WEBVTT

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Dean's Lecture Series - Matt Amundson (he/him): And inclusion this session will be recorded and shared out within 2 days to all those who registered for the event otherwise recording can be found under the education and training tab of the Ode website. Live transcription has been enabled. Please note that the live transcript is not perfect, as this is an auto transcript, and we invite you to invite you to take care of yourself as necessary during today's session as we will not be taking a break

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Dean's Lecture Series - Matt Amundson (he/him): any feedback or issues with accessibility. Please email us that deal us dash odei@umn.edu. We ask that participants please use the QA function instead of the chat. We will do our best to answer your questions. But please understand, we're working within a set window of time. Should we not get your question. We will work with the presenters to get unanswered questions posted on the Dean's lecture series. Web Page.

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So you'll see in the chat paste it in there you'll find links to the Dean's lecture series website, the slides to our presenters lecture and the Dean's lecture Series Email address.

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Dean's Lecture Series - Matt Amundson (he/him): And with that I will now turn it over to Dr. Nunez to introduce today today's guest. Moderator.

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Ana Nunez MD: morning, everybody happy September. It actually feels sort of nice and chilly in terms of a September. Feel, forget that it's gonna be 80 on Sunday. But but we're getting there. We're getting there in terms of sort of beautiful temperatures.

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Ana Nunez MD: It's exciting as we're back in to sort of session back in to sort of like. Yes, we're doing this again in terms of that next cycle. I'm delighted to have presenters here who are. Gonna talk to us about curricular changes for those of you who don't live in the mission about education. Let me just make a few comments right? The whole point of education is about addressing real life situations.

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00:01:42.170 --> 00:02:04.729
Ana Nunez MD: How do we create the next generation of physicians who can enhance care, who can address health disparities, who can give innovation in terms of sort of how they solve problems. And so curriculum, I guess, like science is not something that you just make it, you say, there you go. We're all done but it really is iterative. And so we sort of explore it and try to get better and better time and time.

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00:02:04.730 --> 00:02:29.490

Ana Nunez MD: We know in terms of some of our changes, that it's been, even with those changes, stagnant in terms of addressing sort of population based health. And so there's been a lot of work here in terms of moving the needle so far, so that our learners can actually be better equipped in terms of addressing sort of all the changes that are happening in medicine and health. So lots of times people sort of come up to me and say.

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Ana Nunez MD: what are they doing in the curriculum? What are they doing in the curriculum, you know. How are they changing it? Where are they changing it? And

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00:02:36.020 --> 00:02:51.270
Ana Nunez MD: again, for those of you who don't live in the educational space there are a lot of things that are embedded. I mean, these are like bricks with grout on top of bricks, with grout of bias in terms of sort of populations of the haves and have nots.

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00:02:51.270 --> 00:03:15.479
Ana Nunez MD: So the superficial stuff is kind of easy in terms of changing, but getting those bricks instead of changing them up. That's sort of the deeper transformational stuff that's important to do. So I'm really excited to share with you so and them and their information in terms of what's happening here with the curriculum. I have the pleasure of introducing Dr. Betsy Murray. Dr. Murray is the Assistant Dean for curriculum here at the University of Minnesota's Medical School.

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Ana Nunez MD: She is a developmental and behavioral pediatric pediatrician, who, trained here as a resident and a fellow.

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Ana Nunez MD: She worked as a pediatric clerkship for director for about sort of 10 or so years, and then began her new role in terms of overseeing the curriculum. June 2020. Working with a wide array of faculty. Across our current campuses, as well as sort of campuses to be and is now overseeing the new. Serve SERV. E.

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00:03:46.200 --> 00:03:58.059
Ana Nunez MD: Serve curriculum, which I'm sure we're gonna hear about. At the medical school that's launched this fall, and she will sort of introduce our 2 additional colleagues, Dr. Maffiala and doctor. So let me a bit, Betsy.

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00:03:59.020 --> 00:04:26.380
Betsy Murray, Assistant Dean for Curriculum: Thank you so much. Dr. Ninas. And Hello, everybody. Good morning from Duluth. I'm up in Duluth at one of our medical schools campuses, and very happy to be with all of you. So I am really delighted to introduce 2 of our 3 Dei thread directors from the University of Minnesota Medical School. Both of these physicians graduated from the University of Minnesota medical school, and we're so delighted

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Betsy Murray, Assistant Dean for Curriculum: that we were able to successfully recruit them back. And now they're part of the educational faculty who are with us today. They'll be speaking with you today, and I've really just had the pleasure of working with Dr. Brian, with Yala and Dr. Sagana Shalom up for some time now, and it's just been a real joy and pleasure. Dr. Musala is an internal medicine and pediatrics physician who serves in a

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Betsy Murray, Assistant Dean for Curriculum: variety of roles in the medical school, including as a Dei thread director and a faculty advisor to our students his clinical work is at the hen, have been healthcare, and his faculty appointment is in the department of medicine.

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00:05:06.450 --> 00:05:32.860
Betsy Murray, Assistant Dean for Curriculum: Dr. Salomab is an an internal medicine physician, and along with directing the Dei thread she leads the becoming a doctor course that serves medical students across the 4 years and the new impact immigrant refugee course at the medical school. Dr. Salomab focuses her clinical care on immigrant and refugee populations, and holds the faculty appointment at the Department of Medicine.

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00:05:32.860 --> 00:05:54.319
Betsy Murray, Assistant Dean for Curriculum: So the Dei thread is a key feature of the new. Serve curriculum as Dr. Nunez described, and the serve curriculum just launched just this last August. And these 2 faculty members have been critical leaders in this curriculum. So thank you so much, Brian and Saganish, for all your work on the medical school curriculum, and for speaking here today.

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00:05:57.890 --> 00:06:02.720
Dr. Brian Muthyala: Alright, I'll go ahead and get started. I'm just going to share my screen.

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Dr. Brian Muthyala: But

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alright

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00:06:14.120 --> 00:06:25.180
Dr. Brian Muthyala: well, thank you all for for being here both Saganish and I are are excited to to, to chat with you and have a conversation today.

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Dr. Brian Muthyala: Our hope is that these slides provide

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Dr. Brian Muthyala: just a background and a foundation of of how we've gotten to where we are in the curriculum around creating curriculum and educational sessions around health, equity, social justice.

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diversity and inclusion.

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Dr. Brian Muthyala: and kind of telling that history and telling that story, we hope will get us to where we want to go. And really the opportunities and challenges that we see moving forward.

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00:06:57.300 --> 00:07:08.499
Dr. Brian Muthyala: and when, as as as Dr. Nunez and and Murray, I think both really nicely said, kind of what does it? What does it mean to work within a medical school. We we all think about

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00:07:08.540 --> 00:07:38.250
Dr. Brian Muthyala: our current generation of physicians who are working and practicing, and and many of us, whether we're faculty or not. Right, we're invested in the the the healthcare delivery of the future. And I it's a it's a it's a deep privilege to work in a medical school where we have an opportunity to think about, what does that next generation of physicians look like? What does that next generation of physicians look like as clinicians, as educators, as leaders.

