Icahn School of Medicine at Mount Sinai

The Anti-racist Pedagogy *Self-Asssessment Tool*

Assessment Tool Overview

The Anti-Racist Pedagogy Self-Assessment Tool is an inquiry-based guide to assess current teaching and learning design practices and the impact of those practices using an antiracist pedagogical lens, and it provides strategies for course redesign and correction as it relates to the teacher, learner, and course content.

The purpose of this tool is to aid medical educators in disrupting the perpetuation of racist ideologies and practices in medical education. Through critical self-reflection you will identify how such ideologies influence your educational space and are also perpetuated by your educational practices and policies.

Assessment Tool A:
Current Practices

Instructions for Part A:

In Part A of this assessment tool, you will be asked to self-reflect on current practices and policies within your course or clerkship. Self-reflection is a process of analyzing and making judgments about one's experiences (a "conscious exploration" or a "deep deliberate search"). During this process we invite you to observe, ask questions, and put facts, ideas, and experiences together to derive new meaning and self-understanding.

Please complete all of the reflection questions in Part A of the assessment tool. Be as specific and concrete as possible while answering each question, including examples from your course or clerkship. If you do not have an answer, state why this might be.

Reflection Questions	
1. What is my racial and cultural heritage? How do I know?	
2. In what ways do my racial and cultural backgrounds influence how I experience the world, what I emphasize in my teaching, and how I evaluate and interpret others and their experiences? How do I know?	

3. What are the cultural and racial backgrounds of my students? How do I know?	
4. In what ways do my students' racial and cultural backgrounds influence how they experience the world? How do I know?	

5. What are the cultural and racial backgrounds of my faculty and patients? How do I know?	
6. In what ways do my faculty's and/or patient's racial and cultural backgrounds influence how they experience the world? How do I know?	
7. How does racism show up in clinical and/or educational environments, my school, and the broader community? How do I know?	
8. What systemic and institutional barriers and structures shape peoples' experiences in my course and clerkship, medical school, and in the broader community? How do I know?	

9. In what ways do I structure conversations to encourage respectful and equitable participation?	
10. How do I respond to conflict?	
11. To what extent do I model and use language that avoids words, phrases, tones and biases that discriminate against groups of people based on race, gender, age, socioeconomic status, disability, religion, etc.? What guidelines do I provide to my faculty to use such language? How are these guidelines applied across lecturers, small group faculty, clinical faculty, etc?	
12. How do I address offensive and discriminatory comments or microaggressions? How do I hold students, faculty, and myself accountable? What is my process when patients use offensive behavior directed towards students?	
13. In what ways do I acknowledge that data and information is not objective? Data (even quantitative data) is not neutral, objective, or free of bias. Humans are involved in all aspects of data creation - we decide what data gets collected and from whom, how that data is analyzed, and where and how that data is presented or shared.	
14. How am I developing faculty to teach and discuss the content domains (see Content section below)?	

15. What definition(s) for race, if any, does my course or clerkship provide?	
16. Do I use terms such as “race,” “ethnicity” and “ancestry” interchangeably?	
17. What process, if any, do I follow to ensure all lecturers/faculty present a consistent definition of race?	
18. What language do I use when describing race, ethnicity and ancestry?	
19. What language do I use to describe the relationship between race and health outcomes? (i.e. race is a risk factor for…) [please provide specific examples from course or clerkship materials]	
20. How do I discuss the causality of observed racial inequities or differences in racial outcomes?	
21. Does my course or clerkship consistently associate only racialized groups as being associated with illness or being “abnormal”?	

22. Does my course or clerkship implicitly or explicitly, set “whiteness” as the reference point for “normal” physiology/outcomes/incidence etc?	
23. What dominant narratives/stereotypes (ie Black patients feel less pain, serious mental illness is associated with violence, gender is binary, bodies are either normal or abnormal) are present in my course or clerkship? To what extent are these challenged? Perpetuated?	
24. How do the clinical tools, tables and calculators used in my course or clerkship account for race?	

Assessment Tool B:
Impact

In Part B of the Assessment Tool you will explore the impact of your current practices. Even well intentioned people will often make statements or set up conditions in the learning environment that they intend (or perceive) to be supportive or complimentary, but end up becoming problematic. Understanding intent and impact is the cornerstone to initiating/sustaining antiracist/oppressive and inclusive learning environments.

Instructions for Part B:

Review the domains and descriptions for each of the sections of Part B of the assessment tool (teacher, learner, and the course). For each domain, fill in the impact column based on your course/clerkship experiences. Consider the impact or consequence (positive and/or negative) that the domain has on you and/or your students. Identify examples based on your experiences either observed in-person or reported to you (verbally or via evaluations).

