

UNIVERSITY of COLORADO SCHOOL of MEDICINE
BLACK STUDENT COLLECTIVE

INTRODUCED BY: The University of Colorado Black Student Collective - Black Student leaders, The University of Colorado Student National Medical Association Chapter, and The University of Colorado White Coats for Black Lives Chapter.

SUPPORTED BY: Allies, see Addendum B.

**TITLE: ACTION ITEMS FOR THE REDUCTION OF RACIAL INJUSTICES
ON THE UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS**

WHEREAS, the long history of racism, discrimination, and segregation has negatively impacted health, educational, and economic outcomes for many racial groups, specifically Blacks¹; and

WHEREAS, health disparities have existed for Blacks in America for more than 400 years, more evident now than ever as we witness the discrepancies in rates of infection and death during the coronavirus pandemic, secondary to unaddressed health disparities and systemic racism²; and

WHEREAS, social inequities are driven by racism; and reducing inequities in health care requires a dismantling of the systems that initiate and sustain racist ideologies and inequities³; and

WHEREAS, the perpetual issues of racial injustice have a significant and long-term impact on the mental and physical wellbeing of our faculty, staff, fellow students and community members⁴; and

WHEREAS, the community of medical professionals have committed to advocating on behalf of our patient population and not being silent or evasive in the face of wrongdoing⁴;

WHEREAS, the University of Colorado School of Medicine (CUSOM) and the Anschutz Medical Campus (AMC) has reiterated its efforts to reduce racial injustices⁴; and

WHEREAS, The University of Colorado School of Medicine (CUSOM) and the Anschutz Medical Campus (AMC) has asserted that it seeks to make a difference in the communities it serves⁴; and

THEREFORE, BE IT RESOLVED THAT, the CUSOM Black Student Collective and our allies, hereby propose the following changes to further augment the advancements made by AMC and CUSOM leadership, to curate an inclusive learning culture that breeds holistic physicians, and to expand collaborative community engagements that will enrich our communities and the patients we serve. Together we hope to implement these actions to create systematic, lasting and meaningful changes.

THEREFORE, BE IT RESOLVED THAT, the CUSOM and the AMC will create a Reduction of Racial Injustice Committee that leverages our network of students, diversity council members, faculty, and physicians to execute the adoption of the recommendations listed in ADDENDUM A.

THEREFORE, BE IT RESOLVED THAT, the CUSOM and the AMC will create a system of accountability for each recommendation listed in Addendum A. This system should prioritize information transparency about the process of addressing each task. From initiation, to progress, to barriers, to finalization.

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ADDENDUM A

Preamble:

The CUSOM Black Student Collective was assembled on June 3, 2020 in response to the recent killings of George Floyd, Ahmaud Abernathy, Breonna Taylor, Tony McDade, and Elijah McCain which sparked national conversation surrounding unchecked violent acts against black members of our community.

The following recommendations will further augment the advancements made by AMC and CUSOM leadership, will curate an inclusive learning culture that breeds holistic physicians, and will expand collaborative community engagements that will enrich the communities and the patients we serve. Together we hope to implement these actions to create systematic, lasting and meaningful changes.

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Phase I

Action items that should be completed by the end of the 2021 school year.

A. Transparency

Lack of transparency is often unintentional, and therefore, we must make it a priority to cultivate a culture of transparency. Lack of transparency has limited underrepresented in medicine (URiM) student participation and URiM student directed change within our institution, which has directly and indirectly dismissed URiM student concerns and reduced URiM student participation in various decision-making processes. For example, an institution may dismiss a concern submitted by an employee for not going through the proper channels while the process is often cumbersome, time-consuming, and the procedure hard to find in the first place.

1) Communication between the Office of Diversity and Inclusion and students:

The Office of Diversity and Inclusion of the School of Medicine should advertise projects and initiatives that help underserved and marginalized communities to the entire CUSOM student body, as opposed to only select student groups. On the same note, emails that address problems regarding bias and racism should be addressed to a specific class or to the whole student body as opposed to only minority students.

- 1.1 Minority students understand the toll of bias and racism. These statements are more powerful when they reach everyone, including people who are not directly affected by this burden.

2) Funding:

Commit to providing consistent funding sources for groups doing racial disparity and racial injustice work, and prioritize groups doing community engagement with communities of color, amplifying voices of communities of color, and/or conducting research on racial disparities.