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00:07:38.250 --> 00:08:04.140
Dr. Brian Muthyala: as innovators, but also as physicians who care and think deeply about communities that have historically been just under represented or not really thought of centrally in healthcare and medical education, and kind of in our kind of societal visions in general. And what does that look like for the State. The State of Minnesota, where we have a significant kind of health needs and remarkable kind of health infrastructure.

31
00:08:05.090 --> 00:08:21.570
Dr. Brian Muthyala: So Minnesota is changing right. The demographics of our state are are changing and evolving as they are in many places. And I think this is really important context to to, to put into perspective. Why, our curriculum needs to change whether you live in

32
00:08:21.570 --> 00:08:46.460
Dr. Brian Muthyala: a rural community. In urban community, our demographics are changing, and these demographics are gonna continue to change. And so our physicians of the future will by necessity need different and new skills to care for our changing population. Whether that's older populations is our population ages, or for kind of minority populations, immigrants, and refugees as they

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come into the State.

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Dr. Brian Muthyala: We know Minnesota has historically been a very healthy state. right with one of the healthiest states for the last 2 or 3 decades. Life is pretty good here in Minnesota

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Dr. Brian Muthyala: we have low on insurance rates. Pretty low. Premature mortality rates, infant mortality rates, cardiovascular death rates in general. The citizens of Minnesota enjoy good good high quality, healthcare, and good health in general.

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00:09:17.770 --> 00:09:20.229
Dr. Brian Muthyala: but we also know that

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Dr. Brian Muthyala: the story isn't so complete. If we just end at kind of the statewide representation of health.

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00:09:28.330 --> 00:09:53.899
Dr. Brian Muthyala: we dive into the data. And we look, we know that certain communities, certain populations have worse health outcomes. If you're if you're black in in Minnesota, your health outcomes are worse. If you're poor. In Minnesota, your health outcomes are worse. If you live in rural communities, your health outcomes may be worse compared to the States kind of overall. There's a lot of complex reasons for that. Structure systems, policies, laws,

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00:09:53.900 --> 00:10:02.309
Dr. Brian Muthyala: history that there's there's a myriad of reasons. I think that we just simply don't have time to unpack today.

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Dr. Brian Muthyala: But what I think we take away from this data is just the idea that our physicians of the future need to have the knowledge, skills, and understandings to start to remedy some of these disparities that we see in our State.

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00:10:19.400 --> 00:10:23.430
Dr. Brian Muthyala: As our state is changing. Our school is changing also.

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Dr. Brian Muthyala: This is the demographics of the incoming class of 2023, whom Segana sh! And I have had the pleasure to to already start to teach and get to know and get to meet.

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00:10:35.270 --> 00:10:45.219
Dr. Brian Muthyala: Some of you may have graduated from this medical school in the past, and when I think about the demographics of this class, compared to the demographics of my class, it's different.

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00:10:45.320 --> 00:11:09.270
Dr. Brian Muthyala: right? We have, as as has been the case for a few decades increasing percentage of female medical students on both of our campuses we have significant increases in our bipoc representation as well as an increasing or certainly a steady percentage of underrepresented medicine. And and we certainly know that where we pull our students from it's generally from from the state.

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00:11:10.480 --> 00:11:26.140
Dr. Brian Muthyala: So our our state is changing, our school is certainly changing, and what that means is that there certainly are are challenges that we see within. U me! Within undergraduate medical education.

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00:11:26.190 --> 00:11:43.519
Dr. Brian Muthyala: Some of this data we pull from students surveys. Some of this data is is been obtained by a a former fellow in the medical school. Habib Salama, who did a really I think important research project where he interviewed

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00:11:43.760 --> 00:11:58.769
Dr. Brian Muthyala: bipoc underrepresented in medicine students in our medical school. It really started to pull out some of the themes that students kind of have. And we start to see that there are absolutely direct curricular changes that we needed to address

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00:11:59.180 --> 00:12:26.999
Dr. Brian Muthyala: as well as challenges for those students, and I think all of us who work in the curriculum space feel really strong that the curriculum is sort of the the lifeblood of a medical school and our. And if you're not really seen or represented in the medical school, if you're not seen. You don't see yourself in the curriculum. It's really hard to see yourself as a physician, so what are the ways in which, through a curricular lens, we can start to impact what our students are learning

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Dr. Brian Muthyala: as well as their overall experience in medical school, so that when they graduate they're kind of fully complete and whole medical students and physicians.

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Dr. Brian Muthyala: I'll turn it over to Seganish.

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Dr. Tseganesh Selameab: And all of this, as you know, if you have, you know, if you're older than 3 really is happening in the Zeigast or in this environment where we're all starting to come to terms or to start understanding that race racism is an important issue, and during after George Floyd was murdered, our students really took that to heart. They, this national organization, white coast for black lives they started

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00:13:06.480 --> 00:13:32.680

Dr. Tseganesh Selameab: a chapter in the University of Minnesota Medical School as a way of signaling to the community and also to us as educators and as a medical school that these issues were not really peripheral to them. They weren't these things that were, we're gonna do medicine. I'm gonna study anatomy and physiology. But these other issues that are happening in the world are out there. They really showed us and demonstrated to us how important things that were happening in the world

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00:13:32.950 --> 00:13:58.659
Dr. Tseganesh Selameab: also impacted their education, and that they saw themselves as responsible agents with of change within the environment. So the idea of like using their voice, their power, their education, to not just take care of individual patients, but to be able to take care of a community and address. Some of these disparities became really apparent to the school and to us, and think a lot of us again had that same sort of awakening at that time.

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00:14:00.390 --> 00:14:10.640
Dr. Tseganesh Selameab: And this was happening nationally in education. So A. MC. Which really helps us in curriculum and education work started, recognize, recognize that

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Dr. Tseganesh Selameab: this was also an important issue in education. They talked a lot about how DI issues had been taught in the past, where it was maybe a lecture here or a lecture there that that wasn't enough. It wasn't significant in making changes. The changes. We wanna see that Brian talked about changes in decreasing disparities.

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00:14:27.960 --> 00:14:52.940
Dr. Tseganesh Selameab: changes in having physicians who are really well versed in being able to take care of them. So in that last slide, that's just showing you the first competencies that they came up with around. How do you integrate di into curriculum, this push of integrating it into everything that we do with measurable competencies? So you can demonstrate that someone is developing skills that they're growing in their ability to take care of these populations. And now we're on the

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Dr. Tseganesh Selameab: third edition of those guidelines for us.

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Dr. Tseganesh Selameab: And really, I think I love this quote for them that they talked about how they recognize that inequities that we're seeing in systems are rooted in racism and discrimination, and then compounded by all of those social, determinant social risk factors that lead to these poor outcomes.

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00:15:11.630 --> 00:15:30.280
Dr. Tseganesh Selameab: And then the highlighted part is what I'm gonna read it says that at the nexus of education and clinical care, academic medicine, it actually has a responsibility to address and mitigate these factors that drive racism and bias in healthcare. So it is very clear that this is our job as medical educators. This is what we have been tasked to do.

