




Allies Welcomed to Advance Racial Equity (AWARE) Faculty Seminar Series: Program Design and Implementation

Brownsyne Tucker Edmonds¹ , Chemen Neal¹ ,
Anthony Shanks¹, Nicole Scott¹, Sharon Robertson¹,
Caroline E Rouse¹, Caitlin Bernard¹ and Sylk Sotto-Santiago² 

¹Department of Obstetrics and Gynecology, Indiana University School of Medicine, Indianapolis, IN, USA. ²Department of Medicine, Indiana University School of Medicine, Indianapolis, IN, USA.

Journal of Medical Education and
Curricular Development
Volume 8: 1–9
© The Author(s) 2021
Article reuse guidelines:
sagepub.com/journals-permissions
DOI: 10.1177/23821205211034940



ABSTRACT

INTRODUCTION: In the wake of George Floyd's murder, White faculty in our department began to express the desire to gain a greater understanding of structural racism and racial inequity. To facilitate this learning, support allyship, and mitigate the emotional labor and taxation that frequently falls on faculty of color to respond to these appeals, we developed AWARE (Allies Welcomed to Advance Racial Equity), a faculty seminar series primarily designed for and led by a majority White faculty to tackle the topics of structural racism, Whiteness, and Anti-racist action.

METHODS: We developed a 6-session seminar series, identifying 5 White faculty as lecturers and a cadre of Black and White volunteer facilitators, to lead 60-minute sessions comprised of lecture, facilitated small group reflection, and large group sharing, that reviewed key topics/texts on structural racism, Whiteness, and Anti-racism.

RESULTS: Attendance ranged from 26 to 37 participants at each session. About 80% of faculty participated in at least 1 session of the program. The majority of participants (85%) felt "more empowered to influence their current environment to be more inclusive of others" and were "better equipped to advocate for themselves or others." Most (81%) felt "more connected to their colleagues following completion of the program." Ultimately, faculty thought highly of the program upon completion with 26/27 (96%) stating they would recommend the program to a colleague.

DISCUSSION: We offer a reproducible model to improve departmental climate by engaging in the shared labor of educating our colleagues and communities about structural racism, Whiteness, and Anti-racism to create a point of entry into reflection, dialogue, and deliberate actions for change.

KEYWORDS: Structural racism, racial inequity, seminar, education model

RECEIVED: March 16, 2021. **ACCEPTED:** July 6, 2021.

TYPE: Original Research

FUNDING: The author(s) received no financial support for the research, authorship, and/or publication of this article.

DECLARATION OF CONFLICTING INTERESTS: The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

CORRESPONDING AUTHOR: Brownsyne Tucker Edmonds, Department of Obstetrics and Gynecology, Indiana University School of Medicine, 410 West 10th Street, Indianapolis, IN 46202, USA. Email: btuckere@iupui.edu

Introduction

The work of advancing diversity, equity and inclusion (DEI) programing and DEI strategic planning falls disproportionately to faculty of color (FOC).¹ Often this is aligned with faculty's interests and passions; other times FOC find themselves assigned these tasks or roles by default, by virtue of having relatively few FOC available to represent diverse perspectives or needs.² This additional workload is both time-consuming and emotionally laborious, leading to minority tax, which can distract FOC from research and clinical activities that are more highly valued by the institution for the purposes of promotion and career advancement.³ In this manner, the work of advancing DEI goals may have the opposite effect of disadvantaging FOC and widening disparities in career advancement. With this paradox in mind, we set out to develop a DEI program targeting White faculty to teach their colleagues about racism, Whiteness, and Anti-racism.^{4,5}

Addressing "Whiteness" serves as the foundational work for the AWARE series.⁶ Whiteness theory encompasses the study of White privilege as an enactment of institutionalized racism and the analysis of everyday actions and behaviors through the lens of power and privilege.^{7,8} By combining Whiteness theory with racial literacy in academia, an opportunity arises for faculty and students of color to share their experiences and grievances through the engagement of a White majority. It recognizes that in order to dismantle cycles of inequality and create inclusive environments we have to deconstruct what Whiteness means and engage in meaningful conversations that challenge assumptions and misconceptions about systemic racism.⁹ Reimagining Whiteness is critical in the response to racial inequity and there is ample room for White scholars to join the Anti-racism movement.^{6,9}

To advance this work, the AWARE seminar series aims specifically to increase the faculty's knowledge and understanding



Table 1. Summary of AWARE program design and implementation strategies.