B. Campus Police Accountability

Discriminatory acts of violence and murder continue to be perpetrated by police against Black communities.⁶ Preventing this type of police violence depends on confronting anti-Black ideologies, enforcing policies that restrict use of force, and ensuring that police accountability is swift and transparent. Therefore, we believe it is time for our campus to take action to protect our Black and minority students, staff, and faculty, and prevent police violence and misuse of force. Furthermore, as the Anschutz Medical Campus is an integral part of the Aurora community, we believe that our campus leadership has a duty to advocate for policies to address violent policing against minorities in Aurora and increase police accountability through every means possible. Therefore, we ask that the Anschutz Medical Campus to:

- 1) Include data on race/ethnicity in crime statistics compiled in the annual campus police security report. This type of data is critical not only to increase police transparency, but also for the purposes of developing policies and programs to address and prevent racial bias in

- policing. This report should include any incidents involving police use of force or firearms on-campus and include information about the race/ethnicity of those involved in these incidents.⁷
- 2) Make campus police use of force policies transparent and restrictive.⁷ Use of force by campus police should be documented, publicly available, and follow common-sense measures shown to reduce misuse of force. Therefore, the University should ensure that campus police use of force policy includes the eight policies that have been shown to reduce incidence of police killings and violences:
 1. Require de-escalation
 2. Ban chokeholds
 3. Require the duty to intervene
 4. Restrict shooting at moving vehicles
 5. Use a force continuum
 6. Exhaust all other means before shooting
 7. Require a verbal warning before shooting
 8. Comprehensive reporting when using force or threatening to use force
 - 3) Require independent investigation of the use of force by campus police. Currently, the Aurora Police Department is designated as the “outside agency” to investigate these incidents. Just as human subjects research on our campus is reviewed by a board comprised of individuals from our campus and community, any incident involving use of force by campus police that results in injury or death should be independently reviewed, and the results of the review publicly released.⁹ This oversight could be conducted via the establishment of a civilian oversight board, including individuals from our campus and local community, or by the use of an outside investigator who is independent of law enforcement.⁷
 - 4) Publicly commit to not collaborate with the U.S. Immigration and Customs Enforcement agencies’ (ICE) enforcement actions.
 - 5) In person anti-racism training should be mandatory and annual.

C. Establish a Student Legal Team on Campus

- 1) If students feel threatened or unsafe, they should be able to call ‘####’. We should have advocates for students.

D. Accountability for Departments and Block Directors in the SOM

- 1) The School of Medicine should establish a system to hold block directors accountable if there are complaints from students that they are excluding representations that differ for people of color or perpetuating racist ideologies.
- 2) The School of Medicine should commit to implement the Equity Toolbox, the release of details about the Equity toolbox to students at the beginning of each block, and mechanism for immediate anonymous feedback when these guidelines are not met.¹⁰

- 2.1 This can be accomplished through the establishment of a reporting and tracking system where a group can review reports and suggest changes to be made. These details should be released back to the block directors with the recommended changes. These changes should be tracked.
- 3) The School of Medicine should implement a platform where students can, and are encouraged to, submit specific PowerPoint slides/quotes from handouts or from the lecturer/facilitator from panopto lectures, small group session, PBL cases/sessions, etc. that detail race-based assumptions/comments.
 - 3.1 This data should be released to the school at large as a measure of our success and to show the changes we are making over time.
 - 3.2 The school should use the progress and/or lack of progress in annual reviews of curricular materials and faculty members.
 - 3.3 Lecturers and small group facilitators must sign an attestation (maybe online checkbox) that they have reviewed their materials for these biases (could be yearly).
- 4) The block directors should be notified of every submission and should regularly review them, with a prescribed time frame to reply with changes made, or not made. In addition, block directors should be required to send out an announcement to the class detailing the concerns and why they were changed to make sure the current class is informed on their decision.
- 5) There should be a committee that review the director's changes and deem them acceptable/unacceptable, before the class announcement is made.
- 6) If the directors/lecturers do not respond within the time frame allotted, they will be subject to a professionalism violation (just as students are subject to this for not completing Oasis evaluations).
- 7) These changes should not be left for the future curriculum reform, rather, they should be implemented as soon as possible.

