

New York City
Anti-racism in Medical Education
Symposium (NYCAMES)

Inaugural Report

2024

Authors and Contributors

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Executive Summary

In 2021, as a core organizational investment to address racial inequities in health care systems, the NYC Department of Health and Mental Hygiene (the Health Department) created the position of Chief Medical Officer (CMO). As part of the CMO Strategic Plan by Dr. Michelle Morse, inaugural CMO, the Coalition to End Racism in Clinical Algorithms (CERCA) was established to combat these inequities and to help bridge public health and health care. CERCA is dedicated to eliminating the misuse of race in clinical algorithms that are often used in medical decision-making. Race-based medicine perpetuates a system of racial health inequities in health care and is harmfully rooted in unscientific, race-essentialist claims. Since 2021, nine health care institutions, representing both the public and the private sector, have joined the coalition as members and pledged to remove race adjustment from at least one clinical algorithm. The algorithms of focus for CERCA have pertained to kidney disease, lung disease and birth equity.

While it is important to engage with health care delivery institutions, efforts related to CERCA and matters of anti-racism are also critical to address throughout medical education. In June 2023, in partnership with the Josiah Macy Jr. Foundation, Association of American Medical Colleges (AAMC) and Fund for Public Health in NYC, the Office of the CMO hosted the NYC Anti-racism in Medical Education Symposium (NYCAMES). This symposium convened medical school leadership and student groups to advance this goal. The event was intended to advance the work of CERCA and address issues of systematic racism embedded in medical education by giving hospital, medical school and student leaders a safe space to engage in these critical conversations. The symposium consisted of a series of lectures, panel discussions, poster presentations and breakout discussion groups. These events all centered on the idea of how to remove race from clinical algorithms and address other erroneous concepts of racial essentialism in medical education. Attendees further addressed how aspects of medical education such as curricula development could be altered to become more anti-racist. After these discussions, we asked participants to provide us with a concrete commitment for specific actions and goals for the next year.

We would like to give thanks to our presenters Dr. Salihah Dick, Asthma Program Manager at Bronx Neighborhood Health, and keynote speaker Dr. Malika Fair, Senior Director of Health Equity Partnerships and Programs at the AAMC. Additionally, we would like to thank our moderators Dr. Toni Eyssallenne and Dr. Stella Safo, our panelists on the student and faculty panels, and all our committed attendees.

Watch a recap of the symposium here:

[Inaugural NYC Anti-racism in Medical Education Symposium 2023 – Recap](#)

Report Objectives

The goal of this report is to engage a broad spectrum of stakeholders who are committed to and involved in anti-racism centered on medical education, specifically those who are seeking:

- i. An understanding of the current landscape of efforts to promote anti-racism and race-neutral clinical algorithms in NYC medical school curricula
- ii. A guide on how to convene events for discussing the process of creating race-conscious medical education
- iii. A citywide case study that highlights barriers, successes and future goals in addressing the harms of structural racism within medicine

Furthermore, the Office of the CMO aims to empower other institutions nationwide to join us in our efforts to enact meaningful change in public health, medical practice and medical education.

We hope others will use the findings of this report to discuss and evaluate anti-racism efforts in their respective jurisdictions. We additionally hope this report contributes to the national conversation about addressing systemic racism and ending narratives of race essentialism.

Purpose

Structural and medical racism are central drivers of health and racial inequities. Addressing racial bias in clinical algorithms requires engagement from health care delivery systems, medical education and medical training institutions. To this end, the NYC Health Department proposed a convening of NYC medical school leadership and student-led groups, along with the city's public health leaders, to:

- 01 Discuss the connection between race essentialism and racial biases that inform clinical decision-making
- 02 Address the harms of racial biases and racism in medicine and in medical education
- 03 Discuss race as a social construct and the implications of historic and structural racism on the provision and receipt of health care

The inaugural NYCAMES advanced the priority areas of the Office of the CMO and the goals of CERCA. These also align with the Josiah Macy Jr. Foundation's priority area of promoting diversity, equity and belonging, which has funded crucial projects such as An Anti-racist Future: Transformational Change in Medical Education. NYCAMES is also in alignment with the most recent work of AAMC in supporting positive change through its recent competencies on diversity, equity and inclusion (DEI). For these reasons, the NYC Health Department hosted the convening to discuss ways to advance CERCA and address issues of systematic racism embedded in medical education. The findings from the symposium are detailed in the report that follows.