Teacher *Racial identity and cultural heritage of the educator, relationships with others, and awareness of larger system context, etc.*
Domain #1: Reflecting on Self

Pose racially and culturally grounded questions about yourself to increase awareness of seen (consciously known), unseen (unknown), and unforeseen (unanticipated) issues that influence your teaching and interactions with others.

Impact Example	Part A Reflection Questions
(For example: What is the impact on your students or the learning environment when you don't reflect on self? Give an example. If you can't give an example, indicate why this might be.)	1. What is my racial and cultural heritage? How do I know? 2. In what ways do my racial and cultural backgrounds influence how I experience the world, what I emphasize in my teaching, and how I evaluate and interpret others and their experiences? How do I know?
Domain #2: Reflecting on Self in Relation to Others Acknowledge the multiple roles, identities, and positions you, your faculty, patients, and students bring to the learning process and the ways in which they interact.	
	3. What are the cultural and racial backgrounds of my students? How do I know? 4. In what ways do my students' racial and cultural backgrounds influence how they experience the world? How do I know? 5. What are the cultural and racial backgrounds of my faculty and patients? How do I know? 6. In what ways do my faculty's and/or patient's racial and cultural backgrounds influence how they experience the world? How do I know?

Domain #3: Shifting from Self to System Consider the ways in which history, politics and your school's structures shape your racialized and culturized ways of teaching and the learner's experience.	
	7. How does racism show up in clinical and/or educational environments, my school, and the broader community? How do I know? 8. What systemic and institutional barriers and structures shape peoples' experiences in my course and clerkship, medical school, and in the broader community? How do I know?

Learner

Experience of the learner and the way in which the course is designed, taught, and evaluated, etc.

Domain #4: Encouraging Equitable participation

The purpose of equitable participation is to find ways for every learner in the class to become involved in the learning process. The faculty/course director takes steps to intentionally plan structures that will help every student participate.

Impact Example	Part A Reflection Questions

(For example: What is the impact on your students or the learning environment when you don't encourage equitable participation? Give an example. If you can't give an example, indicate why this might be.)	9. In what ways do I structure conversations to encourage respectful and equitable participation?
Domain #5: Resolving Conflict Classroom incivility is "any action that interferes with a harmonious and cooperative learning atmosphere in the classroom" (Feldmann, 2001, p. 137). Classroom [or clerkship] conflict is inevitable, and at times even necessary for effective learning to take place (Stone Norton, 2008). If not channeled appropriately conflict can cause harm and damage relationships.	
	10. How do I respond to conflict?
Domain #6: Utilizing inclusive language Language that avoids the use of certain expressions or words that might be considered to exclude particular groups of people.	
	11. To what extent do I model and use language that avoids words, phrases, tones and biases that discriminate against groups of people based on race, gender, age, socioeconomic status, disability, religion, etc.? What

	guidelines do I provide to my faculty to use such language? How are these guidelines applied across lecturers, small group faculty, clinical faculty, etc?
Domain #7: Addressing Microaggressions and Accountability Microaggressions are: “Brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group.” Ignoring this behavior does further harm to the students who are targeted. (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, et al., 2007, p.273). We all participate in microaggressive behavior but what is important is how we respond to that behavior when we recognize it or someone else points it out.	
	12. How do I address offensive and discriminatory comments or microaggressions? How do I hold students, faculty, and myself accountable? What is my process when patients use offensive behavior directed towards students?
Domain #8: Disrupting objectivity Concept of truth independent from individual subjectivity (bias caused by one's perception, emotions, or imagination). Without critical examination of the everyday information/data and the decisions of teaching and learning, we can unintentionally and intentionally protect a status quo and perpetuate dominant (white) cultural norms.	
	13. In what ways do I acknowledge that data and information is not objective? Data (even quantitative data) is not neutral, objective, or free of bias. Humans are involved in all aspects of data creation - we decide what data gets collected and from whom, how

	that data is analyzed, and where and how that data is presented or shared..
Domain #9: Promoting faculty or professional development (growth mindset) Provide learning opportunities that strengthen the understanding of race in medicine and the application of alternative (anti-racist and anti-oppressive) practices.	
	14. How am I developing faculty to teach and discuss the content domains (see Content section below)?

Content

Course/clerkship goals/objectives, session materials, spoken words in didactics/rounds, questions on exams, student guides, examples, evaluation tools etc.

Domain #10: Defining Race

Lack of or inconsistent definitions of race and ancestry; Race is defined as a biologic construct

Impact Example	Part A Reflection Questions
(For example: What is the impact on your students or the learning environment if you don't define race? Give an example. If you can't give an example, indicate why this might be.)	15. What definition(s) for race, if any, does my course or clerkship provide? 16. Do I use terms such as "race," "ethnicity" and "ancestry" interchangeably? 17. What process, if any, do I follow to ensure all lecturers/faculty present a consistent definition of race?

