

DEI Curriculum in the Medical School

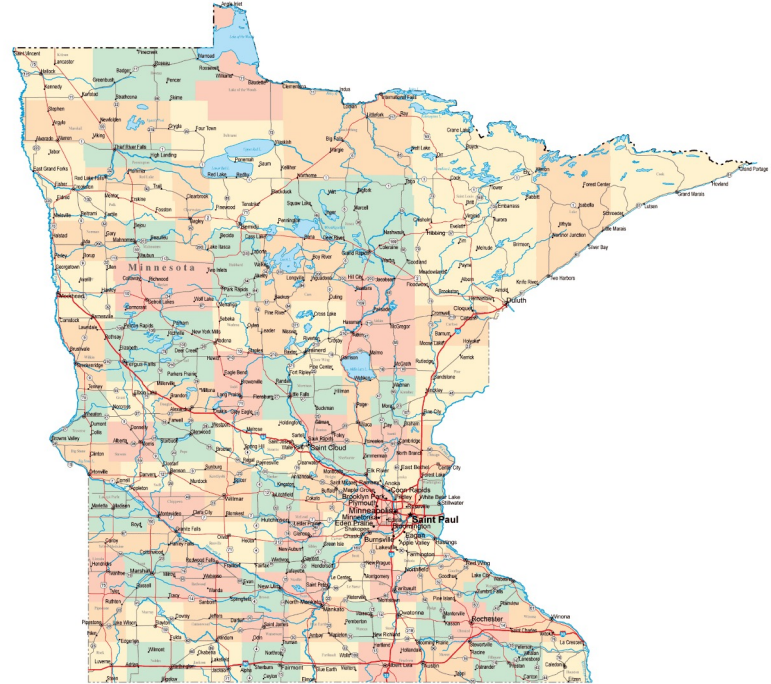
Dr Brian Muthyala
Dr. Tseganesh Selameab

Dean's Lecture Series
9/13/2023

No Conflicts of Interests



Medical
School



Minnesota's Changing Demographics

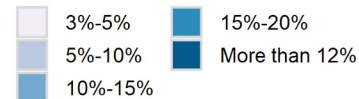
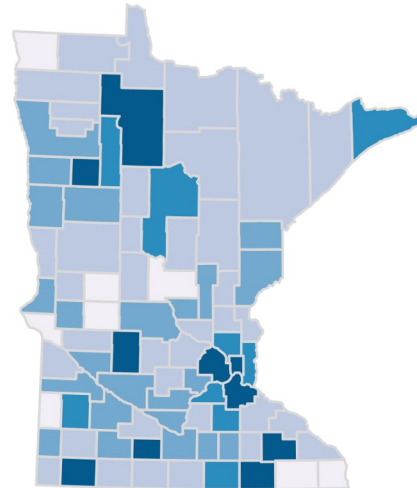
20% MN are People of Color

Between 2010 and 2018 the state has added 5x as many POC as non-Hispanic white residents

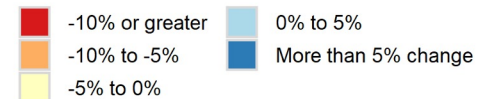
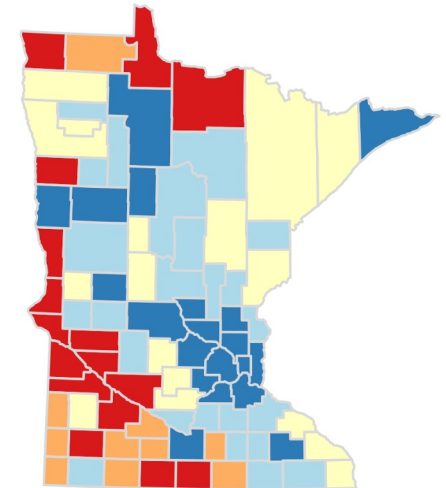
Urban Community >> Rural communities

All data from 2018 Population Estimates, U.S. Census Bureau
<https://mn.gov/admin/demography/data-by-topic/age-race-ethnicity/#:~:text=All%20race%20groups%20have%20grown,metro%20areas%20than%20rural%20areas.>

