

## **UC Irvine**

### **Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health**

#### **Title**

Developing a Longitudinal Cultural Competency Curriculum

#### **Permalink**

<https://escholarship.org/uc/item/9cr1s65j>

#### **Journal**

Western Journal of Emergency Medicine: Integrating Emergency Care with Population Health, 23(4.1)

#### **ISSN**

1936-900X

#### **Authors**

Ghei, Ridhima  
Evans, Minh  
Chung, Arlene  
[et al.](#)

#### **Publication Date**

2022

#### **Copyright Information**

Copyright 2022 by the author(s). This work is made available under the terms of a Creative Commons Attribution License, available at <https://creativecommons.org/licenses/by/4.0/>

## 13 Developing a Longitudinal Cultural Competency Curriculum

Ridhima Ghei, Minh Evans, Arlene Chung, Annemarie Cardell

**Learning Objectives:** Enhance EM resident cultural competence through the acquisition of knowledge, skills, and attitudes to effectively care for all patients. Objectives were developed using Bloom's taxonomy for each module within the curriculum.

**Background:** Training has been found to improve knowledge of cultural and behavioral aspects of healthcare and build effective communication skills. To the best of our knowledge, this is the first longitudinal cultural competency curriculum to be studied in EM residents.

**Objectives:** Enhance EM resident cultural competence through the acquisition of knowledge, skills, and attitudes to effectively care for all patients. Objectives were developed using Bloom's taxonomy for each module within the curriculum.

**Curricular Design:** Learners are 18 EM interns at a single urban 3-year program. Our 12-month curriculum was developed using Kern's 6-step model. A general needs assessment was conducted via literature search and consultation with experts in the field. A targeted needs assessment was performed using the validated Clinical Cultural Competency Questionnaire. Based on these results, 12 sessions were created: implicit bias; social determinants of health, race and antiracism; microaggressions; obtaining a culturally sensitive history; using interpreters; advocacy for undocumented immigrants; LGBTQ patients; ED management of sexual assault; gender disparities; social workers in the ED; and palliative care. Educational methods include lectures, simulation, facilitated discussions, problem-based learning, and journal club readings. Impact will be assessed through quarterly administration of the Tool for Assessing Cultural Competency Training (TACCT), a tool created by the AAMC. Further evaluation will be conducted through satisfaction surveys and the Program Evaluation Committee.

**Impact:** 3 initial sessions for the 2021-2022 year have successfully fulfilled several domains identified by the TACCT. Sessions were well received by learners. 94% of learners described the first session "Using Interpreters" as helpful, 100% recommended it for future orientations, and 72% reported learning new skills that they planned to incorporate in future patient encounters.

## 14 Of the Women, for the Women and by the Women: A Resident-Led Curriculum

Asma Hashim, Jennifer Lee, Tarlan Hedayati

**Learning Objectives:** To identify gender-specific needs

among female EM residents and develop a curriculum to recognize these challenges and discuss strategies to overcome barriers to equality.

**Introduction/Background:** Women were first admitted to medical school in 1849, yet the discrepancies and disparities experienced by female physicians still persist. The challenges facing women in medicine begin early in the education and training process. A resident-driven "Women in Emergency Medicine" curriculum was established at Cook County's Emergency Medicine Residency Program to address these issues, promote mentorship and foster professional growth.

**Educational Objectives:** The objective of the curriculum was to unveil specific inequities experienced by a cohort of female EM residents and create a resident-led curriculum to address these challenges. The curriculum promoted safe spaces for focused discussions, provided directed mentorship and culminated in an educational retreat featuring speakers and activities based on surveyed needs.

**Curricular Design:** In August 2020, using the Kern model, a needs assessment survey was created and distributed among the 20 female EM residents, with the goal of identifying common obstacles faced by this cohort. Small group discussions were implemented over 7 weeks to address these topics. Based on the initial survey and discussions, the first annual Women in EM Residency Retreat was held in June 2021. The educational retreat included faculty presentations on resident wellness, mentorship, combating micro/macroaggressions, women in leadership, resilience and resume building. Anonymous pre- and post-retreat surveys were distributed for session feedback and evaluation of efficacy.

**Impact/Effectiveness:** The findings demonstrated that 100% of participants felt that a female directed curriculum was crucial for professional and personal development. Interestingly, while 100% of residents felt they had female faculty mentors to support them, only 46% felt similarly about male faculty mentors. This data presents an obligation for department leaders to address allyship needs by male faculty towards female trainees.

## 15 Prescribing Solutions: Development of a Community-Centered Approach to Teaching the Social Determinants of Health in the ED

Emily Craft, Matthew Stull

**Learning Objectives:** Following this session, learners will be able to recognize specific challenges facing their ED patient population, select community partners for patient referral based on personal experience, and be empowered to use local resources to prescribe social solutions from the ED.