Resident Physicians and Health Disparities: Behavior Predicts Attitude

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Overall Goal/Abstract

The purpose of the project is two-fold: first to integrate a population health curriculum into resident education and second to engage residents in the assessment of healthcare disparities in the communities they serve. The project was designed to provide both a didactic intervention session and a targeted behavioral intervention with residents in six different residency programs

Background

Healthcare training institutions should be at the forefront of mitigating the effect social and economic issues have on the health of local communities. Medical resident training has traditionally focused on individual disease-based topics. However, medical residents in community clinics can be the primary drivers of effective population health interventions, as they make direct contact with a large number of community members regularly.

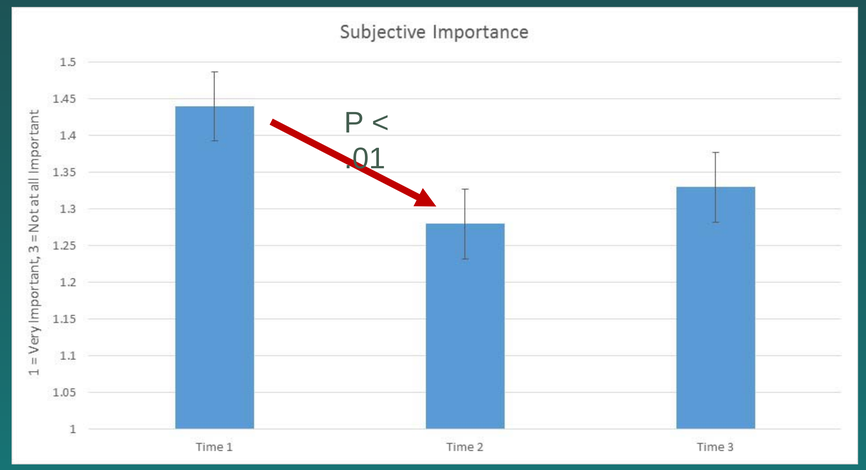
Vision Statement

To educate residents about the powerful effects of healthcare disparities on their patient population and inspire them to address these disparities as part of routine care practices.

Materials/Methods

Prior to the didactic intervention, residents completed a survey to measure how they perceived the importance of underserved patient population topics (Time 1). Perception of importance was measured on a three-point scale (1=very important, 2=somewhat important, 3=not at all important).The didactic intervention addressed the socioeconomic determinants of health in the Baton Rouge community. The residents were re-surveyed one month after the didactic intervention (Time 2). The residents developed residency-specific question(s) to help identify and/or address health disparities in their patients. During the behavioral intervention, residents asked their patients the program specific question(s). One month later, the residents' perceptions of importance were measured again and they were asked how often they had asked patients about barriers to care (Time 3).

Results



Time 2 Measures

Did the didactic cause a change in your behavior?

57% yes, 43% no

Have you asked your patients about barriers since the didactic?

53% yes, 47% no

Have you made different recommendations with barriers in mind?

66% yes, 34% no

Do you know more about your patients since the didactic?

92% yes, 8% no

Time 3 Measures

How many patients did you ask per week?

11% None, 61% <5, 13% 6-15, 16% 15+/All

Do you know more about your patients from asking the questions?

72% yes, 28% no

T2 Subjective Importance ratings → T3 Ask Frequency

r = -.44, p < .01

Success Factors/Lessons Learned

Our project was successful because we were able to gain cooperation and participation from all six of our residency programs. We found that our didactic intervention was more successful than the behavioral intervention, and that designating resident champions from each program helped motivate other residents to participate.

Barriers Encountered/Limitations

1. The behavioral intervention phase coincided with the end of the academic year, meaning that graduating residents did not have time to implement it. Timing the intervention mid-year would have allowed more residents to participate fully. **2.** In addition, some residents reported struggling to remember to ask the questions. We sent text reminders at standardized times but this meant some residents were reminded when they were not even in the clinic. We also provided a dot phrase to add to note templates, but there was no way to be sure each resident added it. Finally, we provided reminder pocket cards, however, residents have several of these. A slower, more thorough roll-out of the behavioral intervention may have been more effective at getting residents in the habit of implementing it. **3.** Some residents reported uneasiness with asking the questions. It is possible residents needed more guidance as to how to create a comfortable rapport that would encourage patient disclosures regarding healthcare disparities. Objectively, patient-specific disparities data would also be helpful, if it could be obtained.

Conclusions

Residents' perceptions of the importance of healthcare disparities topics increased overall through a community-specific didactic and behavioral intervention. This increase in turn led to a behavioral effect, such that residents asked more of their patients about barriers to care. Thus, we found that resident attitude predicted self-reported behavior.