

Manuscript version: Published Version

The version presented in WRAP is the published version (Version of Record).

Persistent WRAP URL:

<http://wrap.warwick.ac.uk/184167>

How to cite:

Please refer to published version for the most recent bibliographic citation information. If a published version is known of, the repository item page linked to above, will contain details on accessing it.

Copyright and reuse:

The Warwick Research Archive Portal (WRAP) makes this work by researchers of the University of Warwick available open access under the following conditions.

Licensed under the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International <https://creativecommons.org/licenses/by-nc-nd/4.0/>



Publisher's statement:

Please refer to the repository item page, publisher's statement section, for further information.

For more information, please contact the WRAP Team at: wrap@warwick.ac.uk.

The case for change: a student-staff partnership to decolonise a medical school's case-based learning curriculum

Louise Davis, Mohammed Sahir, Melissa O'Conner-Smith, Victoria Seun Sajowa, Semhar Abraha, Nivedita Rebbapragada, Irekanmi Soda, Mohit Sembi, Ashika Morar, Lamia Abusheba, Jody-Ann Miller
University of Warwick

Introduction

Over the last few years, there has been an ever-increasing amount of work across higher education (HE) to address the attainment gap for students with black, Asian and minority ethnic (BAME) backgrounds (Universities UK and NUS, 2019). Nevertheless, the attainment gap, or differential attainment in grades observed between BAME students and their white counterparts, continues to be present within medical schools (Morrison, Machado and Blackburn, 2019). Research has shown that this difference in grades awarded is unrelated to ability or course (Woolf, Potts and McManus, 2011). Even in United Kingdom (UK) graduate entry medical programmes, where all students have the same minimum academic achievement at the point of entry, the attainment gap persists. This has been previously attributed to bias during clinical exams (McManus *et al.*, 1996), yet the grade differential is still present and significant in exams where there is no bias in marking; for example, computer-graded multiple-choice question (MCQ) exams (McManus *et al.*, 1996). The overall result is that BAME students are awarded fewer merits and distinctions despite fulfilling the same entrance requirements as their peers (Sorinola *et al.*, 2019). Though the exact causes are as yet unknown, one likely factor is the race-based social stress encountered by BAME students during education. There is evidence that this has a deleterious impact on cognition, thereby adversely affecting the achievement of students (Levy *et al.*, 2016). Undoubtedly there is a need to decrease racism, discrimination and bias within HE. Thus, higher education institutions (HEIs), with the aim of improving the educational experiences of BAME students, are employing anti-racism pedagogy, raising awareness and decolonising the curriculum. Medical students may, at all stages within their training, encounter bias, micro-aggressions and racism from the many different people they encounter, including their peers, supervisors, educators, patients and clinical team members in both academic and clinical environments. These may or may not be intentional, but, since their impact will have a negative effect on the students, all aspects of a medical course must be scrutinised and appropriate steps taken to tackle the causes. Warwick Medical School's Attainment Gap Group has identified a range of areas requiring action, including both a continuing review of curricular content and the training of staff and students in active racial awareness. As case-based learning (CBL) is at the heart of our medical curriculum and runs throughout all four years of the course, any curricular review would need to start with the delivery and content of CBL. In recognition of the vital role that the student voice plays in any curricular change, a student-staff partnership was set up to review, change and decolonise CBL.

Case-based learning

CBL and how it is delivered tends to vary between institutions. The delivery of CBL at our medical school is broadly similar to the more commonly encountered problem-based learning (PBL) used at many medical schools. CBL is learner-led, inquiry-based group work.

Case studies

In our institution, the students work through authentic but fictitious patient scenarios or 'cases' in small groups of approximately eight students guided by a trained facilitator. The cases present patients with detailed demographics, such as age, gender and ethnicity, as would be available to clinicians for real patients. Each case is supported during the week by other educational activities such as lectures or practical workshops. The facilitators are provided with a case guide containing suggested prompts or questions that can be used to encourage discussion of the key topics and learning outcomes. The cases are usually split into two or three sessions. During the first session, students discuss the case and devise a list of key concepts and topics that they wish to explore and research further. These topics are divided amongst the group, for students to research in their own time. Then, at the start of the next session, students give a presentation on that topic to their peers. In the second and third sessions, students are also provided with further information on the case and repeat the same process, so as to continue building their knowledge and understanding.

