

## Supplemental Digital Appendix 1

### Examples of Antiracism Education for Faculty Development from the Authors’ Institutions

Levels of achievement	Considerations	Sample institutional work #1	Sample institutional work #2
Foundational awareness	<p>Are <b>All</b> stakeholders equally engaged in professional development?</p> <p>Mandatory vs. optional opportunities available? Varying levels of support.</p>	<p>Delivering this content in silos has the risk of compromising the goal and foundation of this work.</p> <p><b>Implicit bias:</b> Rutgers University offers incoming faculty, staff and students implicit bias training.</p> <p>All incoming medical students at Albany Medical College participate in a 2 session curriculum exploring health equity and antiracism as part of their medical school orientation process.</p> <p>At University of Nevada, Reno School of Medicine (UNR Med), all members of search and admissions committees participate in mandatory implicit bias training. This training is also mandatory during new faculty and staff orientation. For medical students, we have woven assessments of implicit bias throughout the 4 years and we have built in online interactive modules as well as in person sessions to teach students how to mitigate bias. Students also have mandatory sessions on structural racism, health care disparities, microaggressions, and active bystander intervention.</p>	<p><b>Implicit bias:</b> Indiana University mandates sexual harassment training, however recommends implicit bias training for institutional committees.</p> <p>Weill Cornell Medicine previously recommended implicit bias training for all faculty but with the advent of newfound attention to social justice, it is now mandatory for all college employees ( faculty and staff). Additionally, our affiliated hospital is requiring IB training for faculty involved in residency recruitment at well as those in supervisory positions.</p> <p>Johns Hopkins Medicine, which includes the School of Medicine (SOM) and the Johns Hopkins Health System, now mandates a 1-hour in-person (virtual) unconscious bias training for all SOM and health system managers and above, including executive leaders. Additionally, in the SOM, unconscious bias training is required for all UME, GME, and graduate medical education</p>

		<p>Unequivocal messaging by the Dean to raise awareness and set institutional direction in high visibility venues such as school newsletters and at annual state of the school address.</p> <p>At SKMC/Jefferson, all Jefferson employees/staff must complete four mandatory Diversity &amp; Inclusion (D&amp;I) e-learning modules. These “Inclusion in Action – Tools for Success for Current Employees” modules address important topics of racism, unconscious bias and inclusion. Continuing Medical Education (CME) credits are available to physicians who successfully complete this education.</p>	<p>faculty leaders and admissions/selection committees, housestaff, post-doctoral fellows, medical students and graduate students.</p> <p>At JHM our leadership in GME, Human Resources, and Nursing have been trained to delivery allyship training to other leadership groups in their disciplines across the organization. Currently GME and UME leaders will undergo allyship and microaggressions intervention training.</p> <p>At Johns Hopkins Medicine, sexual harassment/Title IX training is required for all School of Medicine and health system employees.</p>
<p>Foundational knowledge</p>	<p>Are <b>All</b> stakeholders starting from a similar baseline knowledge? Is level setting necessary?</p>	<p>Development of an antiracism foundational knowledge toolkit <i>with associated live/ interactive (as opposed to web-based/ asynchronous) faculty development sessions.</i></p> <p>At UNR Med, we host monthly Diversity Dialogue sessions and quarterly Diversity Health Series (with CME) focused on increasing cultural competence, sensitivity, and humility in the health care workforce. Dean’s statements with information about social injustice and health inequities as systemic ills.</p> <p>At SKMC/Jefferson, there are monthly B.R.A.V.E conversations designed to provide opportunities to share opinions and concerns on topics that might be uncomfortable, but necessary to acknowledge, discuss, and address in an effort to foster understanding and sensitivity.</p>	<p>At Johns Hopkins Medicine we have launched a 12 month Journeys in Healing Structural Racism Town Hall Lecture Series offered via in interactive webinar across the entire organization. The first three introductory sessions include the following topics: (1) Antiracism 101, (2) Historical Context: Then and Now, and (3) Choice Points and Sharing Power: Choosing the Path for Racial Justice. This will be followed by monthly sessions to address structural racism in various elements of society that impact health: housing, build environment, healthcare, policing/criminal justice, government, policy, etc.</p> <p>JHM has also held interactive virtual training sessions for managers and leaders on how to facilitate racial dialogues and listening sessions as well as crucial conversations</p>

