



BIAS REDUCTION IN MEDICINE- LEADERSHIP

Workshop 2: Race-Consciousness & Racial Bias Literacy in Health and Medicine

Time:

Main Points:

Transition Statement:

Land Acknowledgement



We recognize that Seattle Children's is on Coast Salish land, which are diverse, strong, and enduring communities that uphold a sacred legacy of protecting future generations.

Learn more at:

https://www.duwamishtribe.org/ https://native-land.ca/

Facilitator Notes

Time: 1 minute

Slide Purpose: Land/Labor Acknowledgement

First, we'd like to do a land acknowledgement, specifically acknowledging [read slide].

The language in this land acknowledgment was created by Dr. Shaquita Bell, Dr. Jason Dean, Dr. Kim Kardonsky, in collaboration with Duwamish elders.

We do this for a few reasons:

- To offer recognition and respect to the Native lands and nations
- To create broader public awareness of the history that has led us to where we are today
- And to remind people that colonization is unfortunately still ongoing

As a part of this acknowledgement, I'd also like to invite you to find new ways to be in community with the Duwamish tribe and find ways that honor this acknowledgement

through action. We'll provide a few links for you to explore.



Do we need this?

Time: 2 minute

Main Points:

Introduction of facilitators

In addition to your facilitation team, Emily Rowen will be our producer for today so please direct message her with any logistical questions you may have. Michelle Primley Benton will also be with us to help support our caucusing. You will see other members of our Learning team here as well, who are here to observe facilitation.

Transition Statement:

Workshop 1 Summary Racial Literacy and Racial Identity Development • Learners explained and identified racism(s), whiteness, white supremacy, and antiracism. Learners utilized the racial identity development model to move toward a Learning greater awareness of their own racial identity and the racial identity of **Objectives** others. BIPOC learners practiced counter-storytelling. White learners practiced racial storytelling. Learners moved beyond perspective taking toward understanding and Skill honoring counter- stories. Learners committed to practicing a form of self-work in further exploring Commitment their racial identity formation needed to prepare for ongoing work in disrupting racism. Bias Reduction in 5 Medicine Leadership

Should we edit due to what we could cover?



Cut fourth and edit titles

Workshop 2 Overview



Workshop 2 Overview Race-Consciousness and Implicit Racial Bias Literacy in Health and Medicine

Part I: Will provide you with a vocabulary for and awareness of Implicit Racial Bias and Ideological, Institutional, Interpersonal, and internalized forms of racisms.

Part II: Will provide you with practice identifying different forms of racism using data from Seattle Children's Hospital.

Part III: Will engage you in experiential activities that involve racial identity development and race-consciousness to support you in challenging Implicit Racial Bias and acting against institutional, interpersonal, and ideological forms of racism with your role as leaders at Seattle Children's Hospital.

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EDIT-caucuses will be different

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Workshop 2 Skill



Workshop 2 Skill Recognize, label, and challenge different forms of racisms



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Community Agreement

- Be willing to experience discomfort. Pause, listen, and reflect—especially when it challenges us to reconsider our approach.
- Use "I" statements.
- · Create space for multiple truths.
- Impact over intent.
- Be conscious not to shift attention away from people and situations that are negatively impacted by systems of oppression by focusing on those who are privileged by them.
- · Hate speech will not be tolerated.
- Maintain confidentiality.
- Expect unfinished business.





Time: 2 minutes Main Points:

As we prepare for this work, it's important for us to outline the community agreements necessary to create a fruitful learning environment for everyone here today. We will be reviewing these at each of our workshops.

•Be willing to experience discomfort. Pause, listen, and reflect-especially when it challenges us to reconsider our approach.: We ask that you resist the very common urge to avoid discomfort, and embrace it instead. Discomfort is important in this

process because it is often where we do our best learning and growing. Discomfort can push us to new understanding of ourselves and the world.

