



University of California
San Francisco

Using an Anti-Deficit Framework in Medical Education

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Disclosures

- I wish



USING AN ANTI-DEFICIT FRAMEWORK
IN MEDICAL EDUCATION

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1

Describe the anti-deficit framework (ADF).

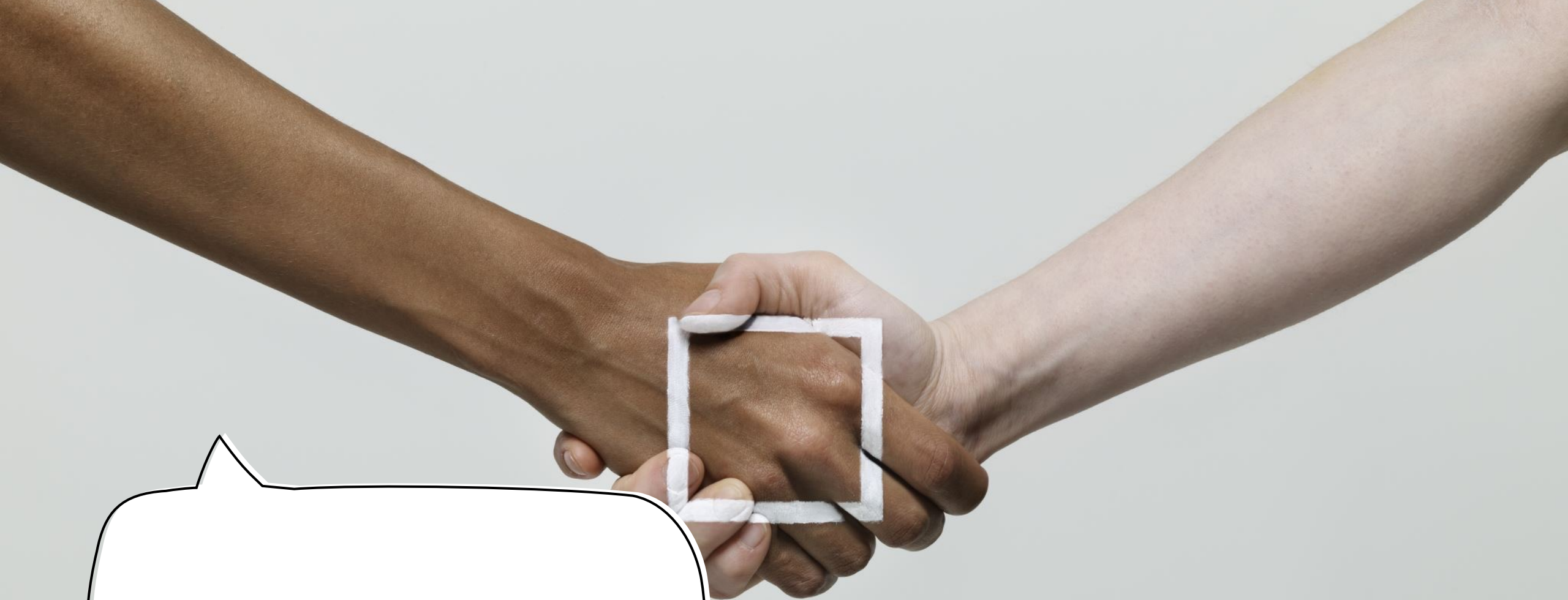
2

Identify norms that act as common mechanisms of exclusion in the clinical learning environment.

3

Use ADF to reimagine the CLE to center learner strengths and reveal systemic weaknesses.

LEARNING OBJECTIVES



INTRODUCTIONS



PREDOMINATELY
WHITE INSTITUTIONS
(PWI)

"[many] colleges and universities in the US were created without any attention to Black students' needs and interests; White stakeholders (students, faculty, trustees, alumni, etc.) have established cultural norms that have governed these campuses for decades, and in some cases centuries."





