

## Concurrent Workshops

### **Workshop IA: Cultural Competence in Medical Student Curricula**

**Moderator:** Guadalupe Pacheco, M.S.W.  
Office of Minority Health, U.S. Public Health Service

**Presenters:**

1. Ronald Garcia, Ph.D.  
Stanford University School of Medicine
2. Walt Hollow, M.D.  
University of Washington  
School of Medicine
3. Doric Little, Ed.D.  
University of Hawaii  
John A. Burns School of Medicine

**Presenter 1:** Ronald D. Garcia, Ph.D., Program Director, Center of Excellence, Stanford School of Medicine, Palo Alto, California

**Title:** Ethnicity and Medicine: Teaching Cultural Competency

Garcia examined the roles of ethnicity and culture in caring for patients. Those who attended examined their own cultural backgrounds and their contribution to their own clinical encounters. The workshop included lectures, readings and small group discussions which covered: (1) socioeconomic class; (2) ethnicity and race as social factors; (3) ethnicity and race as biologic factors; (4) immigration and acculturation; and (5) health prevention and perception. The workshop covered: (1) The Impact of Ethnicity and Socioeconomic Status on Cardiovascular Health; (2) Bridging the Language Gaps; (3) Interpreters and Other Tools; (4) Childbirth in the Eyes of the Indigenous Americans: A Historical Perspective; (5) Seven Directions Toward Healing: Spirituality as the Foundation for Addiction Recovery; (6) Alcohol Abuse/Alcoholism: Culturally Competent Care for African Americans; (7) Ethnic Considerations in Transplant Medicine: Caring for Migrant Farm Workers; and (8) The Cross-Cultural Dimensions of Clinical Competence.

Students learned:

- ◆ About the role of culture in patient-clinician encounters.
- ◆ How to increase the clinician's ability to access information on a patient's cultural traditions, beliefs, language, and expectations and the appropriateness of clinical interventions.

- ◆ How to integrate cultural information in patient-clinician interactions. Most of the students were in their pre-clinical years, so the workshop emphasized factors that relate to physician-patient interaction. The Washington University School of Medicine made the workshop part of its curriculum.

**Presenter 2:** Walt Hollow, M.D., M.S., Director, Native American Center of Excellence, The Washington University School of Medicine, Seattle Washington

**Title:** Medical School Curriculum in American Indian Health

In the 1990's, medical school education is complex and comprehensive. However, many American medical schools provide little information or experiential training concerning American Indian health and related issues. In order to help remedy this gap in medical education, The University of Washington School of Medicine (UWSOM) developed an American Indian curriculum to:

- ◆ Ensure that all students enrolled in the medical school learn about American Indian health and related issues.
- ◆ Introduce an Indian Health Pathway Track that leads to a certification documenting special expertise in Native American health.
- ◆ Incorporate traditional Indian medicine into the curriculum and allow students to learn from and work with traditional Indian healers.
- ◆ Offer clerkships in tribal clinics, Indian Health Service (IHS) hospitals and other Indian health programs that broaden students' experience in Indian health.
- ◆ Coordinate teaching activities with the Association of American Indian Physicians to provide training opportunities to American Indians from other medical schools.
- ◆ UWSOM will share its experiences with other schools of medicine and with practicing medical doctors and other related health professionals.

**Title:** Traditional Indian Medicine: How Does It Interrelate to Modern Western Medicine?

Native Americans used traditional healers and medical practices to solve their health problems prior to the advent of Europeans on the American continent over 500 years ago. Dr. Hollow reviewed the roles of traditional Native American medicine, how they are practiced in the 20th century, and how these practices and those of western medicine relate to one another. Dr. Hollow also described the Traditional Indian Medicine clerkship offered at the University of Washington School of Medicine.

**Presenter 3:** Doric Little, Ed.D., Coordinator of Student Development, Recruitment Coordinator, John A. Burns School of Medicine, University of Hawaii Native Hawaiian Center for Excellence, Honolulu, Hawaii

**Title:** Native Hawaiian Culture Across the Curriculum

Hawaiian culture is integrated across the curriculum at the John A. Burns School of Medicine at the University of Hawaii. The basic values of the native Hawaiian culture are integral to the study of medicine. The medical school, through the Native Hawaiian Center for Excellence, stresses group learning, sharing, problem solving and consensus development. The underlying concepts of *aloha*, or good feelings; *ohana*, the importance of the family; *lokahi*, harmony, and *kokua*, helping one another; are crucial to understanding traditional Hawaiian concepts of health.

**Workshop 2A: Women's Health in Medical Student Curricula**

**Moderator:** Saralyn Mark, M.D.  
PHS Office on Women's Health

- Presenters:**
1. Thomas Johnson, M.D.  
University of Massachusetts Medical School
  2. Kathryn Peek, Ph.D.  
University of Texas  
Medical School at Houston
  3. Sharon Phelan, M.D.  
University of Alabama at  
School of Medicine
  4. Jay Bachicha, M.D.  
Northwestern University

**Presenter 1:** Thomas A. Johnson, M.D., Director of Medical Education, The University of Massachusetts Medical School, Worcester, Massachusetts

**Title:** A Maternal Child Health Clerkship: Developing an Understanding of the Patient Physician Relationship

This workshop described a new 12-week obstetrical and pediatric third-year clerkship recently integrated into the curriculum at the University of Massachusetts Medical School (UMMS). Fifty-six students and 112 patients participated during the first 18 months of the program. Two patients, who will deliver babies during a 12-week period, are assigned to each student. Students attend prenatal visits, the delivery, neonatal and health supervision visits, as well as home visits. Students are available to patients 24 hours a day through a pager. Weekly two-hour seminars address a number of major public health issues, while offering students the opportunity to discuss the relevancy of these and other issues in the lives of their patients. The UMMS has adapted this educational model for use in other third-year clerkships.

**Presenter 2:** Kathryn F. Peek, Ph.D., Director, Program in Female Clinical Anatomy, The University of Texas at Houston, Houston, Texas

**Title:** Program in Female Clinical Anatomy: A Model for Incorporating Women's Health into the Basic Sciences

Most medical texts and instructional materials portray the human body as distinctly male. Female anatomy is described only in sections dealing with reproductive anatomy. This is the first medical education program in women's health based in the basic biomedical sciences. The new Program in Female Clinical Anatomy at the University of Texas - Houston Medical School has been designed to expand the fund of knowledge about female biology and communicate the growing base of information to medical students, researchers,

surgeons and physicians.

The program: (1) augments existing medical curriculum to include focused instruction about the unique characteristics of the female body; (2) identifies gaps in knowledge and initiates collaborative investigations about female biology; and (3) increases research relevant to women's health by training and assisting scientists to include gender-specific investigations in their research studies.

