



DEIRA is one of the four pillars of the SOM DEI Actionable Educational Initiatives. In this regard, we support course and clerkship directors in the development of their related curricular content. Ongoing faculty development is a **separate** but related initiative. Although not the work of this committee, faculty development is in alignment of DEIRA and what is expected going forward.

Because of the scope of this thread, which spans from orientation to graduation, we will not list every SOM's course with DEIRA related content in this thread syllabus.

### Learning Objectives

1. Define race, racism, antiracism, systemic racism, oppression, bias, implicit bias, social determinants of health, cultural competence/humility, intersectionality, ally/allyship. **(MK10, P8)**
2. Reflect about one's own beliefs and values in order to address one's own biases. **(IC17)**
3. Recognize and appropriately address biases (race/ethnicity, sexual orientation, gender identity, religious, socioeconomic status, disability, and cultural) in patients, peers, and other healthcare professionals and healthcare delivery. **(SP21)**
4. Advocate on behalf of patients and other health professional colleagues, peers, faculty, staff, when perceiving bias in a witnessed encounter. **(P1)**
5. Explain the impact that race/ethnicity, sexual orientation and gender identity, disability, socioeconomic status, religion, culture and health disparities have on a patient's health. **(P8)**
6. Communicate effectively with patients, families, and the public, using non stigmatizing language, across a broad range of socioeconomic, cultural backgrounds and medical disorders. **(IC18)**
7. Describe how the intersectionality between race and other identities that people hold (such as sexual orientation and gender identity, religion, etc.) may affect patients' health. **(P8)**
8. Explain the manner in which people of diverse cultures and belief systems perceive health and illness. **(IC17, SP21)**
9. Describe the impact of healthcare policy and financing on population health, health disparities, healthcare costs and patient's experience of healthcare. **(P8)**
10. Explain the importance of social justice, community service and community partnerships in mitigating health disparities. **(SP22)**
11. Recognize that racism (the lived experience of racism and the social determinants of health) and not race that leads to health disparities. **(SP21)**
12. Recognize that race is a social construct and is not linked to biology or genetic ancestry. **(SP21)**
13. Describe the historical context of systemic racism in US medical institutions and how it manifests in today's medical practices. **(SP21)**
14. Identify clinical encounters in which stereotype/bias may have affected patient care. **(PL12, IC17, SP23, SP21)**
15. Identify the role of physician advocacy in dismantling systemic racism in healthcare.
16. Formulate potential solution(s) to reform healthcare and healthcare policy systems that address systemic racism and bias in medicine incorporating physician advocacy. **(P1)**
17. Incorporate into their medical decision making and patient care how the social determinants of health affect the health and healthcare of their patients. **(P8, SP21)**

18. Apply a health equity lens or “equity check” to their diagnostic and treatment plans. (**P8, SP21**)
19. Explain how quality improvement and patient safety interventions may have different impacts on outcomes depending on the patient population and may either mitigate or unintentionally exacerbate health disparities. (**SP23**)
20. Recognize the importance and develop skills to become an effective upstander for your patients and other health professional colleagues in the face of microaggressions, bias or racism. (**SP21**)

### M1 Orientation

Required readings for book review and small group discussion

Fatal Invention: How Science, Politics, and Big Business Re-Created Race in the Twentieth Century by Dorothy Roberts

“Myths about Physical Racial Differences were Used to Justify Slavery – and Are Still Believed by Doctors Today” by Linda Villarosa, published in The New York Times 8/14/2019

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### Recommended Readings for Longitudinal Personal and Small Group Study

- In M1 and M2 throughout Foundations Phase
    - White Fragility: Why It's So Hard for White People to Talk About Racism by Dr. Robin DiAngelo
    - The Sum of Us: What Racism Costs Everyone and How We Can Prosper Together by Heather McGhee
    - Caste: The Origins of our Discontents by Isabel Wilkerson
    - Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present by Harriet A. Washington
    - How to be an Antiracist by Ibram X. Kendi
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### Implicit Bias Awareness and Education



- During M1 orientation
  - Students will participate in implicit bias recognition and management training
    - Harvard Implicit Bias Test: <https://implicit.harvard.edu/implicit/takeatest.html>
    - Targeted instruction by trained faculty in *implicit bias recognition and management* to promote the delivery of equitable care.
    - Purpose: To enable students to become aware of their unconscious biases, so that they can decrease the impact of these biases on their interactions with other people specifically patients, peers, faculty, staff and other health professional colleagues
  - During M2 Integrations between pre-clinical and clinical years Students will participate in implicit bias recognition and management training 202
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## Upstander Training



