A proposed post graduate anti-racism curriculum

Departmental Assembly
Friday December 4, 2020

Dr. Denice Lewis
Postgraduate Curriculum & Academic Day Director
“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

James Baldwin
Healing racism in Canadian health care

Yvonne Boyer

OPINION

A call to end racism in Canada's health care systems

Jane Philpott: We don’t need more studies; we need action. We must seize this moment in history and act to prevent more senseless deaths.

By Jane Philpott
October 7, 2020

Canadian health care isn’t immune to racism, experts say. Here’s why

By Jane Gerster • Global News
Posted July 11, 2020 7:00 am • Updated August 2, 2020 4:59 pm

No organized racist games in B.C. hospitals, but report finds widespread discrimination
University of Ottawa Faculty of Medicine Strategic Plan 2020-2025

Related Core Values
- Social Accountability
- Inclusion
- Diversity

Related Strategic Priority
Prioritization of our social accountability mandate
Social Accountability

learners and faculty members truly understand the impact they can have on marginalized communities internationally and within Canada
Building this curriculum:

- Existing Curriculum Review
- PG Faculty Consultation
- Expert Consultation
- Resident Consultation
- Session Development
- Faculty and Resident Buy In
- Faculty Development
- PGME Consultation
- ?
In order to be effective in aiding learners to fulfill the curricular objectives, the curriculum

• should be woven throughout the length of training as the end goal is incorporating antiracist beliefs into the learner’s worldview and practice of family medicine

• should begin with a primer on the concept of race – there are many theories from which to draw – and must not shy away from a naming and exploration of the concepts of whiteness and white supremacy

• should recognize that language used in the discussion of race and racism is inherently political and will change over time or contexts

• should discuss the concept of intersectionality

• should focus on systemic racism versus individual racism

• should present the concepts of race and systemic racism in a Canadian context

• should provide an opportunity for reflective learning
PROPOSED CURRICULUM

The basis for this curriculum is the following priority topic which has been adapted from CFPC rural priority topics for the assessment of competence in rural and remote family medicine #15: Indigenous Health and #18: Cultural safety and sensitivity (The College of Family Physicians of Canada, 2018). The table that follows outlines the ways in which these competencies will be integrated in the post graduate family medicine program. Competencies 1 and 2 are already explicitly integrated into the existing curriculum in the patient centred approach to practicing family medicine.
U of O Priority Topic – Racism as a social determinant of health

When caring for members of Black, Indigenous and People of Colour (BIPOC) populations, aim to provide anti-racist patient-centred family medicine.

1. Identify patient priorities, expectations, and preferences (patient-centred clinical method).

2. Take the necessary time to establish trust and find common ground with your patient (patient-centred clinical method).

3. Consider cultural norms of different population groups while being careful to avoid generalizing and assuming that all group members share the same beliefs or circumstances.

4. Recognize your potential personal prejudices, assumptions, and generalizations about race and racism.

5. Recognize the systemic and individual effects of historical and ongoing government policies towards BIPOC populations and the impact these have on their health status.

6. Recognize the connection between poor health and racism as a social determinant of health, and actively advocate for patients’ access to services.

7. Recognize that illnesses/conditions may occur at different rates and may present differently in different populations (e.g. eczema may appear different across the spectrum of skin colours).
<table>
<thead>
<tr>
<th>Competency</th>
<th>Modality</th>
<th>Curriculum Mapping</th>
<th>Faculty Development</th>
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</table>
| 3. Consider cultural norms of different population groups being careful to avoid generalizing and assuming that all community members share the same beliefs                                                                 | Small group sessions, simulation                                         | Unit based teaching  
 Behavioural medicine curriculum                                                                                                                      | Behavioural medicine faculty development – modelling, perhaps formal session                         |
| 4. Recognize your potential personal prejudices, assumptions, and generalizations about race and racism                                                                                                   | Workshop - Race 101                                                     | Academic Day                                                                                                                                                    | ? External teachers initially                                                                           |
| 5. Recognize the systemic and individual effects of historical and ongoing government policies towards BIPOC populations and the impact these have on their health status                                      | Workshop – Race and healthcare                                           | Academic day                                                                                                                                                    | ? External teachers initially                                                                           |
| 6. Recognize the connection between poor health and racism as a social determinant of health, and actively advocate for patients’ access to services                                                        | Workshop – Race as a social determinant of health                        | Academic day                                                                                                                                                    | ? External teachers initially                                                                           |
| 7. Recognize that illnesses/conditions may occur at different rates and may present differently in different populations (e.g. eczema may appear different across the spectrum of skin colours)                            | Incorporated into lectures, workshops, simulation, bedside teaching       | Academic day  
 Unit based teaching  
 Asynchronous materials (e.g. self-directed online module)  
 Clinical experiences | All teachers will be strongly encouraged to integrate into formal teaching where applicable (e.g. dermatology, diabetes, cardiovascular health, etc.); guideline for preparing teaching sessions (e.g. case based, culturally competent, etc.) |
A Guide for Preparing Anti-Racist and Unbiased Family Medicine Teaching Sessions

