# Abstract submissions – ARPME Conference 2021

## ABSTRACT #1

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| **Lead presenting author:** |  Jemima Demi-Ejegi |
| **Presenting author institution and country:** |  Brighton and Sussex Medical School, UK |

## Please select the Conference stream your submission most aligns with:

Safeguarding the Future: Towards Anti-Racist Medicine

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

As a medical student, I have first-hand experience of the downstream effects of educational changes, as well as unique insight into medical student culture and attitudes. For one of my intercalated Masters assignments, I was tasked with producing a health communication campaign. However, my passion for decolonising medical education led me more along the lines of producing a proposal, aiming to increase cultural competency amongst UK medical students through medical education and culture. Further research also helped me discover the importance of cultural humility. Hence, this presentation outlines the need to address the “hidden curriculum” using a decolonising approach to medical education and build cultural humility amongst medical students. This would be well complemented by a culture shift amongst medical students, brought about through social media engagement and events to maximise change.

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Building Cultural Competence and Humility in Medical Student Education and Culture: from History-Taking to Social Media Influencers

## Abstract - add up to 300 words about your proposal/abstract here:

There is a lack of cultural competence and cultural humility amongst medical students, specifically regarding ability to recognise emergency and chronic conditions in darker skin, as well as history taking and examination amidst ethnocultural diversity, religious beliefs and other unique considerations. To improve health outcomes for patients, there is a need to decolonise both medical student education and culture. This is of particular importance in the South East of England, which is the UK’s most ethnoculturally diverse region, making it an appropriate starting point for intervention. Hence, this presentation provides an overview of the current “hidden curriculum” issue, offering a decolonising approach for building cultural competence and humility amongst medical students. Medical education interventions include: optimisation of Student Selected Components (SSCs); incorporating ethnocultural considerations into lectures; mini-ethnography history taking. These interventions would be well complemented by a culture shift amongst medical students, brought about through social media engagement and influence-associated events to maximise change. To realistically achieve these changes in medical student education and culture, this presentation provides insight into the production of realistic targets and techniques required to engage students from both white and BAME backgrounds. To facilitate explanation, this presentation includes: audience segmentation featuring messages tailored towards specific student groups; utilisation of diffusion of innovators theory to predict likelihood of behaviour change; Gantt chart budget breakdown of implementation costs.

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## ABSTRACT #2

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| **Lead presenting author:** | Michael Cole |
| **Presenting author institution and country:** | University of East London |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

Short presentation

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Postcolonial Whiteness Pedagogy in Healthcare Education

## Abstract - add up to 300 words about your proposal/abstract here:

The UK undergraduate degree awarding gap between students racialised as black and their racialised as white peers is 22.1% (UUK, 2020). Fundamental to eradicating this gap is understanding the centrality and legacy of colonial epidemiology and structures of whiteness in higher education, at the interpersonal, institutional and structural levels. This presentation will provide applicable insights in to the praxis of a white academic working in anticolonial solidarity with racially minoritised students and staff. Examples will include applied pedagogy (teaching and learning strategies on a BSc Sports & Exercise Therapy course), and organising practices (on groups, committees and supra-curricular actions).

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## ABSTRACT #3

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| **Lead presenting author:** | Musarrat Maisha Reza |
| **Presenting author institution and country:** | University of Exeter |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

I would like to do a ten-minute PowerPoint presentation and discussion on the work that we have done and are currently doing

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Journey Towards Anti-racism, Ongoing Victories and Challenges

## Abstract - add up to 300 words about your proposal/abstract here:

The College of Medicine and Health at University of Exeter has taken the active lead in our journey towards becoming an anti-racist college in line with our university’s vision. We have taken a four-layered approach to decolonise the college:

1. Staff-student partnerships to build an anti-racist infrastructure by implementing the British Medical Association BAME charter; a set of actions undertaken to prevent and deal with harassment on campus and on placements. Task & Finish groups aim to develop a robust system for handling complaints, create a system that supports individuals to speak out with confidence and embed EDI policy across learning processes.

