Expansion of a Qualitative Study on a Patient-Centered Module about Persons with Disabilities

Sonya Miller*, University of Michigan Medical School, Ann Arbor, USA

Background: Patient centeredness and patient-provider communication can be influenced by disability status. Teaching competent care for persons with disabilities (PWD) has to include their viewpoints and perspectives. Understanding some of their core values, beliefs, and experiences is essential to providing patient-centered care for persons with disabilities.

Summary of Work: Prior work revealed that a patient-centered module focused on PWD helps students understand some of the complexities of living with a disability, and increases their knowledge about issues that are relevant and important to PWD. The authentic representation of patients’ experiences in conjunction with the multiple forms of active learning results in a module that evokes reflections about attitudes, empathy, and the role of advocacy for health care professionals.

Summary of Results: An earlier study was extended by aggregating responses. Students were asked how the module changed their understanding, awareness or perception of individuals with disabilities. Their written responses were qualitatively assessed using a semi-grounded approach, which identified four themes: (a) the daily life of individuals with disabilities; (b) changing notions of normalcy, as PWD consider themselves normal; (c) the impact of discrimination against PWD; (d) disability is not only an issue of the physical body.

Discussion: The definition of normal is challenged and expanded. Students recognize that “normal” is defined by the individual. Consequently, having a disability can be normal. There is recognition that a physical disability extends far beyond a person’s appearance. There is acknowledgment that discrimination is against PWD is multi-layered, often subtle and institutionalized.

Conclusion: Students gained an understanding of the experiences of PWD. They recognized the impact that impairments, activity limitations and participation restrictions have on individuals and their families. They gained perspective about life as a PWD and developed informed empathy.

Take Home Messages: Persons with disabilities are effective educators. Informed empathy for individuals with disabilities can be taught. A patient-centered module is a valuable teaching tool.
Veiled Ambitions: Female Muslim medical students and their different experiences in medical education

Hannah Leyerzapf*, VU University Medical Center, Amsterdam, Netherlands
Hajar Rifi
Tineke Abma
Petra Verdonk

Background: Cultural minority students are entering higher education since 1995 and female students make out the majority of medical education. In the Netherlands, the medical student population of VU University Medical Center Amsterdam is among the most diverse in the country, however, little is known about female Muslim medical students and their experiences with medical education.

Summary of Work: A qualitative study aimed at gaining insight in experiences of female Muslim medical students to formulate recommendations on interculturalisation and inclusiveness of medical education. Fourteen semi-structured interviews were conducted. Thematic content analysis was performed.

Summary of Results: Experiences cluster around being ‘different’ in student life, as a medical student and physician. These ‘domains of difference’ represent social norms on being a ‘normal’/ ‘good’ medical student and physician. Micro-aggressions are experienced during internships and in education activities. Social segregation of minority and majority students, creates enclave deliberation for female Muslim medical students and stimulates relational empowerment. However, it also seems to hinder inclusion in medical school and professional networks.

Discussion: Intersections of gender, culture, religion and social class appear to affect possibilities for female Muslim medical students- in particular those who wear a headscarf. Respondents need to perform precarious balancing work within the three domains of difference between expectations and norms on what it takes to be a ‘good’ medical student and physician, and their personal values and -perceived- identity as a cultural minority and female Muslim student.

Conclusion: Stereotypical and categorical thinking and imaging on religion, gender and culture seem to affect minority students’ medical education and possible career progress.

Take Home Messages: Implicit exclusionary norms within medical school need to be critically addressed so that female Muslim medical students can be positively distinguishable in the medical professional field.

We just did not get its added value. Medical students’ Cultural Encounter with the Other

Petra Verdonk*, VUmc, EMGO Institute, School of Medical Sciences, Amsterdam, Netherlands
Maaike Muntinga
Lina Issa

Background: We developed and piloted a module about diversity and critical reflexivity for Dutch medical interns. The module incorporated an encounter with a nursing home-dwelling person with a background unfamiliar to the students, and a written report about the encounter which was shared in a group meeting.

Summary of Work: To evaluate the module, we collected and thematically analysed data including survey data, student narratives, observations, and interviews. What did we learn?

Summary of Results: In total, 38 students participated in two groups (7M, 21F, 10 missing), average age 23,5 yrs, majority Dutch background). Students’ opinions about the module included that it was uninteresting (M=2,5) and irrelevant (M=1,8). Three themes emerged from qualitative data: (1) wrong time, wrong place, wrong way, about content and delivery; (2) the personal vs the professional, about how being personal contradicts professionalism; and; (3) scratching the surface, about Dutch norms about equality and taboos around discussing difference and inequality.

Discussion: Our results highlight the relevance (wrong time, ...) to align the delivery of modules to students’ perceptions of the appropriate moment in the curriculum to develop knowledge and skills. Conflicting discourses seem present about ‘personal’ or ‘private’ behaviour during interactions with patients (the personal vs the professional). Finally, students’ opinions reflected Dutch egalitarianism (scratching the surface) that questioning assumptions is unnecessary because sameness is the norm already.

Conclusion: Students resisted re-examining their structural positions. A thorough understanding of widely held cultural beliefs about what medicine, and being a medical student, entails, and of the messages students hear across the different curricula (informal and hidden), is necessary when implementing diversity modules.

Take Home Messages: To develop successful diversity modules, it is essential to gain an understanding of what works, why it does (not) work, when it works, and how...
"You’ll never be a surgeon anyway". Gender effect on medical internship learning opportunities

Marwa Schumann*, Alexandria Faculty of Medicine, Alexandria, Egypt
Ashley Dennis (Center for Medical Education, Dundee, UK)

Background: "Feminizing of medicine" is an emerging topic in the field of medical education as women represent a majority in terms of entry to medical schools worldwide and will therefore represent the majority of working doctors. However, female exposure to negative attitudes discouraging them from choosing a specific “male-dominated” career will lead to a paradoxical shortage of residents especially in certain specialties such as surgery and orthopedics.

Summary of Work: Based on social constructivism epistemology this qualitative research included focus group and personal interviews with a total of 23 house officers and junior residents from four different training and workplace locations inside and outside Alexandria. They provided personal incident narratives about their formal and informal learning experiences during the practical year. We applied qualitative framework analysis of all narratives using Atlas Ti software program and conducted a narrative analysis of one exemplar.

Summary of Results: We identified a total of 51 narratives; 31 by house officers and 20 by residents. Gender occurred in 11 house officers’ narratives as a barrier rather than a facilitator of the learning experience. The hidden curriculum plays an important role in gender discrimination.

Discussion: Gender issues have been reported in the medical education literature across the globe, for example in the United States, the UK, and Israel. However, female exposure to negative attitudes goes beyond discouragement from choosing a specific “male-dominated” career into a problem affecting the quality of health care provided when it prevents them from achieving basic surgical or CPR skills.

Conclusion: Gender discrimination affects medical interns on a deeper level which goes beyond demotivation and limiting the career choices to affect the quality and safety of healthcare provided. Regardless their gender equal training opportunities should be provided to medical interns.

Take Home Messages: Summing up we may say that gender inequalities may cause house officers’ frustration and restrict their career choices, but more seriously they may affect the patients’ safety, especially when it involves clinical and procedural skills needed in acute and emergency cases.