Percent of population that is non-white or Latino, 2018



Percent change in population 2010 - 2019



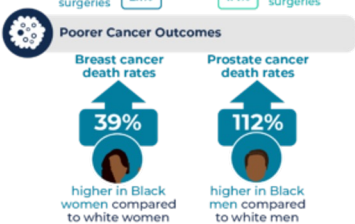
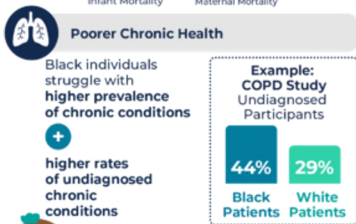
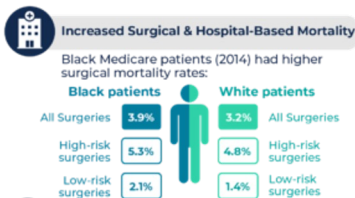
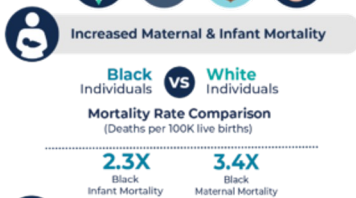
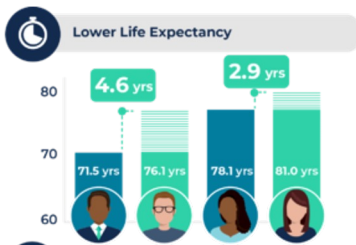


How healthy is Minnesota?

www.CenterForUrbanHealth.org

- Minnesota has ranked as one of the top two healthiest states since 1990*
- According to United Health Foundation, our strengths include:
 - ♦ Low uninsurance rate
 - ♦ Low CVD death rate
 - ♦ Low premature death rate
 - ♦ Low infant mortality rate

* Source: United Health Foundation's *America's Health Rankings*.

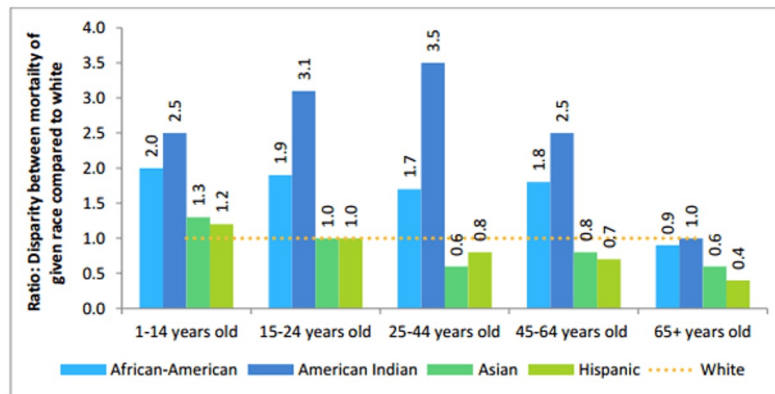


COSTS OF RACIAL DISPARITIES IN HEALTHCARE

Significant economic losses that impact a wide range of health system, business and government stakeholders.

- \$93B** Excess Healthcare Expenditures
- \$42B** Costs Attributed to Lost Productivity
- \$200B** Costs Attributed to Premature Deaths

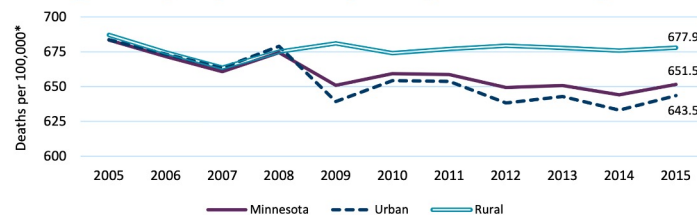
Disparities* in mortality in Minnesota: 2006-2010



Overall Mortality

As state mortality rates and those in the urban areas of Minnesota have decreased over time, rural mortality rates have shown very little change and they remain slightly higher than urban rates. The combined age-adjusted mortality rate for years 2011-2015 for rural Minnesota was 677.6 per 100,000*. The combined age-adjusted mortality rate for years 2011-2015 for urban Minnesota was 645.1 per 100,000*.

