



# Diversity, Equity, and Inclusion Training Impact on Empathy and Cross-Cultural Understanding During Medical Training

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## BACKGROUND

Empathy is a central pillar of medical education because it equips physicians with the ability to see the person instead of solely a diagnosis. Empathy allows practitioners to perceive emotions, to resonate with them and to take a different perspective<sup>1</sup>. Without targeted approaches during the first year, empathy skills decline<sup>2</sup>. In the medical field, which hinges on empathy in order to provide compassionate patient-centered care, loss of empathy can perpetuate healthcare disparities which are also due in part structural racism, inequity, clinician naivety and bias<sup>3</sup>.

## PURPOSE

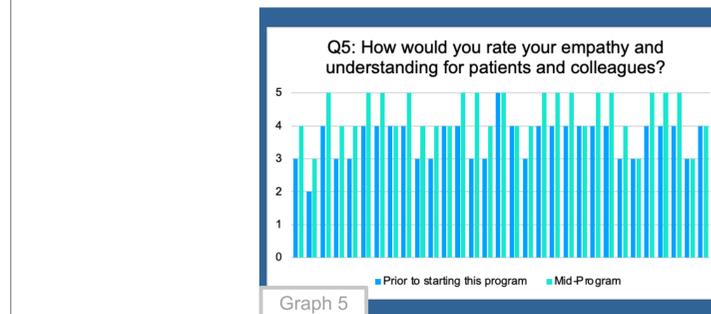
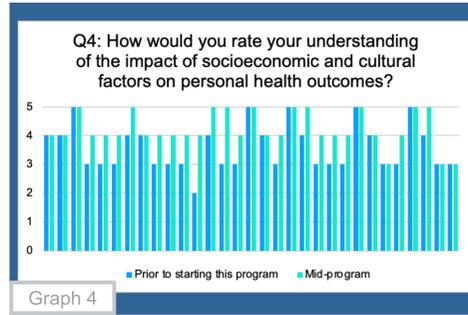
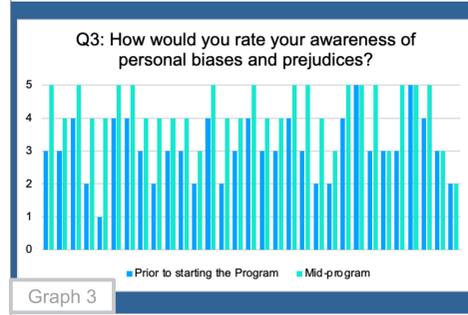
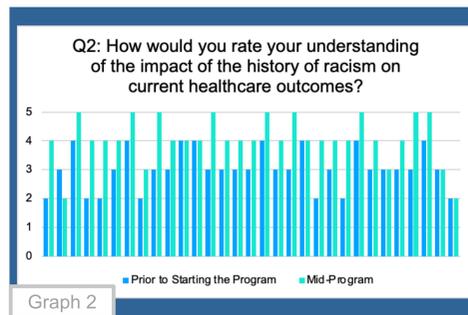
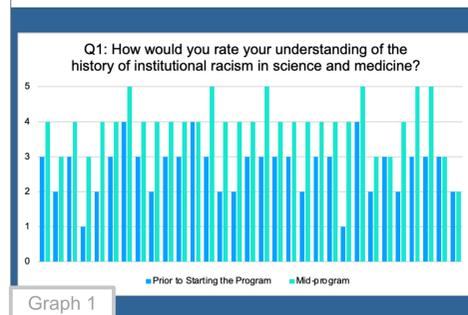
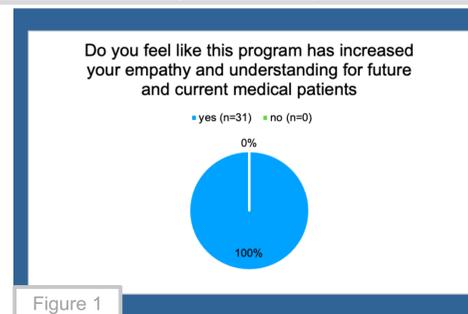
The Diversity, Equity and Inclusion (DEI) Training Program's purpose is to build a strong foundation of empathy through specific lectures, activities, and reflections in order to mitigate healthcare disparities. The objectives for this project are:

