

## PERSPECTIVE

# Integrating diversity into the medical curriculum

Saurabh R Shrivastava<sup>1</sup>, Prateek S Shrivastava<sup>2</sup>, Abhishek Joshi<sup>3</sup>

<sup>1</sup>Department of Community Medicine, Datta Meghe Medical College, Off-campus centre of Datta Meghe Institute of Higher Education and Research, Hingna Road, Wanadongri, Nagpur, Maharashtra

<sup>2</sup>Department of Community Medicine, All India Institute of Medical Sciences, Jammu, India

<sup>3</sup>Department of Community Medicine, Jawaharlal Nehru Medical College, Datta Meghe Institute of Higher Education and Research, Sawangi, Wardha, Maharashtra, India

### CORRESPONDING AUTHOR

Dr. Saurabh Ram Bihari Lal Shrivastava, Professor, Department of Community Medicine, Datta Meghe Medical College, Off-campus centre of Datta Meghe Institute of Higher Education and Research, Hingna Road, Wanadongri, Nagpur - 441110, Maharashtra, India.

Email: [drshrishri2008@gmail.com](mailto:drshrishri2008@gmail.com)

### CITATION

Shrivastava SR, Shrivastava PS, Joshi A. Integrating diversity into the medical curriculum. Indian J Comm Health. 2023;35(4):529-532. <https://doi.org/10.47203/IJCH.2023.v35i04.022>

### ARTICLE CYCLE

Received: 04/12/2023; Accepted: 19/12/2023; Published: 31/12/2023

*This work is licensed under a Creative Commons Attribution 4.0 International License.*

©The Author(s). 2023 Open Access

### ABSTRACT

In the field of medical education, diversity refers to the presence and representation of persons from a diversified range of personal backgrounds, experiences, and characteristics across the student community, faculty members, and employees in the institution. The scope of diversity in medical education is immense and it plays a vital role in creating an effective learning environment. Once students are exposed to a group of diverse students and patients during their undergraduate training, there is a significant improvement in cultural competence, which becomes crucial in our mission to deliver patient-centered care. Considering the merits of diversity in the medical curriculum for medical students, there is an indispensable need to take specific measures to ensure that diversity is integrated in the curriculum, as it will also ensure the delivery of equitable and culturally competent medical care. As important is to ensure the integration of diversity into medical curriculum, equal importance has to be given to the measurement of various initiatives that have been taken to promote diversity in medical education. In conclusion, diversity in medical education is the need of the hour to create a fruitful learning environment for medical students. This calls for the need to take measures for the integration of diversity into the medical curriculum and subsequently identify strategies and indicators to measure and monitor the progress of diversity initiatives in medical institutions.

### KEYWORDS

Diversity, Inclusivity, Curriculum, Medical education

### INTRODUCTION

In the field of medical education, diversity refers to the presence and representation of persons from a diversified range of personal backgrounds, experiences, and characteristics

across the student community, faculty members, and employees in the institution (1). A diversified population in medical institutions includes people from various ethnicities, races, socioeconomic statuses, cultural backgrounds,

gender orientations, educational backgrounds, geographical distribution, people with different abilities, etc., (2-4). The presence of diversity in medical education is not only required for maintaining social justice and equity but plays a defining role in accomplishing excellence in healthcare delivery services (1,5). In-fact, the presence of a diverse learning environment in the medical institution ensures a reduction in healthcare disparities, augments the cultural competence of health professionals, and is also crucial to meet the heterogeneous needs of patients from varied backgrounds (5-7).

#### **ROLE OF DIVERSITY IN DELIVERY OF EFFECTIVE MEDICAL EDUCATION**

The scope of diversity in medical education is immense and it plays a vital role in creating an effective learning environment (6). Once students are exposed to a group of diverse students and patients during their undergraduate training, there is a significant improvement in cultural competence, which becomes crucial in our mission to deliver patient-centered care (5-7). Further, these students become aware of the prevailing healthcare disparities and take specific measures to reduce the same based on the increased cultural awareness among them (7,8). Moreover, there is a significant improvement in the communication skills of students, and this becomes quite evident in improved trust and better doctor-patient relationships (9). As students with diverse perspectives learn together, there is a significant improvement in their problem-solving skills and they can come up with more comprehensive and innovative solutions to complex medical challenges (10).

As the cohort of medical students are from varied demographics and geographical regions, it becomes easier for them to relate with the broad range of patients from similar settings and accordingly improve patient outcomes (9,10). As students are exposed to a diverse range of patients, their experiences, and the challenges encountered by them, it fosters empathy among medical students (11). As students from different backgrounds learn together, there is a positive and supportive

learning environment, primarily because students realize that their views and perspectives are being heard and respected (1,4,5). This kind of diverse exposure is also useful in the long-term, wherein it is expected that our medical graduates are competent enough to work globally by collaborating with professionals from healthcare teams from other nations as well (12). In essence, diversity in medical education is a critical element in producing competent healthcare professionals who can provide quality-assured and equitable care to people from different backgrounds (8,10,12-14).

