queen's University
<https://quic.queensu.ca/get-involved/intercultural-training/#schedule>
(Note this program has been postponed until further notice)

3. Equal Treatment modules on race in medicine
<https://equalrx.org/>

Collected Resources

Anti-racism resources

https://docs.google.com/document/d/1BRIF2_zhNe86SGgHa6-VIBO-QqirITwCTugSfKie5Fs/preview?pru=AAABco-jmqk*5Bo9DaanZy8pou5q4L7g2A

Starts with one

<https://swocanada.org/blackstudentsmatter>

Anti-racism reading calendar:

https://docs.google.com/document/d/1H-Vxs6jEUByXylMS2BjGH1kQ7mEuZnHpPSs1Bpaqmw0/preview?fbclid=IwAR1GPZK4EijKLdX8ToHW1hCJ2V8NBGmpUWdYHFf3YxOvfFXWO64z5rvCmq&pru=AAABcp6_FE0*m_q4qX-4seY-7adXVTHV-Q