Figure 15. Age-Adjusted Mortality Rates by Year and NCHS Region*



Source: MN Center for Health Statistics, Vital Statistics Interactive Query Data System. Description in Table 33. *Rates are per 100,000 and age-adjusted to the 2000 U.S. Standard Population

Incoming Class of 2023

Twin Cities Medical Students

Class Composition:

42% Male, 57% Female, 1% Other Gender Identity

45% BIPOC

21% Underrepresented in Medicine

85% Minnesota Residents

Duluth Medical Students

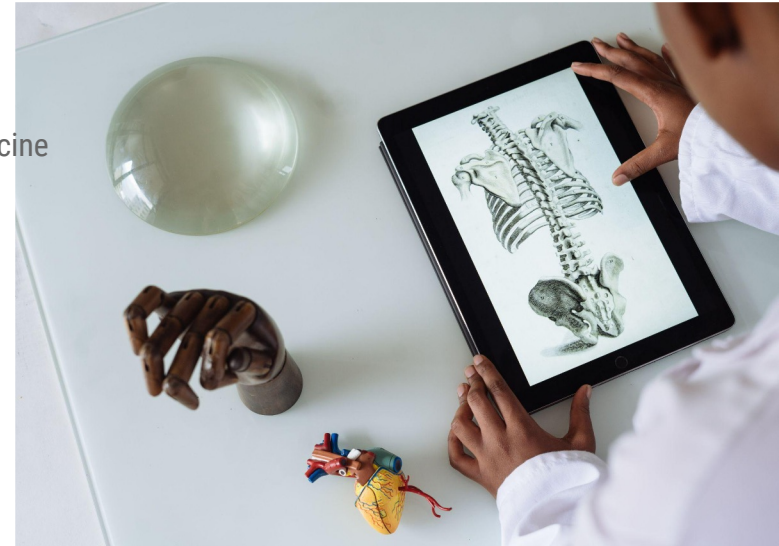
Class Composition:

45% Male, 55% Female

17% BIPOC

14% Underrepresented in Medicine

88% Minnesota Residents



Current Challenges across UME

- Students report not feeling a sense of belongingness or sense of wellbeing.
- Academic demands are still too rigorous or don't leave many opportunities to explore other interests.
- Structural changes to curriculum
- Difficult to manage different experiences across multiple clinical sites
- Perceived lack of cultural representation in faculty/staff
- Continuing to acknowledge and exercise well-being as a professional competency rather than an infrequent luxury.

Challenges for Students Underrepresented in Medicine (URiM)

- Students scores reported lower than national average include, students perceived experience in respecting diversity / recognizing biases.
- Challenges specific to URiM:
 - Lack of representation
 - Microaggressions and having to “monitor reactions”
 - Lack of belonging
 - Distrust toward administration/DEI efforts
 - Encountering unprofessional behavior by other peers or faculty



National Trends Medical Education



New and Emerging Areas in Medicine Series

Diversity, Equity, and Inclusion Competencies Across the Learning Continuum

Learn

Serve

Lead

<https://www.aamc.org/data-reports/report/diversity-equity-and-inclusion-competencies-across-learning-continuum>

The origins of these inequities are often rooted in systemic racism and discrimination and are compounded by social risk factors that influence health (e.g., low-quality housing, food insecurity, poor access to transportation).¹⁰⁻¹² **At the nexus of education and clinical care, academic medicine has a responsibility to address and mitigate the factors that drive racism and bias in health care** and to prepare physicians who are culturally responsive and trained to address these issues.

UMN DEI Curriculum Thread

Started in 2020 in response to racism in medical education,
healthcare in general



This early work focused on harm reduction and developed tools
and approaches to understand inequities as they exist in
medical education

UMN DEI Curriculum Thread

Today, in 2023, we see inequity in many spaces.... Gender, disability, SES bias, Geography, Weight bias any many others

