

Table 3. The program, teaching methods and evaluation

	Study	Program or teaching intervention (abbreviation)	Program/ intervention teaching methods	Mandatory or self-selecting component	Findings from the valuation
1.	Aulakh et al 2017	The University of Aberdeen began to integrate global health into the MBChB curriculum in 2013 through a 6-week Global Health and Humanities (GHH) student-selected component (SSC)	Content was structured around core issues, including non-clinical determinants of health; health inequalities; and global burdens of disease. Each week focused on a theme (e.g. water, sanitation and hygiene, humanitarian situations and maternal health), and progressed from an overview tutorial to case discussions, practical workshops and debates. Teaching was based on interactive techniques combined with original assessments, including the preparation of a journal commentary, a reflective essay and a PechaKucha© presentation, comprising 20 image-only slides with 20 seconds given per slide	Offered within an existing Medical Humanities block in the third year. Self selecting	Integrating global health into the undergraduate medical curriculum by way of an SSC was found here to be an effective and realistic approach. A recognised strength of delivering global health as part of the humanities block was the opportunity to expose students to the social determinants of health through interdisciplinary teaching; however, SSCs are by definition self-selecting, and will attract students already with an interest in a topic – here, global health.
2.	Baker et al 2020	University of Minnesota's (UMN) Rural and Metropolitan Physician Associate Programs (RPAP/MetroPAP), established in 1971/2010 respectively, implemented	RPAP/MetroPAP provides a 9-month community-based educational experience for approximately 40 third-year medical students who live and train in rural and urban underserved communities across	RPAP/MetroPAP students independently access online community-oriented primary care (COPC) 7 learning modules, review public health data, and consult with preceptors and	Medical student community health assessment projects enhance community engagement and soliciting project ideas from community partners increases student

		Community Health Assessment Projects (CHAPs) as part of its Longitudinal Integrated Curriculum	Minnesota and western Wisconsin. The goal of RPAP/MetroPAP's CHAP requirement is to teach community engagement skills for effective community partnership to improve population health.	community members to choose a CHAP	acquisition of community engagement skills
3.	Bakshi et al 2015	The Human Rights and Social Justice Scholars Program (HRSJSP) is an innovative extracurricular preclinical program that provides comprehensive training in social justice and health equity to first-year medical students at the Icahn School of Medicine at Mount Sinai (ISMMS)	Program Structure. The HRSJSP has 5 components: 1. A didactic course in health and human rights. 2. Faculty and student mentorship; 3. A collaborative longitudinal service and advocacy project with East Harlem community partners. 4. A career seminar series; and 5. A research project	Each year, first-year medical students are invited to apply to the HRSJSP by submitting a written application describing their interests, previous experiences, and professional goals regarding human rights and social justice work. A committee of HRSJSP faculty and current participants selects 10 to 12 students, hereafter referred to as "scholars," who participate in the program through the end of the summer following their first year of medical school	through the implementation and evaluation of the HRSJ Scholars Program, we demonstrate an innovative model for social justice education; the enduring effect of service learning experiences on participants' knowledge, skills, and attitudes; and the potential to increase community capacity for improved health through a collaborative educational model
4.	Brooks et al 2016	Warren Alpert Medical School (AMS) of Brown University, curricular reform to implement a structural competency focus was undertaken in fall of 2015. AMS has undertaken the necessary restructuring of preclinical curricula to	Session was designed to be delivered in concurrently run, 1-hour small-group sessions, with each small group ideally comprising no more than 10 students and one facilitator. The curriculum was integrated into an existing 3-week clerkship preparation course for 122	Curriculum can be used as a stand-alone session or as part of a larger structural competency curriculum. While there are no formal prerequisites, it is intended for learners with prior familiarity with the structural roots and general epidemiology of health disparities. It was	Feedback varied. One session before starting clinical clerkships is not enough to maintain the practice of sustained critical thinking regarding bias and racism in clinical medicine, this session is a starting point for curriculum developers looking to

