Mental Status Exam: Nuts and Bolts, Frames and Mirrors
Teaching the mental status exam to first-year psychiatry residents with cultural humility

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Teaching the Mental Status Exam with Cultural Humility can increase awareness of the complex interaction of identity, culture, power, and privilege between patients and providers.

**PROBLEM ARISE WHEN:**
- The MSE is applied without consideration of provider bias or patient identity.
- When the inherently subjective nature of the MSE is not understood.
- When assessments perpetuate biases and inequities.

**TIME TO BUILD A BETTER COURSE:** In the spring of 2022, PGY-1 psychiatry residents at the Albuquerque VA were taught an 8-session curriculum that examined elements of the MSE and asked learners to consider how the identity, culture, and lived experiences of both the clinician and patient impacted clinical assessment.

**Course Goals**
- Identify the dually subjective and objective nature of the MSE.
- Examine the elements of the MSE through the filter of personal experience.
- Consider how identity, culture, and lived experience impact assessment.
- Apply the MSE with cultural humility.

**Course Design:**
- Clinical cases
- Audiovisual examples
- Facilitator guided group discussion
- Personal reflection
- Small group problem solving

**3 Principles of Cultural Humility**
- Lifelong commitment to learning and critical self-reflection
- Desire to fix power imbalances within provider-client dynamic
- Institutional accountability & mutual respectful partnership based on trust

**Course Feedback:** Anecdotal participant response to the course was largely positive. Students appreciated the clinical relevance and opportunity to discuss and apply cultural humility to clinical scenarios within a group.