

# **TOGETHER WE RISE: WHY DOES INTERSECTIONALITY MATTER? APPLYING AN INTERSECTIONAL FRAMEWORK IN PSYCHIATRY RESIDENCY EDUCATION**

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**Background:** Intersectionality describes the way social categories (including race, gender, sexual orientation, and religion) interact to contribute to the social identity of an individual. This can explain how different aspects of identity impact health outcomes. Trainees must understand intersectionality so they can recognize and address ways that intersecting identities impact the health of patients.

**Objective:** Develop an educational workshop, including a didactic and discussion groups, on intersectionality that will improve knowledge and confidence in trainees.

**Methods:** Psychiatry residents at Zucker Hillside Hospital created an anti-racist organization dismantling Racial Injustice and promoting Systemic Equity (RISE). As part of a teach-in series, residents researched, developed, and implemented a two-hour virtual workshop consisting of a 30-minute didactic on intersectionality followed by four 20-minute breakout discussion rooms about intersectionality of race with gender, LGBTQ+ status, disability, and religion. Anonymous pre- and post-surveys consisting of four Likert items were distributed to residents. Responses were dichotomized and analyzed using Fisher's exact test.

**Results:** Response rate was 67% (n=34) for the pre-survey and 51% (n=26) for the post-survey. Understanding of intersectionality improved with 21% vs. 69% reporting understanding very or extremely well in the pre-survey (n=34) and post-survey (n=26) (P=0.0002). Familiarity with roles of oppression and privilege improved with 35% in the pre-survey (n=26) and 77% in the post-survey (n=26) being very or extremely familiar (P=0.0018). Confidence in ability to recognize intersectional identities improved with 44% in the pre-survey (n=34) and 84% in the post-survey (n=26) being very or extremely confident (P=0.0016). Comfort in discussing intersectional identities improved with 32% in the pre-survey (n=34) and 73% in the post-survey (n=26) being very or extremely comfortable (P=0.0038).

**Discussion:** An educational workshop consisting of a didactic and a discussion group series improved resident understanding, confidence, and comfort surrounding intersectionality. Future steps include integrating education about intersectionality into residency curricula.

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## **Learning Objectives**

At the conclusion of this presentation, participants will be able to:

1. Explore how intersectionality contributes to inequities in mental health care.
2. Recognize the educational value of efforts to teach intersectionality to psychiatry trainees.