

# Reclaiming Names, Establishing Identity: A Personal Journey in Medicine

Ankit Choudhury, BA; Sagar S. Matharu, BS

We are both Indian American medical students with culturally distinct names—Ankit and Sagar. Through our experiences, we hope to spotlight the profound impact one's name has in shaping perceptions in medicine.

Ankit grew up in the Midwest, and his name was rarely pronounced as his parents intended. To ease interactions, he introduced himself as “Ann-kit,” instead of the correct, “Ahn-kith.” This alteration minimized discomfort—both his and others’. However, when he entered college and was exposed to a more diverse and culturally aware community, he gained the confidence to embrace a pronunciation closer to its true form: “Ahn-kit.” It’s a little closer, but not quite correct, and he was still hesitant to share the authentic pronunciation of his name except with those who shared his cultural heritage.

Similar to Ankit, Sagar tends to introduce himself this way: “Sagar, but it’s like Soccer with a G.” While it may be tongue-in-cheek, it serves as a preemptive strike against inevitable mispronunciations, as in this example:

“Where are you from, ‘Cigar’?” the patient asks, head tilted in curiosity.

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**Author affiliations:** Medical College of Wisconsin, Milwaukee, Wisconsin (Choudhury, Matharu).

**Corresponding author:** Ankit Choudhury, Medical College of Wisconsin, 8701 Watertown Plank Rd, Milwaukee, WI 53226; email [achoudhury@mcw.edu](mailto:achoudhury@mcw.edu); ORCID ID 0000-0001-9863-9862

“Maryland,” responds Sagar with a practiced smile.

“Oh.” The patient hesitates, slightly nodding his head, “Where are you really from?”

A bit taken aback—even though he has heard this before—Sagar replies, “Oh right, my family is from India,” trying to maintain a stiffened smile.

Moments like these are not new for us. Our names, unfamiliar to many, often function as a signal, prompting assumptions about our background before we have the chance to define ourselves. Names carry immense significance: they are the quintessential marker of who you are. For us, introducing ourselves has always been a lifelong balancing act. These subtle, yet impactful, moments of identity negotiation have shaped our interpersonal dynamics and professional experiences, highlighting how deeply ingrained perceptions influence interactions in medicine.

In medical school, we often find ourselves weighing the desire for proper pronunciation of our names against the fear of bringing too much attention to ourselves. Introducing ourselves in clinical or academic settings involves an unspoken calculation: is it worth the time and discomfort to ensure a proper pronunciation of our names? Or does correcting someone detract from the task at hand?

Names can also serve as bridges, connecting us to others in profound ways. Before medical school, Ankit worked as a medical assistant at a gastroenterology clinic in Missouri. One patient, noticing his nametag, asked, “Are you

Indian?” Their shared heritage led to a warm conversation about a familiar cultural experience. Such moments of bonding, while brief, bridge a gap of understanding that allows the patient to feel seen and heard in a way that extends beyond the standard provider-patient relationship.

Ankit previously worked with a physician who was an immigrant from India and who often tailored care to reflect cultural nuances. For instance, he encouraged providing modified colonoscopy prep instructions to include dietary swaps familiar to Indian cultures, ensuring adherence without disrupting cultural norms. This is a poignant reminder that diversity in medicine enriches care by fostering authentic empathy alongside cultural competency.

Diversity is a systemic necessity, enriching health care by reflecting the communities it serves. When patients see their identities mirrored in their providers, it fosters trust and improves care.<sup>1-3</sup> Embracing our identities as Indian Americans has become a source of strength, informing our interactions with patients.

Diversity in medical education is not just an abstract ideal; it is a practical necessity. A diverse learning environment enriches the educational experience, equipping future physicians to provide culturally sensitive care. Yet, the system often overlooks the nuances of identity. While medical education celebrates diversity on paper, it rarely addresses the practical challenges that come with it. How do

**Table.** Strategies for Integrating Diversity and Cultural Competency in Medical Education

Setting	Strategy	Description	Source
Classroom	Inclusive curriculum design	Incorporate case studies and materials that reflect diverse populations, ensuring representation of various cultural identities and to foster an environment of belonging.	Luke <sup>4</sup>
Classroom	Diversity-focused student subgroups	Support the implementation of student subgroups focused on diversity and inclusion, providing platforms for underrepresented students to share experiences and advocate for inclusive practices. Participation in these groups are important to students and enhance a supportive learning environment.	Ludwig et al <sup>6</sup>
Classroom	Diversity awareness training with visual reflection tools	Utilize visual reflection tools to encourage self-awareness, exploration of personal biases and reflexivity in managing patient diversity. These tools create a safe space for discussing identity, bias, and communication challenges.	Ang et al <sup>7</sup>
Clinical	Cultural competence OSCEs	Develop OSCE stations that emphasize cross-cultural communication skills, allowing students to practice and be evaluated on their ability to navigate culturally sensitive scenarios. This hands-on approach enhances readiness for real-world diverse patient interactions.	Green et al <sup>9</sup>
Classroom and clinical	Implicit bias recognition	Implement a framework that aids medical students in recognizing and addressing implicit biases in clinical scenarios, ensuring fair and equitable treatment of all patients.	Chao et al <sup>5</sup>
Classroom and clinical	Cultural competence model	Apply models such as the Purnell Model for Cultural Competence to guide healthcare practitioners in understanding how cultural factors influence health behaviors, treatment adherence, and communication styles.	Purnell <sup>10</sup>
Institutional	Mentorship programs with diverse faculty	Establish mentorship initiatives connecting students underrepresented in medicine with faculty from diverse backgrounds. Such relationships provide guidance, support, and role modeling, aiding professional development and reinforcing the value of diversity within medicine.	Bonifacio et al <sup>8</sup>

we foster inclusivity when names are mispronounced, cultural differences are misunderstood, or identities are reduced to stereotypes?

Fostering inclusivity in medicine starts with integrating diverse realities into medical curriculum. Case studies reflecting cultural nuances and open dialogues about identities, bias, and health beliefs cultivate understanding and cultural humility.<sup>4</sup> Workshops on implicit bias and structured discussions about identity in clinical practice equip future physicians with empathy and sensitivity.<sup>5-7</sup>

Beyond the classroom, medical institutions can support mentorship programs that connect underrepresented students with role models who share their backgrounds.<sup>8</sup> Representation matters not only for the aspiring physician, but also for the patients we serve. A diverse physician workforce allows the diverse patient population to feel seen, understood, and represented during their most vulnerable moments. (*The Table provides an overview of several evidence-based strategies.*)

Identity in medicine weaves into a larger tapestry, bridging gaps in understanding and building trust with communities. This trust is vital in addressing health disparities, fostering patient compliance, and ensuring equitable care. The richness of diversity is a strength, not just for individuals navigating the complexities of medical education but for the entire health

care system striving to deliver compassionate and culturally sensitive care.

The patient's question, "Where are you really from?" isn't just about our origin; it is a reminder of how names often carry more than just phonetic weight. Reclaiming our names has been an act of reclaiming our identities, a refusal to let them be diminished or overlooked.

Names are more than identifiers. They are a bridge to understanding, offering opportunities to connect with others in ways that transcend language. In medicine, where connection and trust are paramount, acknowledging the importance of a name is not just politeness—it enhances the quality of care. When institutions create spaces where every name is valued, they send a powerful message: every identity matters.

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