

Teaching & Learning with an Intersectional Lens

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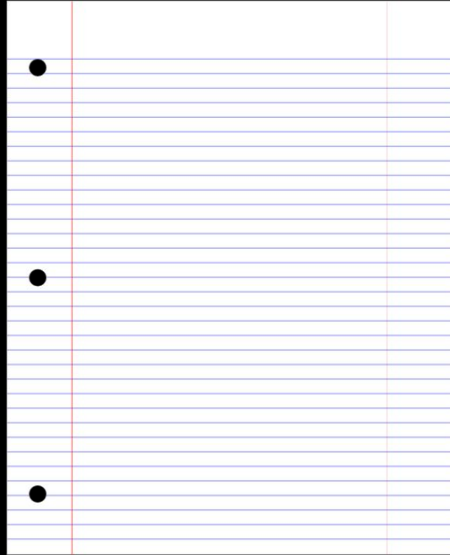
Boston Children's Hospital Education Academy Seminar

February 16th

Disclosures

The speakers do not have any financial relationships to disclose.

Materials Needed





Goal 1: Boston Children's Hospital is committed to being an inclusive environment that does not tolerate any form of racism, discrimination, or bias

Goal 2: Boston Children's Hospital is committed to recruiting, developing and retaining a diverse workforce



Journey Towards More Inclusive and Anti-Racist Environment

Objectives

- Review Intersectionality as a framework for conceptualizing how a person/ group of people are affected by a number of systemic advantages and disadvantages
- Examine our own identities and how they influence interactions with learners, co-workers and patients
- Discover strategies that can improve inclusion within the learning environment

Principles

We will engage actively and respectfully with the aim of understanding others' views and experiences

We will trust that people are always doing the best they can

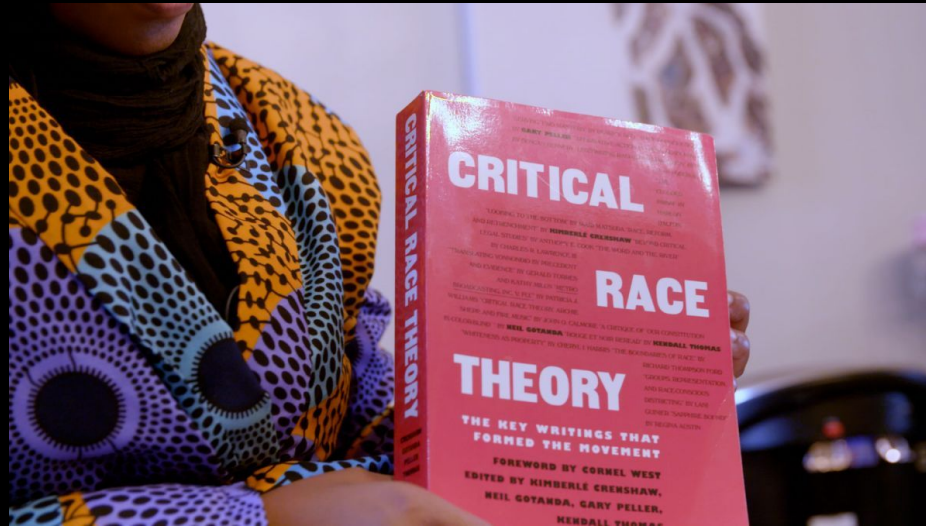
We will remember the learnings while respecting confidentiality

We will avoid blaming or shaming

We will embrace discomfort



Derrick Bell, Kimberlé Crenshaw, Cheryl Harris, Richard Delgado, Patricia Williams,
Gloria Ladson-Billings, Tara Yosso



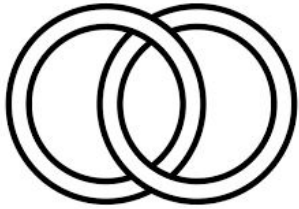
Derrick Bell, **Kimberlé Crenshaw**, Cheryl Harris, Richard Delgado, Patricia Williams, Gloria Ladson-Billings, Tara Yosso

Intersectionality

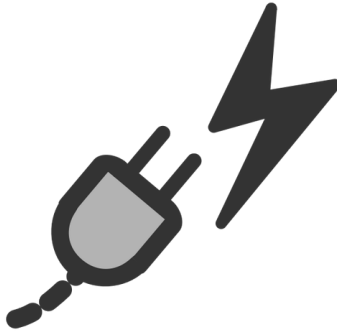
The examination of identities and how their combination influences how we experience the world



Central Tenets of Intersectionality



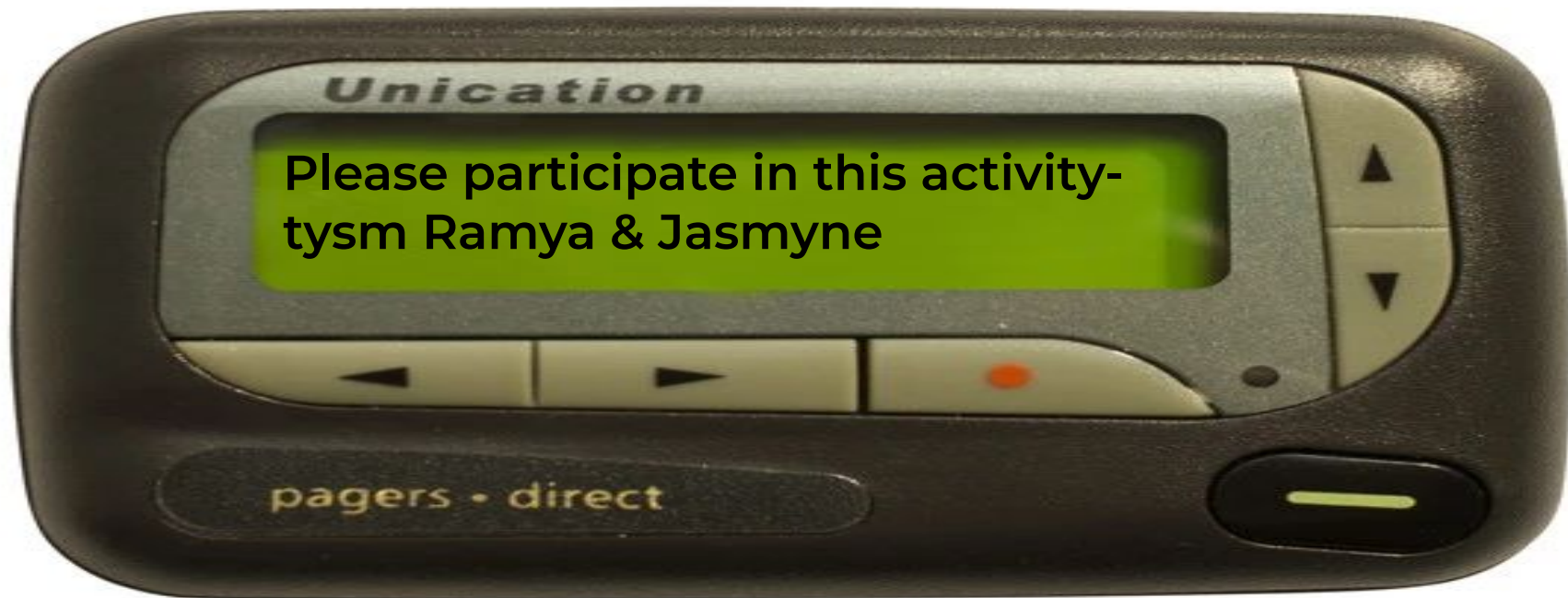
Patterns of
Discrimination
are Interlocking



