

Background

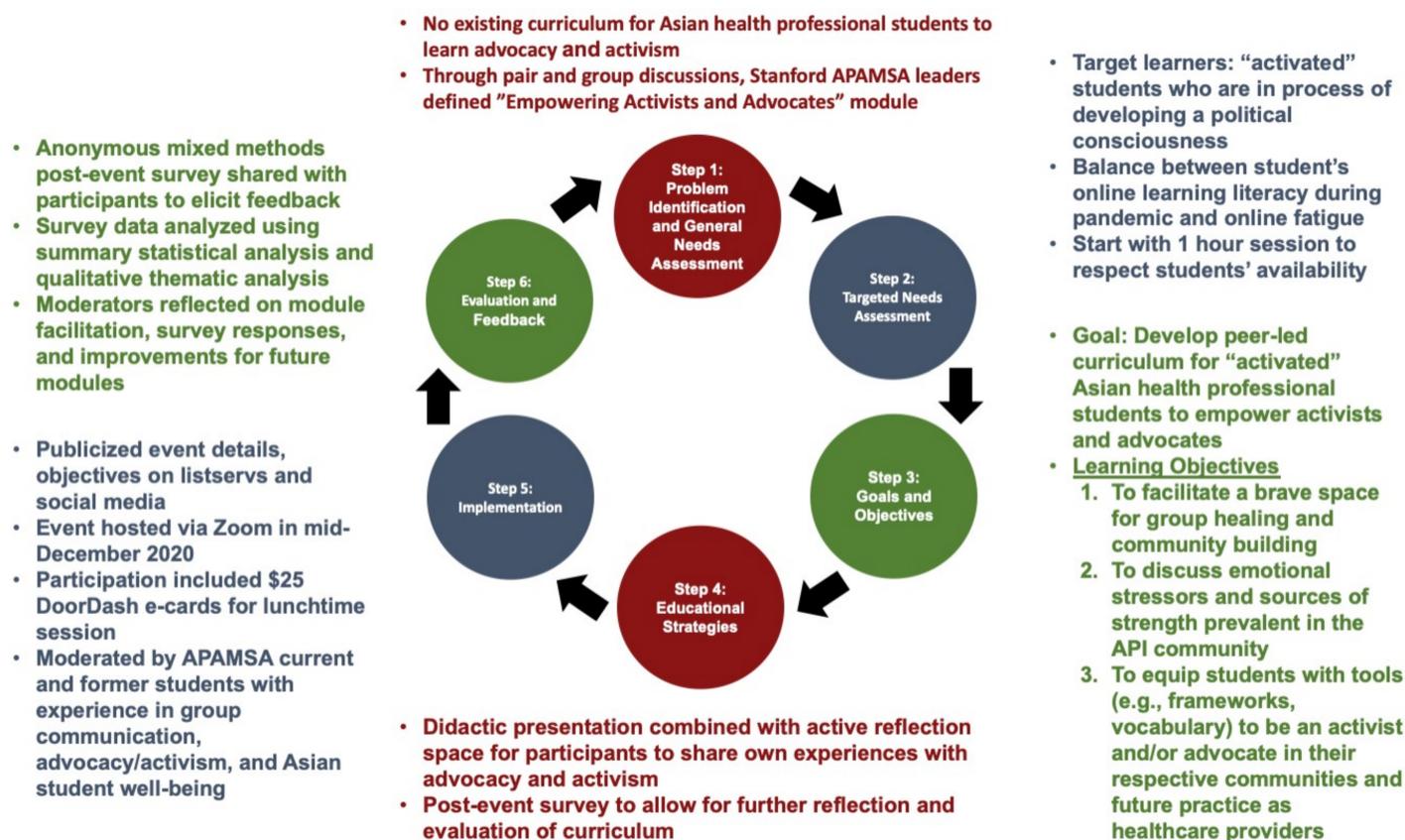
The year 2020 brought a national reckoning with systemic racism and police brutality, and particularly raised the question of non-Black POC ally-ship within the Asian health professional student community.

“Activated” Asian health professional students, or students who are in the process of developing a political consciousness, noted a lack of curricular space within traditional medical school curricula to mutually expand their identities and skills as allies, advocates, and activists.

