

Teaching Strategies for Cultural Humility in Undergraduate Medical Education: A Scoping Review

Maha Ahmed, Aya Mahder Bashi, MPH, and Andrew P. Loehrer, MD, MPH

Introduction

- Cultural humility has increasingly been discussed as a means to address ongoing disparities across health care
- Undergraduate medical education is a prime time to introduce skills although multiple strategies have been reported
- In this scoping review, we analyzed the strategies in which critical self-reflection is used to teach cultural humility in undergraduate medical education.

Background

Cultural humility incorporates a lifelong commitment to three parts:

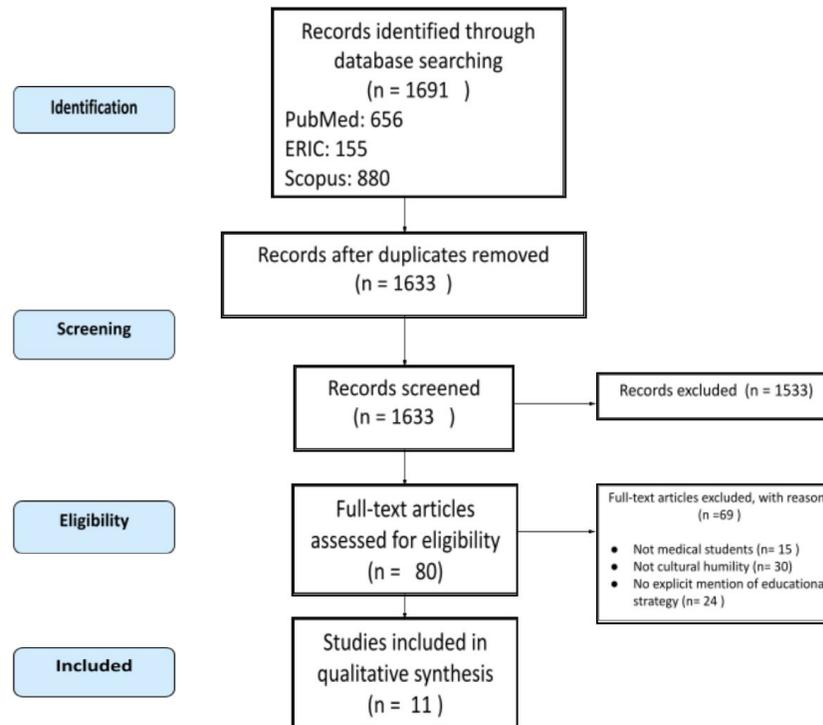
1. Self-evaluation and self-critique
2. Redressing the power imbalances in the patient-physician dynamic
3. Developing mutually beneficial and non paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations

Methods

The scoping review was guided by Levac and colleagues' (2010) six-step approach

- Initial search identified relevant articles, which were examined for Medical Subject Headings (MeSH) terms and keywords
- Comprehensive searches were done in PubMed, ERIC, SCOPUS
- Two authors (A.M.B and M.A.) extracted data according to the Modified Guideline for Reporting Evidence-Based Practice Education Interventions and Teaching (GREET) checklist

Figure 1: Prisma Diagram

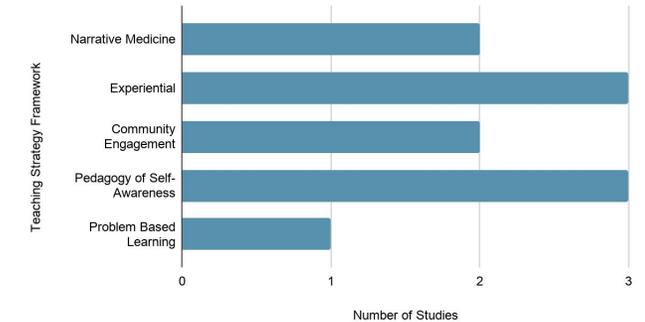


Data extraction followed GREET categories and included: participants; theory, model, or framework; learning objectives; educational strategies; delivery personnel; intervention schedule and/or length; and intervention outcomes. Coding occurred in 3 distinct phases: coding, sorting, and synthesizing.

Results and Conclusion

Figure 2:

Teaching Strategy Framework by Numbers



- In order to educate the complete physician, we support a process of transformative learning to analyze our own biases which contribute to structural racism and violence.
- The most common teaching strategies for cultural humility included both experiential learning and a pedagogy of self-awareness. Narrative medicine, community engagement, and problem based-learning were also employed as tactics to promote reflection among medical students. The interventions were most commonly conducted during the clinical years of a student's medical education.

References

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