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Title: Cultural Competence in Standardized Patient Programs within Medical Education

Introduced by: Andrew Short for the Medical Student Section

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Referred to: Reference Committee E

House Action: **APPROVE**

Whereas, standardized patients are used throughout medical education to assess competency in communication, quality of care delivery, and for accreditation of residency programs, physician licensing and certification^{1,2}, and

Whereas, medical students develop clinical, communication, and interpersonal skills through clinical scenarios with standardized patients of varied cultural and socioeconomic backgrounds^{1,2}, and

Whereas, the US Census Bureau’s 2014 National Projections state that the US is predicted to become more racially and ethnically diverse in the coming years, with the non-Hispanic White population comprising less than 50 percent by 2044³, and

Whereas, culture is defined as a pattern of integrated beliefs, values, behaviors, social practices of a group, including but not limited to groups characterized by race, ethnicity, gender, sexual orientation, religion, disability, etc.^{4,5}, and

Whereas, the Association of American Medical Colleges defined cultural competency as “a set of congruent behaviors, knowledge, attitudes, and policies that come together in a system, organization, or among professionals that enables effective work in cross-cultural situations”⁵, and

Whereas, cultural competency training is intended to help health care professionals avoid stereotyping, be aware of normative cultural values that can affect informed consent, and adapt more readily to cultural differences⁶, and

Whereas, a systematic review of 34 studies have shown that cultural competency training improved the cultural knowledge, perspective, and skills of health professionals, with beneficial impacts on patient satisfaction; according to one study, families in the emergency room setting were two to three times more likely to report feeling comfortable with and respected by their physician^{7,8}, and

Whereas, cultural competency training in medical education, as it is taught in the US, Canada, and the United Kingdom, is largely limited to incorporation in lectures, case studies, and mostly optional workshops^{9,10}, and

Whereas, without application of cultural competency-related knowledge and skills in patient encounters during the pre-clinical years of medical school, students are more likely to perceive such training as more theoretical than useful¹¹, and

53 Whereas, pilot programs in schools such as Wake Forest School of Medicine have shown that
54 cultural competency can be built through immersion, allowing medical students to learn the health
55 challenges of diverse populations through activities like community-based service learning,
56 simulations, role-play, and demonstrations; afterwards, medical students in the WFSM pilot program
57 reported up to two times more improvement in their knowledge, skills, and attitude with interacting
58 with patients of different backgrounds^{12,13,14}, and

59
60 Whereas, of those that participated in cultural competence programs in a community setting,
61 medical students at the University of California-San Diego School of Medicine felt more prepared for
62 their third-year clinical clerkships and beyond¹⁵, and

63
64 Whereas, the standardized patient population that includes those with a diverse spectrum of
65 intellectual and/or physical disabilities will better equip medical students to meet the unique medical
66 needs of this patient population¹⁶, and

67
68 Whereas, the American Medical Association supports efforts to continually integrate medical
69 training with education regarding health disparities, social determinants, and cultural competencies,
70 so that student doctors are well prepared to serve high quality and patient-centered care to all their
71 future patients^{17,18,19}, and

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73 Whereas, the Liaison Committee on Medical Education recognizes the necessity for cultural
74 competence training in medical education and states, under Standard 7.6, that medical curriculum
75 should provide opportunities for medical students to not only learn but also “appropriately address
76 cultural biases in themselves and others, and in the process of health care delivery”²⁰; therefore be it

77
78 RESOLVED: That MSMS support efforts by Michigan’s medical schools to facilitate cultural
79 competency in their Standardized Patient programs, including but not limited to, more closely
80 matching their Standardized Patient populations to the clinical population in their geographical
81 region and/or state; and be it further

82
83 RESOLVED: That the Michigan Delegation to the American Medical Association (AMA) ask our
84 AMA to support initiatives for medical schools to incorporate diversity in their Standardized Patient
85 programs, as a means of combining knowledge of health disparities and practice of cultural
86 competence with clinical skills.

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WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

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¹¹Beagan BL. Teaching social and cultural awareness to medical students: “It’s all very nice to talk about it in theory, but ultimately it makes no difference”. *Academic Medicine*. 2003 Jun 1. 78(6): 605-14.

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- ¹⁴ Sopoaga F, Zaharic T, Kokaua J, Covello S. Training a medical workforce to meet the needs of diverse minority communities. *BMC Medical Education*. 2017. 17, 19.
- ¹⁵ González-Lee T, Simon HJ. Teaching Spanish and cross-cultural sensitivity to medical students. *Western Journal of Medicine*. 1987 Apr. 146(4): 502.
- ¹⁶ Miller, Sonya R. "A curriculum focused on informed empathy improves attitudes toward persons with disabilities." *Perspectives on medical education* 2.3 (2013): 114-125.
- ¹⁷ AMA Resolution H-295.874. Educating Medical Students in the Social Determinants of Health and Cultural Competence". Approved 2006. Reaffirmed 2011. Modified 2014. Reaffirmed 2015.
- ¹⁸ AMA Resolution H-295.897. Enhancing the Cultural Competence of Physicians. Approved 1998. Reaffirmed 2007, 2011, 2016.
- ¹⁹ AMA Resolution H-350.974. Racial and Ethnic Disparities in Health Care. Approved 1998, Reaffirmed 2002, 2003, 2012.
- ²⁰ LCME® Functions and Structure of a Medical School Standards for Accreditation of Medical Education Programs Leading to the MD Degree. N.p.: Liaison Committee on Medical Education (LCME), Mar. 2016.