Identities in the
Context of Power
Dynamics

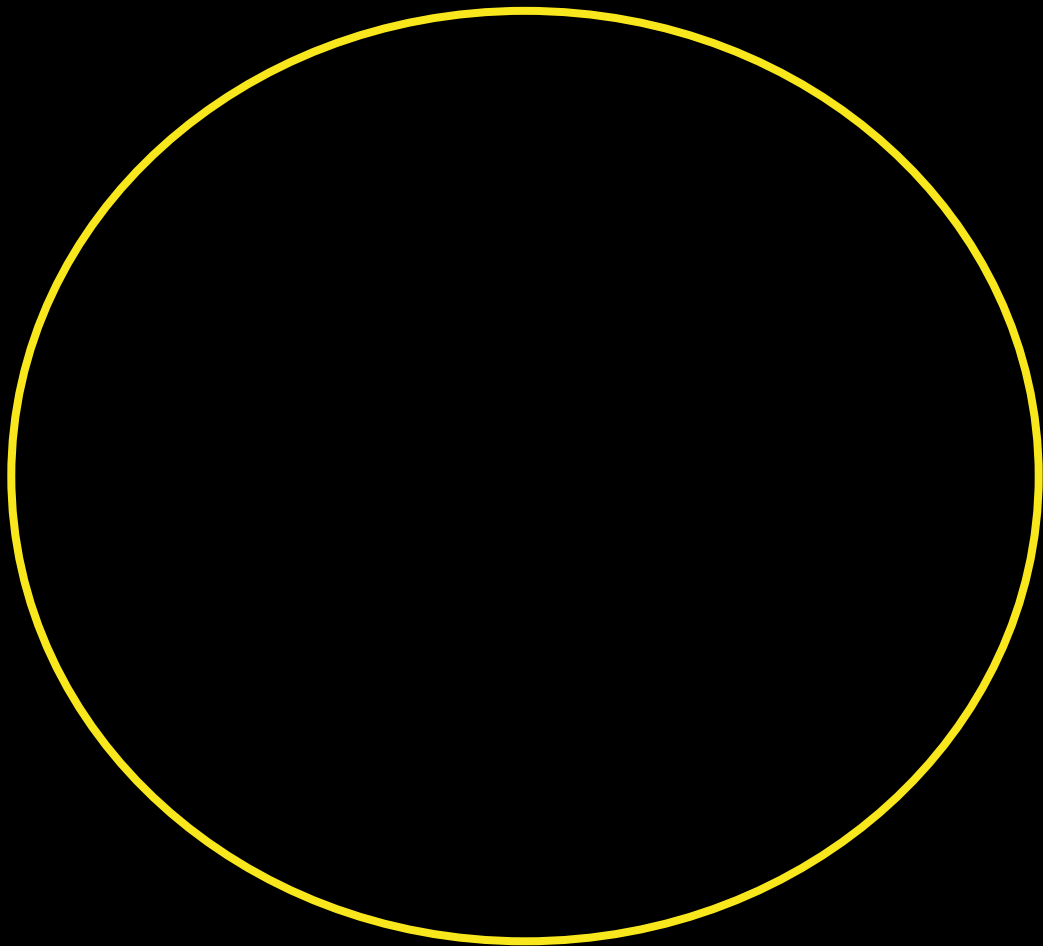


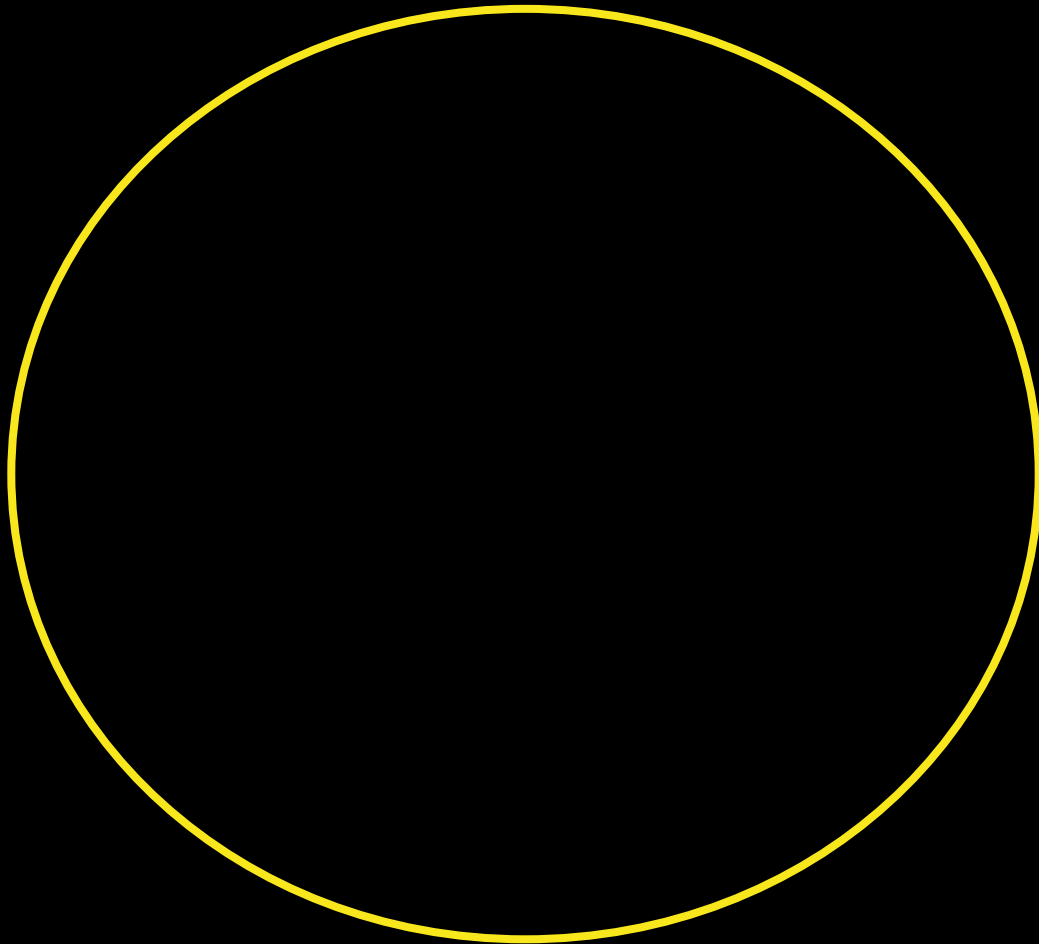
Reveal Unique
Strengths to
Improve
Outcomes