KEY IMPLEMENTATION STEPS AND STRATEGIES	DESCRIPTION
Identify AWARE volunteers	A group of engaged faculty, presenters, and small group facilitators.
Faculty only	Creates psychological safety for faculty to fail and to take risks. This would be more difficult with learners present.
Set attendance expectations	Attendance not mandated but encouraged. Lack of attendance brought to the attention of department chair.
“Open to all”	The title of the series may suggest that it is not applicable toward faculty of color. It is important to emphasize that all are welcome and needed.
Minimize prework	Select excerpts, videos, and TedTalks to incorporate into the didactic session so that participants can have a “shared text.” This also assists with preparing for the session when time is limited.
Follow-up	Email after the session with additional resources or links for interested participants who desire a deeper dive.
Affinity group composition	There are particularly sensitive topics (eg, slavery) that are best discussed “within group” as opposed to “mixed-group”
Reward attendance	Certificates of appreciation can be sent to everyone that attended all sessions, copying the Chair on the message.

of (1) structural racism in and its impact on health and health-care disparities and outcomes, (2) the construct of Whiteness and how it contributes to systemic inequity and disadvantage for people of color, and (3) Anti-racism, as a framework to advance systemic changes in policies and practices that result in more equitable opportunities, outcomes, and experiences among all faculty, staff, and learners.

Methods

Selecting texts

Key design and implementation considerations for this program are summarized in Table 1. A Racial Equity “Primer” set of texts (Appendix A) were selected for the AWARE curriculum after reviewing a number of publicly available lists that have been collated by organizations and individuals advancing work on racial justice (Appendix A).^{10–16} Two key considerations that guided selection of the texts were length and popularity, recognizing faculty time constraints, and that even committed colleagues may not be available on short notice to read a full text and prepare a presentation for the department. Thus, texts were selected that could be consumed in short intervals, with a focus on books that were best sellers that faculty may have already read as part of recognized social justice book clubs. The curriculum was also structured with lead-time in mind. The program developer led the first session to serve as model for the other presenters, and then selected the White Fragility article (shortest of the readings) for the first faculty presentation. Faculty had at least 4 weeks to prepare for their individual presentation.

Recruiting faculty volunteers

The program developer emailed a core group of faculty who were designated as “AWARE Volunteers” (Appendix B). These were known to be thoughtful people and engaged on issues

related to DEI—either doing justice and equity work in their own right, or who had expressed interest in getting involved or learning more after the Floyd murder. The volunteers were approached to volunteer as a presenter or a small group facilitator for the weekly sessions. Faculty submitted their topic preferences from the curriculum to the program developer, who created the final presentation schedule with consideration given to availability and appropriate ordering and progression of material covered.

Case studies

In order to ensure that the learning was applied and placed in context, we incorporated cases of racist or racially-motivated incidents observed or experienced in clinical care and teaching into each week’s discussion. These cases were crowd-sourced via email solicitation to all department members (Appendix D). They were asked to email the program developer with anonymized descriptions of situations in patient care, teaching, or between colleagues/team members wherein they experienced or witnessed inappropriate or insensitive comments, actions, or exchanges related to race or ethnicity with assurance of discretion, permission, and confidentiality to be maintained in the use of any case. Cases were stored together in a departmental “case bank” for presenters to access for their sessions.

