



Students' Perceptions of and Attitudes Towards Healthcare Disparities and Bias in Medicine During Preclinical Years

Neha Chava, Andrew Markowitz MD, Jason Booza PhD

Introduction

- In the past few years, there has been an increased call to combat widespread racial injustice and health disparities, specifically in the healthcare field. It is clear to see that health disparities due to race have significant implications for patient outcomes. For example, the National Center for Health Statistics reports that Black and American Indian/Alaska Native people have lower life expectancies on average as compared to white people¹. Consequently, as more research exposes these disparities in outcomes and lives lost to longstanding policies rooted in structural bias, it is more important than ever to reflect on how we are training incoming medical professionals in combatting this bias on both a larger and individual scale.
- Recently, the LCME (the accreditation agency for US allopathic medical schools) added a guideline to address the need for integrated education on health inequities: "The medical curriculum includes content regarding the following: [...] the importance of health care disparities and health inequities [...] the knowledge, skills, and core professional attributes needed to provide effective care in a multidimensional and diverse society"². At Wayne State University, a new curriculum has been integrated in the preclinical years to address these social determinants of health.
- The Population, Patient, Physician, and Professionalism (P4) course, that is a part of all first- and second-year medical student's curriculums, aims to explore these health disparities to increase knowledge that can potentially influence how these physicians in training provide care in the future. Therefore, this study will be examining the subjective perceptions of medical students at Wayne State University who have participated in this course as it is related to healthcare disparities due to race and bias. This study aims to evaluate to what degree this classroom intervention helps to change student attitudes and perceptions of racial disparities as well as to view how students believe this information will help them in their clinical care.

Methods

- Data with a pre and post survey will be gathered before and after Unit 9 (Structural Racism and Transgenerational Trauma) and Unit 11 (The Holocaust and Medicalized Dehumanization) to evaluate how student perception changed after both sessions.
- Participants: First Year Medical Students enrolled in the Population, Patient, Physician, and Professionalism Course.
- Methods of Data Collection: Pre- and post- session online Qualtrics survey.
- The survey will use three questions using a Likert scale to collect quantitative data (Table 1).

Table 1: Likert- Scale Survey Questions

Question	Response Options
How necessary do you think it is to learn about race and discrimination in medicine as a future healthcare provider?	Very Unnecessary Somewhat Unnecessary Neutral Somewhat Necessary Very Necessary
How important do you think understanding the historical context of injustices in medicine is to treating patients in the future?	Very Unimportant Somewhat Unimportant Neutral Somewhat Important Very Important
How likely are you to seek out more education about race in medicine, and the historical and social causes of racism and bias in healthcare?	Extremely Unlikely Moderately Unlikely Neither Likely nor Unlikely Moderately Likely Extremely Likely

Table 1- Likert Scale questions included on the pre- and post- session surveys

- There will also be a space on the post session survey where students can provide short feedback on the session which will be used as qualitative data.

Analysis/ Expected Results

- The quantitative data will be analyzed to understand how medical students' perceptions of the importance of healthcare disparities due to race/ bias has changed because of the preclinical year 1 P4 curriculum. We will analyze whether students more strongly agree with statements about the importance of learning about race and discrimination as well as the self-driven initiative to learn more in the future as a result of the sessions.
- The qualitative data will be used to analyze if there is any input to improve the specific curriculum/sessions and learn what may be most impactful for students to learn about these topics.
- We may see that a curated P4 session on Race- Based medicine as well as healthcare disparities causes a great deal of change in students' perceptions of the importance of race in combatting disparities as well as their willingness to address internal bias in the future. This information may give more insight on the importance of incorporating training in bias in medical education as well as how to integrate training in this space in the future.

Conclusion

- This project aims to understand medical students' perceptions of current first year WSUSOM curriculum on race/bias and discrimination and its impact on healthcare.
- The current first year preclinical curriculum addressing healthcare disparities due to race/bias in medicine is delivered through the P4 course at Wayne State University.
- We will be conducting a pre- and post- session survey in the Population, Patient, Physician, and Professionalism course to analyze both quantitative and qualitative data that may elucidate best practices to deliver this curriculum in the future.

We hope to use this data in the future to:

- ❖ Understand how a curated curriculum in preclinical years changes students' attitudes and perceptions of healthcare disparities due to race and bias.
- ❖ Evaluate how teaching of race-based history of medicine affects students' subjective beliefs of the impact of racial disparities in medicine.
- ❖ Identify specific areas of preclinical curriculum that enhance students understanding and curiosity of healthcare disparities to be implemented/improved upon for future students.

References

1. Arias, E. (2021). Provisional life expectancy estimates for January through June, 2020. <https://doi.org/10.15620/cdc:100392>
2. LCME. (2022, March). LCME Functions and Structure of a Medical School. LCME.