		incorporate race and bias; however, the emphasis was initially on providing students with knowledge related to health disparities rather than on developing skills that could be used in the clinical setting. Knowing that the practice of such skills is further complicated by the dynamics of hospital culture and the fact that most students change clinical environments every few weeks, this curriculum attempts to help students understand racism and bias in medicine and begin to cultivate ways to address them in the clinical setting	students during the 2015-2016 academic year. The session materials include a facilitator's guide and three cases for discussion.	designed for students entering or already exposed to their role in the clinical setting	use an evidence-based approach to racial bias in clinical care
5.	Brooks et al 2018	Two cohorts of 25 (50 total) second-year medical students from the Virginia Commonwealth University (VCU) School of Medicine participated in an hour-long guided community bus tour of disadvantaged neighborhoods in Richmond, Virginia,	immediately following the hour-long guided community bus tour a debriefing session and reflexive writing exercise was undertaken. The tour was organized and led by staff members of a local, non-profit organization with a 25-year history of serving the community. Students were members of a four-year track preceptorship program for medical students	community-based, guided tours, and present preliminary results from a pilot study evaluating the feasibility and effectiveness of the tour for promoting transformative learning, self-reflexivity and a sense of medical citizenship among medical students	This pilot demonstrated that incorporating self-reflexive learning exercises into a brief community-based guided tour can enhance the social consciousness of medical students by deepening understandings of health disparities and promoting transformative learning experiences

			who have declared a commitment to working with medically underserved populations		
6.	Daya et al 2021	A four-part curriculum component titled Advocacy in Action (AiA), with specific learning objectives was created to facilitate student development of patient-level advocacy	Included an introductory workshop on SDH and patient advocacy using tools for communication, counselling and collaboration skills. Actively participated in patient advocacy activities, wrote about experience and joined a small group debriefing about it. Written reflections were reviewed for analysis of the impact of this curriculum on student perspectives	Mandatory curriculum	Medical students immersed in experience-based learning by actively advocating in clinical practice—and reflecting on real patient experiences—can build the personal characteristics that will form their professional identities as physicians
7.	Dharamsi et al 2010	Exploration of the international service-learning (ISL) experience of three medical students and the value of critical reflection as a pedagogical approach to enhance medical students' conceptions of the Canadian Medical Education Directions for Specialists (CanMEDS) Health Advocate Role	Reflective journals and wrote essays including detailed accounts of their experiences	Course directors piloted an international service-learning (ISL) opportunity in lieu of a local CSL option. Three medical students with a desire to understand the growing disparities in global health by working in a resource-poor setting in a low-income country requested to participate	Experiences of three students from whom we learned that social justice-oriented approaches to service-learning, coupled with critical reflection, provide potentially viable pedagogical approaches for learning the health advocate role. How this experience will affect the students' future medical practice is yet unknown.

8.	Essa-Hadad et al 2015	Three-week course, utilizing participatory community methods, including community visits, Team Based Learning, an ethnic forum, and lifestyle medicine	Evaluation comprised skills assessment through project work, analysis of reflective notes and comparison of assessment scores with students in the previous year who experienced a formal lecture-only based curriculum	Students completed the required public health course	Participatory community learning equips students with public health skills, knowledge, and enhanced understanding of communities. It offers a way to effectively teach public health, while emphasizing the extended role and societal responsibilities of doctors
9.	Filek et al 2013	University of British Columbia, second year medical students, under faculty mentorship, initiated and developed prison learning opportunities through a community service-learning option (CSLO) in the Doctor, Patient and Society (DPAS) course	Involved presenting health education seminars to groups of 6–15 inmates in provincial correctional facilities around the Greater Vancouver regional district. Medical students provide preventive health messages through presentations on topics including basic hygiene, mental health, infectious disease, women's health and the health care system. In 2009/2010 alone, students provided 36 seminars to over 600 incarcerated individuals at three correctional centers	This optional CSL component	findings demonstrated that pre-clinical exposure to incarcerated individuals and prison health education provided a unique setting for medical students to develop an increased sense of social responsibility and accountability
10.	Godley 2020	"Can We Talk About Race?" (CWTAR) aims to increase medical students' empathy for racial minorities and increase the ease and ability	16 students each visited the Ackland Art Museum with their SHS seminars to participate in CWTAR, a facilitated discussion about race through art. In these sessions, students and their SHS instructor gathered in an hour-	students were randomly selected to participate in "Can We Talk About Race?" (CWTAR)	Student responses to CWTAR suggest that the program is effective in engaging students in discussions of racial issues. More investigation is needed to determine whether this methodology increases empathy