Session structure

Upon securing an adequate number of faculty volunteers to fill the 6 slots, AWARE presenters were provided with a “loose structure” to guide organizing sessions (Appendix E). Presenters summarized key arguments and teaching points from their assigned topic and text and then presented a case (clinical, personal, and fictional/media) to facilitate small group discussions. We intentionally limited the initial audience for the program to faculty, recognizing that it may be

difficult for faculty to “fail” or falter with learners in the room. We encouraged risk-taking and vulnerability to facilitate open dialogue and presenters were required to include the AWARE “Ground Rules” in their presentations at the beginning of every session to set the stage for the kind of engagement and sharing we aimed to cultivate (Appendix C). Each presenter was asked to start with a summary of their assigned text, which could then be presented in combination with a case for discussion. The case could be from their own personal experiences with work, family, or friends, a clip or excerpt from film or literature, or they could utilize a case from the departmental “case bank” that illustrated the concept or topic they were discussing. We expected that faculty would be more willing to share openly in smaller groups, so we followed the presenter’s didactic portion with small group discussion in breakout rooms. Presenters were asked to prepare 3 question prompts to guide small group discussions. Approximately 5 to 10 minutes were reserved after these small group discussions to come back to the large group to share insights or perspectives gained with the larger group. Ultimately, the faculty were afforded a great degree of freedom to structure their sessions as they saw fit. They were provided enough structure for support but were encouraged to modify the “template” as appropriate for their topic/content and preferred presentation style. The program developer emailed faculty volunteers with the session guide document, the departmental case bank file, and a few notes and reminders pertaining to their presentations.

The sessions were conducted during the time slot usually reserved for the Departmental Grand Rounds. These conferences are usually paused over the summer, but the time typically remains open for faculty because there are fewer clinical activities scheduled opposite the Wednesday morning conference slots. Therefore, we structured weekly, 60-minute sessions to span the last 6 weeks of the summer session. The program developer sent all department faculty a “save the dates” email inviting them to participate in all 6 AWARE sessions (Appendix F). Attendance by all faculty was strongly encouraged and monitored by the program developer. Faculty who did not attend any of the sessions were contacted and provided with session resources (Appendix G). Faculty who attended all sessions were emailed a certificate of completion at the end of the 6-week seminar. An example of our institution’s AWARE certificate is illustrated in Appendix H. In keeping with our usual Grand Rounds format since the beginning of the pandemic, each session was conducted virtually via Zoom. With administrative assistance, weekly attendance was kept, though CME was not obtained. All lecture/didactic content was recorded, but small and large group discussions were not, to maintain confidentiality and psychological safety. Small group facilitators were assigned on the day-of, based on how many attendees were present and sent the question prompts in advance via email or Zoom chat. Facilitators were assigned to breakout rooms with 4 to 6 attendees. These groups were randomly assigned, with the exception of The 1619 Project. The 1619 Project discussion centered on the lasting effects of slavery, so to protect Black

faculty from isolation or “representation” in discussing the topic of slavery, all Black faculty were placed in an affinity group for this reflection session.

Facilitation support

While some faculty presenters were well versed in topics of racism and Anti-racism, others were newer to the content. To provide support and safety for the presenters, the program developer served as a co-facilitator for each session to introduce each topic and facilitate large group discussion. She also reviewed and discussed all slides and small group prompts in advance of the sessions and met with presenters to test audio and video components with tech and administrative support.

Program evaluation

We utilized a bank of evaluation items developed by the Indiana University School of Medicine (IUSM) Faculty Affairs Professional Development and Diversity Unit as standard evaluations for faculty development programming (Appendix I). Nine multiple-choice items were selected from the General, Leadership Development, Cultural Humility and Competency, and Inclusive Climate domains. The Cultural Humility and Competency and Inclusive Climate domains items were derived by adapting items from the Culturally Engaging Campus Environment. Multiple-choice items were answered on a 5-point Likert scale; 1 question was a dichotomous (yes/no) response. The final 3 items were open-ended response items to elicit qualitative feedback and suggestions. The evaluation was emailed to the faculty upon conclusion of the Series and was open for a 2-week window with 3 emailed reminders.

Results

Six sessions were held over the course of 6 weeks. The IU Department of OB/GYN is comprised of 46 faculty members, the majority of whom are White (61%). Faculty of color predominantly identify as Black (15%) and Asian (13%), as well as 1 Hispanic/Latinx faculty member, and 2 multiracial faculty. Attendance ranged from 26 to 37 participants at each session. A total of 27 faculty members completed post-session surveys. About 52% of faculty were “moderately familiar” and 26% were “very familiar” with the material that served as the basis for instruction. About 85% of faculty respondents reported that they learned a significant amount from these sessions.

