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Nothing About Us Without Us: Students’ Role in Combating Systemic Inequity in Medicine

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To the Editor: Transformation requires collaboration. We—a group of Black, disabled, and queer student leaders—aimed to be agents of change at our school, diversifying the ideals and standards we uphold for training physicians with cultural humility. Through local and national collaboration, we were empowered to push students and faculty to overcome initial discomfort and address systemic inequities in medicine, create sustainable change at our institution, and provide systems of support for underrepresented medical students in the interest of improving medical education for all.

We began by sending our deans a call to action on racial justice. We identified 7 areas for improvement with action items from anonymous student surveys and in collaboration with the Student National Medical Association (SNMA). These areas included: wellness accommodations for systemic trauma, multicultural curriculum enhancements, denouncement of race-based medicine, local police reform, and reaffirmed commitment to diversity, inclusion, and community engagement. Our administration swiftly created a university-wide Task Force on Racial Justice led by the Office of Diversity, Inclusion, and Community Engagement. Our proposal was effective because we created measurable short- and long-term goals and framed practical suggestions in the context of existing infrastructure.

These efforts uncovered a lack of mentorship in undergraduate medical education and tools to combat prejudice and racism in medicine. Although pipeline programs for underrepresented students commonly cease at matriculation, leaving many without support throughout training, our SNMA chapter developed an evidence-based mentorship program to support medical students of color. We developed workshops on research fundamentals, financial literacy, interview skills, networking, and minority-led discussions on addressing racism in medicine.
Following SNMA’s success, we created a mentorship program for medical students with disabilities. By fostering a passionate alumni network, we hope to share knowledge with underrepresented students that is unattainable through traditional coursework.

We also created a preclerkship curriculum proposing increased coverage of cultural humility and anti-racism. Employing the motto, “nothing about us without us,” a diverse group of elected student leaders enriched existing clinical vignettes to improve multicultural knowledge and reduce health disparities and medical mistrust. To create a safe space to explore and correct implicit biases around gender, sexuality, religion, race, and ethnicity, we outlined a process for constructive, non-punitive feedback for students and faculty, including documenting and responding to microaggressions. We continue to focus on the path forward.

Ultimately, students are the future physician workforce and should have a prominent role in eliminating health disparities, promoting advocacy and justice, and improving the culture of medicine—for all.