



University of California  
San Francisco

# The UCSF Anti-Oppression Curriculum Initiative: Sharing Approaches and Early Reflections

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 #UCSFMedEd21

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- None

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# Learning Objectives

At the end of this workshop, you will be able to:

- Describe core perspectives and questions to consider when applying an anti-oppressive lens to didactic curricular material.
- Apply one form of an AO curricular review tool and consider how to engage stakeholders to apply the tool.
- Reflect on barriers and enablers to applying an anti-oppressive lens to the curriculum at your institution and identify one actionable next step.

# Outline

- Introduction & Reflections on Anti-Oppression
- What is the Anti-Oppression Curriculum Initiative (AOC-I)?
- Applying the AOC-I Curricular Review Tool
  - Review of the AOC-I tool and Approaches for Application
  - Application of the Curricular Review Tool
- Planning for Action at Your Institution
  - Individual Reflection
  - Group Collaboration



“Not everything that is faced can be changed, but nothing can be changed until it is faced.”


**James Baldwin**

# What is Anti-Racism?

- *Anti-racism* is the **active** process of identifying and eliminating racism by changing systems, organizational structures, policies & practices, and attitudes, so that power is shared equitably
  - Examines how racism manifests in *individual & institutional* attitudes and behaviors to negatively impact lives of BIPOC individuals

# What is Anti-Oppression?

*Anti-Oppression* uses similar framework and considers impact of structural disempowerment on other groups



Being not-racist, not-oppressive is insufficient

We must act for a more equitable future

Critical for our learners, ourselves, patients & communities



# Present & Future: AO at Your Institution

*5 minutes*

- What (if any) anti-oppressive (e.g., anti-racist) efforts are on-going at my institution?
  - If there are no organized efforts, reflect for a moment on why
- What are my hopes for AO at my institution?

# The UCSF AOC-I Background, Reflection, & Initial Steps

# How did the AOC-I Start?



# What is the UCSF AOC-I?

- 3-year process of evaluation, reflection, and curricular adaptation of the 4-year SOM curriculum to move towards AO
- **Partnership** w/ curricular leaders to begin:
  - *adjusting* content/pedagogy that reinforce oppressive beliefs, values, approaches
  - *enriching* courses/clerkships with anti-oppressive material & approaches
- Collaboration across key SOM areas to align & support AO goals
  - Assessment, Student Support, Faculty Development, Technology Enhanced Learning, Evaluation

# What is the UCSF AOC-I *Not*?

- A finished product
- An end of our longitudinal, continuous work and commitment to anti-oppression in our SOM
- A stand-alone effort
- *Instead, it is:*
  - Reliant on deep connection and collaboration
  - Embedded in our SOM's Anti-Oppression Charter
  - Linked & collaborating with UCSF's Office of Diversity and Outreach, Center for Community Engagement, SOM's Differences Matter 2.0 Campaign, and many other university partners

# Goals of the UCSF AOC-I

Improve

Improve equity, inclusivity, & anti-oppression in curricular content & pedagogy

Contribute

Contribute to an educational environment that supports un-learning of racist and oppressive beliefs and frameworks

Prepare

Prepare all UCSF medical students to partner with patients and communities to work against oppression in healthcare and advance health equity

# The UCSF AOC-I

## *Initial Steps: Landscape/Needs Assessment*

- Curricular Leaders completed an initial evaluation of their curriculum re: AO, highlighting:
  - Strengths
  - Areas for Improvement
  - Gaps in Knowledge
- AOCI Curricular Liaisons met with leaders to better understand needs and priorities
- AOCI Curricular Liaisons completed deep-dive into curricular materials

# How would “I” Introduce an AOC-I at my Institution?

*Reflection - 5 minutes*

- How do I help people name/recognize the problem?
- How do I help my community to prioritize the problem?
- Who should be on my core team to help develop and launch a strategy for change?
- Who are key stakeholders that my core team should invite in as early partners?



