Chapter 9
Using the Intercultural Development Inventory (IDI) With First-Year, Pre-Med Students:
Impacting the Human Side of Healthcare

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ABSTRACT

Medical education emphasizes cross-cultural training programs to meet the needs of diverse patients and understand social determinants of health as root causes leading to healthcare disparities. The question remains about how to best accomplish this in the curriculum. Students in pursuit of medical education need intercultural training early to examine implicit biases, treat the patient not just the disease, and become patient advocates before they practice. This chapter addresses critical issues related to the human side of healthcare. The Intercultural Development Inventory® (IDI®) and accompanying reflection prompts were administered to 40 pre-med students. Findings revealed students overestimated their intercultural understanding and 97.5% had monocultural mindsets. Six themes demonstrated how the IDI® can be used to develop critically reflective future healthcare providers: Reframing Reactions, Lack of Exposure to Other Cultures, Lack of Cultural Self-Awareness, Bi-cultural Identity and Fitting In, Healthcare Connections, and Diversity and University Opportunities.

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INTRODUCTION AND BACKGROUND

More than 40% of the United States population will be comprised of minorities by 2030; and 20% of the United States population does not currently speak English at home (Price, 2019). Literature in medical education has emphasized the need for cross-cultural training programs to meet the needs of increasingly diverse patient populations (Jernigan, Hearod, Tran, Norris, & Buchwald, 2016). Additionally, training programs that focus on health equity have been recommended to understand social determinants of health as root causes of structurally embedded healthcare disparities (Tervalon & Murray-Garcia, 1998). Social determinants of health are defined as the "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (Office of Disease Prevention and Health Promotion, 2019). Studies show that 80% of healthcare outcomes involve the influences of social determinants (Heath, 2019). Relatedly, patients often report that these determinants aren't acknowledged, leading them to feel a lack of respect from healthcare providers. Yet the question remains about how to best address these problems. Social determinants of health and health equity are essential topics in the medical school curriculum so students can develop the necessary competencies to reduce health disparities. The long-standing argument is that the science-heavy curriculum is too full to incorporate this material. Wear, Zarconi, Aultman, Chyatte, and Kumagai (2017) purport that the existing medical education curriculum actually inadequately addresses healthcare disparities. Furthermore, she maintains that a "silent curriculum" exists in which individual bias is invisible--and individual bias can affect health outcomes. Attending one-off trainings or including a lecture into coursework will not effectively address this problem (Mgbako, 2019). Intercultural understanding is also not simply acquired with experience as many assume.

The extant medical education literature does not adequately address these topics with pre-med undergraduate students (Lin et al., 2013). This chapter seeks to address that gap as a critical issue related to the human side of healthcare. The authors introduce the use of the Intercultural Development Inventory®, commonly referred to as the IDI®, as an innovative training tool for developing intercultural competence. Findings of this study demonstrate merit for using the IDI® in medical education training programs to increase student's cultural self-understanding, identifying blind spots and implicit biases, and shifting student's mindsets to become more empathetic to cultural differences in others. Empirical evidence has demonstrated that "what happens to students prior to entering medical school affects their performance during medical school and beyond" (Lin et al., 2013). The addition of the IDI ® to curriculums is only one component to a more complete system of medical education; yet when done in the early years of pre-medical education, it can offer students an opportunity to reflect and then develop their cultural readiness before entering medical school. Waiting until students in pursuit of medical education have achieved their goal of becoming a practicing physician is too late. The curriculum must evolve to address the diversity that exists in 21st century healthcare.

Medicine is constantly changing and the 21st century physician will be different than that of the past. When the MCAT underwent its' 5th revision in 2015 to focus on psychological, social and behavioral foundations of behavior, it became clear that addressing the human side of healthcare is a priority. "If members of the professional school admissions committee truly desire humanists, the hard numbers [GPA and test scores] can be but one aspect of the selection process" (Solomon, 2016, p. 17). Becoming the best, most compassionate, and respectful doctor is more than the Flexner report's prescription for rote science memorization (Morris, 2016). The wide acceptance of holistic admissions policies has been one way that medical education has changed to create more diverse environments. "In fields such as health-