CERCA Overview

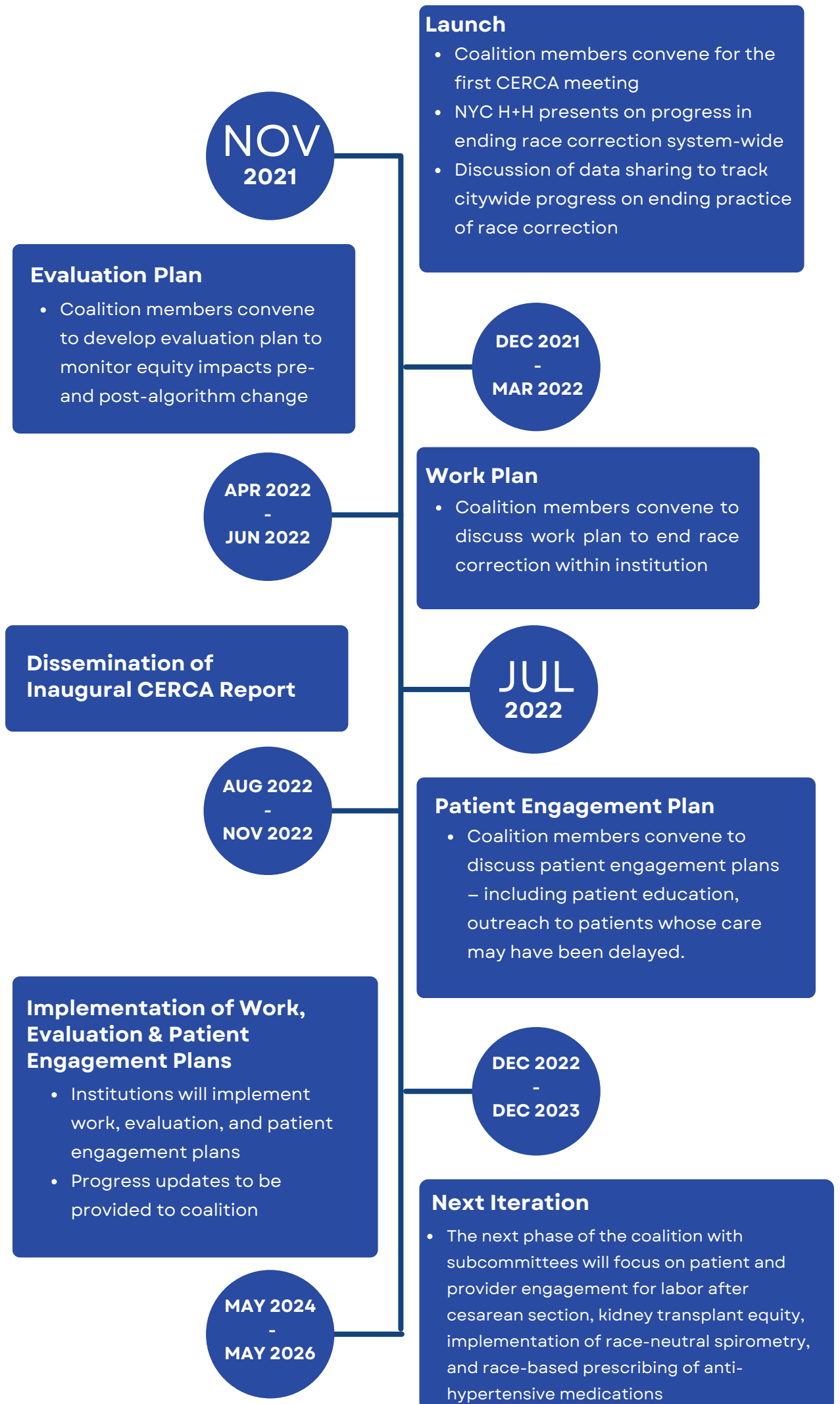
Clinical algorithms are tools often used in clinical decision-making for making diagnoses or choosing courses of treatment. Some of these tools use race, aiming to take into account relevant biological factors. However, the use of race in some clinical algorithms disproportionately harms people of color, often by delaying necessary care. The erroneous use of race as a biological variable perpetuates the outdated notion of race essentialism. This view contrasts with the more up-to-date, scientifically accurate perspective that recognizes race as a social construct and demonstrates how medical racism is embedded in health care.

To address these issues, the NYC Health Department launched CERCA in 2021. CERCA is the first citywide effort to bring health care systems together for the elimination of race-based clinical algorithms. CERCA began by focusing on algorithms for estimated glomerular filtration rate (eGFR), vaginal birth after cesarean (VBAC) and pulmonary function testing (PFT). CERCA works to coordinate discussions among health systems on how to effectively de-implement these harmful race-based algorithms. It also offers strategic planning tools and evaluative support. As an initiative of the NYC Health Department, CERCA serves as a model for how public health departments can leverage their role as a convener by collaborating with health systems to address matters of racial inequities caused by systemic racism in medicine. Furthermore, it serves as a guide for how institutions can support the swift implementation of reparative initiatives on a systems level.

The inaugural CERCA report describes theoretical frameworks and background research related to race modifiers in clinical algorithms. It then analyzes approaches for prospective assessment and redress of race-adjusted algorithms. It serves as a case study, providing early feedback on barriers and facilitators from our health systems stakeholders, and suggests future directions for ending racism in clinical algorithms in NYC and beyond. **You can read the report here: on.nyc.gov/3XYWjLY.**

NYCAMES stemmed from CERCA's work. It was motivated by the clear need to engage the next generation of providers and current faculty members in dynamic conversations about ending racism in clinical algorithms. As stated in the inaugural CERCA report, the Health Department sought to work directly with NYC medical schools and national-level accreditation bodies to create more spaces to address the harms of systemic racism in medicine from the bottom up.

CERCA Time Line



Partner Organizations

The Josiah Macy Jr. Foundation is the only national foundation dedicated solely to improving the education of health professionals. Our guiding principle is that health professional education has at its core a strong social mission: to serve the public's needs and improve the health of the public.

The Association of American Medical Colleges (AAMC) leads and serves the academic medicine community to improve the health of people everywhere. Founded in 1876 and based in Washington, D.C., the AAMC is a not-for-profit association dedicated to transforming health through medical education, health care, medical research, and community collaborations: to serve the public's needs and improve the health of the public.

The Fund for Public Health in New York City (FPHNYC) works to promote healthy behaviors, educate communities, and combat the spread of infectious diseases. Through these actions, we can reduce inequality and improve the health of all New Yorkers.

Landscape Analysis on NYC Medical Schools

Introduction

CERCA identified a clear need for a landscape analysis of the current state of NYC medical schools. A landscape analysis is a comprehensive evaluation and review of the strengths, limitations and needs of a particular community or area of interest. The following analysis aims first to identify the key stakeholders involved in anti-racism and curriculum development at NYC medical schools. It then looks to understand the extent to which each institution incorporates anti-racism efforts into its education.

Methods

New York State currently has 17 accredited medical schools. We invited nine medical schools to NYCAMES. These schools all either are located in NYC boroughs or serve residents of NYC boroughs. Their relevant demographic information is listed in the table below.

The Office of the CMO surveyed publicly available data on each NYC medical school's website. The search focused on programs, priorities in curricular development, extracurricular opportunities and general institutional objectives. The nine medical school websites were examined to collect data about their ongoing anti-racism activities.

