Impact of doctor for a day programming on K-12 underrepresented students™ perceived self-efficacy and interest in healthcare careers

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Abstract

The percentage of medical school applicants who identify as Black/African American, Native American/Alaska Native, or Hispanic is significantly lower than the representation of these groups in the US population and is, combined, less than 15%.[1] Underrepresented minority (URM) youth face many barriers contributing to this disparity, including limited exposure to health careers, lack of concordant mentors, and lack of academic preparation.[2] Doctor For A Day (DFAD) aims to create a parallel plane for education and mentorship for URM students. DFAD partners with community organizations across the greater Seattle area to host monthly workshops. K-12 URM students engage in hands-on activities led by medical students, residents, and faculty from various specialties. DFAD is novel in its approach, in that it utilizes a bi-directional learning model. The program provides K-12 students with technical skill development and support from role-models of color who have successfully navigated the path to health careers. The program also allows health professional students and residents to gain mentorship and education during the workshops from faculty. In addition, volunteers learn from K-12 participants about the communities in which they serve. Volunteers are also reminded of the reasons they entered medicine to give back to underserved communities. This creates a cycle of giving, learning, trust, and community building. In this study, we assess how K-12 students perceive their self-efficacy and sense of belonging after participation in the DFAD program.

We conducted a retrospective analysis of K-12 students who attended at least one of 29 DFAD events between 2017-2023. An anonymous post-participation survey was distributed following each event. The survey assessed students' demographics, goals, self-efficacy, and event feedback. Self-efficacy was defined as one's belief in their ability to achieve a goal and was measured on a 5-point Likert scale.

1239 students were included in this study. 30% identified as African American/Black, 30% identified as Asian, 18% identified as Latinx/Hispanic, 7% identified as White, 3% identified as Middle Eastern, 2% identified as American Indian/Native American/Alaska Native, and 10% identified as multiracial or other. 76% of students identified as female, and 24% identified as male. 60% reported that they receive free or reduced lunch, and 31% reported that their parent's highest educational attainment was a high school diploma. After attending a DFAD event, 84% were more likely to attend college, 73% were more likely to pursue a career in a healthcare profession, 84% better understood what is required to go to a healthcare professional school, and 70% better understood what a doctor does. Importantly, 78% felt that becoming a healthcare professional was an achievable goal.

Survey responses demonstrated that DFAD programming is utilized by URM students with social and economic barriers to healthcare careers. We hope to explore strategies to improve accessibility of DFAD events to male-identifying youth, particularly given the low number of African American males attending medical school.[1] This study established that DFAD participation increases self-efficacy and interest in healthcare careers among URM youth. DFAD's model may serve as a template for other institutions.

References

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