To the Editor: Hitting the Mark on a Real Issue

"Real" would be an apt descriptive for the article by Gagliardi et al,[1] with its insights drilling straight into the foundation of medical education to speak about a hard truth: anti-racist education is essential in today's modern society. It is a crucial issue to address in order to obtain equitable health care for more vulnerable populations, though one not easily discussed. The sentiments echoed by Gagliardi et al[1] resonate soundly in our program, with faculty and residents alike thinking that the chasms we cross during graduate medical education also end up as a graveyard for many of our idealistic thoughts that we shed in order to survive in a health care system that is so in need of those with lofty ideals. The unfortunate reality that most face in this current society is starkly laid out by the authors—the (un)conscious bias clinicians experience while treating an encephalopathic Black patient and a Black patient's inability to get immediate access to health care but accused of poor self-management. Who has not seen stark inequities in the treatment of patients and wondered aloud, perhaps helplessly, to themselves? Who among us can really say they have not been a part of, or have witnessed, these same practices in some way, shape, or form? Ultimately, it is the patients, our blessed charges, who end up suffering the most.

We applaud the authors for speaking the truth about systems in power and for detailing their efforts in creating strategies for positive change in anti-racist education and practice. Their quality improvement project shows how effective these strategies are: most memorably, further projects identifying racial inequities spring forth near effortlessly from their work ("near" used to account for the fact that no worthwhile project is without hard work). We are certain that the participating residents and faculty will retain (and practice) these precious lessons, and that the interventions will move the health care system a bit further toward racial equity.

Going beyond the 4 walls of our didactic halls and clinic rooms, our own faculty and residents are putting forth humble efforts to address racial disparities in acute ischemic stroke outcomes in the West Michigan communities we serve. Impassioned by the spotlights placed on neurovascular health disparities in Asian American subgroups by Song et al[2] and Yom and Lor,[3] we ally with local Asian American communities to educate them about stroke. We are learning that communities benefiting most from quality improvement measures geared toward health disparities are clamoring for them. They often just need to be heard.

In our neurology department, we are inspired and emboldened by Gagliardi et al. From our grassroots current efforts, new ideas have sprouted, including our own endeavors addressing racial disparities in stroke care, encephalopathy care in the emergency department, and stronger advocacy at Neurology on the Hill. As with Gagliardi et al,[1] we advocate that more graduate medical education programs adopt conscious, equity-focused, trainee-involved change management and quality improvement projects, working toward a reality that is inclusive, anti-racist, and tempered by social justice.

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Vincent Trung Huu Ngo, MD, MPH
PGY-3 Resident, Trinity Health Saint Mary's Neurology Residency Program, Hauenstein Neurosciences

Sojung Kara Park, DO
PGY-3 Resident, Trinity Health Saint Mary's Neurology Residency Program, Hauenstein Neurosciences

Taylor Anderson, MD
PGY-4 Resident, Trinity Health Saint Mary's Neurology Residency Program, Hauenstein Neurosciences

Aileen Antonio, MD
Assistant Program Director for Curriculum, Trinity

Health Saint Mary's Neurology Residency Program, Hauenstein Neurosciences
Neuro-Ophthalmologist, Hauenstein Neurosciences

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