

Title: Training the Next Generation of Physicians in Providing Care to Patients with Limited English Proficiency

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Project Description: This is a medical education project that aims to develop a clinical training curriculum and evaluation program focused on the provision of linguistically appropriate health services by medical students and clinical trainees. The goal of this project is to develop a curriculum that can be incorporated into clerkship, residency, or fellowship training that will improve the care delivered by medical students and trainees in clinical encounters involving patients or families with Limited English Proficiency (LEP).

Specific Educational Aims:

Aim 1: To develop a learner-focused and patient centered training curriculum for medical students and clinical trainees that provides the necessary skills for providing linguistically appropriate care, including proper utilization of professional medical interpretation.

Aim 2: To pilot training curriculum focused on care of LEP patients as part of clerkship and rotation training of medical students and clinical trainees.

Aim 3: To measure the effect of the training curriculum on student and trainee communication skills as well as patient quality of care elements of comprehension and satisfaction.

Project Rationale: Effective communication with patients is an essential skill for any physician and remains an important area of improvement in both clinical practice and medical education. Language proficiency is a common barrier to communication between providers and patients. Over twenty-five million individuals in the United States speak English less than very well, and thereby have Limited English proficiency (LEP).¹ LEP represents one of the most significant risk factors for poor health outcomes.² LEP individuals and families experience limited access to care and quality of care. The risk of LEP can be addressed and mitigated by providing linguistically appropriate care, such as professional medical interpretation.^{3,4} Interpretation has been shown to improve outcomes and decrease medical errors, as well as increase adherence comprehension and satisfaction.^{3,5} However, underutilization and misuse of interpretation is common among both practicing physicians and trainees.⁶⁻⁹

In training the next generation of physicians, it is imperative to educate trainees to provide linguistically appropriate care and thereby work to improve care for LEP individuals and families. This is particularly relevant in pediatrics, where a growing proportion of families have LEP. Moreover, a national survey of pediatric departments demonstrated the absence of a validated program that trains medical student and residents to be effective communicators with LEP patients and families. There is currently no standard clinical curriculum for training medical students or clinical trainees regarding communication with LEP patients or the appropriate utilization of professional interpretation. The existing data regarding training is limited and extremely variable in regards to content as well as learner, specialty, and patient focus. This represents an opportunity to develop a novel curriculum that combines the dual purpose of providing education alongside the goal of improving patient care. The proposed project will employ instruction driven by patient centered needs and learner perspectives. As a result, this project will fulfill an educational need while improving the patient care of a diverse patient population.

III. Approach

Aim 1 – We will bring together the perspectives of patients, learners, professional interpreters and content experts to develop a learner-focused and patient centered training curriculum that combines patient and learner input with evidence-based standards and techniques for

providing linguistically appropriate care. A needs assessment of learners and patients will be conducted. Students, patients and content experts will participate in focus groups aimed at creating curricular content. Groups will be queried regarding didactic or knowledge based training as well as skills focused simulation, clinical training, and workflow barriers. Patient participants will be queried regarding LEP and socioeconomic status as well as perception of physician communication and interpretation modalities. An envisioned curricular prototype would involve a brief didactic session or video followed by simulated training and then complemented by observed clinical training and care delivery.

Aim 2 – Once created, the training curriculum will be piloted as part of clerkship and rotation training. The first target for pilot will be outpatient general Pediatrics. Ultimately, the curriculum is envisioned to include all specialties, as curricular clinical scenarios are built. Envisioned content is of a didactic exercise combined with OSCE type simulation involving clinical scenario of H&P for complaint of “toddler with ear ache” which is then followed by skills practice in clinical setting. The pilot run will be accomplished through a series of iterative process improvement cycles targeting quality and effectiveness of curriculum in regards to both learners and patients. These cycles will aid refinement of curriculum and deployment.

Aim 3 – Trainees and patients will be evaluated regarding knowledge, skill, as well as elements of comprehension and satisfaction. Details discussed in evaluation section.

IV. Timeline & Implementation Plan

Curriculum Development Phase → September – December 2017

- Explore/Obtain IRB approval for project
- Invite/Recruit focus group participants
- Facilitate 3-4 focus groups & analyze focus group data
- Create curricular didactics & clinical scenario scripts based on data

Curriculum Pilot Phase → January – March 2018

- Pilot curriculum in 2-4 week intervals of trainees
- Conduct at least 3 process improvement cycles & analyze data
- Refine and revise curriculum based on pilot phase

Curriculum Finalization Phase → April – July 2018

- Prepare curriculum for broader dissemination, presentation/publication

V. Anticipated Work Product

1. A curriculum for clinical trainees to obtain skills in communicating with LEP population.
2. Publication of curriculum development, curriculum content and curricular assessment.

VI. Evaluation Plan - Learners will complete baseline knowledge and skills assessment prior to participation. Learners will evaluate the curriculum content after training. Simulation scenarios will be taped for review of communication techniques. After each LEP encounter, learners will evaluate their own performance. Lastly, at 3 and 6 months after completion of curriculum, learners will reassess their knowledge and skills. Patients will evaluate trainees after each encounter, as well as their own comprehension of encounter and satisfaction with encounter.

V. Dissemination Plan – Anticipate local presentation at grand rounds and conference on innovations in medical education. Submission of abstracts to national (AAMC, AAP, APA, APPD) meetings. Publication in MedEdPORTAL and peer-reviewed journals (Acad Med, Pediatrics).

Budget

	Item	Justification	Amount
Compensation			
	6 clinical days (6 x \$607.5)	PI time for design of survey instruments and focus groups.	\$3645
		Total Compensation:	\$3645
Non-Compensation			
	30 gift cards x \$25 each	Gift cards to incentivize patients & interpreters to participate in focus groups.	\$450
	RA Stipend	Stipend for research assistant to assist with focus groups (patients, students, trainees, interpreters, faculty) ~ 5 days of pay.	\$1200
	Standardized Patient (SP) Case Review	3 day of case review for SP	\$682.65
	Simulated Training with SPs	12 half days of SP time	\$1393.8
		Total Non-Compensation:	\$4026
		Total Request:	\$7671