

Cultural Humility Cohort

Invisible Identities: Educating Healthcare Providers on Hmong LGBTQ+ Experiences



Project Leader: William Wong, M3

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Team Members: Mingqian Lin, M1; Gao Zangzee Yang, M1; Na Xiong, M1; Payeng Lor, PY1; Tatiana Perry, M2; and Mathew Letizia, PharmD

For the last several months, our team has been extremely busy developing our Invisible Identities educational workshop. What initially started out as a frustration in the MCW curriculum in terms of LGBTQ+ related content has now become a reality as we just had our very first educational workshop last week! It has been an unbelievably humbling and transformative experience for our entire team in putting together these sessions.

Since last September, our team conducted over 35+ stakeholder interviews with students, faculty, administrators, and Hmong LGBTQ+ community members and organizations. Utilizing this information, we then developed three case studies that explored Hmong LGBTQ+ experiences through the lens of intersectionality and cultural humility. These topics included the Hmong postpartum diet, Animism (a Hmong religion) in the context of gender reassignment survey, and mental health struggles within a paternalistic and patrilineal Hmong clan.

Many of the students who have attended our workshops have had positive feedback. The overall takeaway from our workshop has been that there is not enough LGBTQ+ course content within our educational training. In addition, many students indicated that they felt ill-equipped to care for LGBTQ+, specifically Hmong LGBTQ+ patients. After completing the workshop, students have indicated that they feel more prepared to work with Hmong LGBTQ+ patients in the future. They mentioned how by understanding the specific cultural aspects of Hmong culture (the postpartum diet and Animism) for Hmong LGBTQ+ patients, it will allow our attendees to better build an inclusive and welcoming community for their Hmong queer patients.

For our next steps, we plan on continuing to facilitate our educational workshops this spring. In addition, we are in the process of developing a video for our sessions with Nyob Zoo Milwaukee TV, a local Hmong media/news company. We are very excited for what's to come for our Invisible Identities project!

Project Launch Link:

<https://mcw.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=47abe2de-e41e-41c2-9db2-ac5a00e0462a>

Bringing Mental Health First Aid to Pharmacy Students through the TI2 Initiative



Project Leader: Kevin Bozyski, PharmD, BCPS, BCPP

Members: Himanshu Agrawal, MBBS, DF-APA; Molly Schmidt; Annabel Kuhn;

Project Navigator: Wendy L. Peltier, MD

According to the National Alliance on Mental Illness (NAMI), approximately 1 in 5 US adults experience mental illness each year, with suicide being the second leading cause of death in people aged 10–34 years.¹ Over a year ago, Dr. Kevin Bozyski introduced Dr. Himanshu Agrawal to Mental Health First Aid (MHFA), a national certification program that educates participants how to recognize, assess, and respond to mental illness; its curriculum was updated for virtual delivery beginning in 2020 (MHFA 2.0).² Kevin proposed a project to train first year pharmacy students at MCW in MHFA 2.0. Himanshu heartily agreed with the *tiny* caveat that over time they would try and expand this project to the *entire* MCW community – to Himanshu’s delight, Kevin agreed!

They added team members (pharmacy student Molly Schmidt and medical student Annabel Kuhn) and submitted their proposal to MCW Kern Institute, which liked the concept enough to provide them with a Transformational Ideas Initiative (TI2) grant. The grant provided the team with valuable mentorship (a special “thank you” to Dr. Wendy Peltier!) and funds for both Kevin and Himanshu to undergo 3-day virtual training in November 2020 to become MHFA trainers.

