

Inclusive Teaching Strategies for Hospitalists

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Smiling Hospital Staff. Office 365 Stock Photo. Accessed April 29, 2022.



School of Medicine
Physician Assistant Program

Objectives

During this interactive session, audience members will:

- Explore anti-racism guidelines for clinical teaching
- Identify resources to use inclusive language and image guides
- Practice applying the guidance to evaluate case studies and clinical vignettes



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OHSU PA Program Statement of Anti-Racism

Dear PA Classes 2020, 2021, 2022, Alumni and Preceptors:

Especially to those of you who identify as Black/Indigenous People of Color (BIPOC), those of you who are even now dealing with the compounding traumas of watching lynchings and murders across this nation, a posture of dominance rather than cooperation from our country's highest office, and a deluge of micro-aggressive doubt about your lived reality from far too many white Americans. We hear your pain. We see your righteous anger.

George Floyd. Ahmaud Arbery. Breonna Taylor. We say their names aloud. While many of us have addressed these recent murders on our personal social media pages and individually with students, colleagues, friends and family, we as a Physician Assistant faculty and staff want to collectively and wholeheartedly affirm that **BLACK LIVES MATTER.**



Students receive lectures from approximately 200 individuals over the course of their training

Guidance sets clear program expectations for lecturers

Serves as a resource and prompt to review teaching materials through an anti-racist lens