	18. What language do I use when describing race, ethnicity and ancestry?
<u>Domain #11: Pathologizing race</u> Race is described as a “risk factor” for various conditions or poor outcomes.	
	19. What language do I use to describe the relationship between race and health outcomes? (i.e. race is a risk factor for…) [please provide specific examples from course or clerkship materials] 20. How do I discuss the causality of observed racial inequities or differences in racial outcomes? 21. Does my course or clerkship consistently associate only racialized groups as being associated with illness or being “abnormal”? 22. Does my course or clerkship implicitly or explicitly, set “whiteness” as the reference point for “normal” physiology/outcomes/incidence etc?
<u>Domain #12: Perpetuating the Dominant narrative</u>	

Dominant narratives are “the lens in which history is told by the perspective of the dominant culture” - in this context White cis-gender male dominant culture. They are explicitly perpetuated via unchallenged repetition, and include what is told, what is not told, and who is doing the telling.	
	23. What dominant narratives/stereotypes (ie Black patients feel less pain, serious mental illness is associated with violence, gender is binary, bodies are either normal or abnormal) are present in my course or clerkship? To what extent are these challenged? Perpetuated?
<u>Domain #13: Implicit or explicit use of race as a biologic construct</u> Race is embedded within a tool or guideline without explicit explanation, and course does not explore/critique.	
	24. How do the clinical tools, tables and calculators used in my course or clerkship account for race?

Assessment Tool C:
Refinement & Course Correction

Instructions for Part C:

Review each of the sections of Part C of the assessment tool (teacher, learner, and the course). In the **alternative practices** column are specific practices for each domain that you could employ in your course or clerkship. In the notes section, consider what alternative practices could be used in your course or clerkship.

Teacher *Racial identity and cultural heritage of the educator, relationships with others, and awareness of larger system context, etc.*	
Domain #1: Reflecting on Self Pose racially and culturally grounded questions about yourself to increase awareness of seen (consciously known), unseen (unknown), and unforeseen (unanticipated) issues that influence your teaching and interactions with others.	
Alternative Practices	Notes
Practice cultural humility, a lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities.	(Consider alternative practices you would like to enhance or implement in your course or clerkship.)

Domain #2: Reflecting on Self in Relation to Others Acknowledge the multiple roles, identities, and positions you, your faculty, and students bring to the learning process and the ways in which they interact.	
Practice reflexivity, a process of finding strategies to question our own attitudes, thought processes, values, assumptions, prejudices and habitual actions, to strive to understand our complex roles in relation to others.	
Domain #3: Shifting from Self to System Consider the ways in which history, politics and your school's structures shape your racialized and culturized ways of teaching and the learner's experience.	
Regardless of course content, make connections to, and see yourself as part of, the topics being identified, taught and learned. There is no such thing as an apolitical classroom (Teel, 2014).	

Learner

Experience of the learner and the way in which the course or clerkship is designed, taught, and evaluated, etc.

Domain #4: Encouraging Equitable participation

The purpose of equitable participation is to find ways for every learner in the class to become involved in the learning process. The faculty/course director takes steps to intentionally plan structures that will help every student participate.

Alternative Practices	Notes
Pay attention to power, rank, hierarchy, the mainstream, and the margins of each group. The goal is to acknowledge those margins and create opportunities for the mainstream to hear from them.	(Consider examples of alternative practices you can implement in your course or clerkship design.)

Domain #5: Resolving Conflict

Classroom incivility is “any action that interferes with a harmonious and cooperative learning atmosphere in the classroom” (Feldmann, 2001, p. 137). Classroom conflict is inevitable, and at times even necessary for effective learning to take place (Stone Norton, 2008). If not channeled appropriately conflict can cause harm and damage relationships.

Naming it when it's happening and distinguishing between politeness and raising hard issues. Building in time to reflect on how the conflict was resolved and/or might have been handled differently.	
Domain #6: Utilizing inclusive language Language that avoids the use of certain expressions or words that might be considered to exclude particular groups of people.	
Students feel acknowledged when we adopt current terminology about various identity groups. Inclusive language can help to build a stronger learning community and further our ability to thrive in an increasingly diverse environment.	
Domain #7: Addressing Microaggressions and Accountability Microaggressions are: "Brief and commonplace daily verbal, behavioral and environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative racial slights and insults to the target person or group." Ignoring this behavior does further harm to the students who are targeted. (Sue, Capodilupo, Torino, Bucceri, Holder, Nadal, et al., 2007, p.273). We all participate in microaggressive behavior but what is important is how we respond to that behavior when we recognize it or someone else points it out.	

