Mini Med School: Why you should try a virtual, medical student-led program
Mini école de médecine : pourquoi vous devriez tenter les séminaires virtuels, animés par des étudiants

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Article abstract

Implication Statement
Mini Med School (MMS) programs led by medical students provide a unique opportunity for community members to access free and accurate health information while engaging with the education of medical students. Virtually delivered MMS programs reduce barriers to access. 90.3% of participants in a recent MMS enjoyed medical students delivering the seminars. 63.6% of participants preferred virtual MMS seminars, with 31.8% preferring a combination of virtual and in-person delivery. Student-led, virtually delivered MMS programs are an engaging way to support both medical student and community education while strengthening community ties with local medical schools.
Mini Med School: why you should try a virtual, medical student-led program

Mini école de médecine : pourquoi vous devriez tenter les séminaires virtuels, animés par des étudiants

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Introduction

Mini Med School (MMS) programs consist of seminars that aim to educate participants about their own health while enhancing community engagement.1 Typically, these seminars are delivered in-person by university faculty; however, a virtual and medical student-led MMS program was not observed in the literature. Student-led MMS programs allow participants to engage with medical education, their communities, and allow students to strengthen their communication skills.2 Virtual MMS programs have the potential to reach isolated or marginalized populations and reduce barriers to accessing accurate health information.3 We evaluated participant enjoyment of a medical student-led, virtual MMS program delivered to isolated seniors in our community. REB was waived for this project.

Innovation

Our MMS program incorporates two innovations: medical student presenters and virtual seminars. Although medical student presenters are not new, they are uncommon, as most MMS programs in the literature were led by faculty. The students developed their own presentations, which included the following topics: laboratory testing, diabetes, medications and supplements, drug interactions, stress,
and diets. The students also communicated with attendees and evaluated the program by surveying the attendees’ opinions on the student-led and virtual aspects of the MMS.

A virtual delivery of MMS was necessary during the pandemic. Given the limited literature on virtual MMS programs, our evaluation of this initiative can provide valuable information for schools interested in adopting similar programs. Virtual seminars provide access to participants who normally would be unable to attend and allows students from different geographic locations to help deliver the program. Based on significant turnout and minimal technology support required by attendees, technology did not appear to be a barrier to participation.

Evaluation
Our program evaluation involved a survey to all attendees asking about their enjoyment of the student-led and virtual aspects of the MMS. 85 participants registered to attend at least one talk and 22 participants responded to our survey. There were nine talks in total, with an average of 25-35 attendees per talk.

When asked whether future MMS programs should be virtual, in-person or a combination, 63.6% preferred the virtual MMS, 31.8% preferred a combination, and 4.5% preferred in-person (Table 1). 90.3% agreed or strongly agreed that they “enjoyed having students deliver the seminars.” 81.9% agreed or strongly agreed that they “would enjoy hearing from practicing clinicians as well as students.” 90.9% agreed or strongly agreed that they “enjoyed being part of the training of medical students.” 90.9% of participants would recommend the program to their friends.

There was no cost to deliver the MMS. The seminars were recorded and posted online, allowing participants to reference the talks afterwards.

Next steps
We chose a group of seniors in our community who were isolated by the COVID-19 pandemic for our MMS and propose that future virtual MMS programs could reach any community of interest, particularly marginalized and isolated individuals. A combination of in-person and virtual delivery could be considered post-pandemic.

Based on the positive feedback we received concerning student involvement and the benefits of student involvement, including strengthened communication skills and community connection, we suggest students deliver the seminars, and to consider adding a practicing physician presenter as most respondents indicated they would enjoy this option.

| Table 1. Participant enjoyment of a student-led and virtual mini med school program (n = 22) |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| I enjoyed having students deliver the seminars | 1 (5%) | 0 (0%) | 1 (5%) | 6 (27%) | 14 (64%) |
| I would enjoy hearing from practicing clinicians as well as students in the MMS | 1 (5%) | 1 (5%) | 2 (10%) | 8 (36%) | 10 (45%) |
| I enjoyed being part of the training of medical students | 0 (0%) | 1 (5%) | 1 (5%) | 6 (27%) | 14 (64%) |
| Would you prefer future MMS to be virtual, in-person or a combination of the two? | Virtual | Combination | In-person | | |
| Yes | 14 (64%) | 7 (32%) | 1 (5%) | | |
| No | | | | | |
| Would you recommend our program to your friends? | 20 (91%) | 2 (9%) | | | |

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References