		of students to address racial issues	long discussion about <i>The Means to an End. . .A Shadow Drama in Five Acts</i> (1995) by the artist Kara Walker followed by a 30-minute reflection		among medical students for racial minorities specifically
11.	Gonzalez et al 2020	The authors developed and evaluated a skills-based elective to recognize and manage implicit bias in the learning environment	Nine 1.5-hour sessions were delivered to 15 first-year medical students from 2017 to 2019. An evidence-based conceptual framework and transformative learning theory informed the instructional design; it incorporated active learning exercises. Skills assessment occurred through direct observation of student performances in role-play exercises. Using thematic analysis, the authors conducted a program evaluation based on focus groups with students and data from notes taken by the investigative team	Skills-based elective	This innovative course achieved skill development and practice for medical students in implicit bias recognition and management as it pertains to 3 facets of clinical care present at every stage of a health professional's career. These include interpersonal encounters, advocating for patients when bias is perceived in witnessed encounters with peers and supervisors, and addressing comments made by others within the learning environment
12.	Gostelow et al 2018	A flipped learning session was piloted for year 4 medical students combining an online lesson followed by a tutorial with a simulated patient	Flipped learning is a pedagogical approach. hour-long online self-paced learning component (SPL) combined reading, videos (such as TED Talks. Was followed one week later by a 90-min facilitator-	Co-designed by faculty and three final (sixth) year medical students, took place in year 4 as students began their clinical clerkships, and aimed to link an understanding of health inequalities with learning to take a social history. This replaced a	Indicates flipped learning can increase clinical relevance and engagement in population health and person-centered care. Further work could assess changes in practice and attitudes of future doctors in

			led classroom component, with a simulated patient, in groups of up to 30. Facilitators were clinicians with a community or public health background. To enhance consistency facilitators were briefed with annotated lesson plans and simulated patient scripts. Students took a social history from the simulated patient as a group, taking turns to ask questions. The social history was paused at points to encourage discussion between the students, facilitator and the simulated patient (in role) to consider the patient's social world, to apply the "lifecourse model" and to identify actions doctors can undertake to enhance health equity. In line with transformative learning theory facilitators focused on students' critical reflection on how they may act as advocates to reduce health inequalities for individuals and communities	lecture and case-based discussion.	tackling such global health challenges
13.	Haq et al 2013	Training in Urban Medicine and Public Health: TRIUMPH integrates urban clinical	Seminars and humanism rounds. Students learn to define the population, gather and analyze	Clinical rotations. They apply and are selected during their second year of medical school. Students	TRIUMPH is achieving its desired goals: attracting and preparing medical students to work with

		training, community and public health curricula, longitudinal community and public health projects, mentoring, and peer support for select third- and fourth-year medical students.	data, conduct surveys, map assets, assess community needs, and work as members of interdisciplinary teams. They develop goals, objectives, logic models, work plans, and evaluation and sustainability strategies, all carefully tailored to fit the needs and circumstances of their projects' target populations.	interested in any specialty may apply as long as they also have an interest in practicing in urban underserved areas. Applicants submit essays describing their background and their experience working with underserved populations or with people of lower economic status; they also submit letters of recommendation. The dean of students reviews applicants to confirm positive academic standing and professional conduct. A committee of faculty, community leaders, and two M4 TRIUMPH students selects applicants. Most applicants have participated in community service prior to and/or during the first two years of medical school	urban underserved communities. The program serves as a model to prepare physicians to meet the needs of urban HPSAs
14.	Hernandez et al 2016	Equity Focus (EF) and Social Determinants of Health (SDH) in health training programmes	Curricula were reviewed and a self-administered questionnaire of an interview was emailed to university professors who were selected for participation. Content analysis of curricula was performed by reviewing 9 curricula (6 of medicine and 3 of nursing), and 18 syllabuses corresponding to 12 courses	Most universities did not address EF and SDH through specific courses, but instead addressed them across the curriculum. However, in addition to approaching them across the curriculum, Universidad de La Sabana had specific courses dealing with the topic, an approach believed to generate	The inclusion of EF and SDH in university curricula in Colombia has primarily focused on increasing the knowledge of various subjects oriented towards understanding the social dynamics or comprehensiveness of health and disease and, in some programmes, through practical