Staff-student partnerships and anti-racist pedagogy

Engagement through staff-student partnerships not only improves student learning and achievement but also distributes power appropriately between students and staff. Furthermore, staff-student partnerships are inclusive, embracing the perspectives and experiences of students (Healey, Flint and Harrington, 2014). Staff-student partnerships are thereby closely aligned with the principles of anti-racist pedagogy, as inclusivity and redistribution of power are important steps in decolonising curricula. According to the Oxford English Dictionary (2020), to 'decolonise' is to free an institution from the cultural or social effects of colonisation. In HE, decolonisation is the process of reviewing the curricula of post-colonial countries and making them diverse, inclusive and representative of minority ethnicities (Mbaki and Todorova, 2020). Until this happens, embedded in the curricula are facts, beliefs and values that have been influenced by white colonialism, causing BAME students to report feelings of discomfort, isolation and a sense of not belonging (Universities UK and NUS, 2019). Therefore, to embrace fully the whole concept of decolonisation whilst reviewing the CBL curriculum, best practice requires students to be agents of change, working in partnership with staff.

Decolonising case-based learning: formation of the partnership

Early discussions between the lead for the Attainment Gap Group and the academic lead for CBL resulted in the initial task of establishing whether the number of cases with fictional patients of BAME backgrounds was representative of the regional demographic. However, to focus purely on increasing the diversity across the cases was clearly insufficient. As a minimum, the process of decolonisation would require a review of the case content and how the sessions were delivered. This was substantiated in the survey of our medical students undertaken by the University's Student Union's 'Decolonise the Curriculum Project'. This survey found that CBL cases "*were said to use stereotypical narratives of ethnicity and race, and strayed away from being accurate representations*" (Akojie and Seth, 2019). This highlighted the limitations presented by the existing lack of diversity within the staff which would be addressed by the establishment of our partnership. The academic lead for CBL collaborated with the student-led Warwick Medical School BME Network to recruit, from across all year groups, around ten volunteers identifying as BAME, who would participate in reviewing, changing and decolonising the CBL cases. (This should, in fact, be termed a student-staff partnership, as all the group members, bar one member of staff, are students.)

Decolonising case-based learning: the work

With over fifty CBL cases used across the curriculum, the group began by reviewing the ten of them with BAME 'patients'. The students decided that the most efficient plan was to allocate one case to each student, who would review the content, checking particularly for stereotyping, misconceptions, misleading or inaccurate facts and any images that might be misrepresentative or unhelpful. The students then brought these cases back to online meetings of the whole group, at which consensus was reached on which changes should be made. During these meetings, group members raised the difficulties encountered by some BAME students during CBL sessions; they reported that many BAME students did not feel sufficiently supported by facilitators, causing the students to feel that the responsibility for challenging racism and combating bias rested entirely on their shoulders. This led to an immediate change in facilitator training. The facilitators who were currently working with students were briefed on the work being done to decolonise CBL, with the aim of raising awareness. In addition, guidance was given on how to support BAME students during CBL sessions, how to address any problems and, if required, how to seek help from senior staff members. Furthermore, there is now a requirement that all facilitators have to complete 'Active Racial Awareness' training alongside their annual facilitator update training sessions.

Some examples of our work on case-based learning cases

Example 1:

The first CBL session of the course uses a fictitious medical student to introduce the students to the process of CBL, to working in groups and to accessing student support, amongst other topics. Previously the 'patient' for this case had been given an ethnicity of 'White British' but the group decided to remove ethnicity completely from the details of the case so that all students could identify more readily with the case.

Example 2:

One case used in the clinical phase of the course is of a British Asian patient who develops jaundice. The group edited this, adding new content on signs of jaundice in all skin tones. They included content that signposted students to resources such as the 'Mind the Gap Handbook' (Mukwende, Tamony and Turner, 2020) for images of dermatological conditions in black or brown skin. The group also, after discussion, changed the stereotypical fictional name of the patient in this case. Several members of the group asked: "*Why are all Asians called Patel in these cases?*" Whether or not 'Patel' is a common name, the name and identity used in these fictional patients may well indicate racial stereotyping and thus exacerbate feelings of exclusion.

Example 3:

Raising awareness of discrepancies in the attitudes of clinicians towards different minorities is very important. In one case, where a patient had presented with pain, the group added some question prompts to the case content; these challenged the groups to discuss the effect of ethnicity on pain management, promoting discussion about the high incidence of inadequate pain management in those of minority ethnic backgrounds.