Literature Review

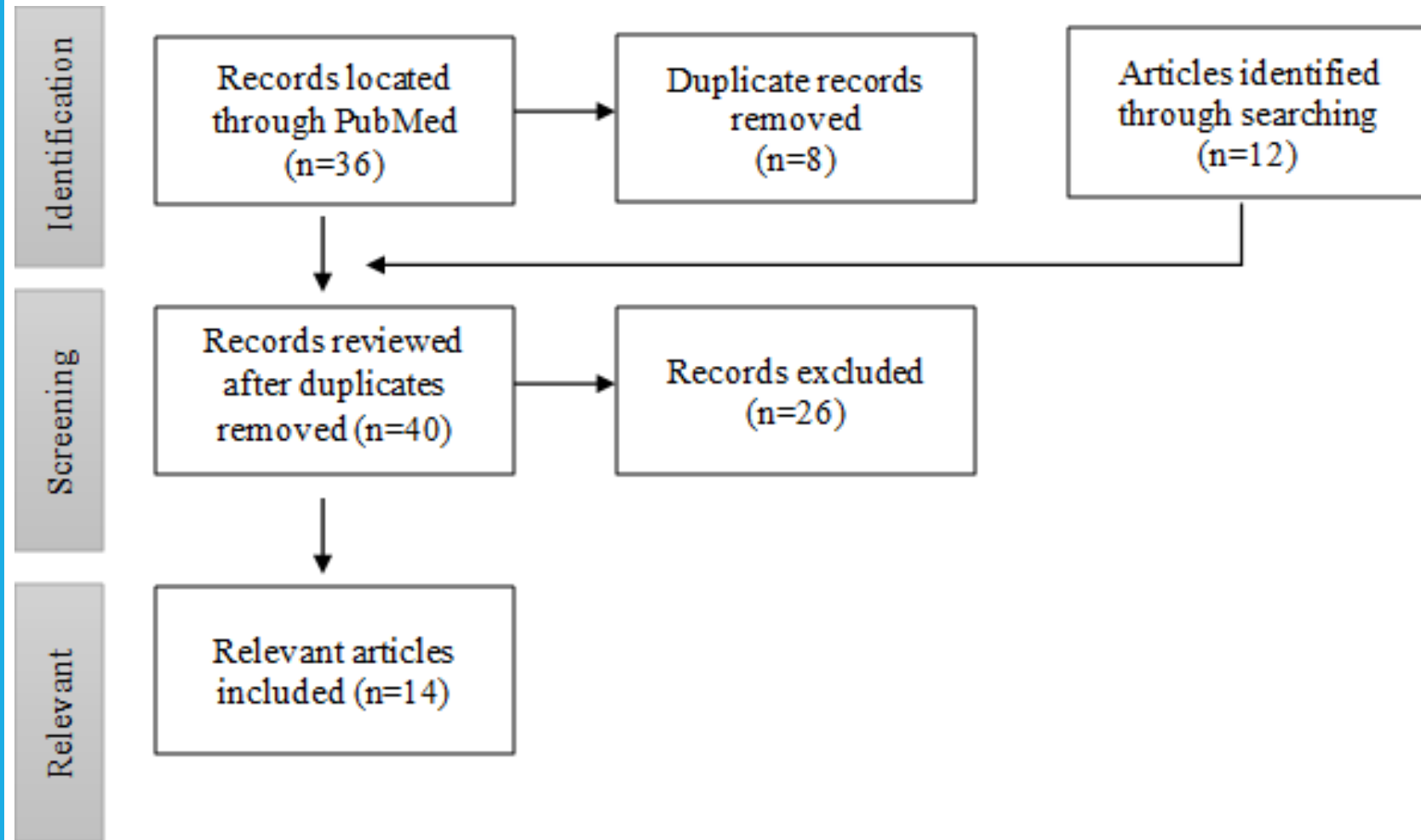
Scholarship from the last five years

PubMed terms:

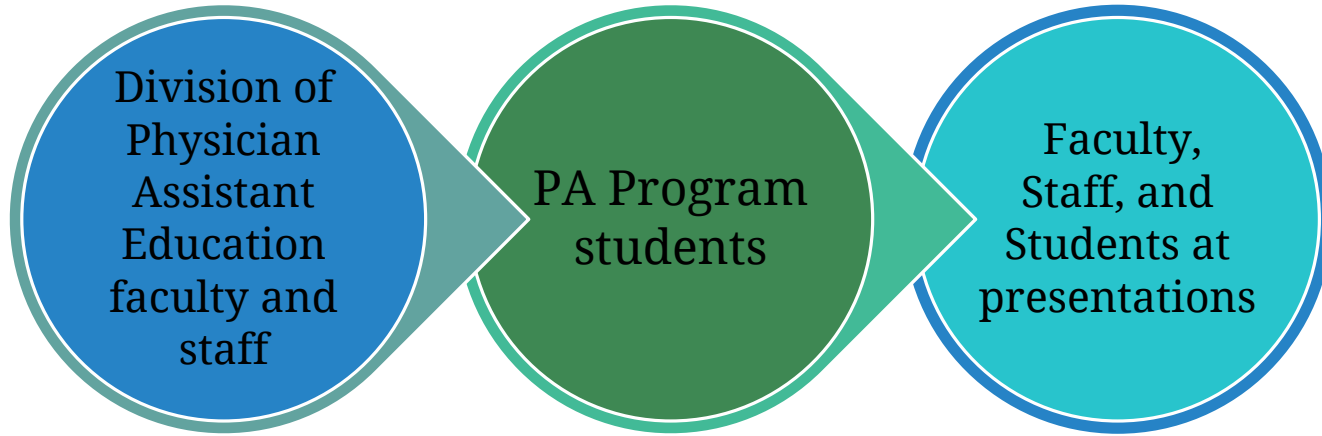
Racism/prevention and control

Education, medical

Cultural competency/education and social justice



Lecture Guidance Improvement Process



After the literature review,

Feedback was solicited directly and via anonymous survey.

Iterative improvements incorporated into guidance.

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.^{1,2}

Faculty and students should call out when race is used for diagnosis or treatment and investigate practices for potential harm.¹⁻³

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.

1. Amutah C, Greenidge K, Mante A, et al. Misrepresenting Race — The Role of Medical Schools in Propagating Physician Bias. *New England Journal of Medicine*. 2021.
2. Nieblas-Bedolla E, Christophers B, Nkinsi NT, Schumann PD, Stein E. Changing How Race Is Portrayed in Medical Education: Recommendations From Medical Students. *Academic medicine: journal of the Association of American Medical Colleges*. 2020.
3. Cerdeña JP, Plaisime MV, Tsai J. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *The Lancet*. 2020;396(10257):1125-1128.

OHSU Physician Assistant Program Anti-Racism Lecture Guidance

Margot Chase, MPAS, PA-C; Sarah Drummond, EdD; Emily Jacobsen, MPAS, PA-C

Present Race as a Construct	Race should be presented as a sociopolitical construct. ¹⁻⁷ Present racial/ethnic differences in disease burden with contextualization including environmental exposure, ancestry or family history and “relationships among race, racism, and health outcomes.” ¹
Evaluate for Race-Based Diagnostic Bias	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.
Question Guidelines	Critically analyze guidelines that endorse the use of racial categories in the diagnosis and treatment of diseases.
Avoid Racial Essentialism in Case Vignettes	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. ²
Avoid Stereotypes	Content and case studies should be diverse and avoid stereotypes ⁴⁻⁶ In case studies, patients of color should exhibit a broad variety of healthy and unhealthy behaviors, avoiding exclusively unhealthy, stereotypical behaviors.
Language Guide	Be thoughtful and specific when choosing language around race. ⁷ 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. ^{8, 9}
Diverse Images	Choose images that represent pathophysiological conditions in a variety of skin colors and types. ¹⁰⁻¹⁴ Choose diverse images to represent students, healthcare providers, and patients.

