

"I Can't Breathe"—Courageous Conversations and Responses to Racism in Physician Assistant Education

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Feature Editor's Note:

This article highlights physician assistant (PA) programs across the nation that have historically and currently prioritize antiracism, justice, equity, diversity, and inclusion (JEDI). In the wake of George Floyd's murder in May 2020, like most of the nation, these PA programs sprang into action to address the needs of their students, faculty, and staff inside and beyond the academic setting. The efforts put forth by these programs were adapted to the virtual setting amid the background of the COVID-19 pandemic; however, many programs "hit the streets" in protest and solidarity with their Black students, faculty, and staff, while also offering support to all persons of color. Aligning with ARC-PA Standard A1.11, this was an opportunity to demonstrate commitment to the beauty of diversity and especially to the commitment of inclusive practices. This article is a call to action as these programmatic responses are just the beginning. In support of ARC-PA Standard B2.06, antiracism and JEDI should be sustainably engrained into practices and the curriculum as they manifest in social determinants of health and health disparities. Let the conversation presented here be a start to many more backed by sustainable action plans.

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INTRODUCTION

On Monday, May 25, 2020, George Floyd breathlessly uttered the words, "I can't breathe," and within 9 minutes and 29 seconds, he died.

The racial discord of injustice in 2020 will go down in the annals of history. The social injustices inflicted on Black, Indigenous, and people of color (BIPOC) are not new nor unique. Yet, for some transcendent reason, this event, this death, sparked international outrage. People of all races, ethnicities, religions, ages, gender identification, abilities, and levels of education saw footage of police brutality that led to the demise of yet another Black man. Not only did the world

see, but the world responded. Communities across America have called for "not only an understanding, but an end to injustice, police brutality, race-based violence, and institutional racism."¹ It is time for academicians and institutions of higher education to examine how they acknowledge and address racism in their personal and professional lives, communities, and educational and medical institutions.^{2,3} This article highlights how physician assistant (PA) programs and academic medical institutions stood in solidarity in response to the death of George Floyd.

It is an opportune time for physician assistant educators to step up and be vanguards for social justice, antiracism, diversity, health equity, and inclusion in the fostering of future clinically competent, culturally humble PAs. There are much-needed challenging, yet courageous, conversations to be had with students and those who would rather choose silence.

This discussion represents how 7 (unidentified) PA programs across the nation responded to this most recent racial and social unrest. Some programs describe similar reactions, but environments and levels of response, ranging from within the PA program to the sponsoring institution, vary greatly. In addition to actions taken, authors share outcomes and perspectives on responsiveness and associated challenges.

INSTITUTIONAL AND PROGRAMMATIC RESPONSE

Southern Region

Program 1 Response

The George Floyd tragedy renewed awareness of systemic racism in American society. In response, the School of Health Professions (SHP), like other higher education institutions, rallied in support of the Black Lives Matter (BLM) movement. The SHP went back to the drawing board to review, revise, and improve upon their faculty and staff's diversity charges. The Diversity Committee hosted 2 virtual Lunch and Learns, titled "Implicit Bias" and "A Talk About LGBTQ+ and the Community." Additionally, the Diversity Committee surveyed 6 of the 7 departments within the SHP to evaluate how their curriculum explicitly addresses diversity and inclusion in the classroom. Lastly, the SHP Diversity Committee drafted strategic plans to address the recruitment of underrepresented faculty and students.

The School of Medicine implemented several programs in which all 5 departments were invited to participate. Three

The authors declare no conflict of interest.

J Physician Assist Educ 2021;32(2):127–130

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DOI 10.1097/JPA.0000000000000358

platforms garnered the most participation, including the White Coats for Black Lives peaceful rally, the “8 Minutes and 46 Seconds” silent memorial where spectators were asked to stop all activities for an allotted time in remembrance of George Floyd, and the Office for Inclusion and Diversity’s Collective Healing Virtual Roundtable for all to attend—faculty, staff, students, residents, and fellows. The roundtable allowed like-minded individuals to express and process their feelings and experiences related to George Floyd’s death. Individuals shared their feelings of fear, confusion, frustration, sadness, and anger. These events showed us the sad truth that BIPOC are hurting, and nothing will be resolved until racism is adequately addressed and eradicated.