Example 4:

Case studies

Another example of a notable difference is in UK mortality rates during pregnancy and childbirth, where the risk for black women is five times higher than for white women (Knight *et al.*, 2018). This report was discussed with facilitators during their briefing before a first-year CBL session. The facilitators brought this topic up with their groups during a case about normal pregnancy and labour in a black woman.

Example 5:

To highlight the fact that the risk of prostate cancer may disproportionately affect black men and to increase understanding of ethnic inequalities in health, the ethnicity of a patient in a CBL case was changed to 'British African'. The group added content on concerns for black men with prostate cancer and a reflection on how ethnicity might cause someone to experience poor healthcare. Members also added links to articles and reports on health inequality, inclusion and race equality.

Example 6:

One member of the group with a special interest in sickle cell disease contributed additional material for several cases across all years of the course, to raise awareness of this important condition. This new content took the form both of links to resources on sickle cell disease and additional information added to several cases which increased in complexity, as appropriate, in the later stages of the medical curriculum.

Lessons learnt

In staff-student partnerships, the staff have an academic and pastoral responsibility for their student partners. It is thus essential that they avoid placing undue expectation on student contribution and ensure that students maintain their work-life balance and do not compromise their academic studies. The fact that our partnership has several students from each year allows students to participate only when they feel they have the capacity to do so; importantly, we assure those students with impending exams that their revision should take precedence. We hold meetings once or twice a term and use emails as necessary for any further discussion or decisions.

Collaboration with senior academic leads is necessary to ensure the success of any curricular change and our senior academic team has been enthusiastic about working with the student-staff partnership on decolonising CBL. Senior staff often have other demands on their time that may limit the level of involvement; one particular example is the impact of the COVID pandemic. Indeed, HEIs across the world have had significant increases to their workload this year, owing to necessary changes to the timing and delivery of curricular content. In common with most UK medical schools, we moved to a hybrid model of delivery which required the rapid creation of new online resources alongside the reorganisation of clinical placements and practical sessions. Any future causes of increased workload have the potential to limit collaboration on important projects such as this one. Student-staff partnerships strengthen the students' engagement with their course and encourage feedback on the curriculum. Reporting on student feedback and the progress of the work of the partnership encouraged continuing support from the senior academic team.

In general, most students have received the changes well and the BAME students do appreciate the inclusion of these topics within the cases. Students have found it helpful to

Case studies

have representative content in the cases, for this offers space for open and frank discussion, collective learning and exploration of the health inequities evident within BAME communities. Students have reported that there have been more discussions in CBL sessions on how different minorities are treated in healthcare. Specific topics like sickle cell disease, added as part of the project, have caused groups to research the disease further, while empowering students with greater knowledge on the topic to share their perspective.

Students have valued the inclusion of different skin tones when learning how to spot such signs as jaundice, anaemia or cyanosis. During the last few months, movements such as Black Lives Matter have helped raise awareness amongst the general public and made this a resonant issue for many of our students and staff. It is therefore difficult to determine whether it was these changes made to CBL by the group or a transformation of attitudes arising from the Black Lives Matter movement which improved engagement with discussions about ethnicity. There is still a large amount of work to do, for many of the cases still lack depth of content and several are still perceived as stereotypical. The group aims to increase the overall number of cases involving ethnic minority patients.

Conclusion

Working in this student-staff partnership on such an important task has been extremely beneficial. The students from ethnic minority backgrounds are now driving the change in CBL at our medical school, shifting the balance of power in the staff-student relationship and enabling students to work not just as partners but as pedagogic advisers for reviewing and decolonising the curriculum. This work has resulted in many positive impacts on the course as a whole.

Aside from the work on decolonising the curriculum, other important positive outcomes are apparent. One such is that, despite the fact that CBL is a learner-led process, all CBL cases were, historically, written and edited solely by medical school staff. To involve students in the writing or editing of cases is a step forward to students' ownership of their learning and, therefore, to improved engagement with the course. In addition, this work has proved an unmissable opportunity for working alongside and in partnership with our students who, as graduate-entry students, bring with them a vast array of knowledge and experience. Our students are in an excellent position to identify gaps in their learning and positively contribute to the curriculum and course as a whole. Fortunately, this work is planned not as a single project, but as a permanent and continuing process of reviewing and updating and decolonising CBL in our curriculum, remaining as a student-staff partnership for the future.