DEVELOPING THE FRAMEWORK

Existing Literature on Black students

- Why do so few Black male students enroll in college?
- Why do Black students have the lowest GPAs?
- Why are Black male undergraduates so disengaged in campus leadership positions and out-of-class activities?

Anti-Deficit Reframing

- How were college aspirations cultivated among currently enrolled Black males?
- What resources proved most effective in helping Black male achievers earn higher GPAs?
- What compelled Black male students to pursue leadership and engagement opportunities on their campuses?

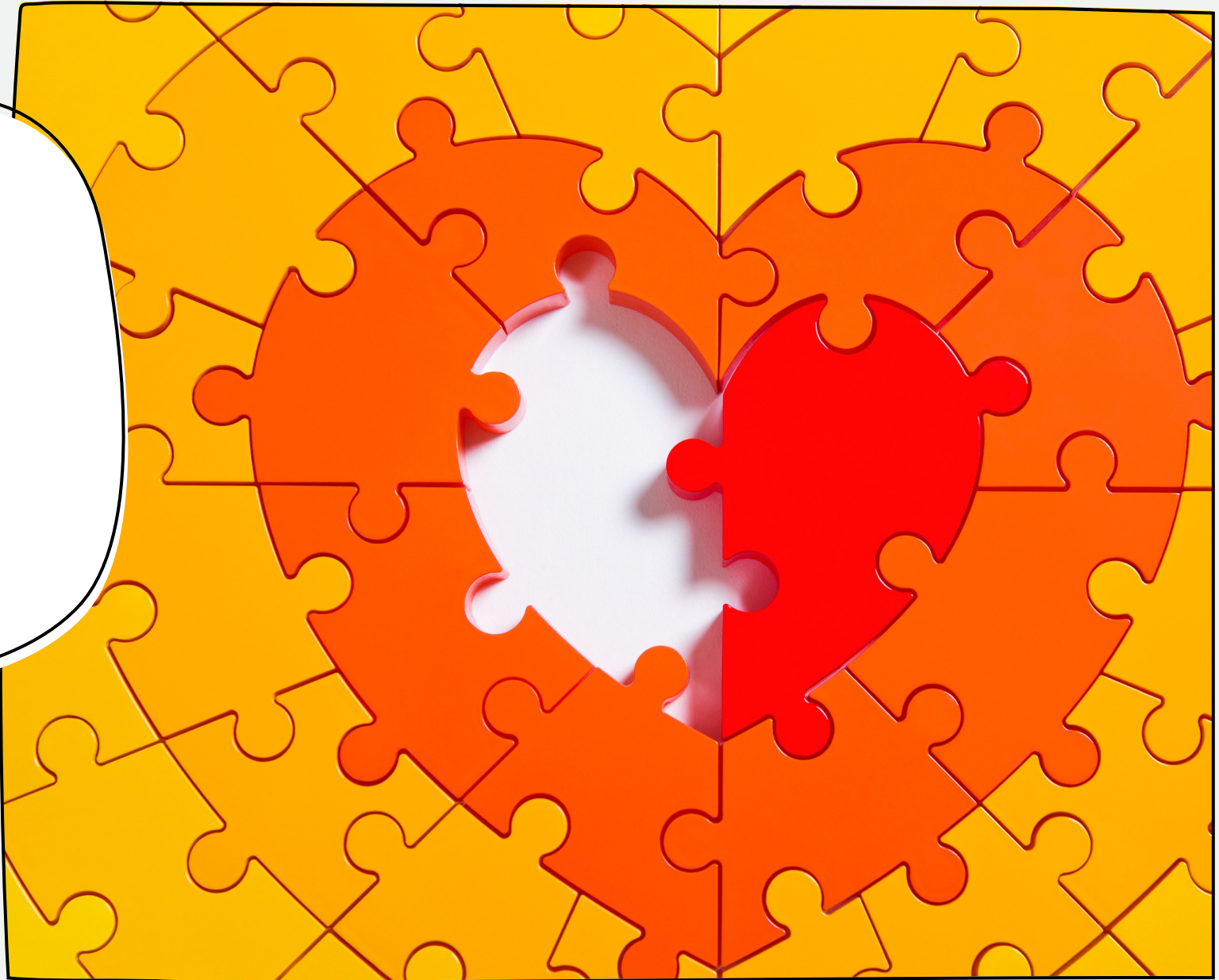


STORIES OF BLACK
SUCCESS

ACADEMIA AND MEDICINE



DEFICIT



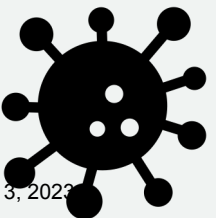
A 3D wireframe cube is positioned on the left side of the image, resting on a white surface. A speech bubble with a black outline and a white fill is located to the right of the cube, containing the text "EXPAND OUR THINKING". The background is a solid, light gray color.

EXPAND OUR THINKING



MONKEYPOX

- Deficit: The culture/promiscuity of people in the queer community has led to rapid spread of disease.
- Anti-deficit: There remain substantive barriers to health care access for queer folx, who frequently develop work-arounds to get care



CONTRASTING MODELS OF DISABILITY

MEDICAL

conceptualizes disability as arising from a nonfunctioning part of someone's body, a characteristic inherent to the individual

SOCIAL

disability arises not from the nonstandard body itself, but primarily from the social conditions that exclude and stigmatize individuals with nonstandard bodies





