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Title

A Qualitative Analysis of Medical Student Experiences Following Community Dinners with Asylum Seekers

Priority 1 (Research Category)

Education and training

Presenters

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Abstract

Background: The Jacobs School of Medicine and Biomedical Sciences at the University at Buffalo piloted an Asylum Medicine elective to improve medical students' knowledge, skill, and comfort serving refugee and asylum seeking patient populations. To augment traditional classroom learning, students also participated in community dinners at a local refugee shelter.

Methods: Prior to and following community dinners, students completed a survey evaluating four primary endpoints: comfort speaking with an individual who self-identifies as a refugee or asylum seeker, comfort speaking to an individual with a language barrier, understanding of refugee and asylum seekers' pre-arrival experiences, comfort engaging in social conversation with individuals who have different lived experiences. Students rated their responses on a five-point scale where 1 was defined as 'Not Very Comfortable' and 5 was defined as 'Very Comfortable.'

Results: Respondents' (n=20) mean self-reported scores prior to and following the community dinner for each endpoint are as follows: comfort speaking with refugees and asylum seekers (pre: 3.55, post: 4.15), comfort speaking to individuals' with a language barrier (pre: 3.3, post: 3.75), understanding of migrants' pre-arrival experiences (pre: 2.95, post: 3.70), and comfort speaking about social topics with refugees or asylum seekers (pre: 3.95, post: 4.35).

Conclusion: Experiential learning experiences are a valuable tool for medical educators to increase medical trainees' comfort while working with individuals from refugee and asylum-seeking populations.

This model may be adopted to increase healthcare trainees' comfort serving individuals from a diversity of backgrounds and ultimately reduce identity-based healthcare disparities, improve quality of care for traditionally marginalized patients, and promote cultural competence in the clinical setting.