1. Amutah C, Greenidge K, Mante A, et al. Misrepresenting Race — The Role of Medical Schools in Propagating Physician Bias. *New England Journal of Medicine*. 2021;doi:10.1056/NEJMms2025768
2. Anderson MR, Moscou S, Fulchon C, Neuspiel DR. The role of race in the clinical presentation. *Fam Med*. 2001;33(6):430-434.
3. Cerdeña JP, Plaisime MV, Tsai J. From race-based to race-conscious medicine: how anti-racist uprisings call us to act. *The Lancet*. 2020;396(10257):1125-1128.
4. Kishimoto K. Anti-racist pedagogy: from faculty’s self-reflection to organizing within and beyond the classroom. *Race Ethnicity and Education*. 2018/07/04 2018;21(4):540-554. doi:10.1080/13613324.2016.1248824
5. Krishnan A, Rabinowitz M, Ziminsky A, Scott SM, Chretien KC. Addressing race, culture, and structural inequality in medical education: a guide for revising teaching cases. *Academic Medicine*. 2019;94(4):550-555.
6. Nieblas-Bedolla E, Christophers B, Nkinsi NT, Schumann PD, Stein E. Changing How Race Is Portrayed in Medical Education: Recommendations From Medical Students. *Academic medicine: journal of the Association of* 2020;
7. Tsai J, Ucik L, Baldwin N, Hasslinger C, George P. Race matters? Examining and rethinking race portrayal in preclinical medical education. *Academic Medicine*. 2016;91(7):916-920.
8. American Psychological Association. Inclusive language guidelines. Accessed September 12, 2022. <https://www.apa.org/about/apa/equity-diversity-inclusion/language-guidelines.pdf>
9. OHSU Center for Diversity and Inclusion. Inclusive language guide: An evolving tool to help OHSU members learn about and use inclusive language. Accessed January 11, 2021. <https://libguides.ohsu.edu/ld.php?cont>
10. Hued V, Visual DX. See My Skin. Accessed September 11, 2022. <https://vaseline.huedco.com/>
11. Mukwende M, Tamonv P, Turner M. Mind the Gap: A Handbook of Clinical Signs in Black and Brown Skin. Accessed September 20, 2021. <https://www.blackandbrownskin.co.uk/>
12. Pierce P. Diverse Images and Audiovisuals for Educating Health Professionals. OHSU Library. Updated October 11, 2021. Accessed December 18, 2021. <https://libguides.ohsu.edu/diverse-images>
13. Pierce P, Felver L. Visualizing diversity: the Oregon Health & Science University Educational Use Photo Diversity Repository. *Journal of the Medical Library Association: JMLA*. 2021;109(3):472.
14. Weiss EB. Brown Skin Matters. Accessed September 11, 2022. <https://brownskinmatters.com/>



Overall, we have gotten positive responses to the guidance from faculty, staff, and students.





Case 1: On rounds, a learner gives you the following case presentation. How would you guide your learner to adjust their presentation using the lecture guidance?

49 YO Asian man presents with a dry cough for 5-6 months. Has pain on the right side of chest when coughing. Cough is worse during day, less at night. Has tried OTC Advil, Nyquil w/out benefit. No rx meds tried. Current smoker with 17 pack-year history. No SOB, weight loss, fever or night sweats. Immigrated from Vietnam 20 years ago. Lives with brother and his family. No one else is ill. Has HTN and was started on Lisinopril 2 weeks ago. Prior to that was not using any BP medications. Provider who saw pt 2 wks ago ordered PFT for cough but hasn't completed.

