Stakeholder Perceptions of UMB CURE: A Middle School-University Partnership to Increase Diversity in STEM Careers

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Background

For healthcare providers to deliver individualized, patient-centered and culturally-sensitive care, provider training must build on cultural competence. Evidence-based studies have shown that many historically underrepresented minority (URM) and diverse patients prefer caregivers who either reflect, or are appreciative of their personal and community cultures, values and experiences (Wards, 2000). In fact, the shortage of URM healthcare providers in the United States (U.S.) and the projected 50% increase in the URM population by the year 2043 necessitates more in-depth culturally responsive trainings (Carter et al., 2014). One initiative for responding to this trend, Continuing Umbrella of Research Experiences (CURE), is a National Cancer Institute (NCI)-funded training program focused on developing workforce diversity in the healthcare research and medical sciences. In this high-impact educational program, middle school scholars are actively engaged in cancer research at the University of Maryland, Baltimore (UMB). Based on this distinct UMB CURE model, we anticipate that middle school student engagement in cancer research will inspire and encourage scholars to pursue a broad range of careers in the biomedical and health science fields (Franco et al., 2011). The purpose of our research is to examine the data from interviews with scholars, parents/families and mentors themselves to determine the potential for cultural competence training through the UMB CURE Scholars Program. Specifically, we sought to explore how these experiences might be enhanced and implemented into the future expansion and enrichment of the program.

Methods

Data was collected through focus group interviews with mentors, scholars and parents/families. Each focus group was required to evaluate stakeholders’ experiences with the CURE Scholars Program. The demographic makeup of the mentors was 51% Caucasian, 13% African American and 11% Asian in 2015-2016. Through flyers, contacts, and outreach, mentors were recruited mainly from the UMB professional schools and included students, professors, and staff. Interviews with six mentors, and eight scholars and 15 parents/families were audiotaped, transcribed and thematic analysis was conducted (Creswell, 2003). The NCI Center to Reduce Cancer Health Disparities (CRCHD) CURE evaluation tool was used for formal tracking of the scholars in the contexts of their home- and school-environments so that mentors could better understand and address general issues affecting the scholars.

Results

Six themes emerged from the data: overall experience with the program; communication between mentors and program leaders; role expectations and confusion; learning about interactions with scholars and how best to work with scholars and families; rules for assignments; and learning about barriers the scholars’ face. Data analysis revealed some of the mentors did not fully understand their role or what was expected of them. There was also confusion regarding consistent rules for implementing, supervising and evaluating curricula and activities. The mentors felt that communication was lacking at the launch of the program. Also expressed that more emphasis and attention was placed on the scholars rather than on all program stakeholders. Interestingly, the mentors expressed that they had initial anxieties about being rejected by the scholars. However, ultimately, mentors realized that open communication between all parties strengthened their interactions to build trusting interpersonal relationships.

Implications and Conclusions

Implications

• Increased diversity in the healthcare workforce enables innovation and problem solving while incorporating diverse perspectives.
• UMB CURE programs serve as opportunity for mentors, URM scholars, and their parents/families to narrow the diversity gap.
• UMB CURE will help advance healthcare equity by increasing the number of culturally competent professionals who examine health disparities that grossly impact underrepresented and underserved populations.

Overarching Conclusions

• Better programmatic preparation to train/prepare next-generation of healthcare providers and biomedical researchers require that UMB CURE mentors should participate in cultural competency training before beginning their mentorship responsibilities.
• To minimize confusion regarding expectations, roles of mentors should be clearly stated and explained to mentors, scholars and parents/families.
• The structure of the program should be explicitly laid out and available to the mentors for their personal and instructional benefits.

Results (Cont’d)

Major Themes

1. overall experience with the program
2. communication between mentors and program leaders
3. role expectations and confusion
4. learning about interactions with scholars and how best to work with scholars and families
5. rules for assignments
6. learning about barriers the scholars’ face.

Data analysis

• Some mentors did not fully understand their role or what was expected of them
• Confusion regarding consistent rules for implementing, supervising and evaluating curricula and activities
• Mentors felt communication was lacking at the launch of the program
• Mentors frustrated that all attention seemed focused on meeting scholars’ needs but not addressing stakeholders’ concerns
• Interestingly (initially): mentors expressed having initial anxieties about being rejected by the scholars.
• Ultimately: mentors realized open communication between all parties strengthened their interactions to build trusting interpersonal relationships.

References


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