

# Situational judgment tests to assess and nurture cultural humility

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## BACKGROUND

Non-cognitive competencies such as cultural humility are essential in medical education, especially in settings like student-led clinics where young students interact directly with community members of various backgrounds. However, methods to assess and develop these competencies during medical school remain inconsistent. Situational Judgment Tests (SJTs) are increasingly used to evaluate various core competencies, including cultural humility, during the admissions process. **Can repeat SJTs throughout medical school facilitate continued growth for our students serving in student-led clinics?** In this pilot study, we applied SJTs to assess cultural humility among first-year (MS1) and second-year (MS2) medical students.

### Situational Judgement Test

Standardized exams that present a series of hypothetical scenarios that students may encounter in medical school, requiring examinees to evaluate the effectiveness of various responses to each scenario.

### Cultural Competence

Assumes that healthcare providers can “learn a quantifiable set of attitudes and communications skills” that will allow them to work effectively within the cultural context of the patients they come across.

### Cultural Humility

A lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.

## A NEW SJT TO MEASURE CULTURAL HUMILITY

A multi-institutional collaborative team\*, consisting of faculty, staff, and medical students, created a clinically relevant cultural humility test using the established SJT format. Students were asked to complete the test two weeks before an SJT x Cultural Humility educational session. Students facilitators used aggregate results from a few cases to facilitate reflection and guide learning.

## EXAMPLE CASE

Part 1 Summary: A "non-compliant" diabetic patient is admitted for the fourth time in five months with high blood glucose. Nurse is frustrated and assumes he has a poor diet.

Response Options	MS1 and MS2 Answer Selection Rate (%)			
	Very Inappropriate	Inappropriate	Appropriate	Very Appropriate
Ask the patient if he would like to speak to someone about nutrition to help maintain his blood sugars.	1	2	35	62
Thank the nurse and walk in to see the patient, initiating the conversation with a friendly greeting.	1	7	30	61
Ask the patient why he thinks his blood sugars are still high.	2	8	29	61
Tell the patient that he is living an unhealthy lifestyle and explain the potential consequences of not controlling his blood sugar.	11	47	34	8
Report to the patient that his blood sugars are under control and that he appears ready for discharge.	14	47	34	5

Part 2 Summary: The patient cannot afford his insulin since retiring and is rationing his doses.

Response Options	MS1 and MS2 Answer Selection Rate (%)			
	Very Inappropriate	Inappropriate	Appropriate	Very Appropriate
Express sympathy and assure the patient that you will see what you can do to help with the availability and cost of insulin.	0	0	19	80
Acknowledge your understanding of his situation and, by way of follow up, ask the patient what his typical diet looks like?	6	25	52	17
Ask the patient if he has tried cutting back on carbs, telling him that carbs normally raise blood sugar.	20	47	30	3
Encourage the patient to get help from a financial advisor about expenses he can cut back on to be able to afford his insulin.	27	49	20	3
Recommend patient gets tested for the declining cognitive function, in an effort to explain his poor money management.	83	14	2	0



Brooke Austin (MS2, Little White Horse House Leader) facilitates MS1 and MS2 discussion during the December 2024 intergenerational intercession.



Student facilitators from the OACC. From left to right: Jacob Taylor, Brooke Austin, Adam Gaudin, Rawad Farhat MD, Jacob Knight, Jenna Weber, Sonia Sehgal, Jenna Murray.

## STUDENT-LED SESSION

During the December 2024 intergenerational intercession, 220 MS1 and MS2 students participated in an interactive workshop led by seven student leaders working with the **Office of Academic Culture and Community (OACC)**. Student leaders facilitated a discussion of six SJT cases and answer choices, then posed additional questions to promote further reflection. In this workshop, attendees were split into small groups and shuffled half-way through.

## EXAMPLE CASE DISCUSSION QUESTIONS

1. What are the nurse's assumptions? What is your response or question to the nurse?
2. What are some social determinants of health that impact a patient's ability to access care? How comfortable do you feel helping patients address these needs?
3. How may a purely Westernized view of medicine and healthy lifestyles be harmful in providing care in these situations?

## CONCLUSIONS

SJTs and group-based review sessions can foster cultural humility in medical school students. The continued use of SJTs will enable students to develop the skills necessary to work effectively across diverse communities and cultures within student-led clinics.

## NEXT STEPS

### Scoring rubric

The SJT rubric is still in development but will provide quantitative data to identify strengths and weaknesses

### Repeat assessment

Taking the SJT multiple times will promote self-reflection in students and identify areas for improvement in the curriculum

### Program development

Based on student and facilitator feedback, OACC student fellows will continue to improve the student-led session

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