Next, Kevin and Himanshu created/offered a new, 1-credit-hour elective course to first-year MCW pharmacy students. Interest was high, as 20 students were

enrolled and 10 students were placed on a waitlist. Enrolled students completed a pre/post Qualtrics survey with the Opening Minds Stigma Scale for Health Care Providers (OMS–HC–15) and questions about mental health experiences. In addition, students participated in these activities from January to March 2021:

- MHFA 2.0 involving 2 hours of independent prework and 5.5 hours of live instruction
- NAMI “In Our Own Voice” Program, which included panel discussion with 2 individuals with lived mental health experiences
- Small group discussions facilitated by MCW mental health clinicians

Thus far, the preliminary results are encouraging! Here are some take-aways to share:

- Most students had a personal connection to mental health diagnoses. However, only 10% had professional experiences through employment or clinical experiences in mental health care.
- Two *important* questions on the OMS–HC–15 had a statistically significant improvement:
 - “There is little I can do to help people with mental illness.”
(2.21 ± 0.98 vs. 1.63 ± 0.50 ; $p=0.03$)
 - “I would not mind if a person with a mental illness lived next door to me.”
(2.00 ± 1.16 vs. 1.37 ± 0.60 ; $p=0.04$)
- Students were strongly satisfied with course organization and content, believing the activities were beneficial to their development as future pharmacists and recommending them to peers.
- Nearly two-thirds of students were strongly confident in their ability to use learned MHFA skills.
- Over half of students created a self-care plan and/or assisted a personal relation through a non-crisis situation within 1 month of training. One student even reported that they had already assisted a professional colleague or MCW student peer through a mental health crisis!

We look forward to expanding MHFA training at MCW following these initial results; discussions with multiple groups are already in the works. Please wish us luck – after all, when we all move ahead, we *a//* move ahead!

Did you notice how we transformed from using “they” to “we” within this article?

References:

1. Mental Health By The Numbers. National Alliance on Mental Illness. 03/2021.
Accessed <https://www.nami.org/mhstats> on April 19, 2021.
2. Mental Health First Aid. 2021. Accessed <https://www.mentalhealthfirstaid.org> on April 19, 2021.

Project Launch Link:

<https://mcw.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=699659d4-397f-4e77-b0e3-ac5a00e0507c>

Kaleidoscope: A Program With a Diversity Lens



Project Leader: Adrienne German

Team Members: Jean Mallett; Janalle Goosby; Krystal Almazan, M2; Na'il Scoggins, M4; Brittany Doll, M2; Abiye Agbeh, M2; and Doug Bierer, M2

Navigator: Amy Prunuske, PhD

The goal of our project is centered on increasing awareness and participation in the Kaleidoscope program from all students, in all programs, across all campuses to increase cultural competence and awareness and understanding of diverse groups, and health disparities. Over the last several months we have been able to increase student's participation in kaleidoscope through incorporating Kaleidoscope sessions into the M2 Endo-Repro medical curriculum for the Milwaukee, Green Bay, and Central Wisconsin campuses.

This idea to incorporate Kaleidoscope into the medical school curriculum was presented to course directors during one of their monthly meetings. From there two course directors reached out to me to inquire how they can incorporate Kaleidoscope sessions (film showing led by a discussion) into their courses. Each professor provided me with their syllabus. I then responded back with a list of Kaleidoscope films that I felt would align with their topics. They made their final selection and added Kaleidoscope sessions to Brightspace as a course.

Once signed up for the course, students were provided a link to watch the films to prepare for a future discussion with their classmates. On the session date (12–1pm) via Zoom students were randomly selected to groups of 3–4 students, then placed in breakout rooms where they discussed the film and shared their perspectives on what they learned. Each student then submitted individual summaries answering five questions provided by their professors to receive 6% credit toward their final grade.

An official evaluation was not conducted after each session however, feedback regarding the number of participants and their personal reflections were overall

positive per each professor. Moving forward we will consider asking professors to provide students with an evaluation.

Since these sessions have ended Bench-to Bedside has also reached out to inquire about ways in which they can incorporate Kaleidoscope into their curriculum.

We are excited for reaching our goal of engaging more students in Kaleidoscope and having it incorporated into the M2 Basic Science medical school curriculum. Our hope is that more courses will consider offering Kaleidoscope as an option to increase cultural competence, students' skills and knowledge, promote better physician and patient interactions, and ultimately help to alleviate health disparities.

