Sociocultural Women's Health (SWH) Instructor's Guide

List of all resource files included in the submission

Explanation of when, how, and the order in which to use each resource file

The Sociocultural Women's Health Standardized Patient (SP) exercise is designed primarily for third-year medical students, but can also be utilized by other health professions students learning the skills of incorporating a patient's personal, cultural, social and health beliefs into their medical history taking and negotiation of care/treatment plans. Students participate in this one-on-one Standardized Patient encounter during their Obstetrics and Gynecology clerkship. The resource files included in this submission are the materials provided to students in order to prepare for the exercise and the SP cases, SP training materials, and checklists. The student preparatory materials are provided to students several weeks prior to their encounters and are presented in the order in which they should be used. The SP cases and training materials are developed and presented to SPs prior to the student exercise start date(s).

The materials are presented in the following order: Instructor's Guide, Student Preparation Booklet and finally the Standardized Patient Case and Training Information and Checklists and Assessment Tools. Our institution does not allow students to access the SP cases (except as presented in the student preparation materials), the SP training materials or the checklists.

A Note about Terminology:

Standardized Patient Programs use a number of different terms to define Standardized Patients (SPs) and the educators/trainers employed to hire and train the SPs to their various roles. Our Program utilizes the term Standardized Patient Instructor (SPI) for those SPs who, in addition to learning to portray a role and evaluate student performance, provide the student with constructive verbal feedback about their performance. Standardized Patient is the more commonly used term, so that has been

adopted throughout the materials presented here, where possible. Standardized Patient Educators (SPEs) are the individuals employed by Standardized Patient Programs to recruit, hire and train SPs to portray their role, evaluate student performance and often to provide the student with feedback.

The purpose/goal of the resource including specific educational objectives

Standardized Patient exercises, particularly as they relate to communication skills, are a vital component in a complete medical school curriculum. They allow students to practice skills that are not consistently role modeled or practiced in actual clinical settings; however these are areas which are deemed important by regulating bodies such as the LCME and the ACGME. Standardized Patient Programs are often commissioned not only to teach certain skills, but also to educate students as to the importance of implementing these skills in clinical practice and promoting culture change in healthcare. The overarching goal of the materials presented here is to provide the tools necessary for any program to implement this SP exercise in the context of their program and their school's broader curriculum. Those utilizing this resource have the information necessary to train SPs as well as prepare students for the exercise.

The educational objectives for the Sociocultural Women's Health Standardized Patient exercise (listed below) are based on the exercise's placement late in the Obstetrics and Gynecology clerkship where the content knowledge required of the students has been presented and learned in other educational settings.

Student Educational Objectives for the Sociocultural Women's Health Exercise:

Knowledge:
1. Students should know the appropriate components of a gynecological health and relevant general health history.
2. Students should know appropriate alternative treatments or resources to offer the patient.

Skills:
Students should demonstrate the ability to:
1. Establish and maintain rapport with the patient.
2. Elicit a gynecological health and relevant medical history from the patient.
3. Explore the patient's personal, cultural, social and health beliefs in the context of their health practices.
4. Negotiate a plan of care, including appropriate treatments and/or resources that would be mutually acceptable for both you and the patient.

Professional Behaviors:
Students should demonstrate:
1. Attentiveness and empathy throughout the interaction with the patient.
2. Awareness of and sensitivity to the patient's health concerns and how her sociocultural beliefs relate to her health.
3. Openness, receptiveness and active participation during feedback and debriefing discussions.

The conceptual background regarding why and how the resource was created

The student preparation materials were created to provide students with guidance on successfully completing an encounter with an SP focusing on both the content of the discussion (a

gynecological health history) as well as advanced communication skills such as exploring a patient's health concerns within her sociocultural context and actively negotiating a plan of care with the patient, especially when the patient does not automatically agree with the standard plan of care for her situation. Materials have been developed, edited and added over time (e.g. resources on cultural awareness, negotiation of a treatment plan, etc.) based on student performance and feedback.