The program includes a laboratory-based instructional module in gynecological anatomy incorporated into the Gross Anatomy workshop. Modules about female-specific structure throughout the body have been incorporated into both classroom instruction and instructional software. A training resource for researchers, which offers teaching and training in comparative female biology has also been developed.

A database of gender-specific anatomic information has been compiled, and images will be made available via the Internet by the National Academy of Medicine.

**Presenter 3:** Sharon T. Phelan, M.D., Associate Professor and Clerkship Director,  
The University of Alabama at Birmingham, Birmingham, Alabama  
**Title:** Timing of Pelvic Exam Instruction During Medical School

During their second year, students at the University of Alabama at Birmingham participate in a year-long course, "Introduction to Clinical Medicine," that includes a week-long instruction on pelvic examination. One hundred and eighty students enrolled in this course. Instruction on pelvic examination is best given during the second year because students need to realize that pelvic examinations are a part of women's total health maintenance, not just a part of Ob/Gyn.

**Presenter 4:** Jay Bachicha, M.D., Assistant Professor, Northwestern University Medical School, Chicago, Illinois  
**Title:** Primary Care for Women: Education in an Era of Reform

This presentation described an innovative program established by the Department of Obstetrics and Gynecology at Northwestern University Medical School. It provides clinical education to third-year medical students in primary health care for women. The interdisciplinary program revised the third-year clinical rotation in Ob/Gyn, which now includes an in-depth seminar on a selected topic in women's health. The clinical portion of the rotation has also been changed to include a wider variety of ambulatory experiences. The program will be seen to be exportable to other Ob/Gyn departments interested in expanding instruction in primary health care for women.

**Workshop 3A: Faculty Development - Women's Health and Cultural Competence Models**

**Moderator:** Juanita Evans, M.S.W.  
Maternal and Child Health Bureau  
Health Resources and Services Administration

**Presenters:**

1. Robert Like, M.D., M.S.  
University of Medicine and Dentistry of New Jersey  
Robert Wood Johnson Medical School
2. Lois Monteiro, Ph.D.  
Brown University Program in Medicine
3. Ana Nuñez, M.D.  
Medical College of Pennsylvania and  
Hahnemann University School of Medicine

**Presenter 1:** Robert C. Like, M.D., M.S. (with Laura A. Williams, M.D.), Associate Professor of Family Medicine; and Multicultural Community-Oriented Primary Care Fellow, UMDNJ - Robert Wood Johnson Medical School, New Brunswick, New Jersey

**Title:** A Multicultural Community-Oriented Primary Care Fellowship Program for Family Physicians

The Multicultural Community-Oriented Primary Care (COPC) Fellowship is designed to equip family physicians with the knowledge, skills, and attitudes needed to provide culturally sensitive and competent health care to diverse population groups. The program's first Multicultural Fellow, a Native American female family physician, shared her personal learning experiences and gave workshops and lectures on American Indian Health Care and Women's Health issues.

By the end of their training, Fellows have been prepared to: (1) describe the changing demographics and epidemiology of health and illness problems affecting various population groups in the United States; (2) identify important national, state and local health promotion and disease prevention objectives for different minority, ethnic and disadvantaged populations; (3) provide more culturally sensitive and competent clinical care and preventive health services to individuals in the context of their families and communities; and (4) appreciate the heterogeneity that exists within and across ethnic/cultural groups.

The Multicultural COPC Fellowship is based on a two-year core curriculum, including didactic, clinical and community-based learning experiences. Fellows pursue a 45-credit M.P.H. degree with a concentration in Family Health from the New Jersey Graduate Program in Public Health. Fellows are placed at clinical sites that provide care to multicultural populations and have an opportunity to participate in a wide variety of community outreach activities. They receive focused multicultural training, including a

series of workshops and seminars designed to prepare them for culturally diverse clinical encounters.

**Presenter 2:** Lois A. Monteiro, Ph.D., Chairman, Department of Community Health, Brown University Program in Medicine, Providence, Rhode Island

**Title:** Faculty Preparation for Women's Health Curricula Development

A prepared faculty interested in women's health issues is central to the establishment of a women's health curriculum. At Brown University, the women's health curriculum has focused on developing collaboration between women faculty on research topics and on patient care. We have established an Office of Women in Medicine, appointed an Associate Dean of Women, and have a Women in Medicine faculty committee to support the development of faculty in women's health and to assist those interested in research and teaching in these areas. A university grant has been awarded to a group of ten women medical school faculty to facilitate these developments. The group developed a plan for a university center on women's health research and is working to refine the institution's strategies for the integration of women's health topics into the curriculum.

**Presenter 3:** Ana B. Nuñez, M.D., Assistant Dean of Generalism and the Community, Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia, Pennsylvania

**Title:** Looking Within to See the Outside Better: A Model for Cross-Cultural Effectiveness Education

Training future primary care providers to be more effective at addressing the health care needs of under served communities is essential to meeting the medical needs of culturally diverse patients. The Medical College of Pennsylvania has developed a cross-cultural workshop which focuses on training physicians to work in culturally diverse environments. Two hundred and twenty-seven health professionals have taken the workshop. Participants include pre-clinical and clinical students, residents in family medicine and psychiatry, mental health professionals, including psychologists, social workers, graduate students and medical school faculty.

The workshop consists of three four-hour sessions. Participants are encouraged to develop creative approaches to understanding culturally-diverse groups and effective methods of interacting with these groups. Video materials and role plays are used in the curriculum. In addition to a skills development component the workshop provides educators in cultural diversity an opportunity to discuss curricular development and implementation relevant to their own institutions.

**Workshop 4A: Social Issues in Medical Education Violence and Substance Abuse**

**Moderator:** Francess Page, R.N., M.P.H.  
PHS Office on Women's Health

- Presenters:**
1. Michael Wilkes, M.D.  
University of California, Los Angeles  
UCLA School of Medicine
  2. Carol Hodgson, Ph.D.  
University of California, Los Angeles  
UCLA School of Medicine
  3. Catherine Dube', Ed.D.  
Brown University Program in Medicine

**Presenter 1:** Michael Wilkes, M.D., M.S., Assistant Professor of Medicine, University of California, Los Angeles Department of Medicine, Los Angeles, California  
**Title:** Doctoring: An Innovative Curriculum Teaching Medical Students About Domestic Violence

Over the last decade, violence has been recognized as a major public health problem in America. The medical community forms a front line for identification and intervention. Many physicians and other health professionals are, however, ill prepared to offer patients help because violence education is largely absent from undergraduate, graduate and continuing medical education curricula. UCLA has developed a new Doctoring Curriculum utilizing a case-and-problem format, as an approach to learning about domestic violence that is longitudinally integrated throughout its medical school. The curriculum integrates the identification and treatment of violence into all three years of the curriculum; topics are taught in an interdisciplinary manner that includes the perspective of victims.