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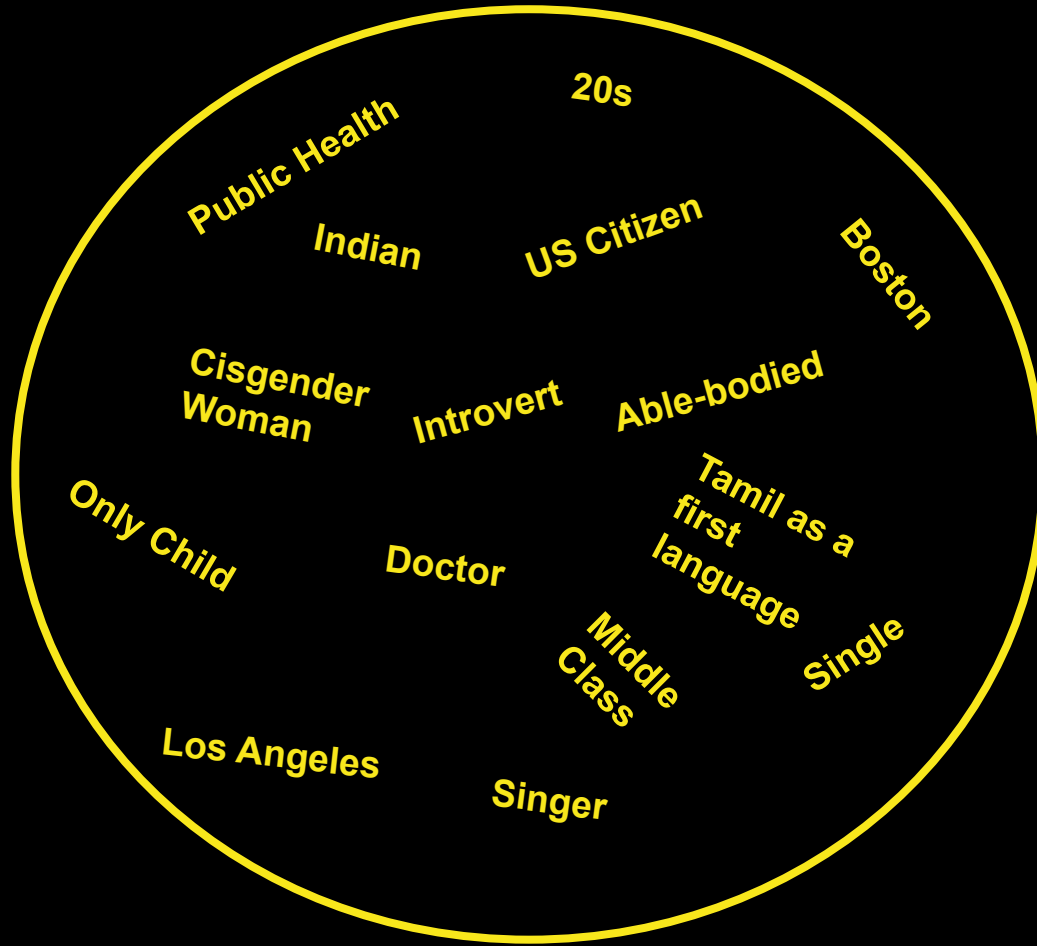
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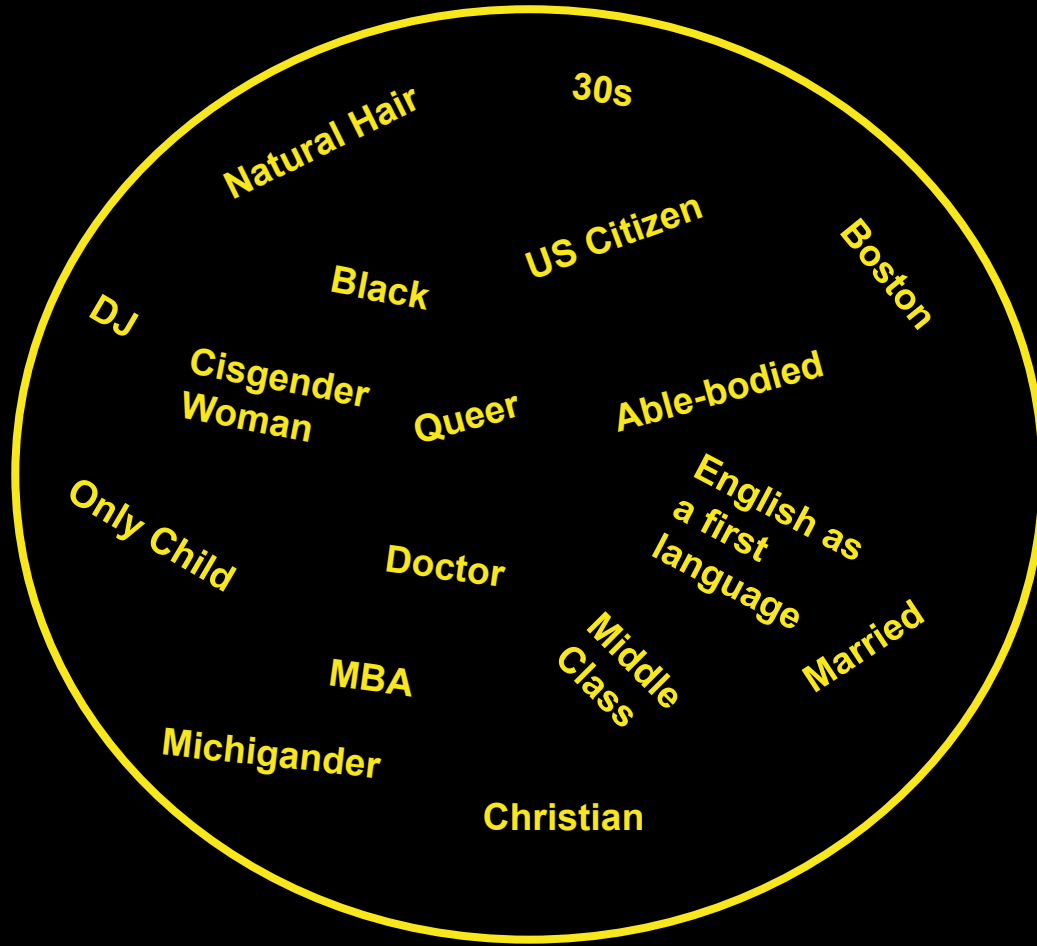




