

Promoting Equity in Emergency Preparedness & Disaster Response for Medical Students: A Qualitative Exploration

Margaret Ziemann, Maddie Krips, Patricia Pittman

ISSUE: COVID-19 has demonstrated the crucial role physicians and medical students play in public health emergencies. It has also followed a predictable pattern in which vulnerable and marginalized populations are disproportionately impacted, thus exacerbating inequities. For the healthcare system to play a role in addressing and preventing these injustices in future emergencies, tomorrow's physician workforce should be trained in equitable emergency preparedness and disaster response (EPDR). However, there is no in-depth exploration of the essential elements this training should entail. The aim of this study is to shed light on the existing and evolving role of medical education in preparing the future health workforce to approach pandemics and other disasters from a health equity conscious perspective.

METHODS: Our study sought to answer two primary research questions: 1) What should medical students be learning about equitable EPDR? 2) What kinds of educational experiences would allow students to achieve these learning objectives? To answer these questions, we conducted key informant interviews with experts representing medical education, public health, and disaster preparedness. Interview transcripts were uploaded to a qualitative data management program, and coding and a thematic content analysis was conducted by two members of the research team. Any discrepancies in coding or content interpretation were resolved through discussion until consensus was reached.

FINDINGS: We conducted 11 interviews with 12 key informants from 9 organizations. Four learning content areas to promote equitable EPDR in UME emerged as dominant themes: community needs and assets; structural determinants of health; physician humility & systems integration; and advocacy. Activities identified as facilitating student learning in these areas were: required community-engaged, experiential opportunities; having role models internal and external to the academic institution as teachers; a longitudinal, integrated curriculum emphasizing public health principles; and in-person experiences that build understanding of the public health system. Most interviewees noted that needed changes to realize these educational aims would necessitate systemic investments in and transformations to medical education, including robust faculty development and recruitment efforts, a critical review and reimagining of curricular content, inclusion of equity and public health principles in evaluation rubrics, and equity-focused regulatory provisions.

DISCUSSION: Unfortunately, COVID-19 is unlikely to be the only public health emergency or large disaster medical students will face in their careers. Further, the key informants we interviewed emphasized that those who are medically vulnerable or marginalized live on the precipice of personal disaster daily due to racism and structural drivers that breed inequity. For physicians to play a role in narrowing the disparities endemic in society and exacerbated by disasters, medical students should be trained in the upstream determinants that create them and how to translate this awareness to action and advocacy. Findings from this study may aid medical and other health professions schools in creating or adapting training approaches that will prepare trainees for applying an equity mindset to future emergencies of all magnitudes. Additional research is needed to evaluate programs and curricula that espouse training elements identified in this study.

Key Words: Medical education, emergency preparedness & disaster response, health equity