The domestic violence curriculum is currently under evaluation by the Centers for Disease Control and Prevention. Program objectives are to assure that students are familiar with domestic violence, barriers to victims seeking help, cultural differences and their impact on domestic abuse, predisposing factors for abusers and victims, "red flag" indicators of abuse, skills needed to facilitate communication between doctor and patient legal issues that can affect treatment and examples of successful and unsuccessful interventions and treatments. Through role plays and other interactions, students have an opportunity to practice their communication skills and test their new approaches to dealing with victims of domestic violence. Some students visit battered women's shelters or attend court hearings while others meet with prosecutors, emergency room social workers, police officers, and legislators.

Finally, the class has an informal discussion with a panel of battered women and abusers.

**Presenter 2:** Carol S. Hodgson, Ph.D., Assistant Professor, University of California, Los Angeles, UCLA School of Medicine Educational Development and Research, Los Angeles, California

**Title:** Assessing Training Effectiveness for Health Care Providers

Family and intimate violence is an urgent public health problem that has devastating physical and emotional consequences for women, children and families. Women are more frequent targets of both physical and sexual assault by partners and acquaintances than by strangers. Studies suggest that as many as 30 percent of women treated in emergency departments have injuries or symptoms related to physical abuse. The goal of the Centers for Disease Control and Prevention (CDC), Division of Violence Prevention, is to improve the response of primary health care providers to victims of abuse and to help physicians and other health care professionals identify and attend to their needs. To accomplish this goal, effective programs must be identified which can be disseminated through regional or other broad-based training centers, or recommended to constituents seeking model programs in this field. In 1994, the CDC selected the Doctoring Curriculum at UCLA as one of two programs to evaluate.

The UCLA Doctoring Curriculum's problem-based learning approach centers around clinical areas, including teenage pregnancy, homelessness and domestic violence. In the Domestic Violence Module, students interview a hypothetical patient who is in a continuing relationship with an abusive partner. Students learn proper interviewing techniques to develop rapport and counsel the patient. An assessment of the Domestic Violence Module was performed with UCLA affiliated medical students. Pre- and post- testing of student knowledge, attitudes, beliefs and behavior was a part of the evaluation process. Students surveyed indicated that prior to participating in the Domestic Violence Module, they had not seen an important role for physicians in the prevention of or intervention with domestic violence. After completion of the module, students indicated that they had learned about the predisposing and predictive characteristics of abusers and victims, learned about the incidence and prevalence of domestic violence and discovered interview techniques to detect the presence of domestic violence.

**Presenter 3:** Catherine Dube', Ed.D., Assistant Professor (Research), Brown University Program in Medicine, Providence, Rhode Island

**Title:** Race, Culture and Ethnicity: Addressing Alcohol and Other Drug Problems

This curriculum is designed to enhance participants' understanding of how their own ethnic backgrounds affects patient care; to broaden their perspectives on substance use incultures different from their own; and to provide participants with tools to better assess and diagnose substance abuse among diverse patient populations. At the end of this curriculum, students

will be able to: (1) describe patients' various perspectives and expectations regarding health care service and how cultural perspectives affect behaviors, values and beliefs; (2) describe the universality of culture while considering other ethnic and cultural backgrounds and how they affect individual perspective, values and beliefs; (3) describe the differences between

the culture of medical institutions and those of patients; (4) describe how culture impacts alcohol or other drug use, intoxication, and addiction or dependence; (5) describe coping strategies, risk factors and historical factors which may influence substance use behaviors within a cultural group; (6) describe communication concepts important in cross-cultural patient interactions; and (7) describe limitations of existing diagnostic criteria and screening techniques when used in culturally diverse populations. There are no laundry lists of cultural "facts" in this curriculum. Instead, the focus is on concepts and issues that are broadly applicable across cultures. The objective is to provide participants with an informed base from which to continually expand their contextual knowledge and understanding of substance use among their own patients, while providing training in skills which are sensitive to diversity. The curriculum includes a teaching video and instructor's guide with instructional outlines, supporting visuals, handouts and instructions.

**Workshop 5A: Lessons for Integrating Women's Health in Medical Education**

**Moderator:** Debbie Jackson, M.A.  
Bureau of Health Professions  
Health Resources Services Administration

- Presenters:**
1. Lucia Beck Weiss  
Medical College of Pennsylvania and  
Hahnemann University School of Medicine
  2. Kathleen McIntyre-Seltman, M.D.  
University of Pittsburgh  
School of Medicine
  3. Linda Nieman, Ph.D.  
Medical College of Pennsylvania and  
Hahnemann University School of Medicine

**Presenter 1:** Lucia Beck Weiss, (with Sophia Lee and Sandra P. Levinson), Academic Assistant, Women's Health Education Program; Director, Women's Health Education Program; Program Manager, Women's Health Education Program, The Medical College of Pennsylvania and Hahnemann University School of Medicine, Philadelphia, Pennsylvania

**Title:** Model for Teaching Bias-Free Communication Skills

The diversity of the medical community warrants the use of inclusive and appropriate language in order to validate and afford equal respect for the differences in backgrounds and experiences of health care providers, staff, patients and students. Attitudes learned prior to and during medical school are often carried into health care delivery. Recognition of "blind spots" and an accurate depiction of people are necessary steps to effective health care delivery to all patients. With this in mind, a printed guide was created to help medical educators and students develop better communications skills. The Medical College of Pennsylvania and Hahnemann University Guide to Bias-Free Communication for Students, Educators and Healthcare Providers is used in conjunction with role play vignettes, interactive theater presentations, videos and other developed educational materials. Successful medical education and health care delivery relies heavily upon open communication channels between educator and student and between physician and patient. Our objective is to teach students, educators and health care providers bias-free communication skills necessary for improved health care delivery to all patients, and respect for gender, race and class differences.

**Presenter 2:** Kathleen McIntyre-Seltman, M.D., The Undergraduate Medical Education Committee, Pittsburgh, Pennsylvania

**Title:** Implementing Curriculum Objectives in Women's Health

The University of Pittsburgh School of Medicine women's health issues are defined by the U.S. Public Health Service as "those diseases or conditions which are unique to women, more prevalent or more serious in women, or for which risk factors or interventions are different in women." The Association of Professors of Obstetrics and Gynecology has developed a set of curricular objectives for education in women's health at the undergraduate level. These objectives address preventive, reproductive, general medical, behavioral and psychosocial issues, with attention to the importance of women's role in family and community health. They are designed to be integrated through the entire curriculum. These objectives are distinct in content and purpose from those we have developed and published relating specifically to the obstetrics and gynecology clerkship.

