

Disrupting Racism: A Novel Two-Part Antiracist Training Model

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Background and Significance

Anti-racist practices require intentional, consistent self-awareness and self-reflection (National Museum of African American History and Culture, 2021). An Anti-Racism Coalition (ARC) was created after the murder of George Floyd in an academic medical center. Our DISRUPT training began as a part of the ARC training series to offer a mnemonic for how learners can address power imbalances while naming how institutionalized practices maintain a culture of whiteness. Departments engaged in anti-racist training as units further fostering effective systemic change.

The goal of the training is to improve the capacity of academic medical center departments to address their role in building an anti-racist culture. This hybrid training allows learners to learn key terminology and foundational concepts followed by applying concepts in clinical scenarios.

Methods

This two-step training consists of three virtual modules and an in-person applied training. This format increased the material's accessibility while allowing participants to interact with their peers to deepen their understanding of anti-racist practices. Quantitative participant data was gathered using an online retrospective pre/post-test of Likert scale items and an in-person satisfactory-based evaluation.

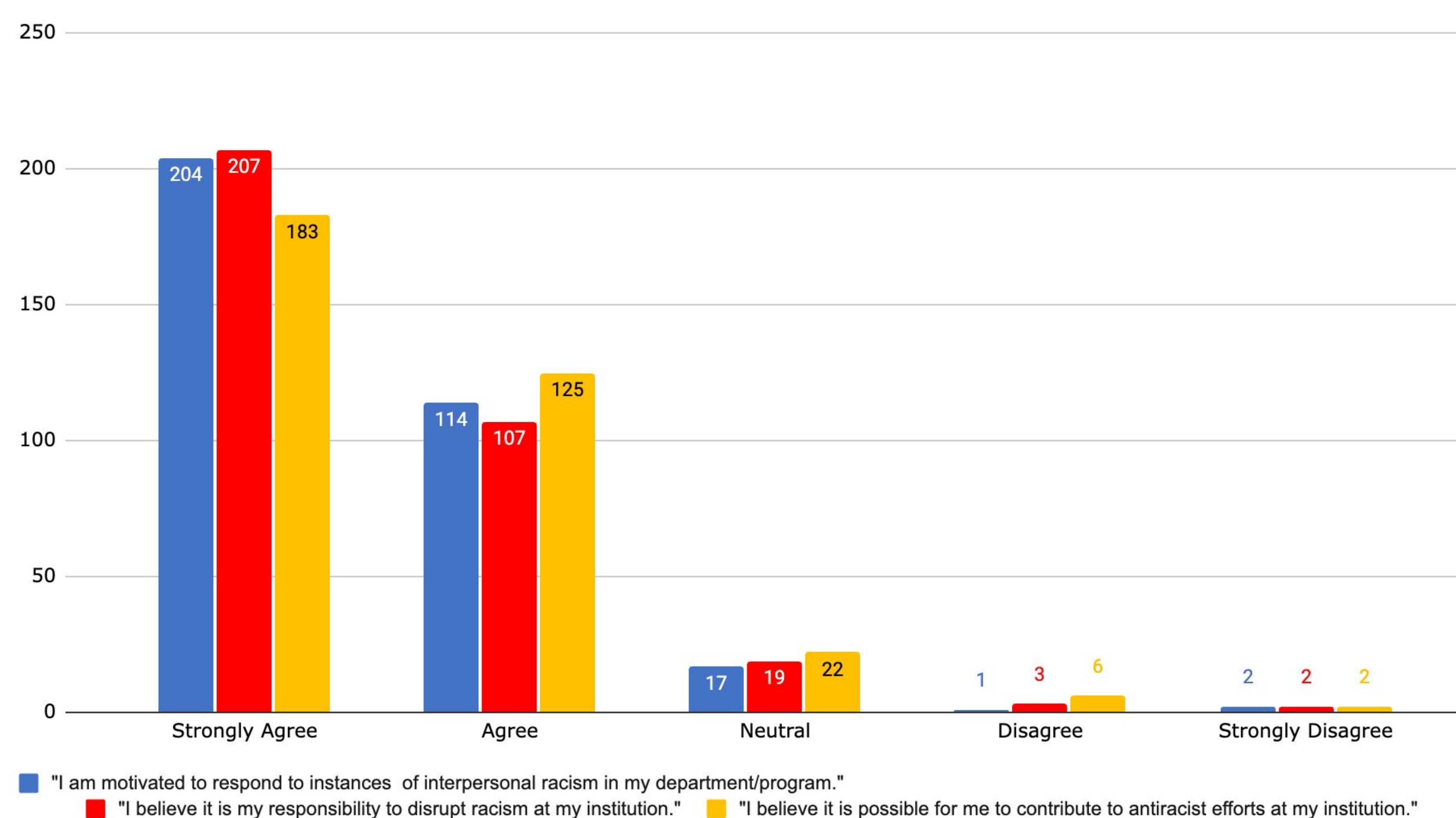
Part I Organized by Role (n=338)	Part II Organized By Role (n=226)
Attending: 28	Attending: 11
Resident/Fellow: 70	Residents: 117
Staff: 10	Fellow: 6
Administration: 1	Staff: 9
PA: 20	Administration: 1
Faculty: 12	PA: 19
Students: 18	Faculty: 61
Other: 179	Other: 2

