Supplemental Table 1. Key Definitions

-Ableism: Ableism is a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical, and therefore essential and fully human (Campbell 2009). In medicine, ableism informs notions of who is “normal” and well and who is abnormal and sick, patients and providers alike. During medical training it involves pathologizing and devaluing students and trainees who do not fit the profession’s white cisheteropatriarchal ideal or embody its **white supremacy culture** characteristics.

-Abolition and **abolition medicine:** Abolition seeks to undo the ways of thinking and doing things that see prison and punishment as solutions for social, economic, political, behavioral, and interpersonal problems. It calls for defunding the police and rejects reform, demanding reimagination to achieve transformation (Kaba and Murakawa 2021). **Abolition medicine** involves constructing new systems of community-based care that challenge the medical-industrial complex rooted in slavery to build a new, healthier, more just society committed to healing. It reimagines the work of medicine as an antiracist practice and demands historical redress, such as desegregating the profession, and reparations for communities devastated by medical experimentation (Iwai, Khan and Gupta 2020).

-**Acculturation**, **assimilation,** and **assimilation trauma**: Assimilation is the process whereby individuals or groups of differing backgrounds or social identities are absorbed into the dominant culture of a society or profession. Assimilation is the most extreme form of acculturation. Throughout history, racial, sexual, gender and other minority groups have been forced to assimilate into **whiteness** in order to survive. Assimilation trauma refers to the **trauma** (defined below) that individuals experience as a result (Berry 2015). In medicine, assimilating into medical culture involves taking on the traits of the dominant **white supremacy culture** while suppressing devalued traits to such a degree that assimilating students and residents becomes socially indistinguishable from other senior physicians.The related loss of self constitutes a trauma.

-Cissexism: Cissexism is an ideological system that denies, denigrates, and stigmatizes any noncisgender form of behavior, identity, relationship, or behavior and can operate in a similar manner as heterosexism (Dimant et al. 2019). In medicine, cissexism is manifested through cisnormativity in medical education, the biologization of gender in clinical care, and the discrimination gender nonconforming students and patients experience as a result.

-Critical Consciousness: Critical consciousness is a term pertinent to **Critical race theory** (defined below). It signifies digging beneath the surface of information to develop deeper understandings of concepts, relationships, and personal biases. In medicine, cultivating critical consciousness implies rejecting its **hidden curriculum** and **white supremacy culture** by actively questioning knowledge and power dynamics, instead of quietly complying with the medical hierarchy and the profession’s emphasis on an indisputable scientific expertise (Ford and Airhihenbuwa 2010).

-Critical Race Theory (CRT): CRT is a theoretical framework providing a critical analysis of race and racism to combat root causes of structural racism, highlighting the relationship between race, racism, and power. Key concepts: *Ordinariness* (racism and white supremacy in post-civil rights society are integral and normal rather than aberrational);

Centering in the margins (shifting discourses' starting point from the majority group's perspective--e.g. whiteness--to that of marginalized groups);
Intersectionality (the multidimensionality of oppressions--race, gender identity, class, national origin, sexual orientation--resulting in disempowerment); *Activism:* (commitment to social justice, scholars assume an active role in "eliminating racial oppression as a broad goal of ending all forms of oppression"; and *Critical consciousness* (digging beneath the surface to develop deeper understandings of concepts, relationships, and personal biases) (Ford and Airhihenbuwa 2010). In medicine and public health, CRT recognizes that eliminating racism and white supremacy is crucial for health equity. It emphasizes that race, including **whiteness**, is a social, not a biological, construct.

-Culture: Culture is a set of shared values, attitudes, goals, practices and learned behaviours found within a group, community, town, state, or a nation. These behaviours are acquired through socialisation from family, social groups, education, and social organisations (Berry 2015). Medical culture is characterized by a fixation on perfectionism and self-sacrifice among doctors, scientific expertise, and claims to objectivity. These notions obscure medicine's legacy of **white supremacy** and myriad **white supremacy culture** characteristics.

-Decolonization: Decolonization is the process of revealing and dismantling institutional and cultural forces and practices away from the dominant white, heteronormative, patriarchal, and gender-binary narrative. It strives to dismantle harmful practices that derive from and reinforce systemic privilege and **whiteness**. It recognizes the heavily Eurocentric approaches that are colonizing. It advances a movement to seek justice and liberation through education, collective care, and activism. It centers the needs of racially minoritized people and the LGBTQIA2S+ community, as well as people with disabilities (Li 2020). In medicine, decolonization involves interrogating and dismantling the ways in which **whiteness** has been normalized by eugenics, scientific racism, and medical training's **assimilation trauma**.