Our overall goals are to explicitly identify, for each health issue, whether it is gender specific (i.e., different in men and women) or gender neutral. The University of Pittsburgh Medical School addressed strategies for implementation of these curricular objectives. These include:

- ◆ Establishment of a multidisciplinary committee or office, responsible to the Dean, to coordinate curricular review, implementation and assessment.
- ◆ Overview of the current curriculum to assess strengths and weaknesses in teaching women's health.
- ◆ Establishment of priorities for curricular reform, based on what issues affect women most.
- ◆ Consideration of age/life cycle as a way to structure the curriculum.
- ◆ Emphasis within the established curriculum on awareness of the potential for pregnancy in all reproductive age women.
- ◆ Development and utilization of multidisciplinary ambulatory models for providing and teaching women's health care.
- ◆ Assessment of student evaluation modalities in terms of women's health issues, since testing drives curriculum.
- ◆ Establishment of programs to "teach the teachers."
- ◆ Outcomes analysis to demonstrate positive outcomes in response to an integrated approach.

**Presenter 3:** Linda Nieman, Ph.D., Program Evaluator, Women's Health Medical College of Pennsylvania and Hahnemann University School of Medicine Philadelphia, Pennsylvania

**Title:** Evaluating a Problem-Based Women's Health Curriculum

The Medical College of Pennsylvania and Hahnemann University have implemented a systematic evaluation plan to assess the impact of the women's health curriculum. The curriculum and evaluations have been integrated into all four years of medical education. Evaluation of knowledge, skills and attitudes is an essential facet of curriculum

development in women's health. The Medical School has evaluated knowledge, skills and attitudes and other performance measures related to women's health issues. The School has developed a multiple choice diagnostic examination, essay and short answer examinations and multiple choice examinations to evaluate the level of skill developed in its women's health curriculum. Other evaluative measures include:

- ◆ Standardized patient exercises with parallel male and female cases.
- ◆ Assessment of the number of women's health issues elicited by first-year students during their nine-week primary care practicum.
- ◆ Evaluation of clinical reasoning skills during individual process assessments
- ◆ Evaluation of attitudes and perceptions of the program during focus groups, in-depth interviews and attitude surveys.

Focus groups indicate that problem-based-track students perceive that they are being well prepared in women's health, while the traditional track students find that such information is not a main part of their learning.

**Workshop 6A: What is the Role of the Federal Government in Medical Education?**

**Moderator:** Elena Rhos, M.D., M.S.P.H.  
PHS Office on Women's Health

- Presenters:**
1. Lynn Short, Ph.D., M.P.H.  
Centers for Disease Control and Prevention
  2. Barbara Wynn, M.A.  
Health Care Financing Administration  
Bureau of Policy Development
  3. Fitzhugh Mullan, M.D.  
Health Resources and Services Administration  
Bureau of Health Professions
  4. Johanna Clevenger, M.D.  
Indian Health Service
  5. Edward T. Morgan  
Substance Abuse and Mental Health Services  
Administration  
Center for Substance Abuse Treatment
  6. Gloria I. Holland, Ph.D.  
Department of Veterans Affairs  
Office of Academic Affairs

**Workshop Summary:**

Each of the speakers represented agencies in the Federal government that sponsor programs in medical education. Each presented an overview of the current programs and indicated whether there has been any attention on cultural competence or women's health curricula. All the speakers reinforced their agency's commitment to work on efforts, when appropriate, to expand both cultural competence and women's health training for medical students, residents, and practicing physicians.

The Indian Health Service presentation included an awareness of cultural competence activity that could be included in medical education.

The Substance Abuse and Mental Health Services Administration presentation focused on the important documents that have been developed by the agency on cultural competent preventions and treatment modalities in dealing with substance abuse and mental health populations.

The Centers for Disease Control and Prevention presentation mentioned the MFDTEP program which are centers of research that will produce important data on minority health issues that could be used in future cultural competence and women's health medical

education curricula.

The Veterans Affairs presentation included an overview of the new women's health track within some of the VA graduate medical education training programs.

The Health Resources and Services Administration presentation discussed a strategy for the future of developing innovative curricula in medical education. Dr. Mullan suggested that the audience target its efforts at the Medicare program, in addition to HRSA programs, since it serves as the major source of funding for graduate medical education.

**Workshop 1B: Cultural Competence and Medical Residency Education**

**Moderator:** Elsie Quiñones, M.A.  
Bureau of Health Professions  
Health Resources Services Administration

- Presenters:**
1. Kathleen Cuihane-Pera, M.D.  
St- Paul Ramsey Medical Center
  2. Roberta Goldman, Ph.D.  
Brown University Program in Medicine
  3. Melanie Tervalon, M.D.  
Children's Hospital, Oakland

**Presenter 1:** Kathleen Cuihane-Pera, M.D., Director of Cross-Cultural Family Medicine, St. Paul Medical Center Family and Community Medicine, St. Paul, Minnesota

**Title:** Intercultural Family Medicine Curriculum

The course curriculum includes two seminars for incoming residents that deal with the basics of cultural diversity in medicine. The first workshop incorporates videotapes, small group discussions, role plays and exercises. The content of the curriculum is not focused solely upon ethnicity, but includes how different factors impact health and medicine, including: age, gender, socio-economic class, religion, sexual orientation and educational level.

The second workshop deals with intercultural communication skills, drawing upon patient-centered communication philosophy and methods. The residents practice the "ask-learn" model with different simulated patients who represent diverse cultural backgrounds. Other methodologies used throughout the year include grand rounds, noon sessions, case conferences, videotaping, one-on-one precepting and community medicine projects. The program evaluation is multifold: residents evaluate themselves on knowledge, skills, and attitudes of level three; faculty evaluate residents' general attitudes and skills; and both faculty and residents complete an ethnosensitivity questionnaire at yearly intervals. In addition, we seek participants' feedback and evaluation of the curriculum after workshops and presentations through group discussions.

Challenges include: hesitancy of residents and faculty to openly discuss sexism, racism, homophobia and class issues; the minimization of the importance of culture while stressing the universality of biomedicine and doctor communication; and a general predisposed orientation that biomedicine is superior to other healing forms.

**Presenter 2:** Roberta Goldman, Ph.D., Medical Anthropologist; Clinical Assistant, Professor of Family Medicine, Brown University Program in Medicine, Pawtucket, Rhode Island

**Title** Cultural Issues in Communication about Breast and Cervical Cancer Screening

Brown University School of Medicine has developed a curriculum to enhance communication and counseling skills concerning breast and cervical cancer screening. Information and skills for culturally responsive communication is integrated throughout the curriculum. The curriculum includes an introduction to the cultural influences in the doctor/patient relationship and sociocultural issues that influence breast and cervical cancer screening. Students participate in an Objective Structured Clinical Exam at the end of each family medicine clerkship rotation.

Students learn about their own cultural predisposition and what effect those orientations have on their communication with women concerning cancer screening. The subject area encompasses a broad range of issues that must be taught in relatively short time periods.

