Cultural Humility: Evaluation of a New Immigrant and Refugee Curriculum for Resident Physicians

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ABSTRACT

Indianapolis is home to a vibrant immigrant and refugee population. With increasing globalization, resident physicians need to be prepared to care for immigrant/refugee populations within the US. Past literature has shown that participation in domestic international health electives has a positive effect on clinical diagnostic skills, knowledge, communication, and attitude toward care for immigrant populations, as well as improvement in physician allocation of resources. However, few programs have a specific curriculum to teach all residents immigrant/refugee health at the domestic level. The aim of this curriculum is to provide instruction that helps learners develop skills critical to providing culturally effective medical care to immigrant and refugee patients domestically.

BACKGROUND

Traditionally, medical education focuses on competence, with evaluation reflecting mastery of a theoretical finite set of knowledge. However, when applied to care of immigrant and refugee patients, this concept of "cultural competence" does not embrace the diversity of patients or their experiences. Cultural humility proposes:

-a life-long commitment to **self-evaluation and self-critique**

-the **process** of seeking to **recognize our own beliefs and assumptions;**

-the willingness to **break through** those beliefs, assumptions and stereotypes that can **get in the way** of being appropriate or sensitive in another's culture.

MATERIALS and METHODS

Needs assessment: Identify current comfort of resident physicians with caring for immigrant and refugee patients

Literature Review: PubMed search of curricula for providing culturally effective care in the healthcare setting

Curriculum development:
-Develop objectives
-Identify teaching format
-Create learning material
-IRB Approval

IMPLEMENTATION

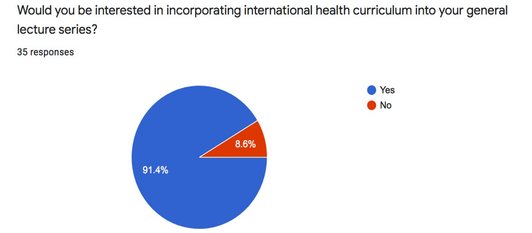
- Pre-session video lecture of immigrant and refugee health in Indianapolis and introduce cultural humility
- Zoom/In-person case-based practice of cultural humility over 3 hours with 3-5 residents on Pediatrics Ambulatory rotation
- Survey to evaluate effectiveness of curriculum

RESULTS: Needs Assessment

The needs assessment was completed by 35 resident physicians:

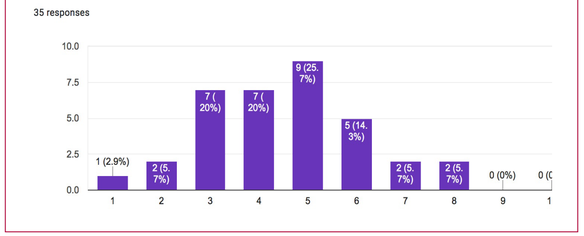
- 66.7% Internal Medicine-Pediatrics combined residents
- 34.3% Pediatrics Categorical residents
- Of the residents who completed the survey 28.6% were PGY-1, 20% were PGY-2, 34.3% were PGY-3, and 17.1% were PGY-4.

This initial assessment looked at interest in global health education. Results showed strong interest from residents in global health education during residency.



RESULTS: Needs Assessment

Additional questions evaluated resident preparedness to care for immigrants, international adoptees, returned travelers etc., with Likert scale ranging from 1-10 (1 being strongly disagree, and 10 being strongly agree). Data indicated an area of intervention as residents noted lower levels of preparedness in caring for these populations.



Materials: Sample Case

The in-person session goes through 7 challenging cases meant to encourage residents to practice cultural humility in clinical scenarios that may not have a clear answer:

Case 1: A Mexican mother presents with her 10 year old daughter for asthma management.
- Learning Point: Working with interpreters

Case 2: A new refugee family from Myanmar presents to establish care.
- Learning Point: Preventative Health, Mental Health, Stigma

Case 3: A Haitian father brings his son for well-child check. His son has a rash.
- Learning point: Stigma, Well-immigrant child visit

Case 4: A mother brings her newly internationally adopted children for well-child visit.
- Learning Point: Approaches to International Adoption Health

Case 5: A Syrian mother brings her 6-month son for a well-child visit. He is down standard deviations for weight.
- Learning Point: Communication, Food insecurity

Case 6: A Congolese couple bring their 8-month old son for a well-child visit. He is at the 99th percentile for weight.
- Learning Point: Nutrition, Communication

Case 7: A 17 year old Guatemalan female presents with her mother for a well-child visit. You reach the reproductive history.
- Learning Point: Communication, Religious beliefs, Cultural Practices, Reproductive Health counseling

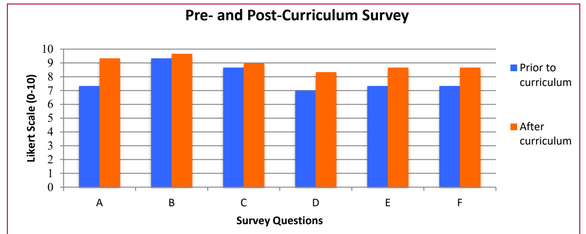
RESULTS: Survey

To evaluate the impact of this curriculum, resident physicians were given a two - part survey following participation in this session.

Initial results were obtained from the first session conducted in April 2021 with three participants, all categorical pediatric PGY2s. One resident is a male, and two residents are females.

All respondents had unchanged or improved Likert scoring of their perceived ability to care for immigrant and refugee patients after the in-person curriculum session. Please see the "Pre- and Post-Curriculum Survey" graph for additional details.

Results: Survey (continued)



Survey Questions, with scoring on a Likert Scale from 1-10 (1 being strongly disagree, 10 being strongly agree):

A) I understand what cultural humility is and how to incorporate it into my daily practice
B) I feel capable in my ability to work with an interpreter to interview immigrant and refugee populations.
C) I feel capable in my ability to identify social determinants of health and how they influence immigrant and refugee healthcare.
D) I feel capable in my ability to care for an international adoptee patient.
E) I feel capable in my ability to conduct a well-child visit for an immigrant or refugee child.
F) I feel prepared to care for an immigrant or refugee patient in my clinic.

FUTURE DIRECTIONS

- Over the next year, we will continue to collect data from the survey as resident physicians complete the curriculum on their Ambulatory 2 Pediatrics block.
- We will evaluate the impact of the curriculum and continue to adapt and update the cases to meet the educational needs of our resident colleagues.
- We hope this curriculum will continue as a permanent part of the residency curriculum to address the critical needs to have competent physicians capable of treating a diverse patient population.
- While we anticipate facilitator availability may be a challenge, especially as responsibilities return to in-person rather than with the flexibility of a virtual setting, we will be training additional facilitators in the future to address this.

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