What Happened and Why?
Evaluation of a Pilot Program to Address Bias and Discrimination for First Year Medical Students

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The Problem
- Bias and discrimination exists among health care providers
- Implicit bias alone may be a stronger predictor of patient outcomes than treatment processes
- Bias and discrimination curriculum should be a priority of all pre-health professional training programs
- Patients, medical students of historically marginalized identities are particularly impacted by bias and discrimination

The Program
Preparation:
- Collection of cases
- Development of learner and facilitator guides
- Facilitator Training
During First Course for First Year Medical Students:
- Large group introduction by second year medical students
  - Focus on setting expectations of open-dialogue, respect, and confidentiality
- Small group case-based learning (3 cases) lead by second or fourth year medical students with faculty support
  - Case 1: African American Cisgender-Male Student Interaction with Campus Police
  - Case 2: Cisgender-Female Student Interaction with Teaching Assistant
  - Case 3: Transgender Student Interaction with Peers and Faculty
- Large group wrap-up with personal narrative shared by case subject
- Campus resources provided

Methods
- Retrospective thematic network analysis
- Open-ended qualitative data
  - “Complete the following sentence: After participating in the ‘What Happened and Why?’ session, I feel...”
- First-round of exploratory coding using Affective Methods
- Multiple codes per response allowed

Results
- 18 codes identified
- 1 code for negative reactions (4 data)
- Many students expressed:
  - Increased insight/awareness of bias and discrimination
  - Feeling empowered to confront bias and discrimination

Areas of Intrigue
- Increased positive feelings about CU SOM
- Disappointment with the school’s responses within the cases
- Feeling less safe at CU SOM because of the knowledge that these cases had occurred in the past year

I Feel...
- “…Very privileged. Being a white male sometime[s] you don’t realize how much other people need to worry about and deal with in their daily lives.”
- “…Empowered to stand up against micro aggressions, for myself, my peers, and my patients.”
- “Acknowledged as a sexual minority and safe to share concerns with CU faculty/staff.”
- “Disturbed that such scenarios took place. It’s frustrating that these things happen at the medical campus.”

Implications
- Implementing curricula for health professional students is feasible and can facilitate conversations around the implications of bias and discrimination in healthcare

Next Steps
- What Happened and Why? Will be adapted and led for next year’s first year class by student leaders of SNMA and WC4BL student leadership
- Pre- and Post- program data will be collected

Acknowledgments
- Mike Levy and Lauren Heery
- University of California San Diego Students and the “What Happened and was it Racist?” Curriculum

References