Anti-Racist Action Plan

Reimagining Human Anatomy & Physiology through a Critical and Inclusive Lens

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Topic Overview: Human Anatomy & Physiology (A&P) In-class Course Content
Our community needs to address inequities, diversity, and inclusion across the entire healthcare system – a system that is rooted in healthcare education. Thus, we must combat systemic racism and implicit bias by reimagining a more equitable and inclusive healthcare education here at OSU.

My anti-racist action plan focuses on redesigning OSU A&P course content because of my experience teaching A&P lecture and lab activities for the 200- and 300-level, my continued teaching role in the A&P series, and my professional training in OSU’s GCCUT program for adult education.

This plan is one component of a larger curricular redesign. The larger goal is to infuse anti-racist values throughout the entire A&P curriculum, exploring the historical impact and current biases in health disciplines. Thus, new course learning objectives and activities will be integrated before the next series starts.

Broader Issue:
Racial illiteracy and its overwhelming absence among curriculums perpetuates racism across disciplines. Racism exists in many forms that are present throughout education systems. In addition, healthcare disciplines are not isolated from our larger social history. Although race is a social construct, the consequences of racism are real and manifest as health disparities. When we examine racism in healthcare disciplines, we are scrutinizing forces that influence how we think, research, educate, and clinically practice today.

Goal/Intentions:
The broad goal of this curricular redesign is for learners to develop a commitment to eliminating inequities in health care quality by understanding and assuming their professional role in addressing this pressing health care crisis. We must handle A&P topics in a way that avoids:

- Perpetuating false beliefs about differences in biology that directly lead to health disparities
- Narrowing clinical decision leading to misdiagnosis (as seen with sickle cell anemia)
- Reinforcing implicit racial bias
Anti-racist Approach:
I propose using Critical pedagogy practices and the Multicultural Education (ME) framework around content integration, knowledge construction, prejudice reduction, and equity pedagogy. Also, the antiracist pedagogy will be cohesive and be directly related to course content.

The broad goal of this curriculum is for learners to develop a commitment to eliminating inequities in health care quality by understanding and assuming their professional role in addressing this pressing health care crisis. This proposed plan highlights how to improve racial literacy with science literary searches and metacognitive questioning about how race-based predictions can lead to medical disparities. This action plan focuses on the prevalence of sickle-cell anemia because students are learning about that anatomy of blood, blood types, blood histology and blood disorders. The content about blood histology and disorders will lead up to and inquiry about missed diagnoses of sickle cell anemia.

Redesigned Element:
Bi343 Advanced Human Anatomy and Physiology Lab – Week 1 - Lab 1

Outline of Curricular Changes:

Modifications to Lab 1 Activity: Observations of Blood Sample Showing Leukemia and Sickle Cell Anemia

- Objectives (Objectives 4 & 5 are new)
  1. Define anemia and leukemia.
  2. Identify sickle cell anemia and leukemia from a slide or diagram.
  3. Explain why sickle cell anemia and leukemia are potentially detrimental to health.
  4. Examine and understand that attitudes (e.g., mistrust), subconscious bias, and stereotyping related to healthcare disciplines that is related to sickle cell anemia
  5. Understand the existence and magnitude of health disparities with respect to sickle cell anemia and potential solutions to diminish or eliminate these disparities

- New Activities to be added in lab manual:
  1. Individually reflect on your understanding about the prevalence of sickle cell anemia? In other words, what assumptions do you make when you think of sickle cell anemia?
    
    In the United States, sickle cell anemia has become synonymous with Black race. Where/how did you learn this?

  2. With your lab group (3 or 4 people), use the lab computer to complete a literary search to examine the prevalence of sickle cell anemia and discuss answers to the following questions.
Who is being centered in the journal article? Who is not being centered?

Centered - people in the United States, specifically African Americans. Not centered – folks outside of the United States (i.e., the worldwide prevalence) and prevalence among other populations.

How is the material presented? For example, is the material in the article presented through a dominant culture lens? If so, what are the implications of that? What is gained or lost? What other lenses exist?

Missing lenses include 1) folks outside of the United States (i.e., the worldwide prevalence) and prevalence among other populations, 2) medical statistics/recommendations specifically informs people within the United States, 3) baseline assumption that those will enter medical disciplines solely in the United States (i.e., not abroad), and 4) baseline assumption that those who may have sickle cell anemia in the United States are Black.

Sickle cell disease is prevalent among people from South & Central America, Saudi Arabia, India, Turkey, Greece, and Italy in addition to those labeled as “Black”. The differential prevalence leads to improper, delayed, and missed diagnoses in medical fields for those who are “unknowingly” susceptible to sickle cell disease and living in the United States as well as those who have obtained medical training in the United States.

3. Individually brainstorm and record ideas to prevent missed diagnoses of sickle cell anemia that contributes to health disparities. Share these idea(s) anonymously by writing your idea(s) on the provided sticky notes. Post your stick notes to the “Share” board and read over your peers’ actions to combat misdiagnoses.

Moving Forward Step by Step:
1. Share this action plan with A&P course coordinators for feedback
   o Dr. Devon Quick, Dr. Lindsay Biga, and Dr. Staci Bronson.
2. Send updated syllabus (and new course learning outcomes) for departmental approval
3. Modify A&P lab manual (for 200- and/or 300-level) for following year
4. Before implementation, prepare teaching team (GTAs) for new content
5. Post-implementation, have the teaching team reflect on the new activity
   o Student experience
   o GTA experience
6. Assess activity outcome alignment with intended learning outcomes.
7. Modify activity or learning outcome as needed

Outcomes:

For the first year, I am curious to see the answers students come up with. This is the only way to determine whether students are meeting the learning objective. Thus, the answers will be submitted in Canvas and reviewed by the teaching team. A successful outcome is when students:
Demonstrate awareness to the realities of difference, power, discrimination, and inequities in healthcare disciplines

Demonstrate the capacity to read the past and present for inequity

Write a more socially just future

After an initial review of the Canvas answers, the questions will revised as need and only added to the lab manual (i.e., removed from Canvas).

Revisions:

Based on the feedback I received, I made my Action Plan more targeted so that I leave CAAI with one complete activity. My initial action plan discussed curricular redesign for an entire 3-term series (too ambitious for me to complete at this time). However, the ideas I brainstormed about are a good reference or starting point for future antiracist action plans for the A&P curriculum. I revised my activity to embrace the Multicultural Education framework (as well are Critical theory). Also, I specified how students will engage with the new content. I included group discussion/inquiry, individual reflection, and anonymous “share outs.” Lastly, I added potential answers (i.e., a key) to the activities. Ultimately, I envision this as one component of a larger curricular redesign. However, I believe that this current activity could be implemented as is so students do not need prior knowledge on the subject (e.g., definitions) or racial literacy.