Table 1. Demographics of Medical Schools

Demographics of Medical Schools (n = 9)	
Type of degree program	
Allopathic (MD)	8
Osteopathic (DO)	1
Institution type	
Public	2
Private	7
Location	
Manhattan	6
Brooklyn	1
Bronx	1
Long Island	1

Table 2. List of Participating NYC Medical Schools in NYCAMES 2023

Names of NYC Medical Schools
Columbia University Vagelos College of Physicians and Surgeons
Weill Cornell Medical College
SUNY Downstate College of Medicine
CUNY School of Medicine
Zucker School of Medicine at Hofstra/Northwell
Albert Einstein College of Medicine
NYU Grossman School of Medicine
Touro College of Osteopathic Medicine
Icahn School of Medicine at Mount Sinai

Results

Preliminary review suggests NYC medical schools have varying degrees of commitment to dedicated anti-racism programs and evaluation of curricula. In the wake of the murder of George Floyd and the onset of the pandemic in 2020, seven medical schools announced a task force or committee that was dedicated to social justice, anti-racism or DEI initiatives. However, it is not clear whether all these task forces continued their efforts beyond the 2020 to 2021 academic year.

Table 4 below details the anti-racism programs and the number of medical schools participating in each activity. It is important to note that information on a webpage may be limited and might not reflect whether anti-racism and justice are core values of an institution. However, these data are still useful in providing transparency into ongoing anti-racism initiatives and is critical to ensure that undergraduate medical education institutions are being held accountable to their previous anti-racism commitments.

For our student panel, we sought groups affiliated with NYC medical schools and independent medical-student-led organizations involved in anti-racism advocacy. The Office of the CMO initially invited 12 student organizations, of which only five were available and represented. The student panel consisted of two independent organizations and three organizations affiliated with NYC medical schools.

Table 3. List of Participating Student Organizations in NYCAMES 2023

Names of Student Organizations
Institute for Healing and Justice in Medicine
American Medical Student Association
Committee of Anti-racism and Allyship at Hofstra/Northwell Zucker School of Medicine
Racism and Bias Initiative x Center for Anti-racism Practice Fellowship at the Icahn School of Medicine at Mount Sinai
Icahn School of Medicine at Mount Sinai / Latino Medical Student Association / East Harlem Health Outreach Partnership

All nine NYC medical schools were present and participated in the symposium. However, there was variation in degree of representation and participation. While some medical schools may have been overrepresented, some schools only had one to two faculty representatives present and no student participation.

Table 4. Anti-racism Programming at Select NYC Medical Schools

Program or Activity Related to Anti-racism	Medical Schools Participating in Program or Activity (n = 9)
Explicitly including principles of anti-racism, racism, determinants of health, health equity, or bias in curricula	6
Annual review and assessment of curricula in terms of incorporating above topics	4
Fellowships or compensation for those involved in the evaluation of justice and anti-racism initiatives	2
Creation of taskforce or committee in 2020 to 2021 focused on anti-racism, social justice, and DEI	7
Explicit continuation of above taskforces or committees after the 2020 to 2021 academic year	3



Student and Faculty Panelists on June 23, 2023, at Hostos Community College for the Inaugural Anti-racism in Medical Education Symposium

Key Statistics

14

abstracts accepted
and posters presented
at symposium

13

institutions in
attendance

120

registrants

95%

of attendees
signed a one-year
commitment

10

breakout
groups

Presenters

Opening Remarks

Dr. Toni Eyssallenne, MD, PhD

Senior Medical Advisor in the Office of the CMO

[Watch Opening Remarks Here](#)



Keynote Speaker

Dr. Malika Fair, MD, MPH, FACEP

Senior Director of Health Equity Partnerships and Programs at the Association of American Medical Colleges

[Watch Keynote Speech Here](#)

Bronx Neighborhood Health Presentation

Dr. Salihah Dick, MD, PhD, MPH

Asthma Program Manager at the Bureau of Bronx Neighborhood Health

[Watch the Presentation Here](#)



Presenters



Guest Speaker

Joel Bervell, MS

Medical Student at Washington
State University, Elson S. Floyd
College of Medicine | TikTok Medical
Mythbuster

[Watch Joel's Remarks Here](#)

Closing Remarks

Dr. Michelle Morse, MD, MPH

Chief Medical Officer & Deputy
Commissioner of the Center for
Health Equity and Community
Wellness

[Watch Dr. Morse's Remarks Here](#)



Student Panelists



Omonike Oyelola

Institute for Healing and Justice in Medicine



Rohini Silva, MD, MPH, MS

President, American Medical Student Association



Jerrel Catlett

Racism and Bias Initiative and Center for Anti-racism Practice Fellowship, Icahn School of Medicine at Mount Sinai



Maya Vasser

Committee of Anti-racism and Allyship at Hofstra/Northwell Zucker School of Medicine



Christine Lopez

Icahn School of Medicine at Mount Sinai / Latino Medical Student Association / East Harlem Health Outreach Partnership

Moderator: Dr. Toni Eyssallenne, MD, PhD

[Watch Student Panel Here](#)

Faculty and Leadership Panelists

Carmen Green, MD

Dean
CUNY School of Medicine



Hetty Cunningham, MD

**Director of Equity and Justice in Curricular
Affairs / Fellowship**
Columbia University Vagelos College of
Physicians & Surgeons



Joseph Truglio, MD, MPH

**Director, Clinical Education for Center for
Anti-racism in Practice**
Icahn School of Medicine at Mount Sinai



Carla Boutin-Foster, MD, MS

**Associate Dean of Diversity Education and
Research**
SUNY Downstate



Gwendolyne Jack, MD

WCMC SPACE Curriculum Development
Weill Cornell Medical College



Moderator: Dr. Stella Safo, MD, MPH

[Watch Faculty Panel Here](#)

Breakout Groups

Emerging themes from personal commitment statements include:

- 1** Including anti-racism as a competency domain in medical education curriculum
- 2** Supporting students and faculty who champion anti-racism work by providing monetary compensation and formalized fellowship opportunities
- 3** Increasing patient and community involvement in key decision-making
- 4** Considering the impact medical students and trainees have on their local community
- 5** Continually emphasizing the importance of why we must discuss anti-racism in medicine
- 6** Providing more support and resources as to how health care providers and trainees should discuss racial and ethnic health inequities with patients and colleagues – for example, by creating an objective structured clinical examination (OSCE) for medical students on the discussion of such matters
- 7** Regularly updating information regarding the usage of race in clinical algorithms in course content

Dear Colleagues,

As a core organizational investment in addressing racial inequities in the health care delivery system and in bridging public health and health care, the NYC Health Department created the position of Chief Medical Officer. In December 2021, Dr. Michelle Morse, the inaugural Chief Medical Officer, released the NYC Health Department's Inaugural Chief Medical Officer (CMO) Strategic Plan. A flagship initiative of the CMO Strategic Plan is the two-year NYC Coalition to End Racism in Clinical Algorithms (CERCA), which launched in the fall of 2021. Nine health care institutions, representing both the public and private sectors, have pledged to remove race adjustment from at least one clinical algorithm relating to kidney disease, lung disease or birth equity.

