

## ABSTRACT

### Background:

This project was founded on the basis that correctional medicine is an important component frequently missing from medical education. Opportunities to participate in medical care within correctional facilities, while concurrently engaging in discussions about disproportionate incarceration of certain populations and mass incarceration as a whole, will cultivate empathetic, socially-engaged, and passionate young physicians. This student organization was formed to facilitate clinical opportunities within correctional facilities and host events that focus on the broader socioeconomic and political context and forms of structural and cultural violence that have contributed to mass incarceration in the United States.

### Methods:

**Student group actions:** In order to facilitate organizational goals, a relationship was fostered between IUSM and Dr. Kristen Dauss, the Chief Medical Officer of the IDOC. Following affiliation agreements, students may now gain clinical exposure at any facility in the state. Since its creation, IUCM has hosted virtual educational lectures, panels, and journal clubs, in collaboration with other student organizations and scholars in the field. The organization encourages engagement with original research in coordination with faculty advisors. We have also worked with administration to incorporate correctional health topics into the first year curriculum.

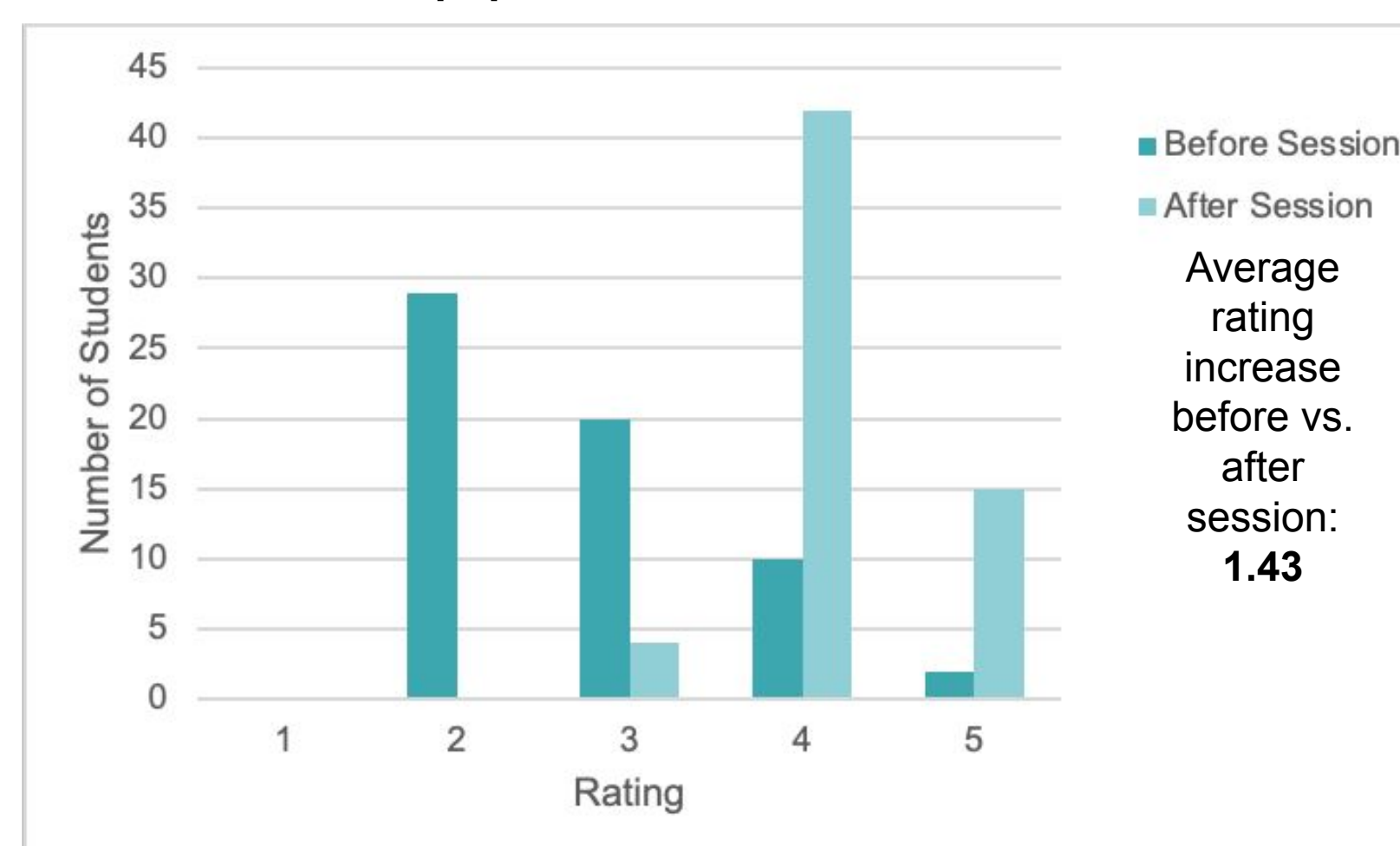
**Curricular session:** The curricular session, adapted from a session Johns Hopkins students created<sup>1</sup>, consisted of inviting three formerly incarcerated persons and one Indiana University professor, who works with formerly incarcerated persons, to speak at a panel session for first year medical students. Prior to the session, students were required to complete two pre-reading assignments. The session was informal, facilitated by fourth year students, and began with guided questions to stimulate discussion and further questions from the audience of first year students. After the session, students were encouraged fill out an 18 question post-session survey.