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Dr. Brian Muthyala: So. The the University of Minnesota. Medical Schools. Kind of diversity, equity, inclusion, curriculum thread started in 2020, and it was really a response to racism and medical education. Healthcare in general. As Segana said, it was a both student. Led faculty led really kind of response to what was happening just in our backyard

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Dr. Brian Muthyala: and

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Dr. Brian Muthyala: It's gone through a series of iterations over this time. So we started in 2020 myself, Doctor Bro. Cunningham, Doctor Jordan Lewis up in Duluth. We're our initial curriculum thread directors. And this early work, really focused on harm reduction.

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00:16:18.020 --> 00:16:32.800
Dr. Brian Muthyala: the development of tools and approaches to really understand inequities as they exist in our medical curriculum. And how do we address just the sharp, thorny or parts of of of the student experience?

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00:16:34.040 --> 00:16:50.310
Dr. Brian Muthyala: And over the last 3 years. It's really evolved. And in in 2023 we've really seen that we we're centered in sort of kind of anti-racist philosophies. But really there is this inequity of gender disability.

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Dr. Brian Muthyala: socioeconomic status, geography, weight bias, all of these inequities exist in health, in healthcare, and in the way we we educate medical students. So, understanding the intersections of these have allowed us to develop, think new and innovative frameworks for really developing curriculum within our school.

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Dr. Tseganesh Selameab: And the way we've done this, you know, you can nerd out on the curriculum. Design is backward design. You start with. What is it that you want to? What is the goal that you're trying to achieve and work backwards towards integrating it or putting it into curriculum. And for us, we, you know, working with stakeholders people in the community who are affected by some of these inequities as well as educators. We really were able to think about 5 major learning goals that we have for the foundations phase the preclinical phase.

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00:17:41.750 --> 00:17:45.889
and they're listed there. This is accessible. We can share that with anyone but

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00:17:45.890 --> 00:18:01.170

Dr. Tseganesh Selameab: I think the key things we wanted to focus on was to try to address some of the concerns of students. We want a place where people can feel belonging and inclusion, knowing that they're gonna be serving as part of a diverse healthcare field or healthcare team like we showed you in the earlier slides.

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Dr. Tseganesh Selameab: Talk about intersectionality. And then we also want students who really understand that the systemic Ca that systemic causes leads to inequities and healthcare, and that when you're identifying strategies, that that they would also be equipped to be able to identify strategies that will help us in dealing with those inequities. And then we want

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Dr. Tseganesh Selameab: that we want medical students and doctors ultimately, who are able to have really good clinical skills and providing culturally responsive, patient care. So we decided we came up with these as our primary goals for the di thread, and from there worked with each of the course directors to say specifically what learning objectives we developed and how to integrate them into curriculum, and we'll give you some examples of that coming out.

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Dr. Brian Muthyala: So when we've kind of conceived of our thread, there's a lot here. But it really is focused on kind of 3 main central areas. And that's the elimination of just

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Dr. Brian Muthyala: wrong and poor ways of teaching things that we've historically done in medical education.

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00:19:04.530 --> 00:19:18.839
Dr. Brian Muthyala: We've done the examination of race based medicine. When race is used in clinical algorithms. How is that problematic? And what are ways in which we need to address and and examine and and critique those practices.

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00:19:18.970 --> 00:19:40.869
Dr. Brian Muthyala: And then how do we integrate health equity within the broader curriculum as as like. I'm saying this, that it's really essential and important that this work is integrated throughout, whether it we're working with the biochemists or the physiologists or the anatomists, or some of our more kind of clinically focused or centered educators. All of it is really important that this is educated.

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Dr. Brian Muthyala: We've done some work around. How do we do this teaching? Well, what is the faculty development that needs to happen? How do we engage students and community? And what does it look like to do the work around? How do we help students? I explore who they are?

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00:19:56.350 --> 00:20:12.739

Dr. Brian Muthyala: How do we help students teach them how to do some really important work around emotional regulation and trauma. And then how do we teach them about some of the broad structures and systems that impact our our communities here, locally as well as nationally and internationally.

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Dr. Tseganesh Selameab: And so these are just to give you some examples. We we wanted to highlight sort of big things we talked about in curriculum. So we really like Brian said, curricular harm. And some examples of this, for example, is the use of gender and curriculum. When is it important to mention gender being really thoughtful about in inclusive language? When you're thinking about gender gender issues? This also has come up in wait and will be

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Dr. Tseganesh Selameab: bias. So how do we use that language? What are the characteristics that we have of our patients in cases that we're teaching? So we've spent a lot of time and identifying the harmful terminology and sessions. I have to say, this is also where student voices have become really important that are getting curriculum. I mean, we just. We're not able to see every single lecture or talk. But this is where students come to us and identify these issues

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Dr. Tseganesh Selameab: for us, and we can then help figure out how to do some harm. Reduction in those areas

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Dr. Tseganesh Selameab: talked about race based medicine, pulmonary function. Testing is one of my favorite examples. Because the doctor was teaching that session. Was asked by by a student, why is this race important as you're doing these pfts. And he took that to learn more about it for himself, and really changed the way that he taught this.

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Dr. Tseganesh Selameab: It doesn't mean necessarily that. You know, we in a lot of ways, we've moved away from race based medicine and calculators in our practice. But when we haven't this, like really honest evaluation of what it means to use it. How do you understand race as a biological marker and that it's not a biological marker. It's maybe a holder for other things.

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00:21:52.520 --> 00:22:05.920
Dr. Tseganesh Selameab: but he really worked hard on that session and changed it to have a very honest discussion that we're all having in clinical medicine. When we're using these race based markers. Someone was integration of health equity topics

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Dr. Tseganesh Selameab: has been really fun, because it's forced us to rethink how we educate. So, for example, in the recent curriculum, we did Pbl groups, those practice based learning groups where the students are given some information, they have to go research on their own. But they're working in a group. And normally they would just work in a group. And what we thought about was

we use this opportunity to talk about power dynamics, how there's power, hierarchy for all sorts of reasons.

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00:22:32.350 --> 00:22:52.260
Dr. Tseganesh Selameab: So when you're in a group that is playing out, who's the notetaker? Why is that person always assigned as a notetaker, as a leader? How do you make sure that everyone is having equitable time in the discussions, and really use that opportunity for doing Pbs to talk about broader issues and to develop more skills in being

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Dr. Tseganesh Selameab: aware of these issues and also developing skills on how you how you address them within that safe space of you and your colleagues working together, and as they practice there, we hope that that practice will lead to to broader outcomes. So when they're working in bigger healthcare teams as well as working with patients.