Clinical algorithms are tools used by health care providers to inform clinical decision-making based on an individual patient's characteristics. Race – despite being a social construct rather than biological one – is often included as one such characteristic, problematically influencing providers' decisions in ways that result in worse health outcomes for patients of color. By evaluating a coalition-based approach to this issue in the nation's largest municipality, we will demonstrate what state and local health departments can achieve in addressing structural and medical racism in health care within their jurisdictions. Furthermore, CERCA can serve as an example of how other jurisdictions can utilize a coalition model to create change across health systems in their cities.

While important to engage with health care institutions at large, CERCA-related efforts and matters of anti-racism are just as crucial to implement in medical education. As such, the Office of the CMO hosted the Inaugural NYC Anti-racism in Medical Education Symposium (NYCAMES) on June 23, 2023, in partnership with the Josiah Macy Jr. Foundation, Association of American Medical Colleges (AAMC) and the Fund for Public Health in NYC. Hosted at Hostos Community College in the Bronx, our symposium aimed to convene faculty and student leaders from medical schools around the city to discuss systemic racism in medical education. Additionally, invitees were encouraged to reflect on how to advance CERCA and anti-racist principles at their institutions and commit to action.

The day consisted of a series of reflections from leaders in the field, poster presentations, panel discussions and breakout groups centered on removing race from clinical algorithms and the harmful concepts of race essentialism in a safe space. We also wanted to provide the opportunity to learn from peers at fellow NYC institutions to best address how medical education and curricula can incorporate anti-racism praxis.

To hold attendees accountable, we asked that they create personal commitment statements explaining how they would specifically incorporate anti-racism at their institution. Emerging themes from personal commitment statements include:

- Including anti-racism as a competency domain in medical education curriculum

- Supporting students and faculty who champion anti-racism work by providing monetary compensation and formalized fellowship opportunities

- Increasing patient and community involvement in key decisions that affect them
 - Especially when considering the impact and level of engagement medical students and trainees have with their local community

- Continually emphasizing the importance of why we must discuss anti-racism in medicine

- Providing more support and resources as to how health care providers and trainees should discuss racial and ethnic health inequities with both patients and colleagues.
 - For example, by creating an objective structured clinical examination (OSCE) for medical students on the discussion of such matters

- Regularly updating information regarding the usage of race in clinical algorithms in course content

Your signature on this document will serve as your commitment to ensure that the ideas, activities, obligations, and responsibilities surfaced at NYCAMES can be woven into curriculum development and anti-racism frameworks that exist in each respective institution.

We asked participants to:

1. Provide us with your name, title, and institution to formalize your commitment to anti-racism in medical education in partnership with the NYC Department of Health and Mental Hygiene.

2. Identify one to two ideas, activities, or concepts from the above list that you hope to tangibly introduce and execute at your institution in the next 12 months.

3. Share this statement with colleagues and peers who can support and collaborate with you in your efforts.

We thank you for your continual efforts in this work and for doing your part in intentionally creating a better future not only for the next generation of health care providers, but also for communities and patients that are regularly impacted by the injustice of systemic racism. Together, we can do our part in improving care for New Yorkers and continue to expand this work beyond equity-centered individuals to the fundamental systems of how health care is taught and ultimately delivered.

With appreciation,
The Office of the Chief Medical Officer

Conclusion and Recommendations

The road to change often requires vast resources, power and capacity. Our aim with NYCAMES is to ensure that institutions can learn from each other, adapt existing programs and reflect on their strengths and weaknesses. We encourage institutions to explicitly mention racism, anti-racism, public health, justice or equity in their curricula. We also encourage them to address the harm and gaps in knowledge that may be perpetuated among the next generation of health care providers. To this end, we suggest all medical schools ensure that there is a dedicated evaluation and assessment of such content on an annual basis. Lastly, we urge institutions to provide adequate funding and compensation for these critical anti-racist initiatives.

Through the inaugural NYC Anti-racism in Medical Education Symposium (NYCAMES), the NYC Health Department is hopeful that we initiated a collaboration among student and faculty leaders and changemakers. We hope to continue to engage with our large network of institutions in NYC. We strive to create a safe, encouraging community, where institutions can partner with the Health Department and other medical schools to continually innovate. We urge these institutions to keep questioning outdated systems in medicine. They must also ensure that new systems don't come into being with structures that can cause harm. These actions will ensure a healthier, more equitable and more just future for NYC and its residents.

Future Directions

Aiming to educate a new generation of providers, the Office of the CMO hopes to continue our efforts to collaborate with influential stakeholders in medical education and build on the foundation established by NYCAMES 2023. We plan to institutionalize the symposium as a core event held annually by the CMO. We also intend to create a follow-up process with institutions who provided us commitment statements to ensure they are held accountable and encouraged to reach their goals.

Additionally, we aspire to host a symposium that includes a broader range of health care providers, as the topic of anti-racism is pertinent and critical to all allied health professionals. We believe that a multidisciplinary symposium can allow for more innovative and holistic perspectives on how best to advance anti-racism in health care delivery.