- •Use "I" Statements: We ask that you willingly engage in an examination of your own thinking and understand that it represents one of many ways of knowing; therefore, speak about your own thoughts, reactions, feelings, and experiences, not those of others (Use "I" statements).
- •Create space for multiple truths: Respect others' viewpoints, which may differ from our own. Do not debate someone else's experience; do not argue with their statements. Keep an open mind and listen actively. Ask questions to clarify.
- •Remember impact is more important than intention.
- •Be conscious not to shift attention away from people and situations that are negatively impacted by systems of oppression by focusing on those who are privileged by them.
- •At Seattle Children's, we define hate speech as: Abusive or threatening speech or

writing that expresses prejudice against a particular group, especially on the basis of race, religion, sex, sexual orientation or gender identity. Racist, sexist, ableist, homophobic, transphobic, xenophobic, or any other discriminatory comments will not be tolerated.

- Maintain confidentiality: We are asking you to be vulnerable and open to this learning. Please honor the stories/comments/experiences shared by each other by maintaining confidentiality as appropriate. Take the learning, leave the details. Do not share someone else's story unless you have their permission.
- Expect unfinished business: The topics that we will be covering are very complexly nuanced, with a vast effect on each of our lived experiences. In our time together, there will inevitably be issues/topics/discussions that will not feel "complete". You may leave our time together with more questions and a sense of needing to learn

more. Please do not let the learning and or unlearning stop here!

This workshop will deal with a lot of topics that can bring up different emotions depending on your lived experience, in addition to these agreements, we want to encourage you to take care of yourself through the series to ensure you are able to stay engaged. Self-break as needed.

Transition Statement:

Call to Action-rename



- National Academies of Science
- American Association for the Advancement of Science (AAAS)
- Association of American Medical Colleges (AAMC)
- National Institutes of Health (NIH)

These organizations agree that unintentional bias arising from cultural stereotypes operates in personal interactions, institutional cultures, and evaluation processes to perpetuate inequities in science and medicine.



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Rename





Part I:

Vocabulary + Race Consciousness & Racial Literacy

KWL Chart



Vocabulary

- Implicit Racial Bias System I Thinking 1.

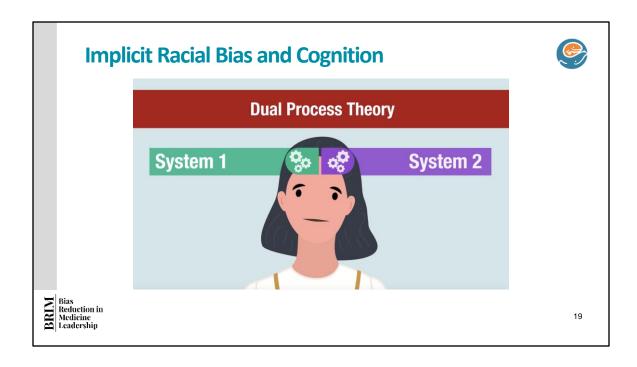
- System II Thinking
 Ideological Racism
 Institutional Racism
- 6. Interpersonal Racism7. Internalized Racism

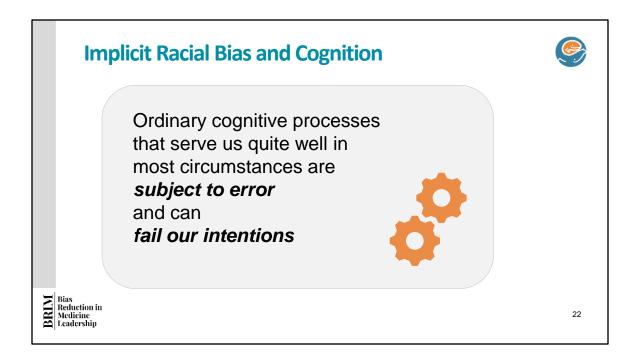
What I already KNOW about the topic.	What I WANT to know about the topic.	What I LEARNED about the topic.