			related to the EF and SDH approach. Curricula of the selected universities were reviewed by estimating the inclusion of EF and SDH and other relevant aspects such as pedagogical approaches, number of teaching hours, methodologies, content, skills and evaluation	greater internalization of the ideas	courses in community health and PHC. Increased integration of EF and SDH in subjects or modules with clinical orientation is recommended
15.	Huria et al 2017	An introductory teaching program for indigenous health (hauora Māori) at a single medical school campus in New Zealand.	Student comments highlighted that they valued the use of multiple teaching methods. Students expressed an appreciation for the variation in teaching methodologies that included lectures, small group work and workshops, which helped them to engage with the content. Students also reported that different teaching methods and environments encouraged high levels of interaction between each other and with the teaching team. This increased student interest in the course content	Indigenous health orientation program	Five hundred nine of 551 respondents (92%) rated the indigenous health orientation program via the indigenous health orientation program evaluation as extremely or highly valuable, while most (87%) reported that the course strongly increased their interest in Māori health
16.	Jones et al 2014	the University of Chicago Pritzker School of Medicine developed a novel 1-year longitudinal service-learning elective called SERVE	course consisted of three main components: (a) monthly reflection assignments, (b) participation in 10 direct service sessions, and (c) the completion,	1-year longitudinal service-learning elective	SERVE is a unique 1-year course that reengages 4th-year medical students in service to their communities in a structured educational environment. SERVE

		(Service, Education, Reflection, Volunteerism Elective).	of a project that applies the principles of service-learning. ²¹ Students have flexibility in how and when to complete the course requirements to allow them to travel for away rotations and residency interviews. Reflection sessions can be completed either in person via a small-group didactic session or through online journaling. Both didactic and journaling exercises are anchored by a reading in a relevant topic. Four special topics are covered. The remaining monthly assignments ask that students reflect on their experiences with volunteerism and provide updates on their projects		students report that the course has increased their involvement in the community, supported their growth into a teaching role, and enhanced continuity within student-run free clinic
17.	Kenison et al 2017	Students who completed an interprofessional pilot curriculum on caring for patients with LEP 6 to 10 months earlier, to participate in semi structured interviews about their clinical training experiences with LEP patients.	Identified four overarching themes that represent the informal teaching mechanisms that help to define and characterize the hidden curriculum for the care of patients with LEP in medical and nursing education: (1) role modeling, (2) systems factors, (3) learning environment, and (4) organizational culture. We describe each of these	pilot curriculum	The hidden curriculum that health professional students experience regarding the care of patients with LEP is influenced by systems limitations and a learning environment and organizational culture that value efficiency over effective communication. Role modeling seems strongly linked to these factors as supervisors struggle with these same challenges