**“My body doesn’t oppress me.
Society does”**

ACTIVITY



REFLECT





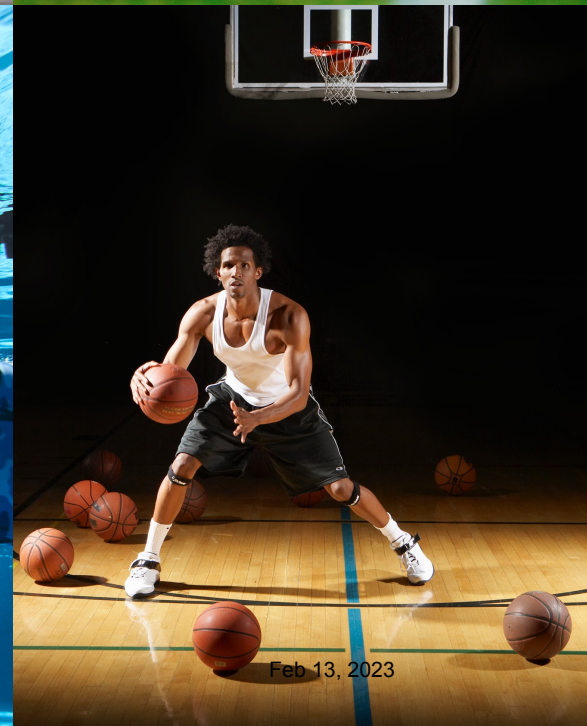
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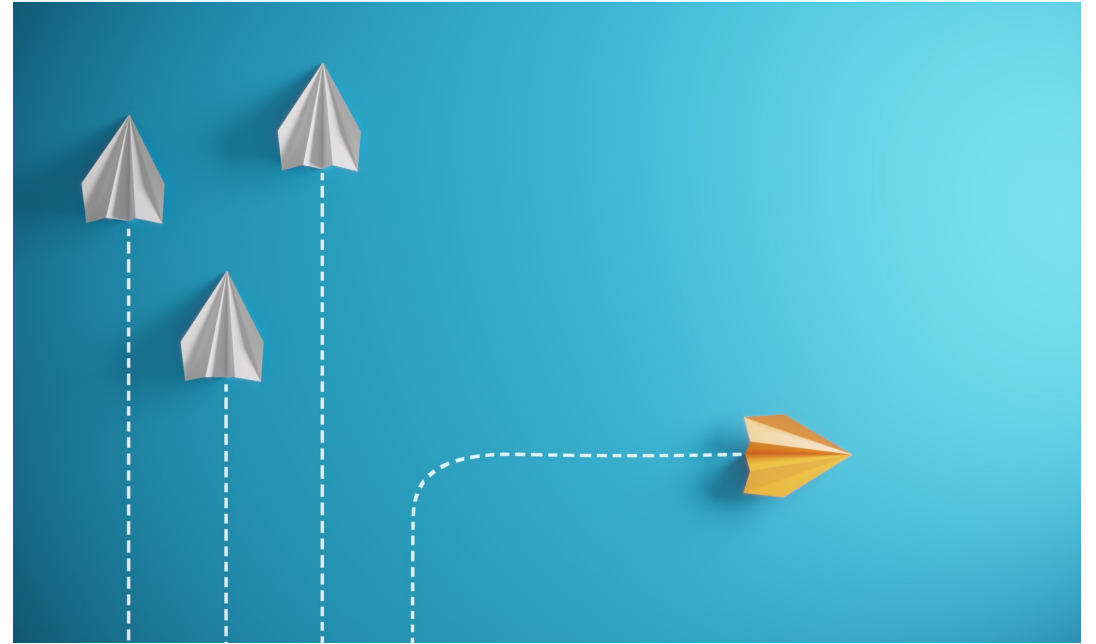
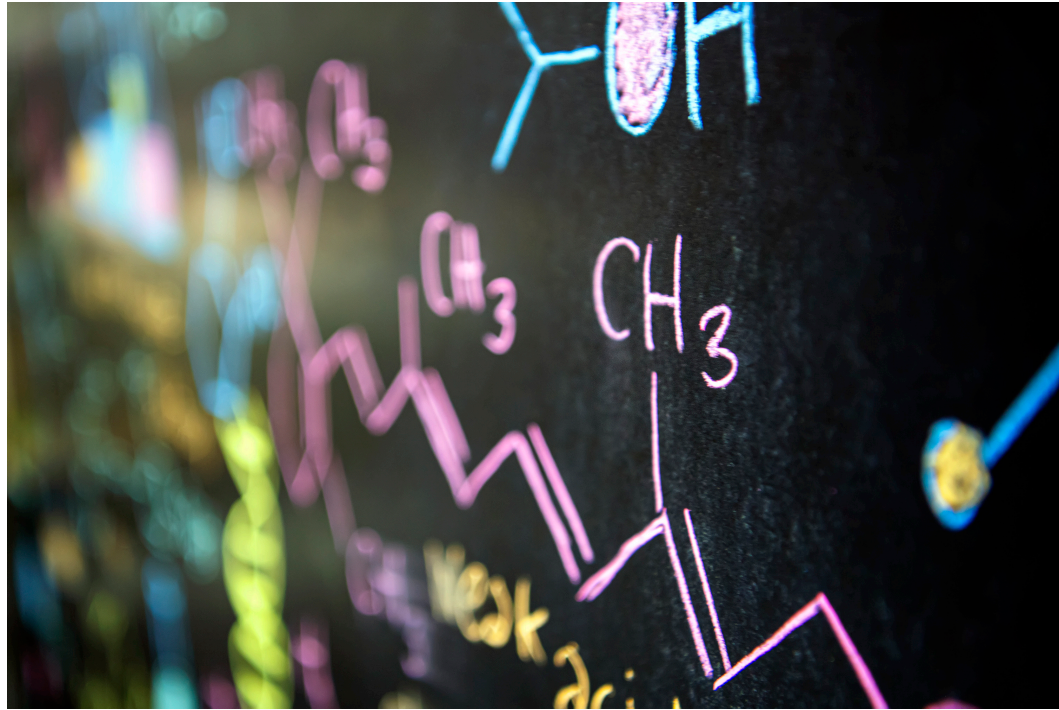
EXAMPLE: ENGLISH LANGUAGE LEARNERS



- How does she point out norms?
- What examples of assets does she give?
- How did/could this restructure learning spaces?

ATHLETICISM





LEARNING ENVIRONMENTS



< Activities



Moderate



Visual settings



Edit



Respond at PollEv.com/apriledwell032

Text **APRILEDWELL032** to **22333** once to join, then text your message

What norms are "baked in" to the Clinical Learning Environment (CLE)?



