

Learning from One Another

A medical elective spurs students to host a student conference on health-care disparity.

By Elizabeth Dawson '09 and Danielle Yerdon '09

After spending a summer studying anatomy and surviving the Molecular Foundations of Medicine course, both of us were anxious to find a way to explore the world beyond the medical school walls. Although traveling abroad during fall break was not an option, we quickly discovered there was ample opportunity to explore cultures very different from the small Oswego County towns we grew up in right here in Syracuse.

With the support of the curriculum office and our advisor, Susan Stearns, PhD, we embarked on our own adventure in Syracuse—a unique elective we created and called “Treating Patients from Different Cultures.”

The first step was contacting Sandra Lane, PhD, a medical anthropologist at Syracuse University, who shared her research on health disparities in Syracuse and connected us with community agencies. Over six weeks, we shadowed physicians at the West Side Family Health Center, Compassionate Family Medicine, the Poverello Clinic, and the Onondaga Nation Health Center, which gave us a better understanding of the Latino, African-American, refugee, Native American, Medicaid and Medicare communities in Syracuse.

During this elective, we also attended the American Medical Student Association (AMSA) Region 2 conference, “Bridging the Gap in Health Care Disparities.” The physician and professional contacts we made at the conference, and the enthusiasm we shared with fellow students, further fueled our energy to continue our interest in exploring health care disparities and cultural competency.

A month later, Dr. Stearns came to us with the idea of hosting the American

Medical Student Association—Achieving Diversity in Dentistry and Medicine (ADDM) summer Leadership Training Program (LTP), with the theme “Learning from One Another: Cultural Competency in Medicine and Dentistry.” The three of us worked together on the application to host the conference using many of the resources and contacts we made during our elective.

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In January 2006, we got the news—Upstate had been selected to host the week-long conference from August 7-11, 2006. Thus began seven months of preparation, including many meetings with SUNY Upstate administrators, physicians, and other supporters of our efforts. The conference was to be attended by 40 medical and dental students from across the country and we aimed to use Syracuse as an example of how these students could explore cultural diversity and health disparities in their own communities.

Because it's common to focus on stereotypes and generalizations when discussing groups of people, teaching cultural competency can be difficult. Health disparities, however, are a reality among groups, and they disproportionately affect different sectors within our society. It was our vision that conference participants would leave with a better understanding of health disparities, treating and working with patients and colleagues from different cultures, and that they would have energy, enthusiasm

and ideas to bring back to their home institution.

Throughout our planning we aimed to send students back to their home institutions with a “toolbox” for raising awareness among their colleagues, professors, and administration about cultural competency and health disparities. Conferences often provide ample opportunity to spark inter-

ests and make lasting connections with colleagues. That's great, but we hoped students would also come away with ideas for taking the next step—how to apply knowledge to action.

Dr. Lane provided us with a wealth of knowledge about eliminating health disparities in Syracuse. We channeled this into a presentation for the first day, using Syracuse to depict health disparities that exist across the nation, and introduced a project for the students to work together on in small groups throughout the week. Students were asked to compare health disparities in their home cities and to develop action plans to alleviate them. At the end of the week, the students were truly learning from each other, giving presentations to the entire conference on their findings and their plans after the conference.

In addition to providing tools for action, we chose a broad spectrum of lecturers and topics to raise awareness and increase the attendees' knowledge base. Laura Schweitzer, MD, vice president for



Forty medical and dental students from across the U.S. attended a cultural competency training program at Upstate organized by Upstate medical students Elizabeth Dawson and Danielle Yerdon.

academic affairs and vice dean of the College of Medicine, conducted a dynamic session using concepts from Malcolm Gladwell's book, *Blink: The Power of Thinking Without Thinking*. She used the Harvard-developed Race Implicit Association Test (<https://implicit.harvard.edu/implicit/>) as a tool to challenge students about their own “snap judgments” and how those judgments might influence their day-to-day interactions, including those with patients. Many students were surprised to discover they had a preference for a particular racial group, and through discussion, examined factors contributing to that preference and strategies for dealing with it.

Other topics included the Institute of Medicine Report on minority health, compliance, refugee patients and, language barriers. We utilized the wealth of expertise SUNY Upstate Medical University has to offer in exploring these topics, and invited visiting lecturers from the University of Rochester Medical School, SUNY Buffalo School of Dentistry, and Cornell University. The dental clinic here at Upstate was also a

valuable resource, as half of the conference attendees were from dental schools. Terrence Thines, DDS, and Patrick Smith, DDS, helped us bring our understanding of culture and dentistry up to speed in addition to providing us with contacts in the community, lectures, and support in this uncharted territory for us.

Syracuse Community Health Center developed a lunch lecture and tour of their facilities, providing students with a perspective on community health and dentistry. Case-study vignettes developed by the LeMoyne College Physician Assistant Program provided an opportunity for students to put what they were learning at the conference into a clinical context through facilitation and discussion. Each student also gained first-hand clinical experience by shadowing local physicians and dentists in a variety of the health-care settings in the Syracuse community.

We supplemented the medical and dental knowledge gained by providing an opportunity to highlight individuals and organizations who are working on the front lines in

the many areas that intersect health—food insecurity, criminal justice, refugee status, the pipeline in the health professions, and community centers. Students were divided into five groups and attended afternoon programs at the Samaritan Center, the Center for Community Alternatives, the Center for New Americans, the Spanish Action League, and the Onondaga County Justice Center. This was a valuable contribution, as many students included insights gained from this experience into their final presentations.

Conference participants also gained a perspective on Syracuse that many Syracuse residents do not have through an anthropological bus tour narrated by Dr. Lane. “Young elders” from the Southwest Community Center: Model Neighborhood Facility rode on the bus, shared their experiences growing up in Syracuse, and offered perspectives on how Syracuse has changed over the years. (In October, we were awarded an AMSA Local Project Grant to give a similar anthropological bus tour to first and second-year Upstate medical students.)

The Syracuse community was a fitting locale for educating, sharing ideas, and raising awareness about cultural competency and health disparities. We have already heard from conference participants who have implemented projects conceived at the conference, and from others who are exploring aspects of their community they did not realize existed prior to their attendance.

We, too, learned more about Syracuse through this process and look forward to sharing this knowledge with our classmates. We will seek out more opportunities to put knowledge into action in eliminating health disparities.