- PE – Vitals normal. Afebrile, O2 sat 98% on RA
- GA – Coughing Frequently
- Lungs – intermittent wheezing on right otherwise CTA. Eyes, HEENT, Neck, Lymph, Heart, Ext, Skin normal



Case 2: American Heart Association (AHA) Get with the Guidelines Heart Failure Risk Score

Predicts the risk of all-cause in-hospital mortality in patients admitted with an acute exacerbation of heart failure

A 70-year-old patient with PMHx COPD is admitted with an exacerbation of heart failure. BP is 112/82, HR 88, BUN 30 and Na 130.

Using this information, calculate the risk score for a Black and non-Black patient and consider: How does the treatment recommendation differ between each group? How might this information impact your clinical practice?

<https://www.mdcalc.com/gwtg-heart-failure-risk-score>



Risk Score Interpretation

16 – 35 points = low

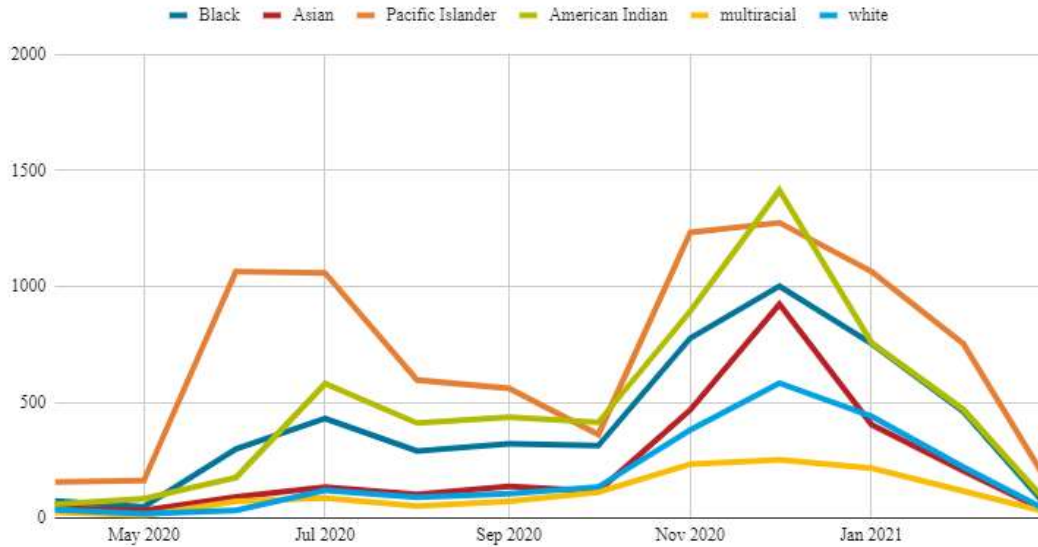
36 – 41 points = moderate

42 – 67 points = high

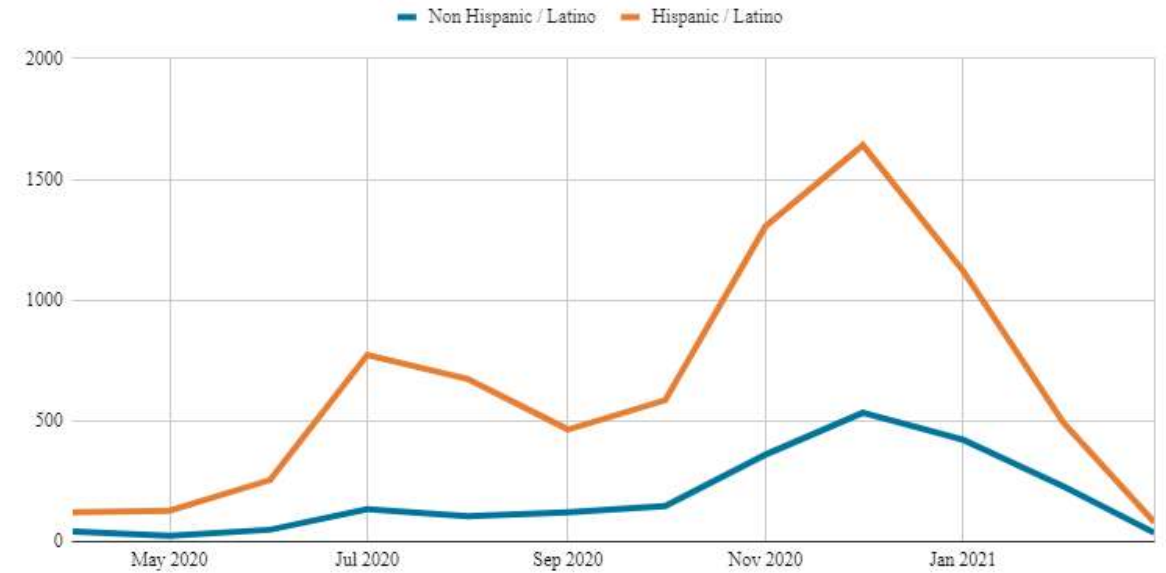
Oregon's case history

Number of COVID-19 cases per 100,000 population over the course of the pandemic.

