Uncomposed, edited manuscript published online ahead of print.

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**Title:** Preparing Trainees to Care for Diverse Patient Populations: Medical Students as Leaders in Curriculum Development

**DOI:** 10.1097/ACM.000000000004472
Preparing Trainees to Care for Diverse Patient Populations: Medical Students as Leaders in Curriculum Development

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First published online

Acknowledgments: The authors thank J. Gabriel Lopez-Rivera for his contributions to this project, and Amy Wilson-Delfosse, PhD, for her mentorship and support of these initiatives.

Funding/Support: None reported.

Other disclosures: None reported.

Ethical approval: Reported as not applicable.

Previous presentations: Presented in part at Case Western Reserve University School of Medicine Lepow Day (February 2021) and Education Retreat (April 2021).
To the Editor: There is an increasing need to train physicians to provide equitable health care to patients from diverse backgrounds and to consider the social determinants of health that impact patients’ physical and mental wellness. U.S. medical school curricula are moving toward teaching a more holistic approach to health care, but gaps still exist between what is taught and the areas in which trainees seek additional expertise.

Recognizing that students are real-time evaluators of medical school curricula, we have sought to leverage trainee feedback into measurable improvements in our preclinical education. Our Student Committee on Medical Education (SCME) is an elected board of students who collect and present feedback to faculty. Historically, the committee’s role was limited to conveying this information to administration and representing student voices.

We found that providing faculty with information about curricular gaps was not always sufficient to generate change. Students repeatedly expressed concern that certain topics—including antiracism training, LGBTQIA+ patient care, and reproductive justice—were not well represented in the core curriculum. Interclass communication revealed that similar feedback was given each year, without much progress. Many student-led efforts to create elective modules independently existed, but rarely achieved continuity or core curriculum integration.

This grassroots approach to curricular diversification was a barrier to implementing lasting institutional change. In fall 2020, students on the SCME and those involved in diversity and inclusion efforts founded a new course called Curricular Development in Diversity Education. This elective tied many student-led curricular initiatives together. It was supervised by school administration and garnered explicit faculty commitments to mentor students and continue projects. The course achieved the following:
1. Formalization of student-driven initiatives into longitudinal, evidence-based projects with timelines for implementation and administrative oversight

2. Commendation via academic credit for students working on such projects, thereby reducing the minority tax\(^1\)

3. Creation of a community of like-minded individuals able to share ideas, contacts, and resources across projects

4. Institutional recognition and support for diversity- and inclusion-focused curricular development

Through this elective, students at our institution have become leaders in developing core curricular materials using research-supported methods, aided by faculty consultation. Directly involving trainees in curriculum assessment and development has prompted immediate action on diversity and inclusion initiatives that have long been discussed, but rarely or slowly put into motion.

Medical students are a valuable asset in the effort to rapidly diversify preclinical curricula using evidence-based practices. Granting students credit and recognizing their work is critical for institutions seeking to collaborate with trainees who are eager to shape the direction of their own medical education.

Reference