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00:23:12.400 --> 00:23:32.249
Dr. Tseganesh Selameab: we've done identity, professional identity exploration for students. So really thinking about your lived experience, and how your identity shows up in these spaces. And what does that mean? The course I teach is called becoming a doctor. So what does that mean to incorporate that? And the kind of doctor that you're gonna be be becoming

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00:23:32.540 --> 00:23:57.419
Dr. Tseganesh Selameab: and then we've worked a lot with faculty. And this is also been very satisfying kind of talking. You know, students are bringing issues. Being able to talk to facilitators and faculty development in the preclinical work. We've done some talks and faculty development, small group facilitation to build our skills as students are changing. How do we as facilitators and teachers build up our skills and our comfort level with these issues cause

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00:23:57.420 --> 00:24:17.989
Dr. Tseganesh Selameab: again. For many of us this isn't something we were trained in, or have a ton of experience and faculty have said that you know they've been really excited to do the work, but feel like they may not have all of the equipment, and that's been an area that we've been working on and continue to work on. How do we help faculty develop skills to be able to do this? And then we we really, this is

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Dr. Tseganesh Selameab: thankfully, there's more and more evidence on how to do this and how to create spaces around.

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Dr. Tseganesh Selameab: So there's how we use affinity groups, racial affinity groups and other affinity groups in our education like, when would we want to have conversations with affinity groups? When would we not? And so we've done a few sessions and incorporating those practices as well. So just want to give you a few examples. It's not an exhaustive list, but just to give you an idea of the breadth of work we've done so far.

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Dr. Tseganesh Selameab: And as we think about our work. Obviously, that work is gonna need to continue. And so we we want job security.

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Dr. Tseganesh Selameab: So we we think about the work that we're gonna do in the future. We're continuing to integrate di topics into the foundations the students have started. But the work is, you know, 2 years. So we're figuring out how to do that. And then the challenge is growing in the competencies. So really figuring out ways to have students grow in skill. So we're not talking about the same thing in first semesters. We are in fourth semester.

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Dr. Tseganesh Selameab: We started work in the clinical year. So when you're starting to disperse students into clinical practice, how? What does that look like, how do you build equity and inclusion in those spaces? And that's been work we've been doing with the leadership and faculty training in that

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00:25:39.200 --> 00:26:02.600
Dr. Tseganesh Selameab: in that space as well. And then this is something that is actively being worked on. We're sort of the intermediaries. We'll hear from students, or you know, the student affairs will hear from them. But we are working on developing a more streamlined approach in communicating student concerns and needs with faculty and educators and student affairs. And so that is an ongoing, ongoing work as well.

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00:26:02.890 --> 00:26:27.250
Dr. Tseganesh Selameab: And then I think the dream for us is to figure out how to bring community here. How do we develop these bi-directional community partnerships? So that that community that we showed you in the first slide, this, like very diversified, interesting community, is having a say in the, in the training of physicians. Maybe there are needs that they have that we're not addressing. And how is a way that we can actually

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00:26:27.250 --> 00:26:38.119
Dr. Tseganesh Selameab: make sure we're meeting the needs of the community rather than us, deciding that these are the things that are really important. So those are like next steps and opportunities that we see coming up as well.

97
00:26:39.230 --> 00:26:46.070
Dr. Tseganesh Selameab: Hmm! That's it. That's that's what we have prepared, but would love to take any questions or discussions after that.

98
00:26:51.560 --> 00:26:53.429
Ana Nunez MD: Alright? Well, thank you.

99
00:26:53.520 --> 00:27:17.209

Ana Nunez MD: I think that there's as as always, you can pretty much guarantee. I have questions so so hopefully, we can start sort of this this conversation, and and sort of then get some more questions from sort of our audience. You know, the competencies are incredibly important, right, because if you don't know where you're going, then it doesn't matter where you end up. So we do want to know. So in terms of this mileposts that we're hitting it.

100
00:27:17.280 --> 00:27:41.449
Ana Nunez MD: That being said, I know that one of our medical students contributed writing a paper that said that if you want the most potent factor to get in Med school, be born to affluent parents because that that will get you into medical school and advantage helps. You have lots of experiences. Advantage helps you be able to sort of talk about sort of things like culture, humility which might not be so easy if you're

101
00:27:41.450 --> 00:28:04.259
Ana Nunez MD: corn in Wisconsin, or something right not not to, you know. Throw, throw shade on our agrarian colleagues. But but what it speaks to in terms of those competencies is we have to kind of look beyond what they've done to sort of what their talent is. If we don't miss, if we just keep rewarding people who, you know, they've all the things are punched because they had somebody to help them. Right?

102
00:28:04.260 --> 00:28:10.379
Ana Nunez MD: Personal statement other than group chat, or they had sort of opportunities to not have to work

103
00:28:10.380 --> 00:28:28.759
Ana Nunez MD: 3 jobs so they could do XY and Z. And so how do we? How do we tease out? Because, you know, there's I mean, I'm not telling you anything you don't. Y'all don't know there's a very different thing of sort of somebody who just starting medical school to a second year or third year, or resident, etc. You know there's a developmental piece within that.

104
00:28:29.200 --> 00:28:51.359
Ana Nunez MD: How do we deal with that bell curve that some people could be co-facilitators because they got their masters, and it was focused on health disparities, and they could sort of work with us in terms of training their peers and other people, because the other piece that I didn't see in terms of sort of information about Minnesota, but is true, not just of Minnesota, but lots of States is. It's a very segregated state.

105
00:28:51.360 --> 00:29:13.239
Ana Nunez MD: Where you live is pretty homogenous. There might be different people, but other than farmers, markets people don't really sort of hang out together. So much right? And so there is certainly possibilities in terms of individuals that come to our school, that 80 or 85% that they never met anybody who didn't look like them in the mirror? Right? And so how do we? How do we? How do we address that

106
00:29:13.240 --> 00:29:28.080

Ana Nunez MD: in terms of you have sort of in that bell curve people, lots of experience, exposure, opportunities, people who really didn't in terms of because of resources. We're working 3 jobs, and, you know, don't have the sophistication if you will. How do we? How do we do that?

107
00:29:29.910 --> 00:29:41.019
Dr. Tseganesh Selameab: I have to start by giving a huge shout out to Dimple Patel, so, Dean Patel, because I think the work that she's done on the Admissions Committee, which both of us actually serve on

108
00:29:41.020 --> 00:30:01.309
Dr. Tseganesh Selameab: has really allowed for the diversification of our classes so valuing things that you think about, what does this need to have someone who can be a do a good, really good doctor. So really valuing those life experiences, so being able to bring people of such diversity into our class, and that is

109
00:30:01.320 --> 00:30:13.299
Dr. Tseganesh Selameab: honestly just a lot of lift that she has done. And so I think our school has been incredibly, incredibly changed by the work that she's done and bringing really talented students to us.

110
00:30:13.820 --> 00:30:32.330
Dr. Tseganesh Selameab: And I think the thing that we have been thinking about is and working with, especially this first year class is starting to think of ourselves as can and feel like we are community that we have relationships with one another, which means valuing where people need to grow when we're people are really experts at.

