

CULTURAL HUMILITY TRAINING FOR FIRST YEAR MEDICAL STUDENTS



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INTRODUCTION

Cultural humility is an orientation towards patient care that emphasizes the need for adaptability and a growth mindset when working in multicultural environments. Care providers must have an appreciation for a patient's expertise of their cultural experiences and recognize that there is always room for improvement as patients' cultural circumstances and beliefs continue to evolve. Cultural humility can help to combat healthcare disparities by encouraging providers to establish power-balanced relationships with their patients where both parties feel comfortable communicating their values and expectations for the interaction. In order to better prepare first year medical students for similar interactions with the Detroit community as part of their M1 Service Learning Course, the American Medical Association WSUSOM Chapter hosted a Cultural Humility Training during their orientation. The students attended a 1.5 hour training hosted by near-peer M2 students where they were introduced to cultural humility, and Detroit's rich cultural history. The goal of this intervention was to increase students' confidence in utilizing cultural humility while volunteering, and ensure that their future interactions in the Detroit community would be effective and inclusive.

METHODS

- 300 first year medical students (M1s) were asked to fill out a pre-survey to determine their understanding and perceived confidence in practicing cultural humility.
- M2 near-peer students conducted a 45-minute presentation in which students learned about the definition and stages of cultural humility, diversity in Detroit and within their class, what makes up a person's "culture" and how to integrate cultural humility into volunteerism.
- M1 students spent 45 minutes in small groups discussing hypothetical scenarios in which they would have to exercise cultural humility while volunteering.
- After the presentation and a group exercise, students completed a post-survey.
- Paired samples t-tests were conducted to compare students' familiarity with and confidence in using cultural humility pre- and post-intervention.

Pre-Survey

Presentation

Group
Exercise

Post-Survey

RESULTS

Figure 1. Prior to participating in the session, students acknowledged if they had encountered a scenario where they had to demonstrate cultural humility. 67% of students said yes, 31% of students said "I'm not sure", and 2% of students said no. N = 307



Figure 2. Familiarity with the term cultural humility was reported on a 10-point scale with 1 indicating "not at all familiar" and 10 indicating "extremely familiar". Paired samples t-test demonstrated a statistically significant difference between familiarity pre-intervention (M = 6.12, SD = 3.04, n = 130) and post-intervention (M = 8.92, SD = 1.10, n = 130); $t(129) = -10.63$, $p < 0.001$.