2. To raise awareness and build a collective movement, we launched the ‘Let’s Talk About…Series’. This series aims to raise awareness around racism, privilege, discrimination and other EDI issues, integrate inclusivity in the college culture and promote active staff participation in EDI policy. This is a safe and intellectual space for academics and student leaders to engage in challenging yet important conversations in order to progress on this positive movement.

3. To prioritise building a safe and inclusive environment for our BAME students, medical students and allied health professionals have monthly ‘BAME Student Check-in Sessions’, an avenue to share challenges, micro-aggressions or ethnicity related hurdles. Students across the college are being trained in bystander training and discussing case studies, equipping them to navigate micro-aggressions on clinical placements.

4.To integrate diversity and representation in the curriculum, we created a toolkit to decolonise the reading list in partnership with the library. The toolkit provides suggestions on how and where to look for diverse material, narrowing down by region or affiliation through Scopus and Web of Science. While the journey is long and ongoing, our college is well on its way to fulfil its sustainable and long-term commitment towards decolonisation.

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## ABSTRACT #4

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| **Lead presenting author:** | Karina Chopra |
| **Presenting author institution and country:** | University of Aberdeen, Scotland |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Paper - full (up to 5,000 words)

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Elective Project: Decolonising the MBChB Curriculum

## Abstract - add up to 300 words about your proposal/abstract here:

Background: The phrase ‘decolonise higher education’ has gained mainstream attention with campaigns such as ‘Why is my curriculum white?’ and ‘Rhodes must fall’. Research has shed light regarding the medical curricula failing to equip graduates to treat a diversifying population.

Methods: A literature review was conducted to answer the following questions: (1) What does decolonisation mean? (2) Is decolonising necessary? (3) What are the benefits and limitations of decolonisation? (4) What are the effective interventions to decolonise the curriculum and consequently teach cultural competency? In November 2020 a search was carried out on four databases (Ovid Medline, Embase, CINAHL and Google scholar). Papers were screened first by title and abstract and then by full-text analysis based on the inclusion criteria.

Results: Sixteen articles were included for the final analysis that discussed educational interventions in order to develop a more inclusive, anti-racist medical curricula. Seventeen teaching strategies were identified. The most common interventions cited were questionnaires, discussion groups and lectures. Many research groups acknowledged the use of multiple teaching approaches. There was no gold standard strategy identified and adaptation of the strategies to suit context was advocated.

Conclusion: Our review has shown that at present there is no standardised way of decolonising the curriculum. More research is needed to assess how the effective interventional strategies are, to produce culturally competent doctors who are ready to meet the needs of our diverse population.

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## ABSTRACT #5

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| **Lead presenting author:** | Mariyah Bashir |
| **Presenting author institution and country:** | University of Manchester |

## Please select the Conference stream your submission most aligns with:

Decolonising Histories in Medical Education

## Please select the option that best describes your submission:

Paper - developmental (up to 2,000 words)

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Decolonising Medical Curriculums

## Abstract - add up to 300 words about your proposal/abstract here:

The COVID-19 pandemic and Public Health England’s recent inquiry into the disproportionate impact of COVID-19 on ethnic minority citizens has been a litmus test for the devastating impacts of institutional racism on social determinants of health, resulting in healthcare inequity in the UK. Whilst biological factors my impact course of the disease in ethnic minority patients, recognition must be given to underlying factors linked to social determinants of health which are directly influenced by racism (Douglass, Fyfe and Lokugamage, 2020). Identifying race as a social construct, and not a biological one, allows medicine and medical curricula to account for historical legacies of power discourses, privilege, discrimination and oppression in UK society, health and social care systems (Douglass, Fyfe and Lokugamage, 2020). The current political, health and social climate must not pass without action to address health and social inequality in UK health institutions. This paper aims to explore medical students, medical educators and doctors’ opinions on how decolonisation may impact institutional racism in the NHS and barriers they perceive towards decolonising the medical curriculum. It will also offer a potential starting point to institutions on how to adopt methods and practices which facilitate decolonisation of medical curricula.

