learning about local mental health resources. Major takeaways from the workshop included greater conscientiousness with respect to peers who may need support and greater confidence in approaching them.

Several participants indicated that they would have liked more teaching time dedicated to interactive exercises and role-play activities in which they could practise their newly acquired peer support skills. Some participants found that the workshop curriculum had breadth at the expense of depth, and that too much time was spent on teaching fundamental concepts to which students had previously been exposed. Taken together, these data indicate that students have a baseline capacity and interest in peer support that should be expanded upon by teaching specific mental health care skills such as trauma-informed care, which is not well covered in existing medical curricula.

Our peer support workshop is an innovative and easily implemented tool that has been shown to increase medical students' ability to identify and provide peer support to colleagues experiencing

mental health challenges. Although several successes were reported from this first-of-its-kind event delivered by students, for students, participant feedback indicates that further curriculum development is needed. Our data demonstrate that there is potential in reproducing and scaling up such programmes in order to impart peer support skills with the ultimate goal of increasing medical student mental wellness.

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# Learning through working with homeless people

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#### WHAT PROBLEMS WERE ADDRESSED? 1 |

Medical students can pass through their education without fully recognising the issues faced by those in extreme poverty. Too often we hear of situations in our acute care services where homeless people are quickly assessed, offered minimal care and quickly discharged, with little thought about the consequences. Students know very little about homelessness and are apprehensive of these groups of people who are often stigmatised and stereotyped. Placements with such hard to reach groups can be difficult and yet their health needs are overwhelming. In the UK, a homeless person has a life expectancy of 47 years for men and 49 for women.

#### 2 WHAT WAS TRIED?

Since 2010 we have established a Special Study Module (SSM) on homelessness using a partnership staff-student curriculum

design. The set-up led to international alliances with similar projects and the medical school formed new relationships with homeless services in the non-statutory voluntary sector. The students shaped the aims of the project, which included learning about homelessness, including health concerns, addiction and the law. They pushed for the opportunity to volunteer to help homeless people and give back through sharing their knowledge and skills. This was the beginning of project LIGHT (Leicester Initiative Good Health Team). The project benefited from indepth analysis of what students could offer within a National Health Service system.<sup>1</sup> Successful completion of the SSM leads to volunteering. Project LIGHT was set up as a charity with a project coordinator. Students run health promotion sessions with homeless people who are being supported towards independent living. They also offer a drop-in advice desk with health monitoring for homeless people attending a voluntary centre for lunch. To date, over 480 students have completed the learning and over half regularly served over 348 homeless people.

# 3 | WHAT LESSONS WERE LEARNED?

Our journey has established: (a) a sustainable SSM with learning about homelessness and placements in our city's homeless support services, and (b) service outreach through volunteering to our local homeless community through LIGHT. The staff-student partnership has benefited and advanced the project. For example, the police now support students to manage challenging behaviour because the students raised concerns about feeling confident in difficult situations and the students pushed for additional evening extra-curriculum teaching for peers who wanted to join LIGHT and could not access the SSM. The popularity of this learning has led to an interprofessional set of students joining the medical students. Research has revealed the depth of student learning and the value of volunteering. All students feel better prepared to practice because they are more confident and have had their stereotypes challenged. Students state this learning should be compulsory for all students. The medical school, through this service, now makes an active contribution to our community.

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# Medical Student Pride Alliance: The first national LGBTQ+ medical student affinity organisation

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## 1 | WHAT PROBLEMS WERE ADDRESSED?

National affinity organisations for medical students from groups that are under-represented in medicine, such as the Asian Pacific American Medical Student Association, the Latino Medical Student Association and the Student National Medical Association, have significant impact on promoting diversity and inclusion within the physician workforce pipeline.<sup>1</sup> However, no national affinity organisation exists for lesbian, gay, bisexual, transgender and queer (LGBTQ+) medical students, despite the fact that many medical schools have local affinity organisations. This lack of a national communication and resource network has limited curricular reform, research, recruitment and inclusion efforts among LGBTQ+ medical trainees.

#### 2 | WHAT WAS TRIED?

We established the Medical Student Pride Alliance (MSPA), a 501(c)(3) non-profit organisation [exempt from federal income tax under section 501(c)(3) of Title 26 of the United States Code] with a national leadership composed of six student-led committees coordinated by an elected executive director. Organised in early 2018, the initial leadership team included 18 medical student members and 13 founding chapters at US medical schools. The MSPA Advisory Board includes eight medical school faculty members with content and advocacy expertise in the support of both learners and patients who identify as LGBTQ+.

The MSPA serves a mission of supporting education, innovation and leadership. To this end, we have numerous ongoing research projects aimed at understanding the needs and interests of LGBTQ+ medical students, as well as several education and advocacy initiatives (documented on our website medpride.org). To build community

Goetz and Zucker contributed equally to this work.