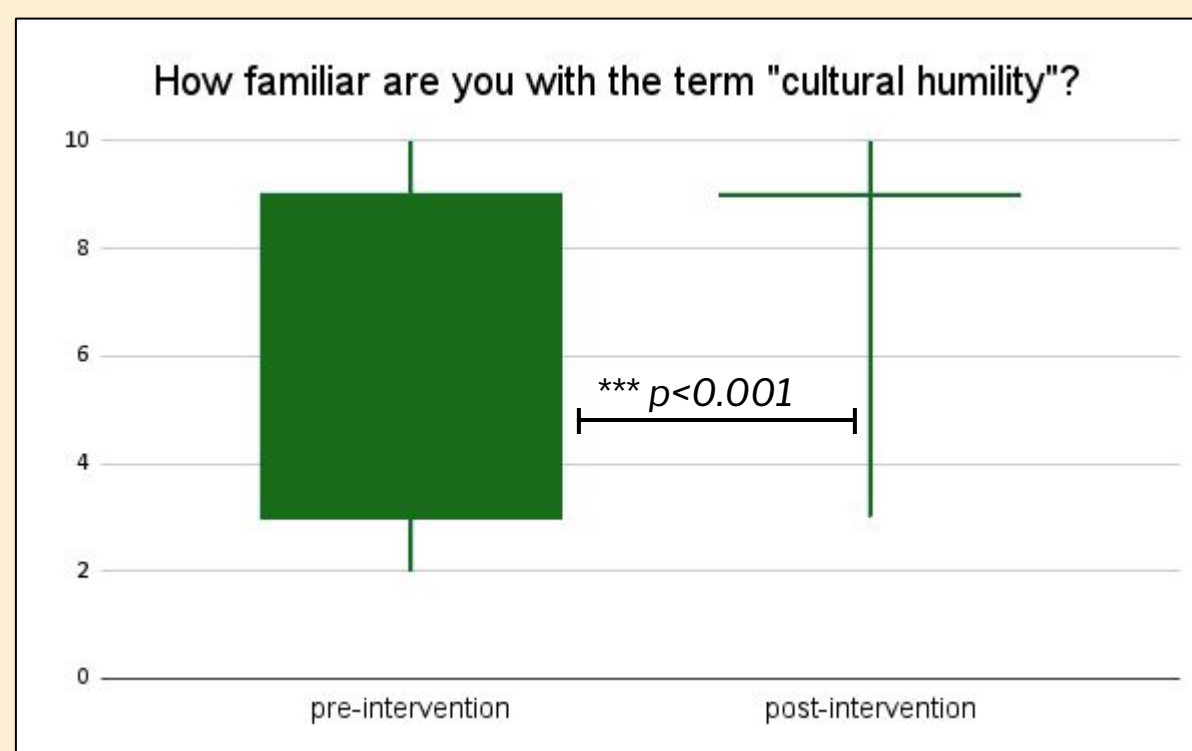


Figure 3. Comfort using skills in cultural humility while working in the community was reported on a 5-point scale, with 1 indicating "not at all comfortable" and 5 indicating "extremely comfortable". Paired samples t-test demonstrated a statistically significant difference between comfort pre-intervention (M = 3.83, SD = 0.81, n = 132) and post-intervention (M = 4.27, SD = 0.60, n = 132); $t(131) = -6.33$, $p < 0.001$.

