Creation and Evaluation of a Health Equity Certificate Program for Standardized Patients

Purpose

Standardized patients (SPs), who are trained in feedback and communication, are utilized nationally in medical education training. Medical school curricula use simulated medical cases to meet requirements to address healthcare disparities in diversity, equity, and inclusion. Within these encounters, bias exists between the SP and the student. With the implementation of an Opioid management communication curriculum, the SPs expressed concerns that their training was insufficient to conduct simulations that included feedback and portrayal of health equity issues. Therefore, we created a curriculum for SPs to improve health equity skills in recognizing and mitigating bias to portray patients and coach learners. Program certification was given to graduates by the medical school upon completion.

Objectives

Applying a phenomenological qualitative approach, we evaluated the SP experience after the certificate program.

Methods

Kern's model for curricular design was used for the curriculum employing multiple educational strategies (e.g. Johari Window Model, Socioecological Model) since the pedagogy for diversity, equity and inclusion is unevolved. Sixteen hours of virtual and in-person training included Implicit Association Tests (IATs), vocabulary tests, small group discussion, perspective taking, watching recorded videos of patients who have experienced health inequities, peer role-play, and 3 practice cases using medical students as mock learners. The content delivered tools to create inclusive learning spaces and decrease racism, discrimination, and microaggressions. The course was offered to advanced SP coaches with additional communication training. Participants were invited to participate in a semi-structured, facilitated focus group. Discussion prompts focused on two domains: (1) understanding what aspects of the course were valuable to their SP work (2) understanding what aspects of the course were effective for content delivery. A facilitator, not involved with the program, with qualitative research expertise facilitated the groups. Three coders, through an inductive coding process and consensus discussion, created a common set of codes that were applied through a constant comparative method.

Results

Twenty SPs completed the 16-hour curriculum. Four focus groups were conducted with 15/20 (75%) SPs with the following themes emerging.

1. SPs described greater ability to recognize bias, use health equitable vocabulary and identify health disparities.

2. SPs valued listening to stories and perspectives which better equipped them to portray a variety of patient populations with less stereotyping.

3. SPs had a clearer understanding of learner goals and how to facilitate rewinds using effective feedback.

4. The safe training environment was crucial to self-discovery and fostering a growth mindset.

5. The training was perceived essential and recommended incorporation for all SPs within the institution.

6. SPs desired the opportunity for advanced training.

Conclusions

The Health Equity Certificate program was well received by the SP participants giving them tools to address health inequities such as bias and discrimination and the confidence to better portray patients that are known to encounter healthcare disparities. We identified a gap in SP instruction as our SPs' previous training did not consider their own biases and experiences with health inequities. Other institutions would likely benefit from SP certification in health equity to improve health-professions student learning."

references:

1)Qureshi AA, Zehra T. Simulated patient's feedback to improve communication skills of clerkship students. BMC Med Educ. 2020 Jan 15;20(1):15. doi: 10.1186/s12909-019-1914-2. PMID: 31941466; PMCID: PMC69640742.

2)Fluet, Angelina;Essakow, Jenna MD; Ju, Mindy MD, MAEd. Standardized Patients' Perspectives on Bias in Student Encounters. Academic Medicine: November 2022 - Volume 97 - Issue 11S - p S29-S34. doi:10.1097/ACM.0000000000004925

3)Shankar PR, Dwivedi NR. Standardized Patient's Views About their Role in the Teaching-Learning Process of Undergraduate Basic Science Medical Students. J Clin of Diagn Res.2016; 10(6):JC01-JC05.

4) Sweet LR, Palazzi DL. Application of Kern's Six-step approach to curriculum development by global health residents. Educ Health (Abingdon). 2015 May-Aug;28(2):138-41. doi: 10.4103/1357-6283.170124. PMID: 26609014.

5) Fernandez, Alicia MD. Further Incorporating Diversity, Equity, and Inclusion Into Medical Education. Research Academic Medicine: November 2019 - Volume 94 - Issue 11S - p S5-S6