Recognizing and disrupting microaggressions in real-time is crucial to maintaining equity and mitigating harm. Creating a learning environment that holds all participants accountable for the impact of their words ensures an inclusive community in which to learn for all.	
Domain #8: Disrupting objectivity Concept of truth independent from individual subjectivity (bias caused by one's perception, emotions, or imagination). Without critical examination of the everyday information/data and the decisions of teaching and learning, we can unintentionally and intentionally protect a status quo and perpetuate dominant (white) cultural norms.	
Acknowledge that there is no neutrality and name the biases when discussing/presenting data. If unknown, comment on the underlying assumptions.	
Domain #9: Promoting faculty development (growth mindset) Provide learning opportunities that strengthen the understanding of race in medicine and the application of alternative (anti-racist and anti-oppresstive) practices.	

Promoting a growth mindset that is open to change in medical education disrupts the status quo and ensures that the state of medical training can evolve.	

Content *Course/clerkship goals/objectives, session materials, spoken words in didactics/rounds, questions on exams, student guides, examples, evaluation tools etc..*		
Domain #10: Defining Race Lack of or inconsistent definitions of race and ancestry; Race is defined as a biologic construct		
Impact Example	Alternative Practices	Notes
Learners tend to use the dominant framework of race as a biologic construct. Race, ethnicity and ancestry are conflated.	Clearly define race as a sociopolitical and economic construct at the start of course/session. Differentiate this concept from ancestry. Challenge external sources that use unclear or inconsistent definitions.	(Consider examples of alternative practices you can implement in your course or clerkship design.)

True drivers of health inequities are obscured; blame for health inequities shifted to racialized groups.		
Domain #11: Pathologizing race Race is described as a “risk factor” for various conditions or poor outcomes.		
Perpetuates a burden of disease and illness on Black bodies, explicitly or implicitly assigning culpability to Black bodies for these illnesses. This impact is amplified	For conditions with presumed racial differences, three possibilities exists: 1) Inaccurate/flawed data, 2) Conflation of ancestry/geography with race, 3) racist policies/practices (note- epigenetic expressions represent both familial patterns and expressions of structural racism via environmental exposures) For example: HTN, racism, not race, is clearly identified as the cause of racial health inequities. Specific structures and systems are identified and described (racial segregation as associated with hypertension).	

Domain #12: Perpetuating the Dominant narrative Dominant narratives are "the lens in which history is told by the perspective of the dominant culture" - in this context White cis-gender male dominant culture. Dominant narratives are explicitly perpetuated via unchallenged repetition, and include what is told, what is not told, and who is doing the telling.		
Students continue to internalize dominant narratives from White dominant culture. This ultimately influences future clinical reasoning and patient management.	Provide historical context of the relationship between psychiatry and racism, including drapetomania and the revisions of DSM criteria during the civil rights movement	
	Present data showing lower incidence of violence committed by individuals living with serious mental illness compared with the general population, and higher likelihood of individuals with SMI being victims of violence.	
	Intentionally counter-stereotype when generating cases.	
	Refrain from assuming gender; use "they" when gender pronouns and or gender identity is not explicitly defined, use correct requested pronouns when it is. Openly recognize the difference between gender (a person's internal sense of self) and their sex assigned at birth, and challenge the assumption that either of these concepts says anything about what a person's body will look like or how it will function.	
Domain #13: Implicit or explicit use of race as a biologic construct		

Race is embedded within a tool or guideline without explicit explanation, and course does not explore/critique.		
Reinforces race as a biological construct and obscures the true drivers of health inequities. Potentially over- or under-diagnoses conditions or prescribes inappropriate/dangerous medications.	Explore each example to determine if it represents an inaccurate observation (PFTs - no physiologic basis) or an accurate observation with an inaccurate conclusion (VBAC risk due to racism, not race). Present history, data and suggested clinical approach to students.	

Self Assessment Tool Resource Guides

The Self-Assessment Tool Resource Guides were created to build capacity to consider and employ anti-racist alternative practices in the course or clerkship. These resource guides include best practices for the below topics. If you would like access to the resource guides, please email equityandjustice@mssm.edu

- Anti-oppressive facilitation techniques
- Engaging in self-reflection and reflexive practices
- Modeling Anti-Oppressive Language
- Disrupting Objectivity
- Encouraging Equitable Participation
- Implementing strategies to minimize and resolve conflict in the learning environment
- Promoting growth mindsets among faculty, students, and preceptors
- Responding to microaggressions
- Setting Class and Small Group Norms

Goal-Setting

Using the space provided below, identify 3 goals or considerations for your course or clerkship that you'd like to address in your coaching session.

Ensure that your goals are **SMART:**
Specific: Your goal should be well-defined, detailed and clear.
Measureable: You should be able to tell when you've reached your goal.
Attainable: Can you reach your goal given your available resources (time, money, staff, etc.)
Relevant: How will this goal help you or inform your work?
Time-Bound: When will you achieve the goal?

1.
2.
3.