

Overall Goal/Abstract

Our purpose was to assess the effects of two interventions on resident knowledge of healthcare disparities. We chose this focus because residents are intimately connected with the patient population served by Our Lady of the Lake and thus are in the best position to make connections and gather data that can be used to form and implement larger strategies to ameliorate healthcare disparities.

Background

Graduate medical education has traditionally focused on disease-based training. There is growing evidence that this model is not sufficient to address the health concerns of the communities in which physicians practice because of the powerful influences of socioeconomic and environmental factors on health. Thus, it is increasingly clear that residency training should include more information about disparities in healthcare.

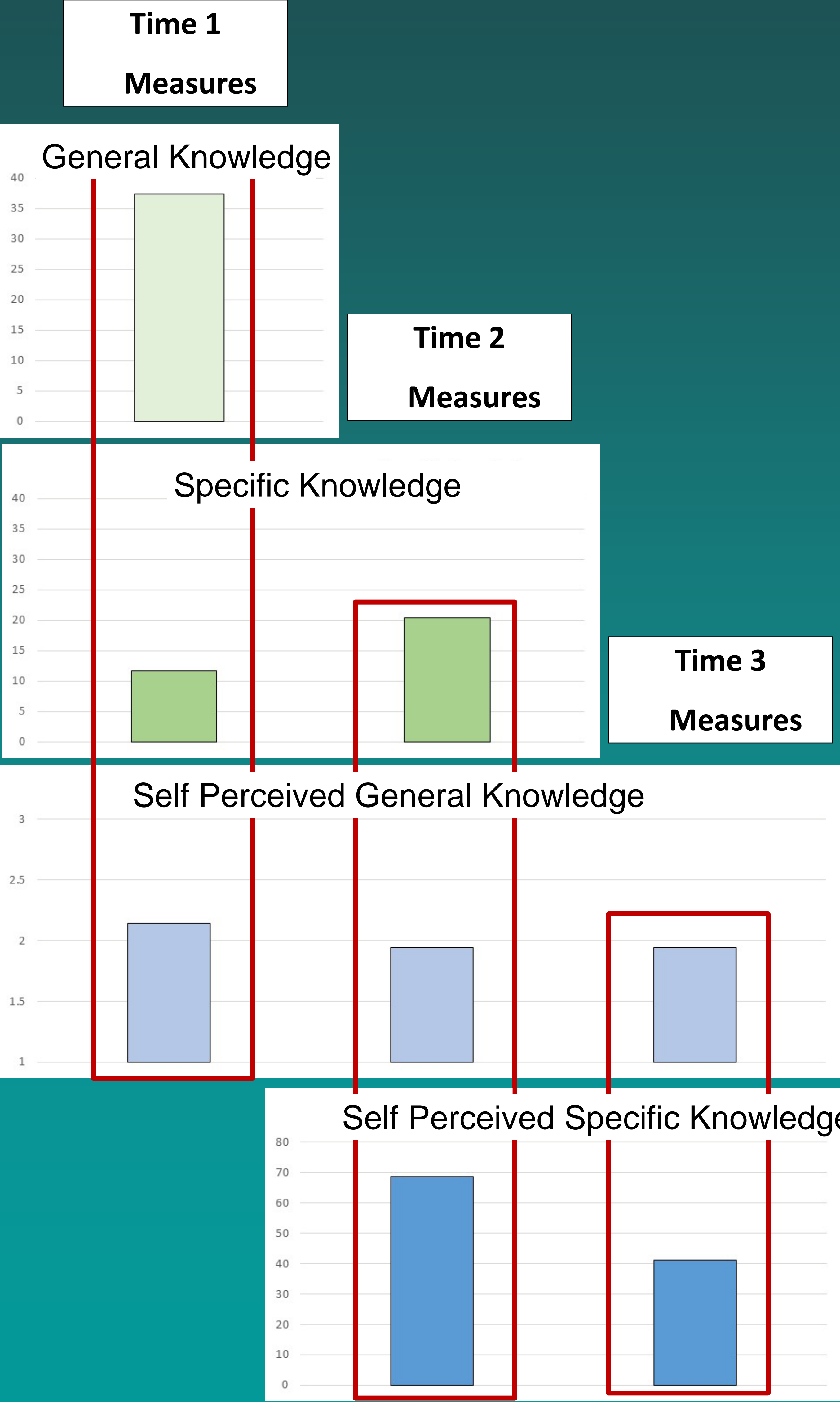
Vision Statement

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

Time 1: Before the didactic intervention, residents answered: factual knowledge items, both general and community-specific, and thirteen self-perceived knowledge items rated from 1 (very knowledgeable) to 3 (not at all knowledgeable).
Time 2: One month later, residents answered: four specific knowledge items and five self-perceived knowledge items repeated from Time 1 as well as a new yes/no item asking if they felt they knew more about their patients post-didactic.
Time 3: Residents participated in the behavioral intervention by asking their patients about disparities for one month, then answered five self-perceived knowledge items and a yes/no item asking if they had learned anything new about their patients.

Results



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 and ours may have been lost in the shuffle. 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 awkwardness 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. Objective, patient-specific disparities data would also be helpful, if it could be obtained.

Conclusions

Our study led to the conclusion that didactics are superior to behavioral intervention in educating residents on health disparities in their communities. Further studies may be done to understand the observed discrepancies. Perhaps different timing and methodology may show that both methods are equally effective as well as demonstrate that increasing the level of awareness of the residents on socioeconomics in their community may strengthen therapeutic alliance with their patients.

Bibliography

Wieland ML, Beckman TJ, Cha SS, Beebe TJ, McDonald FS; Underserved Care Curriculum Collaborative. Resident physicians' knowledge of underserved patients: a multi-institutional survey. *Mayo Clin Proc.* 2010;85(8):728-733