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Automatic Thoughts (bias & cognition): Our brain is riddled with bias **Explicit Bias Implicit Bias** Conscious Inherent to human Learned stereotypes Self-reported psychology and prejudices Affects interpretation of Automatic and Decline in the world around us incidence over unconscious Exists for a wide range of time Difficult to change topics BUT can change Bias Reduction in Medicine Leadership 18 Source: Heather Hsu MD, Boston Medical Center Health Equity Rounds; UCSF Office of Diversity and Outreach. Unconscious Bias.

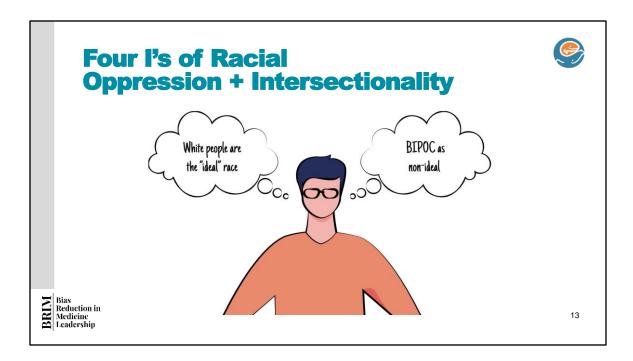




What tends to drive us into System 1 thinking? How do we know we are in System 1 thinking? What supports us into staying in System 2 thinking?

Workbook reflection

Vocabulary 1. Implicit Racial Bias 2. System I Thinking 3. System II Thinking 4. Ideological Racism 5. Institutional Racism 6. Interpersonal Racism 7. Internalized Racism 8. Intersectionality Bias Reduction in Medicine Leadership



Here or in white caucus?

We will be talking about 3 of the I's more in depth: Ideological, institutional, and interpersonal. Although it's important for everyone to understand internalized racism, it is a deeply personal process. The experience of identifying and dismantling internalized racism is not for those outside of that lived experience to assess.

Four I's of Racial Oppression: *Practice*



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Change to vignette

For example:

What I already KNOW about the topic. What I WANT to know about the topic. What I LEARNED about the topic. What I LEARNED about the topic. What I LEARNED about the topic.

Small Group Learning: Breakout Room Instructions

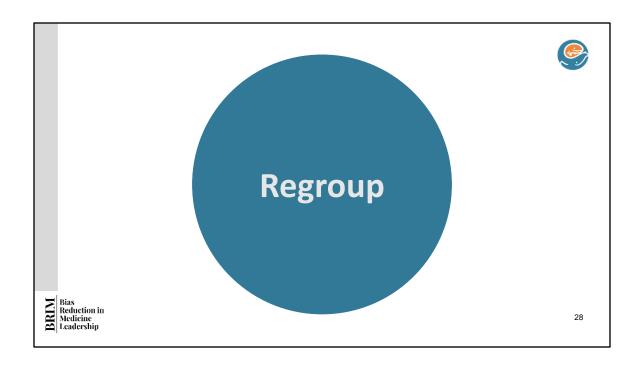


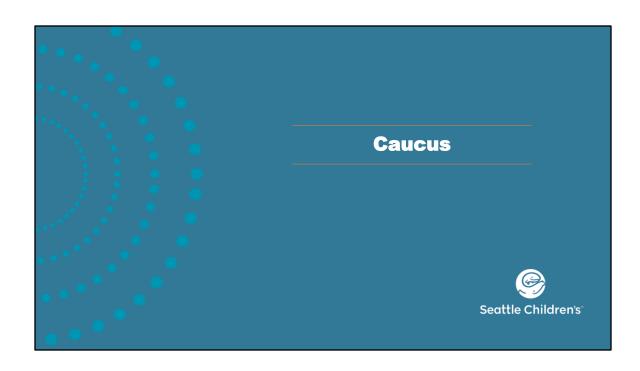
- You will be randomly assigned into small groups-there will be a slight delay as you move into a group.
- In the group, unmute your audio and enable your video.
- Please allow space for all voices to be heard.
- Once in the breakout room, open the chat window to see the discussion question – or link to it from your agenda.
- · After 15 minutes, you will automatically return to the main group - we will give you an alert 60 seconds before the end.