The majority of participants (85%) felt “more empowered to influence their current environment to be more inclusive of others” and were “better equipped to advocate for themselves or others.” A significant number (81%) felt “more connected to their colleagues following completion of the program.” Awareness and ability to be an active participant in Anti-racist work was increased as 78% reported they were “more aware of how their biases impact their work” and 74% felt “more confident in their ability to engage in diverse settings.” Inspiration

was high as 78% felt “inspired” by participation in the sessions.

Faculty identified the following take home messages:

“Racial biases occur everywhere – even between doctors and patients.”

“It is not enough to be “not racist”. Being Anti-racist means recognizing inequities as a result of policy and striving to create equality.”

“My inaction has consequences.”

“Be a listener, be aware of (my) privileges and take action to dismantle systemic racism.”

Faculty also provided the following suggestions for improvement of the sessions:

“Offer more time for discussion.”

“Have (more) preselected scenarios for the small groups to work through.”

“Keep (the sessions) going.” One faculty member suggested performing the sessions monthly.

Faculty members thought highly of the program upon completion with 26/27 (96.3%) stating they would recommend the program to a colleague.

Discussion

In academic medicine, there is a dearth of faculty development literature geared at cultivated greater knowledge and understanding of structural racism and Anti-racism. Furthermore, to our knowledge, this is the first Anti-racist faculty development series designed with explicit intention for White faculty to lead the Anti-racism charge. Racial equity work is everyone’s work. Unfortunately, too often, FOC are looked to—sometimes based on expressed interest, but often times by virtue of default, as a department’s only “diversity”—to serve as departmental champions and/or experts to develop and coordinate departmental DEI strategic plans and programs.¹ This additional work, even when aligned with the faculty member’s interests, serves as an additional burden and tax on the faculty member’s productivity in other areas of their lives, both professionally and personally.¹⁷ Assumptions that FOC are experts in the scholarship of DEI, when they are not, may further contribute to taxation and a diminished sense of competence, which has negative implications for individual wellness.¹⁸ DEI work should be valued on par with producing papers, grants, or revenue, but currently it is not.¹⁹ Therefore, the expectations and requests to complete this work may further disadvantage FOC and drive even greater inequity in promotion and career advancement.²⁰ To mitigate this taxation, racial battle fatigue, and decrease the emotional labor placed on FOC, we felt it was important to develop a DEI program that would share the load with White faculty. We set out to develop a program wherein White faculty will be able to take on the responsibility of educating themselves and other White colleagues about Structural

Racism, Whiteness, and Anti-racism. This program was successful in educating and inspiring our faculty in a safe manner.

It is critically important that White faculty lead conversations about Whiteness, White privilege and White fragility.^{21,22} When FOCs lead such conversations in predominantly White spaces there may be a reflexive defensiveness and suspicion that arises.²³ Defensiveness arises because people may feel accused of wrongdoing and threatened. Suspicion may develop because there is often the assumption of secondary gain for the person of color who is arguing for racial equity and advancement. Furthermore, White faculty are able to speak from first-hand, lived experiences that may resonate more effectively with the shared experiences of other White colleagues.²² Therefore if White faculty lead these conversations, defensiveness and suspicion of FOCs will be mitigated and White faculty assume responsibility for a problem that is theirs to own and fix, not that of FOC. Additionally, White faculty avoid further traumatization and re-traumatization of FOC.

In order to advance this perspective, we posit that programs like AWARE contribute to the development of Anti-racist faculty. Indeed, we found that 74% of participating faculty felt “more confident in their ability to engage in diverse settings,” allowing them to begin the work of Anti-racism in academic medical settings. This not only impacts the production of an Anti-racist healthcare workforce for our patients, but advances inclusive academic medicine environments.²⁴ However, despite academic medicine’s commitment to Anti-racism and values of equity and inclusion, professional development opportunities are hard to implement.²⁵ Good intentions must be followed with expertise and experience. We are encouraged by resources such as MedEdPortal’s²⁶ Anti-racism in Medicine collection and the scholars that engage in this work. It is also important to note that this program was conceptualized and the curriculum was organized by a Black woman (BTE) who serves as the department’s Vice Chair for Faculty Development and Diversity and as an assistant dean for Diversity Affairs at the school of medicine (SOM). Further, 2 of the co-authors (SS and CN) are also women of color who serve in DEI leadership at the SOM. We state this to emphasize that this work was not conducted to the exclusion of minoritized faculty, but on the contrary, it was developed with input from FOC, in service of FOC. Oftentimes, minoritized faculty are excluded from publication and grant proposal opportunities in the name of avoiding taxation, when, in fact, allyship supports a model of collaboration whereby allies can do the work in collaboration while sharing credit, accolades, and academic products with FOC.