### Conclusions:

As physicians who will practice medicine in the country with the highest incarceration rate in the world, having a fundamental understanding of topics related to correctional health, adverse health experiences while incarcerated, and longstanding traumatic effects of incarceration is imperative. IUCM's goal is to create introductory materials and share resources relating to the socioeconomic and political context which has led to mass incarceration and the deficits in care for currently and formerly incarcerated people. Developing a better understanding of the justice system, as well as the emotional, mental, and physical impact incarceration has on patients, will stimulate interest in engaging with these concepts through research, volunteer work, educational events, and in patient care.

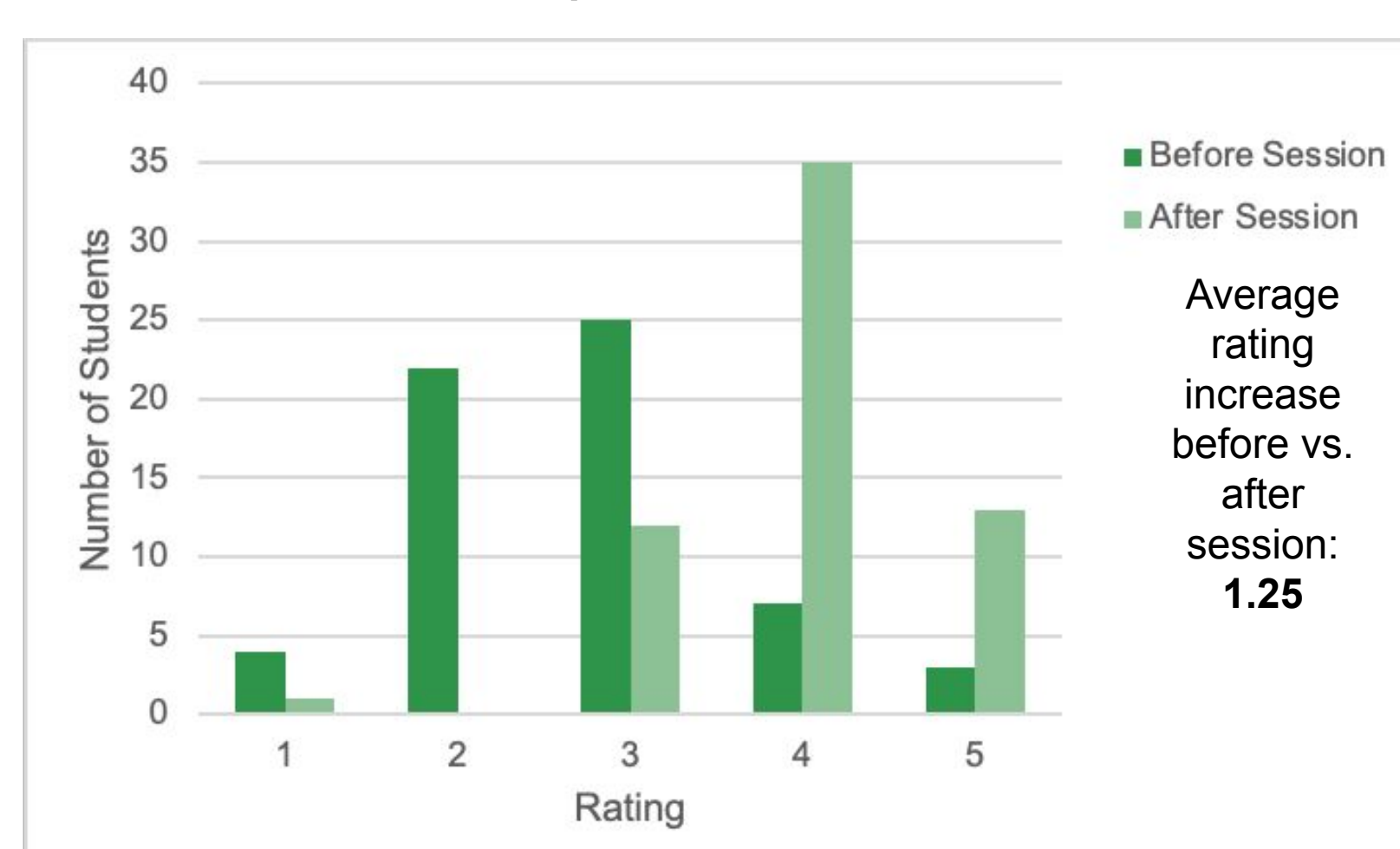
## RESULTS

Rate your level of knowledge about health disparities within incarcerated populations before and after the session.



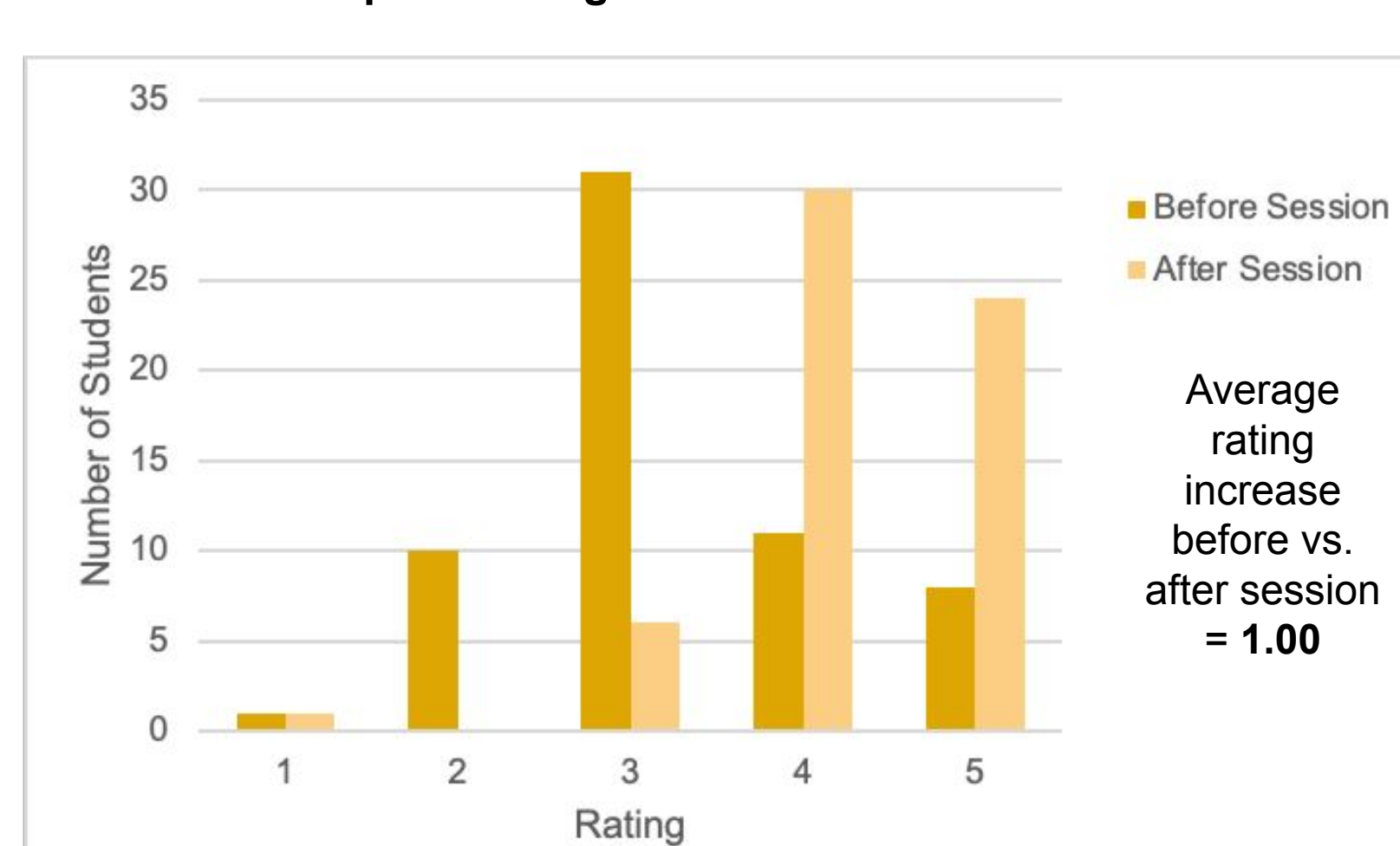
\*Ratings based on scale of 1-5, with 1 being no knowledge and 5 being very knowledgeable