1. Describe historical examples of institutional racism in science and medicine
2. Critique the socioeconomic and cultural factors that cause and perpetuate healthcare inequities
3. Raise awareness of own biases and prejudices
4. Discuss the importance of community context in understanding patient and community health status
5. Describe the aspects of the history, culture, and socioeconomic factors in the community that are relevant to the health of the community
6. Develop empathy and understanding for patients and physicians of different backgrounds

## METHODS

An optional extracurricular curriculum was created to set the foundation for first-year medical students to achieve a deeper understanding of empathy and cross-cultural understanding. The curriculum featured five events spaced over five months, starting January 19, 2021 and finishing May 19, 2021. The events focused on the history of race and medicine, implicit bias in healthcare, healthcare disparities and inequities, gender and sexuality, and cultural sensitivity and competency. Participants were assigned supplemental activities and readings to deepen understanding of events and topics. Participants were also divided into small groups where they were able to discuss personal takeaways from the event, gain insight from the reflections of peers, and develop a method to continue educating themselves and peers on the topics covered. Together the cohort discussed ways the topics could affect healthcare, patients, and their everyday lives. All event speakers and small group facilitators were voluntary participants, who gave their time and materials at no cost to the program.

### Mid-Program Survey Results



Question	Average Pre-Course Rank	Average Mid-Point Rank	Percent of students showing improvement
Q1	2.7	4.0	87
Q2	3.0	4.0	81
Q3	3.0	4.2	84
Q4	3.6	4.2	58
Q5	3.6	4.4	74

Table 1: Data from Questions 1-5 in the graphs above listed in a summarized numerical form.

## RESULTS

The optional DEI curriculum was offered to all 165 medical students in the first-year class, and 27.9% (n=46) voluntarily joined the program. From the participants, 50% (n=23) had no prior experience of diversity, equity and inclusion training. Mid-program survey results (n=31) revealed that the program has unanimously increased participants' empathy and understanding for future and current medical patients (Figure 1). Additionally, participants were asked to rank themselves on a Likert scale (1 = poor, 5 = excellent) for the following questions both before and at the midpoint of the program:

- Q1: Rate your understanding of the history of institutional racism in science and medicine.
- Q2: Rate your understanding the impact of the history of racism on current healthcare outcomes
- Q3: Rate your awareness of personal biases and prejudices
- Q4: Rate your understanding of the impact of socioeconomic and cultural factors on person health outcomes
- Q5: Rate your empathy and understanding for patients and colleagues

Graphs 1-5 display our survey results for each question. As shown in Table 1, there is improvement in all question domains from pre-program to the midpoint.

## CONCLUSIONS

Upon completion of the program, all participants will receive an institutional undergraduate medical education certificate of completion in DEI Training. We expect that first-year medical students will be more equipped in understanding the complexities related to providing optimal healthcare to future patients and improve interprofessional relationship with peers and other members of the healthcare team.

- Our hope is this training will increase empathy and generate future reductions in healthcare disparities. It is also expected that first-year students will be able to acknowledge that patients exist beyond diagnoses, labels, socioeconomic status, background, ethnicity, or gender. We want to encourage participants to focus beyond what is merely seen on paper or documented in a chart, which requires the skills to identify individual situations that may contribute to patients' circumstances and affect health outcomes.
- Our hope is this DEI curriculum will foster the development of a deeper level of empathy and understanding that will positively impact our peers and patients as well as circumvent any biases that may hinder us from providing the best possible care to those we serve.

## REFERENCES

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