Despite the limitations and challenges of advancing allyship efforts, the AWARE Seminar Series offers a necessary step toward transforming hearts, minds, and, perhaps most importantly, departmental climate. The work of reflection and the shared labor of education has the potential to not only open dialogue, but also to enhance awareness to the point that faculty are more capable of recognizing bias in themselves and others to spur corrective action and upstander intervention.²⁷ In this

manner, we hope to empower White faculty to operate as allies and accomplices in an effort to advance systemic changes that are needed to achieve more equitable opportunities, outcomes, and experiences among all faculty, staff, and learners.

Author Contributions

All authors (BTE, CN, AS, NS, SR, CER, CB, and SS) substantially contributed to study conceptualization and design. BTE and SS collected data. BTE, SS, and AS participated in the formal analysis. BTE, NS, AS, and CN provided supervision of study procedures. All authors (BTE, CN, AS, NS, SR, CER, CB, and SS) contributed to writing (both original draft and review and editing) of the manuscript.


Ethical Approval

This study was found to meet the criteria for an IRB exemption by the Indiana University Institutional Review Board.

ORCID iDs

Brownsyne Tucker Edmonds  <https://orcid.org/0000-0003-0023-4440>

Chemen Neal  <https://orcid.org/0000-0001-9905-0937>

Sylk Sotto-Santiago  <https://orcid.org/0000-0003-3810-1205>

REFERENCES

- Office of Planning, Evaluation and Policy Development. Advancing diversity and inclusion in higher education. Office of the Under Secretary U.S. Department of Education. 2016. Accessed November 12, 2020. <https://www2.ed.gov/rschstat/research/pubs/advancing-diversity-inclusion.pdf>
- Gassam Asare J. Why are there so few professors of color? *Forbes*. 2019. Accessed October 23, 2020. <https://www.forbes.com/sites/janicegassam/2019/07/23/why-are-there-so-few-professors-of-color/#2886329a3e2e>
- Campbell KM, Rodríguez JE. Addressing the minority tax. *Acad Med*. 2019;94:1854-1857.
- Nguyen AT, Pendleton M. Recognizing race in language: why we capitalize “black” and “white.” center for the study of social policy. 2020. Accessed October 23, 2020. <https://cssp.org/2020/03/recognizing-race-in-language-why-we-capitalize-black-and-white/>
- Bauder D. *AP Says it Will Capitalize Black But Not White*. AP; 2020. <https://apnews.com/article/7e36c00c5af0436abc09e051261fff1f>
- Patton LD, Haynes C. Dear white people: reimagining whiteness in the struggle for racial equity. *Change*. 2020;52:41-45.
- Moon DG. “Be/coming” white and the myth of white ignorance: identity projects in white communities. *West J Commun*. 2016;80:282-303.
- Erskine SE, Bilimoria D. White Allyship of afro-diasporic women in the workplace: a transformative strategy for organizational change. *J Leadersh Organ Stud*. 2019;26:319-338.
- Arday J. Dismantling power and privilege through reflexivity: negotiating normative whiteness, the Eurocentric curriculum and racial micro-aggressions within the academy. *Whiteness Edu*. 2018;3:141-161.
- Jones C. Allegories on race and racism. *TEDxEmory*. 2014. Accessed November 12, 2020. <https://www.youtube.com/watch?v=GNhcY6fTyBM>
- McIntosh P. *White Privilege: Unpacking the Invisible Knapsack*. Peace and Freedom Magazine; 1989.
- DiAngelo R. *White Fragility: Why it's so Hard For White People to Talk About Racism*. Beacon Press; 2018.