Objectives/Aims

Student leaders at Stanford University School of Medicine Asian Pacific American Medical Student Association (APAMSA) addressed this curricular gap by developing a peer-led curriculum specifically for “activated” Asian health professional students.

Approach: Based on Kern’s six-step approach to curriculum design



Selected Quotations

“This session made me reflect on how sometimes we need to work within the system to abolish the system, and how activism/advocacy should co-exist. I’m thinking about how there are some systems that I believe need to be abolished (prisons + police) and some systems that need radical transformation (i.e. the medical system). And to work towards this radical transformation we need to simultaneously work within the system to build power and also work outside the confines of the system to imagine/create.”

– Pre-Clerkship Medical Student

“As I pursue my interests in improving health equity and access to care, I can now better recognize support networks and have more confidence in my role as an activist from the insights shared in the session.”

– Pre-Medical Undergraduate Student

Results

Of the 19 participants in the pilot session, 15 (79%) responded to our survey (Figure 1).

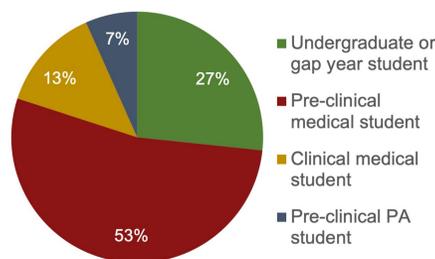


Figure 1: Respondent characteristics

All respondents felt comfortable distinguishing between physician advocacy versus activism.

A significant majority of respondents either agreed or strongly agreed to feeling ready to apply tools from the session to support themselves (Figure 2).

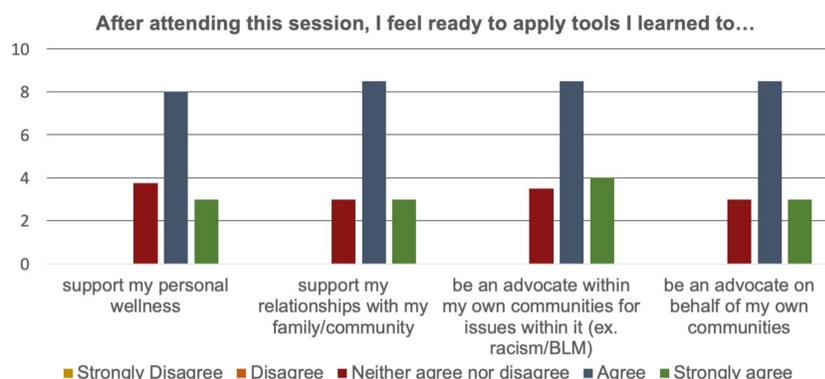


Figure 2: Readiness to apply tools from module

Among the respondents, 12 (80%) felt more connected with other members of the Stanford APAMSA community. 14 (93%) of respondents were satisfied with the content and the event overall

Thematic analysis of how respondents expected to apply insights from the session identified that participants were more interested in exploring activism and advocacy in the future and intended to be more deliberate about the spaces in which they will engage in advocacy versus activism.

References

Thomas PA, Kern DE, Hughes MT, Chen BY, editors. Curriculum development for medical education: a six-step approach. JHU Press; 2016 Jan 29. Chen, Belinda Y. MD; Kern, David E. MD, MPH; Kearns, Robert M. MSEd; Thomas, Patricia A. MD; Hughes, Mark T. MD, MA; Tackett, Sean MD, MPH From Modules to MOOCs: Application of the Six-Step Approach to Online Curriculum Development for Medical Education, Academic Medicine: May 2019 - Volume 94 - Issue 5 - p 678-685

Next Steps

We present a successful initial module for Asian health professional advocacy and activism with high rates of satisfaction and self-reported actionable learning.

Based on participant feedback, future modules are planned around pan-Asian identity and history, intergenerational communication, and intersectionality, and will continue to be developed and evaluated using the six-step process.

Lastly, this peer-led curricular development process can be replicated by other APAMSA chapters to curricularly support “activated” Asian health professional students across the country.