E. Review of Bias in Grading Procedures

- 1) Grading Committees should adopt the best practices around racial bias and fair grading processes. This includes, but is not limited to:
 - 1.1 Diversifying the membership of the grading committees.
 - 1.2 Employing implicit bias training for all committee members.
 - 1.3 Reduce bias by using standard procedures (examples: not using pictures, completely deidentifying comments to avoid implicit biases, but should be done in a standard fashion).^{5,7}

F. Admissions/Incoming Student Accountability

- 1) CUSOM should demonstrate to students its commitment to creating an anti-racist educational and clinical environment from its earliest interactions with students. This encompasses both:
 - a) When students are interviewing for admission at CUSOM
 - b) During their initial orientation with the CUSOM

G. Admissions Interview

- 1) The School of Medicine should thoroughly evaluate interviewees for racist and discriminatory beliefs held in prospective students *and* communicate that anti-racism is a core value of the school.
- 2) Tools such as situational judgement tests (SJT)¹¹ should be used to assess how interviewees would address racist behavior that they could encounter in clinical, academic, and social settings. The school should commit to including scenarios and questions like these with specific rubrics for standardized evaluation guidance in both group and individual interviews.
- 3) If an interviewee demonstrates clear racist sentiment as determined by a systematic review of their responses and discourse during the interview, this should be grounds for the dismissal of their application.

H. Scholarship and Funding for Students of Diverse Backgrounds

- 1) The School of Medicine school should commit to increasing funds to attract and retain students of diverse, and specifically, minority backgrounds.^{6,7}
- 2) The School of Medicine should increase financial aid FTE in the Office of Student Life for counseling, scholarships and debt management.
- 3) The School of Medicine should describe specific post-admission efforts to support and retain URiM students.

I. Medical Curriculum

Racism is a systemic issue that merits a systemic response. It is absolutely critical for medical institutions to open up their collective closet and educate students about the History of Medicine (in color). This would help promote the collective healing of generations of trauma placed on African Americans and provide a platform to recognize the cyclic nature of systemic oppression.

- 1) The School of Medicine should require all lecturers to explain origins and complexities of prevalence data and block directors should review all lecturer materials to ensure this change is implemented.
 - 1.1 This will reduce or eliminate the recurrence of lecturers describing race itself (rather than racism) as a risk factor for disease, tool for diagnostic reasoning, or predictor of treatment response.

- 1.2 Institutions such as Alpert Brown Medical School have performed comprehensive lecture reviews to identify and modify lectures that denote race as a biological risk factor due to systematic racism.¹²
- 1.3 In addition to Oasis Course Evaluations, create another formal system for students to provide feedback on lectures in which race is inappropriately described or implied to be biological. Most importantly, this system should be accessible at all times, in contrast to the current system where evaluations must be released in order for students to comment.¹³ This system should protect the anonymity of students.
- 2) In the spirit of CUSOM's model of continuous quality improvement, the school should establish an Anti-Racist Curriculum Oversight Committee to promote the creation and continuation of an anti-racist curriculum for all medical students.¹⁴
 - 2.1 This committee should begin by overseeing and informing the development of new curricular content for the Trek Curriculum. They should have voting membership on all curricular committees.
 - 2.2 Once the Trek Curriculum is implemented, this committee should transition to serve as a permanent curricular committee that will collaborate with and oversee the other main curricular committees (Plains, Foothills, Trails, etc.).
 - 2.3 The equity toolkit is one of many resources that should be used as a standard for this curricular restructuring.¹⁰
 - 2.4 The primary goals of this committee should be to:
 - Educate faculty and students about the anti-racist curriculum
 - Respond to student concerns and work with students and faculty to create solutions
 - Serve on all of the major curricular committees
 - 2.5 As part of this committee's establishment, an anonymous reporting portal should be developed for students to bring concerns or provide positive feedback to faculty.
 - 2.6 This committee should be comprised of students, faculty (clinical and non-clinical), and staff.
 - 2.7 This committee should prioritize transparency by creating a central place where students can view all the proposed changes to the curriculum.
- 3) The School of Medicine should review exam questions in essentials core for evidence of bias in question stem and choices.
- 4) Implicit bias and anti-racist training should be incorporated into faculty development for all faculty working in Undergraduate Medical Education (clinical and non-clinical). Faculty should be required to undergo implicit bias training by using Project Implicit or another implicit bias toolkit every three years.

- 5) Students should be required to undergo implicit bias training by using Project Implicit¹⁵ or another implicit bias toolkit with a reflection component in their first and fourth years of medical school in order to take an honest look at their own biases.

J. Review of Selection for Awards and Honor Societies

It is known that there are disparities in certain honor societies such as Alpha Omega Alpha (AOA), Gold Humanism Honor Society (GHHS), and other student honors, and that these can translate to differences in how residency applications are received.

- 1) Each of these organizations and award committees should release a statement on how they plan to actionably address bias in their process.
- 2) The School of Medicine should review the process for all awards given to examine if disparities exist based on how we recognize students for AOA, GHHS, and other student honors.⁷

K. Pre-clinical and Clinical Student Support through Career Advising

- 1) The School of Medicine should create a mentorship program linking URiM faculty to URiM students for longitudinal career advising.^{7,8}
- 2) The School of Medicine should expand access to URiM, especially Black, faculty across specialties for career advising, practice interviews, and networking with other institutions.