AAMC Anti-racism Resources

1. [Diversity, Equity, and Inclusion Competencies Across the Learning Continuum](#)
2. [Constructing an Equitable, Inclusive and Anti-racist Learning Environment: Call for Anti-Racist Medical Education Resources](#)
3. [MedEdPORTAL: Anti-racism in Medicine Collection](#)
4. [Addressing Race and Racism in Medical Education](#)
5. The AAMC has developed two new resource collections in its Virtual Communities. The [first is a collection](#) describing the importance of community engagement to advance health equity and improve population health. The [second is a set of faculty resources](#) to support anti-racist curriculum design and teaching practices in medical education. A [free log-in](#) is required to access the content. Read more about the [AAMC's Community Collaboration efforts](#).
6. [AAMC Anti-Racism Resources Page](#)

We thank our partners for their continued support for our efforts to address racial inequities in health care delivery systems.

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Appendix: Posters and Abstracts

Project Title	Authors	Affiliation
1. An Introduction to Historical Racism in OB-GYN and Trauma-Informed Care: An MSI Curricular Session	Maya Vasser, BA; Gabrielle Pollack, BA; Lyndonna Marrast, MD, MPH; Kaitlin Doyle, MSPH; Rebecca Dougerty, MD	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Northwell Health System
2. Chats for Change at Mount Sinai 2	Leona Hess, PhD; Alia Barnes, MPH; Ann-Gel Palermo, DrPH; David Muller, MD; Peter Zweig, MPA	Department of Medical Education, Icahn School of Medicine at Mount Sinai
3. Building the Capacity to Integrate Anti-Racist Pedagogy in Courses and Clerkships: The Curriculum Clinic Series	Leona Hess, PhD, MSW; Jay Johnson; Ann-Gel Palermo, DrPH, MPH; Joseph Truglio, MD, MPH	Icahn School of Medicine at Mount Sinai
4. Review and Potential Clinical Validation of the (In)significance of Race in Prenatal Biochemical Screening for Fetal Anomalies	Samantha Scetta, BA, OMS-II; Ricky Grisson, MD, MPH	Brown University, Rhode Island Hospital - Lifespan, University of New England College of Osteopathic Medicine
5. MedEd Scorecard: Disrupting Medical Education	Michael Walls, DO, MPH; Rohini Kousalya Siva, MD, MPH, MS	American Medical Student Association
6. A Framework for Anti-Racism Curriculum Changes in Nephrology Education	Jerrel Catlett; Paloma Orozco Scott, MD; Carina Seah; Staci Leisman, M	Icahn School of Medicine at Mount Sinai
7. Integrated EMR-Based Approach to Diagnosis of Familial Hypercholesterolemia	Jerrel Catlett; Paloma Orozco Scott, MD; Carina Seah; Staci Leisman, MD	Warren Alpert Medical School of Brown University; Rhode Island Hospital -Lifespan
8. THRVE Magazine: Transforming Health and Reimagining Values in Equity	Omonike Oyelola; Ayomide Ojebuoboh; Augusta Uwamanzu-Nna	Institute for Healing and Justice in Medicine, UConn School of Medicine, UCSF School of Medicine, University of Minnesota School of Medicine
9. Authentic Power Sharing in the Medical Education Space: A Case of Racism in the Diagnosis and Management of an Ultra-Rare Condition	Christine Lopez, MS; Joseph Truglio, MD, MPH; Anastasia Thomas; Robert Jones	Icahn School of Medicine at Mount Sinai
10. Setting the Precedent: Using Literature to Implement an Anti-Racist Culture in Medical School before MSI Begins	Disha Yellayi, BS	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
11. A Pilot Project to Close the Knowledge Gap for Racial Minorities Applying to Medical School	Rohini Kousalya Siva, MD, MPH, MS; Navya Kalia, BS; Gabriella Hartz, BS	American Medical Student Association
12. A Systematic Review of Implementing the Race-Free Equations for Estimating Glomerular Filtration Rate (Work in Progress)	Tolulope Banjo, BA; Amy-Ann Edziah, BA; Krrisha Patel, Ricky D. Grisson, MD, MPH	The Warren Alpert Medical School of Brown University; Institute for Healing and Justice and Medicine
13. Implementation of Racism-Based Curricula During Medical School Clerkships	Stephanie Williams, MD; Robbie Shaarbay, MD, Fabiola Plaza, MS4, and Rebecca Dougherty, MD	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell
14. Zucker School of Medicine Review of the Committee of Anti-Racism and Allyship (CARA)	Courtney Pina, MD; Jodi Langsfield, and Robert Roswell, MD	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

See the following abstracts for each of the posters.

Appendix:

Detailed Abstracts of Each Poster/Project Submission

1. An Introduction to Historical Racism in OB-GYN and Trauma-Informed Care: An MSI Curricular Session

Authors: Maya Vasser, BA; Gabrielle Pollack, BA; Lyndonna Marrast, MD, MPH; Kaitlin Doyle, MSPH; Rebecca Dougerty, MD

Affiliation: Donald and Barbara Zucker School of Medicine at Hofstra/Northwell; Northwell Health System

Though strides have been made in recent years, health inequity continues to persist in medical care. Medical education routinely focuses on statistics to highlight racial and ethnic disparities but there is limited focus on racism, both structural and personal, as a major driver. In the wake of the death of George Floyd and the rise of the Black Lives Matters movement in June of 2020, student and faculty stakeholders at the Zucker School of Medicine (ZSOM) joined together to create the Committee on Anti-racism and Allyship as a means to address structural racism, promote allyship, and enhance inclusion in our medical school community.

At ZSOM, MSIs rotate in OB-GYN offices throughout Long Island but are not educated on the historical context of the field or racial inequities their patients face. We sought to address this gap through creation of a curricular session teaching the historical racism of OBGYN, highlighting inequities of care black women face, and providing an introduction to trauma informed care. Post-session qualitative evaluation highlighted that students believed the session to be impactful, important, and necessary. They reported the content to be timely and an appropriate complement to other curricular material. Importantly, majority emphasized a need for more discussion around this topic.

Medical students seek more dedicated time to address racial inequality in their preclinical education. Addition of this curricular content is vital for equipping future physicians with the knowledge and tools to navigate complex patient interactions. It is important for medical schools to strive to be anti-racist.