-Experiential knowledge: Experiential knowledge is a term that relates to **CRT** (defined above). It signifies ways of knowing that result from critical analysis of one's personal experiences. In medicine, valuing patients' experiential knowledge and lived experiences challenges the assimilation trauma of medical training by resisting its emphasis on scientific expertise. It also humanizes clinical practice by centering the perspectives of patients, rather than physicians (Ford and Airhihenbuwa 2010).

-Gaslighting: Gaslighting is an insidious psychological manipulation by a person or group in power feeding victims false information, leading them to question themselves and their reality, growing more complex and potent over time, making it increasingly difficult for victims to see the truth (Davis and Ernst 2019). In medicine, gaslighting involves more senior physicians' eroding students' and trainees' confidence to the point where they question their competence and validity as physicians. It also involves the profession positing theoretical frameworks (like "burnout") that uphold the profession's image as inherently good while obscuring its toxic practices and oppressive history.

-Grooming: Grooming refers to the methods used by a person in a position of power to gradually build a relationship, trust, and emotional connection with another so they can manipulate, exploit and/or abuse them. The term is often used to describe the process

leading to sexual abuse and can broadly be applied to workplace/professional relationships (Lanning 2018). In medicine, grooming transpires when senior physicians capitalize on the profession's toxic power dynamics to engender trust from students and trainees, who are reliant upon them for career advancement, only to exploit their work and contributions later.

-Hidden curriculum: The term hidden curriculum is unique to medicine. It refers to medical education as more than simple transmission of knowledge and skills; it is also a socialization process. Wittingly or unwittingly, norms and values transmitted to future physicians often undermine the formal messages of the declared curriculum. The hidden curriculum consists of what is implicitly taught by example day to day through personal interactions and institutional practices and policies, not the explicit teaching of lectures, grand rounds, and seminars (Mahood 2011).

-Imposter syndrome: Imposter syndrome is a phenomenon of doubting one's skills, talents, competence, and accomplishments with fear of being exposed as a fraud (Martinek 2021; Rosenthal et al. 2021). In medicine, imposter syndrome is a symptom of **assimilation** into the **white supremacy culture** ideal and is almost the norm among medical students, due to the profession's unrealistic expectations for perfection and its never-ending tests, evaluation, and measurement of competency.

-Intersectionality: As it relates to white supremacy, intersectionality captures how the powerful elite have constructed white supremacy for centuries to intersect with, support, reinforce, and reproduce capitalism, class oppression, gender oppression, heterosexism, ableism, classism, and many other systems of oppression that, in turn, reinforce and reproduce white supremacy (Crenshaw 1990). In medicine, intersectionality helps conceptualize the layers of harm some students and trainees experience as a result of being marginalized by medicine's multiple forms of oppression (captured by the term **white cisheteropatriarchy**).

-**Marginalization**: Marginalization is the process in which groups of people are excluded by the wider society. Marginalization is often used in an economic or political sense to refer to the rendering of an individual, an ethnic or national group, or a nation-state powerless by a more powerful individual. In general, marginalizing refers to the process of relegating, downgrading, or excluding people from the benefits of society (Crenshaw 1990). In medicine, white cisheterosexual men are overwhelmingly entitled to leadership positions, despite maintaining racist beliefs and practices, while racially minoritized people are marginalized by the overwhelming obstacles they face to become and advance professionally as doctors.

-**Oppression:** Oppression is a combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups in order to benefit other groups. It is also defined by the unjust or cruel exercise of authority or power especially by the imposition of burdens; the condition of being weighed down; an act of pressing down; a sense of heaviness or obstruction in the body/mind (National Museum of African and American History & Culture 2019). In medicine, multiple educational practices are oppressive, resulting in the assimilation trauma of medical training.

-Power and hierarchy: Power is the ability to influence others. One of the ways power operates is through the establishment and operationalization of hierarchies, an organizational form that stratifies people or groups based on their possession of social

resources. In medicine, the clinical environment is intensely hierarchical, and clinical work and learning are contingent on interaction, which makes consideration of hierarchy and power directly relevant to medical education (Vanstone and Grierson 2022).

-Professionalism: Professionalism is the competencies, skills, and expertise professionals are expected to attain. In medicine, professionalism refers to the "attitudes and behaviors that serve to maintain patient interest above physician self-interest." However, it serves as a **rigged discourse** (see definition below) by supposedly advancing patient interest while actually promoting **assimilation** to **whiteness** and other racist practices that disproportionately harm racially minoritized students and trainees (Sethuraman 2006).

