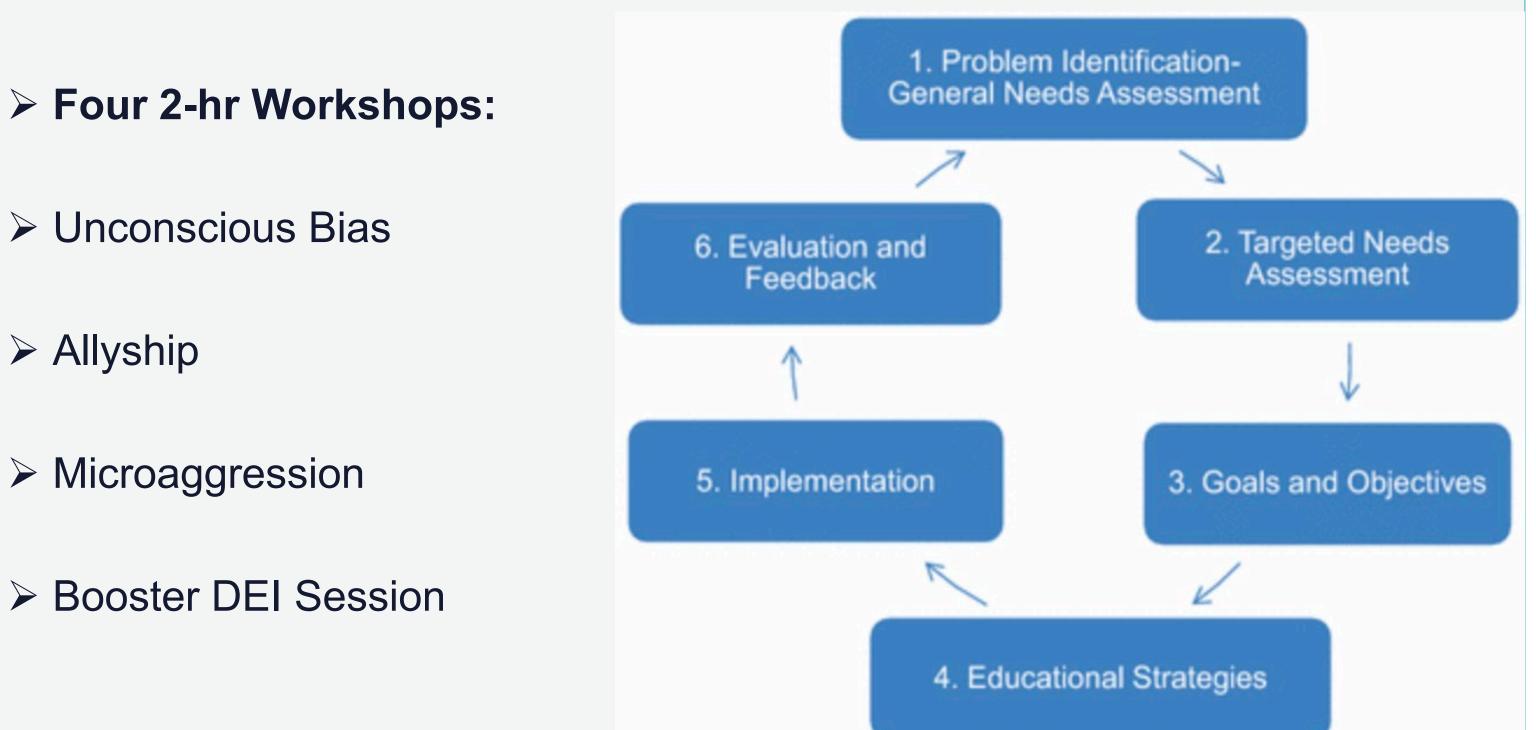




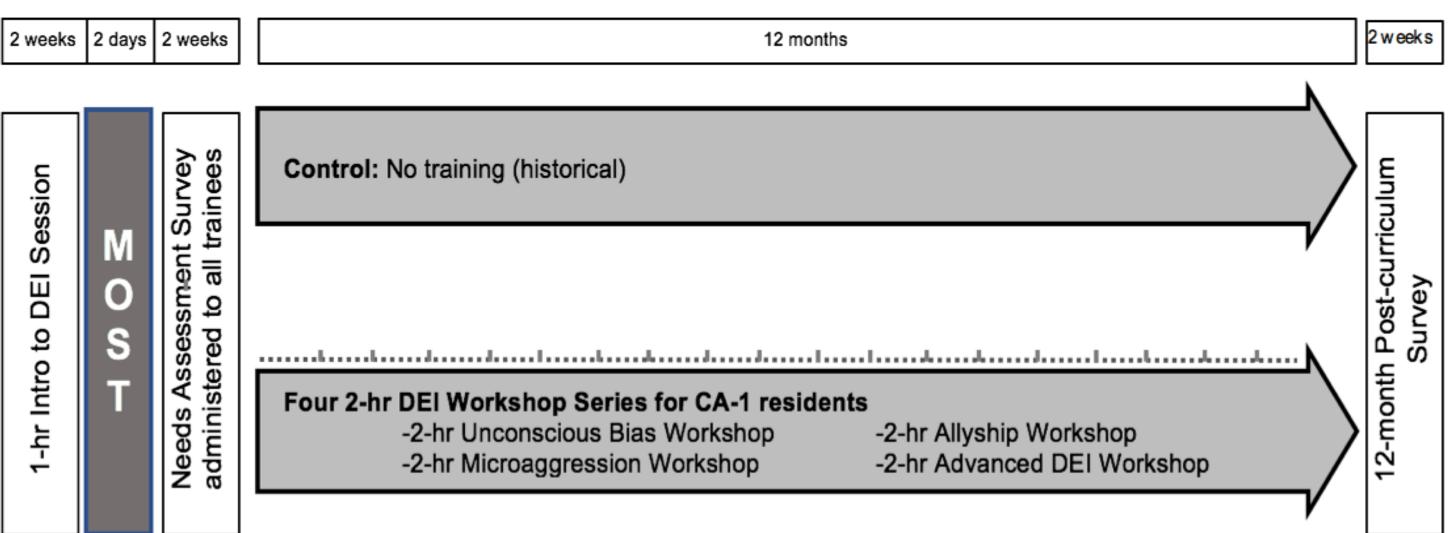
Odinakachukwu Ehie<sup>1</sup>, MD, Rebecca Chen<sup>2</sup>, MS2, Janette Tang<sup>2</sup>, MS2, John Turnbull<sup>3</sup>, MD, LaMisha Hill<sup>4</sup>, PhD <sup>1</sup>Clinical Assistant Professor, Pediatric Anesthesia, UCSF Benioff Children's Hospital University of California, San Francisco, Department of Anesthesia & Perioperative Care <sup>2</sup>School of Medicine, University of California, San Francisco, CA, USA <sup>3</sup>Clinical Associate Professor, University of California, San Francisco, Department of Anesthesia & Perioperative Care <sup>4</sup>Adjunct Professor, University of California, San Francisco, Department of Obstetrics & Gynecology, UCSF Office of Diversity and Outreach **Experimental Design and Methods** 1-hr Introductory DEI Session  $\succ$  This study is a pretest-posttest design utilizing activities to enhance > The development of the pilot curriculum was informed by a needs competence and performance around unconscious bias. assessment survey that was administered to CA-1 residents at the end of a 1-hr introductory DEI session, which highlighted national data >A post-curriculum survey was designed to be administered after each 2regarding mistreatment and discrimination of residents and each workshop hour workshop, 6 months later immediately after the fourth 2-hour (DEI) session's goals and objectives. workshop to the participating residents as well as 12-months later (Figure > Resident physicians received 1 total hour of instruction consisting of a didactic PowerPoint presentation (15 minutes), facilitated discussion of Figure 1. Project design and timeline. Preceding project initiation will be three months of material preparation, scheduling and training of co-facilitators. Given the variability in clinician availability, MOST will be scheduled during a project six- to experiences with microaggressions (20 minutes), and a debrief/closing nine-month window allowing intervention and follow-up to proceed on a rolling basis. The project will conclude with three months for analysis. session (10 minutes).

## Background

- > Structural racism occurs unintentionally and is fueled by unconscious stereotypes and prejudice.
- > Equity and inclusion training in academic medicine has recently focused on providing foundational diversity knowledge.