Program 2 Response

During the aftermath of George Floyd’s public murder, the PA program director (PD) immediately sent an email acknowledging the events and the trauma that students might be experiencing as a result. Faculty were encouraged to reach out and check on the well-being of the Black students and to offer additional program support. A town hall meeting was held to allow faculty, staff, and students to express their feelings and for program leadership to provide student support. The emotional testimonies from this session inspired a video series, *Physician Assistant Program Addresses Racial Injustices*, and a student-led BLM/antiracism compact statement that was shared on the program’s website. An Allies Against Racism group for faculty and staff was also established to provide resources and begin the conversation on dismantling racism. Faculty and students participated in local protests and BLM demonstrations. Physician assistant students partnered with medical students and chartered a new White Coats for Black Lives chapter and a Melanated Healthcare Professionals chapter at the university. On the curriculum level, the course, PA and the Health System, was redesigned to include course instruction and objectives on race, racism, health equity, and social determinants of health (SDOH). At the departmental level, justice, equity, diversity, and inclusion (JEDI) goals will now be required for each faculty member’s annual review, beginning with the new academic year. While the immediate response is a step in the right direction, we must continue the work to dismantle racism and improve health outcomes for all.

Program 3 Response

George Floyd’s murder stirred emotions for all of the PA student matriculants, but students of color in particular had an emotional response that ranged from quiet sadness to rage impacting their ability to focus. White students, in large part, did not know how to respond or how to be helpful, though most had the desire. The only faculty member of color (a Black woman) took on the much-needed task of healing and made the executive decision to provide a safe space for all students to express themselves and take a deep dive into understanding structural racism and how it contributed to the national outrage. These virtual discussions included both didactic- and clinical-year students, the campus pastor, and other faculty. Students of color had an opportunity to voice their feelings, and White students shared their concerns about not knowing how to effectively offer help. Several students from both cohorts made suggestions about rele-

vant social media blogs and books that addressed antiracism topics and included an historical perspective. At the institutional level, the administration was quite late in releasing a statement, and there was no direct engagement with students from the executive level.

Midwest Region

Program 4 Response

In the days after George Floyd’s death, the PA program cancelled classes to provide students, faculty, and staff the opportunity to attend rallies and protests and to process the trauma. The program director and associate program director (APD) directly reached out to each student of color weekly to check on them and offer support. The week following the tragedy, the program held a dedicated forum for all to support each other. As more trauma and events have unfurled throughout the past year, follow-up sessions and regular communications have been offered. Faculty and students engaged with the White Coats for Black Lives rallies in the state. The PA program faculty dissected the curriculum, confronting gaps in SDOH and implementing antiracist curricula across all courses. During this time, the university also held similar forums and provided outlets for support and action. The university endowed a George Floyd Memorial Scholarship, actively engaged with the community post-riots to aid in the rebuilding process, and required all faculty and staff to complete a mandatory university-wide diversity and inclusion certificate program and antiracism training.

Western Region

Program 5 Response

Shortly after the murder of George Floyd, the PA program sent out a statement to students, staff, and faculty condemning racial injustice and offering support and dialogue. This was critical due to the large, diverse student composition of 40% BIPOC and 30% underrepresented in medicine. Subsequent town halls were implemented to discuss the current state of our communities, solicit feedback, and offer support. Faculty advisors offered support, as well as dialogue centered on racism and injustice. The White Coats for Black Lives PA and medical student chapters marched together into the dean’s office to demand change. This resulted in a \$1 million-scholarship fund for students underrepresented in medicine. At the PA curriculum level, Brave Space Makers and Bystander workshops incorporated intentional teaching and dialogue centered on current racial injustice and discrimination. Furthermore, a diversity statement was added to the website, and the admissions holistic review was maintained and yielded 52% BIPOC acceptance, with 12% being Black/African American. The PA program’s Equity, Diversity and Inclusion (EDI) committee added a student member to address student EDI issues, including curriculum and climate.

Faculty structure was evaluated to include intentional mechanisms to recruit, hire, and retain faculty of color. At the department level, an antiracism task force was established, and at the Health Science Center level, a PA student was appointed to the antiracism task force. Additionally, a PA faculty member was appointed associate chair for equity,

diversity, and inclusion in the Department of Family and Preventive Medicine to address EDI issues broadly.

Program 6 Response

The George Floyd tragedy and associated national social justice movement increased awareness of embedded racism in our society both nationally and locally. This positively influenced interest in many institutional diversity and inclusion committees and activities. A cultural proficiency speaker series of open forums, sponsored by the Office of the University President, was started, and cultural humility workshops were offered for faculty, staff, and students. Town hall virtual meetings on social justice were held where discussions of implicit bias and White privilege were expanded. In the medical school, a diversity and inclusion resource toolbox was created, and a dedicated email address was established for students, faculty, and staff to share diversity and inclusion feedback, ideas, or experiences directly with the deans and diversity and inclusion committee chairs. Additionally, admissions in the PA and medical school continued to emphasize a holistic process and recruit qualified candidates from historically underrepresented groups. These positive steps are encouraging, and the journey will continue until health care disparities are eliminated and equity prevails.

