



UMN Medical Education Reform Student Coalition

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WHO WE ARE

- ❖ MS2s at the University of Minnesota Medical School
- ❖ Members of the **UMN Medical Education Reform Student Coalition (MERSC)**

We are comprised of medical students advocating for structural reform to address the

1. current lack of pre-clinical curricular content on health inequities, trauma-informed care, and the history of racism in medicine and healthcare
2. weak ties between the Medical School and the local Twin Cities community
3. underrepresentation of students and faculty of color

**We aim to make the University of Minnesota Medical School
an actively anti-racist institution.**

HOW WAS MERSC FOUNDED?

After the murder of George Floyd, several members of the 2023 class came together and demanded that the UMN Medical School Administration address a variety of issues in medical school curriculum, faculty composition, and community engagement

June 2nd, 2020 - Med Ed Reform Student Coalition sends original letter to administrators, Deans, and classmates. The letter was signed by 400+ students, alumni, residents, and 26+ student organizations.

August 31, 2020 - Med Ed Reform Student Coalition meets with admin, faculty, and staff. This is the beginning of establish monthly roundtables. Admin creates new living document of action items, proposed actions, and actions to date.

GOALS OF THE LETTER

- **EMPHASIZE** Public Health and Health Equity Curriculum
- **ESTABLISH** plan for faculty development in health equity instruction
- **DENOUNCE & REMOVE** Race-Based Medicine
- **DIVERSIFY** standardized patients
- **ESTABLISH & STRENGTHEN TIES** with communities of color in the Greater Twin Cities area

EMPHASIZE PUBLIC HEALTH AND HEALTH EQUITY INSTRUCTION

- **Police Brutality:** Police brutality is now a leading cause of death for young Black men in the US - higher than diabetes and influenza/respiratory infections.
 - **ACTION:** Add mandatory medical school curriculum on racism and expand on existing curricula developed by UMN faculty of color, in addition to contributions from other faculty and students.
- **COVID-19:** The 2019 coronavirus pandemic has disproportionately affected many communities of color. In Minnesota, non-white individuals comprise 31% of all confirmed positive cases as of May 29th 2020, while comprising only 15% of the state's population.
 - **ACTION:** Robust, mandatory infectious disease/epidemiology curriculum on the causes and effects of global & national pandemics, in addition to the roles of race, racism, and unequal access to healthcare in infectious disease pandemics and their epidemiological interventions.

DIVERSIFY STANDARDIZED PATIENTS

- As part of our medical training, it should be required, not optional, to have encounters with standardized patients who come from different paths than our own. These should not be limited only to patients of color, but include patients of different ages, genders, race, housing status, religion, sexual orientation, country of origin, ethnicity, and spoken language.
 - **ACTION:** Increase funding and resources for recruitment of standardized patients from minority groups AND incorporate the use of interpreters into standardized patient encounters.
 - **ACTION:** Incorporate complex topics into clinical scenarios utilized in standardized patient interactions, OSCEs, POCC didactics, etc. to teach students how to navigate power dynamics, address stereotypes from providers/patients, and develop emotional regulation/slow thinking skills to overcome implicit bias.

ESTABLISH AND STRENGTHEN TIES WITH COMMUNITY

- **ACTION:** The medical school should invest in amplifying and expanding existing cascading mentorship programs like The Ladder and to develop new programming promoting scientific scholarship among students of color within the community.
- **ACTION:** Medical school community engagement efforts should be mandatory, and implemented longitudinally. Moreover, through community reconciliation discussions we could address the lack of trust in our institution.
- **ACTION:** Implicit bias training or other well-studied cultural humility assessment should be mandatory before initiating community outreach.
 - Note: Given limited information on which training is proven to be the most effective, we also hope to continue investigating the best evidence-based methods for ensuring anti-racism in community work.

70%

of Minnesota's physicians are trained at
UMN Medical School.

Addressing gaps in medical education at UMN around
health inequities and community engagement remains
one of the greatest opportunities to change the
landscape of healthcare in Minnesota.

Thank you for your time.



tinyurl.com/UMNmededreform