

A Novel Cultural Competency Curriculum for Physical Medicine and Rehabilitation Residents

Background:

The goal of Physical Medicine and Rehabilitation residencies is to prepare physiatrists to provide effective cross-cultural care to all patients, families, and their diverse communities (1). Residency is a critical time to ensure that trainees recognize their own biases and how these impact patient outcomes, engage with strategies that mitigate the effects of their biases, and practice implementing cultural competency skills in real clinical encounters. Additionally, as experts in impairment and disability, physiatrists have an opportunity and obligation to be experts and advocates for the reduction of healthcare disparities for patients with disabilities.

Goals and Needs Assessment Results:

The goal of the Cultural Competency Curriculum for PM&R Residents is to develop the knowledge, skills, and attitudes to mitigate bias in the provision of cross cultural psychiatric care. Residents should be able to identify the existence of healthcare bias and understand how bias impacts patient outcomes. We aim to provide a safe space for residents to explore their own biases and provide strategies to mitigate bias in clinical encounters. A needs assessment was conducted using ACGME resident survey data, and quantitative and qualitative resident survey results. Prior to implementation of the curriculum, CU PM&R residency program's mean score (out of 5) for "taught about healthcare disparities" was 3.5 compared with a 3.3 specialty mean. The mean program score for "preparation for interaction with diverse individuals" was 4.3 compared with a 4.1 specialty mean. In a cross-sectional survey, 16 out of 16 residents reported some form of implicit bias identification after taking the Harvard Implicit Association Test (6). Finally, qualitative data collected through open response survey identified key elements of desired cultural competency education including disability disparities education, concrete steps to reduce bias in clinical scenarios, and longitudinal education integrated throughout clinical rotations.

Curriculum Methods:

The curriculum will be disseminated over a 36 month period with two 3-hour sessions per 12 month period. Each session will be comprised of both a synchronous workshop and asynchronous activities. Session topics include Introduction to Healthcare Disparities, Social Determinants of Health, Relationship of Wealth and Health, Medical vs Social Models of Disability, Workforce Diversity, Power Privilege and Positionality, and Healthcare Disparities in Rehabilitation Medicine. Experts in the fields of healthcare disparities, diversity in education, disability advocacy and education, and racism in healthcare will lead interactive workshops throughout the curriculum. A longitudinal discussion forum will be available throughout the course to post and discuss recommended readings in between sessions.

Curriculum Assessment Plan:

Educational strategies and curriculum effectiveness will be assessed throughout the curriculum. Longitudinal engagement will be tracked via participation in online discussion topics. Annual ACGME resident survey items will be tracked for improvement in mean program scores in categories of diversity

training and comfort with diverse populations. Resident knowledge and attitudes will be assessed via a program specific cross-sectional survey and review of reflective writing assignments.

1. Accreditation Council for Graduate Medical Education. Physical Medicine and Rehabilitation program requirements and FAQ. https://www.acgme.org/globalassets/pfassets/programrequirements/340_physicalmedicinerehabilitation_2022.pdf Accessed 3/23/2023.
2. Accreditation Council for Graduate Medical Education. Common program requirements. <https://www.acgme.org/what-we-do/accreditation/common-program-requirements/>. Accessed 3/23/2023.
3. <https://implicit.harvard.edu/implicit/takeatest.html> Accessed 3/23/2023."