2. Chats for Change at Mount Sinai

Authors: Leona Hess, PhD; Alia Barnes, MPH; Ann-Gel Palermo, DrPH; David Muller, MD; Peter Zweig, MPA

Affiliation: Department of Medical Education, Icahn School of Medicine at Mount Sinai

Racism is deeply embedded in the culture of American society and, by extension, in academic medicine. This pervasive issue influences our beliefs, actions, and identities. Transforming racist culture requires a three-pronged approach that starts with dialogue and leads to learning, then action. Chats for Change employs this methodology in a facilitated dialogue in which people with varied lived experiences and perspectives engage in an open-ended conversation towards the goal of personal and collective learning. Through establishing a brave space, framing content, implementing structured facilitation, and guiding exploration, we aim to deepen our collective understanding and ability to address racism. Thus far, more than 200 sessions have been held across the Mount Sinai Health System and nationally, garnering over 5,000 participants that are committed to fostering an antiracist community.

During the proposed session, we will explore the importance of implementing dialogue to achieve meaningful change. By the conclusion of the session, participants will have the opportunity to curate an action plan for developing a Chats for Change session using the provided resources, including techniques to activate deep dialogue and disarm disruptive behavior.

3. Building the Capacity to Integrate Anti-Racist Pedagogy in Courses and Clerkships: The Curriculum Clinic Series

Authors: Leona Hess, PhD, MSW; Jay Johnson; Ann-Gel Palermo, DrPH, MPH; Joseph Truglio, MD, MPH

Affiliation: Icahn School of Medicine at Mount Sinai

BACKGROUND: Remnants of the troubling history of abuse and discrimination toward marginalized groups continue to haunt the medical community from undergraduate medical education to modern clinical practice, affecting patients in real, life-threatening ways¹. As our understanding of the manifestations of racism and other forms of oppression expands and evolves, and schools arrive to declare their commitment to anti-racism, what does this mean for our learning environments? We need to build our capacity to integrate a new pedagogical approach - antiracist pedagogy.

Anti-racist" Pedagogy is a paradigm located within Critical Theory utilized to explain and counteract the persistence and impact of racism using praxis as its focus to promote social justice for the creation of a democratic society in every respect.² The Center for Anti-racism in Practice at the Icahn School of Medicine (CAP) has developed a workshop series and an inquiry-based self-assessment tool to guide course and clerkship directors in assessing current learning practices, the impact of those practices using an anti-racist pedagogical lens and identifying alternative practices and designs for courses and clerkships. These efforts are in line with building the capacity of institutions to integrate anti-racist pedagogy.

RESEARCH/METHODS: The Curriculum Clinic workshop series is multi-phased 3-part foundational workshop series focused on understanding dominant teaching practices and examining alternative practices, and a group workshop series focused on skill-building for integration of anti-racist pedagogical approaches into courses and clerkships.

RESULTS: Since September 2021, 86% of course and clerkship directors have participated in the clinic series to date. In response to the (11) 101 workshops, 92% of the Foundational 101 Series Feedback responses (n=19) indicated agreement that the sessions and provided tools, skills, and/or knowledge to consider for their course, were designed to encourage participation, and interaction, reinforced understanding, and were skillfully facilitated. For the (4) 102 workshops to date, 100% of the 102 Skills-building series Feedback responses (n=9) indicated agreement that the sessions met the above goals, in addition to providing new skills that they reported an intention to integrate into their course or clerkship.

DISCUSSION: We anticipate the Curriculum Clinic series serving a continual role in integrating anti-racist pedagogical approaches into the pre-clerkship and clerkship curriculum to promote greater equity at our school

4. Review and Potential Clinical Validation of the (In)significance of Race in Prenatal Biochemical Screening for Fetal Anomalies

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Alpha-fetoprotein (AFP) is produced by the yolk sac endoderm and liver of the fetus during development and has been used as part of prenatal screening since the 1970s. Elevated levels of maternal serum AFP can indicate embryological defects including gastroschisis, spina bifida, and omphalocele, while lowered levels have demonstrated an increased risk for chromosomal abnormalities.

Following studies performed 20-50 years ago which indicated that Black maternal patients have higher levels of serum AFP, there has since been a laboratory adjustment that occurs for Black patients based solely off of race. These studies were not adjusted for other factors such as tobacco usage, and recent research has demonstrated no difference in maternal AFP levels between Black and non-Black patients. Adjusting for an increased level of serum AFP in Black maternal patients can have detrimental implications due to misinterpretation of lab values, and the adjustment for increased levels of AFP in Black patients further perpetuates the concept of race as influencing a patient's biology and genetics, rather than a construct that is perpetuated socially.

This case series aims to examine outcomes following adjustments that have occurred with patients receiving maternal care under Lifespan's system in Rhode Island. The authors support that laboratory values of serum AFP should not be altered nor interpreted based upon racial designation, and that the current laboratory parameters that adjust for race are not useful or necessary for clinical interpretation.

5. MedEd Scorecard: Disrupting Medical Education

Authors: Michael Walls, DO, MPH; Rohini Kousalya Siva, MD, MPH, MS

Affiliation: American Medical Student Association

Medical education has prioritized knowledge pertinent to boards over comprehensive and effective patient communication and treatment. As future medical professionals, we hold holistic learning in high regard, aspiring to comprehend socioeconomic and political health determinants so that we may provide equitable care. To promote the inclusion of vital topics in medical school curriculum, we are developing the Medical Education Scorecard. This innovative scorecard will evaluate student perception on quality to determine how effectively topics, including healthcare disparities, diversity, equity, and inclusion (DEI), and wellness are taught in medical school. The data will be made publicly available to foster transparency, guide advocacy efforts, and encourage public participation.

Data will be collected from medical students via a confidential survey, categorized by school, with individual grades awarded based on the responses. These grades indicate how well school curricula educate and advance health equity in various categories. The objective is threefold: to provide prospective students with objective data to inform their school decision based on their goals, to enable current students to evaluate their school's curriculum, to advocate internally for educational improvement, and to provide faculty and administrators with insights on areas for improvement. This will be a tool for stakeholders to supplement other similar scorecards. The American Medical Student Association (AMSA) will disseminate scorecard data to the media and various stakeholders.

By making the data public, we will equip schools and stakeholders with comprehensive information and launch targeted campaigns to create and enhance a curriculum based in DEI and Anti-Racism.