#### **INCORPORATE DIVERSITY INTO THE MEDICAL CURRICULUM**

Considering the merits of diversity in the medical curriculum for medical students, there is an indispensable need to take specific measures to ensure that diversity is integrated in the curriculum, as it will also ensure the delivery of equitable and culturally competent medical care (4,14,15). The planned training has to be integrated across all professional years, for instance, students from the first professional phase are exposed to variations in Anatomy and Physiology among people from different geographical regions or demographic groups, and this will highlight the need to deliver customized healthcare services. As a part of the Attitude, Ethics, and Communication (AETCOM) module sessions or clinical training sessions, students can be exposed to patient populations (real or simulated) from different cultural backgrounds, and gradually realize the significance of being culturally sensitive (7,16). In continuation, medical educators can encourage discussion on ethical considerations pertaining to diversity in such sessions and give a platform for students to learn from each other (17). Moreover, it is a must that teachers expose students to a diverse range (viz. patients with variable social, financial, and cultural diversity) of cases.

Further, teachers can sensitize students about health diversities and how multiple factors (like race, financial status, gender, etc.) interact and impact the health of humans (2-4). There is a definite scope to introduce

elective modules focusing on the domain of diversity in the medical curriculum and interested students can learn in-depth, including global health disparities. There is a definite scope for medical educators to introduce narratives into the curriculum, which enables a better understanding of the views, perspectives, and preferences of a large group of patients. Moreover, we can also encourage interprofessional education by encouraging more than one discipline to work together, and this will aid in the improvement of teamwork and communication skills (12,14). In addition, we can also provide opportunities for diverse members of the community to actively engage in the activities of the medical school, and the same learning exposure can be utilized by medical students. Finally, students can also be encouraged to participate in discussions on diversity in medical research (*viz.* research articles and clinical trials) (18). Implementation of all the above strategies can play a defining role in the integration of diversity into the medical curriculum and thereby prepare medical students to deliver patient-centered care (5,6,8,14). At Datta Meghe Medical College, Nagpur, the Off-Campus of Datta Meghe Institute of Higher Education and Research, Deemed-to-be University, Sawangi, Wardha, Maharashtra, exclusive steps are being taken to incorporate diversity into the medical curriculum (such as encouraging representation of both faculty members and students from all parts of the nation, providing equal opportunities to faculty members and students from different parts of the nation to excel and prosper, provision of quality assured healthcare to patients from different backgrounds regardless of any other determinants, etc.).

#### **MEASURING DIVERSITY INITIATIVES**

As important is to ensure the integration of diversity into medical curriculum, equal importance has to be given to the measurement of various initiatives that have been taken to promote diversity in medical education (19). This measurement and monitoring essentially depends on setting specific and measurable metrics for the diversity-related goals. We can begin with the

act of collecting data pertaining to students, faculty, and employees on a regular basis, and then classify them based on different parameters of diversity (19-21). At the same time, institutions can also run surveys to collect details from different stakeholders and their perceptions about the measures taken by the institution to ensure diversity (22). We must organize periodic reviews of admission practices in the institution and look for the practices that have been adopted for the same (in terms of whether there is a scope for bias or whether specific measures have been taken to promote diversity, etc.) (1,4). It is a good strategy to publish diversity reports of the institution once a year to provide an overview of the progress made, the prevailing challenges, and the new initiatives that have been taken by the institute to promote diversity in the institution.

From the students' perspective, apart from measuring their geographical, socioeconomic, and gender distributions, there is a definite need to measure the graduation rates of students from lower backgrounds and correlate the same with the impact produced by diversity initiatives in improving their academic outcomes (23). On a similar note, we can obtain feedback from alumni students pertaining to the guidance given to them on career choices (23). As far as teachers are concerned, we can measure their diversity along similar lines with students, and also include the kind of leadership roles assigned especially to faculty members from minority groups (24). We can also measure the inclusivity of the learning environment by analyzing the presence of inclusive practices (with regard to teaching-learning – like being relevant to students with different learning styles; assessment; student support services, etc.) in the medical curriculum (19,22,25). Another effective strategy to measure diversity can be in the form of comparing the diversity metrics of one college with other medical colleges and accordingly learning from each other (best practices) (25). In-fact, the impact of these diversity initiatives can be enhanced by establishing a liaison with external agencies and working together. Finally, we must not restrict ourselves to only quantitative data but

even supplement it with qualitative data (like narratives and experiences) and this will ensure a comprehensive understanding of diversity-related barriers and successes (1,2,4,26).

## CONCLUSION

In conclusion, diversity in medical education is the need of the hour to create a fruitful learning environment for medical students. The availability of an inclusive environment in medical schools is expected to benefit all the students and staff. This calls for the need to take measures for the integration of diversity into the medical curriculum and subsequently identify strategies and indicators to measure and monitor the progress.

