How co-production and delivery of Equality Diversity and Inclusion (EDI) teaching by students can improve engagement and agency

Leicester Medical School MedRACE

Equality, Diversity and Inclusion (EDI) is a standard component of medical school induction and its importance is increasingly relevant. Medical students are talented, motivated and engaged. They have a range of lived experience that may be different to those of the medical school faculty and that will inform their engagement with education around EDI. We describe from the student perspective how co-development and delivery of EDI training, incorporating lived experiences and diverse voices improves engagement.

MedRACE (Raising Awareness Celebrating Excellence) is a student/staff group at Leicester Medical School, active in delivering positive change, working to progress the BMA Charter to prevent and address racial harassment.

Why is EDI induction important in Medical Education?

- We may behave differently with patients with whom we more easily identify
- It increases understanding of the relevance of diversity factors on expectations of self and others
- It helps us recognise that our perspectives are affected by our own cultures and experiences
- As students we expect openness around EDI
- There are disparities in outcomes of students from different backgrounds (awarding gap)
- The wider context of recent reports show how minority groups are treated
- Incidents of micro-aggressions are prevalent in clinical settings and are disproportionately experienced by those with protected characteristics including those from ethnic minorities and women
- Efforts to address these incidents are growing
- 2017 BMJ report showed that staff and students did not know how to handle incidents of 'racism on the wards'

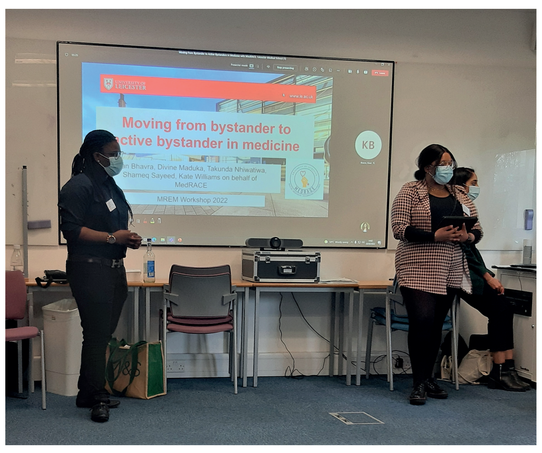
Students reflections on co-production

"In 2020, there was a call for co-development of EDI induction teaching materials as part of our BMA charter working group (now MedRACE). We decided to get involved in co-developing the EDI teaching material as having had such teaching during our first year and given our lived experiences as Black women, we believed that we could bring an important and different insight .

Our contributions included additions and improvements to the Year 1 EDI induction lecture, the accompanying group work, and the inclusion of real-life examples from ourselves and our peers to the active bystander training. This brought a reality to the teaching which we believe further enhanced understanding of bias and surrounding topics.

We were initially worried about the realism of the scenarios we were including especially as these were personal and we did not know how they would be perceived or discussed. Despite our reservations we believe their inclusion was necessary to bring to light some of the common issues faced by some minority groups and we were incredibly pleased to hear the positive feedback from the teaching.

This was an extremely positive experience for the both of us as we were able to see our colleagues and peers discuss a wide range of issues and racial bias was one of the points highlighted."



2020

Bystander scenarios developed by students
Sessions delivered by staff at induction to:

- 300 pre-clinical (Year 1 students)
- 270 clinical (Year 3) students)

2021

Bystander scenarios sought by student led survey
12 scenarios recieved
Co-delivered student/staff sessions to:

- 320 pre-clinical (Year 1) students
- 290 clinical (Year 2) students
- 100 foundation students

2022

Sharing at conferences: MREM, Advance HE
Planned co-delivery to:

- Year 5 before graduation
- Medical school staff (following new online module)
- Foundation, Year 1 and Year 3

As these scenarios were realistic and applicable to our own lives, our responses were similar to that which would have been elicited if these were to occur at present. This challenged us to really think about our actions, if any, and how they can influence the consequence

Co-production resulted in:

- More emphasis on micro-aggressions and their impact.
- Inclusion and explanation of the term privilege
- Inclusion of social media content
- All EDI lectures co-delivered by students and staff
- Real scenarios being sourced from students to make active bystander training more relvant
- Students leading the annual EDI session for patient educators
- Improved engagement
- Increased MedRace student membership (from 8 to 80)
- Confidence to champion culture change
- Participation in related projects
- Sharing good practice outside of our institution

Barriers and facilitators

+ Working within the MedRACE framework is really helpful
+ Knowing you can contribute as much or little as you want is reassuring
+ Senior support helps
- Can over rely on few enthusiastic students
- Medical students are busy, fitting it in can be hard
- It's important to recognise and reward the effort of students

Conclusion

Creating a teaching leadership environment for medical students, values co-production and delivery, empowers students and gives us a voice, being a student means we really know and understand the 'end-user' - other students . This is particularly relevant for teaching around EDI. We have shared our experience of co-production and delivery with colleagues in other disciplines including psychology and allied health, locally, regionally and nationally. We recognise the need to build trusting relationships that value and reward student involvement in pursuit of continuously improving our EDI teaching

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