111
00:30:32.560 --> 00:30:47.190
Dr. Tseganesh Selameab: We are trying to build a place where you can have really brave conversations and can be vulnerable and say, this is an area I'm really struggling in. And I'm growing in because we all have those right. No one has reached this epitome of being

112
00:30:47.840 --> 00:31:07.519
Dr. Tseganesh Selameab: just perfect. So how can I build a community where I can show that vulnerability and still be cared for and still belong, and not be cut off or ostracized, and that is truly a work of community building. And I think the example we gave you of the Pbl's like, how do you create a space that allows, for

113
00:31:07.520 --> 00:31:18.140
Dr. Tseganesh Selameab: they can't practice. You have to practice. So in curriculum and curricular spaces, you're gonna have to practice having some conversations that are uncomfortable. You're gonna have to practice

114
00:31:18.210 --> 00:31:34.859
Dr. Tseganesh Selameab: being comfortable, being uncomfortable. You're gonna have to sit with discomfort, but giving them a space to practice, because the truth is like you said, we're all very

segregated. I talk to my friends, and so I don't have opportunities to practice. So how can we make those part of how we're teaching them to become a doctor.

115
00:31:35.090 --> 00:31:53.160
Dr. Tseganesh Selameab: and then one other plug I would like to talk about is treating students as Co teachers. So in the becoming a doctor course, we often ask for students to give proposals for workshops. It's actually how our disability workshop came to be. Students said, we are not getting taught about disabilities.

116
00:31:53.160 --> 00:32:09.859
Dr. Tseganesh Selameab: And so students created and became experts in this, and had space and curriculum to be able to share what they know. And this example plays itself out over and over. So this idea of co-learning, co vulnerability, co-creation of the things that they want.

117
00:32:10.370 --> 00:32:22.570
Ana Nunez MD: What? You know, this has been an obviously a learning process through through the whole thing. That that's that's kind of the game in terms of Dei stuff is that you keep on learning and hopefully have a learning and community to propel that.

118
00:32:22.610 --> 00:32:45.050
Ana Nunez MD: What has been the the biggest surprises in terms of this process, you know. Sort of think if you can, you know, travel back in time to where you weren't de thread and you sort of reflect in terms of like ha! Didn't see that coming, or like that's that's something like W. What are some of the big surprises? And I don't want to exclude you, Dr. Brewery. So you know, we'll have you sort of weigh into. But what are some of the big surprises?

119
00:32:48.520 --> 00:32:53.290
Dr. Brian Muthyala: II think when I reflect back, I think there's been a few, I think.

120
00:32:55.380 --> 00:32:58.469
Dr. Brian Muthyala: I think this work is really

121
00:32:58.540 --> 00:33:05.059
Dr. Brian Muthyala: hard to do in isolation, and it's hard to do without community. And I think

122
00:33:05.370 --> 00:33:29.629
Dr. Brian Muthyala: one of II think I think one of our central challenges. Still, today kind of touches on kind of the broader culture of medicine. The culture of medicine can be a toxic one right? We have a burnout problem in medicine. We have a mental health problem in medicine. We've had a covid pandemic that is really stressed. The the physician workforce in in kind of unprecedented ways.

123
00:33:30.050 --> 00:33:32.280
Dr. Brian Muthyala: And so I think in those moments.

124
00:33:33.030 --> 00:33:40.980
Dr. Brian Muthyala: community and culture then really matter when we're talking about vulnerability and authenticity and identity, those things. Just don't.

125
00:33:41.070 --> 00:33:46.590
Dr. Brian Muthyala: Those conversations just don't happen over zoom with people you don't know.

126
00:33:47.310 --> 00:34:02.709
Dr. Brian Muthyala: And so I think if we're gonna move forward and really evolve and develop a community of learning, a community of practice in which we really are invested in the health of all citizens of Minnesota.

127
00:34:02.770 --> 00:34:16.800
Dr. Brian Muthyala: Our culture in our community within the medical school is gonna have to continue to evolve because we're not. We're not there yet. We're not there yet as a school, and I think that's that's that. I think that's gonna require kind of

128
00:34:16.989 --> 00:34:19.109
Dr. Brian Muthyala: a lot of work on the part of

129
00:34:19.230 --> 00:34:45.129
Dr. Brian Muthyala: leadership faculty staff students. This is communal work that we all need to do together. And it looks different if you're looking at it through a curriculum lens or a student affair lens or a admissions lens. But I think it is that work together. That is, gonna be how we move our school forward. And I think the biggest thing that I didn't really kind of consider. As we were thinking about

130
00:34:45.190 --> 00:34:48.000
Dr. Brian Muthyala: building a curriculum, it's easy to build a session

131
00:34:48.020 --> 00:34:59.279
Dr. Brian Muthyala: right, even a really good one, that takes a lot of work and a lot of effort that's hard to do is easier than some of these bigger, broader changes that I think are necessary to move, continue to move the needle beyond where we've gone.

132
00:35:03.610 --> 00:35:05.249
Ana Nunez MD: Dr. Murray. Any thoughts

133
00:35:06.130 --> 00:35:31.379
Betsy Murray, Assistant Dean for Curriculum: I would say. There were lots of wonderful things that happened with the deployment of the thread, and I'm constantly surprised and impressed with the

tremendous wealth of knowledge and wisdom that our Di Director partners bring to this work all the time, and in a way it's sort of a surprise sort of not a surprise.

134
00:35:31.380 --> 00:35:56.959
Betsy Murray, Assistant Dean for Curriculum: but it's really always exciting to see, I think, what surprised me the most from my level of leadership as an assistant dean was to see the backlash to this work happen in real time. I knew that I knew that there were systems in place that were going to really try to restrict this work. I didn't know that those systems would be engaged

135
00:35:57.110 --> 00:36:00.390
Betsy Murray, Assistant Dean for Curriculum: even before the thread was launched.

136
00:36:00.510 --> 00:36:20.500
Betsy Murray, Assistant Dean for Curriculum: And they took immediate notice. It was not a surprise to me that we got national attention as a medical school the day after the Star Tribune published a front of online page article with a student of color getting their white coat

137
00:36:20.500 --> 00:36:34.449
Betsy Murray, Assistant Dean for Curriculum: and amplified the tremendous outcomes that Dean Patel has had in increasing our bypock percentage and our Uim percentage in our Med school class.

138
00:36:34.450 --> 00:37:03.909
Betsy Murray, Assistant Dean for Curriculum: I sent her a congratulations message with a screenshot of that front page that day saying, You rock. You are amazing. And it felt like within minutes we were experiencing national backlash. And I was, I guess I shouldn't have been surprised. It's my own, you know, privilege that I was naive enough to believe that that wouldn't be absolutely instantaneous. And it's been

139
00:37:04.140 --> 00:37:10.440
Betsy Murray, Assistant Dean for Curriculum: a real lesson learned for me to see how powerful that reaction is.