The curriculum incorporates a variety of teaching methods, including lecture, case discussion, small-group exercise and role play. Cultural modules cover the knowledge, attitudes and communication skills students need for culturally responsive approaches to screening and counseling.

**Presenter 3:** Melanie Tervalon, M.D., Director, Multicultural Affairs, Children's Hospital Oakland, California

**Title:** The Multicultural Curriculum Project, Children's Hospital, Oakland, California

The Multicultural Curriculum Project at Children's Hospital, Oakland is an innovative educational program that teaches resident physicians, hospital-based and community physicians and other hospital staff about the many cultural, racial, linguistic and ethnic factors that affect the provision of health services to children and families. Participants learn about the sociopolitical and historical environments in which practitioners and families interact. Community advocates, parents and faculty members of color from local and national institutions make up the core teaching staff.

Eighteen hundred participants in more than 30 separate sessions have been instructed during sessions which lasted four to six weeks. Over 90 percent of the participants felt that the content of the presentations was applicable to their work with the hospital's patients and families. The integration of hospital employees was critical to the program's success and participants developed long-term relationships and expanded their resource network during this process. During the course development phase, substantive changes in the curriculum were not made unless consensus was reached among staff and faculty. This was done through an assessment of educational needs, the evaluation of curriculum content and the prospective impact of the proposed changes on the residents, practitioners and hospital staff.

**Workshop 2B: Women's Health and Clinical Medical Education**

**Moderator:** Dorynne Czechowicz, M.D.  
National Institute on Drug Abuse, National Institute of Health

- Presenters:**
1. Pamela Charney, M.D.  
Albert Einstein College of Medicine of Yeshiva University
  2. Mitzi Krockoven M.D.  
University of California, Los Angeles  
UCLA School of Medicine
  3. Leah Dickstein, M.D.  
University of Louisville School of Medicine

**Presenter 1:** Pamela Charney, M.D., Director, General Internal Medicine-Women's Health Track, Albert Einstein College of Medicine of Yeshiva University, Bronx, New York

**Title:** Coronary Artery Disease (CAD) and Gender: Prevention, Diagnosis and Management - A Workshop for Residents and Senior Medical Students

Students spent over four weeks (thirty hours) in a learning environment that included lectures, group discussion and the development of student presentations. Topics included: principles of preventive health; smoking cessation; general issues and clinical approach; hypertension as a risk factor for CAD; lipids, gender and CAD; diagnostic testing for CAD; clinical approaches to chest pain, including panic attacks; catheterization and bypass; and racial and gender bias in clinical medicine.

Residents and fourth-year medical students were organized into small reading groups which presented and reviewed a topic of their choice. Written evaluations were completed after each session and at the end of the month.

**Presenter 2:** Mitzi Ickrover, M.D. (with Janet Pregler, M.D. and Jodi Friedman, M.D.), The University of California, Los Angeles, UCLA School of Medicine, Los Angeles, California

**Title:** Women's Health Curriculum: Using a Multidisciplinary Approach

The objectives of the UCLA Department of Medicine Women's Health Program are to:

- ◆ Train physicians and physicians-in-training about the primary care of women using a comprehensive and multidisciplinary approach.
- ◆ Increase the awareness of medical professionals about the limitations and opportunities in women's health.
- ◆ Research the care of women.

- ◆ Increase the awareness that women's health is impacted by multiple factors, including gender, race, culture and socio-economic status.

These objectives were accomplished by:

- ◆ Directing a course on women's health issues at the undergraduate level led by female faculty physicians.
- ◆ Integrating women's health issues throughout the medical school curriculum.
- ◆ Developing a domestic violence module.
- ◆ Rotating medical students through the primary-care-based Iris Cantor-UCLA Women's Health Center which integrates women's health issues into health care delivery.
- ◆ Rotating internal medicine residents through didactic and clinical rotations at the Iris Cantor-UCLA Women's Health Center and the Westside Women's Health Center, a non-profit clinic that serves medically indigent women.
- ◆ Develop other educational activities for residents and faculty, including a weekly case conference on primary care in women's health issues, the Women's Health Grand Rounds, a monthly multidisciplinary conference on women's health issues, and an annual CMF conference on women's health issues for practicing physicians.

Opportunities to enhance the program and provide more care to medically indigent populations require additional funding to support faculty time for development and implementation of continuity care and for expanded patient services at outside sites, such as the Westside Women's Health Center. The program has also led to increased collaboration between multidisciplinary specialists, providing expanded training opportunities, educational programs, and an integrated approach to women's health care.

**Presenter 3:** Leah J. Dickstein, M.D., Professor, Department of Psychiatry and Behavioral Sciences; Associate Dean for Faculty and Student Advocacy University of Louisville School of Medicine, Louisville, Kentucky

**Title:** Women's Health in Medicine: Core Lectures, Electives and Seminars

Objectives include: (1) raising awareness and knowledge among students and residents regarding the unique issues in illness, diagnosis and treatment (including psychopharmacologic differences) of women patients; and (2) presenting this information across all four years of medical school and in psychiatry residency training as a post-graduate example.

The core curriculum will be described as it is presented to first, second and third year students and second year psychiatry residents. Elective curricula for students in group and individual electives will be discussed. Human development across the life cycle related to gender will be explained as background for successful integration of women's health issues into the curriculum.

**Workshop 3B: Women's Health Curricula: Residency Track vs. Fellowship**

**Moderator:** Saralyn Mark, M.D.  
PHS Office on Women's Health

- Presenters:**
1. Sandra Hoffmann, M.D.  
Michigan State University  
College of Human Medicine
  2. Michelle Roberts, M.D.  
University of Pittsburgh  
School of Medicine
  3. Kathleen Thomsen, M.D.  
University of Medicine and Dentistry of New Jersey  
Robert Wood Johnson Medical School
  4. Anne Moulton, M.D.  
Brown University School of Medicine

**Presenter 1:** Sandra Hoffmann, M.D., Assistant Professor of Medicine, Michigan State University College of Human Medicine, Kalamazoo, Michigan

**Title:** Women's Health Track in an Internal Medicine Residency Program in a Community Setting

The objectives of the Med-Women's Track Curriculum at Michigan State University College of Medicine are to:

- ◆ Include in the curriculum course work that describes the conditions unique to, or more common in, women or for which there are differences in diagnosis and treatment of women.
- ◆ Train students to take an appropriate history and perform a sensitive physical examination.
- ◆ Increase the knowledge and expertise of students in determining women's wellness, factors influencing violence, disease prevention and the recognition of psycho-social and economic factors influencing women's health.
- ◆ Increase the knowledge of reproductive choices to facilitate maximum personal choice of women patients.
- ◆ Promote the patient-practitioner partnership in clinical decision-making and patient education.
- ◆ Evaluate new research data and its impact on women's health care.