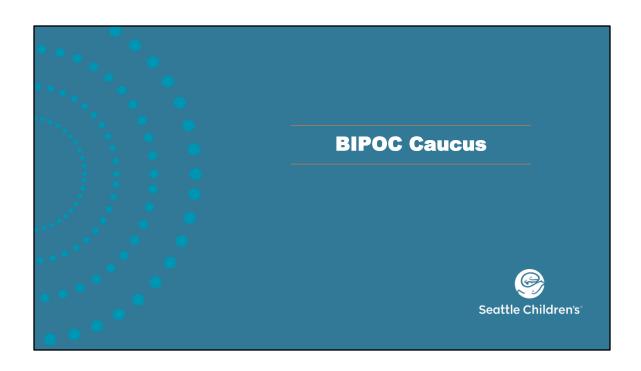


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Place holder for caucusing transparency discussion



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Rename

Check-In





Edit for overall check in, questions about last week, what is coming up, etc.

Bridge from last time, time cutting process off, addressing emotional reality. Set tone for work ahead Asking what learners want from time together? Potential for spiral? Talking about building community

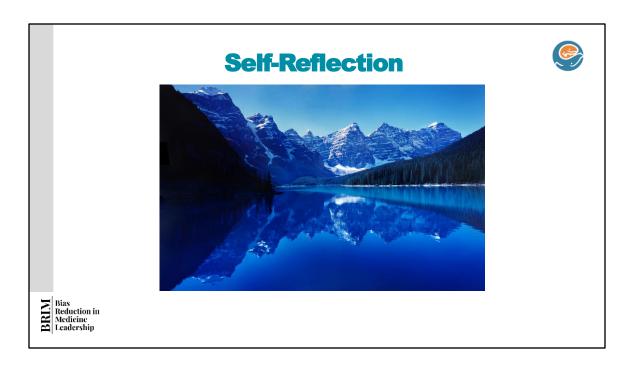
4 I's segue: Focus on strategies that we typically use when you are faced with the 4 I's/see the 4 I's in operation. How does community help you? What helps you step in. How do you know when you've reached the point of no longer needing to teach from your experience? Protecting energy, supporting other board members. Being a mirror and not a window.

What do folks need when they are sharing space? How do they support each other in the space? Addressing fatigue

Potential video: Breaking Ice-person comes home from work, and talking about everything that happens at work.



Rename



Time: 3 minutes

Main Points:

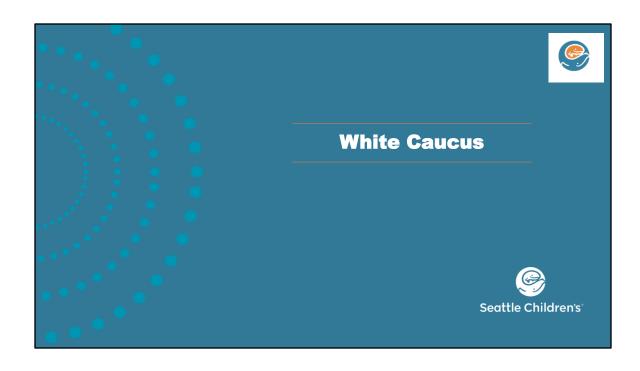
Well, we are at the end of our time in caucus together. We want to provide you with a few minutes to reflect on this experience before we regroup. We have questions for you on page 47 to help you in this process. We will give you two minutes to reflect.

After 2 minutes:

Ok, our 2 minutes are up. Thank you all for your engagement and energy today. [insert any

observations here].

