

Community-Centered Learning: Themes from a Pilot Structural Racism Course for Medical Students

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Background and Significance

Racism is ubiquitous, and existing research demonstrates the deleterious impact racism, disenfranchisement, and community disinvestment have on the health status, healthcare experiences, and trust of racially and ethnically minoritized communities (Churchwell et al., 2020; Selvarajah et al., 2022). Medical schools across the United States increasingly acknowledge the **critical role of anti-racism** in achieving equitable health outcomes for historically marginalized groups (Weiner, 2021; Wilpone-Welborn, 2022). Acknowledging and responding to the real harms caused by social structures are key for future physicians to **dismantle structural barriers to patient care and improve health outcomes**.

The local community is a critical stakeholder in the journey towards health equity. As such, **community expertise**, though often **overlooked**, is central to convey accurate local and historical context for health disparities. The **experiential knowledge** of individuals with intersecting identities and diverse life situations cannot be supplanted by lecture-based education alone. In order to have productive discussions about anti-racism which yield effective, sustainable solutions that foster **community health and trust**, medical students must have opportunities to engage with and learn from community. By employing concepts of **Critical Race Theory (CRT)**, a **counternarrative** to the dominant views of colonialism and White supremacy, medical students can be empowered to critique and dismantle the structures that sustain and exacerbate health inequities (Tsai & Crawford-Roberts, 2017, Zewude & Sharma, 2021).

