

University Health & Medical Librarians Group: Rational

My parents emigrated from India to the UK in 1968 and I was born in later. I was therefore raised and more importantly in the context of this presentation, educated in the UK.

So, what did this mean to me as an ethnic individual, well in hindsight, I see the impact this had on me, both in terms of opportunities afforded me but also how I saw the world. Our education systems are built around a specific perception of the world and therefore I saw the world as I was taught/told to see it, through western eyes.

That meant each race has specific characteristics and that this all boils down to genetics, our genes determine our race, and therefore our health and account for our differences, and this is not modifiable.

As a medical researcher in my previous life, this has an impact on how I interpreted research findings in that I found findings that found differences due to race as based on genetics. This meant I and I would say most if not all researchers concluded this was not something that could be addressed easily, and that these findings as they are due to race as a proxy for genetics cannot be modified. It is what it is.

This has also impacted my teaching, as an educator in the medical school in Cardiff, I imparted this view on my students, when discussing differentials, students were encouraged to change differential and or treatments based on race. And so, I perpetuated this cycle that health outcomes due to race are genetic and non-modifiable.

Thanks to Lindsay and Delyth who showed me a presentation by Ramona, I would like to say this is changing in our medical school, but it may be too early to tell.

How it fits

It's worth spending a minute to understand our course structure.

In years 1 and 2 the predominant methods of learning for our students is through case based learning (CBL). This is where students' learning is based on 4 life course scenarios, spread over 17 cases. Each case lasts 2 weeks and all adjunctive learning is based on the scenario. This allows for contextualised learning. In addition, students will also spend time at specific points in the year undertaking SSC student selected components. Which:

- in Year 1 is
- in year 2 is
- in year 3 is
- in year 4 is
- in year 5 is

We plan to develop a version that builds on the previous version so we can implement them throughout the course. However, to date we have developed the first version that we deployed in year 1 during the Literature review SSC. The hope/expectation is that students would use what they have learnt

and take that into other parts of the course particularly into their CBL sessions in years 1 and 2 and have wider discussions on the value of basing diagnosis's on in essence genetics that have been wrapped in the race blanket. We would also hope our students will look at modifiable reasons for health outcomes and these in turn will mean better outcomes for patients particularly ethnic patients.

Impact

I was going to talk about the impact through the feedback we have had, but on reflection I thought id give you all a moment to read a few pieces of feedback we have selected.

We feel the feedback speak for itself and that it has had a positive impact on our students in terms of how they perceive race but also on how they will interpret research findings but also how this is likely to change the way race and health.

The gem I feel is the last one, clearly this has had an impact on this students' thoughts on how they have been treated as a patient, and by taking this into their future clinical career, I know this will make them a better clinician which will result in better outcomes for their patients.