

Equipping Minoritized Learners with a Culturally Reflective Medicine Toolkit:

A Pilot Study within an APAMSA Community

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Community Partners

Stanford University Minority Medical Alliance (SUMMA)

Mission: To increase diversity in the health professions in order to better care for underserved communities

Asian Pacific American Medical Student Association (APAMSA)

Mission: To bring together those who are interested in health issues that affect the Asian American community to have a strong, collective, public, and political voice.

This project **addresses a specific need experienced by minoritized medical trainees**, particularly those who identify as AANHPI, allowing them to **better serve their communities**.

Background

- Ensuring cultural concordance, where the diversity of medical trainees matches that of patients, is key to caring for minoritized communities.¹
- Medical curricula & cultural education are standardized to all trainees.
- There is a lack of training designed specifically for minoritized learners to examine culturally concordant clinical and professional interactions.²⁻⁵
- Culturally Reflective Medicine (CRM) is a toolkit for minoritized learners to identify unanticipated tensions that arise for minoritized, healthcare professional trainees.⁶

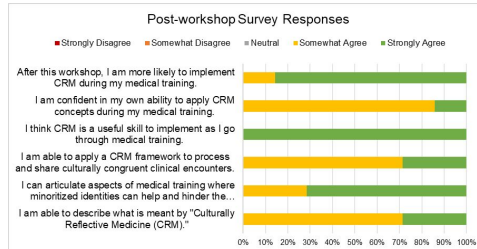
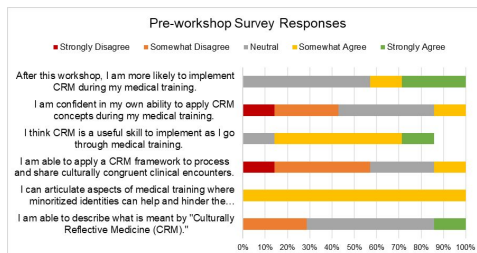
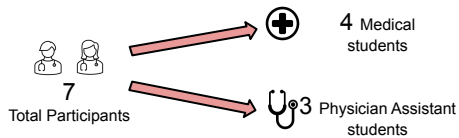
Methods

Two-hour workshop for medical trainees:

- Background and theoretical frameworks relevant to CRM
- Future uses and practices
- Extensive time for personal reflections and large-group discussion

Pre- and post-surveys to gather demographic information, knowledge, and attitudes toward CRM on a five-point Likert scale.

Results



Recurrent themes particular to APAMSA students:

Bilingual language proficiency



Eastern and Western medicine integration



Participants demonstrated increased understanding of CRM, ability, and confidence to apply CRM to culturally-concordant clinical and educational encounters. All participants viewed CRM as a useful skill to implement in their present and future training.

"I loved the discussions today and felt like I learned a lot about the assumptions we might make as AAPI providers and how we can communicate to patients and use these assumptions to improve patient care."

"This workshop helped me reflect on my past clinical experiences while also encouraging me to connect with my own cultural upbringing to the work I'll do as a clinician."

"The CRM workshop helped me realize that I wasn't alone with my thoughts and feelings in certain culturally-invalidating situations, and it connected me with resources about bridging traditional and modern medicines."

Conclusions

- This is the first implementation of CRM.
- CRM can be readily and usefully applied to minoritized individuals' medical education.

Recommendations

Future applications include

- Expansion to other minority groups at Stanford and beyond
- Investigations of common challenges experienced by minoritized learners
- Formal integration into medical education

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For questions, contact Abby Chen (achen95@stanford.edu) or Janet Wu (intwu@stanford.edu).

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