Diversity, Equity, Inclusion, and Justice

Podcasting: A Medium for Amplifying Racial Justice Discourse, Reflection, and Representation Within Graduate Medical Education

Salmaan Kamal, MD
Shreya P. Trivedi, MD
Utibe R. Essien, MD, MPH
Saman Nematollahi, MD

On May 25, 2020, as COVID-19 surged in the United States with alarmingly high mortality rates in Black communities, George Floyd, an unarmed Black man, was killed by police in Minneapolis, sparking worldwide protests against police brutality and structural racism. Only months before his death, George Floyd had contracted SARS-CoV-2, highlighting how the dual pandemics of COVID-19 and racism were afflicting Black communities.[1,2] As communities voice their opposition to racial injustice, academic institutions are striving to embrace and practice antiracism. Leaders in graduate medical education (GME) have long identified structural racism as a public health crisis, and there have been calls to eliminate racist practices in medicine.[3,4] However, these efforts have primarily been disseminated in the form of editorials and peer-reviewed manuscripts. These documents are informative but limited in their ability to activate readers and promote active allyship. As medical trainees increasingly rely on alternative forms of media, podcasts may serve as a potentially valuable tool in achieving health equity in GME through their unique ability to engage clinicians, share diverse perspectives, promote reflection, educate physicians about health disparities, democratize conversations about race, and call health professionals to action.

The conversation around racial justice in medical education has focused on systemic anti-Black racism in the United States. Black Americans are 5 times more likely than White Americans to be hospitalized and more than twice as likely to die as a result of COVID-19 in some cities.[1] The killing of Ahmaud Arbery and Breonna Taylor at the hands of law enforcement have once again highlighted that Black Americans are killed by police at more than twice the rate of White Americans.[5] Parallel disparities persist in incarceration rates, housing security, and access to high-quality education.[6] These structural inequities extend to GME, and leaders of academic medical centers are searching for ways to dismantle their institutions' racist policies and practices.[7] Though Black Americans make up 13% of our country's population, only 5% of physicians are Black.[8] And, despite slight improvements in the racial diversity of medical school matriculants in the past 20 years, the underrepresentation of Black medical students persists.[9] Black Americans who have entered the medical profession suffer from subtle and overt racism in the workplace, a phenomenon highlighted by the #BlackInTheIvory hashtag on Twitter, where thousands of Black scientists, residents, fellows, and attending physicians shared stories of bias and discrimination.[10]

As protests against racial injustice continue, physicians are using electronic newsletters, editorials, and peer-reviewed manuscripts to publicly denounce the structural racism that pervades medical training. Alternative forms of media, such as podcasting, are also playing a role in condemning discrimination in GME. On a podcast dedicated to achieving health justice, public health scholars Drs Hardeman and Medina identified the history of racism in medical education with examples ranging from the unethical practices of "the modern father of gynecology" on slaves to the groundless race-based adjustment of pulmonary function testing.[11]

Podcasts are increasingly utilized for medical education in multiple medical specialties because of their accessibility and mix of entertainment and educational value.[12–14] In a recent study, emergency medicine residents found podcasts engaging due to a sense of personalized learning while also fostering connection to local and national professional

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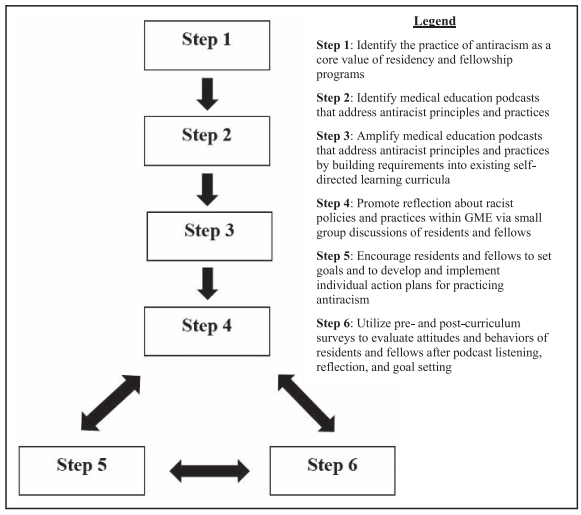