Ability Status
Age
Education Level
Family Structure
First Language
Gender
Hobbies

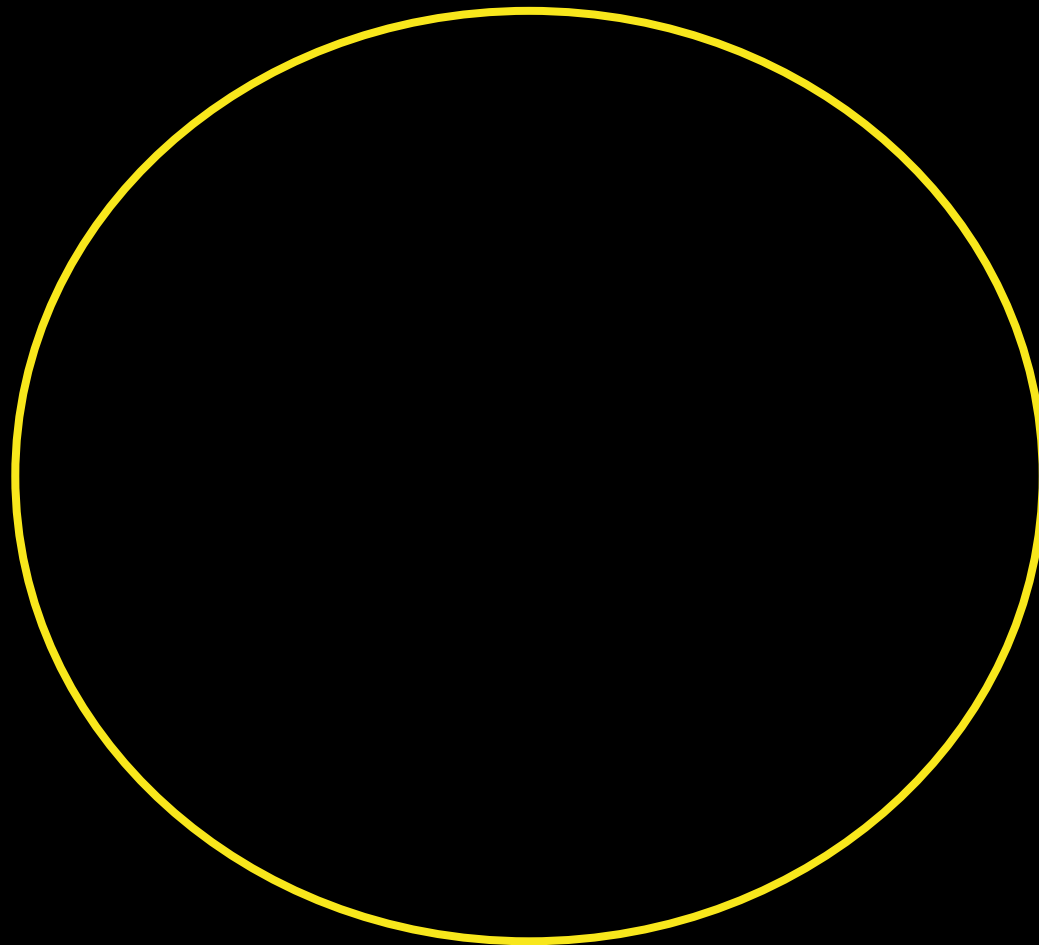
Occupation
Personality Type
Relationship Status
Sex
Sexual Orientation
SES
Religion
Work Experience







Your turn



Ability Status
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4 Tools for an Intersectional Learning Environment



1. **Acknowledge
Identities without
Assumptions**

Reflection

- Circle which identities have historical power
- Underline which identities have historical oppression
- How are your identities reflected in:

Patients

**Environmental
Services**

**Clinical
Assistants**

Nursing

Trainees

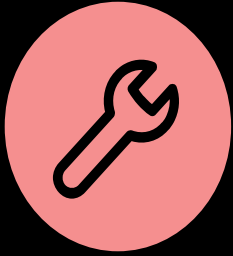
PT

OT

RT

Leadership

4 Tools for an Intersectional Learning Environment



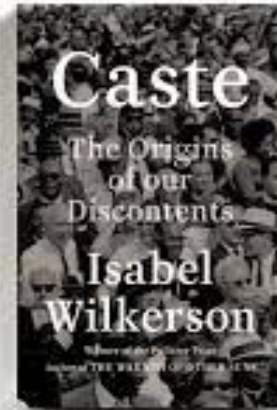
1. **Acknowledge
Identities without
Assumptions**



2. **Recognize Power
Differentials**

Why does this all matter?