# AOC-I Curriculum Review Tool

# Why Does Curricular Review Matter?

*Impact on learners, faculty, & ultimately patients*

- In the learning environment, students face:
  - Imposter syndrome
  - Stereotype threat
  - Microaggressions
  - Realities of inequity/injustice in healthcare

# Why Does Curricular Review Matter?

*Impact on learners, faculty, & ultimately patients*

- Pedagogy and curriculum can extend these harms
  - Cause ruptures in the learning community
  - Sustain (*implicitly or explicitly*) false beliefs/frameworks supporting 'isms (racism, genderism, ableism, etc.) → continuing cycle of harm for learners & future patients

# Exercise: Reflections to Start Change

## Curricular materials

- How do we talk about patient's intersectional identities?
- What identities do we represent/what identities remain invisible?
- How does this relate to overlapping identities of learners?

## Pedagogy

- Do we have structures to deal with bias in the CLE?
- How do we discuss patients with minoritized identities?
- Do we structure learning with an expectation that minoritized students will teach others based on their lived experiences?

# AOC-I Curriculum Review Tool

## *Goals for the Tool*

- Framework for curriculum designers to review and adapt didactic material
- Applicable for:
  - UME (e.g., lectures/small groups)
  - GME (e.g. conferences, residency didactics)
- *\*Bi-Product of using tool – providing a framework to think of oppression vs. anti-oppression in MedEd*

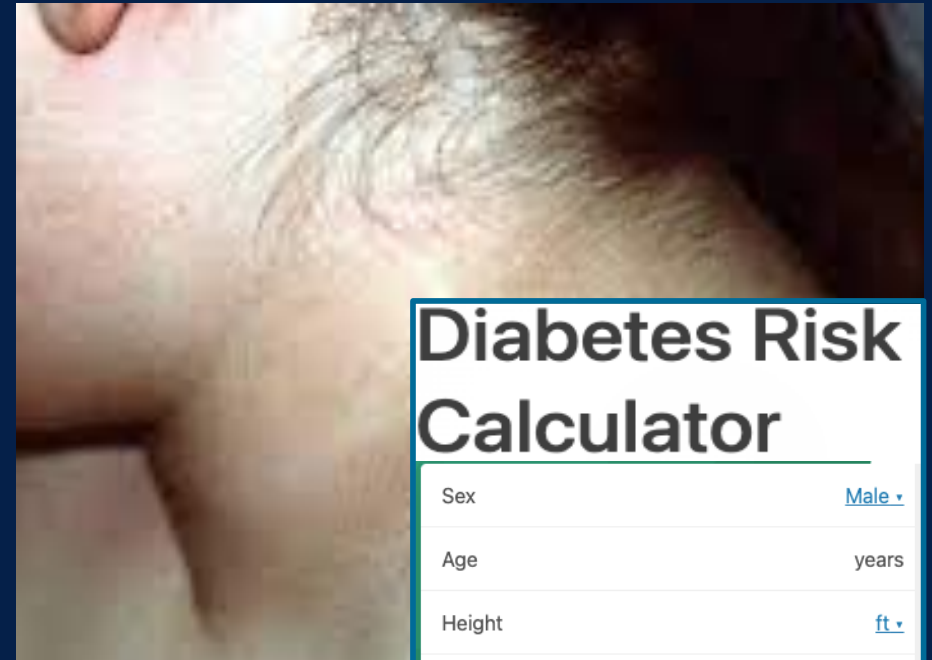
# Applying the AOC-I Curriculum tool

- In the folder on your tables you will find:
  - Excerpt of the AOC-I Curriculum Tool
  - A sample case and small group facilitator guide
- **\*\*Trigger Warning: The example includes content that is oppressive; please opt out when needed for self-care\*\***

# Review Phase: Concerning Example Lecture Slide

## TYPE 2 DIABETES!

- 46 year-old, obese Black male presents with fatigue & polyuria.
- Non-Modifiable Risk Factors:
  - Asian, LatinX, Black
  - Obesity
  - Family History
  - Age