			overarching themes and several subthemes in detail below		
18.	Laven et al 2011	Global health curriculum	Expanded to 3 weeks, offered to 4th, 5th and 6th year medical students and repeated twice a year. The name of the course was changed to International Primary Health Care (IPHC) to reflect the focus on primary health care, including preventive care and the prevalence of 'chronic conditions of the industrialised world' in the developing world	Senior students to undertake international electives	A North American evaluation of developing world elective experience revealed positive and negative effects: • limited usefulness to the community of short-term placements. • lack of education goals compared with other parts of the students' curriculum • a failure to address community needs • unexpected ethical dilemmas emerging • the emergence of the disparaging term 'medical tourism'
19.	Lee et al 2015	Teaching Cross-Cultural Communication Skills Online: A Multi-Method Evaluation	Multi-method assessment of students assigned to family medicine clerkship blocks that were randomized to receive online cultural competency and PACT training added to their standard curriculum or to a control group receiving the standard curriculum only. Outcomes included comparison, via analysis of variance, of number of PACT questions used during an observed Standardized Patient Exercise, end-of-year	Implemented a longitudinal 3-year required cultural competency curriculum. With at least one study demonstrating a positive impact of online CC teaching on student self-assessment, we created a 1-hour online teaching module about CC and health disparities in collaboration with Tufts Health Care Institute, targeting clinical students during the family medicine clerkship. This module was combined with an assignment where students	Online teaching of cross-cultural communication skills can be effective at changing medical student behavior

			OSCE scores, and qualitative analysis of student narratives	practiced using “Problem-Affect-Concern-Treatment” (PACT) questions with 10 of their patients and wrote reflections about their experiences. PACT is a short version of Arthur Kleinman’s explanatory models approach to facilitate cross-cultural communication and increase understanding of the patient perspective, which is associated with improved clinical outcomes	
20.	Lewis et al 2017	Project used collaborative and decolonizing methods to gather ideas and opinions from multiple stakeholders, including students, community members, faculty, and administration, to guide the process of adding Indigenous health content to the curriculum to prepare students to work effectively with Indigenous populations.	Community-based participatory research methodology, the action research cycle, and Kern’s six-step guide to curriculum development led us to implement an 11-step, mixed-methods needs assessment that informed the eventual instructional design of the Indigenous health curriculum	Elective course entitled “Seminars in Indian Health” was first offered to Indigenous students, and in 2013, was opened to all medical students.	Preliminary outcomes include the addition of a seven-hour block of Indigenous content for first-year students taught primarily by Indigenous faculty from several departments. To address the systemic barriers to health and well-being and provider bias that Indigenous patients experience, this project sought to gather data and opinions regarding the training of medical students through a process of Indigenizing research and education

21.	Maar et al 2020	<p>Piloted 9 Simulated Cultural Communication Scenarios</p> <p>The scenarios were designed to provide an opportunity for students to learn about some of the cultural considerations that should be taken into account when interviewing an Indigenous patient</p>	<p>Students were divided into groups of 3 and each was instructed to complete 1 Simulated Cultural Communication Scenario. At the start of each interview, the observing tutor and students went to the observation area. The interviewing student then knocked on the interview room door, entered, and began their interview. Each scenario was presented by an Indigenous animator as a Simulated Cultural Communication Scenario. In terms of timing, a total of 15minutes were allocated for each interview. After the interview, the tutor and observing students rejoined the interviewing student and animator for a 20-minute feedback session. The interviewing student began by describing how he or she felt coming out of the interview and outlined areas that went well and those that require improvement. Next, the animator was invited to comment</p>	<p>All medical students were in the final weeks of their first year and completed the scenarios during their regular clinical skills sessions</p>	<p>Simulated Cultural Communication Scenarios, co-created with cultural insiders and academic educators, represent an authentic education approach to teaching culturally safe clinical encounters. The findings contribute to our understanding of translating social accountability into the clinical setting</p>
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22.	Mayfield et al 2017	A Comprehensive, LGBTQ-Inclusive, Implicit-Bias-Aware, Standardized Patient-Based Sexual History Taking Curriculum	Over 3 hours, students participate in a 30-minute large-group lecture and three 40-minute small-group standardized patient encounters with debrief. Pework consists of a short video on sexual history taking, assigned readings, and an implicit bias activity. These materials are included in this resource, along with lecture slides, facilitator guide, and standardized patient cases. Though the cases are adaptable to all levels of medical education, this module is designed for second-year and early third-year medical students	Though the cases are adaptable to all levels of medical education, this module is designed for second-year and early third-year medical students	Qualitative student evaluations were positive, and postparticipation surveys revealed statistically significant improvement in comfort with their ability to take a sexual history in general, and take one from patients with a differing sexual orientation. Deployed in the second year of our Doctoring curriculum, this module continues to receive positive evaluations
23.	McElfish et al 2018	A unique interprofessional education program was developed at the University of Arkansas for Medical Sciences Northwest. The program includes experiential learning, cultural exposure, and competence-building activities for interprofessional teams of medicine, nursing, and pharmacy students	The activities include (a) educational seminars, (b) clinical experiential learning in a student-led clinic, and (c) community based service-learning through health assessments and survey research events	Lessons Learned: The program had to be flexible enough to meet the educational requirements and class schedules of the different health professions' education programs	Qualitative findings demonstrated a change in students' knowledge, attitudes, and behavior toward working with other professions and the underserved population.

