

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

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## 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:

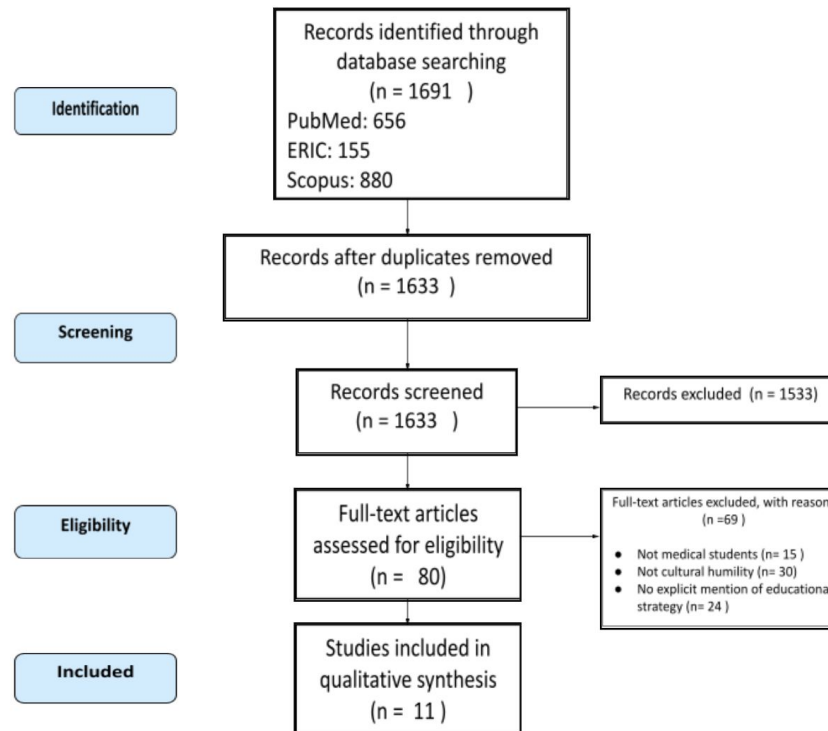
1. Self-evaluation and self-critique
2. Redressing the power imbalances in the patient-physician dynamic
3. Developing mutually beneficial and non paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations

## 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

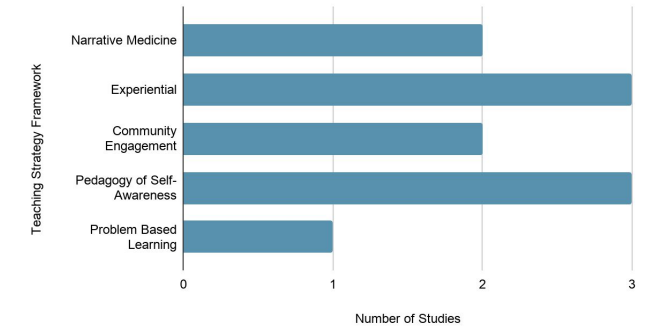


Data extraction followed GREET categories and included: participants; theory, model, or framework; learning objectives; educational strategies; delivery personnel; intervention schedule and/or length; and intervention outcomes. Coding occurred in 3 distinct phases: coding, sorting, and synthesizing.

## 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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