

Equipping Minoritized Learners with a Culturally Reflective Medicine Toolkit: A Pilot Study within an APAMSA Community

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ABSTRACT

Background: As the diversity of medical trainees grows to match that of the US population, there are educational and clinical encounters that cause tension between personal and professional identities for minoritized learners. How to manage these tensions is not addressed in medical education. We designed Culturally Reflective Medicine (CRM) as a toolkit for minoritized learners to identify needed areas of change, pass on learned experiences to younger generations, and improve healthcare for our minoritized, underserved communities.

Methods: We developed a two-hour workshop for medical trainees, providing background and theoretical frameworks relevant to CRM, future uses and practices, and extensive time for personal reflections and large-group discussion. Pre- and post-surveys were administered to gather demographic information, knowledge, and attitudes toward CRM on a five-point scale.

Results: Four MD and three PA students attended the workshop. Participants had increased understanding of CRM (change pre- vs. post-workshop=1.3, p-value=0.01), and increased ability (change=1.9) and confidence (change=1.6, both p-values<0.01) to apply CRM to culturally-congruent clinical and educational encounters. All participants viewed CRM as a useful skill to implement in their present or future training. Recurrent themes particular to APAMSA students that arose included bilingual language proficiency and Eastern and Western medicine integration.

Conclusions: This first implementation of CRM demonstrated that it can be readily and usefully applied to improve minoritized individuals' medical education and healthcare practices for our communities. Future applications for CRM include expansion through SUMMA to other affinity groups at Stanford and beyond, investigations of common challenges experienced by minoritized learners, and formal integration into medical education.

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