Reference list

Akojie E. and Seth, P. (2019) 'Decolonising and Liberating MBChB.' Report. Warwick Student Union.

Healey, M., Flint, A. and Harrington, K. (2014) 'Engagement through partnership: students as partners in learning and teaching in higher education.' The Higher Education Academy, York. Available at: https://s3.eu-west-2.amazonaws.com/assets.creode.advancehe-manager/documents/hea/private/resources/engagement_through_partnership_1568036621.pdf (Accessed: 30 October 2020).

Case studies

Knight, M., Bunch, K., Tuffnell, D., Jayakody, H., Shakespeare, J., Kotnis, R., Kenyon, S. and Kurinczuk, J. (eds.) (2018) 'Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2014-16.' Oxford: National Perinatal Epidemiology Unit, University of Oxford, on behalf of MBRRACE-UK. Available at:

<https://www.npeu.ox.ac.uk/downloads/files/mbrrace-uk/reports/MBRRACE-UK%20Maternal%20Report%202018%20-%20Web%20Version.pdf> (Accessed: 3 November 2020).

Levy, D., Heissel, J., Richeson, J. and Adam, K. (2016) 'Psychological and Biological Responses to Race-based Social Stress as Pathways to Disparities in Educational Outcomes.' *American Psychologist*, 71(6), 455-473.

Liyanage, M. (2020) 'Miseducation: decolonising curricula, culture and pedagogy in UK universities.' Debate Paper 23. *Higher Education Policy Institute*. Available at:

https://www.hepi.ac.uk/wp-content/uploads/2020/07/HEPI_Miseducation_Debate-Paper-23_FINAL.pdf (Accessed: 8 October 2020).

McManus, I., Richards, P., Winder, B. and Sproston, K. (1996) 'Final examination performance of medical students from ethnic minorities.' *Medical Education*, 30, 195-200.

Mbaki, Y. and Todorova, E. (2020) 'Decolonising and Diversifying the (Medical) Curriculum: Self-Assessment Questions, Examples, and Resources.' University of Nottingham. Available at: <https://www.nottingham.ac.uk/medicine/documents/edi/appendix-2-decolonising-and-diversifying-the-medical-curriculum.pdf> (Accessed: 8 October 2020).

Morrison, N., Machado, M. and Blackburn, C. (2019) '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), e032493. Available at: <http://bmjopen.bmj.com/> (Accessed: 6 October 2020).

Mukwende, M., Tamony, P. and Turner, M. (2020) *Mind the Gap: A handbook of clinical signs in Black and Brown skin*. London: St George's, University of London. Available at: <https://www.blackandbrownskin.co.uk/mindthegap> (Accessed: 5 November 2020).

Ono-George, M. (2019) 'Beyond diversity: anti-racist pedagogy in British History departments.' *Women's History Review*, 28(3), 500-507. Available at: <https://www.tandfonline.com/doi/full/10.1080/09612025.2019.1584151> (Accessed: 8 October 2020).

Oxford English Dictionary Online (2020) Available at:

<https://www.oed.com/view/Entry/75274293?redirectedFrom=decolonise> (Accessed: 29 October 2020).

Sorinola, O., Davies, I., Machado, M., Reid, E. and Morrison, N. (2019) 'Understanding Differential Attainment at Warwick Medical School (WMS), UK. *AMEE Annual Conference*. Vienna, 24-28 August. Available at: <https://amee.org/getattachment/Conferences/AMEE-2019/AMEE-2019-APP-Data-PDFs/4M-Short-Communications-Student-in-Difficulty.pdf> (Accessed: 7 October 2020).

Case studies

Universities UK and National Union of Students. (2019) 'Black, Asian and Minority Ethnic student attainment at UK universities: #ClosingTheGap.' Universities UK. Available at: <https://www.universitiesuk.ac.uk/policy-and-analysis/reports/Documents/2019/bame-student-attainment-uk-universities-closing-the-gap.pdf> (Accessed: 8 October 2020).

Woolf, K., Potts, H. and McManus, I. (2011) 'Ethnicity and academic performance in UK trained doctors and medical students: systematic review and meta-analysis'. *British Medical Journal*, 342, d901. Available at: <https://www.bmj.com/content/342/bmj.d901> (Accessed: 27 October 2020).