Project Launch Link:

<https://mcw.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=15ba9e48-683d-4807-8ca6-ac5a00e046fa>

Development of a Cultural Humility Curriculum for Pediatric Residents



Project Leader: Michelle Hwang, MD

Team Members: Ashleigh Watson, MD; Swathi Prasad, MD; Oluwasoore Akande, DO; Robert Trevino, MD, PhD; and the CHW Pediatric Residency DEI Committee

Team Mentors: Constance Gundacker MD, MPH; and Michael Levas, MD

Team Advisor: Michael Weisgerber, MD, MS

Team Navigator: Gisela Chelimsky, MD

In early 2020, five pediatric residents formed what would become the residency's Diversity, Equity, and Inclusion committee. After years of personal experiences with racism, patient encounters colored by systemic inequalities, and research into the disparities in medical care and outcomes, we sought training that would better equip medical providers to provide culturally effective care. Thus, our Cultural Humility Curriculum (CHC), and Kern project, was born.

A review of national training recommendations, comprehensive reading of existing curricula, and Googling for evidence-based tools gave us a starting point for a curriculum, but we quickly found that no comprehensive resource existed that would meet all our needs. We thus created our own framework with input from both faculty experts and our own peers. Weeks were spent interviewing residents to determine strengths and gaps of our existing (but limited) cultural humility teaching. These stakeholder interviews highlighted a desire for education, but a wariness of additional required work and time commitment in an already busy residency. Many residents also expressed frustration with teaching that stopped at merely highlighting social determinants of health, and instead asked for action-based training on bystander

interventions, responses to harmful institutions and structures, and advocacy in the louder conversation enveloping our program and the country on racism and health disparities.

With this feedback, our group set about creating a curriculum to be integrated into our existing education, hoping to model a successful educational tool for other residencies and organizations. While some pieces came from open-source establishments such as MedEdPortal, we also introduced case-based learning from trainees and faculty alike. An innovative educational thread highlighted core topics, national content requirements, and all educational venues, and quantified our gains across the residency as a whole. To build a curriculum that best addressed the knowledge and skills that residents' desired, a targeted needs assessment was developed for all pediatric residents to self-identify areas they found lacking and create educational materials to address said deficits.

Since inception, we have woven our curriculum into all aspects of our training, from the obvious avenues of noon conferences to core rotations, resident retreats, and even intern orientation. Highlights include Milwaukee-focused education at orientation, an annual DEI journal club, implicit bias training, monthly DEI cases at intern morning report, a resident-led retreat session on responses to microaggressions, a case-based noon conference series focused on health equity, and, most recently, an institution-wide Grand Rounds presentation on medical distrust in the black community. One year in, we have doubled the amount of cultural humility education attended by trainees and faculty.

Feedback has been encouraging, and post-session surveys have requested more tools as the curriculum evolves. Attention from program directors around MCW and sharing of our curriculum at national conferences (APPD and PAS) have allowed this resident-focused project to reach a wider audience hospital- and nation-wide. The residency DEI committee has grown from five senior residents to include all classes, with the hopes to include more providers and trainees in the years to come.

This spring, with the one-year anniversary of the conception of the DEI Committee and our CHC, the five team members will graduate. We hope the curriculum's transition to our junior colleagues will be an opportunity for fresher minds to continue to reassess and build the educational and reflective space created by this curriculum. Already, our co-residents have new ideas to include other trainees and even community members in our educational efforts. Our work has gained ground and attention outside of our residency, giving us hope that other anti-racist efforts will be taken seriously not only in our program but in the greater institution of medicine.

Project Launch Link:

<https://mcw.hosted.panopto.com/Panopto/Pages/Viewer.aspx?id=400bc2ae-1674-4f0c-ac0b-ac5a00e042f2>