Cases by race



Cases by ethnicity



Most communities of color have been hit harder by the pandemic than have white Oregonians. **Above:** Although the population is small, Native Hawaiians and Pacific Islanders in Oregon have experienced high case numbers. **Below:** Experts believe the spikes in cases among Hispanic/Latino people in Oregon during the summer is linked to outbreaks at agriculture and food processing facilities. **Note:** Race/ethnicity data are not known for up to 25% of Oregon's cases. **Graphic:** Jes Burns/OPB Data Source: The COVID Tracking Project, US Census Bureau

Case 3: providing context for disaggregated data

If you share this data without context, what might colleagues assume is the cause of the difference in COVID-19 cases?

What context could you provide to explain the difference?



Case 4: You are reviewing a learner's chart notes. Using the lecture guidance, identify areas you could discuss with the learner to improve their documentation from an anti-racist lens.

56 YO AA male who is non-compliant with medication and lifestyle treatments for hypertension was admitted for new ischemic CVA s/p TPA. He misses doses of his amlodipine frequently, continues to smoke and is not exercising. His reported home blood pressures prior to admission are around 160/90 and he is demanding pain medication for a 3/10 headache, says that Tylenol didn't help. He has a history of meth abuse.

Case 6: At a CME event, a speaker states:

Black patients have higher rates of readmission, longer lengths of stay, and more adverse events than white patients when admitted for heart attack, heart failure, or pneumonia.



Using the lecture guidance, consider what changes you would make to avoid perpetuating race-based diagnostic bias when sharing this information with colleagues.



Binoculars looking out on island lighthouse. Office 365 Stock Photo. Accessed April 29, 2022.

Case 6 Diverse Images

An immunosuppressed patient with more melanin in their skin develops a rash concerning for disseminated varicella. Your dermatology resources only show this rash on white skin, making the diagnosis more difficult.

Use the following resources to review varicella on skin of color to confirm your suspicion.



Hued, Vaseline, Visual DX. See My Skin. Accessed September 11, 2022. <https://vaseline.huedco.com/>

Mukwende M, Tamony P, Turner M. Mind the Gap: A Handbook of Clinical Signs in Black and Brown Skin. Accessed September 20, 2021. <https://www.blackandbrownskin.co.uk/>



Weiss EB. Brown Skin Matters. Accessed September 11, 2022. <https://brownskinmatters.com/>



Case 7

A 55-year-old male patient with PMHx CKD with mild albuminuria has a serum creatinine of 2.6. Using the 2009 CKD-EPI Creatinine equation, calculate the eGFR for a Black and a non-Black patient.

<https://www.mdcalc.com/ckd-epi-equations-glomerular-filtration-rate-gfr>

How might management of each patient differ? Refer to the KDIGO guidelines table.

Next, calculate their eGFR using the 2021 CKD-EPI Creatinine equation. How does this change your management?



Persistent albuminuria categories Description and range		
A1	A2	A3
Normal to mildly increased	Moderately increased	Severely increased
<30 mg/g <3 mg/mmol	30–300 mg/g 3–30 mg/mmol	>300 mg/g >30 mg/mmol

GFR categories (ml/min/1.73 m ²) Description and range	G1	Normal or high	≥90		Monitor	Refer*
	G2	Mildly decreased	60–89		Monitor	Refer*
	G3a	Mildly to moderately decreased	45–59	Monitor	Monitor	Refer
	G3b	Moderately to severely decreased	30–44	Monitor	Monitor	Refer
	G4	Severely decreased	15–29	Refer*	Refer*	Refer
	G5	Kidney failure	<15	Refer	Refer	Refer

Questions?

- Feel free to use the lecture guidance.
- If you do, please let us know via email or the survey link.
- https://ohsu.ca1.qualtrics.com/jfe/form/SV_720rJyff5dEQEmy
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