- Kendi IX. *How to be an Antiracist*. One World; 2019.
- The New York Times Magazine. The 1619 project. 2020. Accessed November 12, 2020. <https://www.nytimes.com/interactive/2019/08/14/magazine/1619-america-slavery.html>
- Stevenson B. *Just Mercy: A Story of Justice and Redemption*. One World; 2015.
- Alexander M. *The New Jim Crow: Mass Incarceration in the Age of Colorblindness*. The New Press; 2020.
- Jimenez MF, Lavery TM, Bombaci SP, Wilkins K, Bennett DE, Pejchar L. Underrepresented faculty play a disproportionate role in advancing diversity and inclusion. *Nat Ecol Evol*. 2019;3:1030-1033.
- Powley EH, Caza BB, Caza A, Johnson EM, Erskine SE, Roberts LM. Enriching our conceptual and practical understanding of resilience through the lens of black women at work. In: *Research Handbook on Organizational Resilience*. Edward Elgar Publishing; 2020: 168-169.
- Knowledge@Wharton. How to elevate diversity, equity and inclusion work in your organization. 2020. Accessed October 23, 2020. <https://knowledge.wharton.upenn.edu/article/elevate-diversity-equity-inclusion-work-organization/>
- Settles IH, Buchanan NCT, Dotsen K. Scrutinized but not recognized: (in)visibility and hypervisibility experiences of faculty of color. *J Vocat Behav*. 2019;113:62-74.
- Guh J, Krinsky L, White-Davis T, Sethi T, Hayon R, Edgoose J. Teaching racial affinity caucusing as a tool to learn about racial health inequity through an experiential workshop. *Fam Med*. 2020;52:656-660.
- Blitz LV, Kohl BG. Addressing racism in the organization: the role of white racial affinity groups in creating change. *Adm Soc Work*. 2012;36:479-498.
- Muzanenhamo P, Chowdhury R. Epistemic injustice and hegemonic ordeal in management and organization studies: advancing black scholarship. *Hum Relat*. Published online May 3, 2021. doi:10.1177/00187267211014802
- Papineni P, Filson S, Harrison T, McIntosh M. Adopting an anti-racist medical curriculum. *The BMJ opinion*. 2021. Accessed May 20, 2021. <https://blogs.bmj.com/bmj/2021/02/19/adopting-an-anti-racist-medical-curriculum/>
- Sotto-Santiago S, Mac J, Duncan F, Smith J. “I didn’t know what to say”: responding to racism, discrimination, and microaggressions with the OWTFD approach. *MedEdPortal*. 2020;16:10971.
- MedEdPORTAL. *Anti-Racism in Medicine Collection*. AAMC; 2020. <https://www.mededportal.org/anti-racism>
- Schrifer KN, Buus N, Rossen CB. Reflective practices in open dialogue meetings: reporting and inferential ‘my side tellings.’ *J Pragmat*. 2019;146:19-31.

Appendix A

Seminar curriculum

SESSION	TOPIC	ASSIGNED TEXT FOR DISCUSSION
Week 1	Introduction to seminar and structural racism	“Allegories on Race and Racism” TedTalk by Jones ¹⁰
Week 2	Whiteness and white racial literacy—white privilege	“White Privilege: Unpacking the Invisible Knapsack” Article by Knapsack Peggy McIntosh ¹¹
Week 3	Whiteness and white racial literacy—white fragility	“White Fragility: Why It’s So Hard for White People to Talk About Racism” Book by Robin DiAngelo, ¹² PhD
Week 4	AntiRacism	“How To Be An Antiracist” Book by Dr. Ibram X. Kendi ¹³
Week 5	Structural Racism—legacy of slavery and race relations	“The 1619 Project” Essay Collection from The New York Times Magazine ¹⁴
Week 6	Structural racism—criminal justice system	“Just Mercy” Book (or adapted film) by Bryan Stevenson ¹⁵ Or Read the book: “The New Jim Crow: Mass Incarceration in the Age of Colorblindness” Book by Michelle Alexander ¹⁶

Appendix B

Email to recruit volunteers

Hi all!

