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Curriculum in Context

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Addressing Racial Disparities in Medical Education

Race and ethnicity are socially constructed categories that are critical factors in the perpetuation of health inequities.[1] The 1985 Heckler report was the first official acknowledgment of the higher burden of death and illness suffered by black and other minority populations in the United States.[2] These health disparities were further confronted in the Institute of Medicine's 2003 *Unequal Treatment* report, which assessed "variation in the quality of healthcare services provided to individuals of different racial and ethnic backgrounds."[3] This report found that "racial and ethnic disparities in healthcare exist and, because they are associated with worse outcomes in many cases, are unacceptable."[3] Key recommendations from the *Unequal Treatment* report were the need to "increase healthcare providers' awareness of disparities" and "integrate cross-cultural education into the training of all current and future health professionals."[3] Given the persistence of racial disparities across various fields of medicine,[1] it is important for medical students to be well informed about them. We requested and analyzed data from the Association of American Medical Colleges (AAMC) Curriculum Inventory (CI) regarding coverage of racial disparities topics in U.S. medical schools. The resulting 2017-2018 AAMC CI Report on Racial Disparities demonstrates the current reported coverage of racial disparities within the educational content of accredited U.S. medical schools.

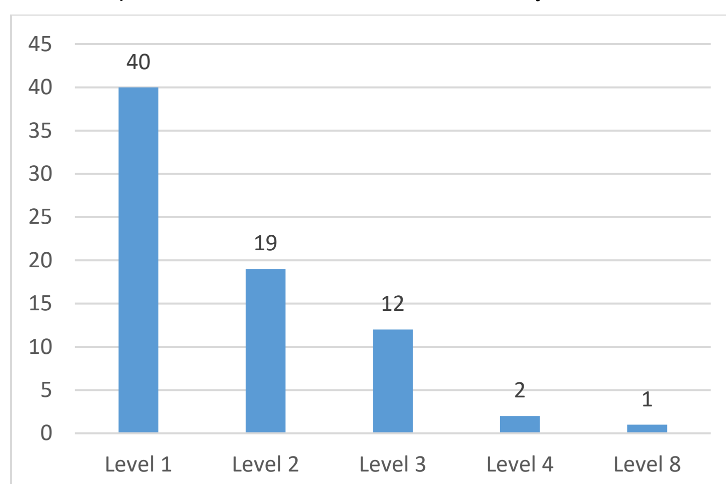
Despite the importance of education in health disparities, as demonstrated by Liaison Committee on Medical Education (LCME) Standard 7.6, which requires that a medical curriculum provide "the recognition and development of solutions for health care disparities,"[4] there is a lack of standardized, fully integrated racial disparity education in medical school curricula.[5] Of the 151 accredited U.S. medical schools, 127 participated in the CI in 2017-2018. Of these, only 51 (40.2%) documented racial disparity curricular content (Table 1).

Table 1. U.S. Medical Schools Reporting Coverage of Racial Disparities in Medical Education Content, Academic Year 2017-2018

Medical School Ownership	Percentage of Participating Schools in This Report	Number of Schools in This Report	Number of Schools in the 2017-2018 Curriculum Inventory	Total Number of Schools
Private	47.9%	23	48	60
Public	5.4%	28	79	91
All	40.2%	51	127	151

Learning, particularly in medicine, requires repetition and reinforcement to be truly effective.[6] Curricula on racial disparities are no different. Studies have demonstrated that physicians are implicitly biased, which can impact their clinical decision making, patient care, and the perpetuation of racial disparities.[7,8] The skills needed to recognize bias, as well as the strategies to address it, require time and experience. As psychologist Michele M. Carter and colleagues stated, “Cultural issues impacting medical care should be integrated into several courses across the curriculum and reinforced during clinical training experiences.”[6] Thus, these skills and strategies are ideally done through a longitudinal curriculum implemented in various settings with points for active reflection. Currently, the majority of accredited U.S. medical schools that have undertaken efforts to teach racial disparities have done so primarily within the preclinical years (Figure 1).

Figure 1. Number of U.S. Medical Schools Reporting Coverage of Racial Disparities in Medical Education Content by Academic Level[a]

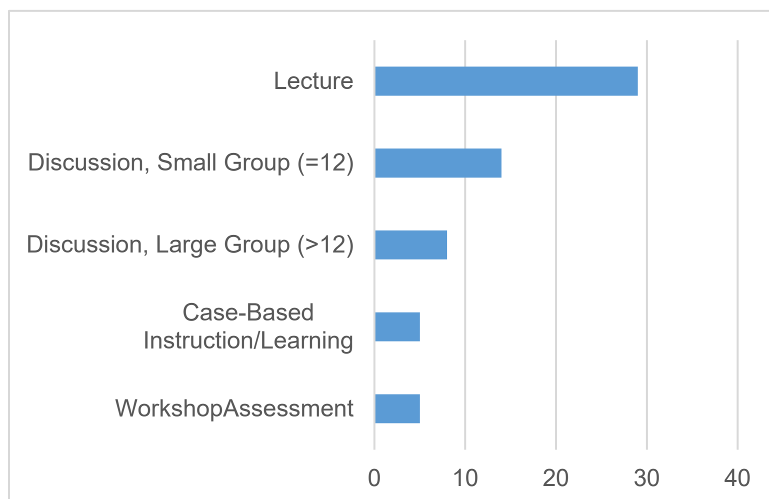


[a]Academic levels are major progression intervals in the curriculum that do not necessary correlate to a curriculum year.