### Diabetes Risk Calculator

Sex	<a href="#">Male ▾</a>
Age	years
Height	<a href="#">ft ▾</a>
Weight	<a href="#">lb ▾</a>
Family history	<a href="#">No family history of diabetes ▾</a>
Ethnicity	<a href="#">Non-Hispanic white ▾</a>
Fasting glucose	<a href="#">mmol/L ▾</a>
Systolic Blood Pressure	mmHg
HDL cholesterol	<a href="#">mmol/L ▾</a>
7.5-year-risk of Diabetes	%

# Reflections from the Group

- Reflection
  - What are ways this slide can cause harm?
  - How does this slide perpetuate racist or oppressive ideas?
- Individual Reflection – *5 minutes*
- Discuss at Table & Share Out – *5 minutes*



# Review Phase: Lecture Slides

46 year old, ~~obese black male man~~ **man (he/him)** with **obesity\*** presents with fatigue & polyuria.

- ~~Non-Modifiable Risk Factors~~
  - ~~Asian, LatinX, Black~~  
**Experiences with/impact of racism**
  - ~~Obesity~~ **Structural factors may be linked w/ obesity**
- Family History
- Age



## Diabetes Risk Calculator\*

Sex	Male ▾
Age	years
Height	ft ▾
Weight	lb ▾
Family history	No family history of diabetes ▾
Ethnicity	Non-Hispanic white ▾
Fasting glucose	mmol/L ▾
Systolic Blood Pressure	mmHg
HDL cholesterol	mmol/L ▾
7.5-year-risk of Diabetes	%

# Review: Concerning Small Group Guide

**In this session, students will be reflecting on how biases impact reasoning.**

## **Part 1: Personal Biases**

- Identify personal biases related to at least 2 patient demographics (i.e., psychiatric disease, patients with obesity, patients with a history of substance abuse, race/ethnicity, etc.)
- Discuss these biases as a group including how these biases could increase the risk for error in clinical reasoning

## **Part 2: Review of Case**

- Students will review the case of JD a 82 year-old man (he/him, AMAB) with a history of CKD IIIa, well-controlled HTN who presents with muscle pain and an elevated CK.
- Students will then be provided with JD's race/ethnicity as: African American, white, or SE Asian with a photo and asked to reflect on how their differential diagnosis changes
- Encourage students to share their own experiences with the large group

# Reflections from the Group

## *Small Group Facilitator Guide*

- *Reflection*
  - What are ways these prompts could cause harm?
  - How does the session structure/pedagogy increase risk of harm to BIPOC students
- Individual Reflection – *5 minutes*
- Discuss at Table & Share Out– *5 minutes*

# Review: Concerning Small Group Guide

## Part 1: Personal Biases

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# Curriculum Review Tool Process

## *Lessons Learned – Ways it Can Go Well*

- Faculty engage and identify issues with their own curricula
- Faculty able to explore AO changes that the tool and CCL have not explicitly named
- Change is not only made to existing curricula, but faculty have a framework as they develop new materials
- Not only about changing content, also about *teaching methods*

# Curriculum Review Tool

*Lessons Learned – Ways it can go not so well...*

- Approach to discussion by CCL is critical:
  - If CCL gives feedback before allowing reflection, can impact fixed vs. growth mindset of the faculty
  - Faculty may feel alienated or personally judged, leading to defensiveness, limiting engagement with the change process
- Faculty asked to use the tool, but not required, leading to lack of engagement
- Tool can narrow perspectives—if used in a strict/check-box way,\* will fail to explore other AO domains/reflections

# Introducing Change at Your Institution

# Refocusing on your Institution

*20 minutes: 10 minutes self-reflection, 10 minutes pair share*

- **Part 1:**
  - *If you have already begun this work at your institution, what have been some successes and barriers in this work?*
  - *If you have not yet begun this work, what do you imagine some initial barriers/enablers might be?*
  
- **Part 2:**
  - *Who are allies/champions at your institution?*



# Setup for Next Session

- **Please draft 1-2 questions to submit to our AOC-I Panel on notecards**
  - **Hand in up front**
- **See you back at 2:30!**

