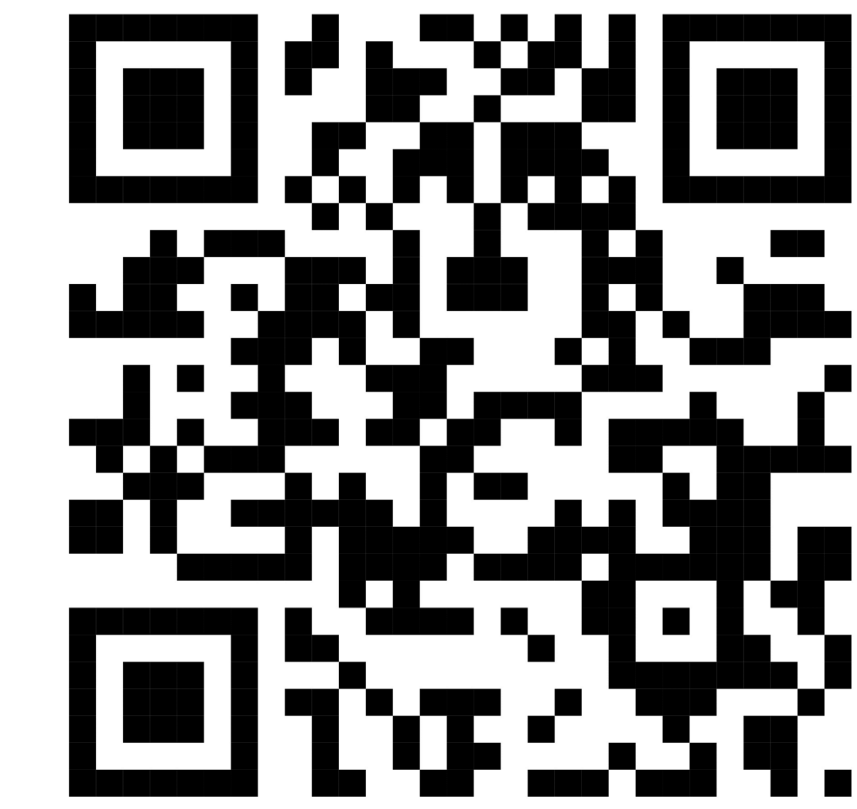


Global Health Equity Pathway at DGSOM: Training Learners to Prioritize Health Equity

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Focus

- Describe the curriculum and learning environment for medical students enrolled in the Global Health Equity Pathway at DGSOM
- Explore how the curriculum and teaching methodologies prepare students to care for diverse patient populations

Relevance to Medical Education

- Global health education provides space for medical students to reflect on their positionality and strengthen their commitment to health equity
- Global health programs that complement medical school curricula are becoming more common, but are rarely described in detail
- DGSOM's Global Health Equity Pathway was redesigned with the transition to the new HEALS curriculum at DGSOM (Fall 2021) to:
 - Prioritize longitudinal equitable partnerships
 - Prioritize critical reflection on positionality, structural determinants of health, and barriers to health equity
 - Prepare the next generation of global health practitioners

Objectives of the Pathway

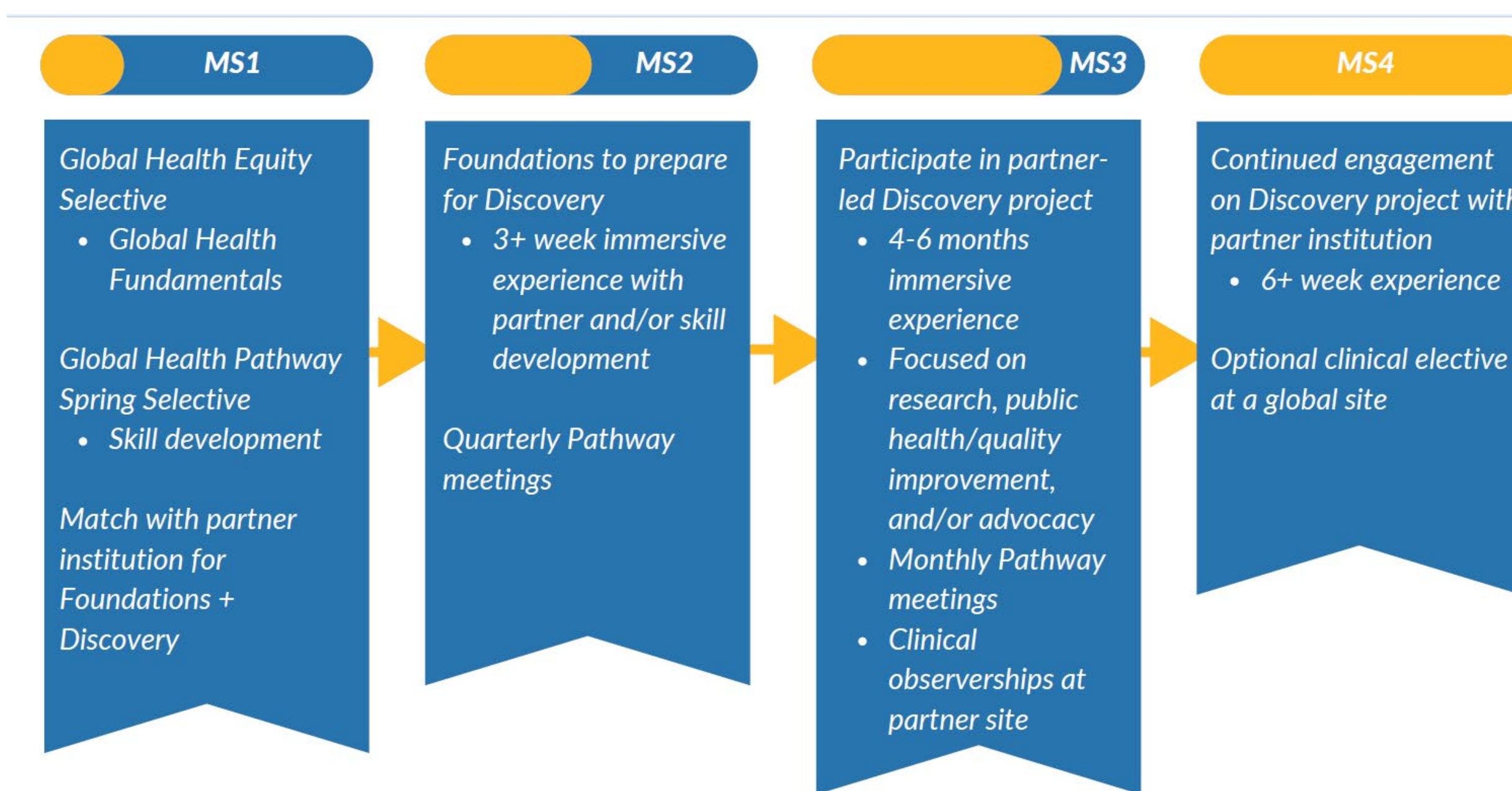
Students will ...

