

## **Challenges to Fostering Critical Consciousness in the Classroom**

“If development of critical consciousness is the goal of multicultural medical education, how do we achieve it? There are many pitfalls in this area, including:

- limiting curricular time devoted to this area to
- isolated, “drop-in” lectures or discussions,
- treatment of culture as a static entity,
- use of lists of “cultural characteristics,” and
- inadvertent reinforcement of stereotypes in case examples and discussions.

There are others:

- imposition of one person’s opinions and values— especially those of the instructor— on the rest of the group;
- either the silencing of individuals from marginalized groups or, paradoxically, forcing them into a position of acting as “spokespersons for their people”;
- avoidance of conflict surrounding issues of diversity;
- treatment of issues such as racism, sexism, homophobia, or class privilege as subjects of abstract discussion when they may represent intensely personal struggles for some students;
- undermining of discussions by those hostile towards diversity; or
- heated debates that degenerate into personal arguments.” p. 784

Reference:

Kumagai, A. K., & Lyson, M. L. (2009). [Beyond cultural competence: critical consciousness, social justice, and multicultural education](#). *Academic Medicine*, 84(6), 782-787. doi: 10.1097/ACM.0b013e3181a42398