- In the M2 year
- During Integrations between pre-clinical and clinical years
  - Trained faculty will work with students in small groups to advance skills on how to respond when witnessing microaggressions (microinsults, microassaults, microinvalidations) in the clinical setting
  - Small group sessions will be held in both assigned societal small groups and separately assigned small groups in order to create **multiple environments** for students to both feel safe and to hear perspectives from multiple students/peers.
  - Purpose: To introduce students to the complexity and persistence of bias and racism in our society and how it manifests in various forms; to equip students with techniques on advocacy as a student; to create a culture of continuous learning and growth

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### Cultural Responsibility in Medicine Simulations:

- In the M2 Year
    - Students will participate in OSCEs designed to practice patient care by taking a history and physical with cultural humility. Patients will present diverse cultural backgrounds.
    - Purpose: To gain hands-on practice in applying topics discussed throughout M1 and M2 years on cultural sensitivity with standardized patients.
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### Person-First and Anti- Bias Language Workshop

- In the M2 year
    - Students will participate in a workshop before starting their clinical clerkships where they will learn how to identify biased language and provide neutral alternatives and describe how biased language impacts patients and perpetuates health disparities.
    - Purpose: to mitigate the negative effects of biased language on patient experience of healthcare and adverse patient health outcomes
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### Journaling and Reflections

- In the M3 year
    - In Medicine and Surgery Clerkships, students will journal on disparities they have seen in patient care and/or healthcare delivery system and/or biases they have witnessed or experienced on the wards and the strategies they used to cope and/or address the situation for personal reflection.
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### Discovery

- In the M4 year
  - We encourage and are working to increase more research opportunities in health disparities and racial advocacy for students who are interested in these areas of research.

### **DEIRA Thread Representatives**

C/o 2026 Olivia Veira and Molly Lavaud  
C/o 2025 Jenny Nguyen and Charita Veerapaneeni  
C/o 2024 Luwi Shamambo, Mariam Torres Soto,  
Michaela Whitelaw and Ore Olakunle  
C/o 2023 Gregory Darville and Katie Jackson  
MD/PhD Grace Chung



### **DEIRA Faculty Advisory Committee Members**

Marian Axente, PhD, DAPR, Karen Clarke MD,  
Marshall Fleurant MD, MPH, Brianna Glover, MD  
Brittney Gordon, MD, Christopher Hillhouse MD,  
Amy Miller MD, Francois Rollin MD, MPH, Jason S. Schneider MD, FACP, Randi Smith, MD, MPH  
Jamal Taha, MD, TaRessa Wills, MD  
Ex-officio- Sheryl L. Heron, MD, MPH, FACEP

### **DEIRA Resident Representative**

Mackenzie Garcia, MD MPH, Emory Internal Medicine Primary Care PGY-2

### **What if you see, hear, or experience bias in the curriculum?**

If you see/hear/experience something in the curriculum that you do not feel supports the School of Medicine's Diversity, Equity, Inclusion and antiracism mission, you can raise your concerns through the following mechanisms below.

If students continue to encounter bias in the curriculum in any form racial, sexual orientation and gender identity, ableism, etc via lectures, lecturers, workshops, clinical clerkships and comments in their learning environment, it is crucial that these matters are addressed as soon as they arise, and not left to be experienced by future students. We hope that the DEIRA Thread and Faculty Advisory Committee will empower students to share their concerns without fear of retaliation, and with the confidence that their feedback will be taken seriously and used to establish sustainable change.

- **Simply email/talk to a DEIRA rep** as soon as you see/hear/experience an event that you feel does not support our mission of DEI and antiracism.
- Students are also welcome **to contact Dr. Henry directly** at [DEIRA@emory.edu](mailto:DEIRA@emory.edu) with their concerns.
- Students are highly encouraged and should document their concerns with the traditional methods of providing course/clerkship feedback through OASIS.
- Students may also report their concerns through the DEIRA Bias in the Curriculum Online Reporting Form.
- If mistreatment occurs or other non-curriculum DEI issues, please report it to either your small group advisor, Director of the Society System, any Dean in the School of Medicine, via the student mistreatment online form, or a trusted faculty member.