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USING MEDICAL SIMULATIONS TO TEACH MULTICULTURAL DIVERSITY

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ABSTRACT

Medical students at Philadelphia College of Osteopathic Medicine receive training in multicultural diversity through simulated medical encounters with Standardized Patients. The goal is clinical and multi-cultural competence, i.e. the ability to examine, treat and relate to a culturally diverse patient population. The students participate in a series of simulated medical encounters with SPs who are actual medical patients hired from the community and trained to evaluate clinical and inter-personal skills with the students following the encounters. The result is a meaningful encounter between student and patient in which both learn to appreciate the value systems of the other.

INTRODUCTION

Philadelphia is a multi-ethnic "city of neighborhoods." Approximately 45% of the population is African-American, there is a fast growing Asian and Hispanic population and neighborhoods are often separated by economic class and ethnic and racial identity. The main mission of Philadelphia College of Osteopathic Medicine (PCOM) is to train primary care physicians who can work with a medically and culturally diverse patient population. Although the student body of PCOM is approximately 95% Caucasian from the middle class, the patients they encounter during clinical rotations in their third and fourth years are predominately African-American, Hispanic-American and Caucasians from the lower economic class.

To better prepare these students for their clinical rotations, and for their work as primary care physicians, all students are required to practice their clinical skills during their first and second years by "treating" culturally diverse Standardized Patients (SPs) several times per year during

simulated medical encounters. SPs are either healthy individuals trained to simulate an illness or actual patients trained to portray their own illness in a standardized way (Barrows, 1993). The Standardized Patient Program at PCOM uses actual patients with chronic conditions in order to make the medical simulations as realistic as possible. Approximately 80% of the SPs are African-American or Hispanic.

SCREENING, RECRUITING AND TRAINING SPs

SPs are recruited directly from community health care clinics where PCOM's students will eventually perform their clinical rotations. These clinics are located in economically disadvantaged and medically underserved neighborhoods. The SPs recruited have chronic conditions commonly treated in primary care, e.g. cardiovascular and cardiopulmonary conditions, diabetes, obesity, hypertension, musculoskeletal problems, etc. Job requirements for SPs include basic literacy and absence of health conditions that would make regular part-time employment an impossibility. Following recruitment SPs are screened and evaluated by SP trainers using a structured interview instrument developed at PCOM called the Health Illness Lifestyle Survey (HILS). The survey asks questions about the SPs health problems, illness and health-seeking behaviors, experience with health care professionals, work experience and level of perceived self-efficacy. The HILS is also given in a self-administered form to SPs on a monthly basis and serves to get SPs to self-monitor their health. The rationale for using an instrument such as HILS is to determine if SPs suffer ill effects from the medical simulation process. To date, no SPs have reported problems participating in the program.

Training for the medical simulations takes place in 4-6 hours. The medical cases and simulations are

constructed around the SPs actual health conditions. The SPs' names are changed, and selected aspects of their condition are amplified or deleted depending upon the training goal. SPs are prepared for the simulated medical encounters through role-play with SP trainers and clinical faculty members. SPs also receive training in medical and inter-personal communication skills and attend a seminar entitled "Ethnic and Cultural Considerations in Health Care." The seminar provides a basis upon which SPs can reflect on the communication skills and multicultural competence of the medical students they will encounter.

SIMULATED MEDICAL ENCOUNTERS

Following training SPs begin working with students. During a typical SP exercise, a student examines the chief complaint, takes a medical history, performs a physical examination and then advises the SP. Following the examination the student receives feedback from the SP regarding his or her clinical performance and interpersonal skills. The feedback centers around ethnic and cultural factors, noted by McGoldrick, Giordano and Pearce (1982), that structure health-seeking and health-providing behaviors. These factors include the patients' experience and expression of pain, communication about pain and symptoms, health beliefs, attitudes towards doctors and helpers, and what treatment patients desire or expect. The examination and feedback session is videotaped for later review by student and faculty.

CONCLUSIONS

An analysis of the videotapes reveals that both students and SPs often make erroneous assumptions about the others' knowledge, attitude and behaviors, assumptions based on a lack of personal or professional experience and contact with their counterpart. Confronting these assumptions during the medical simulations and feedback sessions counteract a problem often associated with training in multicultural competence, i.e. patient stereotyping, assumptive

bias and the confounding of ethnicity with class and socioeconomic status (Shapiro & Lenahan, 1996). The simulated medical encounters have proven to be a meaningful experience for both student and SP. Students report the encounters increase their medical knowledge, clinical skill level and confidence while SPs report an increase in their sense of self-efficacy and self-confidence in dealing with their own doctors.

REFERENCES

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