6. A Framework for Anti-Racism Curriculum Changes in Nephrology Education

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Addressing persistent racial health disparities in nephrology will first require significant investment in examining how structural racism has influenced our clinical practice and medical education regarding kidney disease. Although many institutions have made public commitments to improving anti-racist praxis in their curricula and learning materials, a paucity of guidance exists on how to critically appraise race-based pathophysiological and epidemiological findings to enact effective change. Mention of race within nephrology curricula should not act as a proxy for polygenic contributions, social determinants of health, or systemic healthcare barriers.

We propose an inquiry-based framework with case-study examples to help students and educators recognize improper use of race within nephrology education (specifically regarding estimated glomerular filtration rate (eGFR) and HIV-associated nephropathy (HIVAN)); assess personal and institutional readiness to introduce changes to said content; and generate learning materials that center evidence-based findings and reject harmful misinterpretations of race. Applying this process to the case of HIVAN following a literature review of prominent and frequently-cited nephrology textbooks used for undergraduate medical education (UME), we propose that sources referencing “Black” race as a predominant risk factor should instead center discussion on specific, evidence-based factors such as causal polymorphisms (i.e. APOL1 variants G1 and G2) and social determinants of health that disproportionately impact Black patients due to historical and present-day systemic racism. Application of an anti-racism framework is critical in nephrology and UME, and will help ensure rigorous, scientifically robust medical training that emphasizes equity and justice in patient outcomes.

7. Integrated EMR-Based Approach to Diagnosis of Familial Hypercholesterolemia

Authors: George Umegboh; Ricky Grisson, MD, MPH

Affiliation: Warren Alpert Medical School of Brown University; Rhode Island Hospital — Lifespan

Familial hypercholesterolemia (FH) is a group of genetic lipid metabolic disorders resulting in elevated low-density lipoprotein cholesterol (LDL-C) and significantly increased chances of developing premature atherosclerotic cardiovascular disease (AS-CVD). FH is treatable with aggressive lipid lowering therapy, usually involving a multi-agent regimen (statins, PCSK-9 inhibitors, ezetimibe etc.) to achieve a 50% or more reduction in the LDL-C. However, the key to improving prognosis is earlier intervention. Although the prevalence of FH in the general population is as high as one in 300, and several founder populations (French Canadian, Dutch Afrikaners, Northern Europeans) have three times higher prevalence, FH is under-diagnosed (10% detection rate) and undertreated. Furthermore, overreliance on founder population characteristics in clinical detection can cause racial and ethnic disparities in diagnosis and treatment. Despite recent, historic medical advances, insufficient access to healthcare continues to plague racial minorities and lower socioeconomic status communities and in several notable examples (Get With The Guidelines-Heart Failure scoring and MDRD-based estimated glomerular filtration rates) the guidelines embedded within healthcare systems appear to contribute to these disparities.

The purpose of this project is to characterize the number of potentially undiagnosed and untreated FH patients at Lifespan and implement a race-free automated-EMR based referral system to facilitate getting these patients evaluated and treated. Upon implementing this intervention, we will also learn about and look for systemic biases that may impede equitable patient access to diagnostic and follow-up services in order to increase awareness around the prevalence of FH in diverse populations.

8. THRVE Magazine: Transforming Health and Reimagining Values in Equity

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THRVE (Transforming Health and Re-Imagining Values in Equity) magazine is an initiative constructed in congruence with the Institute for Healing and Justice in Medicine. THRVE centers anti-racism through bridging people, organizations, and communities devoted to healing and restorative justice. The majority of our features center the well-being and visibility of marginalized groups. Uplifting the voices of BIPOC groups through a systemic focus increases the exposure of practices that support health through therapeutic practices of creativity and communal support. The initiative is designed in an interactive format accessible to those within the medical field and those outside of it. Our aim for establishing this layout was to ensure accessibility of information, research, and educational practices. We recognize that dismantling racism requires working from the ground up, in collaboration with patients, professionals, and communities.

9. Authentic Power Sharing in the Medical Education Space: A Case of Racism in the Diagnosis and Management of an Ultra-Rare Condition

Authors: Christine Lopez, MS; Joseph Truglio, MD, MPH; Anastasia Thomas; Robert Jones

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Racism drives pervasive racial inequities in all areas of health. The impact of racism on clinical outcomes is augmented in patients with complex conditions who require frequent, coordinated contact with multiple clinicians for both diagnosis and management of their medical conditions. A core principle of anti-racist and anti-oppressive pedagogy is that solutions to problems must include those most impacted by those problems. Despite this, racialized and minoritized patients and communities rarely experience authentic power sharing in our undergraduate and graduate medical education spaces. Here we describe the experiences of racism within the care of a pediatric patient with Fibrodysplasia Ossificans Progressiva (FOP), an ultra-rare (~ 1 per 2 million) condition. Co-authored with the patient's parents, we reflect on these experiences of racism within broader sociopolitical contexts and propose concrete anti-racist clinical skills that can be integrated into medical education and clinical practice.

Themes explored include structural racism embedded in institutional policies, implicit racism and its impact on patients, interpersonal power dynamics, and trust building between white physicians and Black patients and families. Grounded in a decolonizing framework, this poster identifies white supremacy norms that manifest at the system and individual levels in health care and propose concrete techniques to challenge these norms

10. Setting the Precedent: Using Literature to Implement an Anti-Racist Culture in Medical School before MS1 Begins

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2020 was a turning point in antiracism efforts in Medical School Education. The murder of George Floyd as well as racial discrepancies in mortality rates during the COVID-19 Pandemic served as the catalyst for The Donald and Barbara Zucker School of Medicine at Northwell to form the Committee of Anti-Racism and Allyship. This student-driven, faculty-supported committee aimed to drive change in all aspects of medical education. The Curriculum Subcommittee was formed and a mission statement to guide all further projects was written: "to create a longitudinal curriculum thread to educate students on the history of medicine in America, health inequities, microaggressions, social determinants of health, and racial injustices of all groups, but particularly focusing on Black & Brown patients." In its inaugural year, over 13 Anti-Racist initiatives, including a Summer Reading Program, were developed in the pre-clinical curriculum. In this specific program, incoming first year medical students were sent the reading "Black Man in a White Coat: A Doctor's Reflections on Race and Medicine," as well as a letter developed and signed from upperclassman urging students to immerse themselves into the Anti-Racist culture that the school was now intentionally propagating. Students were mandated to read the book before entering medical school. Reflection sessions, where faculty led discussions guided by specific learning objectives, were weaved into the MS1 curriculum. Future directions of this project include professional training to equip faculty with moderation tools to use during sensitive conversations and updating the letter and learning objectives to reflect current events.

