

Title of presentation

Introducing Cultural Humility in the Medical Curriculum

Presenters

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Abstract

What is Cultural Humility?

Cultural Humility was developed to improve the limitations of the cultural competence model (1). It is relevant to medicine as it promotes patient-centred care by encouraging practitioners to learn about patients' cultural and social contexts by "becoming the student of the patient" (2). It encourages practitioners to be critically self-reflective of (unconscious) biases within their personal and professional cultures using the 5 'R's' of reflection, respect, regard, relevance and resiliency, which should be incorporated into all patient encounters (3).

How was Cultural Humility introduced into the medical curriculum?

The opportunity for medical students to have early contact with patients is a key feature of the curriculum (4). In their first year, students visit a patient/family in their own home (virtually during the pandemic) to help them understand how people live with illness. For some students, this is the first time they meet someone culturally different to themselves, thinking about culture in the broadest sense.

We designed an introductory narrated video, to help students understand Cultural Humility, and align it with their early clinical contact. We ran a mini-

interactive workshop entitled “Have you ever ...” for two cohorts of 160 students, prompting them to think widely about their own culture (to be demonstrated during the panel discussion). We facilitated discussions between the GP tutor and students (using the 5 Rs framework) around their patient contact, about which students provide a written reflection.

Student Feedback

After running one of the mini-workshops, we asked students to anonymously complete a short survey. Students rated the importance of Cultural Humility in the curriculum as 4.8/5 (113 students) and made comments such as "I think it is great that the medical school is actively recognising that we live in a society whereby certain biases influence us from a young age and how important it is to treat everyone equally (especially in a healthcare setting) and to learn how to respectfully learn from others about their cultures and beliefs."

Panel discussion points

- Our experience of introducing this initiative and challenges encountered, to help others interested in using it
- Student involvement in designing and rolling out such an initiative
- Extension of this initiative - developing the critical element to prompt more senior medical students to consider the power differential between themselves as future doctors and their patients.

References

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