L. Student Recruitment

Black people make up 13% of the U.S. population,¹⁶ but only 5% of physicians.¹⁷ In order to create a representative physician workforce, medical schools would need to admit classes made up only of Black, Latinx, and Native American students for the next 10 years. This means that the School of Medicine should:

- 1) Emphasize diversity of the admissions team with the following outcome metrics ^{7,9}:
 - 1.1 Staff demographics
 - 1.2 Diversity
 - 1.3 Bias
 - 1.4 Holistic review training
 - 1.5 Staff retention and promotion
- 2) Ensure appropriate representation on the admissions committee from students and faculty who are URiM; this may need to include residents and also members from Mile High Medical Society to achieve adequate numbers of Black faculty on the committee and avoid minority tax.^{7,18}

M. Faculty Promotion

- 1) The School of Medicine should increase emphasis on service and advocacy work for the faculty promotions process.
- 2) The School of Medicine should develop faculty promotion policies that reward community service activities that address healthcare disparities and mentorship of URiM students.^{7,11}

Phase II

Action items that should be completed by the end of the 2022 school year.

A. Incoming Student Accountability/Survey

It is imperative to understand if incoming and graduating CUSOM students hold racist beliefs. To assess students' understanding of race and medicine, the school of medicine should commit to:

- 1) Conducting a twelve-item survey for incoming first-year medical students that gauge's students' understanding of race as a social construct. The survey should be administered during First Course, prior to lectures on racism in medicine and during ICC at the end of fourth year.
- 2) The School of Medicine should use the information gathered from said survey to better inform faculty leadership of the gaps in students' knowledge, thereby allowing for a data-informed approach to the racism in medicine curriculum.

2.1 Research suggests medical students hold false beliefs about biological differences between blacks and whites, and these false beliefs may impact the medical care they provide. For example, a 2016 survey revealed 46% of first-year medical students at a large public medical school believed black peoples' blood coagulates faster than white peoples' blood; the study also found 33% of first-year medical students believed black people have stronger immune systems than white people. This study went on to demonstrate that students who held more false beliefs rated black people as feeling less pain than white people. It goes without saying - these alarming findings have disturbing implications for patient care and paint a troubling picture of medical students' understanding of race as a social, rather than biological, construct.^{12,19}

B. Abolish Race-Based Medicine Practices

The School of Medicine should re-evaluate the implementation of race-based medicine practices in an effort to identify areas where there are no benefits or adverse implications when we consider race in clinical practice. The School of Medicine should encourage all major hospital partners to make these changes as well.

- 1) We ask that all departments identify and remove any race-based medicine being practiced when evaluating a patient and the changing of their care on the basis of race. For example, the calculation of GFR and PFTs practiced at University of Colorado Hospital (UCH) and hospitals affiliated with CUSOM.^{13,20-22}
- 2) We ask CUSOM and the AMC to commit to an annual department review of Race-Based Medicine practices.
 - 2.2 Annual measurement and evaluation of these outcomes should occur at UCH, Denver Health (DH) and Children's Hospital Colorado (CHCO).

- 3) We ask the AMC to commit research to re-evaluate Race-Based Medicine Practices by reserving funding, incentivizing our scientific community to do such investigations, and partnering with national/ international academic institutions in this effort.

C. Medical Curriculum

- 1) The School of Medicine should employ community members and outside organizations with expertise in anti-racism, intersectionality, and the history of racism in medicine in order to conduct workshops on these topics.
- 2) The School of Medicine should create comprehensive medical education that includes medical history, racism in medicine, public/community health, health policy, and health access. This should involve URiM leadership from both within and outside of the medical school.
- 3) The School of Medicine should require curricula around the impact of structural racism and unconscious bias on health outcomes. This should also include training on how to combat this in our future medical careers.

3.1 This can include but is not limited to:

- Upstander training
- Training on how to combat racism in the clinical sphere as has been done by the University of Washington and UCSF.¹⁴
- Topics recommended by the national WC4BL organization^{7,15}:
 - a) Discussion of the intentional creation of race as a hierarchical system (first through religious justifications and then “scientific ones”)
 - b) The link between racism and capitalism in the United States
 - c) White supremacy

3.2 Because the mechanisms that generate racial inequity in medicine are structural, students and faculty should be taught how to intentionally dismantle these structures in addition to recognizing their own unconscious biases.