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## ABSTRACT #6

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| **Lead presenting author:** | Zeynab Caba |
| **Presenting author institution and country:** | City, University of London, UK |

## Please select the Conference stream your submission most aligns with:

Safeguarding the Future: Towards Anti-Racist Medicine

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

Dissertation

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

The Inclusion of Social Sciences in Medical Education to Tackle Health Inequalities in the UK – a Critical Synthesis

## Abstract - add up to 300 words about your proposal/abstract here:

Medical education has a major emphasis on biomedical knowledge. This creates a gap in medical students’ and clinicians’ understanding of how social and cultural conditions lead to health inequalities. The inclusion of social sciences in medical education can help reduce health inequalities by equipping medical students and doctors with the skills, knowledge, and attitudes to advocate for their patients. This study aimed to examine the inclusion of social sciences in medical education in the UK to inform policy development around the role of medicine in reducing health inequalities This study was a critical synthesis, consisting of an analysis of the GMC’s Promoting Excellence: standards for medical education and training (2015) policy document and a thematic analysis of the current literature on the inclusion of social sciences in medical education to reduce health inequalities. Two themes were developed from the policy analysis: (1) The roles and responsibilities of medical students and (2) The roles and responsibility of medical educators. Three analytical themes emerged from the thematic analysis: (1) the perception of social neutrality in medical education, (2) shifting perspective, (3) real-life implications. The findings suggested that the UK medical education system has a strong focus on biomedical knowledge; the inclusion of a social science module can benefit students' learning and practice in recognising the social determinants of health and their role in reducing health inequalities. This study has shown that a focus on the biological aspects of disease alone drives health inequalities in society and social sciences should be included in medical education. It provides recommendations on how to include social sciences in medical education to reduce health inequalities. The findings highlight that GMC does not guide health inequality training; social science module proves beneficial in equipping medical students and clinicians with the tools to be socially competent healthcare professionals.

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## ABSTRACT #7

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| **Lead presenting author:** | Marisha Wickremsinhe |
| **Presenting author institution and country:** | University of Oxford, UK |

## Please select the Conference stream your submission most aligns with:

Safeguarding the Future: Towards Anti-Racist Medicine

## Please select the option that best describes your submission:

Paper - developmental (up to 2,000 words)

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Making progress toward anti-racist medicine and public health: what role can health researchers play?

## Abstract - add up to 300 words about your proposal/abstract here:

The fields of medicine and public health are starting to recognise the negative effects of uncritical race/ethnicity data collection and interpretation in health research, from the use of unfounded ‘race corrections’ in clinical practice to mindless ‘adjustment for race’ in epidemiological studies. Growing calls to abandon these practices in recent years have been coupled with growing awareness of the need to gather robust race/ethnicity data to combat health disparities, leaving the anti-racist health researcher to ask a largely unexplored question: how (and when) should we collect and interpret race/ethnicity data in general health research in service of anti-racist aims? In this paper, I argue for framing the health researcher’s question as an ethical one. Health researchers must take care not to reify race essentialism on the one hand without ignoring the relationship between health and race/ethnicity, as a social construct, on the other. Moreover, the anti-racist health researcher must ensure that this data collection and interpretation pays adequate attention to social and political contexts (e.g. inequitable access to healthcare, nuances in self-reported identity), as well as to practical and ethical constraints (e.g. protections for special category data, risks of compromising anonymity). Asking this question in ethical terms also reveals that any specific obligations of the individual health researcher sit within the broader health research enterprise. In asking how and when individual researchers should collect and interpret race/ethnicity data in health research, we must also ask how the research enterprise as a whole should distribute this responsibility, with attention to the role of not only individual researchers but also research ethics committees, institutions, and agenda-setters. I argue that reframing the challenge as one for the research enterprise as a whole will better facilitate progress toward anti-racist medicine and public health practice.