Rate your level of interest in doing volunteer/advocacy work on behalf of incarcerated persons before and after the session.



\*Ratings based on scale of 1-5, with 1 being no interest and 5 being significant interest

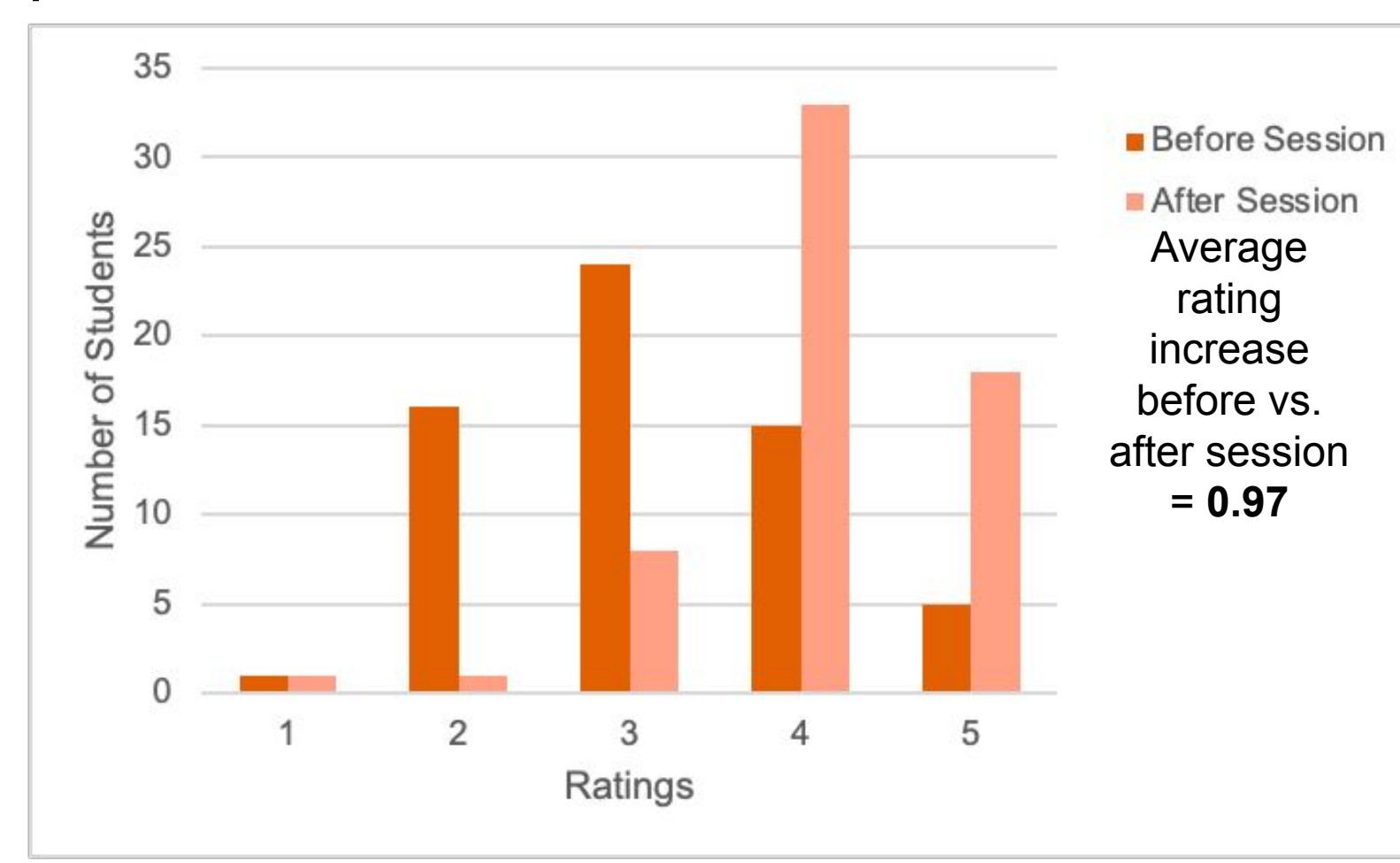
Rate your level of interest in providing medical care to incarcerated persons or formerly incarcerated person in a clinic or hospital setting before and after the session.