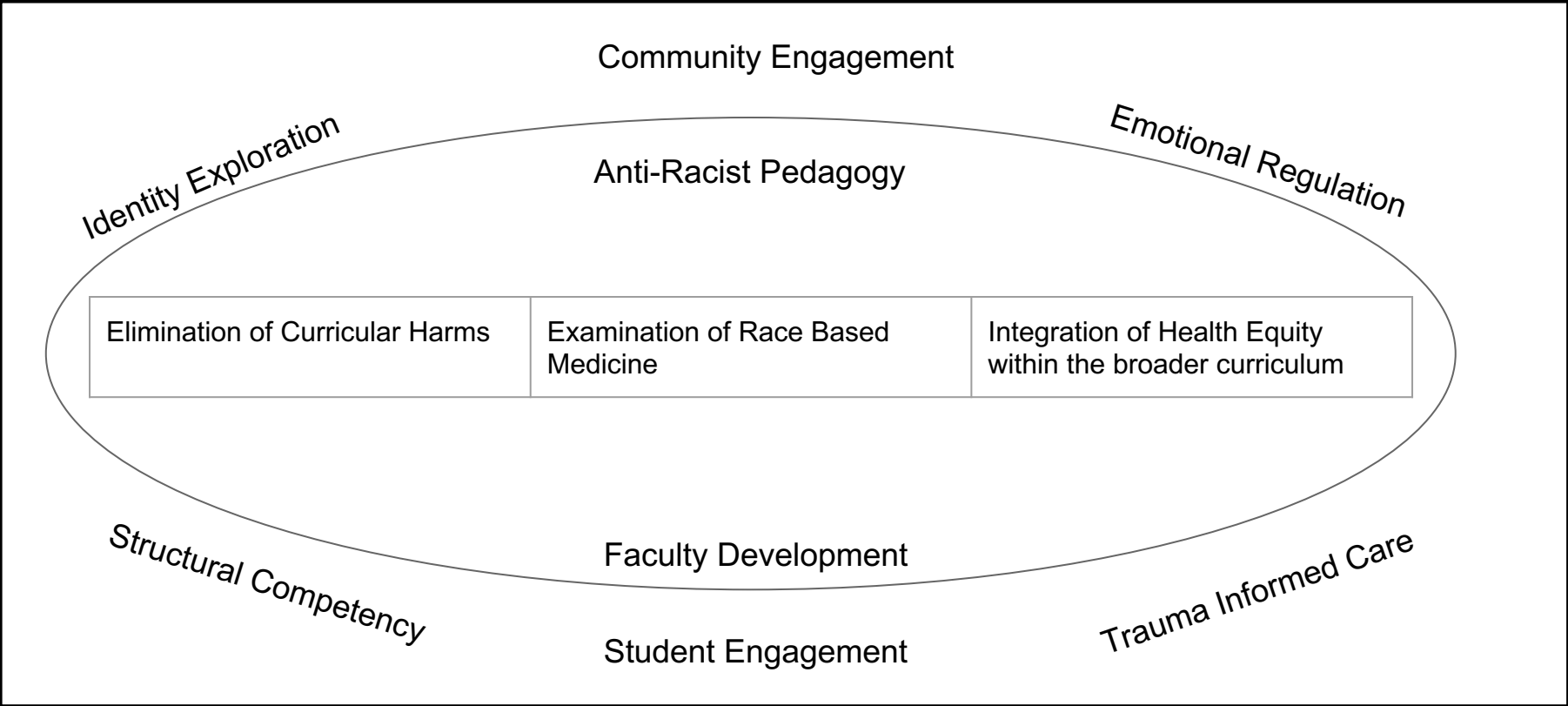


Understanding the intersections of these identities has allowed us to develop a framework for curriculum development within the medical school

DEI Foundations Phase Learning Goals

1. Students will identify skills, practices, values that they can employ to help **foster belonging and inclusion with a diverse healthcare team.**
2. Students will recognize how aspects of an individual's overlapping identities (including their own) create unique lived experiences that may influence health and health care outcomes.
3. Students will **understand the systemic causes that lead to inequity in health care and will identify strategies that can lead to the elimination of those inequities.**
4. Students will understand and develop clinical practices that seek to revise and dismantle governmental policies, institutional practices, and cultural misrepresentations that enable and perpetuate bias and health care inequities.
5. Students will understand and demonstrate **clinical skills that provide culturally responsive patient care.** (Clinical Foundations)

DEI Curriculum Thread



DEI Curriculum Examples

- Elimination of Curricular Harms: curriculum scan to identify harmful terminology, approaches and engagement with faculty/course directors to remove/alter/add to specific sessions
- Examination of Race-Based Medicine: partnering with course directors to create a novel session on the use of race in Pulmonary Function Testing
- Integration of Health Equity Topics: movement towards not just discreet sessions but the incorporation on topics like structural competency, trauma and health justice within courses

DEI Curriculum Examples

- Creation of Professional Identity exploration opportunities that center on student experience and identity
- Longitudinal anti-racism faculty development series with course directors, development of small group facilitator
- Sessions that incorporate evidence-based pedagogy like the use of racial affinity spaces

DEI Next Steps/ Opportunities

- Continued integration of DEI topics into foundations curriculum
- Begin work on clinical years curriculum
 - CEC Leadership/ Faculty training
- Working with Student Affairs and Curriculum office to developing streamlined approach to student concerns
- Development of bidirectional community partnerships

Thank you.