

Implementation of a Pilot Diversity Curriculum to Anesthesia Trainees

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Abstract

Structural racism and racial microaggression pose detrimental effects with regard to recruitment and retention of a diverse workforce. We propose a Diversity, Equity, and Inclusion (DEI) curriculum that centers around three core concepts including unconscious bias, microaggressions, and allyship. Prior to the administration of our diversity curriculum which composes of a series of four 2-hr workshops, an introductory DEI session was administered and evaluated.

Keywords: Diversity; Curriculum; Unconscious Bias; Allyship; Microaggression; Anti-Racism

Setting and Problem

In recent years, equity and inclusion training in academic medicine broadly focused on providing foundational diversity knowledge. While faculty and emerging trainees confirm the ability to define diversity, equity, and inclusion (DEI) concepts, they also report difficulty in applying these insights throughout clinical, educational, and academic settings. Ongoing anti-Black racism and the recent COVID-19 pandemic have amplified the Black Lives Matter movement. Specifically, 13.9% of anesthesiology trainees are from backgrounds underrepresented in medicine, a number which may be declining given their increased rate of withdrawal/dismissal from residency programs over the past few years [1]. Furthermore, increasing the diversity of a healthcare workforce improves patient outcomes in a diverse population [2]. The Accreditation Council for Graduate Medical Education (ACGME) launched its Division of Diversity and Inclusion and released their first diversity accreditation standards in 2019. These new standards required the recruitment and retention of a diverse and inclusive workforce as well as the cultivation of a professional environment where residents can raise

concerns and provide feedback, free from discrimination or mistreatment [3]. For institutions to effectively engage anti-racist pedagogy, they must create space to discuss and address structural and interpersonal harm that occur in healthcare and academic medicine.

Utilizing the framework of the Kirkpatrick Evaluation Model, this graduate medical education training series will evaluate the transfer of DEI knowledge (level 2) into applied behaviors (level 3) [4]. The DEI curriculum centers around three core concepts including unconscious bias, microaggressions, and allyship. The series objective is to facilitate spaces that will support faculty and residents in their ability to effectively engage in difficult dialogues and take action to support the lives of people who have long been marginalized within healthcare and society.

Educational Intervention

This study will be a pretest-posttest design of a 4-series workshop utilizing activities to enhance competence and performance around unconscious bias, allyship,

and microaggression. A needs assessment survey was administered at the end of an introductory session, which highlighted national data regarding mistreatment and discrimination of residents and each workshop session's goals and objectives. We developed this curriculum with reference to critical race theory to take initial steps towards formalizing our department's commitment to DEI training for learners. While it was necessarily brief, due to constraints on resident learning time, it provides foundational data suggesting the feasibility and acceptability of this approach. Resident physicians received 1 total hour of instruction consisting of a didactic PowerPoint presentation (15 minutes), facilitated discussion of experiences with microaggressions (20 minutes), and a debrief/closing session (10 minutes). The complete series of the diversity curriculum is being administered in a virtual format to all first-year clinical anesthesia residents and senior general surgery resident (PGY-4 and PGY-5) at UCSF from August 2020 to April 2021. A post-curriculum survey will be administered after each 2-hour workshop and 6 months later after the fourth 2-hour (DEI) workshop to the participating residents. The anesthesia residents have didactic protected non-clinical time composed of lectures, workshops, and simulations every two weeks where half of the class is expected to attend. This recurring two-hour block was used to coordinate the availability of the senior surgery residents. The University of California San Francisco Institution Review Board deemed this study exempt from review (5/14/20).

Outcomes to Date

The survey items were adapted from previously published and validated instruments. Pretest cognitive interviews were

conducted with 2 anesthesia fellows to assess the overall clarity, coherence, and balance of each survey question. The surveys were then iteratively revised and retested in a larger sample of 10 second-year and 6 fourth-year medical students prior to administration of the surveys to the resident participants.

We used a previously published assessment tool that consists of 5 Likert-scaled items to assess the concepts around unconscious bias, allyship, and frequency of conflict resolutions around microaggression. Participants provided demographic data including race, gender, sexual orientation, specialty, and previous experience with formal training for conflict resolution.

The needs assessment surveys included questions about the curriculum's relevance to their future workplace career, the effectiveness of the facilitation, and whether they would recommend it to other peer colleagues. Lastly, the survey allowed residents to leave comments about what they thought were the most effective portions of the introductory DEI session and suggestions on how to improve the workshop.

Twenty-four residents attended the introductory DEI session and completed the needs assessment online survey, giving us a response rate of 100% from twenty first-year clinical anesthesia residents and four senior surgery residents. Of those who responded, 87.5% felt that the workshop demonstrated the importance of the DEI curriculum to their training, that the workshop was relevant to their workplace, and that they would recommend the workshop to their peers (Table 1).

Statement	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
This introductory workshop showed me that a DEI curriculum is important to my training.	0%	4%	8%	38%	50%
I believe this workshop is relevant to my workplace.	0%	0%	13%	21%	67%
I would recommend this workshop to my peers.	0%	0%	13%	42%	46%

Table 1: Resident Evaluations of Introductory DEI Workshop (N = 24).

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