The curriculum consists of six one-month seminars. The residents will be assigned to electives in Women's Cardiology, Women's Psychiatry, The Adolescent Female, Geriatrics for Women, Advanced Gynecology, and Advanced Office Procedures for Women. An extensive reading list and bibliography has been designed to promote self-study, and the

residents are encouraged to expand their knowledge base beyond the basics to include study of gender differences in assessment, procedure interpretation, pharmacologic response and therapies. Women's Track residents will be encouraged to highlight these differences during rounds, case presentations and other group educational pursuits.

In addition, a monthly evening "Feminar" didactic lecture series will be part of the program. Local clinical faculty will be invited to present or participate. The residents will be responsible for designing and implementing at least two of these sessions per year. Topics will be rotated in an 18-month cycle, so various topics can be revisited as the residents become more advanced in their training. Topics to be rotated include: Gastroenterology, Infectious Disease, Rheumatology, Breast Health, Dysfunctional Uterine Bleeding, Menopause, Teen Sexuality, Depression, Endocrinology, Autoimmune Disease, Osteoporosis, Thyroid Disease, Diabetes Mellitus, Eating Disorders, Incontinence, Endometriosis, Infertility, and Medical Disease in Pregnancy.

**Presenter 2:** Michelle Roberts, M.D., Assistant Professor of Medicine, The University of Pittsburgh School of Medicine, Pittsburgh, Pennsylvania

**Title:** The Women's Health Track: A Model for Training Internal Medicine Residents

The current practice of ambulatory internal medicine involves management issues in women's health which are not often taught in standard residency programs. The University of Pittsburgh Medical Center has initiated a pilot program, the Women's Health Track, to provide internal medicine residents with the opportunity to develop clinical skills and expertise in aspects of health that are unique to women. Incorporated into an established internal medicine residency, this program combines areas of obstetrics, gynecology, psychiatry, and adolescent medicine into a multidisciplinary curriculum that prepares internists to provide a variety of routine health care and screening services to women.

The program is structured as a series of electives spread throughout the three years of an internal medicine residency with both in-patient and ambulatory care experiences. The first year includes a one-month, full-time rotation in the Emergency Department of a large urban Obstetrics and Gynecology hospital. The second year includes a one-month, inpatient rotation on a women's psychiatric unit which provides both medical and psychiatric care. During the second year, residents spend one-half day every other week for 6 months in a clinic which provides continuity care for anxiety, depression and postpartum related psychiatric disorders. Students spend time in a breast cancer clinic, staffed by oncologists, radiologists and surgeons. The third-year ambulatory care experience is based in a mature women's clinic, which focuses on medical and gynecologic problems of women over age 55. The program is currently in its third year of existence, with three residents at the PGY 1 and 2 levels and two at PGY 3. One male resident entered the program in his second year and recently completed his residency. He is now doing a year of *locum tenens* and said the Women's Health Track trained him to provide better care for women patients.

**Presenter 3:** Kathleen M. Thomsen, M.D., M.P.H., Assistant Professor of Clinical Family Medicine, University of Medicine and Dentistry of New Jersey - Robert

**Title:** Wood Johnson Medical School, Brunswick, New Jersey  
Primary Care Women's Health Fellowship

The objectives of the program are to:

- ◆ Produce academic physicians capable of providing care to women.
- ◆ Teach others about issues in women's health care.
- ◆ Investigate the appropriateness and effectiveness of current health care services and procedures provided to women in New Jersey and the rest of the nation.
- ◆ Equip future physicians with the knowledge, skills and attitudes needed to care for, teach and study the major health and illness problems affecting women, their families and communities throughout the various stages of the human life cycle.

The Women's Health Fellowship at UMDNJ-Robert Wood Johnson Medical School, Department of Family Medicine is the first Women's Health Fellowship in Family Medicine in the country. This flexible two-year fellowship allows physicians to receive extensive training and develop an expertise in primary care women's health. Clinical appointments are held in both the Department of Obstetrics and Gynecology and the Department of Family Medicine. Clinical sites from these and many other departments in the medical school are used. Study towards a Master in Public Health degree through the Graduate Program in Public Health is required. Course work includes standard and elective public health courses, a unique core track of teaching, administrative and research skills and electives available through the various departments of the Graduate School of Rutgers University. Original research is also required. Community involvement in women's health support and consumer groups, networking with national leaders in women's health and medical committee work in women's health issues is encouraged.

The first fellow (1992-1994) has graduated and has joined the faculty of the Department of Family Medicine at UMDNJ-Robert Wood Johnson Medical School. The second fellow (1994-1996) is completing his second year in a research and teaching focused fellowship. The third fellow (1995-1997) has just begun.

**Presenter 4:** Anne Moulton, M.D., Associate Professor of Medicine, Brown University School of Medicine, Providence, Rhode Island

**Title:** Women's Health Fellowship at Brown University

Traditional internal medicine residency training does not adequately acknowledge gender differences in disease presentation, diagnosis, or treatment. The Women's Health Fellowship at Rhode Island Hospital and Brown University School of Medicine was developed in 1990 to provide training for Board eligible or certified internists or family practitioners to develop clinical, teaching and research expertise in women's health. Specific objectives include: (1) to develop expertise, including a knowledge base in clinical skills in the primary care of women, including General Internal Medicine, Obstetrics and Gynecology, Psychology and

Sociodemographic issues; (2) to define an area of research in women's health; and (3) to develop innovative curricula and teaching skills for women's health issues.

The Women's Health Fellowship links the existing resources at Rhode Island Hospital, Women & Infants Hospital, and Brown University School of Medicine. The components of the fellowship include:

- ◆ A primary training site, a hospital-based, multidisciplinary group practice for women established in 1987, staffed by general internists, psychologists, gynecologists and primary care residents.
- ◆ Secondary clinical sites to enhance clinical skills include: a mammography unit, a menopause clinic, a breast clinic and an osteoporosis unit at Rhode Island Hospital.
- ◆ Fellows participate in the teaching of women's health didactic for the Medical Primary Care Unit, the women's health ambulatory topics in the Medical Primary Care residents, and the women's health lecture series for Rhode Island Hospital.
- ◆ Principles of study design and biostatistics are taught through the Departments of Biostatistics and Community Medicine at Brown University School of Medicine.
- ◆ Fellows participate in the Teaching to Teach, Stanford Faculty Development Course for Teaching in the Division of General Internal Medicine at Rhode Island Hospital.
- ◆ Fellows have access to resources at Brown University, including the Department of Community Medicine, the Department of Women's Studies, Center for Gerontology and Health Services Research, Department of Behavioral Medicine at Miriam Hospital; the Rhode Island Health Department and the Rhode Island Vanguard site of the Women's Health Initiative.