11. A Pilot Project to Close the Knowledge Gap for Racial Minorities Applying to Medical School

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The current US physician workforce's lack of diversity is inconsistent with the diverse patient population it serves which greatly impedes the achievement of equitable healthcare outcomes. Studies have shown that patients from underrepresented minority groups often receive a lower quality of care, experience more communication barriers, and have less trust in the healthcare system when treated by healthcare professionals who do not share similar experiences or cultural backgrounds. There are many barriers to creating a more comprehensive medical workforce, such as high medical student debt, lack of representation, and the application process. It is important to investigate how race-based disparities lead to gaps in knowledge for medical school applicants so we may develop better strategies aimed at achieving a more diverse and inclusive physician workforce.

Our pilot project will aim to establish an effective confidential survey to collect data on ways we can improve the experience of minority students applying to medical school. The survey will collect data on demographics, education, financial concerns, support systems, access to information regarding medical school applications, and access to pre-medical resources, including advisors and mentors, tutoring, and shadowing opportunities. Our survey data will be disseminated widely to create awareness among relevant stakeholders of existing barriers for underrepresented minority students in pursuing medical education. The data will also be used by us to develop a premedical pathway to the medical school toolkit. The objective of our pilot project is to foster a more diverse and equitable physician workforce with the aim to mitigate healthcare disparities.

12. A Systematic Review of Implementing the Race-Free Equations for Estimating Glomerular Filtration Rate

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In September 2021, the National Kidney Foundation/American Society of Nephrology working group published the race-free CKD-epi equation for estimating glomerular filtration rate for individuals older than 18 years of age. However, as of March 2022, the College of American Pathologists' survey of 3718 clinical laboratories within the United States, District of Columbia and 3 US territories revealed that only 1124 (30.3%) laboratories had adopted the CKD-epi 2021 equation. Nationwide, there exists over 318,000 laboratories with the ability to do clinical testing of patients specimens. However, only a fraction of 1% of the total labs surveyed were shown to have an up-to-date, race-free GFR estimation equation. Previous observational and survey studies showed that decades were needed in order to move from the Cockcroft-Gault and other GFR estimators to the MDRD equation—yet decades are not available for the nationwide adoption of the CKD-epi 2021 equation. To facilitate and expedite the implementation of the CKD-epi equation, we seek to perform a systematic review of available studies on the implementation of CKD-epi 2021 or similar race-free equations to identify the critical, necessary effective implementation tools and devices. We aim to curate, synthesize and summarize these critical elements from the literature and their indicators of effectiveness. Once available, this systematic review can be distributed to state medical societies, departments of health and hospital associations, etc. in order to promote the widespread implementation of CKD-epi 2021

13. Implementation of Racism-Based Curricula During Medical School Clerkships

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Medical school curricula have traditionally focused on the biomedical approach to training future physicians, which often can miss opportunities to promote social medicine and equip students with tools to recognize and reduce the impacts of racial bias. The racial inequalities highlighted during the height of the COVID-19 pandemic emphasized the need for anti-racism efforts in medical education. We propose the use of literature-based discussions regarding racial inequalities in medicine to increase students' awareness and promote anti-racist efforts within medical education.

METHODS: Through the Committee on Anti-Racism and Allyship, we developed 1-hour journal club sessions in each of the 6 major clerkships during the third year of medical school training at the Donald and Barbara Zucker School of Medicine. Core clerkships include surgery, internal medicine, pediatrics, obstetrics and gynecology, neurology, and psychiatry. For each journal club, students were asked to read an article highlighting racial bias and inequity in each respective field and asked a series of discussion questions by faculty leading the session. To assess the efficacy of journal clubs in increasing student education, surveys were distributed to students after each session.

RESULTS: An analysis of the 135 post survey responses revealed that 92.6% of students either strongly agreed or agreed that these sessions fostered active learning and 90.4% either strongly agreed or agreed that these sessions added value to their learning.

DISCUSSION: With an ever growing need to address racism in medical education, these sessions served as a unique approach to address health inequalities and promote allyship within medicine.

14. Zucker School of Medicine Review of the Committee of Anti-Racism and Allyship (CARA)

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The Committee of Anti-Racism and Allyship (CARA) at the Donald and Barbara Zucker School of Medicine (ZSOM) was created during the summer of 2020 in an attempt to increase anti-racism education in response to the death of George Floyd and the Black Lives Matter protests. Many students, staff, and faculty came together to develop and implement strategies to address systemic racism within the school curriculum. To measure the impact of CARA's initiatives, questions were developed to obtain feedback about the diversity of medical school course content (4 questions) and faculty response to issues of health equity and bias in the courses (4 questions). Surveys, including these 8 diversity questions, were administered to all learners for each course from 2020 -2023 and a 2-sided paired t-test was performed with a $p < 0.05$. In two preclinical courses, the responses about course content that reflected a diverse society rose after CARA faculty and staff training from 3.98 → 4.13 ($n = 179$, $p = 0.18$) & 3.92 → 4.18 ($n = 174$, $p = 0.03$) on a 5-point Likert scale. Four questions evaluating faculty response over the three years also held steady above 4 with minimal variation. Overall, the results of the comparisons reflect the positive impact of CARA on the curriculum and faculty development. CARA also updated school policies and implemented co-curricular activities. In conclusion, while launching anti-racism initiatives, it is important to develop tools to measure the impact of anti-racist work in medical education. Future goals will be to assess the impact of CARA's work on policies and climate at the School of Medicine.

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