24.	Meili et al 2011	Explore student reflections on their experiences during the Making The Links (MTL) program	MTL consists of five phases: (1) an orientation to health issues of the underserved, (2) a northern community experience, (3) a volunteer experience at a student-run clinic in an underserved urban area, (4) an international experience in Mozambique, and (5) a reflection and evaluation period	The program takes place during the pre-clinical years and is completed in addition to the regular medical school curriculum	Students reported that MTL was an essential component of their medical training
25.	Meurer et al 2011	One of five options for the new required Medical College of Wisconsin Pathways program, the Urban and Community Health Pathway (UCHP), links training with community needs and assets to prepare students with the knowledge, skills, and attitudes to provide effective care in urban, underserved settings; promote community health; and reduce health disparities	Students spend at least 10 hours per month on pathway activities: 4 hours of core material delivered through readings, didactics, case discussions, and site visits; and at least 6 hours of experiential noncore activities applying core competencies, guided by an Individualized Learning Plan and faculty advisor. Noncore activities include community-engaged research, service-learning activities or other relevant experiences, and submission of a synthesis paper addressing pathway competencies.	Medical College of Wisconsin (MCW) developed and implemented five new longitudinal pathways. Required for all first- through third-year students (optional for third-year students inaugural year only), the pathways allow students to individualize their medical training while exploring a career path in medicine	Students enjoyed working with peers across classes and favored interactive, community-based sessions over didactics in the classroom. Students' papers reflected a range of service and scholarly activities and a deepened appreciation of social and economic influences on health. The UCHP enriches the traditional curriculum with individualized, community-based experiences to build knowledge about health determinants and skills in partnering with communities to improve health
26.	Motzkus et al 2019	Documents a recent approach to teaching implicit bias	Medical students matriculating during 2014 and 2015 participated in a determinants of health course including	All first and second year medical students at University of Massachusetts Medical School (UMMS) are enrolled in the	Our study demonstrates that medical education curricula can introduce the issue of bias to preclinical medical students who

			instruction about implicit bias. Each submitted a reflective essay discussing implicit bias, the experience of taking the Implicit Association Test (IAT), and other course content	course: Determinants of Health (DOH)	are then able to grapple with and reflect upon issues of implicit bias. Given the extent to which implicit bias permeates our psyches, having medical students early in their education take and reflect on implicit bias through the IAT offers opportunity to confront and address bias
27.	Mudarikwa 2010	Evaluates a community-based practice program (CBPP) conducted at Gippsland Medical School, Monash University	The two components of the CBPP are the placement experience and research project. The principal objective is to provide students with an opportunity to develop an interprofessional perspective on the application of social equity, justice and models of health interventions in the community	All first-year students are assigned to a community organisation for 12 days over 16 weeks, completing a minimum of 72 placement hours	From this evaluation, based as it is on 1 year and limited data, we cannot unequivocally claim that the program fully meets its overall objective; however, there are positive outcomes and pointers to success
28.	Neff et al 2020	A brief, interprofessional structural competency curriculum implemented in 32 distinct instances between 2015 and 2017 throughout the San Francisco Bay Area	conducted the training with interprofessional teams including community health center staff (physicians, nurse practitioners, registered nurses, and medical assistants) and additionally trained students and faculty from nursing, physical therapy, occupational therapy, midwifery, and physician assistant programs. We also ran the training for	The training was implemented in sequential modules as outlined below and explained in depth in the training manual	This curriculum, adapted after a pilot phase, ²⁹ represents a novel attempt to develop and disseminate a curriculum using a structural competency framework for medical students, residents, and other health professional trainees. Today, many medical students are entering their education and training with a stated desire for