140
00:37:10.660 --> 00:37:20.320
Betsy Murray, Assistant Dean for Curriculum: and a happy discovery. That our team is incredibly resilient. I mean the amount of

141
00:37:20.450 --> 00:37:25.490
Betsy Murray, Assistant Dean for Curriculum: harsh. hurtful, threatening. frightening

142
00:37:25.510 --> 00:37:53.940
Betsy Murray, Assistant Dean for Curriculum: email that Dean Patel has received. And I'm sure Brian and Saganish have either directly experienced or indirectly experience that backlash our as associate Dean, had an incredible flood of information. I'm sure the Dean had a flood of

information, so I've been really happily excited to see how resilient this team is, and how passionate they are about the work, and when they're asked to show up and

143
00:37:54.030 --> 00:38:07.079
Betsy Murray, Assistant Dean for Curriculum: push back against that kind of backlash. They've really risen to the occasion, and I'm incredibly proud of that. But that was a real lesson for me to see how powerful it is, and how how much it's still out there in the world.

144
00:38:07.730 --> 00:38:33.009
Ana Nunez MD: Well, it's important for us to sort of be focused on mission, you know, because those health disparities that you highlighted the changes that are needed, and how we need better representation in terms of our workforce is still an imperative but it's it presents significant change. And it it impedes our ability to get best doctors to all Minnesotans. And you know, I think that's some of the pieces that people, miss.

145
00:38:33.010 --> 00:38:38.710
Ana Nunez MD: There's a misnomer inclusive. That inclusive just means some rather than inclusive means everybody.

146
00:38:38.710 --> 00:39:04.349
Ana Nunez MD: Everybody. You know better doctors for everybody. And I think that that is unfortunate in terms of some of the reductive and sort of push that we get in terms of trying to do the best in terms of patients and care. So we have a bunch of questions. So let's let's try to work through some of these because they're great questions. Herodotus Sis asks. One of the hardest pieces for us is, how do we know that all the work we do

147
00:39:04.430 --> 00:39:07.419
Ana Nunez MD: removing the needle, the right direction? Metrics.

148
00:39:10.230 --> 00:39:28.490
Dr. Tseganesh Selameab: which let me talk about this a lot, because I think I won't know until I'm 80 years old, and some young buck doctor comes up to me, and treats me in a way that is so unexpected and really kind and lovely, and takes care of me, and then tells me that they trained because they they trained in Minnesota.

149
00:39:28.490 --> 00:39:44.699
Dr. Tseganesh Selameab: I do think that is the long game, and when you start seeing those disparities change when you see harm being reduced within the system. But it's a really really long game. I mean, there's shorter metrics. And I, you know you can measure student satisfaction. And what students tell you about their experience here.

150
00:39:45.090 --> 00:39:58.069
Dr. Tseganesh Selameab: but some of the work, even for students, I think the hard part for me is that even the work that we present to some of the students. They don't quite see the value in it like not right now. They don't think that the value is here yet.

151
00:39:58.220 --> 00:40:05.040
Dr. Tseganesh Selameab: so I don't know, Brian. I don't know what you think for me. It's a long game, like I think we'll know then

152
00:40:05.380 --> 00:40:07.439
Dr. Brian Muthyala: II also think there are.

153
00:40:07.470 --> 00:40:11.120
Dr. Brian Muthyala: When I think about the conversations that I had as a medical student.

154
00:40:11.200 --> 00:40:17.550
Dr. Tseganesh Selameab: right, right, I think about the conversations that I had when I started this faculty 10 years ago.

155
00:40:17.830 --> 00:40:21.430
Dr. Brian Muthyala: and I started to think about already

156
00:40:21.530 --> 00:40:29.299
Dr. Brian Muthyala: sessions that we planned and have delivered for 3 plus more than that years. Now

157
00:40:29.490 --> 00:40:33.070
Dr. Brian Muthyala: we have to change. And that's because they're not

158
00:40:33.330 --> 00:40:54.590
Dr. Brian Muthyala: relevant to the students. Cause the students know this stuff already, and they're demonstrating that knowledge competence in some of these pieces, I think absolutely. How do we measure somebody's skill and caring for somebody who has just a diff, a patient who has a different lived experience in them.

159
00:40:54.670 --> 00:41:08.239
Dr. Brian Muthyala: That's a that's a very hard thing to do in medical school, I think, but I do think we have ways and opportunities to to to measure. Certainly. Some earlier stage.

160
00:41:08.330 --> 00:41:12.180
Dr. Brian Muthyala: like skill, acquisition, knowledge, acquisition, those kinds of things.

161
00:41:14.750 --> 00:41:16.010
Ana Nunez MD: Betsy. Any thoughts

162

00:41:17.220 --> 00:41:36.220
Betsy Murray, Assistant Dean for Curriculum: this question is fantastic, because, yeah, it goes to what scan is presented at the beginning of the talk, which is that we defined our intended outcomes, and when you do that you have to define how you're going to assess them. I would say, this is on the edge of educational science.

163
00:41:36.280 --> 00:41:49.869
Betsy Murray, Assistant Dean for Curriculum: How do you define and measure the meaningful impact that your curriculum is having on the development of young physicians, and I think that

164
00:41:49.960 --> 00:41:51.519
Betsy Murray, Assistant Dean for Curriculum: that work.

165
00:41:51.530 --> 00:42:08.730
Betsy Murray, Assistant Dean for Curriculum: Not only will it be on the edge of science, but it will be highly publishable work and highly valued work. There are some other questions, and the QA. There about disseminating knowledge, and one of the things that I'm really excited about, for this thread is to be able to get to the point where we can begin to contribute

166
00:42:08.730 --> 00:42:26.089
Betsy Murray, Assistant Dean for Curriculum: to that scientific exploration. But I would say, it's an area of real vibrancy and educational science. And if we can make even a small contribution, I'm hoping we make a big contribution. But if we can make even a small contribution it will be really meaningful and be able to be disseminated across the country.

167
00:42:26.090 --> 00:42:49.990
Ana Nunez MD: Yeah, I think the Holy Grail to sort of what's the metric for? Insight would be lovely. But I'm not sure we can achieve that in our lifetime. But we probably could measure use of premature closure and avoidance in terms of stereotype and premature closure. And that's probably something that we could measure in terms of sort of trained and not trained in terms of doing that. But I agree with you. I think it's really important, because, you know, again, we need to know.

168
00:42:49.990 --> 00:43:06.759
Ana Nunez MD: you know. Are we there yet, you know, in terms of moving the needle? Our colleague, Kristen Olson, from Cam up in Duluth, asked. Do you access meted portal as a useful tool for teaching Dei content. It seems like a place for publishing this curriculum. But curious if it's useful for pulling content.

169
00:43:07.090 --> 00:43:08.240
Ana Nunez MD: committed portal.

170
00:43:08.680 --> 00:43:11.989
Ana Nunez MD: Have you guys checked it out? Is it anything that you guys have looked at?

171
00:43:12.700 --> 00:43:20.490
Dr. Brian Muthyala: II think we have. I think we have both collectively and individually, and kind of the different areas in which we teach in.

172
00:43:20.670 --> 00:43:22.809
Dr. Brian Muthyala: I find that medit portal

173
00:43:24.130 --> 00:43:36.649
Dr. Brian Muthyala: is a good start, I think, but I don't think the publish curriculum are where we are as a school. That's my own obviously bias and subjective opinion.