- Become **advocates and allies** for a practice of global health that prioritizes local/community needs and solutions to promote the delivery of more **equitable health care**
- Develop **multi-disciplinary skills** to effectively engage in the practice of global health, using advocacy, research, clinical, and/or public health approaches
- Build holistic knowledge and a critical introspective capacity so that their global practice reflects an **understanding of the social determinants of health and positionality** in global health
- Foster career paths that include a **long-term commitment to addressing health inequities** across geographically diverse populations

Pathway Structure

- Competitive application with 10-18 medical students per cohort
- Engagement throughout all 4 years of medical school
- Core components are outlined in Figure 1, including:
 - **MS1 and MS2:** Coursework, peer and experiential learning
 - **MS3 Discovery Year:** Longitudinal projects with partner institutions in research, public health and/or advocacy
 - **MS4:** Ongoing partner collaborations and optional clinical experiential learning

Fig. 1. Structure of Global Health Equity Pathway



Global Health Projects During Discovery Year

A Sampling of Discovery Projects	Country
Clinical Research	
Neonatal congenital heart disease screening and physical exam at tertiary medical centers	Ghana
Point-of-care test for syphilis within an HIV PrEP program	Vietnam
Behavioral and Implementation Science	
Long-acting PrEP among pregnant/breastfeeding women in Cape Town	South Africa
Vaccine Hesitancy among parents of infants in Mozambique	Mozambique
Public Health Programming and Advocacy	
Scale-up of male-specific, client-centered counseling for men living with HIV (MLHIV) that are disengaged from HIV care	Malawi
Developing a pilot primary care clinic monitoring & evaluation strategy	Armenia

Who Are Our Pathway Students?

- 46 medical students enrolled in the Pathway across the first 3 cohorts in the HEALS curriculum (MS2s-MS4s)
- 67% of students identify as BIPOC (n=31)
- 33% of students identify as either first or second generation (n=15)
- Students are working in 20 countries, including the United States

Innovative Teaching Methodologies

The learning environment acknowledges power dynamics, social justice, equity, community, and sustainability.

- Elevating** the voices of partners via “partner conversations”
- Peer learning** to build community and share knowledge
- Critical reflective writing** to develop awareness around positionality, inequities, and community building to improve health equity
- Narrative medicine** to teach active listening and empathic skills
- Work-in-Progress** sessions to promote both faculty and peer-mentoring and project development
- Clinical cases and clinical reasoning** in resource-limited contexts

Why Critical Reflective Writing?

Critical reflection fosters deeper understanding of positionality and how we relate to others as we consider our biases and *potentially* change behaviors.

Examples of Critical Reflection during Discovery

- “Having the **“glow”** of being a US medical student means I have to more assertively and tactfully refuse little privileges and conveniences which are otherwise unnecessary, place me in unmerited positions, and quite truthfully, sometimes hinder clinical activity.”
- “I have heard clinic coordinators and providers complain about other medical students who came into the space and were not helpful or acted entitled (only wanted to see patients even when that meant more work for everyone else). Even though I have been working with [this organization] for years now, I am very cautious about stepping on toes or prioritizing my learning/research goals over the larger goals of the organization [...]”

Examples of Community Building/Affirmation

- “It has been interesting reading everyone else’s reflections. It seems that many of us face the same challenges when it comes to communication, namely that it can feel hard to navigate asking time of already busy mentors.”
- “I completely resonate with your reservations about being the most junior individual on the team and the apprehension of asserting yourself to ask for more information.”

Conclusions

With the tremendous support of the Dean’s Office, a thoughtful global health curriculum has been pivotal for developing physicians who are deeply committed to health equity across diverse populations. An equity-focused, longitudinal global health education program in undergraduate medical education is desired by diverse student populations, is feasible, and can shape future physicians to engage in more equitable and reflective clinical practice both locally and globally.

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