Improving Intercultural Competencies Utilizing the Intercultural Development Inventory

Faculty Co-Leads: Ravindra Majeti, MD/PhD; Tian Yi Zhang, MD/PhD
Trainee Co-Leads: PhD students Kevin Nuno & Amy Fan, and postdoc Thomas Koehnke, MD/PhD
Collaborator: Mary Foston-English, MA/LMFT

I. Specific educational aims: The goal of this project is to pilot the use of a Intercultural Development Inventory (IDI) at an individual and group level to assess cross-cultural competency and create action plans to increase inclusivity and equity in academic spaces, such that lab groups may more effectively include and integrate students, scholars and staff from any cultural background into Stanford's research environment. This is critical to job performance and well-being, especially for marginalized groups, as effective mentorship necessitates effective accommodation for the various cultural backgrounds in the Stanford Medicine community. Specifically, the IDI will be offered to Stanford Medicine lab groups to assess their ability to adapt to and accept different cultural practices. The IDI is an academically established method for determining cultural sensitivity, and accommodating those whose cultural behaviors differ from our own. A certified proctor will interpret the results and create individual and group level action plans. Throughout the academic year, each lab group will execute their action plans and disseminate what they learn to other academic spaces so that other individuals, lab groups, programs, and departments may also apply the IDI process to their personal and professional development. This proposal addresses three of the Academy Innovation Grant Program's funding priorities: Collaboration, Diversity and Inclusion, and Impact and Sustainability.

II. Project rationale: Intercultural communication and sensitivity are critical for proper cooperation and teamwork in any work environment.[1] The laboratories of the Stanford University School of Medicine include students, scholars and staff from a wide array of diverse cultural backgrounds. Yet, as the 2020 Stanford Medicine Justice, Equity, and Abilities survey revealed, trainees (postdocs & students), women, non-white individuals, and individuals who identified as disabled or with a disability all felt less respected among individuals or groups with cultural differences compared, respectively, to the faculty/staff, men, white individuals, and individuals without disabilities.[2] Learning to assess, reflect on and improve skills in understanding and integrating cultures will provide current students, scholars and staff the ability to create inclusive spaces for learning and research, particularly for students and scholars from historically oppressed or marginalized backgrounds, which has been demonstrated to prevent attrition from the STEM pipeline.[3] Taking a research-based approach to increasing our cultural awareness and competence is thus an important task to create an inclusive and equitable learning environment.

III. Approach: We are collaborating with certified IDI proctor Mary Foston-English to develop this pilot program to implement the IDI at both an individual and group level in lab groups at Stanford Medicine. The IDI assessment, developed via data-based methods by the Intercultural Development Research Institute, is designed to help individuals and groups measure their ability to adapt to various cultural backgrounds. With the guidance of an IDI proctor, confidential conversations about individual results and moderated discussions about group results will allow participants to interpret and analyze the results of the inventory. These will then inform the creation of action items for each individual involved, and an overall plan for action undertaken at the group level in order to improve our overall cultural competency.

Our collaborator and certified IDI proctor, Mary Foston-English, MA/MFT, is a Stanford staff psychotherapist, California Certified Mediator, and Certified Employee Assistance Professional with expertise in facilitating workshops and conversations on diversity and inclusion in academia

and currently advising on Stanford University's Inclusion, Diversity, Equity, and Access in Learning Environment (IDEAL) initiative.

IV. Timeline and plan for implementation

➢ October/November 2021: Members of the Majeti and Zhang labs will be offered to take the IDI assessment. Based on funding availability, additional labs will be recruited to take the IDI assessment.

➢ November 2021: A certified proctor will evaluate the results of the IDI assessments. The proctor will meet with each participant and discuss their results and develop an individualized action plan

➢ December 2021: With moderation by the proctor, program participants will reflect together on their experiences specifically relating to the IDI assessment and be given the opportunity to discuss which concrete measures they will implement at the individual and levels.

➢ January 2022 and beyond: Program participants will continue to dedicate at least a two hour joint meeting every quarter to discuss personal progress and progress as research groups to foster an inclusive, diverse environment. Progress on action items will be tracked and individual lab members as well as the groups will re-evaluate their progress on an ongoing basis.

➢ March-July 2022: Depending on the availability of committees and trainee groups, interim lessons learned and/or one year report of learned will be shared out at town halls and meetings.

V. Anticipated work product: The product of this project will be a pilot of the implementation of the IDI for assessing and improving cultural competence in a laboratory educational setting in the Stanford School of Medicine. An assessment of cultural competence and sensitivity will be provided to both individual and group members, and the results will be synthesized in such a way to improve laboratory mentorship efficacy and inclusivity. If successful, we anticipate this pilot program will impact the Stanford community by establishing a model for grassroots cultural evaluation and change that can be adopted by multiple labs and ultimately supported by departmental funding or federal diversity grants so that Stanford can move toward a more inclusive training environment.

VI. Evaluation plan: We will implement a multi-layered evaluation of the impact of this project: *Individual* participants will self-evaluate their progress on their designated action items on a continuous basis and will have the opportunity to share during dedicated quarterly joint meetings. Similarly, *as a group*, we will track lab-level progression on action items formulated during the October meeting. Additionally, the AAMC Diversity Engagement Survey[4] will be anonymously administered August 2021 to establish baseline inclusivity in each lab group and re-administered in July 2022 to measure quantitative and qualitative changes in lab inclusivity.

VII. Dissemination of results: The target audience for this project is two labs in the School of Medicine: the Majeti and Zhang labs, both of which have faculty leaders that support this initiative and have agreed to hold joint lab discussions. This includes eight graduate and medical students, five undergraduate students, eleven postdoctoral scholars, three staff members, and two faculty. Additional labs may be recruited through mailing lists and based on faculty and lab member buy-in. This assessment will provide a valuable starting point for eliminating personal and structural biases to support the variety of cultures that enrich the Stanford community. As lab members sit on committees for multiple departments, institutes, and programs (Stanford Cancer Institute, Stem Cell Institute, Cancer Biology Graduate Program, Immunology Graduate Program, and Department of Medicine), action items and lessons learned will be disseminated to promote intercultural understanding and sensitivity.

References
1. Estrada M, Eroy-Reveles A, Matsui J. Soc Issues Policy Rev. 2018;12(1):258–297.
2. https://med.stanford.edu/diversity/commission/justice-equity-and-abilities-survey.html
3. Hernandez PR, e al. Journal of Educational Psychology. 2013;105(1):89–107.
4. Person SD, et al. Acad Med. 2015;90(12):1675–1683.