**Workshop 4B: Model Curricula - Gays and Lesbians, Midwives and Hispanics**

**Moderator:** Marcy Gross  
Agency for Health Care Policy & Research  
Department of Health and Human Services

**Presenters:**

1. Robert Cabaj, M.D.  
San Mateo County Mental Health Services
2. Desiree McCloskey, M.D.  
University of California, San Francisco, School of Medicine
3. Denice Cora-Bramble, M.D.  
George Washington University School and Health Sciences

**Presenter 1:** Robert Paul Cabaj, M.D., Medical Director, San Mateo County Medical Health Services; Associate Professor in Psychology, University of California, San Francisco, California

**Title:** Lesbian, Gay and Bisexual Curriculum in Medical Education: Homophobia as a Health Hazard

The Gay and Lesbian Medical Association (GLMA) has worked on two important documents: a paper on homophobia as a health hazard and a report on discrimination against LGB physicians and medical students. The American Psychiatric Association (APA) has published a curriculum on teaching about LGB issues to psychiatric residents. The presenter has edited a textbook which included a chapter on teaching medical students about LGB concerns. The objectives of a curriculum on lesbian, gay and bisexual issues should include:

- ◆ Teaching basic information about health concerns, both medical and mental, that face lesbians, gay men and bisexuals (LGMB).
- ◆ Teaching basic information about sexual orientation, including homophobia and heterosexism.
- ◆ Exploring personal feelings and attitudes of students of the curriculum and about homosexuality in general, including students' feelings about working with LGB patients and colleagues.
- ◆ Helping to change negative attitudes about LGMB with education and, when possible, direct contact with openly LGB faculty.
- ◆ Teaching specific medical issues relevant to LGMB, including breast cancer, OB-GYN issues, parenting and alternative insemination, mental health issues resulting from shame and internalized homophobia, depression, suicidality, substance abuse, violence and HIV/AIDS.

- ◆ Specific focuses on subgroups of LGMB, including adolescents and youth, the elderly, people of color, relationships, families-of-origin and chosen families, parenting by same-sex couples and bisexual marriages.
- ◆ Exploring possible resistance to presenting a curriculum on LGB issues, a reluctance on the part of LGB faculty to be open about their sexual orientation and ways to help overcome these barriers.

**Presenter 2:** Desiree A. McCloskey, C.N.M., Director, Nurse Midwifery Program, University of California, San Francisco, School of Medicine, Fresno, California  
**Title:** Integration of Certified Nurse Midwives into the Faculty of a County Hospital OB/GYN Residency Program

Supervising third and fourth year medical students OB/GYN, Family Practice, and Transitional Interns in a busy county hospital obstetrical service can be very difficult when much of the responsibility is delegated to junior OB/GYN residents. In 1988, the University of California, San Francisco, School of Medicine began a program in which a Certified Nurse Midwife (CNM) was hired to assist the house staff in the supervision of normal labor and spontaneous vaginal delivery during regular daytime hours. CNMs have 24-hour coverage on Labor and Delivery in addition to partial staffing of the prenatal clinics. CNMs hold clinical faculty positions from the University of California, San Francisco.

CNMs manage the majority of the low-risk laboring patients with medical students under the supervision of and in consultation with resident and faculty staff. They participate in curriculum development and present a five-lecture series that includes: prenatal care, normal labor and delivery, episiotomy repair, normal post-partum care and clinic pelvimetry. The lecture series addresses the academic issues with an emphasis on cultural and gender specific needs of women in our population. This has resulted in more personalized patient care and better one-on-one instruction for the students. The "service obligation" for the house staff has been greatly reduced, allowing them more time to care for high-risk patients.

**Presenter 3:** Denice Cora-Bramble, M.D., F.A.A.P., Director, Division of Community Health, George Washington University School of Medicine and Health Sciences, Washington, District of Columbia  
**Title:** Cultural Competence Curriculum for Health Care Providers: Hispanic Module

The Project "Puente de Salud/Bridging Gaps in Health Care" was developed through a grant from the Office of Minority Health to the Latin American Youth Center. The primary care departments of teaching hospitals in the District of Columbia were surveyed to assess: (1) the status and extent of cultural sensitivity training; and, (2) their interest in offering Hispanic centered curricula to medical staff and students. After an extensive review of the medical literature, a model curriculum was developed by a Project Director, who is a bicultural/bilingual physician. The introductory chapters addressed the definitions of cultural competence, a description of the Hispanic population, issues related to terminology and cultural heterogeneity. During the 10 months of the project, the curriculum and related

data have been used to train approximately 90 medical students, physicians, physician assistants and other providers at the George Washington University Medical Center, Howard University Hospital, and at a national conference of the National Health Service Corps.

Hispanic health issues are covered in detail in relationship to mortality, morbidity and diseases that are prevalent among Hispanics. The curriculum includes the use of "clinical applications", or a translation of scientific data into practical tips for health care providers. The final chapters cover the critical issues of access to care and culture specific behavior.

**Workshop 5B: Lessons From Integrating Cultural Competence Into Medical Education Curricula**

**Moderator:** Betty Lee Hawks, M.A.  
PHS Office of Minority Health

**Presenters:**

1. Diane Appelbaum, M.D.  
University of Wisconsin Medical School
2. BU.K. Li, M.D.  
Ohio State University  
College of Medicine
3. A- Belinda Towns, M.D.,  
UCLA - Charles R. Drew University of Medicine and Science

**Presenter 1:** Diane Appelbaum, M.D., The University of Wisconsin, Madison, Wisconsin  
**Title:** Undergraduate Multicultural Health Care Curriculum at the University of Wisconsin

At the University of Wisconsin (UW), a four-year, integrated, longitudinal curriculum was developed for medical students, designed to introduce concepts of health care appropriate for a multicultural society. Participants learn the rationale for developing a multicultural health care curriculum, explore their cultures, become familiar with interview techniques that elicit culturally relevant information, work with a culturally diverse cross-section of patients and have the opportunity to participate in a variety of multicultural electives.

The content of the course includes:

- ◆ A review of the rationale for multicultural approaches to health care curriculum at UW Medical School.
- ◆ A description of the constitution of the curriculum committee.
- ◆ A description of the needs assessment and its outcomes.
- ◆ An outline of the key steps in developing the UW multicultural health care curriculum
- ◆ A means to identify methods of integrating curriculum concepts into medical school courses.
- ◆ A description of the methods for building institutional support and plans for faculty development.
- ◆ Development of teaching materials specifically for a multicultural curriculum.
- ◆ A discussion of the strategies for evaluating students and monitoring curriculum implementation.
- ◆ A discussion of problems encountered and strategies for dealing with these.