\*Ratings based on scale of 1-5, with 1 being no interest and 5 being very significant

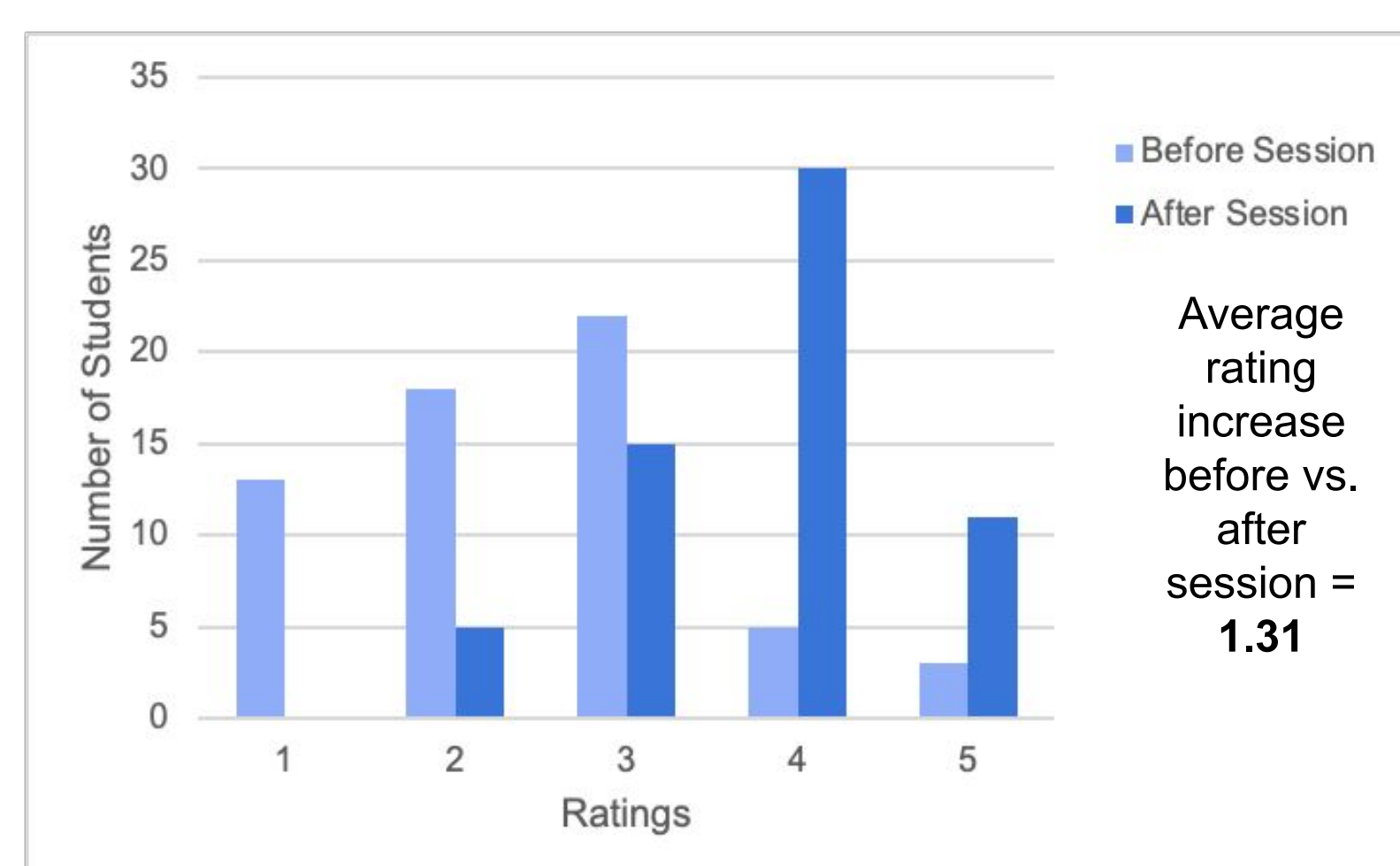
## RESULTS

Rate your level of comfort participating in the care of incarcerated