

**OHSU Physician Assistant Program Anti-Racism Lecture Guidance**  
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The PA program values diversity, equity, and inclusion. This lecture guidance is an effort to support anti-racist teaching by providing evidence-based best practices and recommendations.

- Faculty should be empowered to address race, and we recognize there are many ways to do this.
- We recommend faculty address race in medicine by discussing the factors affecting disease prevalence, diagnosis, treatment, and the role of social determinants of health.<sup>1,2</sup>
- Faculty and students should call out when race is used for diagnosis or treatment, and investigate practices for potential harm.<sup>1,3</sup>

Best Practices	Examples
<b>Present race as a construct</b> Race should be presented as a sociopolitical construct. <sup>1-6</sup> Present racial/ethnic differences in disease burden with contextualization including environmental exposure, ancestry or family history and “relationships among race, racism, and health outcomes.” <sup>1</sup>	<u>Avoid:</u> Teaching that Black patients are more likely to have asthma than white patients <sup>1</sup> <ul style="list-style-type: none"> <li>• <i>This example does not provide context and suggests a race-based difference.</i></li> </ul> <u>Recommend:</u> Teaching that higher prevalence of asthma among Black patients compared to white patients may be due to “residential segregation and unequal access to high-quality housing and healthcare.” <sup>1</sup>
<b>Evaluate for Race-Based Diagnostic Bias</b> Generate and impart evidence-based information regarding race, avoiding race-based diagnostic bias. Race-based diagnostic bias is using racial terms to describe epidemiologic data.	<u>Avoid:</u> Sickle cell disease affects only Black patients <sup>1</sup> <ul style="list-style-type: none"> <li>• <i>This perpetuates the belief that race itself puts patients at risk for disease.<sup>1</sup> Instead, find out what puts patients at risk for disease and provide that information.</i></li> </ul> <u>Recommend:</u> Sickle cell disease is most “common in populations at risk for malaria.” <sup>1</sup>
<b>Question Guidelines</b> Critically analyze guidelines that endorse the use of racial categories in the diagnosis and treatment of diseases.	<u>Avoid:</u> Black patients have a higher eGFR than white patients at the same level of serum creatinine, due to higher average muscle mass and creatinine generation rate. <sup>7</sup> <ul style="list-style-type: none"> <li>• <i>The eGFR equations assert that existing organ function is different between individuals who are otherwise identical except for race. Estimated GFR is upwardly adjusted for persons designated as Black or African American, which raises the threshold at which patients are diagnosed and referred for appropriate management.<sup>8</sup></i></li> </ul> <u>Recommend:</u> Understand the origins of race-based algorithms. Teach students to appraise research critically.
<b>Avoid Racial Essentialism in Case Vignettes</b> Avoid use of patient’s racial/cultural identity as a harbinger of pathology covered later in the case. Include diversity of race and culture in your case examples and introduce racial identity in the social history section. Racial essentialism is the belief that races are biologically distinct groups and thus race determines risk based on these biologic differences.	<u>Avoid:</u> A Latinx youth is diagnosed with obesity. <ul style="list-style-type: none"> <li>• <i>Leave out race/ethnicity in the introductory statement.</i></li> <li>• <i>Avoid pathology from a stereotypical racial group</i></li> </ul> <u>Recommend:</u> A child is found to have leukemia. In the social history it is noted that the child is Black. <ul style="list-style-type: none"> <li>• <i>Race can be included in the social history if it is relevant to the diagnosis.</i></li> <li>• <i>The racial and ethnic differences in prevalence of leukemia in pediatric populations is poorly understood. While leukemia has higher incidence in Latino and white patients, it also affects Black patients.</i></li> </ul>
<b>Avoid Stereotypes</b> Content and case studies should be diverse and avoid stereotypes <sup>2,4,5</sup> . In case studies, patients of color should exhibit a broad variety of healthy and unhealthy behaviors, avoiding exclusively unhealthy, stereotypical behaviors.	<u>Avoid:</u> A 57-year-old patient presents intoxicated with facial lacerations after an altercation. In the social history it is noted he is houseless and American Indian <ul style="list-style-type: none"> <li>• <i>Avoid “exclusively unhealthy, stereotypical behaviors”<sup>5</sup> often attributed to patients of color, as this reinforces implicit biases and worsens health outcomes.</i></li> </ul> <u>Recommended:</u> A patient presents for management of newly diagnosed diabetes. She exercises, eats healthy, and has a BMI of 23. The social history states she is a 47-year-old Vietnamese attorney. <ul style="list-style-type: none"> <li>• <i>This patient’s HPI does not fall back on cultural stereotypes/implicit biases.<sup>5</sup></i></li> </ul>

<p><b>Language Guide</b></p> <p>Be thoughtful and specific when choosing language around race.<sup>6</sup> Avoid mixing terms with varied meanings. For a more thorough discussion of inclusive language and definitions, see the OHSU Center for Diversity and Inclusion Inclusive Language Guide: An evolving tool to help OHSU members learn about and use inclusive language.<sup>9</sup></p> <p><i>*We recommend following the OHSU Language Guide. Other organizations recommend capitalizing both Black and White. (AMA,<sup>10</sup> APA,<sup>11</sup> The National Association of Black Journalists<sup>12</sup>)</i></p>	<p><b>Avoid:</b> Using terms interchangeably like Black, African, or African American that each represent unique groups of individuals.<sup>1</sup></p> <p><b>Recommend:</b> Consider which term best describes the group you are talking about and stick with that specific term for the duration of the discussion.</p> <p><b>Avoid:</b> Using imprecise language to approximate ancestry, such as “Asian” or “African American” when discussing genetic predisposition to disease.<sup>1</sup></p> <p><b>Recommend:</b> Use granular ethnicity or ancestry (e.g., country of origin) to discuss genetic predisposition to disease.</p> <p><b>Avoid:</b> Using outdated terms like “Caucasian” and “minority.”<sup>1</sup></p> <p><b>Recommend:</b> Using “white” and “underrepresented”</p> <p><b>Avoid:</b> Capitalizing white when used in racial, ethnic, cultural sense.*</p> <p><b>Recommend:</b> Capitalizing Black when used in a racial, ethnic, cultural sense and Indigenous when referring to inhabitants of a place as recommended by OHSU and the Associated Press.<sup>9,13</sup></p>
<p><b>Diverse Images</b></p> <p>Choose images that represent pathophysiological conditions in a variety of skin colors and types.<sup>14-17</sup></p> <p>Choose diverse images to represent students, healthcare providers, and patients.</p> <p><i>*We recommend the OHSU Diverse Images and Audiovisuals for Educating Health Professionals<sup>17</sup> and the OHSU Educational Use Photo Diversity Repository.<sup>15</sup></i></p>	<p><b>Avoid:</b> Choosing pictures that perpetuate stereotypes (i.e., overrepresentation of sexually transmitted diseases and traumatic wounds on black/brown skin)</p> <p><b>Recommend:</b> Strive for diverse representation in images<sup>18</sup> including traumatic wounds, infectious diseases, surgical scars, and multisystem disorders such as jaundice, jugular venous distention, and edema.</p>

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