The SP case and training materials are created by faculty and Standardized Patient Educators for each experience to ensure the SPs are properly trained to portray the role of the patient, assess the students' performances and synthesize student performance information into a supportive, yet constructive feedback discussion. Verbal feedback is a major component of the one-on-one SP exercise and as such, significant training time and resources are devoted to developing the SPs' skills in this area. As with the student preparation resources, SP training materials have been developed and added over time based on student and SP performance and feedback.

Practical implementation advice such as the materials needed, length of session, faculty/facilitator needs, preparation needs, etc.

Materials Needed:
- Clinical Skills rooms (educational facilities set up similarly to outpatient clinic rooms), preferably equipped with recording equipment.
- Student instructions on clipboards with legal pads
- Assessment Materials (paper or web-based, per individual program)
  - Assessment of student performance—Content and Communication Skills Checklists
  - Student self-assessment
- A room that will accommodate 8-10 people for a post-session debriefing

Session Length:
- The one-on-one interaction with the Standardized Patient is approximately one hour.
  - 30 minutes for the interview
  - 30 minutes for evaluation and feedback discussion
- The post-session debriefing is approximately 30 minutes.

Faculty/Facilitator Needs:
- Standardized Patients trained to the case(s) being portrayed as well as trained in providing constructive verbal feedback related to communication skills.
- Standardized Patient Program staff member to orient students, begin and time the exercise, be available for student questions/concerns, facilitate completion of student self-assessment, etc.
- Standardized Patient Educator to train the Standardized Patients and schedule the exercise according the Medical School/student/SP/space availability.
- A Faculty Facilitator(s) available to facilitate post-exercise debriefing after each session (if more than one, faculty development is necessary to ensure standardization).

Preparation Needs:
- Resource materials introducing students to the following aspects of the exercise:
  - Foundational Cultural Communication resources, including references from the literature
  - Specific logistical information regarding the exercise
    - Timing, location, appropriate attire

- Contact information
- Scheduling procedures and/or consequences
    o References to other complementary curricular materials (e.g. lecture videos, "local" resources for patients, etc.)

SP Training Resources:
- A room that will accommodate 10-12 people for each SP training session
    o Preferably including equipment such as laptops, LCD projectors or other technology helpful for presentations, video review, etc.
    o Timing and number of training sessions varies on SP experience (approximately two or three sessions lasting three to four hours each).
- Clinical Skills rooms (educational facilities set up similarly to outpatient clinic rooms), preferably equipped with recording equipment.
    o These rooms are utilized during training for a "Practice Interview" session.
- Case content outline/role information
- Checklists
- Feedback Worksheet
- Miscellaneous Training Materials (Agendas, PowerPoint presentations, training exercises, etc.)

A description of how the material has been successfully deployed including common pitfalls, tips for success, etc…

Over time, the preparation materials provided to the students are adjusted to meet their educational needs or to address common logistical concerns/misunderstandings. This will likely be the case at any institution wanting to use the materials—adjustments will be made over time based on the experience from year to year. These materials can be presented to the students in printed/paper form or they can be uploaded to a student resource portal as PDF documents. During the 2008-2009 academic year, 44% of students found the preparation materials presented as somewhat valuable or valuable and 85% of students indicated that the objectives and expectations of the exercise were clear. The most important element for success is ensuring students are clear that materials are available and easily accessible.

Like the student preparation materials, the SP training materials are adjusted over time to meet the educational needs of our SPs as well as our students based on information gathered from our quality assurance process (SP Educator reviewing SP performance), SP feedback about the training sessions and materials, student performance and student feedback about the experience. Specifically, our Program has developed presentations, role-play training activities and tools such as our "Feedback Worksheet" to help SPs encourage students to participate actively in the feedback process through additional role play or discussion, to prioritize the most important areas to cover in a time-limited feedback discussion, and to avoid using "scoring" terms when discussing areas for growth or improvement.