174
00:43:36.670 --> 00:43:58.870
Dr. Brian Muthyala: But I think that a lot of what's out there is really like the one sessions of like, what is bias, what is implicit bias? How does that impact? You know, care delivery, and so on and so forth, and that I mean, that has been in our medical school curriculum for decades. And so I think some of the real innovative stuff around

175
00:43:58.930 --> 00:44:15.980
Dr. Brian Muthyala: race-based medicine around trauma around bias as it pertains to emotional regulation. I think some of that is really novel and really new, and certainly I don't think exists in the in the literature at this at this time.

176
00:44:17.080 --> 00:44:17.810
Okay.

177
00:44:17.980 --> 00:44:37.519
Ana Nunez MD: one of our attendees says, as a medical student applicant from a low socioeconomic and rural Minnesota. I appreciate the acknowledgement of the barriers of entry into medicine. How can I and others like myself maximize or I guess minimize difficulties like this to aid in enhancing the mission of diversity and inclusion.

178
00:44:39.350 --> 00:44:57.779
Dr. Tseganesh Selameab: Join the Admissions Committee. I mean 100. It's a heavy lift, but I think I would that I think that I think we do a lot of work also with kind of pipeline programs, so identifying issues and identifying communities from which we don't have good representation.

179
00:44:57.790 --> 00:45:25.829
Dr. Tseganesh Selameab: So rural, underserved, minoritized populations, and starting really in high school and start talking to them about what this career looks like. So this has been happening on the grassroots level. I know the the ones I know of, for example, at Hennepin, where they're really starting to give black boys and girls a vision for what it's like to be in the medical sciences. What does it look like to work in healthcare? And these pro programs need to happen. I think, from the communities

180
00:45:25.830 --> 00:45:29.399
Dr. Tseganesh Selameab: that know that know there, that from the communities

181
00:45:29.870 --> 00:45:43.679
Dr. Tseganesh Selameab: that you know. So if it's a rural community, and you understand that that needs and what the barriers are starting in really, honestly high school and getting in there and giving people a vision and a means of doing it.

182
00:45:43.790 --> 00:46:00.830
Dr. Tseganesh Selameab: And then II yeah, I think those are the things that we've been doing as a school, that we're seeing some successes and a lot of successes, and actually is through these pipeline programs that support high schoolers to get into college, because that's the first barrier. And you gotta teach them how what they need to be able to be successful in medical school.

183
00:46:01.120 --> 00:46:30.759
Ana Nunez MD: Yeah, we have, you know, certainly in our Duluth campus we have the gateway programs that for those who wanna sort of do more science and maybe consider that trajectory. That's an opportunity as well as a premed post back program, or be a Md program, and soon a medic to Md program. So we have a number of programs like that. I think the other piece in terms of this applicant who's thinking about sort of joining us here? Is. There's tons of folks that are doing research. So not being afraid to reach out and sort of connect with people and and

184
00:46:30.760 --> 00:46:33.640
Ana Nunez MD: work with them to sort of get some better exposure.

185
00:46:33.760 --> 00:46:47.890
Ana Nunez MD: Matthew Young asks, are there similar? And this is, I guess you have to answer from the Ume perspective. Are there similarly designed Dei teams like this? Admissions student affairs, assessment balanced on the topic across the entire student experience seems important.

186
00:46:53.140 --> 00:47:01.849
Dr. Brian Muthyala: I think our role is meant to interface with all the different facets of Ume. But I think I think

187
00:47:02.060 --> 00:47:19.210
Dr. Brian Muthyala: math point is a really good one. Right, like curriculum, is but a piece we kind of have talked about is went the nexus of all the different parts and components of undergraduate medical education is really where the the best outcomes will be achieved. And so how can we, as a group

188
00:47:19.210 --> 00:47:37.699
Dr. Brian Muthyala: broad in our role? And how can individual teams, whether it be student affairs or assessment kind of create systems around that focus around Dei initiatives, I think, is a good is a

good question, and I that II don't know the full answer to. But II would tend to agree that we need more.

189
00:47:37.740 --> 00:48:07.559
Dr. Brian Muthyala: I think that's kind of what Sian was talking about. Event is. I think we need as a school more integration of this work as kind of the the primarily and foundational lens in which we do the work is, how do we do assessment more inclusively that work? Some of that work is happening? I know that we've looked at the the assessment team has looked at our multiple choice questions, looking at biases in terms of answers and things of that of that nature. So I think some of that work is happening, and I think we need to continue to to build on it.

190
00:48:09.590 --> 00:48:24.530
Ana Nunez MD: So Randy Lasseter says, might be useful to survey the students on their understanding of these topics and implicit bias at the beginning of the serve curriculum and assess them again when they finished. I love how things jump. Finish medical school to understand how their you only experience has changed them.

191
00:48:24.790 --> 00:48:25.710
What do you think

192
00:48:26.920 --> 00:48:53.200
Dr. Brian Muthyala: we're we're we're planning to do that around a couple of different sessions there is a session that specifically it attend that'll be delivered in October that really gets at the difference between race and genetics and and the difference between genetic differences between different races and genetic variants within races, and how race is not really a a biological construct, but more of a social one. And we're working with a faculty member in the sociology department.

193
00:48:53.200 --> 00:49:14.749
Dr. Brian Muthyala: Who does research and teaching in this space. And so we're gonna be kind of deploying some surveys kind of pre and post, and then distant from that session to see if that session, like, actually sinks in, and and and what we hope the students learn from is retained. I think there's opportunities to to do some of that. But II don't think we've had an opportunity to do broader

194
00:49:15.100 --> 00:49:22.649
Dr. Brian Muthyala: surveying at the student level. for the whole class at as of yeah as they've been.

195
00:49:23.070 --> 00:49:31.609
Ana Nunez MD: Is there a way in terms of faculty, or folks that want to engage, or sort of weigh in or contribute to engage in some way in terms of this work.

196
00:49:34.030 --> 00:49:58.670

Dr. Tseganesh Selameab: Yeah, you can email us where emails are there. I think then we can figure out the great thing that Brian I have is we just have this vantage point where we're able to see a lot of the curriculum. And so if there's particular skills that someone has an assessment

197
00:49:58.870 --> 00:50:05.389
Dr. Tseganesh Selameab: or really figuring out, Ma, you know how to do that. Then contact us. And we can figure out where it would make sense.

198
00:50:05.960 --> 00:50:20.249
Dr. Brian Muthyala: Yeah, a great example of this is students. This is students. But anybody can email us. Just a week ago emailed us. And they said, we're really interested in harm reduction in narcan training. And we want every student to get certain certain pieces of it

199
00:50:20.300 --> 00:50:45.119
Dr. Brian Muthyala: because of the positions in which we sit in, we can say, Oh, okay, well, here are the learning objectives that address harm reduction, and hear the people that are teaching that go talk to them. Here's the place where Narcan training is happening for all of our students. Go talk with them, and and then with your expertise and work that you're doing, you can make those things better. You can contribute. I think that that's one thing. If there are faculty that have a particular interest, you know we can, whether it's directly working with us

200
00:50:45.120 --> 00:50:50.470
Dr. Brian Muthyala: or us kind of being embedded in all of the courses. I think we can certainly be of assistance.