This summer I will be launching the AWARE (Allies Welcomed to Advance Racial Equity) Project, a series designed for and led by White faculty to tackle the topics of structural racism, Whiteness, and antiracist action. Because you are engaged, or have expressed an interest to be engaged, in issues related to diversity, equity, and inclusion, I am writing to ask if you are willing to assist in planning and presenting a session. If interested, you would be asked to choose from one of the topics and texts listed below. After reading the material(s) for that topic, you would develop a presentation to give to the department faculty summarizing key arguments and teaching points from the text, and then present a case (clinical, personal, and fictional/media) to facilitate small and large group discussions. Faculty are the initial audience, as I think it can be difficult for faculty to “fail” or falter with learners in the room, and I want to facilitate open dialogue.

If you are interested in volunteering to facilitate an AWARE session, please reply ASAP so that I can schedule you for a week that falls in line with your availability and the topic that you are interested in presenting. Topics are available on a first-come, first-serve basis. To get the AWARE Seminar started, I will need at least 5 volunteers to present a on a text of their choice (see below). I hope you’ll consider it!

Allies welcomed,

[Program Developer]

SUGGESTED TEXTS

“Allegories on Race and Racism” by Camara Jones

Read the article: “White Privilege: Unpacking the Invisible Knapsack” by Knapsack Peggy McIntosh

Read the book: “White Fragility: Why It’s So Hard for White People to Talk About Racism” by Robin DiAngelo, PhD

Read the book: “How To Be An Antiracist” by Dr. Ibram X. Kendi

Read the series of articles: “The 1619 Project” from The New York Times Magazine

Read the book or watch the movie: “Just Mercy” by Bryan Stevenson
Or

Read the book: “The New Jim Crow: Mass Incarceration in the Age of Colorblindness” by Michelle Alexander

Appendix C

Ground rules

AWARE Ground Rules

- No Recording
- Vegas Rules (confidentiality)
- Protect 3rd parties (anonymity)
- Take Risks (not reckless)
- I statements (collective identity)
- Welcome Challenge
- Expect Accountability
- Extend Grace

Appendix D

Email to solicit cases of racist incidents

Hi all!

The department faculty are preparing to embark on a series of discussions about Race and Racism through a summer series entitled AWARE: Allies Welcomed to Advance Racial Equity. Part of the sessions will include case discussions of racist or racial incidents observed or experienced in clinical care and teaching. I am writing to ask for faculty and residents to submit cases for discussion. We are looking for descriptions of situations in patient care, teaching, or between colleagues/team members wherein you experienced or witnessed inappropriate or insensitive comments, actions, or exchanges related to race or ethnicity. We recognize that “inappropriate” and “insensitive” are subjective standards, and that it can sometimes be difficult to know the motivations or intentions of others. Nevertheless, if you can recall an incident that made you uncomfortable or uncertain as to how to and whether to respond, it probably qualifies. In retelling these stories, please take care to protect the identity of individuals involved. Names, dates, and other identifiers should be removed, or details can be altered if they are important to include. Please only send your responses to [Program Developer’s name] for review. They will not be shared widely. We will share them with presenters based on topical relevance. *Please refrain from replying to all.*

We are fully aware that this is not a benign “ask” for many of you. It can be costly, risky, and downright hurtful to retell and revisit these moments. Moments when you wished you had spoken up, but did not have the words; moments when you were targeted, diminished, or disrespected; moments when you failed to be the best and bravest version of yourself . . . We appreciate the vulnerability that may be involved in sharing these experiences with us. We will do all that we can to ensure that they are handled with care and utilized for the betterment of our community. That said, no one should feel compelled to share, but all should feel welcomed to.

Warmest regards,

[Program Developer]

Appendix E

Presentation structure guide

AWARE SUMMER SEMINAR SERIES

Presentation Structure Guide

1. *Slide presentation about topic & associated reading assignment (20-30 minutes).*

Slide presentation to introduce key concepts, definitions, arguments, and establish shared language

PLUS

2. *Introduce case study with large group discussion (10-20 minutes)*

The case could be from your own personal or professional experiences, a media clip, an excerpt from literature, or you can use a case provided from the departmental “bank.”

Encourage faculty to share their insight and perspectives

OR

3. *Breakout sessions with small group reflection (10-15 minutes)*

Encourage faculty to break out into small groups of 4 to 6 individuals with 1 facilitator. Include 2 to 3 questions to generate discussion.