persons while on a clinical rotation before and after the session.



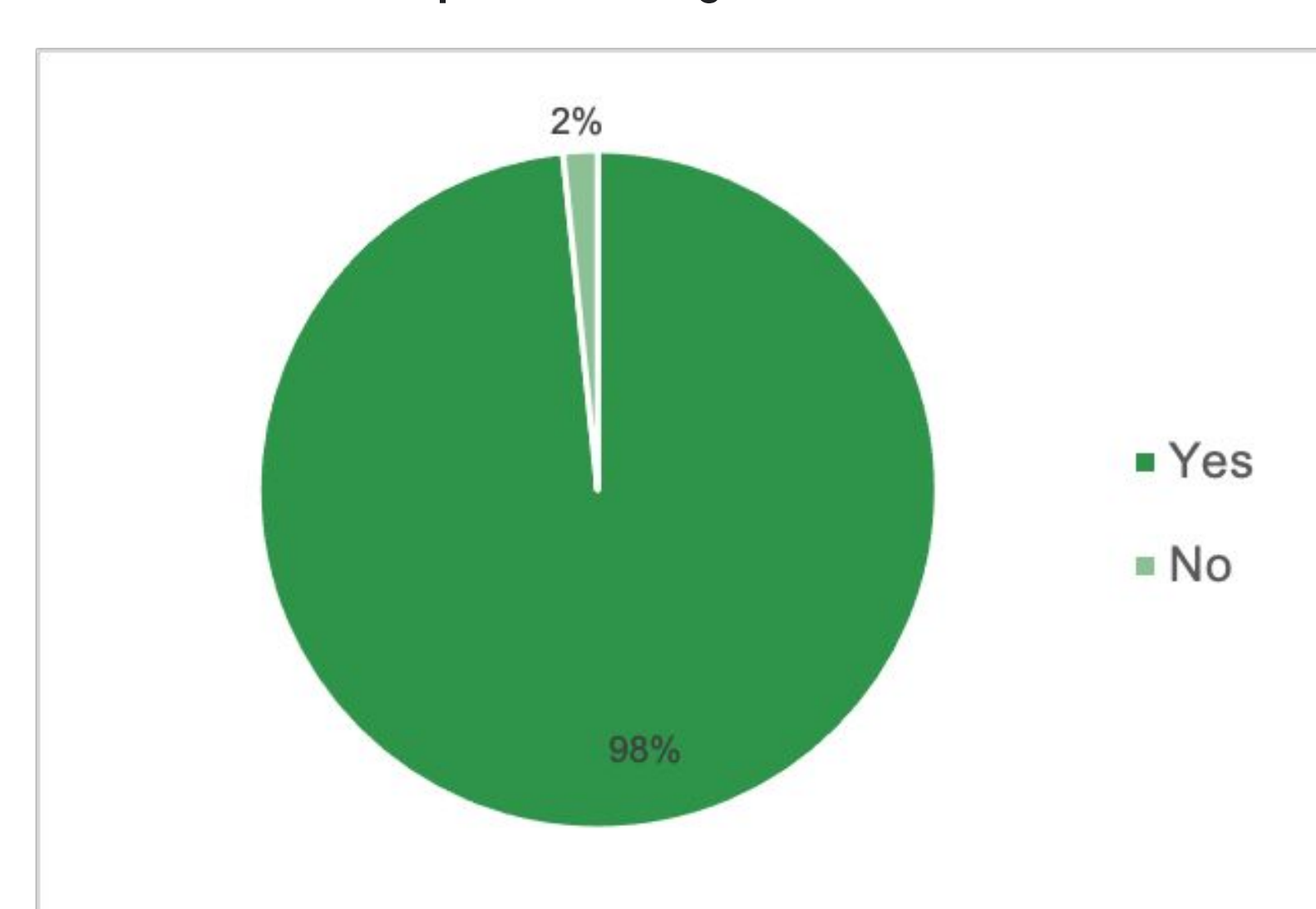
\*Ratings based on a scale of 1-5, with 1 being very uncomfortable and 5 being very comfortable

