ASSOCIATION OF STANDARDIZED PATIENT EDUCATORS

Transforming professional performance through the power of human interaction

We are pleased to highlight the winners of the **ASPE 2015 Poster Award** presentations. The selection process was stressful for the judges due to the number of excellent posters being evaluated and we all agreed that the process every year seems to be more and more difficult, which is testament to the quality of the research being conducted in medical schools as well as the great job done by the review committee.

The awards in Innovation at the ASPE 2015 were:

1st prize: "Implementing a Longitudinal, Inpatient, Multiday OSCE"

Presenters: Marta Brewer, BS, MBA; Tom Weber, BS; Christopher Mooney, MA, MPH; Sarah Peyre, EdD, University of Rochester Medical Center.

Project Description: 104 medical students participated in a longitudinal OSCE that simulated an evolving inpatient scenario. Day 1 and 2, students worked individually; days 3 and 4 students worked in pairs seeing the same SP and three different "family members". Day 1 involved an altered mental state, post-operative patient. Days 2 and 3 required administering informed consent, and delivering bad news. Day 4, discharge, included 5 participants: two medical students, a nursing student, an SP patient, and an SP family member. The first three days concluded with expert role modeling in large group debriefings. Day 4 concluded with a structured small group, faculty led, debrief session. All were videotaped. **Outcomes:** We successfully implemented an OSCE aligned with students' clinical experiences. Student and SP evaluations were positive; many praising the interprofessional component. The AAMC Graduation Questionnaire indicated over 96% of students participated in a required curricular activity with other health professional students, which far exceeds national standards. **Conclusions / Discussion:** More longitudinal experiences incorporating simulated patients, family members as well as other health professional students are needed to mirror real practice and increase the realism of OSCEs.

Runner-up: "Using Simulation to Enhance First-Year Medical Students' Clinical Approach to Transgender Persons"

Presenters: Maria Padilla, MD; Yasmin Pedrogo, MD; Nerian Ortiz, MD; Debora Silva, MD; Nilka De Jesus, MD. University of Puerto Rico School of Medicine.

Objectives: Perform a comprehensive adult medical history to a TG patient; use effective communication skills displaying professionalism with sensitive patient information; and recognize personal and emotional challenges influencing the care of patient's reproductive/sexual health needs. **Project Description:** In order to train medical students to engage transgendered (TG) patients during clinical encounters, as prerequisites, 112 students completed a module about health disparities and answered a post-test. Afterwards, students were divided in 3 groups. Within each group, 3 students were chosen to perform a comprehensive medical history to a transgender patient while other students observed the interaction. A standardized patient (SP) simulated the script for the interaction in each group. Three SPs were trained in the simulation of a transgender patient who presents with urinary discomfort, to give feedback about the students' communication skills, and to verbalize how they feel from the perspective of a TG person during the interaction. An attending physician facilitated the activity, guided students to use a non-judgmental language and discussed important aspects of a medical evaluation of a TG patient including health care access, and safe sex practices, among others. Finally, students completed a self-reflection exercise. **Outcomes:** Students emphasized the activity was very helpful and rewarding. Most of them mentioned that the most important point that they learned was how to provide an emphatic and respectful care to the TG persons. Students referenced that asking the TG persons in an appropriate way about their sexual and gender identities was one of the most effective learned strategies. **Conclusions / Discussion:** Simulation is a valuable strategy to educate medical students about the health care needs of the underserved populations. In the future, more educational activities using simulation will be developed as part of the Health Disparities curriculum.

The awards in Research at the ASPE 2015 were:

1st prize: (PO C5) "Refining the Training of Gynecological Teaching Assistants: A Quality Improvement Project at the University of Michigan Medical School"