No responses received yet. They will appear here...

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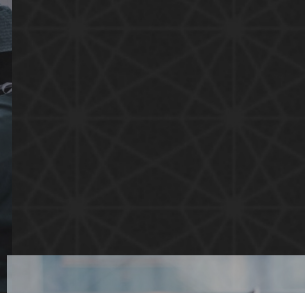
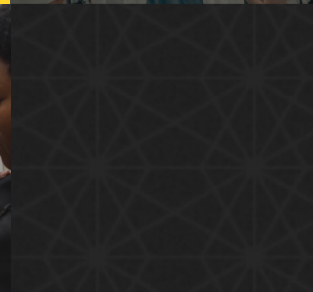
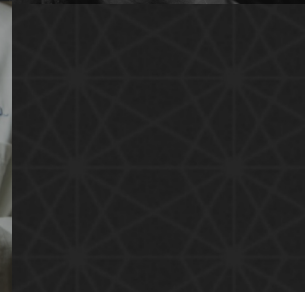
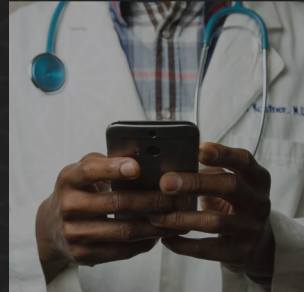
To present live activities, please log in to your Poll Everywhere account in a separate window.

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A pair of black-rimmed glasses is shown against a background of scattered, slightly out-of-focus letters on a light surface. A white speech bubble with a black outline is positioned in the upper left quadrant, containing the text 'RECALIBRATING OUR VISION' in a black, serif, all-caps font. The glasses are centered horizontally, with the right lens being more prominent than the left. The background letters include 'S', 'L', 'K', 'M', 'V', 'U', and 'C' among others.

RECALIBRATING OUR VISION

Examples from Black Pediatric Intensivists Project



Deficit Framing

- What are Black trainees lacking that keeps them from achieving?
- Why are Black trainees underprepared for the rigor of medical training?

...What is wrong with Black trainees that they don't do XX more?



**What can we
learn from
Black
success?**



she is seen by her colleagues and they trust her

providing good patient care

the culture of collegiality that they have fostered in their critical care group

finishing fellowship and becoming an attending

Many Faces of Achievement

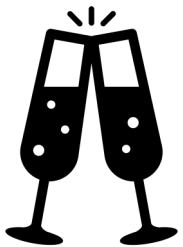
values his mentorship of others

advocacy is really important to her

being identified as a role model

she survived and is still "in the business"

being able to cultivate medical interests outside of clinical medicine



INTERROGATE "SUCCESS"

“I think classically identified success in our field is number of publications and notoriety in the country, national notoriety. Those are the things that really put the feather in your cap, and I think that'll always be true. People will define larger success in PICU as that, but I hope that we start to create other lanes for success, other ways that you can be successful without having to have 12 publications on your CV and without being asked to come talk every year at SCCM or the colloquium or whatever. That's great. It's great if you get those invitations, but I don't think that should mark your success. **There are other ways to be successful in our field, and we just haven't done a good job of acknowledging them.**”

-Participant 15

Blackness as a Superpower



HOW ARE BLACK DOCTORS
SUCCEEDING?





WHAT/HOW WERE NORMS AT
PLAY?

WHAT WERE THEIR
STRENGTHS OR POSSIBLE
SUPERPOWER(S)?

WHAT WOULD IT LOOK LIKE
IF THEIR STRENGTHS WERE
STRUCTURING THE SYSTEM?

DISTILLING TAKE HOMES





WHAT IS PRESENT FOR
THE INDIVIDUAL?

WHAT IS PRESENT IN THE
SYSTEM AND CONTEXT?



REFERENCES



- Harper, S. R. (2010). An anti-deficit achievement framework for research on students of color in STEM. *New Directions for Institutional Research*, 2010(148), 63–74. <https://doi.org/10.1002/ir.362>
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QUESTIONS?



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