**Presenter 2:** B U.K. Li, M.D., Associate Professor of Pediatrics, Ohio State University

College of Medicine, Columbus, Ohio

**Title:** Teaching Cultural Competency to First Year Medical Students by an Experiential Rather than Didactic Approach

The College of Medicine curriculum includes for first year medical students an introductory cultural diversity session of three hours and a two-and-a-half hour small group discussion dedicated to cultural diversity in medical practice and health care. The goals of the session are to:

- ◆ Contrast standard American with other ethnic world views and demonstrate their impact on health care delivery.
- ◆ Sensitize the medical students to the effects of bias and racism towards patients and health professionals of differing racial and ethnic backgrounds.
- ◆ Develop basic strategies to deal with patients of differing racial, ethnic and linguistic backgrounds.

The curriculum includes the following plenary components: (1) tabulation and presentation of medical student cultural attitudes towards racial and ethnic minorities; (2) an overview on the changing demographics of American society; (3) a presentation contrasting cultural values and how they affect clinical practice; (4) viewing “*Two Colors*”, an NBC documentary on racism; and (5) a panel discussion of personal experiences by physicians of both racial and ethnic minorities, including immigrants.

Small groups of students and faculty discuss personal experiences with bias and racism. They also view a videotape from "Racial and Cultural Bias in Medicine" produced by The American Academy of Family Physicians. Training sessions for physician and behavioral scientist facilitators were held prior to the small group sessions. Future plans include the development of a videotape depicting misunderstanding and bias in a clinical encounter with a South East Asian patient and showing strategies to address these problems from both patient and professional perspectives.

**Presenter 3:** A. Belinda Towns, M.D., M.P.H. and Lewis A. Hamilton Jr., M.D., Chair, Primary Care Curriculum Committee; and Dean, Postgraduate Medical Education, UCLA - Charles R. Drew University of Medicine and Science, Los Angeles, California

**Title:** A Third and Fourth Year Primary Care Curriculum at Charles R. Drew University

The goals of the Primary Care Program are to: (1) encourage students to become primary care physicians; and (2) teach them how to assess and manage acute and chronic medical problems frequently encountered in the Los Angeles inner city.

This program also enhances student understanding of:

- ◆ The place of primary care in the American health care system and the importance of the ambulatory care clinic setting for the provision of primary care.
- ◆ The multicultural community served by Martin Luther King Hospital and Charles R. Drew University, including its composition, characteristics and health care needs.
- ◆ The need to provide cost effective continuous and episodic health care for patients who need it.
- ◆ The value of anticipatory health care using education, risk reduction and health enhancement strategies.
- ◆ The importance of knowing the cultural backgrounds of patients.
- ◆ The need for demonstrating sensitivity in working with multicultural patient populations.
- ◆ The need for developing diagnostic and treatment plans in partnership with patients and families.
- ◆ The role of Primary Care physician as researcher, health care team member, community leader and legislative advocate.

Third year clerkship activities consist of a weekly conference series and a 10-month, half-day-a-week experience in an MLK ambulatory clinic. The conferences focus on societal issues, including inter-culture communication, epidemiology, health services, health policy and social concerns. Students participate in discussions of such subjects as AIDS in the African American community, the epidemiology of Latino health, alternative forms of health care and others. The fourth year primary care program is a sixteen-week program. Students are placed with community health care providers where they continue to build on their clinical experiences with multicultural patient populations, and they participate in a primary care research project.

**Workshop 6B: Managed Care, Cultural Competence, and Women's Health Curricula in Medical Education**

**Moderator:** Joan Jacobs, M.P.H.  
PHS Office Of Minority Health

- Presenters:**
1. Lesley Levine, M.D.  
Kaiser Permanente Medical Care Program
  2. Deborah Gould, M.D.  
Kaiser Permanente Medical Care Program
  3. Kathryn Rexrode, M.D.  
Harvard Community Health Plan

**Presenter 1:** Lesley R. Levine, M.D., Ob-Gyn Program Director, Kaiser Permanente Medical Care Program, Oakland, CA

**Title:** Resident Education in Diversity Awareness in a Managed Care Setting

The objectives of the Resident Education program include: (1) developing within each resident a sense of self in relating to their own culture; (2) increasing awareness and education about other cultures, orientations, lifestyles and disabilities; (3) helping the residents integrate new knowledge and experiences within their own concept of self; and (4) offering medical services to a wide variety of women in a sensitive manner.

Retreat days are used to understand and share individual experiences. On these days, residents are assigned exercises to develop team work skills and to learn about how different people respond to different situations. Other workshops directly deal with the topic of difference and how difference based upon culture affects the development of perspectives, customs, world views and actions.

Several times during the year, community health leaders from diverse backgrounds address the residents. They discuss their concerns about health care specific to their communities and with regard to Kaiser Permanente as a health care provider. Cultural aspects of health are addressed and discussed in relation to patient diagnosis and treatment.

The result of this long-term, integrated curriculum has been an increased awareness of and comfort with cultural aspects of health care. Integrating the information residents gain in workshops with everyday experience is the most important part of the curriculum.

**Presenter 2:** Deborah Gould, M.D., Pediatrician, Kaiser Permanente Medical Care Program, Oakland, California

**Title:** Cultural Competence in a Pediatric Clinic in a Managed Care Environment

The goal of this program is to identify problems associated with a large proportion of physicians who do not understand diversity or the managed care environment. At Kaiser, we have to decide how to re-educate practicing staff in a managed care environment and incorporate what was learned into new practice models. We need to achieve measurable results that can serve as a means to demonstrate change, including:

- ◆ Physician satisfaction.
- ◆ Product development.
- ◆ Increased patient satisfaction.
- ◆ Better community relations.

**Presenter 3:** Kathryn M. Rexrode, M.D., Harvard Community Health Plan

**Title:** Experiences at Harvard Community Health Plan

The population-based perspective of care and centrality of primary care can be strengths for implementing programs in cultural competency and women's health in the managed care environment. In addition, educational programs in managed care must rise to the challenge to add value for patients, by improving patient satisfaction and/or quality of care.

Partners for a Safe Future is a violence intervention project where first year medical students act as educational resources and advocates for pregnant adolescents. For the students the course emphasizes the need to understand and respond to the issues of these mothers in the context of their cultural and social environment. For the mothers, care is enhanced through the support provided by students, educational classes, and an ongoing clinical support group. Future funding is the major challenge, but measures of patient satisfaction and clinical outcomes may convince the delivery system to continue support of this successful program.

The Harvard Community Plan-Brigham and Women's Hospital Primary Care Residency Program, is an innovative training program where residents receive intensive ambulatory experience, with fully half of their teaching and training occurring in the outpatient setting. A comprehensive curriculum in women's health throughout the life span in being developed, as well as a specialized track for women's health. Both cultural competency and women's health curricula can draw on the strengths of managed care such as the population perspective and the central importance of primary care while promising improved patient satisfaction and outcomes.