- Caste is the infrastructure of our divisions
- Racism → US caste system → our institutions (health, housing, education, carceral) → inequities in who we see in them
- Our other intersecting identities → our standing in the system
- We must dismantle these unjust systems



Racial/Ethnic Diversity in Medicine

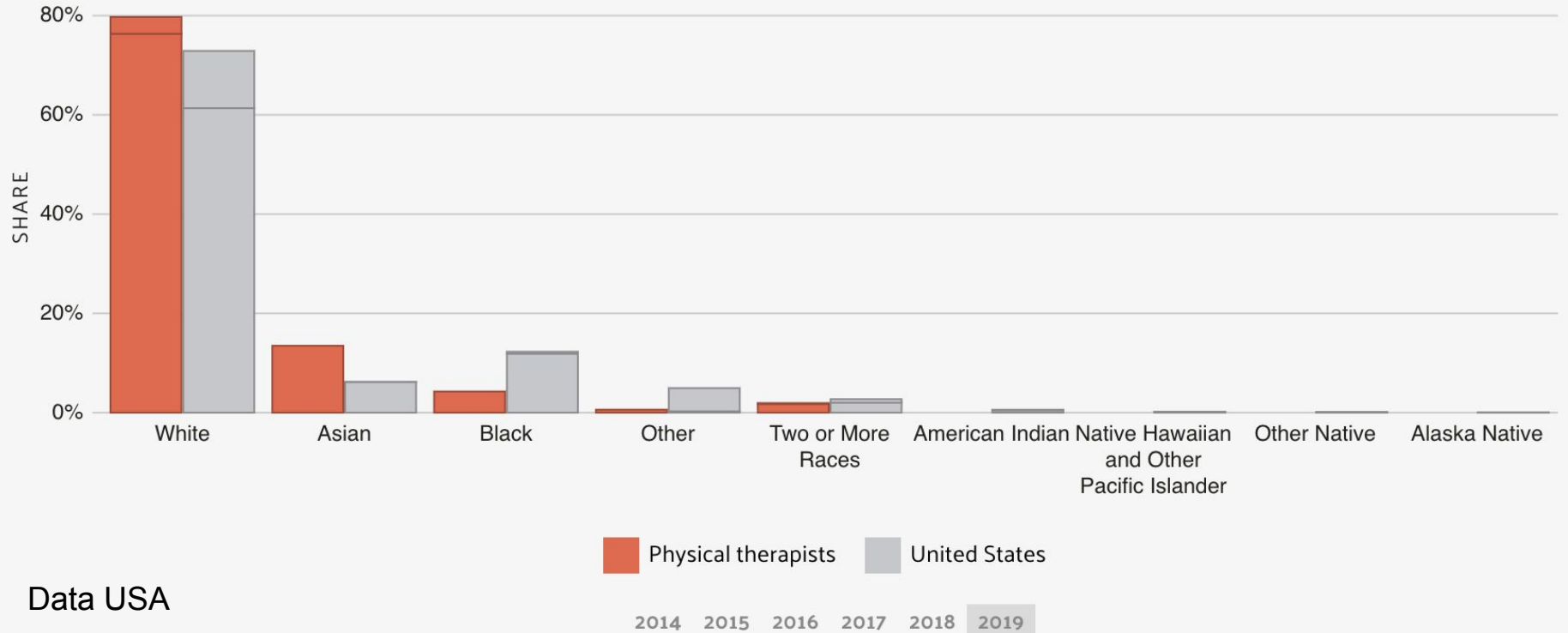
AAMC 2019

Racial/Ethnic Identity	Census Data	UME	Medical Faculty
White, Non-Hispanic	60.1%	49.9%	63.9%
Black	13.4%	7.1%	3.6%
Hispanic, Latino, or Spanish Origin	18.5%	6.2%	3.2%
Asian	5.9%	22.1%	19.2%
Native American or Alaska Native	1.3%	0.2%	0.2%
Native Hawaiian or Other Pacific Islander	0.2%	0.1%	0.1%
Multiple Race/Ethnicity	2.8%	9.4%	4.2%

Racial/Ethnic Diversity in Nursing

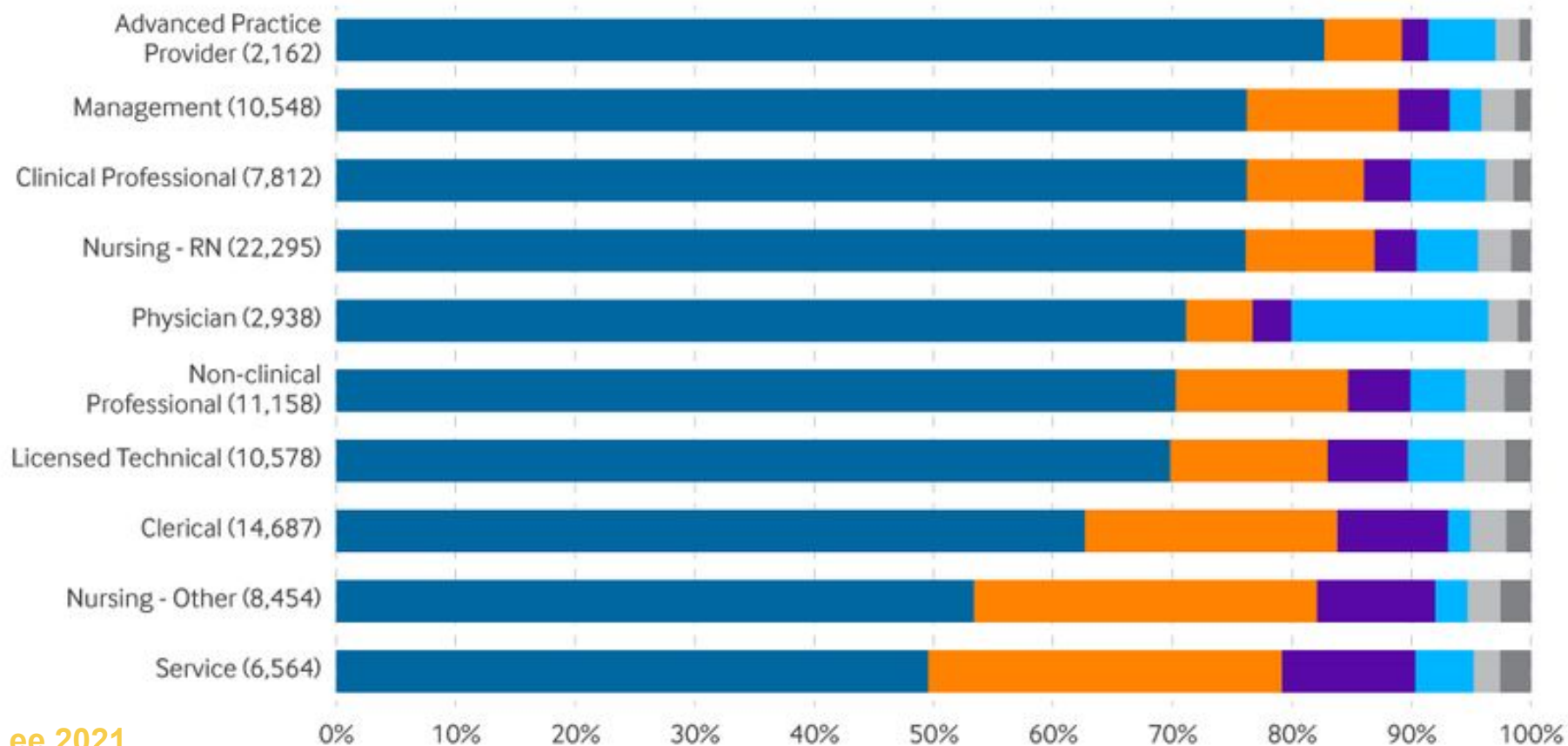
Racial/Ethnic Identity	Census Data	Nursing staff
White, Non-Hispanic	60.1%	80.8%
Black	13.4%	6.2%
Hispanic, Latino, or Spanish Origin	18.5%	5.3%
Asian	5.9%	7.5%
Native American or Alaska Native	1.3%	0.4%
Native Hawaiian or Other Pacific Islander	0.2%	0.5%
Multiple Race/Ethnicity	2.8%	4.6%