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## ABSTRACT #8

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| **Lead presenting author:** | Ayra Ahmad |
| **Presenting author institution and country:** | Unknown, Scotland |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Poem - (up to 5-minute performance time - live or pre-recorded)

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Of Colours and Cures

## Abstract - add up to 300 words about your proposal/abstract here:

Context: This loose sonnet was inspired by an article that detailed the ‘inherent racism’ in the way doctors are taught and trained within the United Kingdom. As an aspiring medical student with a growing portfolio of poetry, I jumped at the opportunity to write about this issue. I was recently awarded the Oxford Tower Poetry award and Foyle Young Poets award for similar poems and found myself drawn to write about this theme of inequality. The curriculum in British medical schools predominantly uses white patients as examples when teaching students about detecting diseases- of which a number appear differently depending on skin tone. By giving students limited knowledge on how to treat large percentages of the population, they are doing their patients an injustice. This inequality is what Brighton and Sussex Medical School has begun to discuss, and this poem intends to aid this discussion. Mundasad, S. (2020). The medical school trying to become anti-racist. BBC News. [online] 17 Aug. Available at: https://www.bbc.co.uk/news/health-53465113. Due to this form, the structure and italics of the poem may be warped. I’d be happy to provide a PDF of the poem if required.

***Of Colours and Cures***

*Dear Society, thirsting a world grey- where blood runs black and waxen white ivy bears no poison- you gave us this to weigh; To bleed is to bleed. We must ask dryly then… why are our wounds not identical? Even blackened blood cannot hide this truth, bellowed from lungs of eager medical youth. Centuries of poisoned wounds to soothe, still, a kaleidoscope of white obscures terracotta, cacao, umber and brown. Our dear Society, we call for cures. These wounds are not one shade -look around. The crimson of blood, ivory of bone. Why wash us grey? We are not monotone.*

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## ABSTRACT #9

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| **Lead presenting author:** | Aneesa Patel |
| **Presenting author institution and country:** |  University of Edinburgh, Scotland. |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Paper - full (up to 5,000 words)

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Decolonising the curriculum: Assessing and improving educational resources for teaching dermatological conditions in darker skin tones for undergraduate medical students at Edinburgh University.

## Abstract - add up to 300 words about your proposal/abstract here:

Aim: This project had three aims. The first: to assess current resources provided by the University of Edinburgh for dermatology teaching. The second: to start an initiative to collect photographs of dermatological conditions in darker skin tones in NHS Lothian. The third: to update current resources and to produce a new module on conditions in skin of colour.

Methods: Assessment of current resources: Carried out by analysing images in five textbooks using the Fitzpatrick scale and sorting images into two groups: light skin (types I-IV) and dark skin (types V/VI) images. Skin Diversity Project: Advertising was carried out in waiting rooms using posters. Doctors who were involved in the project collected photographs in clinics, using the phrase “Skin Diversity Project” on consent forms. Updating resources and module creation: Current resources were updated using freely available images from the website, DermNet NZ. To create a new module, learning materials were formulated using resources such as Taylor and Kelly’s Dermatology for Skin of colour (2015). The module was designed using the H5P framework on an Edinburgh University Wix site.

Results: Assessment of current resources: The online textbook, Edderm101 core concepts, does not contain any images of skin. The percentage of dark skin images in the other textbooks are as follows: Edderm101 core diseases 2.16%; Skincancer909 0.97%; Davidson’s 0%; Macleod’s 0%. Conclusion: Two key points were identified: current resources are disjointed from UK population demographics and any endeavours to increase diversity inclusion in our medical resources will have to be long-term.

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## ABSTRACT #10

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| **Lead presenting author:** | Nibu Thomas |
| **Presenting author institution and country:** | BCUHB, UK |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

A project to highlight racism and sexism experienced by junior doctors during their post graduate training at a DGH resulting in systemic change with support from senior medical managers.

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Quantifying racism and Sexism in post graduate medical training

## Abstract - add up to 300 words about your proposal/abstract here:

Introduction: 3 junior doctors in a DGH set out to quantify the experience of racism and sexism faced by trainee doctors using a QIP strategy in a pursuit to create change within the hospital.

Methods: In November 2020, an online survey was sent to all trainee doctors to gather their experience related to racism and sexism. The survey could be filled anonymously. Free text boxes were provided to allow trainees to share lived experiences.