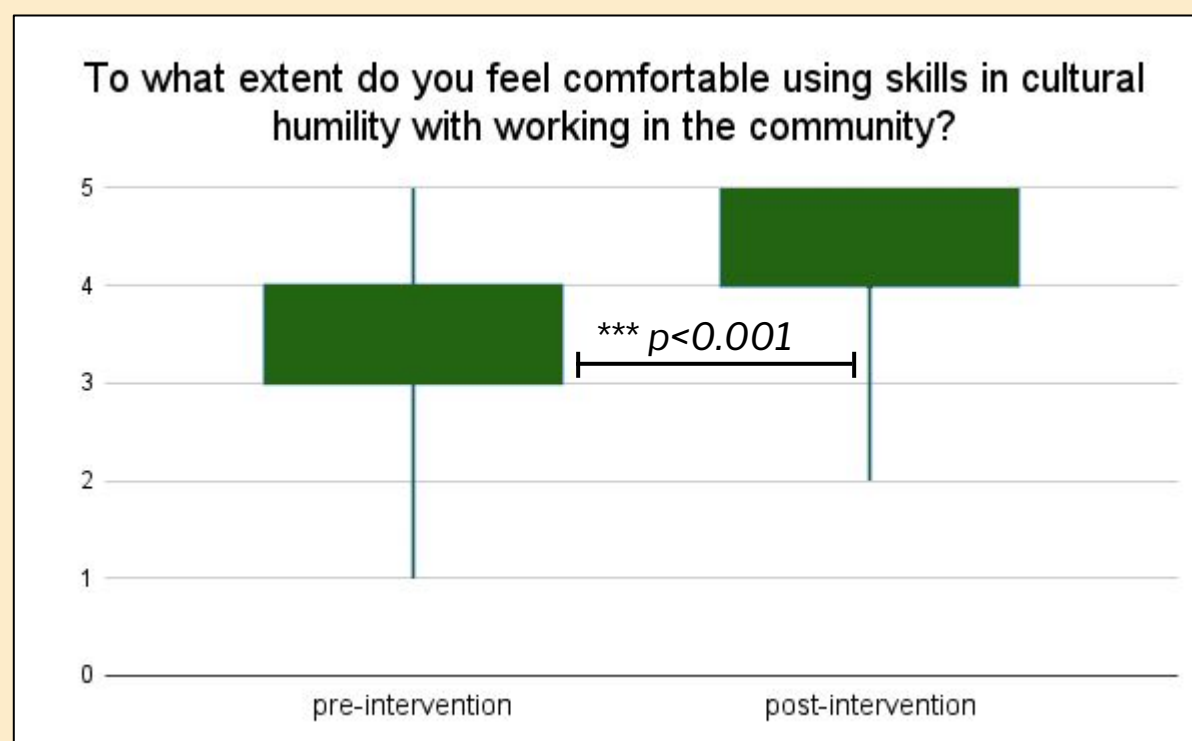


Figure 3. Understanding of social, cultural, socioeconomic, and demographic factors that influence patients was reported on a 5-point scale, with 1 indicating "not at all comfortable" and 5 indicating "extremely comfortable". Paired samples t-test demonstrated a statistically significant difference between comfort pre-intervention (M = 4.32, SD = 0.632, n = 133) and post-intervention (M = 4.47, SD = 0.634, n = 133); $t(132) = -3.47$, $p < 0.001$.