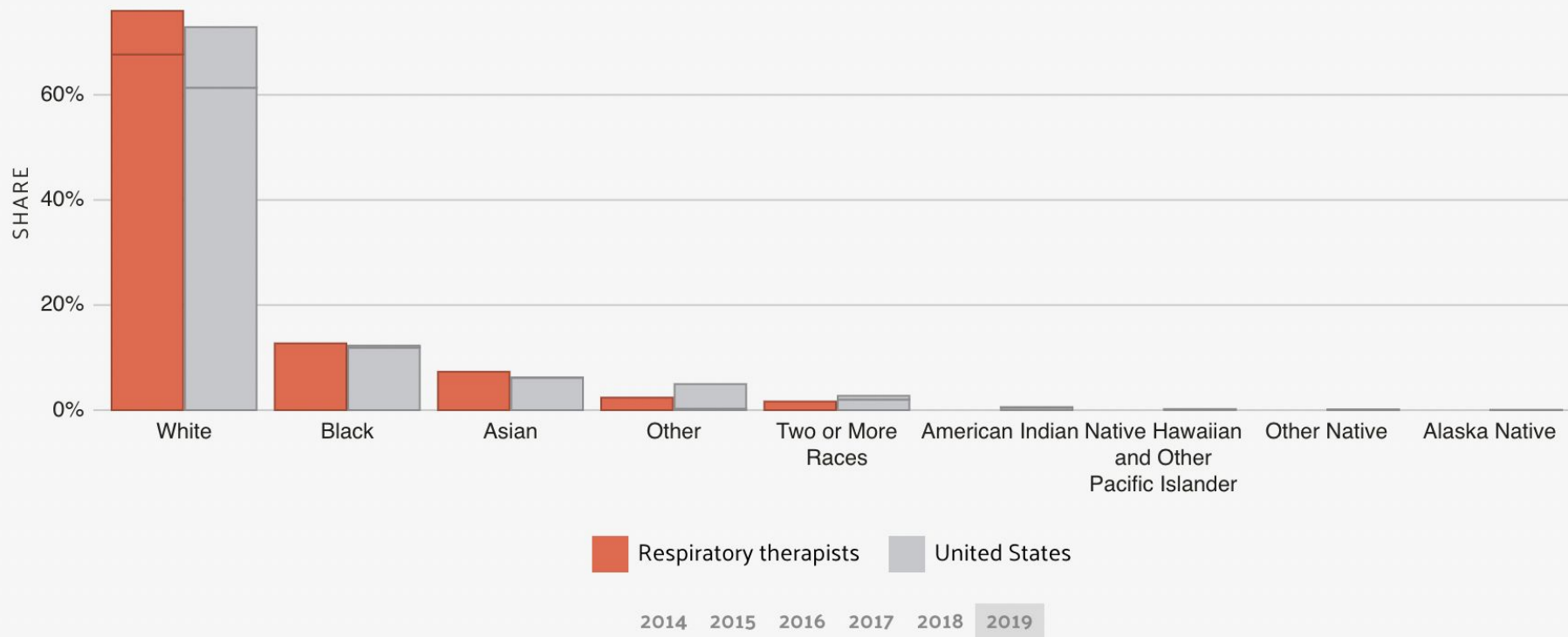
Race/Ethnic Diversity in Physical Therapy



1A

White (not of Hispanic origin) Black or African American Hispanic or Latino Asian
Prefer not to answer Other





Diversity in Undergraduate Medical Education

39. Gender Identity:

Note: The results are derived from two questions: “What sex were you assigned at birth?” (response options “Male” or “Female”) and “What is your current gender identity?” (response options “Male,” “Female,” “Trans male/trans man,” “Trans female/trans woman,” “Genderqueer/gender non-conforming,” or “Different identity”).

