

Event: DGSOM UCLA – Open Forum for Dialogue

Title: “**Moving Beyond Despair or Words to Solidarity and Action**”

Date: Wednesday, July 20, 2016

Summary Report from the Dialogue

Summary: An open forum was held on Wednesday, July 20th. The session was hosted by Vice Dean for Education, Dr. Clarence Braddock and Sr. Associate Dean for Diversity Affairs, Dr. Lynn Gordon. The attendees filled the room and represented all aspects of the DGSOM at UCLA – faculty, physicians, nurses, staff and students. Those in attendance openly shared a wide range of feelings, concerns, perspectives and questions in an atmosphere marked by mutual respect and a genuine willingness to listen. However, there was a sense of resolve and demand for accountability that the town hall not be the one and only opportunity for DGSOM to address violence and racial discord within our walls and throughout the communities we serve.

Comments and Questions

There were five general areas of discussion as follows:

1) Violence

a) Concerns:

- Individuals expressing feelings of fear and anxiety about the well-being of their own teenaged sons or family members being mistreated (or worse) if involved with an encounter with police
- Military veterans are taught violence and bring it home; unresolved PTSD; higher engagement in law enforcement (aggressive/defensive vs. community policing tactics)
- Corruption: Contribution of drug laws and the prison industrial complex

b) Causes: Complex issue with many causes (Michael Rodriguez):

- Guns influencing the severity of experienced violence
- Issues of power and control
- Disenfranchisement

c) Community:

- Public health issue: how can we as a community be more engaged with efforts to study the effects of gun violence and how can we effect change in terms of access to weapons?
- How to effect change in terms of *inappropriate* access to weapons
- Help medical students and other health professionals to engage local police to improve community relationships

d) Education: Soliciting campus experts on violence prevention to assist with future dialogue/learning opportunities

2) Communication

e) Challenges engaging those who may not view Social Justice, Health Disparities and/or Diversity as an issue demanding the attention of everyone (i.e. reaching “the non-choir”)?

f) Need to teach/train all individuals how to communicate effectively and resolve conflict

g) Support/Resources for educators in moderating difficult conversations

h) Address impact of unconscious bias on daily interactions (navigating racially-tinged conversations)

i) Improve opportunities for connecting with others and following up after such Town Hall events

3) Education

j) Assist students in balancing the demands of their curricular studies with their desires to influence and participate in social justice and equity projects

k) Support faculty and staff reaching out as mentors to students who are vocal in the community

l) Lecture series on impact that violence has on health

m) Ensure that the medical curriculum includes intersectionality of social justice, violence and health

4) Clinical Practice

- n) Remove barriers for faculty and staff to attend diversity events (not require use of vacation time)
- o) Increase awareness and tolerance in clinical care

5) Values

- p) Emphasize language that speaks primarily about individuals and not categorize or use statistics alone
- q) Promote compassion and empathy
- r) Build bridges for diverse voices to be considered and heard
- s) Strive to create an environment/climate/culture at DGSOM that resonates with compassion, acceptance, tolerance
- t) Expect thoughtful responses from leadership

Suggestions:

- 1) Disseminate follow up communication regarding summary of town hall and request proposals for next steps
- 2) Provide more training and support on unconscious bias
- 3) Connect and support those interested in discrimination and disparities elimination strategies
- 4) Advocate publicly about the negative impact of violence as a public health crisis
- 5) Promote compassion and humility (UCLA as a Center for Compassion and Caring)
 - a. For example, checking in within your own workgroup or on rounds
 - b. Start a conversation about important issues or events. We can say to a colleague, “How are you doing?” “I’ve been thinking a lot about_____, have you?” If each of us starts one such conversation, and others follow, we will promote an expanding dialogue.
 - c. One volunteer faculty member suggested (not during this session) the concept of a “TIME IN” taking from the surgical TIME OUTS. In the Time In there might be the following:
 - i. **I**ntroductions of all present at a meeting/rounds/etc
 - ii. **I**nvovement in the process
 - iii. **I**nteractive and balanced discussion with the objective of **I**nclusion
 - iv. **I**ntrospection with disclosure of potential bias

Summary submitted by Dr. Valencia Walker, Dr. Lynn K Gordon, and Dr. Clarence Braddock