		<p>As of Fall 2020, SKMC Phase 1 (preclinical) students receive lectures on Unconscious Bias, Structural Racism, Race and Microaggressions followed by small group breakout sessions to unpack concepts covered in the lectures. Additionally preclinical students are required to complete 2 Humanities selectives. Each semester, up to 20 students sign up for the “Race and Medicine - Why it Matters” Humanities selective. The course includes six 2 hour sessions, in which students review the impact of race, racial bias, structural racism, race-based medicine, and the role they play in perpetuating the persistence of health inequities. Phase 2 (Year 3) students receive interclerkship sessions on Bias in Clinical Medicine (2019), Race and Racism in Clinical Medicine (2020), Professionalism and Social Justice (2020). All Phase 2 clerkships required to identify specialty specific areas of opportunity for integration of curricula on race and racism in medicine. Phase 3 (Year 4) Gateway course will reinforce previous concepts. Phase 3 OSCE and CME style questions under development as an assessment of structural competency and implicit bias.</p> <p>SKMC CSSG (Clinical Skills Small Group) faculty leaders receive faculty development on race as a social determinant of health and structural racism including a didactic lecture followed small group clinical case scenarios. At Arrowhead Regional Medical Center and California University of Science and Medicine, Colton, California; medical students, residents,</p>	<p>addressing race and other culturally sensitive topics.</p>
--	--	---	---

		<p>faculty, program directors attend interactive diversity workshops on implicit bias training, intersectionality, privilege and cultural humility with CME offered to faculty. The workshops includes activities in which participants identify their cultural identities, determine their own power, subjugation and privilege with group self-reflection. GME has a diversity committee comprised of resident representatives from each program that provides diversity education to all residents. The residents are also working on projects such as IAT , pipeline programs to improve program diversity and community projects.</p>	
<p>Embedding practice</p>		<p>In response to student requests, Weill Cornell Medicine has developed an Equity and Inclusion Initiative with 5 working groups including an antiracism curriculum subcommittee charged with review of curricular content to expunge biased and racist content and revision of learning objectives to include anti-racist pedagogy.</p> <p>At SKMC, in response to student feedback, an interdisciplinary and inter-racial team of faculty and students are actively reviewing and repairing all CBL cases to remove racial and other forms of bias from the cases. CBL Learning Objectives and faculty facilitator prompts were revised to foster and encourage discussions on how SDoH and structural inequities impact healthcare and outcomes and to provide context when discussing racial and ethnic health disparities statistics.</p>	<p>At Johns Hopkins Medicine, based on feedback from our medical students, we will undergo review of curricular elements and examples that reinforce biases and racism.</p>

		At SKMC, the theme of 2020 three-part Curriculum Retreat is - “Race and Bias in Medical Education – Conversion to Action.	
Dismantling phase		<p>At UNR Med, our Council on Diversity Initiatives is working with our Admissions and Student Affairs leadership to identify and dismantle systemic racism in the admissions process, such as use of MCAT scores. In addition, our student representatives to this council have worked with the council to make anti-racist recommendations to our Medical Education Steering Committee to disrupt perpetuation of racism in the curriculum and develop more anti-racist education opportunities.</p> <p>At Arrowhead Regional Medical Center and California University of Science and Medicine, Colton, California; the AAMC Diversity and Engagement survey was completed by faculty, staff, residents and medical students. The results are being studied and used to develop initiatives to further an inclusive and equitable learning environment</p>	
Antiracist practitioner scholar	This is the goal.		