3.3 These training sessions are unlikely to be effective if they are optional, non-longitudinal, purely lecture-based, and/or limited to online modules. Trainings should be longitudinal and involve active participation that fully engage trainees in discussions about complex topics and situations.⁷

3.4 The curriculum should emphasize the importance of intersectionality as a theory in order to identify how overlapping categories of identity impact individuals and institutions, which in turn teaches students how to take these relationships into account when working to promote social and political equity.¹⁶

- 4) The School of Medicine should commit to incorporating input and voices of communities of color (outside of our campus) into aspects of medical student curriculum, including oversight committees made up of the vulnerable populations we serve.

D. Student Recruitment

Black people make up 13% of the U.S. population,¹⁶ but only 5% of physicians.¹⁷ To create a representative physician workforce, medical schools would need to admit classes made up only of Black, Latinx, and Native American students for the next 10 years. This means that medical schools should:

- 1) The School of Medicine should invest in the support of premedical students through pipeline programs, mentorship, and outreach community engagement. Outcome metrics could include^{7,17}:
 - Dollars spent on effort
 - Number of events attended
 - Results of recruitment to matriculation
 - Track pipeline program outcomes to health professions, (especially the MD program)
- 2) The School of Medicine should increase recruitment efforts at historically black colleges and universities (HBCUs), Hispanic-serving institutions (HSIs), and local public colleges (including community colleges).^{7,18}
- 3) The School of Medicine should develop accountability metrics for chairs and program directors in the recruitment of diverse residents.

E. Faculty

- 1) The School of Medicine should require implicit bias training for search committees in all departments and equity representatives on committees for all positions, not just Chair and Dean level searches.^{12,19}
- 2) The School of Medicine should publish a report on salary equity work that has been done across the SOM examining salary by race, gender and faculty rank.

F. Marginalized Patient Protection

- 1) The SOM and AMC should establish a plan of care so people of all citizenship status, insurance statuses, or ability to pay have access to equitable resources and physicians of a similar level of training.⁷

G. Continuing Medical Education

- 1) There should be significant and continuous opportunities for physicians, nurses, PAs, and other mid-level providers to do their Continuing Medical Education (CME) in matters regarding racism. Just as there have been opportunities and encouragement for CME to be done on COVID-19 topics, the same should be done for continuing education on racism indefinitely.

H. Staff Compensation and Insurance

- 1) The SOM and AMC should offer comprehensive health insurance to all full-time employees that is accepted at the affiliated academic medical centers.^{7,20}

Phase III

Action items that should be completed by the end of the 2023 school year.

A. Student Recruitment

Black people make up 13% of the U.S. population,¹⁶ but only 5% of physicians.¹⁷ To create a representative physician workforce, medical schools would need to admit classes made up only of Black, Latinx, and Native American students for the next 10 years. This means that medical schools must:

- 1) The School of Medicine should annually evaluate and publicly share data on the effectiveness of pipeline programs, e.g. the number of pipeline participants who ultimately enroll in medical school.
- 2) The School of Medicine should provide longitudinal support for URiM students through pipeline program beginning in elementary and middle school.^{7,21}

B. Administrative Structures and Leadership

- 1) The School of Medicine should publish the membership of the SOM Diversity Council and disseminate minutes of monthly meetings to the student body and faculty senate.
- 2) The School of Medicine should present annual diversity and inclusion progress to the SOM Executive Committee and Faculty Senate, including the response of students to the changes made.
- 3) The School of Medicine should expand funding for the Office of Diversity and Inclusion to include additional support of the necessary curricular changes for the service learning and Health and Society components of the Trek Curriculum.

C. Actions Items for Associated Hospitals

Although racial segregation of medical care is illegal, most health systems effectively segregate patient care through triage decision-making, discrimination based on insurance status, and use of trainees to care for marginalized patients.²³ This means affiliated hospitals should:

- 1) Publicly release data on the racial demographics, primary language, and insurance status of patients seen in each hospital practice and hospital within the health system.
- 2) Develop a clear action plan to address inequities in access to comprehensive care by fully trained providers.
- 3) Over 1 million healthcare workers and their children live in poverty, and these workers are disproportionately Black women.^{7,22} This means that hospitals should:

3.1 Publicly release data on the minimum wages paid to hospital and subcontracted staff.

D. Immigrant Patient Protection

- 1) The SOM and AMC should publicly state that immigrant patients are welcome at the hospital and make efforts to inform immigrant patients of this through multilingual outreach.⁷
- 2) The SOM and AMC should develop a policy directing hospital staff not to cooperate with immigration authorities, and instead refer all such authorities to hospital lawyers.⁷

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