Development of a Cultural Standardized Patient Exam in a General Surgery Residency Program

UHM Department of Surgery
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Introduction
The need for physicians formally trained to deliver care to diverse patient populations is well-documented. Seminal works, such as the Institute of Medicine's (2003) Unequal Treatment, lay the groundwork for cross-cultural healthcare training by focusing not just on individual physician characteristics, but also how larger social and institutional factors contribute to health disparities. Based on their work on residents' perceived preparedness to provide cross-cultural care, Betancourt et al. (2007) note four implications for medical education policy that echo the Institute of Medicine's recommendations:

• Integrating cross-cultural curricula in graduate medical education;
• Building the cross-cultural curricula on what was learned in medical school so there is continuity;
• Training of attending physicians and fellows in the curricula so they can serve as role models to the residents; and
• Conducting mandatory and formalized evaluations of general and cross-cultural communication skills.

Accreditation Council for Graduate Medical Education (ACGME) Competencies Related to Cultural Competency (2007)

• Professionalism
  "sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation."
  • Interpersonal and Communication Skills
  "communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds."

Assessment Methods
Cross-Cultural Care Survey (Weissman and Betancourt, 2003) to measure resident preparedness to provide care to diverse patient populations.

Cultural Standardized Patient Exam
Based on the UHM Dept of Family Medicine's curriculum, an informed consent case scenario utilizing trained actors was developed and evaluated via a standardized tool.

Residents were videotaped during the patient interaction and completed a self-assessment. Assessments by the faculty preceptor and the standardized patients were also completed.

UHM Dept of Surgery Initiatives
• Including lectures, journal clubs, and didactic sessions on ACGME Competencies Related to Cultural Competency
• Consulting with the medical education literature and institutional experts on how to expand on what was learned in medical school;
• Providing informal and formal opportunities for surgical faculty to learn more about cultural competency through lectures and related research studies as participants or collaborators
• Evaluating surgical resident's cross-cultural communication skills via a cultural standardized patient exam

ACGME Requirements
• All residency programs must train and evaluate their residents on the following six competencies:
  • Patient Care
  • Medical Knowledge
  • Systems-Based Practice
  • Professionalism
  • Interpersonal and Communication Skills
  • Practice-Based Learning and Improvement

Use of Results
Currently, there is no formal, permanent cultural competency component in our program; therefore, the results will be used to develop a module to integrate into our existing curriculum to ensure that the surgical residents are trained and evaluated in cross-cultural care—making them optimally prepared and skilled to work with patients of all cultural backgrounds.

Next Steps
• Continue to assess pilot data.
• Conduct a cultural training intervention in February 2010.
• Conduct a post-test with the cultural standardized patient exam.
• Begin formalizing and integrating into the existing curriculum.

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