Key and Significant Results: There were 47 responses out of a maximum 81. 61% stated they had experienced sexism. 68.1% stated they had experienced racism. 56% felt their concerns were not addressed when escalated to their supervisor. Free text boxes received numerous shocking stories relating to lived experiences by junior doctors. Action: Awareness of the issues were raised using a poster campaign in the doctor's mess focussing on the lived experiences. The results were also presented to the director of medical education and hospital medical director. They took the results forward to the human resources team and organisational development team resulting in a new online reporting option employed where trainees and other employees could report such incidents in real time and it would be investigated confidentially. Discussion: The numbers did not do justice to the episodes of sexism and racism faced by trainees expressed in a survey in a DGH. The medical directors were unaware of these issues till this survey highlighted them. Medical education leads were keen to improve junior doctor experience and ensure supervisors take decisive action when concerns are raised. A system overhaul is being planned to ensure that future post graduate medical trainees have a better experience in medical education. A ten-minute presentation to highlight the challenges faced in such a project would be great. Thank you.

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## ABSTRACT #11

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| **Lead presenting author:** | Joanne Harris |
| **Presenting author institution and country:** | Buckingham, United Kingdom |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

This is part of my work into a professional doctorate in education in IOE. I would welcome a live presentation with discussion time.

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Exploration of cultural factors and how they shape professional identity formation of medical undergraduates.

## Abstract - add up to 300 words about your proposal/abstract here:

Aims: Recently there has been a drive to increase the diversity of medical students to reflect the composition of the population. This Widening Participation Initiative looks at the gender, social class and race and ethnicity of students entering medical school. Medical schools are places of professional socialisation, however cultural aspects, often delivered by the hidden curriculum are rarely considered. A competing discourse ensuring teaching of competencies may seek to eliminate cultural differences. This study sought to explore the culture-related experiences of medical students at two contrasting schools, and how this linked to their developing professionalism.

Methods: Student data was collected at two contrasting medical schools in the UK via an online survey and semi-structured interviews. Students described how cultural factors affected their experience at medical school and their views on professionalism. The questionnaire (n=79) included Likert scale questions and free text comments. Twelve students took part in a telephone interview to describe their experiences in more depth. Responses were analysed using Boudieusian concepts of habitus, capital and field and related to the hidden curriculum.

Results: Cultural diversity was often seen as a benefit and a support to students at medical school however, students also reported incidences of sexism and racism causing dissonance in clinical placements. Social class differences and formation of ethnic cliques were sometimes seen as barriers to fitting in at medical school. Many students reported racist and sexist comments from patients but considered it unprofessional to raise this with the patient.

Discussion: Students regularly experience discrimination due to gender, social class and race and ethnicity. The dissonance they feel relates to the difference between how they are taught to behave and their lived experiences in the clinical environment. They are learning to respond to this and the need to reconcile this with their developing professional identities.

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## ABSTRACT #12

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| **Lead presenting author:** | Paul Wilkinson |
| **Presenting author institution and country:** | University of Cambridge, UK |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

We would like to present a live oral online symposium on our work to develop an anti-racist curriculum, across multiple strands

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Developing an Anti-Racist Medical Course at the University of Cambridge

## Abstract - add up to 300 words about your proposal/abstract here:

We established a staff-student liaison group on Racism in Medical Education (RME). This agreed that three domains need to be covered and working groups were set up to address these. The proposed symposium will explain how we are doing this work, with detailed examples. Curriculum Racism concepts and frameworks: providing an improved understanding of the historical, ethical and legal frameworks associated with race discrimination and the impact of racial bias on healthcare. Practical skills and lived experience: tackling the impact of students’ own identity beliefs, cultural assumptions and unconscious biases and providing the skills for students to recognise and deal with racial discrimination. Developing skills to support an ethnically diverse population. Diverse ethnicity in all aspects of clinical practice: ensuring that the curriculum appropriately reflects ethnic diversity across all student experiences and all healthcare settings. Encouraging reflection on differential health outcomes in different groups. Every theme and speciality lead are reviewing their curriculum content to review where these areas are being covered and ensure that there is appropriate representation of diversity within all teaching resources. Staff Development: This group focuses on staff development, teaching staff the skills they need to address racism, including (but not limited to) addressing racist incidents on placements (for example through Bystander Training). Student Reporting and Support: This group is aiming to improve the process for students reporting incidents of racism that they experience. It has been agreed the system needs to have the following functions: - Taking appropriate action following the report of racism - Supporting the student who has experienced racism - Collecting good quality data on racism experienced by medical students. It was agreed that reporting can be anonymous or non-anonymous. The group has worked with the central university in developing a system that meets these functions.