As schools consider where to incorporate racial disparities curricula, a significant area for improvement is during the clinical years, “when students are immersed in clinical care and exposed to the reality of health disparities.”[9]

In addition, most of the U.S. schools that provide instruction on racial disparities use the lecture format (Figure 2).

Figure 2. Number of Schools Reporting Use of Each Instructional Method in Coverage of Racial Disparities in Medical Education Content



Schools may want to consider small-group and case-based discussions of racial disparities in medicine, which have been positively received by students in that they provide a robust learning experience.[5, 9-12] Small groups can create a safe learning environment in which students engage in discussion, learn from diverse perspectives, and apply concrete steps for self-reflection to address bias.[9,13] Thus, not only should racial disparities be taught throughout the medical curricula, the teaching methodology should be shifted from majority lectures to small-group and case-based experiences.

The lack racial disparity curricular content is not unexpected given the historical focus on the biomedical model as the gold standard of medical education after the 1910 Flexner Report.[14] As stated by Cristina M. Gonzalez and Jada Bussey-Jones, “There are challenges in developing health disparities curricula, including finding space in a crowded medical school curriculum, defending perceptions of such education as ‘soft science,’ and the lack of validated course evaluation tools and knowledge assessments.”[10] To address the formal absence of coverage of racial disparities, students have implemented extracurricular activities and electives to create space for a discourse on these complex topics. Nationally, these efforts increased in response to the Black Lives Matter movement. In 2018, White Coats for Black Lives, a student organization, released the inaugural Racial Justice Report Card which graded ten medical schools on fifteen metrics related to the promotion of racial justice in academic medical centers.[15] This pilot revealed the systemic shortcomings of medical training to address racial justice, including curricular content on the history and manifestation of racism in medicine and strategies for dismantling structural racism. These student efforts will be strengthened by institutional support and sponsorship to ensure faculty development occurs and there is thoughtful integration into the medical student curriculum.

In August 2019, the Geisel School of Medicine at Dartmouth will implement a new highly integrated four-year experience to better prepare students to become "complete physicians." This will include longitudinal curricula that run throughout the preclinical and clinical experiences in lecture, small-group, and case-based sessions. Driven by the interests and advocacy of students and supported by our faculty, one of the 18 longitudinal curricula topics is Race and Health Equity. The Race and Health Equity Longitudinal Curriculum will ensure that students have a firm grounding in the ways that race, gender, gender identity, and socioeconomic factors affect health and access to health care. Students will have the knowledge and skills to 1) recognize and seek to address how health disparities impact the health of individual patients and population health; 2) understand the impact of unconscious bias on health outcomes; 3) develop a historical consciousness and racial awareness, understanding how the historical context of race, class, socioeconomic status, and other social determinants of health intersect to impact patient and population health; and 4) appreciate differences in epidemiology, presentation, access, and outcomes for health conditions in diverse patient populations. A goal of the curriculum is for graduating students to feel confident in their ability to treat a diverse patient population and address racial disparities.

The AAMC actively helps schools track their progress toward meeting the health care needs of our country by assuring institutional commitment to addressing health disparities. Since 2009, the AAMC Missions Management Tool has provided institution-level data with the goal of helping medical schools graduate a workforce that will address the priority health needs of both local communities and the nation. While mission and accreditation standards ensure that health disparities education occurs in medical schools across the country, there is a need to bring attention to the impact of racism. Findings from the Medical Student Cognitive Habits and Growth Evaluation Study (CHANGE Study), a national longitudinal survey study of the impact of medical education on learners' biases and attitudes, suggests that curricula focused on racial disparities increases students' intentions to practice in underserved communities and to primarily care for minority patients.[16] Despite decades of data on persistent racial disparities and the workforce needs in health professional shortage areas (HPSAs), there has not been a formal integration of the topic into the medical school curriculum. In a 2017 Academic Medicine article, the Chief Diversity Officer of the AAMC, David Acosta, and Kupiri Ackerman-Barger charged the academic community to do more by explicitly engaging in racial dialogue: "No longer can we afford to ignore racism; no longer can we avoid talking about its real and damaging effect on all of us."[17] This engagement will require institutional support, faculty development, and the inclusion of curricular content on racial disparities.

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