201
00:50:50.470 --> 00:51:02.349
Dr. Brian Muthyala: I think the other part, too, and and I think this is a really important piece is I think the the the an essential piece of this is also community building, like, I think, if there are faculty who this is, something that's important to you

202
00:51:02.430 --> 00:51:03.590
Dr. Brian Muthyala: reach out.

203
00:51:03.660 --> 00:51:24.550
Dr. Brian Muthyala: I can't tell you the number of you know coffees or lunches or phone calls that we the 2 of us have had, and with each other, and with Dr. Lingres, who's not here, but also with other faculty at coffee, with a a a somebody who works in the pathology kind of thread 2 weeks ago because she was like, I just wanna meet and talk

204
00:51:24.800 --> 00:51:34.500
Dr. Brian Muthyala: right. And so this is so much of this is also about building community with each other, and I think that's an important piece to this, that is, can be understated.

205
00:51:34.810 --> 00:51:35.490

Great

206
00:51:35.640 --> 00:51:56.659
Ana Nunez MD: Miguel fie also says in in developing, and this is sort of Sagana. She were talking about sort of the the direction future in terms of engagement, so far as community engagement. His comments are in developing community outreach clinics. What's your opinion on how to best connect with communities on their needs as well as giving credit to students for doing this work.

207
00:51:57.510 --> 00:52:17.879
Dr. Tseganesh Selameab: The second question is much easier. Students do get credit for doing this work in their Cvs and their resumes and their applications through residency. So that part is actually the easier question to answer. I think that this is putting on my impact had. So as we've been talking about community engagement through the different pathways, so refugee immigrant

208
00:52:17.880 --> 00:52:35.409
Dr. Tseganesh Selameab: the rural and urban pathways, we've been really thinking about intentional community co-creation. So it's not just sending 10 medical students this community clinic. But how do you create a partnership that this, that the community clinic or partner benefits from as well as the students.

209
00:52:35.410 --> 00:53:01.329
Dr. Tseganesh Selameab: and that, I think, is gonna be a time issue. So identifying community partners, what are their needs? How do we meet them. What are the needs of our students that can be met with that community partner? And so that is trying to do that work? Really in a bidirectional method. Typically, what's happened is students need to rotate somewhere. You want them to experience this thing. And so you just send students. And that's been just a unidirectional. We send students to you.

210
00:53:01.360 --> 00:53:12.979
Dr. Tseganesh Selameab: and that's, I think, a work in development. There's excellent experience, especially within the indigenous pathway with really strong community partners. There's been some work in kind of these one offs.

211
00:53:12.980 --> 00:53:33.169
Dr. Tseganesh Selameab: So this is actually an active area that we're exploring as pathways. How do we develop that? Do we develop one strong community partner that we all work with? Or does it make sense to develop kind of individual community partners? So stay tuned because this is something that we're trying to do differently within equity and inclusion mindset. So we'll come back and tell you about it next year.

212
00:53:33.170 --> 00:53:51.319
Ana Nunez MD: Okay, well, I'll do that excellent shanna Mccrady asked this question. And and I you know, I think, that recognizing you all, don't have the ball in terms of departmental promotion things so it might be more aspiration than than actual. But are there plans to add a Dei focus to the academic track for promotion in the medical school.

213
00:53:52.680 --> 00:53:54.610
Dr. Tseganesh Selameab: I mute myself because I have no idea.

214
00:53:56.730 --> 00:54:05.900
Dr. Brian Muthyala: I think that's a really important, broader question, though right like historically, this work has been done for free by people who care deeply about it.

215
00:54:06.270 --> 00:54:10.080
Dr. Brian Muthyala: And so if we're serious as a school.

216
00:54:10.310 --> 00:54:20.749
Dr. Brian Muthyala: we're serious as an academic institution, we need to say that we're gonna value these in really concrete industry and in discrete ways.

217
00:54:21.010 --> 00:54:28.520
Dr. Brian Muthyala: I think that also speaks to our community partners. How do we value and elevate our community partners, but with the

218
00:54:28.770 --> 00:54:58.190
Dr. Brian Muthyala: labor that potentially we can provide for for organizations and groups, but also whether it's financial renumeration, finding ways to bring community partners into the academic environment, like other medical schools, have done. I think there are a lot of opportunities to to put our stamp and on really putting our money where our mouth is, so that we're not, as organizations have historically done, kind of taking advantage of groups and people.

219
00:54:58.210 --> 00:55:00.819
Dr. Brian Muthyala: Who who care deeply about

220
00:55:00.900 --> 00:55:06.590
Dr. Brian Muthyala: supporting their individual communities. To achieve better health outcomes.

221
00:55:07.540 --> 00:55:29.570
Ana Nunez MD: And just you know this, the question wasn't a promo for next month's Dean's lecture series, but it was useful in that way, and and Katie sort of highlighted that the office of diversity, equity, inclusion had incentive structural transformation pilot grants, and one of those grants was actually looking at. What does it take in terms of Dei for promotion and tenure? Recognizing it varies department to department.

222
00:55:29.570 --> 00:55:52.539
Ana Nunez MD: Some departments sort of very far ahead, so like family medicine, others along sort of the continuum so next month you'll be able to hear about the the work in progress. Because promotion and tenure with Dei sort of one of the 3 grants we're going to hear about in terms of what's happening. Civility on the floors and anti harassment is also another one as well as sort of

223
00:55:52.540 --> 00:55:57.509
Ana Nunez MD: tools and skills that Dei leads and different department needs. So that's

224
00:55:57.510 --> 00:56:18.890
Ana Nunez MD: next month. In terms of those conversations. Well, I would like to thank all of you for joining us. I think this is really a an awesome conversation and look forward to to hearing as we move forward some of the great stuff that's sort of happening in terms of our curricular, our our new serve curriculum in terms of moving things forward. So thank you so much for joining us.

225
00:56:18.920 --> 00:56:20.409
Ana Nunez MD: Matt. I'll turn it back to you.

226
00:56:20.660 --> 00:56:37.469
Dean's Lecture Series - Matt Amundson (he/him): Yeah, thank you. And thank you. Presenters. It was wonderful, as always. A one question survey will appear in your web browser immediately after ending the Zoom session, please take the time to complete the survey, to inform us of future presentation topics, and reminder that the session was recorded, and will be shared within 2 days.

227
00:56:37.470 --> 00:56:54.429
Dean's Lecture Series - Matt Amundson (he/him): To all those who registered for the event. Otherwise the recording can be found under the Education training tab of the Odei website and save the date. The next things lecture Series session will be in Wednesday, October eleventh, with doctors Remar Patel and Lingrous discussing the Dei Grants. They're working on. We hope to see you then. Thank you so much. Take care.