Presenter: Holly Hopkins, DNP, CNM, University of Michigan School of Nursing

Introduction: Gynecological Teaching Associates (GTAs) instruct students learning to perform patient-centered pelvic and breast examinations and provide feedback. Medical student satisfaction surveys generated lower scores than expected, particularly on changes in the students' anxiety before and after the session. A quality improvement project was initiated to (1) determine the acceptability and feasibility of quality assurance practices, (2) re-standardize knowledge of GTA technical skills and provision of feedback, and (3) enhance student satisfaction. **Project Description:** Audio recorded

sessions for 11 GTAs were evaluated to determine baseline scores. Pelvic and breast examination skills were evaluated using checklists developed from national clinical skills curriculum modules. Feedback was evaluated using an evidence-based form created for this project. A four-hour quality improvement session was held with the GTAs, focusing on areas where improvement was most critical. Participating GTAs were surveyed on the feasibility and acceptability of the session. Audio recordings were again reviewed to assess compliance with recommendations. Student surveys were evaluated before the intervention and at one and seven weeks following the intervention. **Outcomes:** GTAs that participated in the educational session (n=6) rated the session as beneficial (Mdn=5.00 on 5-point scale) and requested continuing professional development sessions at least annually. They reported that the session would enhance their instruction and ability to provide effective feedback. Scores for the twenty pelvic examination skills checklists improved (Mdn1=89.00, n=10; Mdn2=97.50, n=10; p=.14) with a moderate effect size (r=.3). Twenty-four breast examination skills checklists were evaluated without significant change in scores (Mdn1=41.00, n=16; Mdn2=42.00, n=8; p=.25). Twenty-eight feedback evaluation forms were examined with significant improvement in total scores (Mdn1=51.00, Mdn2=58.00, p=.01) and a large effect size (r=.50). Medical student scores improved for all measures except anxiety before (Mdn=31.23, Mdn2=29.39, Mdn3=22.74, p=.21) and after (Mdn1=29.70, Mdn2=28.92, Mdn3=25.03, p=.59) the session. Clarity of objectives and enhanced comfort with examination had moderate effect size (r=.30) but all other items were neither statistically nor practically significant. **Conclusions / Discussion:** This quality improvement project demonstrates the feasibility and acceptability of continuing professional development with GTAs. The significant improvement in feedback scores illustrates the value of feedback training. Data triangulation revealed a positive effect on GTA instruction and student satisfaction.

Runner-up: “Somewhere Over the Rainbow: Integrating LGBTQ+ Health within the College of Medicine”

Presenters: Cate Nicholas, Ed D, MS,PA; Matthew Shear; Robert Bolyard; Shirley McAdam; Charlotte Reback, MD; William Jeffries, PhD**,** University of Vermont College of Medicine

Introduction: Physicians need to be competent in societal and health-related problems faced by LGBTQ+ patients. Medical schools in North America dedicate little time to discussing LGBTQ+ issues. To address these issues, students from the University of Vermont College of Medicine (UVM COM) Gender & Sexuality Alliance (GSA), faculty and the administration (Student Education and Diversity and Inclusion) created a collaborative process to create, sustain and add LGBTQ+ curriculum into existing courses and additional programming to the curriculum. We sought to understand the results of this ongoing collaboration. **Project Description:** Step 1: Needs assessment/ Gap analysis: Inventory the curriculum and institutional programing to identify areas of strength and gaps. Step 2: Fill in the gaps: Identify key LGBTQ+ competencies based on the literature to add LGBTQ+ learning objectives and activities plus assessments to

existing courses. Step 3: Program assessment: Internal faculty/ program evaluations and external measures such as the AAMC Graduation Questionnaire (GQ). Step 4: Other opportunities: Look for ways to enhance the required curriculum through innovative programming. Step 5: Comparative analysis: Compare UVM COM and other schools of medicine in LGBTQ+ curriculum and programing. Poster will include samples. **Outcomes:** The collaborative approach, ongoing student/faculty interest, and support from the administration has contributed to: 1. The UVM COM becoming a national leader in LGBTQ+ medical education and innovative programing. 2. Expansion of programming and outreach to the greater LGBTQ+ community. 3. Ongoing improvement and expansion of mandatory instruction in LGBTQ+ education (36 hours compared to national average of 5 hours). **Conclusions / Discussion**: UVM COM continues to strategically integrate LGBTQ+ competencies by innovative programming in (1) medical education of LGBTQ+ health disparities, (2) clinical education and LGBTQ+ patient simulation, and (3) improvement of health care delivery through advanced electives. Students, faculty, and administrative collaboration using vertically integrated programming has ensured graduates of UVM COM have the skillset to provide care for people of all genders and sexual orientations, and are trained in the art of compassionate care of LGBTQ+ patients and their families.