	All Medical Schools		
	2018	2019	2020
	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Same gender identity as the sex assigned at birth	99.3	99.3	99.2
Different gender identity from the sex assigned at birth	0.7	0.7	0.8
Number of respondents	14,426	14,463	15,887

Diversity in Undergraduate Medical Education

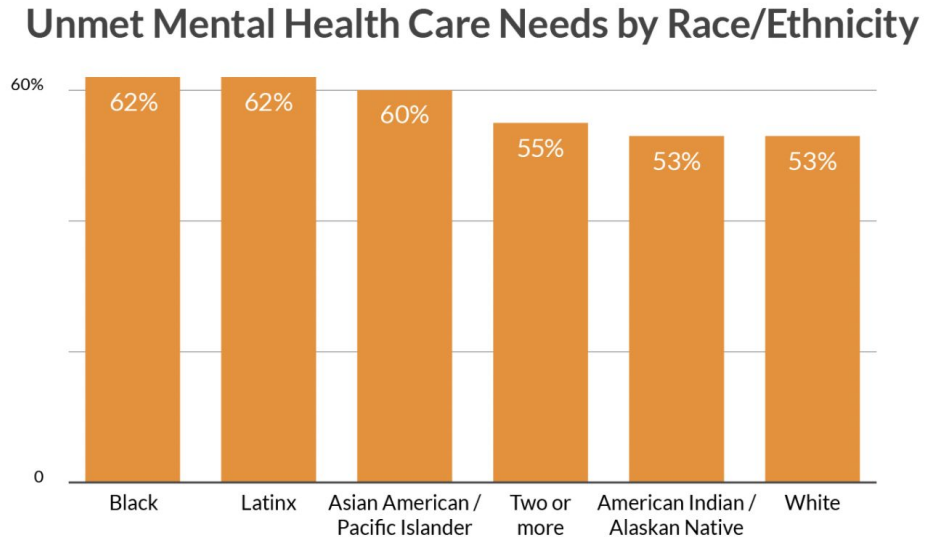
40. How do you self-identify?

	<u>Percent</u>	<u>Percent</u>	<u>Percent</u>
Bisexual	4.4	5.0	6.1
Gay or lesbian	3.3	3.8	3.6
Heterosexual or straight	92.2	91.1	90.3
Number of respondents	14,254	14,278	15,638

Examples of intersectionality in Patient Outcomes

- Brigham Health and Intersectional COVID-19 outcomes (Sivashanker 2020)
 - Latinx non-english speaking patients vs. Latinx english speaking patients
 - Historically segregated/red-lined neighborhoods vs. affluent white neighborhoods
- Access to mental health services in LGBTQ Youth of Color

Figure 1. Unmet Mental Health Care Needs by Race/Ethnicity



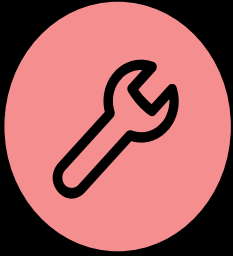
Mari Matsuda' Asking the Other Questions

*When I see something that looks **racist**, I ask, “Where is the **patriarchy** in this?”*

*When I see something that looks **sexist**, I ask, “Where is the **heterosexism** in this?”*

*When I see something that looks **homophobic**, I ask, “Where are the **class** interests in this?”*

4 Tools for an Intersectional Learning Environment



**1. Acknowledge
Identities without
Assumptions**

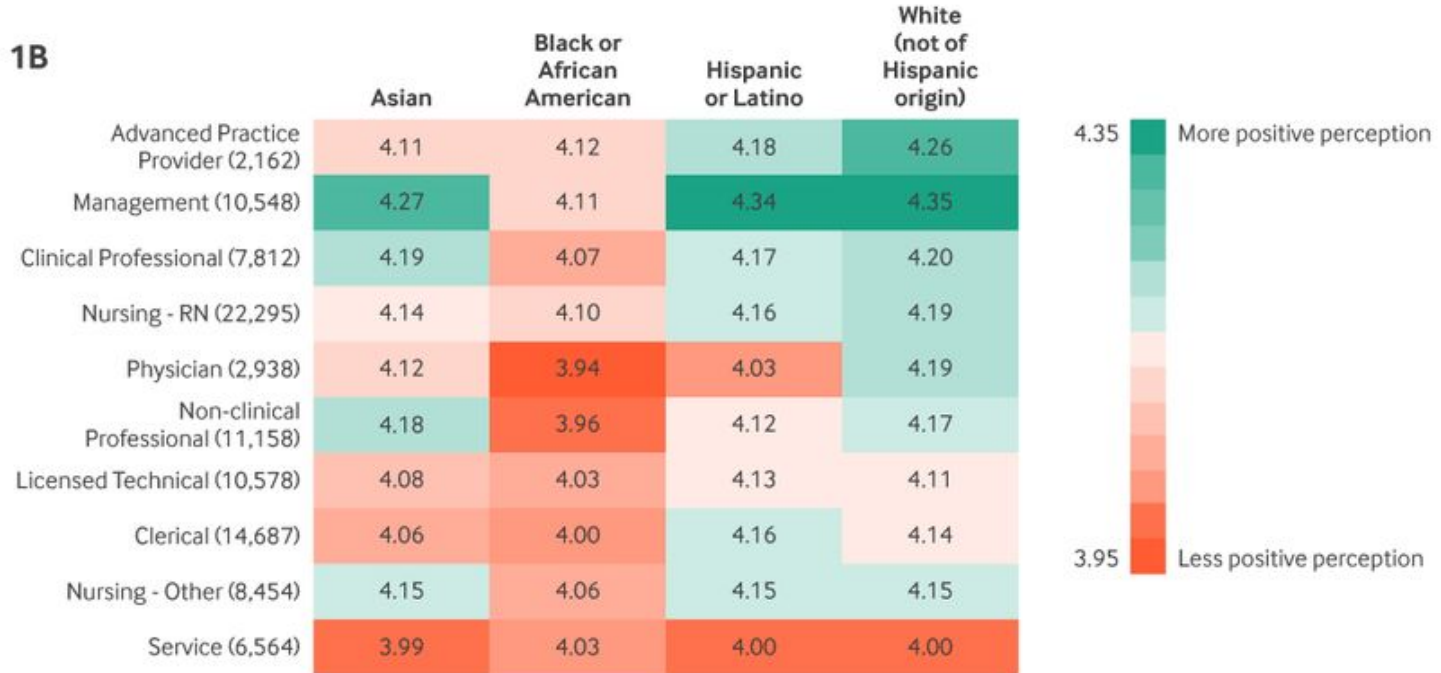


**2. Recognize Power
Differentials**



**3. Practice Perspective
Taking**

Perceptions of Inclusiveness by Job

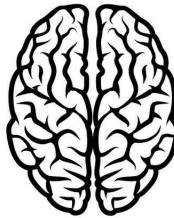


Intersectionality in Healthcare Workforce

- Dearth of data on how different identities are represented
- Healthcare is not as diverse as the population we serve
- Lack of intersectional framework hurts workforce (us!), hurts patients
 - Does not consider history of discrimination and how that has ultimately impacted opportunities, presentation



Patient Care
Outcomes

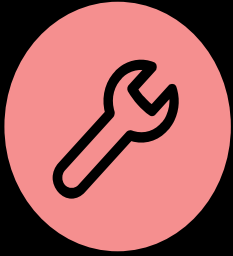


Mental Health
Benefits



Financial Impact

4 Tools for an Intersectional Learning Environment



**1. Acknowledge
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**2. Recognize Power
Differentials**



**3. Practice Perspective
Taking**



4. Value Authenticity

Learner Case 1

14 year old Latinx cisgendered female admitted for suicidal ideation has a behavioral escalation while awaiting inpatient psychiatric placement. The multidisciplinary team including various students and trainees arrives at bedside. The teen is becomes visibly upset with the presence of male security guards and says a number of offensive terms during the outburst.