For the purposes of this and other formative educational SP exercises, the feedback discussion centers around areas the student would like to discuss (based on their post-exercise self-assessment) and areas from both the Communication Skills and Content checklists that were either done well or need improvement. Specifically, we ask the SPs to role play with the students during feedback so that students can demonstrate skills that may have been lacking during the interview. This reduces the

amount of staff and faculty time spent remediating students who were able to correct any issues immediately. Students are not provided with copies of the checklist, but are notified and remediated if their performances fell below our "cut" scores (70% for Communication Skills and 60% for Content) and demonstration of necessary skills were not exhibited during the feedback discussion. Remediation may include the student reviewing the video of their performance, meeting with an SP Educator or faculty member , and/or a repeat of the exercise. Student performance for the four SWH cases during the 2008-2009 academic year was as follows:

Case Name	Mean Content Score	Mean Communication Skills Score
Case A (N=16)	76.76%	88.57%
Case B (N=45)	77.52%	87.46%
Case C (N=66)	76.81%	85.73%
Case D (N=37)	70.79%	77.62%

During the 2008-2009 academic year, 92% of students who completed our curriculum evaluation either agreed or strongly agreed that it was helpful to receive feedback about their clinical skills from the SP immediately following the interaction, 94% agreed or strongly agreed that the SP provided informative feedback and 95% agreed or strongly agreed that the SP was effective in portraying the patient.

A method our Program utilizes to ensure success in these areas is that we spend significant time(~4 hours) training the SPs on the art of the feedback discussion and we review each SP's performance and provide them with a performance evaluation and feedback to ensure they are portraying the role and evaluating the students' performances accurately and that their feedback is constructive, interactive and appropriate. Because we spend such significant time training the SPs (total hours approximately 15-20 for an "educational" case where the SP provides feedback) and performing quality assurance (both prior to the SP working with students as well as periodically throughout the academic year), we are confident that the SPs are scoring accurately, despite the large number of checklist items and providing the students with constructive, appropriate and interactive feedback about their performance.

A self-reflecting list of limitations for implementing the resource and ideas for improving/expanding the materials

Despite all efforts to provide students with the necessary resources to be successful in their experience, there are some limitations to the information we are able to provide. Because negotiating a culturally aware treatment plan is a practical skill, there are students who will struggle with translating the written materials to actual practice. Additionally, it is important to recognize the amount of information students are able to internalize and when considering the addition of materials, ensure they are vital to the exercise. It is important, therefore, to prioritize, edit and remove extraneous information. A continuous review of materials, including student feedback about the experience is essential to providing students with the most effective preparatory tools possible.

The art of the feedback conversation is one that has evolved significantly over time in our Program. Feedback conversations are difficult and therefore require continual assurance that SPs are adequately prepared and providing the quality of feedback expected. This requires significant time on the part of the SP Educator to perform quality assurance and performance evaluations, but we have found that investment of time and effort to be well-spent.

Other lessons learned during the implementation of this exercise include the following:

- Scheduling students for SP activities can be a logistical challenge when students have other medical school and clerkship obligations. The support of the clerkship director(s) is vital when integrating activities such as this into the curriculum.

- Initially, the cases associated with this exercise were very specific in terms of the patients' racial/ethnic backgrounds and/or religious beliefs. Such specificity became detrimental because it unintentionally promoted the idea that students should approach patients with a "cookie-cutter" approach to their questioning/negotiations. Adjusting the cases to allow the SPs to portray the role in a standardized way, yet enabling them to reflect their own backgrounds and beliefs within the context of the cases brought richness and an authenticity to the exercise that had been lacking.

- This exercise did not originally include the post-exercise debriefing with a faculty facilitator. We determined that a discussion of the successes and challenges faced during the exercise with a faculty facilitator was helpful to reinforcing the learning objectives of the exercise, the SPs' feedback and giving students practical suggestions for handling challenging sociocultural situations in the future.

- Originally, the students completed a self-assessment that was identical to the SPs' checklists, but we found that students focused solely on the medical content rather than communication skills during the feedback session with the SP. We adapted the student self-assessment to include some content, specifically related to the cultural aspects of the interview, but removed the rest so the feedback sessions with the SPs were more tailored to the SPs' expertise.