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## ABSTRACT #13

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| **Lead presenting author:** | Wajeeha Aziz |
| **Presenting author institution and country:** | Brighton and Sussex Medica School, UK |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

Presentation of case study and recommendations for further practice

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Promoting antiracist practice in postgraduate taught courses at BSMS: A case study of collaborative approaches and recommendations for future practices across PGT programmes

## Abstract - add up to 300 words about your proposal/abstract here:

Developing learning environments where students are respected for their uniqueness and given equal opportunities to demonstrate their knowledge and strengths is a standard every higher education institution is thriving for. However, the practices and approaches required to achieve this vary according to the level of academic study, the structure of programmes, resource allocation, buy-in from academic leads and the specific needs of students. While a considerable workstream has been embarked upon within the undergraduate medical school at BSMS, postgraduate taught (PGT) courses offer unique challenges and opportunities to implementing antiracist practices. Drawing on the experiences within one PGT course, this presentation will explore how the autonomous nature of individual courses and independent decision making from course/module leads can be used as an opportunity to promote partnership working to diversifying the curriculum and for its re-validation by curriculum board. It will also look at the experiences of that one course in offering a series of recommendations about how this model of change could be adopted to overcome any challenges across similar PGT courses within BSMS.

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## ABSTRACT #14

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| **Lead presenting author:** | Margot Turner |
| **Presenting author institution and country:** | St Georges University of London, UK |

## Please select the Conference stream your submission most aligns with:

Decolonising Histories in Medical Education

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

A live 10-minute PowerPoint presentation delivered by staff and students

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Co-Creation for Change - Developing an Anti-Racist Curriculum

## Abstract - add up to 300 words about your proposal/abstract here:

We will briefly acknowledge our long journey, working on embedding diversity issues into the communications curriculum. The main body of the presentation will show the importance of co-creation with students as a means of challenging racism. The literature on co-creation emphasises that this strategy can support formulation for change and professional development for teachers and learners (Konings et al 2020). Our short presentation will describe the different ways we have tried to challenge racism with our students by creating material which both celebrates the contribution of black people to healthcare and has also changed the learning environment. We will show how students have been involved in re-writing, creating new course material and been trained to deliver small group teaching in partnership with faculty. Since the death of George Floyd both staff and students have been talking about policies to address structural racism at the university. While these are very important conversations which undoubtedly will bring about structural changes, often black student voices have been lost in this forum. Therefore, some staff and students felt it was important to use the co-creation model to create new material to raise issues of microaggressions, unconscious bias, racism, allyship and advocacy early in our courses so that students could see the changes and know where to get support when they were affected by racism. We will also describe a series of short film scenarios we have designed with students to prepare students for tackling racism on placement which both the BMJ (2017) and our students have identified as still problematic. We hope sharing this work will help facilitate discussions on how to create an anti- racist medical school.

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## ABSTRACT #15

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| **Lead presenting author:** | Linnet Mensuoh |
| **Presenting author institution and country:** | Cardiff University, United Kingdom |

## Please select the Conference stream your submission most aligns with:

Safeguarding the Future: Towards Anti-Racist Medicine

## Please select the option that best describes your submission:

Paper - developmental (up to 2,000 words)

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Building positive dialogue between students and staff: the Cardiff University MEDIC Race Equality Task Group

## Abstract - add up to 300 words about your proposal/abstract here:

Early summer 2020 engaged students and student groups at Cardiff University School of Medicine wrote open letters and provided recommendations concerning curriculum change, equality, diversity and inclusivity (EDI) training and changing the culture by tackling micro-aggressions. Following this in June 2020, a group of staff and students met up virtually to discuss ways in which they could help foster attitudes and beliefs. Ignited by robust conversations, a month later the MEDIC Student Staff Race Equality Task Group was established to continue the momentum. Over the academic year 2020/2021, several meetings and activities occurred that fostered communication and a culture of inclusion. The Group was co-chaired by a student and a member of staff. Activities included actions focussing on decolonising the curriculum and the delivery of a two-day Race Awareness event. Members of the group were also involved in staff and student workshops and panel events discussing race. The activities of the Group were evaluated by a series of semi-structured interviews of internal members and external participants. Feedback from the Race Awareness event was also evaluated. Overall, most participants recognised the importance of establishing the Task Group dedicated to improving racial equality in the medical school. They praised the solid foundation of trust and confidence that has transpired between staff and students to foster a positive culture. The work of the Group will continue for another academic year in order to continue discussions and embed change.