- $\succ$  Few programs deal with the issues of unconscious bias and racial microaggression which pose detrimental effects with regard to retention of a diverse workforce.
- $\succ$  For institutions to effectively engage anti-racist pedagogy, they must create space to discuss and address structural and interpersonal harm.
- > The objective of the proposed Diversity, Equity, and Inclusion (DEI) curriculum is to facilitate spaces that will support faculty and residents to effectively engage in difficult dialogues and take action to support the lives of people who have long been marginalized within healthcare and society.
- > Using Kern's six steps, we have developed a longitudinal diversity curriculum



# Development of a Pilot Longitudinal Diversity Curriculum to Anesthesia Trainees



- $\succ$  For the needs assessment survey that was used, pretest cognitive survey question.
- >Workshop Development and Content: Utilizing the Kirkpatrick Evaluation applied behaviors (level 3).
- >The critical race theory was used to inform content and develop learning objectives.
- > Facilitator Selection and Training: "Train the Trainer": Facilitators were 1-hr preparation session was administered to facilitators.

interviews were conducted with anesthesia fellows and 4<sup>th</sup>-year medical students to assess the overall clarity, coherence, and balance of each

Model framework, we focused on transferring DEI knowledge (level 2) into

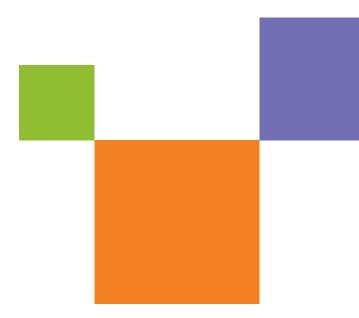
selected on the basis of prior experience with at least one other involvement with DEI training sessions. One week prior to the workshop, a

### Discussion

- Stateme







> 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.

Table 1. Post-workshop survey for 1-hr Intro to DEI Session for n=20 CA-1s.					
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%	12%	21%	67%
I would recommend this workshop to my peers.	0%	0%	12%	42%	46%

 $\succ$  When asked what they would want in an ideal DEI training, residents commented, "learning how to respond to/take action against bias and microaggressions," "skills acquisition around recognizing and responding to microaggression and other forms of racism," and "an iterative curriculum that continued over an extended period of time (years)."