DISRUPT Framework

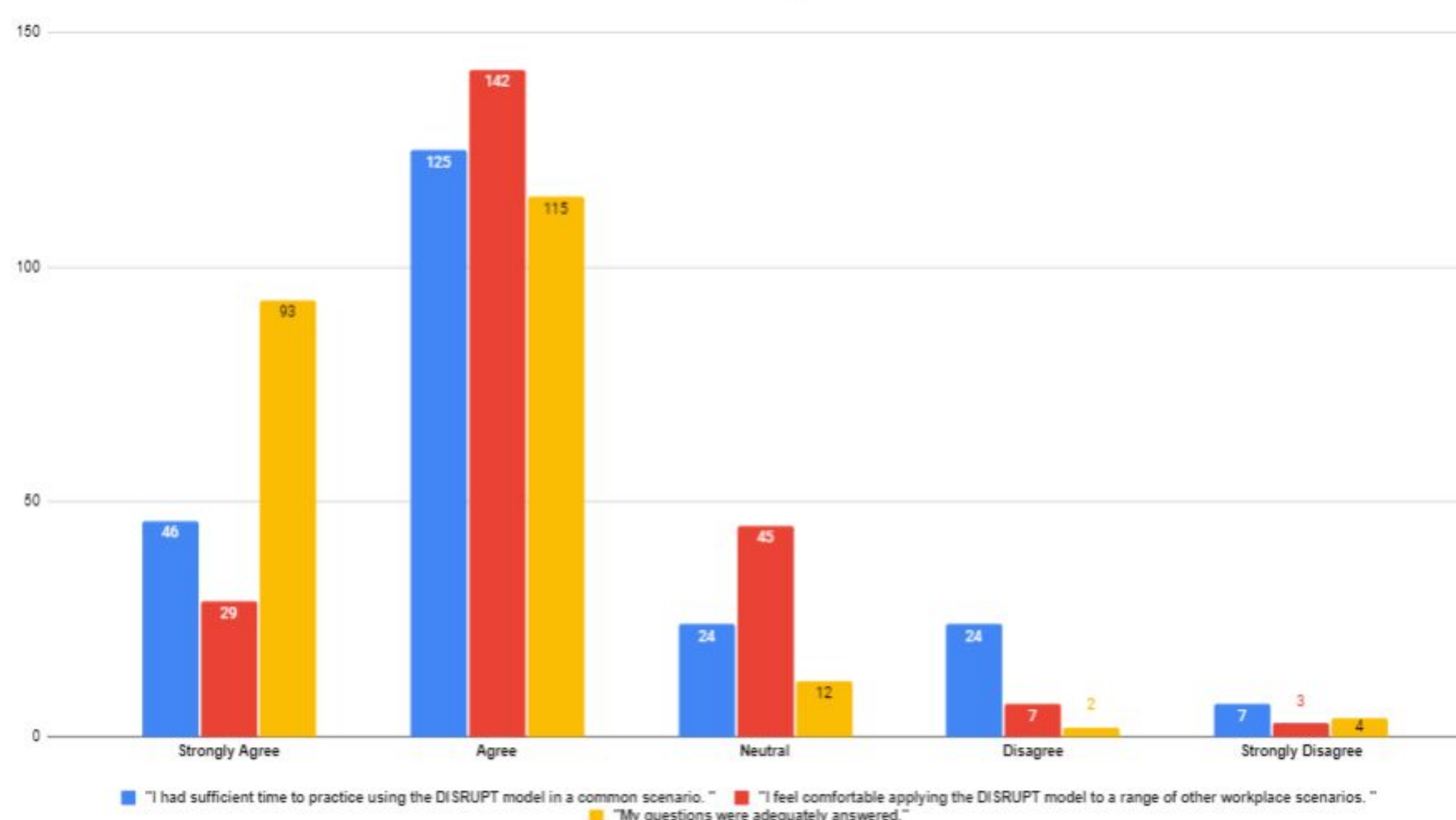
- D- determine** if this decision/statement maintains whiteness
- I- consider impact**, not intent
- S- state** threat to the institution's DEIJ commitment
- R- reflect** on personal identities
- U- understand** risks
- P- note** how **power** and **privilege** operate
- T- take** action

Results

Post-Part I Training Evaluation



Post-Part II Training Evaluations



Part I Training Evaluation

- **Twenty-five medical departments** (e.g. Urology, OBGyn, etc) took part in the virtual, Part I training
- A pre/post survey utilizing the Likert scale was implemented to assess individual anti-racism growth; for instance:
 - *I am motivated to respond to instances of interpersonal racism in my department/program.*
 - *I believe it is my responsibility to disrupt racism at my institution.*
 - *I believe it is possible for me to contribute to anti-racist efforts at my institution.*
- 93% of Part I training participants left this virtual training feeling a responsibility to disrupt racism in their institution

Part II Training Evaluation

- **Ten medical departments** (e.g. Urology, OBGyn, etc) took part in the in-person, Part II training
- A post-training satisfactory-based evaluation was utilized to assess varying complexities of the in-person learning experience; for instance:
 - *"I had sufficient time to practice using the DISRUPT model in a common scenario."*
 - *"I feel comfortable applying the DISRUPT model to a range of other workplace scenarios."*
- 76% of Part II training participants felt comfortable applying the DISRUPT framework to various workplace situations.

Conclusion

In conclusion, the two-part DISRUPT training successfully motivated professionals to combat interpersonal racism. The online training prompted professionals to acknowledge and accept personal responsibility to disrupt racism; following the completion of the training, healthcare departments felt comfortable combating relational racism within their workplace culture.

Acknowledgements

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References

- *Being antiracist*. National Museum of African American History and Culture. (2021, December 16). <https://nmaahc.si.edu/learn/talking-about-race/topics/being-antiracist>