APDIM
MEMBER OF THE ALLIANCE
for ACADEMIC INTERNAL MEDICINE

APDIM ANNUAL PROGRAM DIRECTORS SURVEY
QUESTION SUBMISSION FORM
For the 2015 APDIM Fall Survey

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Date: August 29, 2014

1. Problem/Topic/Issues of concern:

Disparities in health care for special populations are not a new phenomenon. Since the IOM report of 2002, there has been a call for increased education of health care providers to begin to address this gap in quality of care.[1,2] Three ACGME competencies address this, professionalism, systems-based practice, and interpersonal and communication skills. Additionally, the Clinical Learning Environment Review (CLER) pathways to Excellence has two pathways under quality health care QH5 and QH6 that specifically address the expectation for programs to both educate and involve residents in addressing health care disparities.

2. Theoretical Framework/Background/Significance to APDIM membership:

In 2002, the Institute of Medicine (IOM) produced a report "Unequal treatment: confronting racial and ethnic disparities in health care." [3] They identified not only the disparities but the multiplicity of sources contributing to the disparities which included bias, stereotyping, prejudice and clinical uncertainty on the part of health care providers. The report called for increased education for all health care providers.

The most recent National Healthcare Disparities Report, published in 2013, found that there remain significant disparities in health care based on race, ethnicity, socioeconomic status, disability and in populations with special health needs.[4]

We know little about how graduate medical education is educating future physicians about this important topic. The 2011 APDIM survey asked one question on whether programs engaged learners in acquiring cultural competency (91% yes) and the quality of that training. The 2012 survey asked programs if they had a health disparities curriculum and only 16.6% indicated they had such a curriculum. The 2013 survey asked whether some of the resident QI initiatives were aimed at addressing health disparities and 54% of the programs answered no.

The most representative study reported by Wieland suggests that residents are poorly prepared to address this gap in health care quality. Only 14% of surveyed residents felt confident in their knowledge of underserved populations.[5] There are additional studies addressing educational curriculum for special populations[6,7,8,9], but there has not been a comprehensive study of APDIM to determine the amount, type and quality of education in our programs to address health care disparities among these populations.

Significance to APDIM

1. In order to meet the needs of the future workforce, training in health care disparities is an essential component of cultural competence. This incorporates multiple ACGME competencies and milestones and addresses CLER pathways to excellence.
2. We do not know which training programs have educational experiences in health care disparities/nor how much time is devoted to these topics.
3. There is no information about the types and/or quality of learning experiences in health care disparities.

3. Hypotheses/Research Question:

The purpose of this study is to determine how often and what types of educational curriculum/experiences in health care disparities are being used in our IM training programs. The specific question areas to address health care disparity education:

1. Do you have a curriculum?
2. How much educational time is devoted to health care disparities?
3. What is the focus of the education and which priority populations are addressed?
4. What methods are used for the education?
5. What are the outcome measurements of the efficacy of the education?
6. What are barriers to the development and implementation of a curriculum in health care disparities?
7. Are residents engaged in QI projects related to health care disparities? (CLER QH6 pathway)

4. Survey Items:

1. Does your training program have an educational curriculum in health care disparities? __ Yes __ No __ (if NO go to question #10)
2. Is the curriculum
    a. Institutionally mandated
    b. Residency required
    c. Elective
3. How much time is devoted to this curriculum? ____ hours
4. Which training years include this education (Mark all that apply)
    a. PGY1
    b. PGY2
    c. PGY3
5. What methods are used for this education? (Mark all that apply)
    a. Lecture
    b. Discussion (group)
    c. Small groups
    d. Case scenarios
    e. Clinical experience
    f. Interviewing other cultures (at risk groups)
    g. eLearning
    h. Blogs
    i. Audio/video
    j. Simulation
    k. Role play
    l. Cultural immersion
    m. Other

6. Which topics (disparities) are covered in your educational curriculum? (Mark all that apply)
    a. Racial
    b. Ethnic
    c. Gender
    d. Socioeconomic
    e. Sexual orientation
    f. Sexual identity
    g. Other
7. How would you rate the quality of your program's health disparities education?
    a. Poor
    b. Fair
    c. Good
    d. Very good
    e. Excellent
8. How do you measure outcomes of this educational curriculum?
    a. Test of knowledge (e.g. pre- post-test)
    b. Assessment of change in attitude(s)
    c. Direct observation of resident performance
    d. Clinical patient outcomes
    e. Population health care metrics
    f. We don't measure
    g. Other
9. Do some of your resident QI projects address health care disparities?
    a. Yes
    b. No

If you answered NO to question 1, begin here,

10. Do you plan to develop education curriculum on health care disparities?
    a. Yes
    b. No
    c. Unsure
11. How soon do you plan to implement an educational curriculum on this topic?_____
12. What do you perceive as barriers to ***development*** of a health disparities curriculum? (Mark all that apply)
    a. lack of need
    b. lack of faculty to teach
    c. lack of learner interest
    d. lack of time in curriculum
    e. financial constraints
    f. lack of importance in the curriculum
    g. other
13. What do you perceive as barriers to ***implementation*** of a health disparities curriculum? (Mark all that apply)
    a. lack of need
    b. lack of faculty to teach
    c. lack of learner interest
    d. lack of time in curriculum
    e. financial constraints
    f. lack of importance in the curriculum
    g. other
14. Do some of your resident QI projects address health care disparities?
    a. Yes
    b. No

5. References (if applicable):

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