Rate your ability to advocate for incarcerated persons you might interact with while on clinical rotations before and after the session.



\*Ratings based on a scale of 1-5, with 1 being poor ability and 5 being strong ability

Do you believe medical students should have more exposure to topics relating to mass incarceration and the care of formerly and/or currently incarcerated persons during their medical education?



## STUDENT REFLECTIONS

"I think this is the absolute best way to **implement change** on this subject because medical students are the future of correctional medicine. It may not have an immediate impact, but it's long term effects can be revolutionizing."

"It was very eye-opening that incarcerated/formerly incarcerated individuals who wanted to seek out medical care to get their health in order, and help get their lives back on track, were still unable to do so because of systemic injustices. I learned that we **constantly need to advocate for these individuals** to end the practices that keep them marginalized long after they did their time."

"My key takeaways were mainly regarding the systemic issues faced and how these **directly contradict the fundamental tenets of medical care**. It also exposed me to the dangerous nature of privatized institutions when they intersect with fundamental services and human rights such as healthcare."

"I learned that there is a big stigma around caring for incarcerated individuals. This problem is often increased by the lack of funding for healthcare of incarcerated individuals due to the profit motivations of the privatized medical system. It is important to remember that incarcerated people are **people deserving of healthcare**, and increased funding of prison healthcare is extremely important and needed in our society."

## CONCLUSIONS

- Many medical schools notably fail to educate students on topics related to correctional healthcare
- Introducing correctional medicine early on in medical education can help students recognize the health disparities incarcerated individuals face
- Medical students express interest and believe that topics related to correctional healthcare should be included in the medical school curriculum
- Before the session, medical students noted a gap in their knowledge about health disparities within incarcerated populations, and the ability to advocate for and be comfortable providing care for incarcerated persons while on clinical rotations
- After the session, results demonstrated that on average students rated their level of knowledge or comfort/ability to provide care for incarcerated persons as one point higher
- **There is an evident need to incorporate correctional healthcare education into the medical school curriculum**

## REFERENCE

1. Gips J, Spiegel A, Norton A, et al. Health Care in the Age of Mass Incarceration: A Selective Course for Medical Students in Their Preclinical Years. *MedEdPORTAL*. Published online November 12, 2020. doi:10.15766/mep\_2374-8265.11014