What do you do as the team enacts her behavioral plan?

- A. Call attention to inappropriate language during de-escalation using bystander Ask, Communicate, Tell Why
- B. Discuss with learner individually
- C. Debrief with team
- D. All of the Above

Learner Case 1

14 year old Latinx cisgendered female admitted for suicidal ideation has a behavioral escalation while awaiting inpatient psychiatric placement. The multidisciplinary team including various students and trainees arrives at bedside. The teen is becomes visibly upset with the presence of male security guards and says a number of offensive terms during the outburst.

What identities may have played a role in the patient's response?

- A. Age and mental health status
- B. Racialized identity and ethnicity
- C. Gender and ethnicity
- D. Past experiences
- E. All of the Above

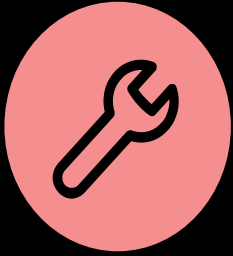
Learner Case 2

Tyler is a non-binary Black learner on your service for the next few weeks. They often try to answer group questions first and seem stressed to do well. You also notice that they are often alone during downtime.

What do you do to support your learner?

- A. Mention letting other students answer during the next learning session
- B. Plan to provide feedback on teamwork in their evaluation
- C. Wait a few days to see the pattern of behavior
- D. Practice perspective taking

4 Tools for an Intersectional Learning Environment



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**2. Recognize Power
Differentials**



**3. Practice Perspective
Taking**



4. Value Authenticity

Why I Left Boston Residency Program

How inclusive are we, really?

Leslie Neal-Boylan^{a*}, Michelle Miller^b

^a Solomont School of Nursing, University of Massachusetts Lowell, 113 Wilder St, Lowell, MA 01854, United States

^b College of Arts and Sciences, Quinnipiac University, Hamden, CT, United States

BMJ Open *'I decided not to go into surgery due to dress code': a cross-sectional study within the UK investigating experiences of female Muslim medical health professionals on bare below the elbows (BBE) policy and wearing headscarves (hijabs) in theatre*

Why Black doctors like me are leaving faculty positions in academic medical centers

By Uché Blackstock Jan. 16, 2020

Reprints



Original Investigation | Medical Education

February 2, 2021

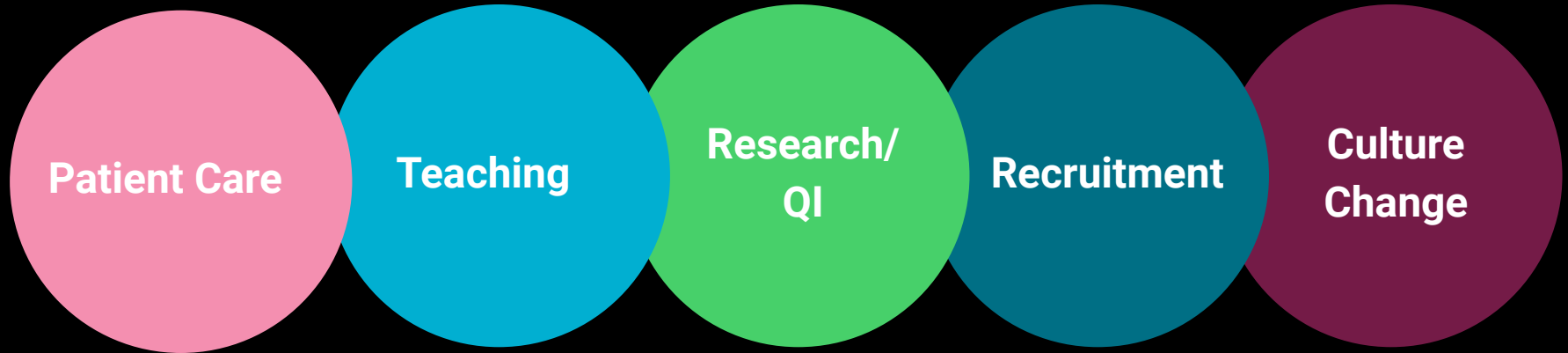
Association Between Sexual Orientation, Mistreatment, and Burnout Among US Medical Students

LOCAL



Neo-Nazis target anti-racist doctors at Brigham and Women's Hospital, calling them 'anti-white'

Action Steps



Objectives

- Review Intersectionality as a framework for conceptualizing how a person/ group of people are affected by a number of systemic advantages and disadvantages
- Examine our own identities and how they influence interactions with learners, co-workers and patients
- Discover strategies that can improve inclusion within the learning environment



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References

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Appendix

Definitions of Public Health and Selected Concepts of Critical Race Theory

Concept	Definition
Public health	The art (i.e., practice) and science (i.e., research) of protecting and improving the health of communities
Centering in the margins	Making the perspectives of socially marginalized groups, rather than those of people belonging to dominant race or culture, the central axis around which discourse on a topic revolves
Critical consciousness	Digging beneath the surface of information to develop deeper understandings of concepts, relationships, and personal biases
Experiential knowledge	Ways of knowing that result from critical analysis of one's personal experiences
Ordinariness	The nature of racism in post-civil rights society: that is, integral and normal rather than aberrational
Praxis	Iterative process by which the knowledge gained from theory, research, personal experiences, and practice inform one another
Primacy	Prioritizing the study of racial influences on outcomes
Race consciousness	Explicit acknowledgment of the workings of race and racism in social contexts or in one's personal life
Social construction of race	The endowment of a group or concept with a delineation, name, or reality based on historical, contextual, political, or other social considerations