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Title

Assessing the medical school learning environment among racially, ethnically, and socially underrepresented minorities (RES-U

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Context: Addressing inequity in medicine requires addressing the intersection of race, gender, sexuality, and socioeconomic status. The medical school environment affects medical students academic, health, and wellbeing, especially those from marginalized backgrounds. The medical school environment, however, is complex and rarely assess holistically.

Objective: School-wide assessment of medical students' perception of their holistic medical school learning environment (MSLE) to illuminate differences between racially, ethnically, and socially underrepresented minority (RES-URM) and Non-RES-URM students.

Study Design and analysis: Mixed methods study. Survey followed by focus groups and interviews with first, second, third, and fourth year medical students. Quantitative survey was analyzed using ordinary least squares (OLS) regression. Qualitative data were transcribed and analyzed using modified grounded theory.

Setting or Dataset: A major academic hospital.

Population studied: Medical students including dual-degree programs (MD/MPH, MD/PhD).

Intervention/Instrument: Survey drew on two validated instruments including the John Hopkins Learning Environment Scale (JHLES) and the Medical School Diversity Climate Survey (MSDCS). Semi-structured interviews questions were adapted from University of Chicago, Pritzker School of Medicine's instrument from Factors Supporting Student's Success.

Outcome measurement: Community of peers, faculty relationships, academic climate, meaningful engagement, mentoring/coaching, inclusion and safety, physical space, as well as racial climate, witnessing discrimination, negative role modeling, and personal experience.

Results: RES-URM students rated their overall perception of the MSLE significantly lower than their Non-RES-URM peers and were less likely to endorse or recommend the medical school. RES-URM students

also reported significantly lower scores in sense of community peers and inclusion and safety, as well as indicating increased recognition of negative aspects of the campus diversity climate and witnessing discrimination. Three themes emerged centered on intergenerational dynamics, cherished yet invisible, and social-cultural habitus.

Conclusion: An inclusive medical school environment is critical to the retention and graduation of a diverse and satisfied workforce. Medical school institutions can work towards creating environments that are more inclusive of all medical students.