

## USING RISE INNOVATION COMPETENCIES TO CULTIVATE ANTI-RACIST HEALTH SCIENCE EDUCATION (HSE)

“In a racist society, it is not enough to be non-racist, we must be anti-racist” – Angela Davis (2020)

Use **creativity** to think beyond traditional ideas, existing teaching methods, and dogmatic learning objectives to generate meaningful alternatives that can identify new health science education (HSE) pedagogy and content. These steps will facilitate the development, assessment, and operationalization of innovative ideas that foster impactful change. Think beyond what was possible 12, 6, or even 3 months ago, since society is changing and education content should evolve alongside it to meet the shifting needs of learners.

Before creating new or modifying existing content, use **critical thinking** to explore extant data and metrics to accurately identify the problem that the HSE innovation will address. Pinpoint the actual cause of tensions and the dynamics that underlie them to logically identify strengths and weaknesses of different approaches to innovative solutions.

Take the **initiative** to learn about historical, social, and political contexts of race without placing this responsibility on marginalized and disenfranchised individuals or groups. Seek reliable resources for learning about anti-racist HSE and create safe spaces for this learning to occur.

Anti-racist HSE is a new space for many and it will require **intellectual curiosity** to actively seek, receive, and embrace new voices and perspectives. Listening to other peoples’ lived experiences can cultivate the empathy necessary for creating anti-racist content. Innovators should learn about rich and varied racial experiences and challenge existing beliefs and knowledge constructs to develop informed perspectives. It is important to value the process as well as the final education innovation project. In doing so, HSE innovators can normalize—and invite—diverging opinions when presented with new information.

Anti-racist HSE requires **intelligent risk-taking** to dismantle long-standing parts of the existing education system. HSE innovators should weigh the potential benefits and disadvantages of dismantling versus maintaining the “broken” parts. Engaging in racial dialogue is challenging and often uncomfortable. Embrace the reality that everyone makes mistakes when talking about race. HSE innovation needs safe spaces to experiment and a place to discuss what went wrong and learn from one another when people unintentionally offend or hurt one another.

Engage in effective **teamwork** with diverse stakeholders—both inside and outside of medicine—to assimilate ideas and build a broad understanding towards productive and respectful outcomes. Include *all* stakeholders as part of the process to represent as many voices as possible.

Engage in **visioning** to promote proactive consideration of potential biases within innovative anti-racist HSE content and to conceive how racial privilege may be unintentionally presented or perceived. Adopt a vision for what anti-racist HSE will look like, to best understand what changes are needed to get there.