

# Bridges Curriculum Refinement

## Solidifying the Social Justice Pillar

### Background

The Bridges Curriculum was designed to meet the needs of the 21<sup>st</sup> century physician and practice of medicine. In the development of the curriculum, the social justice pillar was a strong motivator, leading to the incorporation of Differences Matter Orientation (DMO), incorporation of content into the new Diagnostic Reasoning (DR) block, and the development of two new blocks, Health and the Individual (H&I) and Health and Society (H&S).

### Current State

The development of curricula and improvement of the delivery of the above-mentioned curricular components in Foundations 1 (F1) have been notable. Equally notable have been unintended consequences from their introduction; namely, the limited ability for various small group facilitators to hold and manage discussions on these topics as they are raised, and the relatively inconsistent way these topics are covered and, by implication, valued, in the curriculum.

### Opportunity & Call to Action

As part of the response to the COVID-19 pandemic, curricular operations in Bridges have been significantly altered, and planning for the iteration of Bridges starting in the fall of 2020 will require additional significant curricular alteration. Likewise, the episodes in the Spring of 2020 of police violence and subsequent widespread protests, along with release of data regarding the demographic impact of the COVID-19 pandemic, highlighted the toxic effects of systemic racism in the United States and offer us an opportunity to enhance our efforts at social justice and move the Bridges curriculum in a more anti-racist and anti-oppressive direction.

### Goal

In keeping with key tenets of anti-oppressive curriculum theory and practice, we strive for a curriculum that:

- explicitly values anti-oppressive content and process in the context of other content and process domains,
- focuses education on the communities we serve, in our area and in society at large, and
- centers learning on, and as a shared process with, our patients.

We propose to start this process by addressing the urgent need of combating anti-Black racism in our country, in our profession, and in our curriculum by starting with the following interventions in the next section as a framework.

## Innovations and Implementation

**1. Ensure we are guided by the best evidence and pedagogy.** This will be achieved through consultation with (internal and external) experts. As part of due diligence, external expertise (one or more individuals) should be sought to review any curricular plan, including ideas below, to ensure appropriateness and currency.

**2. Elevate the status of anti-oppressive content and process.** This will be achieved through the following steps:

a. The establishment of the UCSF Domains of Understanding. Derived from the UCSF Domains of Inquiry, this will elevate the status of social sciences and population sciences, and their attendant social justice domains (e.g., social determinants of health, structural competency, etc.) ensuring that our focus in education is holistic.

b. The enhancement of DMO with additional pre-reading. This will allow us to share with incoming students our expectations about their background knowledge of racism and oppression in the US -- and in medicine specifically -- and normalizes the work toward cultivating an anti-racist and anti-oppressive habit of mind. Ideally this will consist of certain required and selective readings that can be discussed and featured in the context of DMO.

c. Highlighting curricular anti-oppressive experts. This includes faculty who are scholars and leaders in this field (both senior and junior; e.g., Watson Scholars). Students should get used to seeing these faculty as the experts in their field(s) and trusted sources for leading this content as a group.

d. A review of content delivery. With anti-oppressive content now threaded through the curriculum, other courses, such as H&I and H&S are now freed up to allow students a deep dive into aspects of anti-oppressive topics, and/or to elevate the collective understanding of anti-oppressive science domains, applied to specific examples of the UCSF 49.

e. The creation of integrative sessions. These include introductory/overview sessions at the beginnings of courses/clerkships that would give students the scope and context of anti-oppressive topics to be covered; and/or review and integrative sessions that show how the domains of understanding are all applied to addressing consequences of oppression (e.g., how research in biomedical or clinical sciences are leveraged to counter the systemic racism that leads to health care disparities).

**3. Focus our education on the communities we serve.** This will be accomplished by the focusing of F1 content around UCSF 49. Developed originally to reflect the diseases and conditions of import to the communities we serve and society at large, these should represent the primary effort of education, as viewed through all the domains in 2 above.

**4. Center the learning on/with patients and their voices.** This will be accomplished by the development of a series of patients and patient families related to the UCSF 49. This would be a balanced way of representing identities and communities, mitigating implicit bias, and portraying the complex interplay between individuals and families, communities, and their impacts on health. This could also be a mechanism for incorporation of patient narratives, raising the potential for incorporation of narrative medicine elements into the curriculum.