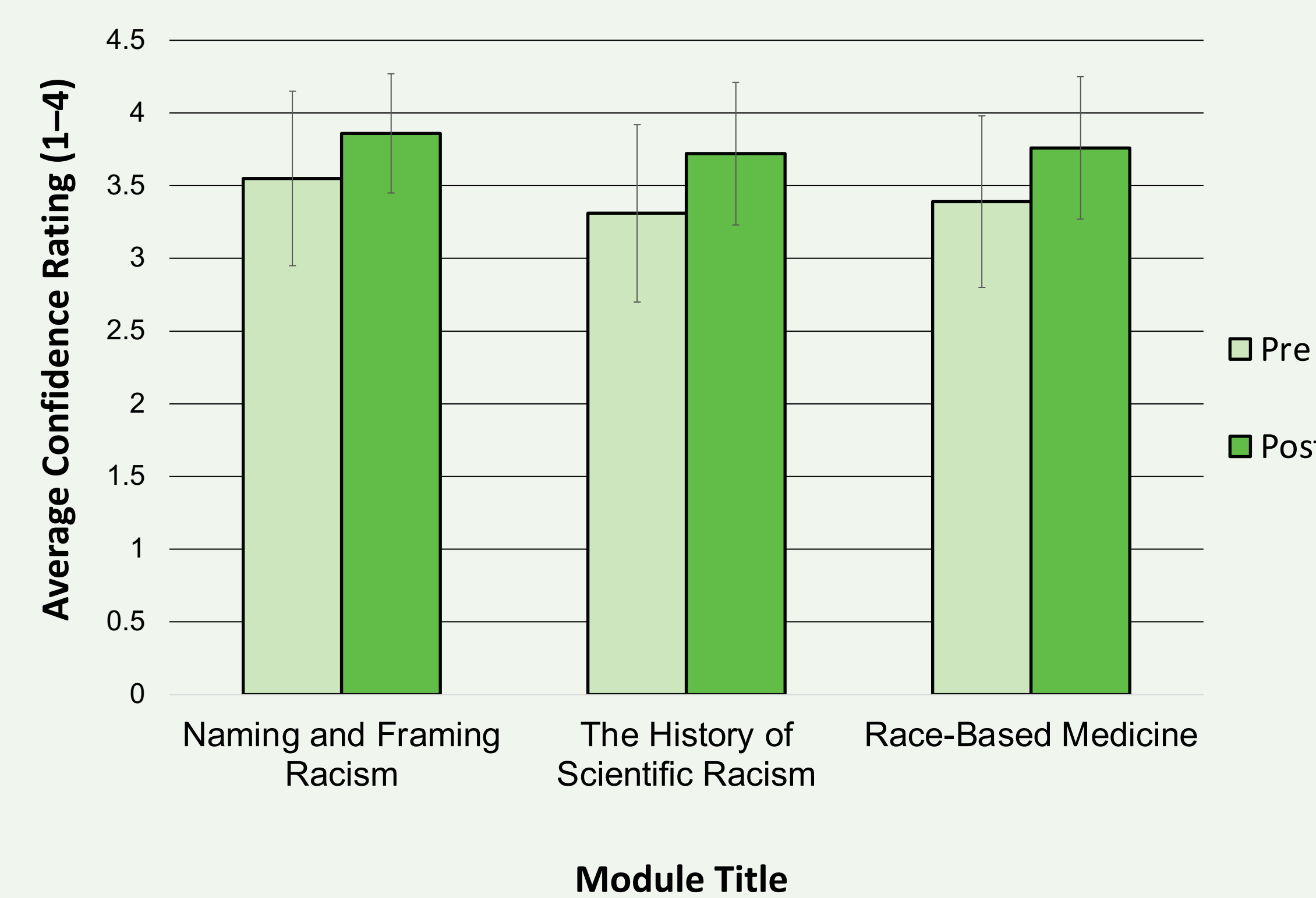
Methods

- In Spring 2023, a structural racism course titled “Community Expertise on Racism and Health in Washington, DC,” was piloted to medical students in the Community and Urban Health Scholarly Concentration track at the George Washington University School of Medicine and Health Sciences.
- Course content included
 - Introduction: **Meet the Community Experts**
 - Naming and Framing Racism**
 - The History of Scientific Racism**
 - Race-Based Medicine**
- Video module content and course themes were determined by a Community Advisory Board of DC residents alongside GW faculty and students with diverse experiences about the intersections of racism, health, and barriers to care for historically marginalized groups.
- Participants viewed each module, then reported their understanding and attitudes using the following tools:
 - 4-point Likert scale combined pre-/post-test
 - Free response personal reflection on learning challenges and themes
 - Moderated discussions about incorporating anti-racism and community engagement into medical education and practice.

Results

Student Demographics: Individual Level Variables		N	%
Age	20–25	28	77.8
	26–30	5	13.9
	30–35	1	2.8
	40–45	1	2.8
	Prefer not to respond	1	2.8
Class year	M1	31	86.1
	M2	5	13.9
Sex assigned at birth	Female	27	75.0
	Male	9	25.0
Gender identity	Cisgender woman	27	75.0
	Cisgender man	9	25.0
Sexual orientation	Heterosexual/straight	22	61.1
	Bisexual	6	16.7
	Gay/lesbian	3	8.3
	Queer	1	2.8
	More than one identity	2	5.6
	Prefer not to respond	2	5.6
Racial/ethnic identity	Arab	1	2.8
	Asian	6	16.7
	Black/African American/Afro-Caribbean	3	8.3
	Latin American/Hispanic/Latino/Latina/Latinx	4	11.1
	Middle Eastern	1	2.8
	White/Caucasian	14	38.9
	More than one identity	7	19.4
Financial situation	Allows me to live comfortably	15	41.7
	Meets my needs with a little left over	7	19.4
	Just meets my needs	11	30.6
	Does not meet my needs	1	2.8
	Prefer not to respond	2	5.6
Employment status	Not employed	28	77.8
	Employed	6	16.7
	Prefer not to respond	2	5.6

Student Pre/Post-Test Confidence Ratings



Student Reflection Qualitative Data:

WHY DO YOU FEEL THAT RACE-BASED MEDICINE CONTINUES TO PERSIST?

“I feel like our **curriculum still relies on race-based medicine** in order to teach us...We were told not to just prescribe BiDil because [patients] are Black, but we were still told that this medication is for Black patients. I think a big issue is that we want to be **skeptical about what they teach us**, but then we have exams where we have to **study** this information **even if we don't necessarily agree with it.**” – M1, 23Y

WHAT DO YOU FEEL IS YOUR CAPACITY AS A STUDENT TO TRANSLATE YOUR UNDERSTANDING OF SCIENTIFIC RACISM INTO MEANINGFUL ACTION IN YOUR STUDIES?

“...people in healthcare often say **‘the system is broken’**--this is true, AND I have observed that it fuels people's **burn out or apathy** in changing the system we have. So I suppose that my capacity to translate my understanding of scientific racism into my studies inherently means: a) **protecting my hope and drive** for social progress, 2) working with others to do the same, and 3) **being vocal** about it.” – M1, 28Y

“Simply treating [minoritized peoples] as one should treat all patients and making sure they are **respected, heard, and properly informed** is a basic but important thing to be aware of. This requires creating an **atmosphere where the patients can trust you**, which I know I will strive for.” – M1, 24Y

Conclusions

- Students gained knowledge** about the value of community expertise, the need to question scientific norms and critically evaluate medical research, and the erroneous use of race as a proxy variable. **Students felt personally challenged** in building trust among minoritized groups, disrupting instances of discrimination from superiors, and identifying their role in combatting racism in medicine.
- The results of this pilot course demonstrate the readiness of medical students to reflect on their knowledge of structural racism and engage with educational content sourced from the community.
- Learning themes reveal future priority areas regarding the **persistence of race-based medicine** in the classroom and best practices to support students in **challenging the status quo** and **building community trust**.
- This pilot highlights an important opportunity for change within medical school curricula to integrate community expertise in the classroom and better equip medical students to incorporate anti-racism into their learning and practice.

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