AND

4. *Session wrap up (5-10 minutes)*

Highlight any major takeaways from your presentation and the case.

Appendix F

“Save the dates” email to department faculty

Dear Colleagues,

I’m excited to announce that over the final few weeks of the summer, we are going to collectively begin the difficult, but

necessary, work of addressing structural racism and inequity through a summer series called AWARE: Allies Welcomed to Advance Racial Equity. AWARE is designed to engage our faculty in anti-racism work in an effort to foster a more welcoming climate and inclusive workplace for all faculty, staff, and learners in our department.

By reviewing key texts and clinical/teaching cases, the objectives of the program are to increase our knowledge and understanding of:

- Structural racism in and its impact on health and healthcare disparities and outcomes
- The construct of Whiteness and how it contributes to systemic inequity and disadvantage for people of color
- Anti-Racism, as a framework to advance systemic changes in policies and practices that result in more equitable opportunities, outcomes, and experiences among all faculty, staff, and learners

Sessions will take place [in-person/virtually] on the following dates:

[List dates & times]

Regular attendance is strongly encouraged and will be tracked and reviewed by myself and [insert Department Chair’s name]. I recognize that a myriad of competing priorities and commitments may make it difficult, or for some of you, even impossible to attend the sessions. Please let me know if you are unable to attend these sessions. Our colleagues are working hard to provide information, insights, and opportunities for reflection in order to improve the climate for all faculty and learners. We need all hands on deck to move the needle!

I look forward to seeing you there!

[Program Developer]

Appendix G

Email to absent faculty

Note: Copy the Department Chair on email

Dear [Faculty’s name],

I was disappointed that you were unable to attend any of the AWARE Faculty Summer Series. In the interest of making these resources available to those whose schedules did not allow for attendance, we have provided links below to the recorded sessions for you to review when your schedule permits.

Warmly,

[Program Developer]

Appendix H

Email with certificate

Note: Copy the Department Chair on email

Dear [Faculty name],

In deep appreciation for your perfect attendance at the AWARE Faculty Seminar Series, and in recognition of your demonstrated commitment to growth, reflection, and creating a more equitable and inclusive climate in our department, I wanted to present you with the attached certificate as a token of my gratitude.

Warmest regards,

[Program Developer]

Indiana University School of Medicine

Department of Obstetrics and Gynecology

Certifies that

successfully completed the

Allies Welcomed to Advance Racial Equity (AWARE) Program

Dates of program: July 22, 2020 thru August 26, 2020



A handwritten signature in cursive script, reading "Brownsyne Tucker Edmonds".

*Brownsyne Tucker Edmonds, MD, MPH, MS
Vice Chair for Faculty Development and Diversity*

Appendix I

AWARE program evaluation

The Allies Welcomed to Advance Racial Equity (AWARE) Faculty Summer Series

Please answer the following program evaluation items (1-6) using the prompt:

“As a result of attending the AWARE Faculty Summer Series, I”:

Q1 feel more empowered to influence my current environment to be more inclusive of others.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

Q2 am more aware of how my biases impact my work.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

Q3 am better equipped to advocate for myself or others.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

Q4 feel more confident in my ability to engage in diverse settings.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

Q5 feel more connected to my colleagues.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)

- Somewhat agree (4)
- Strongly agree (5)

Q6 feel inspired.

- Strongly disagree (1)
- Somewhat disagree (2)
- Neither agree nor disagree (3)
- Somewhat agree (4)
- Strongly agree (5)

Q7 Prior to this program how familiar were you with the material presented?

- Not familiar at all (1)
- Slightly familiar (2)
- Moderately familiar (3)
- Very familiar (4)
- Extremely familiar (5)

Q8 How much new information did you learn from this program?

- None at all (1)
- A little (2)
- A moderate amount (3)
- A lot (4)
- A great deal (5)

Q9 Would you recommend this program to a colleague?

- Yes (1)
- No (2)
- N/A (3)

Q10 What is (are) the “take home” message(s) for you from the program?

Q11 What suggestions do you have to improve the program?

Q12 Do you have any ideas for other related topics that would be helpful to you?