Program 7 Response

When the George Floyd murder occurred, several efforts within the PA program to raise awareness of bias and anti-racism, including adaptations to curriculum, were already in progress. Current events, however, expedited this work, highlighting its relevance and creating opportunities to have frank, honest conversations. First, a safe, brave space for students to talk about and support emotional coping and sense-making was provided. These also became learning spaces—how to begin and engage in difficult conversations about racial disparities and challenges and reflect on personal and academic growth toward becoming a racially and culturally aware clinician. Students also participated in the Physician Assistant Education Association (PAEA) National Antiracism Student Town Halls. For the next cohort of didactic and clinical students, a new diversity, equity, and inclusion orientation used the impostor phenomenon as a foundation to identify commonality amongst students. Student-led activism by class presidents and diversity representatives resulted in an impactful antiracism petition, shared with PA program and School of Medicine leadership, to stand in solidarity with Black and brown PA students and to advocate for increased faculty and leaders of color.

Similar venues were held for faculty and staff. These conversations were fueled with a depth and honesty that allowed individuals to speak to existing institutional racism and focus on racial inequities in health, the resulting disparities, and the pain and suffering racism generates. Actions across the health sciences began with a town hall meeting, facilitated by the deans of all the health science programs, and additional venues evolved, including race-based caucuses and a student/faculty protest march. In the School of Medicine, positions for both a new chief equity officer and director of underrepresented minority faculty development were established; on a more local level, departments continued faculty-led race discussions, which

expedited race activities for those with already established equity and diversity committees. Collectively, these actions provide a stronger foundation for newly established practices within the PA program, which include: an antiracism committee; APD for regional affairs, justice, equity, diversity, and inclusion (R-JEDI); race and equity letters—timely messages to faculty, staff, and students delivered from the PD and APD for R-JEDI; implementation of cultural awareness measurement; and intentional involvement on national and local levels to foster leadership in race conversations.

NEXT STEPS

1. Do not prioritize JEDI and antiracism only when tragedy strikes; find a way to interweave these values into your daily interactions with faculty, students, staff, patients, and curriculum design.
2. Partner with faculty, students, and staff to develop and sustain inclusive practices that lead to more diversity in student cohorts and personnel.
3. The theme of safe, brave discussion is reflected across all 7 institutions, representative of PA programs across the nation. Foster and maintain an atmosphere for continued conversations and develop action plans for moving toward the creation of a clinically competent, culturally humble PA workforce.
4. Be aware of the “minority tax” and do not expect underrepresented faculty, staff, or students to bear the burden of all JEDI and antiracism initiatives. Instead, learn from each other on how to best provide support, allyship, and leadership regarding exacting positive change.
5. Prioritize the inclusion of health disparities and SDOH in all courses, providing a focus on awareness, advocacy, and transformative action regarding patient care and health outcomes.
6. Be courageous and welcome missteps, uncomfortable situations, and hard conversations as the lessons learned are more valuable than remaining silent and ignoring the ills affecting student, patient, educator, and staff populations.

CONCLUSION

Addressing sources of racism is necessary for the future of PA education to ensure diversity, equity, and inclusion within programs to positively shape students and to impact a workforce that treats patients with racial and cultural humility. There are many first steps to achieving inclusive excellence. Diversity and race literature indicate that racial micro- and macro-aggressions are consistent across academic medicine curricula and remain prevalent among students, faculty, staff, and clinical preceptors.⁴⁻⁶ Proactively reviewing curriculum by identifying gaps in discussion topics and/or restructuring case-based learning materials to be inclusive and free of bias are one of many first steps to achieving inclusive excellence. Another programmatic resource is PAEA’s Diversity, Equity, and Inclusion Toolkit, available in the Digital Learning Hub (<https://paeonline.org/resources/member-resources/digital-learning-hub>), which serves as a guide to foster a more diverse, equitable, and inclusive culture among students, faculty, and staff in support of ARC-PA Standard A1.11.⁷

Justice, equity, diversity, and inclusion are values steeped in PA history and vital for the profession's future. The described broader efforts across disciplines or hierarchies of an institution benefit PA programs, as they serve to reinforce and strengthen the intention of ongoing work. Collectively, these 7 programs reported on various degrees of need—for some, diversity and inclusion practices were already in progress, yet for others, the events prompted heightened or even new attention to these efforts. Regardless, recent conversations have ignited a much needed momentum, setting the stage for *all* faculty, staff, and students to acknowledge the need for honest, safe, brave discussions about institutionalized racism and racial inequities in health—and to call for accountability and a more conscientious and reflective practice of words and actions.

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