			various other single-profession audiences		curricula that incorporate a structural analysis of health and health care disparities
29.	Ona et al 2020	developed and piloted an antiracism curriculum initially designed to help medical students work more effectively with patients of color	Faculty with prior experience teaching about racism implementing a flipped classroom model with small-group sessions. The initial pilot culminated in a 7.5-hour curriculum delivered over 3 sessions	Medical students were recruited by sending an invitation email through the dean's office, which requested volunteers from each medical class to participate in the antiracism curriculum. A convenience sample of medical students was recruited to participate in the 3-module curriculum, and a total of 26 medical students volunteered to enroll into the 3 sessions of 3 hours each. Twenty-two students completed the curriculum. The final sample included 16 second-year and 6 fourth-year medical students	Leaders are listening to the voices of faculty of color as well as our growing number of students of color, conversations are underway regarding incorporating our pilot into the required curriculum, and a new assistant dean for multicultural affairs and an antiracism committee have started to more comprehensively review the curriculum and climate of the school
30.	Press et al 2015	Advocacy curriculum to a mandatory health care disparities (HCD) course for 88 first-year medical students	HCD added advocacy curriculum that included guest lecturers' perspectives on their advocacy experience, reflective essay assignments assessing self-identify as an advocate, advocacy-specific lectures and large group discussions, and participation in small-group community projects	Advocacy curriculum was innovative in that it was mandatory for all incoming Pritzker students. Therefore, our results were informed by all students, not just those who may have been more inclined toward the subject	A mixed methods approach was used to evaluate 88 first-year medical students' advocacy themed reflective essays, independently coded by three investigators, and Likert-response questions were compared to published benchmarked items. The IRB exempted this study. Analysis of student essays revealed that

					students were better able to identify as an advocate in medicine
31.	Schonholz et al 2020	Medical students' experiences in the Mount Sinai Human Rights Program (MSHRP), their motivations for involvement, and the possible influence of engagement on their professional identities, personal growth, and career choices.	The Mount Sinai Human Rights Program (MSHRP) is a student-run, faculty-directed organization at the Icahn School of Medicine at Mount Sinai (ISMMS) that serves asylum seekers to the U.S. Founded in 2013, the program has expanded greatly and currently serves nearly 200 clients a year from over 60 countries. The program provides asylum seekers with pro bono forensic evaluations that document the sequelae of human rights violations, as well as access to continuity healthcare and social services. Through involvement with the MSHRP, students are exposed to the logistics of program management, opportunities to conduct research, and experiences with training the community about health and human rights. For students in the clinical years, the program reinforces interviewing,	15 current and former ISMMS medical students who actively participated in the MSHRP, beginning in the first year of medical school. The majority of participants were current fourth year medical students	results of this study indicate that longitudinal involvement with the MSHRP contributed to the acquisition of important clinical skills that were not otherwise attained in students' early medical education. Findings suggest that there is significant opportunity for clinical and leadership development outside the traditional preclinical and clinical setting, and that exposure to human rights education shapes students' professional identities and career paths. Finally, the findings highlight the essential role of human rights and social justice in medical education

