

Generating Long-Term Resiliency via Cultural Organization Affiliation in Medical School

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Justin Chin, DO^{1,2*}; McKenzie Warshel, OMS-III²; Michael Yep, OMS-II²; Leslie Petasis, MAT, MSMEd²; Mark Terrell, EdD²; Christine Lomiguen, MD, MSMEd² ¹Lifelong Medical Care-Department of Family Medicine, ²Lake Erie College of Osteopathic Medicine-Department of Medical Education

FAMILY MEDICINE RESIDENCY PROGRAM

Abstract

This study analyzes the effectiveness of membership and participation in a culturally-affiliated organization in mitigating minority student adjustment difficulties to medical school. Results from this project will allow administrators, faculty advisors, and other mentors 1) to respond to difficulties experienced by medical student advisees with recommendations for culturally-affiliated organizations and 2) to support the development of resiliency in osteopathic medical students through the cultivation of professional identity formation and association.



Leadership members of the national culturally-affiliated organization APAMSA (Asian Pacific American Medical Student Association) as a model for increasing resiliency.

Introduction

Resiliency comes from the Latin term "resiliens", the ability to spring back from difficulties and setbacks. Medical students begin their journey as individuals with unique backgrounds and experiences, which can contribute to varying levels of resiliency when faced with the daunting challenges of medical school and their subsequent field of practice. This difficulty in adjustment can manifest in increased levels of depression, maladaptive coping mechanisms, and struggles with mastery of material. This is especially the case for minority students who may find it particularly difficult to identify with other students, administration, and faculty in a field in which those students' races and ethnicities are not the majority in medicine.

Through this study, we hope to highlight a potential avenue for undergraduate medical education to respond to difficulties experienced by medical students with recommendations for culturally-affiliated organizations and to support the development of resiliency in osteopathic medical students through the cultivation of professional identity formation and association.

Methods

First-year medical students at an osteopathic medical school identified a lack of representation, discussion, and extra-curricular options regarding culturallybased health and healthcare within the curriculum at an osteopathic medical school. To address this issue, medical students initiated the process to form a new student chapter of a national organization: the Asian Pacific American Medical Student Association.

Once clearing administrative hurdles and logistics, the formation of the osteopathic medical school's student chapter of APAMSA was created, thus serving a rallying point for Asian and Pacific Islander medical students (Figure 1).



Figure 1: Inaugural members of the APAMSA chapter at the osteopathic medical school.

Scenario 1			Scenario 2
MS	MS	MS	MS Cultural MS
MS	MS	MS	MS Student MS
MS = medical student			Organization MS

Figure 2: In Scenario 1, there is one (1) faculty research advisor serving as a direct mentor to five (5) medical students. In Scenario 2, there is one (1) faculty research advisor serving as a direct mentor to three (3) medical students, each of whom are serving as a mentor to two (2) additional medical students, thus decreasing overall direct mentorship load of the faculty member, providing three students with leadership roles, and generating an increase number in research projects.

Discussion

According to both the American Association of Medical Colleges (AAMC) and American Association of Colleges of Osteopathic Medicine (AACOM), Caucasians of Non-Hispanic origin comprise most allopathic and osteopathic medical school matriculants. In 2015, AAMC reported that Asians constituted only 4,095 of 20,122 (20%) US allopathic matriculants; and even more startling, the number of those who identified themselves as Native Hawaiian or Other Pacific Islander was 17 (<1%). The number is slightly higher for osteopathic matriculants, in which 1,537 of 6,763 (23%) identified as Asian American; however, Hawaiian/Pacific Islander was 3 (<1%). While these numbers are still greater than that of historically underrepresented minorities, the complexities of homogenization are lost under larger pam-Asian classification, thus requiring individual institutions to create their own parameters regarding admission of underrepresented APIA students.

Since its inception, the minority student chapter described has been one of the most active student organizations at the osteopathic medical school: organizing over 40 events, filling numerous regional and national leadership roles, and hosting regional conferences and the 2019 national conference. Anecdotal evidence revealed that the cultural organization allowed for APIA medical students to have a sense of belonging and fostered a sense of community. A potential impact is that culturallyaffiliated organizations can be an additional method for promoting resiliency in minority medical students through the maturation and development of professional identity. This can be seen tangentially with the effect on faculty advisement on research projects (Figure 2).

Figure 3: The Brief Resiliency Scale Strongly Disagree Strongly Neutral Statement Disagree Agree I tend to bounce back quickly after hard times. I have a hard time making it through stressful events. It does not take me long to recover from a stressful event. It is hard for me to snap back when something bad happens. I usually come through difficult times with little trouble. I tend to take a long time to get over set-backs in my life.

Future Considerations

This project will be replicated in the 2020-2021 academic year as a similar student chapter is established at a second osteopathic medical school, and the results will be compared. IRB approval and a survey to evaluate efficacy relative to resiliency will be obtained and created. Permission has been requested and granted to incorporate items from the Brief Resilience Scale into a final survey with adaptations to assess the effect of cultural organizations on resiliency (Figure 3).

This project will aim to use a survey at pre-formation of a culturally-affiliated student organization and a survey at postformation. Additionally comparisons will be made using national drop-out rates from medical schools, proportions of minority health professionals completing residencies and certifying and recertifying in respective board exams. Evaluations can be strengthened to include benchmarks for membership, member feedback regarding events hosted, 5- and 10-year trajectories of minority student members as they enter the graduate medical education and the general healthcare workforce.

Contact

Justin Chin, DO Lifelong Medical Care jchin2@student.touro.edu Website: http://bit.ly/2yDcbse

Acknowledgements

The authors would like to acknowledge the Asian Pacific American Medical Student Association for providing support and guidance throughout this process.

The authors note that there are no conflicts of interest in the funding of this research.

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