

# Uncomfortable Conversations: Promoting Anti-Racism Education at the University of Tennessee Health Science Center

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## Background

The COVID pandemic and the deaths of Breonna Taylor, George Floyd, and Ahmaud Arbery during the summer of 2020 brought light to the hard fact that the interests, values, and dignity of the Black community are being left out of the teaching and practice of American medical students. Uncomfortable Conversations was created after a call for action at White Coats 4 Black Lives protest at the University of Tennessee Health Science Center. Many of us, including residents, faculty, and students, were grappling with emotions of shock, anger, and profound grief alone.

## Methods

**Curriculum Development:** After reviewing anti-racism curricula available online, materials and topics were chosen based on availability and direct relevance to healthcare and current news. Students from GHHS and SNMA gathered to review materials, develop open-ended questions and organize logistics of endeavor.

**Setting:** Online meetings via Zoom with large group debriefing and small group breakout rooms held on Sunday nights during summer of 2020

**Implementation Design:** 6-part discussion-based series exploring topics like implicit bias, racism in the justice system, and housing discrimination and how those factors impact patients and peers

1. Participants were encouraged to view assigned documentaries, videos, and readings as "pre-studies" before coming to virtual session.
2. Participants were placed into breakout rooms with 4-8 people in each to promote discussion around the topics. Each session had a small group leader with led with discussion questions written before the session
3. Afterwards, participants received a feedback survey.



Figures 1-7: Advertising Flyers for Uncomfortable Conversations

## Results

Session #	Total	Students	Faculty	Other	Sent Out Materials
1	76	66	8	2	95
2	35	27	7	1	35
3	21	15	4	2	24
4	55	31	23	1	62
5	31	21	9	1	32
6	88	52	29	7	92
Solidarity Week	114	86	25	3	119
TOTAL	420	298	105	17	459

Table 1: Attendance at Uncomfortable Conversations Sessions

8 "The opposite of poverty isn't wealth. The opposite of poverty is justice." What does this quote mean to you? How does this quote apply to the healthcare system?

Figures 8-11: Questions from Curriculum

9 The authors of Trust, Risk, and Race in American Medicine emphasize that interpersonal work does NOT replace institutional work to earn the trust of communities who have been abused by the system. What do you think institutions like UT and/or neighboring hospitals can do to earn trust in the community? What institutions do you trust in your community? How do you think the medical community can earn the trust of marginalized communities in regard to COVID vaccination?

10 "So that means it's up to you, white professors, to do the work to create spaces for Black students to excel beyond asking them how they are doing as they tackle community trauma in isolation."  
~LaShyra "Lash" Nolen  
a) Students, what are ways we can challenge our professors and administrators to consistently provide spaces for Black students to excel? How can your minority student peers in healthcare fields be better supported?  
b) Faculty, what are ways you can suggest or are willing to try to create these spaces?

11 "I now know that hopelessness is the enemy of justice. Hope allows us to push forward even when the truth is distorted by the people in power. It allows us to stand up when they tell us to sit down. And to speak when they say, "Be quiet.'" - Bryan Stevenson.  
What do you hope for: in general? For our nation? For our healthcare system? For our school?

## Conclusions

Our series brought together faculty and students from multiple healthcare fields to pursue our shared desire to practice anti-racism so that we may provide better care for our patients. In exploring topics that might be considered "outside the scope" of medicine like history, law, and sociology, we explored the many factors that shape the life experiences of patients and peers so that we may become more compassionate and educated practitioners.

We also strove to see the shared humanity between our participants in that we tried to create a space where it was okay to learn from mistakes, to grow, and to learn. Multiple participants from all disciplines voiced that they thought this type of education should be a mandatory part of student curriculum and faculty development. They enjoyed the interdisciplinary nature of the conversations as well. Participants left with a sense of purpose, a sense of self-efficacy in affecting change in the healthcare system, and a sense of community. At a larger level, after our series and continued discussion amongst the members of our College of Medicine community, several changes were made. Our school hired a Dean of Diversity and Inclusion. Committees were formed to more formally address D&I at UTHSC. Our series clearly demonstrated that students desired more D&I education incorporated into our education.