



# Improving Cultural Competency Among Anesthesiology Residents Via Virtual Interactions with Hispanic Standardized Patients [Non-implementation Project]



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## NEED

Hispanics/Latinos comprise about 15% of the US population and are the fastest growing minority in America. In Georgia, however, Hispanics represent only about 3% of the population, and health professionals training in the state may have few opportunities to interact with Hispanic patients. Language and cultural barriers, lack of health insurance, and so on, can lead to health disparities including later diagnosis of certain cancers and less than optimal care while being hospitalized for a heart attack.<sup>1</sup>

Improved cultural competence among health care professionals can help to reverse such disparities. As such, the Medical College of Georgia at Georgia Health Sciences University (MCG) has made it a priority to improve the cultural competency of its allied health, dental, medical and nursing students through its Quality Enhancement Plan, dubbed Healthy Perspectives.

The anesthesiology department is similarly interested in cultural competency training of its residents, as outlined here. This proposal addresses program objective Int.C.2. of the ACGME Program Requirements for Graduate Medical Education in Anesthesiology.

## METHODS

Currently, the communication skills of anesthesiology residents are assessed by an attending using standardized competency assessment (“checkoff”) forms. Anesthesiology residents are assessed for their ability to communicate with patients during the [1] preoperative visit (phone call), [2] pre-anesthetic evaluation (patient interview immediately prior to surgery), and [3] postoperative follow-up (to ensure there were no surgery-related adverse events). We plan to improve the cultural competency of anesthesiology residents by developing a long-distance scenario, based on our existing checkoff form, that will give residents a chance to practice communication skills with an off-site SP using existing technologies.

**Residents in their first post-graduate year (PGY-1) will self-train using the Allwardt and Anderson slide presentation on traditional Latino beliefs about health and illness (15-20 min),<sup>2</sup> then practice communication skills with a Hispanic “patient.”** Because MCG has relatively few Hispanic patients and standardized patients (SPs), we will collaborate with a member-institution of the Association of Standardized Patient Educators which does have Hispanic SPs. **Residents will interview the SP remotely via Skype and webcams, in a manner similar to the telemedicine model, then receive feedback from the SP and faculty member immediately afterward (See diagram).** The resident will be encouraged to use Kobylarz et al’s ETHNICS mnemonic during the scenario.<sup>3</sup> The resident will assess his/her own comfort level in communication skills by completing a survey before and after training using an instrument such as the Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals.

## IMPLEMENTATION PLANS

We will develop a scenario and assessment checklist based on an anesthesiology checkoff form. We will also identify a collaborating institution which trains Hispanic SPs, ensure that the technologies of both institutions are compatible, and make adjustments as needed based on trial runs of the scenario.

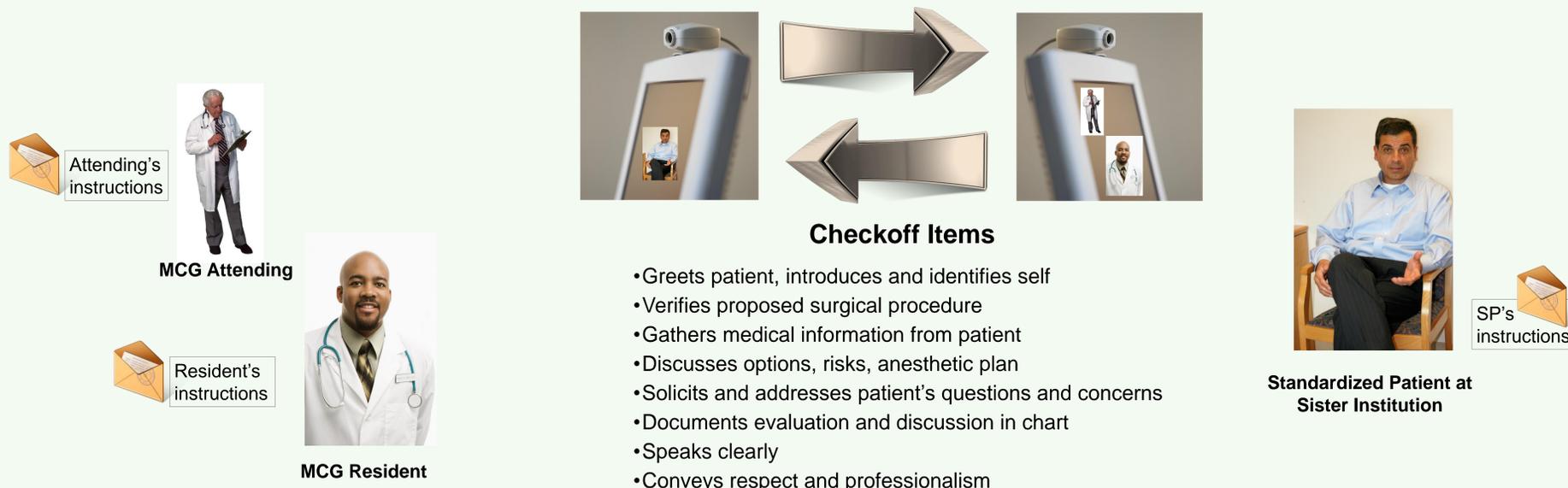
The faculty member and resident will be given their instructions just before the scenario begins. The SP will have been trained in advance, and may receive additional instructions just before the scenario begins. During the scenario, the resident and SP will be able to see and hear each other via Skype, using computer monitors, microphones and webcams. The faculty member assessing the resident will be in the same room as the resident and the SP will be able to see and hear the faculty member. In the scenario, the resident will be tasked with obtaining information from and providing information to the SP in a way that respects the SP’s culture and beliefs, and the SP will give appropriate verbal and nonverbal responses.

In a feedback session after the interview, the SP will discuss how he/she felt the encounter had gone, what was said or done which made him/her comfortable or uncomfortable, and how future sessions could be improved. The resident will be encouraged to seek and provide feedback. The faculty member will assess the resident’s performance, keeping the SP’s comments in mind. Sessions can be recorded for later review. In the future this assessment using SPs could be used toward graduation requirements.

Costs related to this project will include scenario development, SP training time, SP time spent role playing, faculty and coordinator FTE, and equipment and supplies. The scenario is expected to take 20-30 hours to develop.

## ILLUSTRATION OF PLANNED PROJECT

### Scenario: Mr. Martinez Comes in for his Pre-anesthetic Evaluation



## REFERENCES

- 1 Agency for Healthcare Research and Quality. National Healthcare Disparities Report 2003. Accessed Oct 28, 2010. [www.ahrq.gov/qual/nhdr03/nhdrsum03.htm](http://www.ahrq.gov/qual/nhdr03/nhdrsum03.htm).
- 2 Allwardt D. Culturally Competent Health Care Practice with Older Adults. MedEdPORTAL; 2006. Available from: [www.mededportal.org](http://www.mededportal.org), ID 254.
- 3 Kobylarz F, Heath J, Like R, Granville L. The ETHNICS Mnemonic: Clinical Tool, Didactics, and Small Group Facilitator's Guide . MedEdPORTAL; 2007. Available from: [www.mededportal.org](http://www.mededportal.org), ID 600.