-Racism: Racism is a white supremacist system of advantage and **oppression** based on race. It involves one group having the power to carry out systematic discrimination through institutional policies and practices and by shaping the cultural beliefs and values that support those racist policies and practices. Racism and white supremacy culture are therefore closely related and mutually reinforcing (Tatum 2014). In medicine, racism's role in shaping knowledge, clinical practice, and professional identity–though widespread–have largely been obscured by the profession's predominant **white cisheteropatriarchy**.

-"Rigged discourse": The concept of a rigged discourse is described in journalist Anand Giridharadas' book *Winners Take All: The Elite Charade of Changing the World*. It speaks to the way in which elites and the powerful use the conquest of language, of culture and of our common sense to cement their role and social position. He provides the example of "resilience," "a concept that sounds great but that is actually just about adjusting to societal crappiness rather than fixing it" (Giridharadas 2019). In medicine, physician burnout is an example of a rigged discourse that upholds the profession as noble while obscuring its oppressive history and toxic practices.

-System of oppression: The term "system of oppression" calls attention to the historical and organized patterns of mistreatment. In the US, systems of oppression (like systemic **racism**) are woven into the very foundation of American culture, society, and laws. Other examples are sexism, heterosexism, **ableism**, classism, ageism, and anti-Semitism (National Museum of African and American History & Culture 2019). Medicine's interlocking systems of oppression–its **white cisheteropatriarchy**–reinforce the oppression of marginalized social groups while elevating dominant social groups, a phenomenon reflected in the profession's overwhelmingly white male leadership and the discrimination racially minoritized students endure during training.

-**System justification:** System justification theory refers to a motivational tendency to defend or rationalize the existing system as good, fair, and legitimate; preserving "business as usual," despite the harm caused. According to system justification theory, people are motivated (to varying degrees depending upon situational and dispositional factors) to defend, bolster, and justify prevailing social, economic, and political arrangements (i.e., the status quo) (Jost 2020). In medicine, the burnout discourse serves as a form of system justification that preserves the profession's white hegemony while obscuring its toxic practices, such as the trauma of assimilating to whiteness during medical training.

-Trauma: Trauma is any experience that overwhelms the nervous system such that the person is unable to release or process the stressful event, and is characterized by emotional dysregulation, dissociation, and relational disconnection. Traumatic experiences

also damage the person's sense of self by shattering the beliefs, morals, philosophies, and ethics that gave their life meaning and defined their worldview (known as shattered assumptions theory). Medical training constitutes a trauma because it involves assimilation to whiteness and a resulting betrayal of trust in self (Gómez et al.2016; Cromer et al. 2018).

- White cisheteropatriarchy: White cisheteropatriarchy involves the deep interconnection between multiple systems of oppression related to whiteness, cissexism, heterosexism, and patriarchy–which itself is defined as the manifestation and institutionalization of male dominance over women and children in the family and the extension of male dominance over girls, women, and gender nonconforming people in society in general (Hooks 2010). In medicine, it refers to a system of power based on the dominance and assumed supremacy of cisgender heterosexual white men through the exploitation and **oppression** of all others.

-Whiteness: Whiteness refers to the way that white people, their customs, culture, and beliefs operate as the standard by which all other groups are compared. Whiteness and the normalization of white racial identity throughout America's history have created a culture where racially minoritized people are seen as inferior or abnormal (National Museum of African and American History & Culture 2019). In medicine, whiteness permeates myriad domains of the profession, notably through white supremacy culture's stronghold on medical training and professional culture.

-White supremacy: White supremacy refers to the ways in which the ruling class elite or the power elite in the colonies of what was to become the United States used the pseudo-scientific concept of race to create whiteness and a hierarchy of racialized value in order to disconnect and divide white people from racially minoritized people and to disconnect and divide racially minoritized people from each other (Okun 2021). In medicine, white supremacy has shaped the profession since its inception, defining who is fully human (white people) and who is not (racially minoritized people)--whether they are patients or doctors. White supremacy has given rise to eugenics, scientific racism, and forced experimentation, all of which have terrorized racially minoritized people while enforcing the racial dominance of whites and attempts to erase representations of imperfection while promoting homogeneity.

-White supremacy culture: White supremacy culture is the widespread ideology baked into the beliefs, values, norms, and standards of groups, communities, and institutions and teaching both overtly and covertly that whiteness holds value. Core characteristics of medicine's white supremacy culture include perfectionism, individualism, paternalism, belief in one right way, and worship of the written word. (Okun 2021). **Assimilation** to white supremacy culture during training results in physicians' silencing, numbing, and disconnecting from their basic humanity and marginalized social identities in service of a false safety based on the idea that whiteness and its related white supremacy culture are both better and normal.

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