FIGURE
Operationalizing Antiracist Medical Education Podcasts Into Graduate Medical Education (GME) Curricula

communities.[15] A separate cohort of residents listed podcasts as their most common and beneficial form of extracurricular education in a national survey, and there is some evidence suggesting that podcasts may be superior to traditional learning methods due to their brevity and asynchronous nature.[16–19] Professional societies are taking notice, with podcasts such as Core IM, EM:RAP, and The Curbsiders now certified for continuing medical education credit.[20] These podcasts have broad reach, as evidenced by The Curbsiders generating 40 000 downloads per episode.[21]

Several high-profile podcasts, including Woke WOC Docs, The Praxis, and Flip the Script, are dedicated to social justice and have been champions of health equity and antiracism when these issues were largely absent from mainstream medical education podcasts. Since George Floyd's death, several medical education podcasts have begun to feature content related to structural racism, including Annals On Call, Battle Cry, Bedside Rounds, Docs Outside the Box, and Explore the Space. In addition to this list, which has a predominantly general medicine focus, podcasts from a variety of disciplines, such as ERcast and Pediatrics On Call, have included similar content.

Podcasting has the potential to be an important tool to combat racism in GME because of its ability to share perspectives that may not be available to all clinicians at their home institutions, which is critical to developing an antiracist physician workforce. This was demonstrated when Dr Kimberly Manning, a prominent Black clinician-educator and writer, hosted a special Juneteenth episode of The Clinical Problem Solvers podcast with her father. In that episode, Mr William Draper Sr shared his childhood experiences of racism and intimidation in the Deep South with thousands of trainees.[22] More podcasts are using their platform to amplify the perspectives of historically marginalized communities, like The Nocturnists' series Black Voices in Healthcare.[23] This content is often sought out by residents and fellows in a self-directed manner, but these podcasts may also be formally incorporated into GME curricula to start conversations about antiracism in medicine (FIGURE).

Similarly to how their educational materials are most effective when applied to clinical practice, podcasts are pairing their antiracism content with listener reflection, active participation, and the deliberate practice of antiracist actions. After listening to podcasts, clinicians voiced their commitment to active allyship on Twitter.[24] In recent months, medical residents reflected on their own racist practices and areas for self-improvement before each Clinical Problem Solvers' Virtual Morning Report.[25–27] Reflection is only the first step toward action, but these conversations have deepened the racial consciousness of residents and fellows who might not have otherwise engaged with these concepts.

Podcasts can be a powerful vehicle to sustain antiracist activism and call residents and fellows to action. Through their portability and wide circulation, podcasts can democratize and normalize conversations about race.[17] Just as chronic diseases require long-term therapies, podcast series dedicated to antiracism can sustain the conversation and practice that is essential to combat institutional inertia and catalyze the implementation of antiracist policies and practices necessary for societal change.[11,23,28–30] Podcasts have also encouraged clinicians and GME leaders to join local White Coats for Black Lives chapters, invest in diversity and inclusion offices, and support health disparities research.[31] Though podcasting alone is insufficient to end institutional racism, its ability to engage learners, provide access to diverse perspectives that trainees may not be exposed to otherwise, normalize conversations about race, and call physicians to action make it a valuable tool as trainees and faculty strive to achieve health and racial equity within GME.

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Salmaan Kamal, MD, is an Internal Medicine Resident, University of Alabama at Birmingham Hospital; **Shreya P. Trivedi, MD,** is an Internist, Beth Israel Deaconess Medical Center; **Utibe R. Essien, MD, MPH,** is an Assistant Professor of Medicine, University of Pittsburgh; and **Saman Nematollahi, MD,** is an Infectious Diseases Fellow, Johns Hopkins Hospital.

The authors and members of the Core IM and Clinical Problem Solvers podcasts have helped create the medical education and antiracism content cited in this article.

Corresponding author: Salmaan Kamal, MD, University of Alabama at Birmingham Hospital, salmaankamal@uabmc.edu, Twitter @Szkamal