This guideline is meant to help teachers or learners prepare or review their teaching materials with the goal of presenting anti-racist material. It is hoped that deliberate consideration of the suggested actions in this guide may mitigate some aspects of the hidden curriculum with respect to race, diversity and racism in our formal teaching sessions.
<table>
<thead>
<tr>
<th>Consideration</th>
<th>Variability</th>
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<tbody>
<tr>
<td><strong>Case based</strong></td>
<td>If the racial background in your case is relevant then include it and specify why it is relevant at some point during your teaching session.</td>
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<tr>
<td>Do you have a default racial background in your cases?</td>
<td>If the racial background of your case is not relevant then consider inclusivity. Not specifying a racial background in your case is okay too, however this sometimes leads to the assumption of the default racial identity.</td>
</tr>
<tr>
<td>Why is this?</td>
<td></td>
</tr>
<tr>
<td>Does including the racial background in your case perpetuate stereotypes?</td>
<td></td>
</tr>
<tr>
<td>Is the racial background in your case clinically relevant?</td>
<td></td>
</tr>
<tr>
<td><strong>Clinical Variability</strong></td>
<td>Present the different evidence-based ways the pathology may occur/present in different racial groups (e.g. dermatological conditions).</td>
</tr>
<tr>
<td>Does the disease or condition present differently in different racial backgrounds?</td>
<td>Present the different evidence-based ways treatments (e.g. pharmacological treatments for hypertension) may differ between racial groups.</td>
</tr>
<tr>
<td>Are there different outcomes between racial groups? Why is this?</td>
<td>Present the difference evidence-based ways the pathology progresses in different racial groups. Where possible, elaborate on the reasons behind this difference.</td>
</tr>
</tbody>
</table>

Remember, family physicians are socially conditioned and this is a non-judgemental exercise aimed at ultimately providing equitable care.
Workshop #1 - Race 101 (0.75 - 1.0 hour)

Objective: To understand systemic racism, the concept of race must first be explored using a common language.

Guiding questions/positions of the workshop:

What is race? Who has race? Who is raceless?
The dynamic nature of racial meanings and identities
How is race organized in Canadian society?
How do we try to understand race (e.g. critical race theory, what is it, who developed it and why)?
What is intersectionality?

Reflective component: Racial Reality Exercise
Workshop #2– Race and health care (1.0-1.5 hours)

Objective: Every institution is intimately related to systemic racism. The objective of this workshop is to look at the ways in which systemic racism has impacted the organization and delivery of Canadian health care.

Historical perspective to present day

Death of Brian Sinclair
Missing and Murdered Indigenous Women and Girls Calls for Justice: Imperatives for Family Medicine
  - exercise is to respond to the TRC health and education sections
Jordan’s Principle

Podcast: The secret life of Canada (CBC)
  - Crash Course on Black Nurses
  - Indigenous Doctor
Workshop #3 – Putting it all together - Race as social determinant of health (1.0 hour)

Objective: The objective of this session is to discuss examples in which systemic racism contributes to health disparities among BIPOC populations.

(examples may be subject to change, note paucity of race based health data in Canadian context)

- **Key health inequalities in Canada**
- **Maternal morbidity and mortality**
- **Cancer**
- **Covid-19**
Comments/Questions?

Suggested resources?

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