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## ABSTRACT #16

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| **Lead presenting author:** | Alyssia MacAlister |
| **Presenting author institution and country:** | Alyssia, University of Brighton, UK |

## Please select the Conference stream your submission most aligns with:

Decolonising Histories in Medical Education

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

Small live presentation and discussion session. 20-30 minutes would be ideal.

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Decolonising Breastfeeding

## Abstract - add up to 300 words about your proposal/abstract here:

This open discussion/presentation puts forth that breastfeeding education and discourse needs to be decolonised; to be freed from being an act of resistance so it can be a truly supported parenting choice for families. According to UNICEF, the UK has the lowest rates of breastfeeding in the world, with only 1% of babies exclusively breastfed beyond six months; a marker because it is the recommended minimum breastfeeding duration for optimum health outcomes and the age at which solid foods can be introduced. Breastfeeding is a deeply contentious issue for both families and healthcare professionals. Although the biological benefits of breastfeeding to both feeding parent and baby are now abundant and proven, infant feeding has been historically used as a tool to: oppress women into being simultaneously producers and reproducers of labour and future labourers; enforce patriarchal concepts onto family structures; foster imperialism and cultural dominance with lethal consequence. With such strong intent, views and practices of infant feeding become strongly influenced by cultural practices and social pressures. The marketing and proliferation of artificial formulas along with the medical community’s historical disregard for female physiology have contributed to public health crises globally, from high obesity rates in the north-western hemisphere, to infant mortality in economically developing countries caused corporations convincing mothers to use formula over breastfeeding in unsanitary conditions. There are several other points this presentation will explore, such as NICE’s use of recommendations to ethnicise risk; Black women forced to wet nurse white babies. Nestle for example, was forcing the native populations to use formula instead of Breastfeeding (alleging that it’s more civilised thing to do) but in the absence of clean water, the Formula feeding led to lots of infant deaths. When it was discovered, ‘Nestle Boycott’ was launched in protest.

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## ABSTRACT #17

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| **Lead presenting author:** | Danial Naqvi |
| **Presenting author institution and country:** | University College London Hospitals NHS Foundation Trust, London, UK |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Other - (up to 10-minute presentation time)

## If you selected 'other', please provide a description of your presentation here:

Presentation of a mixed-methods research study looking into medical students’ perspectives on tackling language barriers in the medical school curriculum. Presenting as a poster/oral presentation.

## Please indicate your preference for mode of delivery:

Live - you would like a specified time slot on the agenda for presenting your item and discussion

## Title of your submission:

Bridging Language Barriers in Clinical Practice: The medical student perspective

## Abstract - add up to 300 words about your proposal/abstract here:

Background: The COVID-19 pandemic has brought to light the need to address health inequalities. The UK homes a richly diverse, multicultural population and therefore the NHS serves many patients who speak little or no English (LEP- Limited English Proficient). Language barriers are a major determinant in the inequality in healthcare received by BAME and migrant populations (Terui et al 2017, Clarke et al 2019, Mangrio et al 2017). As part of medical school preparation-for-practice, we wanted to assess medical student experience and knowledge about how to communicate with LEP patients.

Methodology: We conducted a national mixed-methods survey aimed at students in their final years of medical school, with the aim of determining the extent to which communications-skills teaching focuses on LEP patients. The survey was shared via medical school communications skills leads, and through social media/messaging service groups. Qualitative data was thematically analysed (Clarke et al 2006).

Results: 57 medical students from 4 UK universities took part in the study. Over 50% were fluent in more than one language. Although more than two-thirds of students have communicated with LEP patients themselves, only 10% of students have used a formal in-person or phone translator. 38% have been shown how to use translator apps to communicate with LEP patients. Two-thirds of students did not know how to access translator services. There is minimal teaching on communicating with LEP patients using methods such as simulated-patient scenarios (14%), small group discussions (14%) and lecture-based teaching (10%). Qualitative data demonstrated students would benefit from more case discussions showing how to access translator services before starting foundation training.