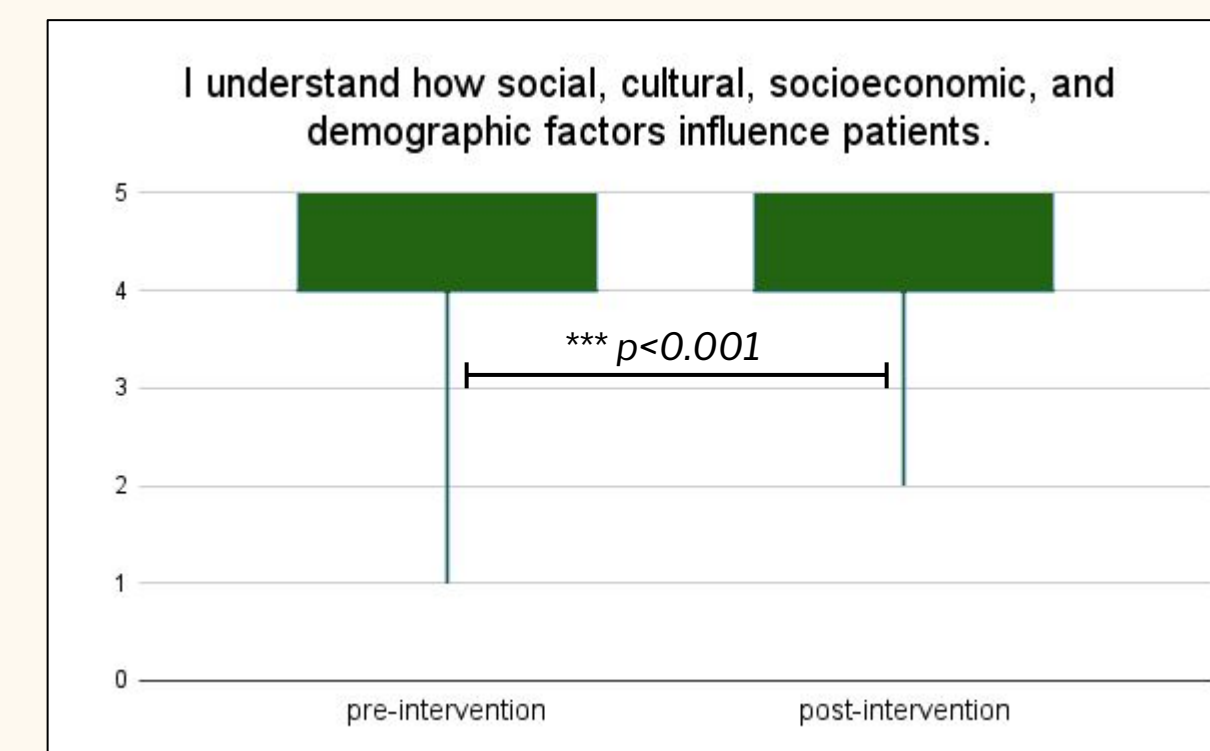
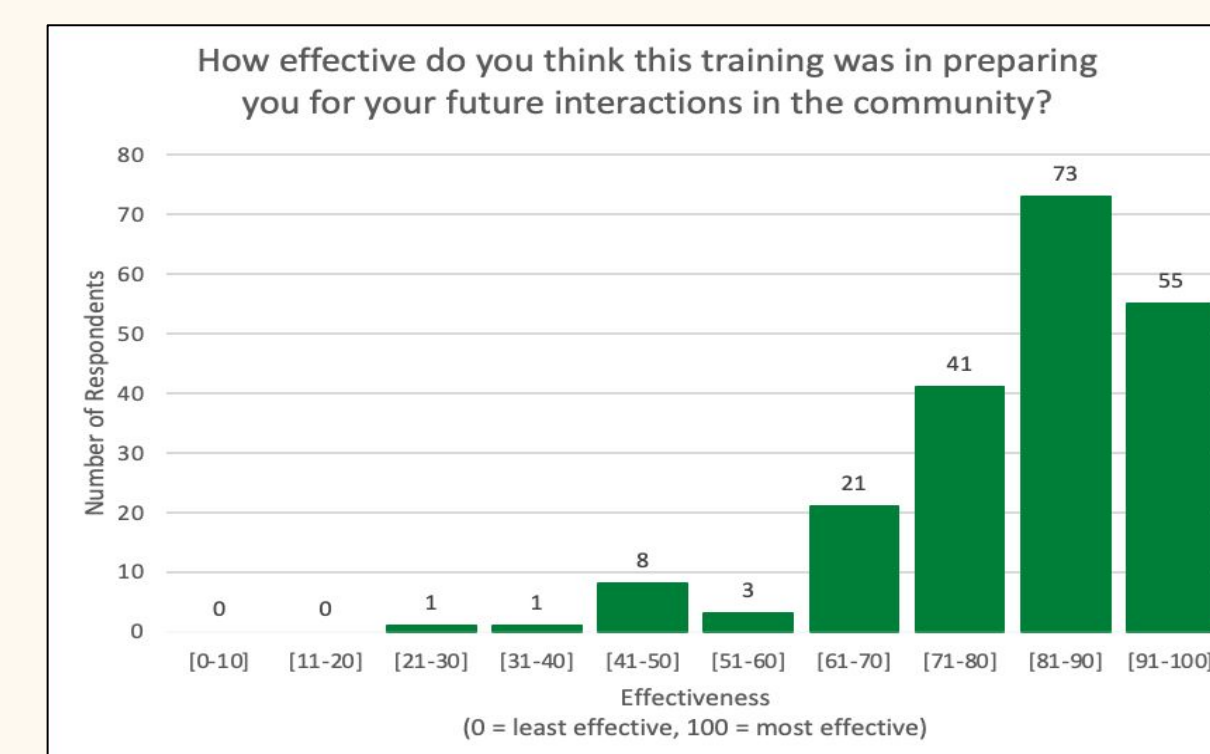


Figure 5. Post-intervention, students rated the training effectiveness level with a mean of 83.25 (± 13.48). N = 203



CONCLUSION

M1 students displayed significant improvements in their conceptual understanding of cultural humility and their confidence in embodying cultural humility while volunteering in the Detroit community. Although many students came in with high perceived understanding of socioeconomic, cultural, and demographic factors affect patients, they still displayed significant increases in understanding after the intervention. Based on student feedback and effectiveness ratings, the program was an widely accepted means of introducing M1s to cultural humility.

Immediate results following the intervention suggest that peer-led Cultural Humility Training is an effective and well-received method of preparing students to work in culturally diverse environments during community outreach. Further research will be conducted to determine the long-term impacts of training on volunteering outcomes, or if longitudinal training is required to yield positive results.