			diagnosis, and cultural competency skills		
32.	Sequeira et al 2012	4 educational sessions to preclinical medical students at the Tulane University School of Medicine	3 optional, 1-hour didactic sessions and 1 standardized patient encounter. Following sessions 1-3, students completed electronic feedback forms; we then analyzed their responses thematically		The results validated our initial assumption that this underrepresented content is meaningful to and valued by medical students
33.	Sokal-Gutierrez et al 2015	Evaluation of the Program in Medical Education for the Urban Underserved (PRIME-US) at the UC Berkeley–UCSF Joint Medical Program (JMP)	The JMP PRIME-US students' curriculum is integrated as much as possible with the regular JMP curriculum. JMP PRIME-US students complete their core medical curriculum with JMP classmates, a longitudinal clinical immersion in a community health center and/or public hospital, and master's research focused on health issues for underserved populations. In addition, JMP PRIME-US students receive academic credit for the PRIME summer orientation and seminar series. To extend the benefits of PRIME to non-PRIME students and the entire JMP community, monthly Underserved Seminars were offered on a variety of topics including Public Health Insurance Coverage, Health	PRIME-US selects medical students from diverse backgrounds who are committed to caring for underserved populations and provides a 5-year curriculum including a summer orientation, a longitudinal seminar series with community engagement and leadership-development activities, pre-clerkship clinical immersion in an underserved setting, a master's degree, and a capstone rotation in the final year of medical school	Over the first 4 years of the program, PRIME-US students and non-PRIME students, faculty, and staff experienced educational benefits consistent with the intended program goals. Long-term evaluation is needed to examine the participants' medical careers and impacts on California's healthcare workforce and patient outcomes

			Literacy, Integrative Medicine, and Prison Health		
34.	Stumbar et al 2020	Household Visit Curriculum: Integrated teaching of the social determinants of health into the Neighborhood Health Education and Learning Program (NeighborhoodHELP). This program assigns medical students, as part of interprofessional teams, to a household in an underserved neighborhood in a major metropolitan area	Start of their second year of medical school and after the deadline for completion of their first household visit, students were required to participate in a two-hour Reflections Round session, which included five to eight students and a faculty member. Two sets of questions--one focused on the household visit experience and one on the interprofessional experience--were provided to help elicit discussion during these sessions. After participating in Reflection Rounds, students were required to write a two-page essay responding to one or more of the provided questions. Ninety-nine medical students from the class of 2018 consented to the inclusion of their reflective essays in this study	At the start of their second year of medical school	Medical students undergo an emotional evolution even at the start of their household visit experience; highlighting that early patient care responsibilities play an important role in their development from pre-professional students to doctors-in-training. Additionally, student observations of the social determinants suggest that household visits can provide an opportunity for the application of knowledge about identifying and addressing these barriers to care
35.	Thomas et al 2020	Journal club specifically focused on LGBTQ-identified and culturally responsive health literature was	First- and second-year students on the main OUHCOM campus received recruitment emails and flyers, class Facebook	First- and second-year students on the main OUHCOM campus	Data showed increased confidence, comfort and knowledge about LGBTQ health barriers. This study offers a

		proposed by Ohio University Heritage College of Osteopathic Medicine (OUHCOM) students and operationalized by faculty and staff, who customized the structure and processes of the club after examining best practices and modifying available resources from other journal clubs	announcements, and word of mouth notifications. Investigators held an information session in September 2018. Students received helpful resources, including questions to consider as they critically assessed study design, methods, findings, implications and next steps, to help them review articles. Students signed a letter of commitment requiring discussion participation, respectful treatment of journal club members, sharing articles of interest, providing honest feedback, and attending at least 75% of the journal club meetings. Participants also submitted an electronic consent to take an anonymous, 22-item survey online survey administered through Qualtrics survey software (Provo, UT)		framework for using a journal club to provide an effective platform for enhancing students' LGBTQ cultural humility and research literacy.
36.	Yang et al 2019	Education First: Promoting LGBT+ Friendly Healthcare with a Competency-Based Course and Game-Based Teaching	Designed an LGBT+ Health and Medical Care course in a medical school	A total of 230 students entered psychiatric clinical education training and were taught in stages during one academic year. The number of students per stage was 8–12. The LGBT+ HMC was conducted from September	Results of this study indicated that game based CBME with specific teaching strategies was an effective method of nurturing the gender competency of medical students. The consequent integration of

				2017 to May 2018, and two teachers were responsible for teaching the course	gender competency into medical education could achieve the goal of LGBT+ friendly healthcare.
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