## REFERENCES

1. Shanmugavadivel D, Buonsenso D, Chantiluke K, Arora M. Importance and impact of diversity in paediatric medical education. *Arch Dis Child Educ Pract Ed*. 2022;107(6):455-7.
2. Mabeza RM, Christophers B, Ederaine SA, Glenn EJ, Benton-Slocum ZP, Marcelin JR. Interventions associated with racial and ethnic diversity in US graduate medical education: A scoping review. *JAMA Netw Open*. 2023 Jan 3;6(1):e2249335.
3. Golden RN, Petty EM. Learners with disabilities: An important component of diversity, equity, and inclusion in medical education. *Acad Med*. 2022;97(3):328-30.
4. Lindberg BM, Fulleborn ST, Semelrath KM, Lee RC, Nguyen DR. Steps to improving sexual and gender diversity curricula in undergraduate medical education. *Mil Med*. 2019;184(1-2):e190-4.
5. Roberts LW. Belonging, respectful inclusion, and diversity in medical education. *Acad Med*. 2020;95(5):661-4.
6. Ludwig S, Gruber C, Ehlers JP, Ramspott S. Diversity in medical education. *GMS J Med Educ*. 2020;37(2):Doc27.
7. Odukoya EJ, Kelley T, Madden B, Olawuni F, Maduakolam E, Cianciolo AT. Extending "Beyond Diversity": Culturally responsive universal design principles for medical education. *Teach Learn Med*. 2021;33(2):109-15.
8. Stegers-Jager K, Themmen A. Dealing with diversity in medical education. *Med Educ*. 2013;47(8):752-4.
9. Boatright D, London M, Soriano AJ, Westervelt M, Sanchez S, Gonzalo JD, et al. Strategies and best practices to improve diversity, equity, and inclusion among US graduate medical education programs. *JAMA Netw Open*. 2023;6(2):e2255110.
10. Chung AS, Cardell A, Desai S, Porter E, Ghei R, Akinlosotu J, Ogedegbe C. Educational outcomes of diversity curricula in graduate medical education. *J Grad Med Educ*. 2023;15(2):152-70.
11. Ranpara M. Diversity formation, education, and training in medical education. *Can Med Educ J*. 2018;9(4):e144-5.
12. Tsouroufli M, Malcolm I. Equality, diversity and fairness in medical education: International perspectives. *Med Educ*. 2015;49(1):4-6.
13. McDade WA. Increasing graduate medical education diversity and inclusion. *J Grad Med Educ*. 2019;11(6):736-8.
14. Nivet MA, Castillo-Page L, Schoolcraft Conrad S. A diversity and inclusion framework for medical education. *Acad Med*. 2016;91(7):1031.
15. Smith TK, Hudson Z. Enhancing curricula about diversity, equity, inclusion, and justice in undergraduate medical education. *Pediatr Ann*. 2023;52(7):e249-55.
16. Shrivastava SR, Shrivastava PS. Ensuring smooth implementation of attitude, ethics, and communication module in medical colleges: SWOT analysis. *Ibnosina J Med Biomed Sci* 2021;13:222-6.
17. AlMahmoud T, Hashim MJ, Elzubeir MA, Branicki F. Ethics teaching in a medical education environment: preferences for diversity of learning and assessment methods. *Med Educ Online*. 2017;22(1):1328257
18. Maduakolam E, Madden B, Kelley T, Cianciolo AT. Beyond diversity: Envisioning inclusion in medical education research and practice. *Teach Learn Med*. 2020;32(5):459-65
19. Wei C, Bernstein SA, Gu A, Mehta A, Sharma D, Mortman R, et al. Evaluating diversity and inclusion content on graduate medical education websites. *J Gen Intern Med*. 2023;38(3):582-5.
20. Walji M. Diversity in medical education: data drought and socioeconomic barriers. *CMAJ*. 2015;187(1):11.
21. Aibana O, Swails JL, Flores RJ, Love L. Bridging the gap: Holistic review to increase diversity in graduate medical education. *Acad Med*. 2019;94(8):1137-41.
22. Ravenna PA, Wheat S, El Rayess F, McCrea L 2nd, Martonffy AI, Marshall C, et al. Diversity, equity, and inclusion milestones: Creation of a tool to evaluate graduate medical education programs. *J Grad Med Educ*. 2022;14(2):166-70.
23. Verbree AR, Isik U, Janssen J, Dilaver G. Inclusion and diversity within medical education: a focus group study of students' experiences. *BMC Med Educ*. 2023;23(1):61.
24. LeBlanc C, Sonnenberg LK, King S, Busari J. Medical education leadership: from diversity to inclusivity. *GMS J Med Educ*. 2020;37(2):Doc18.
25. Muntinga ME, Krajenbrink VQ, Peerdeman SM, Croiset G, Verdonk P. Toward diversity-responsive medical education: taking an intersectionality-based approach to a curriculum evaluation. *Adv Health Sci Educ Theory Pract*. 2016;21(3):541-59.
26. Althans AR, Byrd T, Suppok R, Lee KK, Rosengart MR, Myers SP. Impact of holistic review on diversity of interviewed and matriculating residents in graduate medical education: a systematic review protocol. *BMJ Open*. 2023;13(7):e074118.