Conclusion: This study provides evidence for a need for increased medical school teaching on accessing translator services and surrounding ethico-legal issues, which will help further decolonise the curriculum.

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## ABSTRACT #18

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| **Lead presenting author:** | Sanchita Pal |
| **Presenting author institution and country:** | Unknown, United Kingdom |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Paper - developmental (up to 2,000 words)

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Developing a new experiential small group clinical communication skills session to address micro-aggressions professionally in the clinical environment

## Abstract - add up to 300 words about your proposal/abstract here:

Background: There is growing evidence of micro-aggressions occurring in the healthcare setting to both healthcare workers and students. These are well recognised to be more prevalent than overt discrimination. Micro-aggressions have an impact on self-esteem and feeling of belonging, now with emerging evidence of association with burnout and a greater impact earlier in doctors’ careers as students develop their professional identity. Despite much research evidence about the rate of micro-aggressions for medical students (~70%), and current need for training; there is limited evidence for outcome measures for any reported interventions.

Methods: We have designed a 90-minute experiential session with 6 students, a facilitator and role player. The role plays are pre-written, and are based on published examples and our students reported experiences to enable the recreation of these micro-aggression in a safe environment. We developed a framework based on the published strategies and adapted for our students to give them an opportunity to reflect on their experiences, actions, and support change in behaviour/response to these events. We use the existing framework for developing clinical communication skills and the ALOBA feedback framework.

Progress: This session has been written and piloted with a group of medical students and is now being included for clinical students starting from the 2021 academic year. We have delivered the faculty training and are developing additional resources for both staff and students.

Expected outcomes: We have now developed an experiential session to support our students to develop the skills to practically deal with micro-aggressions and understand the lived experience. This will compliment other sessions/themes within our clinical course to cover concepts/frameworks and diversity in clinical practice. We hope these skills will support our students in developing their professional identity and recognising the impacts of inequality on both health and social outcomes for both patients and colleagues.

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## ABSTRACT #19

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| **Lead presenting author:** | Sanchita Pal |
| **Presenting author institution and country:** | United Kingdom |

## Please select the Conference stream your submission most aligns with:

Promoting Anti-Racist Practice in Contemporary Research and Pedagogy

## Please select the option that best describes your submission:

Paper - developmental (up to 2,000 words)

## Please indicate your preference for mode of delivery:

Hybrid/Flipped - you would like to send a pre-recorded submission that the conference delegates can watch, as well as have an opportunity to discuss it with the participants on the day

## Title of your submission:

Progress with faculty development in micro-aggressions; training, and improving confidence in dealing with racism

## Abstract - add up to 300 words about your proposal/abstract here:

Background: Growing need to address racism and diversify medical school curricula to reflect the student needs. There is recognised faculty discomfort and anxiety around discussing racism; particularly if there is a perceived lack of lived experience.

Methods: We have developed a tiered strategic approach to faculty development; with stakeholder involvement from students and faculty. The key aims were to 1) address discomfort/anxiety around discussing the topic and reflecting on our faculty diversity 2) problem solving challenges facilitating these sessions and 3) developing more general strategic approaches.

Progress: We have implemented an iterative approach to developing faculty training to develop the training and resources. We have also developed a tiered approach to delivering the training; with a baseline training and resources available to all faculty; and more tailored training depending on faculty needs and roles. Initial sessions have been used to co-create further materials; for example using break out rooms during an early faculty development session to generate team responses to problems which might be experienced by faculty either during teaching or supporting our students. We have now co-created with local faculty a 3-hour session which mirrors teaching our faculty will later be delivering to students; this involved key stakeholders from both faculty and students.

Expected outcomes: We are currently developing multiple streams of learning opportunities for our faculty; as 1) learning resources/packs 2) collaborative learning sessions 3) experiential learning sessions and 4) frameworks adapted to the clinical and professional environment. These are being co-created and iteratively developed with input from multiple stakeholders and perspectives to ensure that everyone is feeling valued, included and represented in addressing racism.

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