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Institutionalizing Rest in Response to Racial and Sociopolitical Trauma

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To the Editor: When footage of George Floyd’s murder was publicly released in May 2020, an entire community became paralyzed. Many Black medical students became ghosts, shadows, shells of ourselves—desperately duct-taping ourselves together to look pristine for patients, rounds, and classes the morning after. Born of a need for resuscitation, Black medical students at the University of California, San Francisco (UCSF) came together in a heap of exhaustion. A web of virtual connections formed across our community as we asked one another: “Are you okay? What do you need?” It became abundantly clear that Black exhaustion necessitated Black rest. The medical profession has traditionally valued “resilience” and the performance of composure, or almost emotionless calm, at the expense of physician well-being. Thus, in medicine and medical education, time and space for rest is rarely built in or granted. To combat this, UCSF Black medical students collaborated with our deans to establish just this: a Racial and Sociopolitical Trauma Protocol.¹ This protocol outlines a coordinated institutional response to incidents of national racial and sociopolitical trauma, acknowledging that stress from such events impedes learners from engaging in our education effectively.

While this effort was born out of Black medical students’ advocacy, the protocol serves all medical students. Upon activation, students have the option to delay academic responsibilities (i.e., class attendance, assessments) for 7 to 30 days, coupled with explicit flexibilities and protections to ensure that they do not face repercussions for taking academic respite. Importantly, the protocol safeguards students’ learning so that they advance to graduation without delay.
In August 2020, the protocol was deployed in response to the shooting of Jacob Blake at the hands of police. It was deployed again, in January 2021, after the violent storming of the U.S. Capitol and again, in March 2021, in response to the shooting of 6 Asian-American women in Atlanta. It afforded students the ability to process these traumas through self-reflection and community engagement, while validating these imposed community traumas.

We turned to ourselves to envision policies and practices that would foster an inclusive learning environment where students would not be pressured to suppress their pain and instead be encouraged to process it to maintain their capacity to devote themselves to patient care. We encourage other medical education programs to adopt a similar protocol. Through collective action, we harnessed the power of rest to heal ourselves and our communities.

**Reference**