Activity Directions: Transition Statement:



Place holder for caucusing discussion



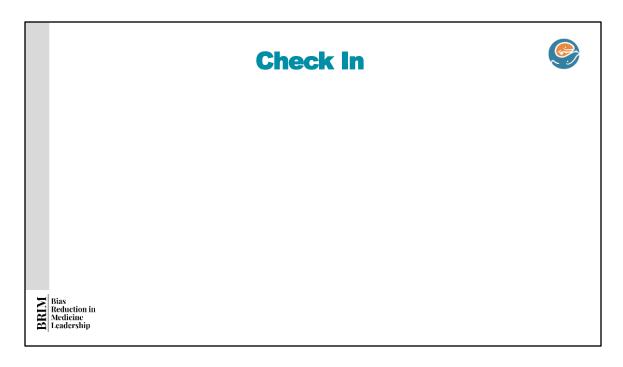
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Activity Directions: Transition Statement:





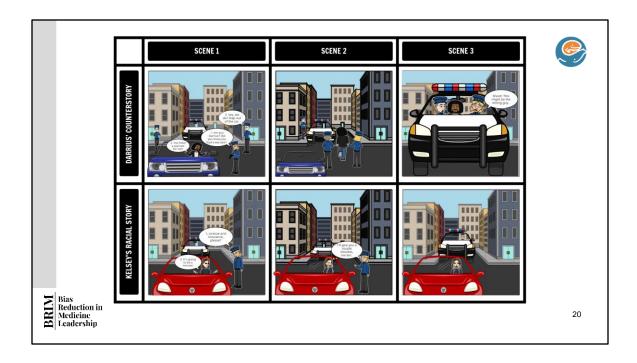
Part II:
Recognize and Label Racisms

Four I's of Racial Oppression: *Practice Activity*



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Recognize, Label, and Challenge Racisms

From Identifying and Labeling Racial Oppression: Toward Challenging Institutional Racism



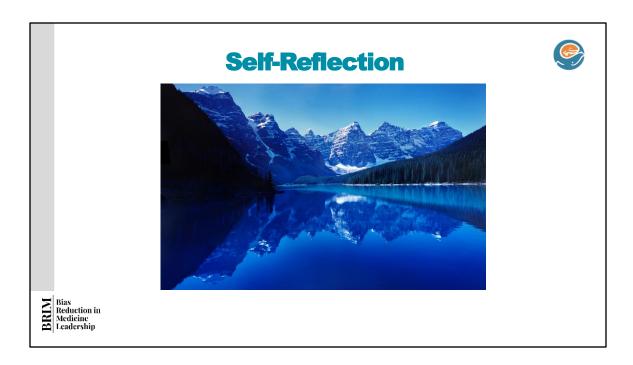
- For this activity, you will work in small groups to practice identifying, labeling, and challenging institutional racism using data from SCH.
- · Each group will be assigned one of the scenario from our previous activity to practice with.
- · In your small groups, you will:
 - analyze your scenario from an institutional standpoint, specifically determining how the policy reflected in the scenario might perpetuate institutional racism,
 - 2. use racial identity development strategies to determine how your racial identity impacts/informs how you understand the racial oppression reflected in the scenario,
 - challenge institutional racism by using SCH's Anti-Racism in the Workplace
 Policy/Procedure to think through the changes that need to be made to the policy to
 ensure that it work towards antiracism.

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• The scenarios can be located on pages 29–38 of the workbook, and the questions that will Reduction in guide the activity can be located on page 41.

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Activity for BIPOC caucus



Time: 3 minutes

Main Points:

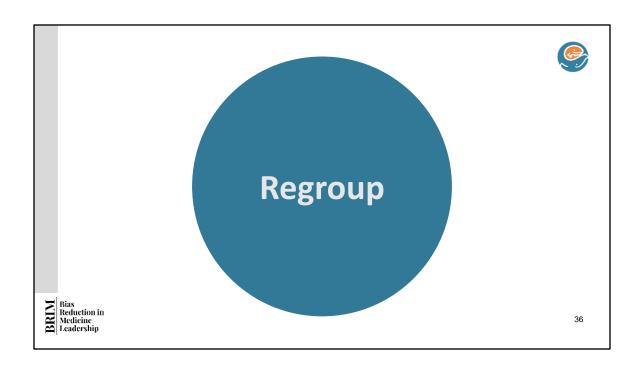
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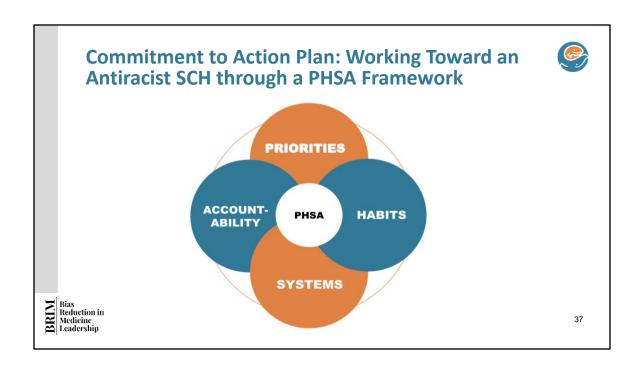
After 2 minutes:

