

**Submission Id:** 4045

**Title**

*Assessment of an Anti-Racism Structural Competency Curriculum at a Major Academic Health Center*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Structural factors are fundamental drivers of racial health inequity. Structural competency (SC) offers a paradigm for training health professionals to recognize and respond to the impact of structural factors. Despite national advocacy, curricula have been inconsistently implemented and evaluated.

Objective: To study the incorporation of Anti-Racism structural competency curricula and how it impacts Black, Indigenous, and people of color (BIPOC) vs non-BIPOC learners.

Study Design and Analysis: A cross-sectional mixed-methods study. Grounded theory analysis on the open-ended responses identified key themes. Both quantitative and qualitative analyses are by BIPOC vs non-BIPOC.

Setting: Pre and post survey was disseminated using Qualtrics in the 2021-2022 academic year.

Population Studied: All first year medical students at an academic medical teaching hospital.

Intervention: Adapted structural competency curriculum from Bay Area Working Group. Curriculum was delivered in six 2-hour teaching sessions, involving a mix of whole-classroom presentations and self-selected racial affinity small discussion groups, and were accompanied by pre-reading, follow-up informal discussion groups, and post-session written reflective assignments.

Outcome measures: Knowledge, attitudes, career choice, burnout, empowerment, and empathy.

Results: 182 completed surveys: PRE: 36 BIPOC and 48 Non-BIPOC and POST: 46 BIPOC and 52 Non-BIPOC. Both groups had similar knowledge and attitudes towards the SC curriculum. Regarding more time being dedicated to these topics, the percent who responded Strongly Agree for BIPOC and Non-BIPOC increased by 36% (33 to 69%) and 22% (42 to 64%) from pre to post surveys, respectively. BIPOC students reported an increase in commitment to medicine rather than a change in career choice, and Non-BIPOC students indicated the course helped them better understand their profession. Many students noted they entered medicine because of their values related to equity and justice, though

BIPOC-identified students noted more often-feeling burnout. Non-BIPOC students reported awareness of their BIPOCs' peer burnout. Finally, we found an increase in empathy for patients and in self-empowerment across both groups.

Conclusions: SC curriculum at this scale and early in the curriculum remains critical to creating a community of practice addressing racial equity in medicine.