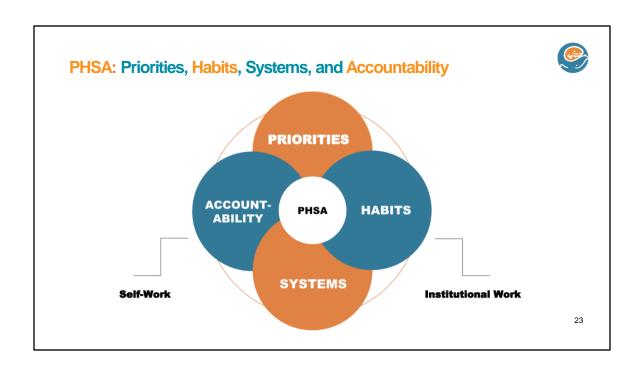
Ok, our 2 minutes are up. Thank you all for your engagement and energy today. [insert any

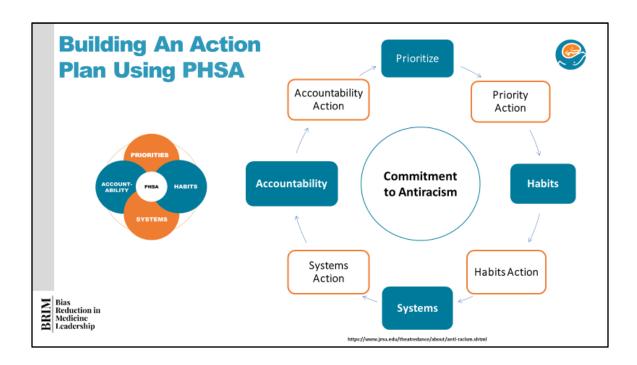
observations here].

Activity Directions: Transition Statement:









PHSA: Priorities, Habits, Systems, and Accountability



BIPOC Self-Work

- •How can I **Prioritize** antiracism and self-care in my everyday life?
- •What new *Habits* must I implement to become an antiracist individual within and outside of my role as a healthcare leader?
- •What **Systems** will I need to implement in my everyday life to prioritize antiracism and act more consciously as a racial being?
- •What systems of *Accountability* might I implement in my everyday life to ensure that I am prioritizing, practicing, and enacting antiracism (and self-care) and intervening in the operation of racism?

White Self-Work

- •How can I *Prioritize* antiracism in my everyday life? •What new *Habits* must I implement to become an antiracist individual within and outside of my role as a healthcare leader?
- •What **Systems** will I need to implement in my everyday life to prioritize antiracism and act more consciously as a white person?
- •What systems of *Accountability* might I implement in my everyday life to ensure that I am prioritizing, practicing, and enacting antiracism and intervening in the operation of racism?

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Roberto's new BRIM version

Pull into BIPOC caucus to guide conversation

Edit so that BIPOC aren't tasked with self-care AND what white people are tasked with?

(Don't lose the healthcare leader lens)

What priorities will allow me to engage in antiracism (ie self-care, community building)?

What habits will support those priorities in order for me to engage in antiracism within and outside my role as a healthcare leader, while protecting (?) my wellbeing? What systems have I implemented or will I need to implement in my life to support those habits?

Accountability: TBD

White self-work edits

